Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
1	77584	11/6/2020	9/23/2021	$ 180.00	**F/u acup**	$ 90.00	400002278	1/8/2021	**100%**	American Claims Mgmt
						$ 90.00	400011053	9/16/2021		
2	77639	11/24/2020	9/27/2021	$ 180.00	**F/u acup**	$ 90.00	80005473	12/18/2020	**100%**	American Claims Mgmt
						$ 90.00	80030727	9/14/2021		
		3/16/2021		$ 180.00	**F/u acup**	$90.00 of total pymt of $180	80022140	6/10/2021	**100%**	
						$90.00 of total pymt of $180	80031426	9/21/2021		
		4/13/2021		$ 180.00	**F/u acup**	$ 90.00	80022578	6/15/2021	**100%**	
						$90.00 of total pymt of $180	80031426	9/21/2021		
		4/27/2021		$ 180.00	**F/u acup**	$ 90.00	80023860	6/29/2021	**100%**	
						$ 90.00	80031720	9/23/2021		
3	78296	10/16/2020	9/24/2021	$ 180.00	**F/u physio tx,** IBR Fee awarded by Maximus	$ 90.00	03561648	12/7/2020	**100%**	Amtrust-ANA UBI
						$90.00 of total pymt of $270	03902004	9/20/2021		
		6/23/2021		$ 180.00	**PR2**	$ 90.00	03898921	9/15/2021	**100%**	
						$ 90.00	03906020	9/22/2021		
4	79026	11/30/20-1/14/21	9/21/2021	$ 720.00	**2 f/u physio tx ($180 each), PR2 ($180), f/u acup ($180),** IBR Fee awarded by Maximus	$ 90.00	03621922	1/27/2021	**100%**	Amtrust-ANA UBI
						$ 90.00	03634616	2/8/2021		
						$ 90.00	03639314	2/11/2021		
						$ 90.00	03676306	3/16/2021		
						$360 of total pymt of $540	03897818	9/15/2021		

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
5	79308	12/18/21-1/8/21	9/8/2021	$ 360.00	**2 f/u chiro tx ($180 each),** IBR Fee awarded by Maximus	$ 90.00	04755644	3/2/2021	**100%**	Amtrust-Technology Insurance
						$ 90.00	04772300	3/16/2021		
						$180 of total pymt of $360	04997211	9/1/2021		
6	76933	6/22/2021	9/30/2021	$ 180.00	**F/u physio therapy**	$ 180.00	1253329	8/31/2021	**100%**	Berkshire Hathaway
		6/24/2021		$ 180.00	**F/u acup**	$ 180.00	1255478	9/8/2021	**100%**	
		7/14/2021		$ 180.00	**PR2**	$ 180.00	1260774	9/28/2021	**100%**	
7	78691	8/11/2020	9/20/2021	$ 180.00	**F/u acup**	$ 180.00	1226315	9/16/2021	**100%**	Berkshire Hathaway
8	78969	6/30/2021	9/13/2021	$ 180.00	**PR2**	$ 180.00	1223594	9/9/2021	**100%**	Berkshire Hathaway
9	76815	6/1/2021	9/14/2021	$ 180.00	**F/u acup**	$ 180.00	5120076	9/2/2021	**100%**	Broadspire
		6/22/2021		$ 180.00	**F/u acup**	$ 180.00	5131251	9/8/2021	**100%**	
10	78427	6/1/2021	9/30/2021	$ 180.00	**F/u chiro tx**	$ 180.00	5120430	9/2/2021	**100%**	Broadspire
		6/24/2021		$ 180.00	**PR2**	$ 180.00	5138890	9/10/2021	**100%**	
		6/30/2021		$ 180.00	**F/u acup**	$ 180.00	5153654	9/17/2021	**100%**	
		7/6/2021		$ 180.00	**F/u acup**	$ 180.00	5156260	9/20/2021	**100%**	
		7/7/2021		$ 180.00	**F/u acup**	$ 180.00	5673882789	9/20/2021	**100%**	

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
11	79057	6/1/2021	9/17/2021	$ 180.00	**F/u chiro tx**	$ 180.00	5120043	9/2/2021	**100%**	Broadspire
		9/17/20-6/21/21		$ 7,560.00	**Initial ($180), initial acup ($180), initial chiro tx ($180), initial physio tx ($180), 15 f/u physio therapy ($180 each), 7 PR2s ($180 each), 13 f/u acup ($180 each), 3 f/u chiro tx ($180 each)**	$ 7,560.00	5140848	9/13/2021	**100%**	
12	79177	6/22/2021	9/21/2021	$ 180.00	**F/u chiro tx**	$ 180.00	5673539016	8/31/2021	**100%**	Broadspire
		6/23/2021		$ 180.00	**F/u acup**	$ 180.00	5673668805	9/8/2021	**100%**	
		6/30/2021		$ 180.00	**F/u acup**	$ 180.00	5673804066	9/15/2021	**100%**	
13	76296	6/25/2021	9/16/2021	$ 180.00	**PR2**	$ 180.00	0116261207	9/13/2021	**100%**	CCMSI
14	76568	10/28/2020	9/13/2021	$ 180.00	**F/u physio tx ($180),** IBR Fee awarded by Maximus	$ 90.00	0161668570	1/6/2021	**100%**	CCMSI
						$90 of total pymt of $270	0161684627	9/10/2021		
15	77534	6/11/2021	9/28/2021	$ 180.00	**F/u acup**	$ 180.00	0153517245	9/13/2021	**100%**	CCMSI
		6/8/2021		$ 180.00	**F/u acup**	$ 180.00	0153517315	9/24/2021	**100%**	
16	78951	6/10/2021	9/14/2021	$ 180.00	**F/u acup**	$ 180.00	0005593912	9/1/2021	**100%**	Chubb
17	79006	6/17/2021	9/14/2021	$ 180.00	**F/u physio therapy**	$ 180.00	0005598563	9/6/2021	**100%**	Chubb
18	77798	6/29/2021	9/28/2021	$ 180.00	**F/u acup**	$ 180.00	6816	9/23/2021	**100%**	Corvel (Bedding Acquisition)

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
19	79848	2/11/21-4/1/21	9/7/2021	$ 2,520.00	**7 f/u physio tx ($180 each), 7 f/u acup ($180 each)**	$ 2,520.00	9506999	9/2/2021	**100%**	Corvel (Ace American Ins)
20	78738	8/20/20-10/9/20	9/20/2021	$ 1,800.00	**Initial ($180), initial acup ($180), initial psyche eval ($180), f/u physio therapy ($180), PR2 ($180), 5 f/u acup ($180 each)**	$ 1,800.00	261261	9/14/2021	**100%**	Cottingham & Butler Ins.
21	78964	5/25/2021	9/13/2021	$ 180.00	**F/u acup**	$ 180.00	36754336	9/1/2021	**100%**	Employers Ins
		5/27/2021		$ 180.00	**F/u acup**	$ 180.00	37005844	9/3/2021		
22	77722	4/13/2021	9/28/2021	$ 180.00	**F/u physio tx**	$ 90.00	FE50058361	6/18/2021	**100%**	ESIS
						$90 of total pymt of $180 ($90 applied towards invoice balance)	FE20040063	9/23/2021		
23	75883	7/29/2019	9/20/2021	$ 180.00	**F/u acup**	$ 90.00	8817666144	6/1/2021	**100%**	Farmers
						$ 90.00	1630915575	9/9/2021		
24	77161	1/12/2021	9/28/2021	$ 180.00	**F/u chiro tx**	$ 90.00	1630177272	6/18/2021	**100%**	Farmers
						$ 90.00	1630888247	9/7/2021		
		1/13/2021		$ 180.00	**F/u chiro tx**	$ 90.00	1630177263	6/17/2021	**100%**	
						$ 90.00	1630899364	9/8/2021		
		6/24/2020		$ 180.00	**PR2**	$ 90.00	1630272437	6/30/2021	**100%**	
						$ 90.00	1631000011	9/18/2021		
		3/9/2021		$ 180.00	**F/u chiro tx**	$ 90.00	1630302564	7/1/2021	**100%**	
						$ 90.00	1631051999	9/24/2021		
		3/11/2021		$ 180.00	**F/u acup**	$ 90.00	1630302559	7/1/2021	**100%**	
						$ 90.00	1631052000	9/24/2021		

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
25	77599	4/9/2021	9/28/2021	$ 180.00	**PR2**	$ 90.00	1630101024	6/10/2021	**100%**	Farmers
						$ 90.00	1630846876	9/1/2021		
		4/12/2021		$ 180.00	**F/u chiro tx**	$ 90.00	1630101032	6/10/2021	**100%**	
						$ 90.00	1630834375	8/31/2021		
		2/26/2021		$ 180.00	**PR2**	$ 90.00	1630302548	7/1/2021	**100%**	
						$ 90.00	1631052026	9/24/2021		
		3/1/2021		$ 180.00	**F/u chiro tx**	$ 90.00	1630302532	7/1/2021	**100%**	
						$ 90.00	1631052027	9/24/2021		
		3/8/2021		$ 180.00	**F/u chiro tx**	$ 90.00	1630302541	7/1/2021	**100%**	
						$ 90.00	1631052028	9/24/2021		
		3/15/2021		$ 180.00	**F/u chiro tx**	$ 90.00	1630302557	7/1/2021	**100%**	
						$ 90.00	1631052029	9/24/2021		
26	78632	3/1/2021	9/28/2021	$ 180.00	**F/u acup**	$ 90.00	1630062348	6/6/2021	**100%**	Farmers
						$ 90.00	1630844647	8/31/2021		
		4/26/2021		$ 180.00	**F/u acup**	$ 90.00	1630293188	7/1/2021	**100%**	
						$ 90.00	1631051990	9/24/2021		
27	73353	6/9/2021	9/3/2021	$ 180.00	**F/u acup**	$ 180.00	000140166	8/30/2021	**100%**	Guard Ins
28	78294	6/30/2021	9/28/2021	$ 180.00	**F/u acup**	$ 180.00	133046954 2	9/21/2021	**100%**	The Hartford
29	77299	6/3/2021	9/30/2021	$ 180.00	**Shockwave**	$ 180.00	3772673	9/3/2021	**100%**	Ins. Co. of the West
		6/7/2021		$ 180.00	**F/u physio therapy**	$ 180.00	3772674	9/3/2021	**100%**	
		6/14/2021		$ 180.00	**F/u physio therapy**	$ 180.00	3780865	9/10/2021	**100%**	
		6/17/2021		$ 180.00	**Shockwave**	$ 180.00	3789403	9/16/2021	**100%**	
30	78148	6/17/2021	9/28/2021	$ 180.00	**F/u acup**	$ 180.00	3780864	9/10/2021	**100%**	Ins. Co. of the West
		6/18/2021		$ 180.00	**PR2**	$ 180.00	3785445	9/14/2021	**100%**	
		6/22/2021		$ 180.00	**F/u acup**	$ 180.00	3791825	9/17/2021	**100%**	

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
31	73848	4/17/18-5/29/18	9/1/2021	$ 820.00	**Initial ($230), PR2 ($180), Post op ($180), P&S ($230)**	$ 820.00	37621	8/27/2021	**100%**	Lusive Décor (Employer)
32	78932	6/28/2021	9/28/2021	$ 180.00	**PR2**	$ 180.00	234174069	9/14/2021	**100%**	Next Level
33	78412	6/19/20-7/31/20	9/8/2021	$ 1,620.00	**Initial ($180), initial physio therapy ($180), 3 f/u physio therapy ($180 each), PR2 ($180), 3 f/u acup ($180 each),** lien filing fee	$ 60.00	218338679	2/24/2021	**100%**	Preferred Employers
						$ 1,600.00	6000168987	9/1/2021		
34	78467	6/23/2021	9/14/2021	$ 180.00	**F/u acup**	$ 180.00	1000043076	9/9/2021	**100%**	Sagamore Ins (Protective Ins)
35	76428	4/15/2021	9/30/2021	$ 180.00	**F/u chiro tx**	$ 90.00	124376402	6/14/2021	**100%**	Sedgwick
						$ 90.00	125900972	9/20/2021		
		4/8/2020		$ 180.00	**F/u physio tx**	$90 of total pymt of $180 (ck includes a separate case)	119401568	6/16/2020	**100%**	
						$ 90.00	125902637	9/28/2021		
36	76966	7/8/2021	9/30/2021	$ 180.00	**F/u acup**	$ 180.00	125012639	9/27/2021	**100%**	Sedgwick
37	77095	6/22/2021	9/30/2021	$ 180.00	**F/u acup**	$ 180.00	198586	9/21/2021	**100%**	Sedgwick
		3/16/2021		$ 180.00	**F/u acup**	$ 90.00	177610	5/12/2021	**100%**	
						$ 90.00	199239	9/24/2021		
		7/6/2021		$ 180.00	**F/u acup**	$ 180.00	199688	9/28/2021	**100%**	
38	77154	9/23/2020	9/21/2021	$ 180.00	**F/u acup**	$ 90.00	103703215	11/9/2020	**100%**	Sedgwick
						$ 90.00	110604589	9/13/2021		
		9/24/2020		$ 180.00	**F/u physio therapy**	$ 90.00	103703216	11/9/2020	**100%**	
						$ 90.00	110604588	9/13/2021		

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
39	77410	3/10/2021	9/10/2021	$ 180.00	**F/u chiro tx**	$ 90.00	113673899	5/10/2021	**100%**	Sedgwick
						$ 90.00	113709985	9/3/2021		
40	77665	6/29/2021	9/20/2021	$ 180.00	**F/u acup**	$ 180.00	125579401	9/16/2021	**100%**	Sedgwick
41	78167	6/24/2021	9/28/2021	$ 180.00	**Shockwave**	$ 180.00	100087003	9/8/2021	**100%**	Sedgwick
		7/1/2021		$ 180.00	**Shockwave**	$ 180.00	106991741	9/17/2021	**100%**	
		7/7/2021		$ 180.00	**Shockwave**	$ 180.00	106993207	9/22/2021	**100%**	
		7/8/2021		$ 180.00	**Shockwave**	$ 180.00	106993552	9/23/2021	**100%**	
42	78579	6/30/2021	9/22/2021	$ 180.00	**F/u chiro tx**	$ 180.00	124844886	9/17/2021	**100%**	Sedgwick
43	78624	12/12/20-1/15/21	9/20/2021	$ 360.00	**F/u physio therapy ($180), PR2 ($180),** IBR Fee awarded by Maximus	$ 90.00	122775778	3/1/2021	**100%**	Sedgwick
						$ 90.00	123381135	3/9/2021		
						$180 of total pymt of $360	125087745	9/15/2021		
44	78697	6/24/2021	9/14/2021	$ 180.00	**F/u acup**	$ 180.00	125677644	9/10/2021	**100%**	Sedgwick
45	79125	7/6/2021	9/29/2021	$ 180.00	**F/u acup**	$ 180.00	125901141	9/21/2021	**100%**	Sedgwick
46	79028	2/20/2021	9/8/2021	$ 180.00	**PR2 ($180),** IBR Fee awarded by Maximus	$ 90.00	50349242	4/12/2021	**100%**	Sentry
						$90 of total pymt of $270	50659657	8/30/2021		
		4/13/2021		$ 180.00	**PR2**	$ 90.00	50472264	6/7/2021	**100%**	
						$ 90.00	50653077	8/26/2021		
		4/17/2021		$ 180.00	**PR2**	$ 90.00	50477236	6/9/2021	**100%**	
						$ 90.00	50653078	8/26/2021		

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

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

*** INVOICE ***
Date NO#
09/23/21 77584

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
106002171

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W. C. DEPARTMENT
ATTN: JUDY KO
P.O BOX 85251
SAN DIEGO, CA 92186

Case: vs EL NINO GROVE SERVICE INC
Date Of Injury: 11/11/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/08/20	INITL CHIRO	& PHYSICAL THERAPY W/DR CHRISTINE HA @	180.00
/ /	-	SIDHU CHIRO*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/10/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/13/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/15/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	EILSA L. MEDINA # 003693	0.00
01/20/20	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, F/U CHIRO & PHYS THERAPY	180.00
/ /	-	W/DR HA @ SIDHU*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/22/20	FOLLOW-UP	W/ ACUPUNCT CHOI,F/U CHIRO & PHYS W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
01/27/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/29/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/03/20	FOLLOW UP	PHYSICAL TX, F/U CHIRO & F/U ACUPUNC W/DR HA/CHOI	180.00
/ /	-	@ SIDHU*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/05/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/12/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00

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

*** INVOICE ***
Date NO#
09/23/21 77584

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
106002171

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W. C. DEPARTMENT
ATTN: JUDY KO
P.O BOX 85251
SAN DIEGO, CA 92186

Case: vs EL NINO GROVE SERVICE INC
Date Of Injury: 11/11/19

DOS	SERVICE	DESCRIPTION	AMOUNT
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/14/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/17/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/19/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/26/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/28/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/02/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/04/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/11/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/13/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/16/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

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

*** INVOICE ***
Date NO#
09/23/21 77584

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
106002171

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W. C. DEPARTMENT
ATTN: JUDY KO
P.O BOX 85251
SAN DIEGO, CA 92186

Case: vs EL NINO GROVE SERVICE INC
Date Of Injury: 11/11/19

DOS	SERVICE	DESCRIPTION	AMOUNT
06/01/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/08/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/15/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/22/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/14/20	PMT BY CHECK	DOS 6/1/20* =# 25827	-90.00
06/29/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/06/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA @ 500267	0.00
07/28/20	PMT BY CHECK	DOS 6/8/20-6/15/20* =# 26265	-180.00
07/13/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/31/20	PMT BY CHECK	DOS 6/22/20* =# 26399	-90.00
07/20/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/27/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/12/20	PMT BY CHECK	DOS 7/6/20* =# 26728	-90.00
08/13/20	PMT BY CHECK	DOS 6/29/20* =# 26781	-90.00
08/31/20	PMT BY CHECK	DOS 7/20/20* =# 27333	-90.00
08/14/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00

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

*** INVOICE ***
Date NO#
09/23/21 77584

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
106002171

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W. C. DEPARTMENT
ATTN: JUDY KO
P.O BOX 85251
SAN DIEGO, CA 92186

Case: vs EL NINO GROVE SERVICE INC
Date Of Injury: 11/11/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/10/20	PMT BY CHECK	DOS 7/27/20* =# 27667	-90.00
08/21/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
08/28/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/04/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/28/20	PMT BY CHECK	DOS 8/14/20* # 28275	-90.00
09/11/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/06/20	PMT BY CHECK	DOS 8/21/20* # 28576	-90.00
09/18/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/14/20	PMT BY CHECK	DOS 6/1/20, 8/28/20* # 28879	-180.00
09/25/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/16/20	PMT BY CHECK	DOS 9/4/20* # 28987	-90.00
10/02/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/27/20	PMT BY CHECK	DOS 9/11/20* # 29288	-90.00
10/30/20	PMT BY CHECK	DOS 9/18/20* # 400000068	-90.00
10/09/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/30/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/16/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/17/20	PMT BY CHECK	DOS 7/6/20, 9/25/20, 10/2/20* =# 400000598	-270.00
10/23/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00

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

*** INVOICE ***
Date NO#
09/23/21 77584

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
106002171

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W. C. DEPARTMENT
ATTN: JUDY KO
P.O BOX 85251
SAN DIEGO, CA 92186

Case: vs EL NINO GROVE SERVICE INC
Date Of Injury: 11/11/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
11/19/20	PMT BY CHECK	DOS 6/29/20* =# 400000707	-90.00
12/02/20	PMT BY CHECK	DOS 10/30/20* =# 400001095	-90.00
12/04/20	PMT BY CHECK	DOS 10/9/20* =# 400001174	-90.00
11/06/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/08/21	PMT BY CHECK	DOS 11/6/20* # 400002278	-90.00
12/04/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/11/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/18/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/08/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
02/18/21	PMT BY CHECK	DOS 12/11/20* # 400003601	-90.00
01/15/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
01/22/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/02/21	PMT BY CHECK	DOS 12/18/20* =# 400003992	-90.00
01/29/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
02/05/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/17/21	PMT BY CHECK	DOS 1/15/21* # 100004581	-90.00
02/12/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/24/21	PMT BY CHECK	DOS 1/22/21* # 400004841	-90.00
02/19/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00

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

*** INVOICE ***
Date NO#
09/23/21 77584

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
106002171

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W. C. DEPARTMENT
ATTN: JUDY KO
P.O BOX 85251
SAN DIEGO, CA 92186

Case: vs EL NINO GROVE SERVICE INC
Date Of Injury: 11/11/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/26/21	PMT BY CHECK	DOS 1/29/21* # 400004922	-90.00
02/26/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
03/05/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
04/13/21	PMT BY CHECK	DOS 2/12/21* # 400005510	-90.00
03/12/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/23/21	PMT BY CHECK	DOS 2/26/21* # 400005898	-90.00
03/19/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/23/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
03/30/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/06/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/13/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
04/20/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/27/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
06/04/21	PMT BY CHECK	DOS 4/6/21* # 400007423	-90.00
06/18/21	PMT BY CHECK	DOS 12/18/20* # 400007912	-90.00
05/11/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/21/21	PMT BY CHECK	DOS 9/11/20* # 400007982	-90.00
06/24/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
06/24/21	RMB IBR FEE	DOS 9/11/20 # 400008104	-180.00
05/18/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00

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

*** INVOICE ***
Date NO#
09/23/21 77584

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
106002171

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W. C. DEPARTMENT
ATTN: JUDY KO
P.O BOX 85251
SAN DIEGO, CA 92186

Case: vs EL NINO GROVE SERVICE INC
Date Of Injury: 11/11/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
05/25/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/01/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/22/21	PMT BY CHECK	DOS 9/25/20-10/30/20 # 400009066	-270.00
06/08/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/15/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
08/09/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
08/09/21	RMB IBR FEE	DOS 9/25/20-10/30/20 # 400009645	-180.00
06/22/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
06/29/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/06/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/16/21	PMT BY CHECK	DOS 11/6/20* # 400011053	-90.00
07/16/21	P AND S	CHIRO & PHYSICAL THERAPY W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

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

*** INVOICE ***
Date NO#
09/23/21 77584

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
106002171

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W. C. DEPARTMENT
ATTN: JUDY KO
P.O BOX 85251
SAN DIEGO, CA 92186

Case: vs EL NINO GROVE SERVICE INC
Date Of Injury: 11/11/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 9900.00

* 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.

United Wisconsin Insurance Company
American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

VOID VOID VOID

90-3582
1222
US Bank
4747 Executive Drive
San Diego, CA 92121

CHECK NO. 400002278

DATE
01/08/2021

California Workers' Compensation Payment

$**********90.00

Pay Ninety Dollars And 00/100

TO THE ORDER OF VOID VOID

VOID AFTER 90 DAYS

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $10,000.00

VOID

⑈040000 2278⑈ ⑆122235821⑆ 15751189 2638⑈

EXPLANATION OF REVIEW

Payer: United Wisconsin Insurance Company
P.O. Box 85251
San Diego, CA 92186
FEIN: 39-0941450

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID: XX-XXX6713

Pmt Method: CK# 400002278
Pmt Date: 01/08/2021
Pay Sts Code: 1

Review Date: 01/07/2021
NPI/License #:
Jurisdiction: California
PPO Name:
PPO ID #:
ICD9 Codes: T14.90

Document #: SWA411323
Patent Name:
Patient SSN: XXX-XX
Patient DOB:
Patient Acct #: 77584
Employer Name: El Nino Grove Service, Inc
Rend. Provider: s

Claim #: 106002171
Rec. Date: 12/22/2020
Accident Date: 11/11/2019
Bill Type: RB
DRG Code:
Employer ID: 9700006502
Rendering NPI:

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
11/6/2020		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	90.00	0.00	90.00	601 G1 P12
				Totals:			180.00	90.00	0.00	90.00	

Reason Code Description

601 CHARGES EXCEED MAXIMUM ALLOWANCE FOR INTERPRETER SERVICES

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

P12 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.

PAID
JAN 13 2021
BY: .....

PAID
JAN 13 2021
BY: .....

REORDER 801 - U.S. PATENT NO. 5538290, 5575508, 5641193, 5765353, 6084364, 6030009

United Wisconsin Insurance Company
American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

90-3582
1222
US Bank
4747 Executive Drive
San Diego, CA 92121

CHECK NO. 400011053

DATE
09/16/2021

California Workers' Compensation Payment

$**********90.00

Pay Ninety Dollars And 00/100

TO THE ORDER OF

VOID AFTER 90 DAYS

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $10,000.00

⑈040001105 3⑈ ⑆122235821⑆ 157511892638⑈

EXPLANATION OF REVIEW

Payer: United Wisconsin Insurance Company
P.O. Box 85251
San Diego, CA 92186
FEIN: 39-0941450

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID: XX-XXX6713

Pmt Method: CK# 400011053
Pmt Date: 09/16/2021
Pay Sts Code: 1

Review Date: 09/09/2021
NPI/License #:
Jurisdiction: California
PPO Name:
PPO ID #:
ICD9 Codes: T14.90

Document #: SWA9011868
Patent Name:
Patient SSN: XXX-XX-
Patient DOB:
Patient Acct #: 77584
Employer Name: El Nino Grove Service, Inc
Rend. Provider: s

Claim #: 106002171
Rec. Date: 08/24/2021
Accident Date: 11/11/2019
Bill Type: AB
DRG Code:
Employer ID: 9700006502
Rendering NPI:

* RECONSIDERATION *

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
11/6/2020		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	0.00	0.00	-90.00	0.00	90.00	ADD G1
				Totals:			0.00	-90.00	0.00	90.00	

Reason Code Description

ADD This recommended payment is a result of your inquiry and is in addition to a previous recommendation

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

REORDER 301 U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5984364, 6030000

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 77639

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
173001361

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W. C. DEPARTMENT
ATTN: SCOTT DARCY
P.O. BOX 85251
SAN DIEGO, CA 92186

Case: vs GZV CONSTRUCTION INC
Date Of Injury: 12/10/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/15/20	INITL CHIRO	& PHYSICAL THERAPY W/DR CHRISTINE HA @	180.00
/ /	-	SIDHU CHIRO*	0.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
01/22/20	F/U CHIRO TX	& PHYS W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/07/20	F/U CHIRO TX	& PHYS W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/10/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/17/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/28/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/11/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
06/01/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/08/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/15/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/22/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
06/29/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00

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

*** INVOICE ***
Date NO#
09/27/21 77639

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
173001361

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W. C. DEPARTMENT
ATTN: SCOTT DARCY
P.O. BOX 85251
SAN DIEGO, CA 92186

Case: vs GZV CONSTRUCTION INC
Date Of Injury: 12/10/19

DOS	SERVICE	DESCRIPTION	AMOUNT
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/06/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
07/13/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/20/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/03/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
08/10/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/17/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/24/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/31/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/14/20	FOLLOW-UP	W/ACUPUNCT CHOI & F/U PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
09/21/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS TX W/DR HA*	180.00

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

*** INVOICE ***
Date NO#
09/27/21 77639

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
173001361

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W. C. DEPARTMENT
ATTN: SCOTT DARCY
P.O. BOX 85251
SAN DIEGO, CA 92186

Case: vs GZV CONSTRUCTION INC
Date Of Injury: 12/10/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/09/20	PMT BY CHECK	DOS 8/31/20* # 512547	-90.00
09/28/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/05/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/27/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/12/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/20/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
11/03/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/10/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/17/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/24/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/18/20	PMT BY CHECK	DOS 11/24/20* # 80005473	-90.00
12/01/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/08/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/15/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/22/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

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

*** INVOICE ***
Date NO#
09/27/21 77639

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
173001361

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W. C. DEPARTMENT
ATTN: SCOTT DARCY
P.O. BOX 85251
SAN DIEGO, CA 92186

Case: vs GZV CONSTRUCTION INC
Date Of Injury: 12/10/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/05/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/12/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/22/21	PMT BY CHECK	DOS 12/8/20* =# 80011451	-90.00
01/26/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/11/21	PMT BY CHECK	DOS 12/22/20-1/5/21* =# 80013406	-180.00
02/16/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/09/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
02/23/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/02/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/09/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
03/16/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/23/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/13/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MAIRA E. BARBOSA # 500267	0.00
04/20/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
04/27/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
06/10/21	PMT BY CHECK	DOS 3/16/21-3/23/21* # 80022140	-180.00

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

*** INVOICE ***
Date NO#
09/27/21 77639

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
173001361

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W. C. DEPARTMENT
ATTN: SCOTT DARCY
P.O. BOX 85251
SAN DIEGO, CA 92186

Case: vs GZV CONSTRUCTION INC
Date Of Injury: 12/10/19

DOS	SERVICE	DESCRIPTION	AMOUNT
06/15/21	PMT BY CHECK	DOS 4/13/21* # 80022578	-90.00
05/11/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/18/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
06/29/21	PMT BY CHECK	DOS 4/27/21* # 80023860	-90.00
05/25/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	EISA L. MEDINA # 003693	0.00
06/08/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
06/15/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/22/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
07/06/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
09/14/21	PMT BY CHECK	DOS 11/24/20* # 80030727	-90.00
09/21/21	PMT BY CHECK	DOS 4/13/21* =# 80031426	-180.00
09/21/21	PMT BY CHECK	DOS 3/16/21-4/13/21* =# 80031426	-180.00
09/22/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
09/22/21	RMB IBR FEE	DOS 11/24/20 # 80031597	-180.00
09/22/21	COSTS	IBR RELATED	189.18
09/22/21	PEN & INT	DOS 11/24/20	28.13
09/22/21	PMT BY CHECK	DOS 11/24/20-9/22/21 # 80031597	-217.31
09/23/21	PMT BY CHECK	4/27/21* # 80031720	-90.00

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

*** INVOICE ***
Date NO#
09/27/21 77639

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

EAMS#(s):

SS # : XXX-XX-
DOB : 3/21/71
Terms: 60 days
Claim #(s):
173001361

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W. C. DEPARTMENT
ATTN: SCOTT DARCY
P.O. BOX 85251
SAN DIEGO, CA 92186

Case: vs GZV CONSTRUCTION INC
Date Of Injury: 12/10/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 8550.00

* 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.

Everest Premier Insurance Company
American Claims Management
PO BOX 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

90-3582
1222
US Bank
4747 Executive Drive
San Diego, CA 92121

CHECK NO. 80005473

DATE
12/18/2020

California Workers' Compensation Payment

$**********90.00

Pay Ninety Dollars And 00/100

TO THE ORDER OF

VOID AFTER 90 DAYS

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $10,000.00

⑈00800054 73⑈ ⑆122235821⑆ 153495464635⑈

EXPLANATION OF REVIEW

Payer: Everest Premier Insurance Company
PO BOX 85251
San Diego, CA 92186
FEIN: 81-2926232

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID: XX-XXX6713

Pmt Method: CK# 80005473
Pmt Date: 12/18/2020
Pay Sts Code: 1

Review Date: 12/17/2020
NPI/License #:
Jurisdiction: California
PPO Name:
PPO ID #:
ICD9 Codes: T14.90

Document #: SWA405913
Patent Name:
Patient SSN: XXX-XX
Patient DOB:
Patient Acct #: 77639
Employer Name: GZV Construction, Inc
Rend. Provider:

Claim #: 173001361
Rec. Date: 12/08/2020
Accident Date: 12/10/2019
Bill Type: RB
DRG Code:
Employer ID: 7600019132191
Rendering NPI:

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
11/24/2020		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	0.00	180.00	90.00	0.00	90.00	863 G1 P12
				Totals:			180.00	90.00	0.00	90.00	

Reason Code Description

863 REIMBURSEMENT IS BASED ON THE APPLICABLE REIMBURSEMENT FEE SCHEDULE.

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

P12 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.

FILED
DEC 28 2020
BY: .....

RECEIVED
DEC 23 2020
BY: .....

REORDER 901 • U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5984364, 6030030

Everest Premier Insurance Company
American Claims Management
PO BOX 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

90-3582
1222
US Bank
4747 Executive Drive
San Diego, CA 92121

CHECK NO. 80030727

DATE
09/14/2021

$********90.00**

VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID

California Workers' Compensation Payment

Pay Ninety Dollars And 00/100

TO THE ORDER OF

VOID VOID VOID

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

VOID AFTER 90 DAYS

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $10,000.00

⑈00800307 27⑈ ⑆122235821⑆ 153495464635⑈

M

EXPLANATION OF REVIEW

Payer: Everest Premier Insurance Company
PO BOX 85251
San Diego, CA 92186
FEIN: 81-2926232

77639

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID: XX-XXX6713

Pmt Method: CK# 80030727
Pmt Date: 09/14/2021
Pay Sts Code: 1

Review Date: 08/09/2021
NPI/License #:
Jurisdiction: California
PPO Name:
PPO ID #:
ICD9 Codes: T14.90

Document #: SWA9011634
Patent Name:
Patient SSN: XXX-XX
Patient DOB:
Patient Acct #:
Employer Name: GZV Construction, Inc
Rend. Provider:

Claim #: 173001361
Rec. Date: 08/09/2021
Accident Date: 12/10/2019
Bill Type: AB
DRG Code:
Employer ID: 7600019132191
Rendering NPI:

* RECONSIDERATION *

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
11/24/2020		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN		0.00	0.00	-90.00	0.00	90.00	ADD G1
				Totals:			0.00	-90.00	0.00	90.00	

RECEIVED
SEP 17 2021
BY: .....

REORDER 901 U.S. PATENT NO. 5538090, 5575508, 5641183, 5785363, 5984364, 6030020

Everest Premier Insurance Company
American Claims Management
PO BOX 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

90-3582
1222
US Bank
4747 Executive Drive
San Diego, CA 92121

CHECK NO. 80022140

DATE
06/10/2021

California Workers' Compensation Payment

$**********180.00

Pay One Hundred Eighty Dollars And 00/100

TO THE ORDER OF

VOID AFTER 90 DAYS

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $10,000.00

⑈00800 22140⑈ ⑆122235821⑆ 153495464635⑈

JUN 15 2021

EXPLANATION OF REVIEW

Payer: Everest Premier Insurance Company
PO BOX 85251
San Diego, CA 92186
FEIN: 81-2926232

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID: XX-XXX6713

Pmt Method: CK# 80022140
Pmt Date: 06/10/2021
Pay Sts Code: 1

Review Date: 05/17/2021
NPI/License #:
Jurisdiction: California
PPO Name:
PPO ID #:
ICD9 Codes: T14.90

Document #: SWA454374
Patent Name:
Patient SSN: XXX-XX
Patient DOB:
Patient Acct #: 77639
Employer Name: GZV Construction, Inc
Rend. Provider:

Claim #: 173001361
Rec. Date: 05/03/2021
Accident Date: 12/10/2019
Bill Type: RB
DRG Code:
Employer ID: 7600019132191
Rendering NPI:

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
3/16/2021		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	90.00	0.00	90.00	601 G1 P12
				Totals:			180.00	90.00	0.00	90.00	

Review Date: 05/21/2021
NPI/License #:
Jurisdiction: California
PPO Name:
PPO ID #:
ICD9 Codes: T14.90

Document #: SWA457092
Patent Name:
Patient SSN: XXX-XX
Patient DOB:
Patient Acct #: 77639
Employer Name: GZV Construction, Inc
Rend. Provider: JOYCE ALTMAN INTERPRETERS INC

Claim #: 173001361
Rec. Date: 05/11/2021
Accident Date: 12/10/2019
Bill Type: RB
DRG Code:
Employer ID: 7600019132191
Rendering NPI:

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
3/23/2021		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	2.000	2.00	180.00	90.00	0.00	90.00	601 G1 P12
				Totals:			180.00	90.00	0.00	90.00	

JUN 14 2021

BY: .....

Everest Premier Insurance Company
American Claims Management
PO BOX 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

90-3582
1222
US Bank
4747 Executive Drive
San Diego, CA 92121

CHECK NO. 80031426

DATE
09/21/2021

California Workers' Compensation Payment

$**********180.00

Pay One Hundred Eighty Dollars And 00/100

TO THE ORDER OF

VOID AFTER 90 DAYS

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $10,000.00

⑈00800314 26⑈ ⑆122235821⑆ 153495464635⑈

EXPLANATION OF REVIEW

Payer: Everest Premier Insurance Company
PO BOX 85251
San Diego, CA 92186
FEIN: 81-2926232

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID: XX-XXX6713

Pmt Method: CK# 80031426
Pmt Date: 09/21/2021
Pay Sts Code: 1

PAID
SEP 27 2021
BY: .....

RECEIVED
SEP 24 2021
BY: .....

REORDER 901 U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5894364, 6030000

Review Date: 09/08/2021
NPI/License #:
Jurisdiction: California
PPO Name:
PPO ID #:
ICD9 Codes: T14.90

Document #: SWA9011860
Patent Name:
Patient SSN:
Patient DOB:
Patient Acct #: 77639
Employer Name: GZV Construction, Inc
Rend. Provider:

Claim #: 173001361
Rec. Date: 08/23/2021
Accident Date: 12/10/2019
Bill Type: AB
DRG Code:
Employer ID: 7600019132191
Rendering NPI:

* RECONSIDERATION *

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
3/16/2021		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	0.00	0.00	-90.00	0.00	90.00	ADD G1 G5 SBR-2
				Totals:			0.00	-90.00	0.00	90.00	

Review Date: 09/13/2021
NPI/License #:
Jurisdiction: California
PPO Name:
PPO ID #:
ICD9 Codes: T14.90

Document #: SWA9011829
Patent Name:
Patient SSN:
Patient DOB:
Patient Acct #: 77639
Employer Name: GZV Construction, Inc
Rend. Provider: JOYCE ALTMAN INTERPRETERS INC

Claim #: 173001361
Rec. Date: 08/23/2021
Accident Date: 12/10/2019
Bill Type: AB
DRG Code:
Employer ID: 7600019132191
Rendering NPI:

* RECONSIDERATION *

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
4/13/2021		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	0.00	0.00	-90.00	0.00	90.00	ADD G1 G5 SBR-2
				Totals:			0.00	-90.00	0.00	90.00	

Reason Code	Description
ADD	This recommended payment is a result of your inquiry and is in addition to a previous recommendation
G1	THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
G5	THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.
SBR-2	This review serves as a response to your Second Bill Review request.

REORDER 001 U.S. PATENT NO. 5638260, 5715503, 5644183, 5785358, 5984364, 6030000

THIS CHECK IS VOID WITHOUT A GREEN BACKGROUND

Everest Premier Insurance Company
American Claims Management
PO BOX 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

90-3582
1222
US Bank
4747 Executive Drive
San Diego, CA 92121

CHECK NO. 80022578

DATE
06/15/2021

$**********90.00

VOID AFTER 90 DAYS

California Workers' Compensation Payment

Pay Ninety Dollars And 00/100
TO THE ORDER OF

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $10,000.00

⑈00800225781⑈ ⑆122235821⑆ 153495464635⑈

PAID
JUN 18 2021

BY

EXPLANATION OF REVIEW

Payer: Everest Premier Insurance Company
PO BOX 85251
San Diego, CA 92186
FEIN: 81-2926232

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID: XX-XXX6713

Pmt Method: CK# 80022578
Pmt Date: 06/15/2021
Pay Sts Code: 1

Review Date: 06/09/2021
NPI/License #:
Jurisdiction: California
PPO Name:
PPO ID #:
ICD9 Codes: T14.90

Document #: SWA463959
Patent Name:
Patient SSN:
Patient DOB:
Patient Acct #: 77639
Employer Name: GZV Construction, Inc
Rend. Provider: JOYCE ALTMAN INTERPRETERS INC

Claim #: 173001361
Rec. Date: 06/03/2021
Accident Date: 12/10/2019
Bill Type: RB
DRG Code:
Employer ID: 7600019132191
Rendering NPI:

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
4/13/2021		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	90.00	0.00	90.00	601 G1 P12
				Totals:			180.00	90.00	0.00	90.00	

Reason Code Description

601 CHARGES EXCEED MAXIMUM ALLOWANCE FOR INTERPRETER SERVICES

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

P12 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.

PAID
JUN 17 2021

BY

(FORM)23 (03) U.S. PATENT (01) 5,025,930; 5,153,918; 5,265,782; 5,284,384; 5,953,709

Everest Premier Insurance Company
American Claims Management
PO BOX 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

90-3582
1222
US Bank
4747 Executive Drive
San Diego, CA 92121

CHECK NO. 80031426

DATE
09/21/2021

$********180.00**

VOID AFTER 90 DAYS

California Workers' Compensation Payment

Pay One Hundred Eighty Dollars And 00/100

TO THE ORDER OF

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $10,000.00

⑈00800314 26⑈ ⑆122235821⑆ 153495464635⑈

EXPLANATION OF REVIEW

Payer: Everest Premier Insurance Company
PO BOX 85251
San Diego, CA 92186
FEIN: 81-2926232

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID: XX-XXX6713

Pmt Method: CK# 80031426
Pmt Date: 09/21/2021
Pay Sts Code: 1

RECEIVED
SEP 24 2021
BY: .....

REORDER 801 U.S. PATENT NO. 5538290, 5575508, 5941183, 5795352, 5884364, 6030003

Review Date: 09/08/2021	**Document #:** SWA9011860	**Claim #:** 173001361
NPI/License #:	**Patent Name:**	**Rec. Date:** 08/23/2021
Jurisdiction: California	**Patient SSN:**	**Accident Date:** 12/10/2019
PPO Name:	**Patient DOB:**	**Bill Type:** AB
PPO ID #:	**Patient Acct #:** 77639	**DRG Code:**
ICD9 Codes: T14.90	**Employer Name:** GZV Construction, Inc	**Employer ID:** 7600019132191
	Rend. Provider:	**Rendering NPI:**

* RECONSIDERATION *

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
3/16/2021		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	0.00	0.00	-90.00	0.00	90.00	ADD G1 G5 SBR-2
				Totals:			0.00	-90.00	0.00	90.00	

Review Date: 09/13/2021	**Document #:** SWA9011829	**Claim #:** 173001361
NPI/License #:	**Patent Name:**	**Rec. Date:** 08/23/2021
Jurisdiction: California	**Patient SSN:**	**Accident Date:** 12/10/2019
PPO Name:	**Patient DOB:**	**Bill Type:** AB
PPO ID #:	**Patient Acct #:** 77639	**DRG Code:**
ICD9 Codes: T14.90	**Employer Name:** GZV Construction, Inc	**Employer ID:** 7600019132191
	Rend. Provider: JOYCE ALTMAN INTERPRETERS INC	**Rendering NPI:**

* RECONSIDERATION *

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
4/13/2021		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	0.00	0.00	-90.00	0.00	90.00	ADD G1 G5 SBR-2
				Totals:			0.00	-90.00	0.00	90.00	

Reason Code	Description
ADD	This recommended payment is a result of your inquiry and is in addition to a previous recommendation
G1	THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
G5	THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.
SBR-2	This review serves as a response to your Second Bill Review request.

REORDER 901 U.S. PATENT NO. 5638290, 5575508, 5641193, 5785353, 5884964, 6036000

THIS CHECK IS VOID WITHOUT A GREEN & BLUE BORDER AND BACKGROUND PLUS A RIBBOT & PANTOGRAPH WATERMARK ON THE BACK. HOLD AT ANGLE TO VIEW

Everest Premier Insurance Company
American Claims Management
PO BOX 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

90-3582
1222
US Bank
4747 Executive Drive
San Diego, CA 92121

CHECK NO. 80023860

DATE
06/29/2021

California Workers' Compensation Payment

$**********90.00

Pay Ninety Dollars And 00/100
TO THE ORDER OF

VOID AFTER 90 DAYS

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $10,000.00

⑈00800 23860⑈ ⑆122235824⑆ 153495464635⑈

EXPLANATION OF REVIEW

Payer: Everest Premier Insurance Company
PO BOX 85251
San Diego, CA 92186
FEIN: 81-2926232

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID: XX-XXX6713

Pmt Method: CK# 80023860
Pmt Date: 06/29/2021
Pay Sts Code: 1

Review Date: 06/23/2021
NPI/License #:
Jurisdiction: California
PPO Name:
PPO ID #:
ICD9 Codes: T14.90

Document #: SWA467362
Patent Name:
Patient SSN: XXX-XX-
Patient DOB:
Patient Acct #: 77639
Employer Name: GZV Construction, Inc
Rend. Provider: JOYCE ALTMAN INTERPRETERS INC

Claim #: 173001361
Rec. Date: 06/15/2021
Accident Date: 12/10/2019
Bill Type: RB
DRG Code:
Employer ID: 7600019132191
Rendering NPI:

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
4/27/2021		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	90.00	0.00	90.00	601 G1 P12
				Totals:			180.00	90.00	0.00	90.00	

Reason Code Description

601 CHARGES EXCEED MAXIMUM ALLOWANCE FOR INTERPRETER SERVICES
G1 THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
P12 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.

RECEIVED
JUL 06 2021

BY: .....

REORDER 901 U.S. PATENT NO. 5538280, 5575508, 6641183, 6746853, 5994384, 6036000

Everest Premier Insurance Company
American Claims Management
PO BOX 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

90-3582
1222
US Bank
4747 Executive Drive
San Diego, CA 92121

CHECK NO. 80031720

DATE
09/23/2021

California Workers' Compensation Payment

$**********90.00

Pay Ninety Dollars And 00/100

VOID AFTER 90 DAYS

TO THE ORDER OF

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $10,000.00

⑈00800317 20⑈ ⑆122235821⑆ 153495464635⑈

EXPLANATION OF REVIEW

Payer: Everest Premier Insurance Company
PO BOX 85251
San Diego, CA 92186
FEIN: 81-2926232

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID: XX-XXX6713

Pmt Method: CK# 80031720
Pmt Date: 09/23/2021
Pay Sts Code: 1

Review Date: 09/21/2021
NPI/License #:
Jurisdiction: California
PPO Name:
PPO ID #:
ICD9 Codes: T14.90

Document #: SWA9011961
Patent Name:
Patient SSN: XXX-XX
Patient DOB:
Patient Acct #: 77639
Employer Name: GZV Construction, Inc
Rend. Provider: JOYCE ALTMAN INTERPRETERS INC

Claim #: 173001361
Rec. Date: 09/14/2021
Accident Date: 12/10/2019
Bill Type: AB
DRG Code:
Employer ID: 7600019132191
Rendering NPI:

* RECONSIDERATION *

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
4/27/2021		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	0.00	0.00	-90.00	0.00	90.00	ADD G1 G5 SBR-2
				Totals:			0.00	-90.00	0.00	90.00	

Reason Code Description

ADD This recommended payment is a result of your inquiry and is in addition to a previous recommendation

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

G5 THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

SBR-2 This review serves as a response to your Second Bill Review request.

REORDER 901 U.S. PATENT NO. 5539290, 5575500, 5641193, 5785363, 5994361, 6030000

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 78296

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
3229481,3229475

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

Case: vs QUALITY INN
Date Of Injury: 10/20/19,CT 2/16/20

DOS	SERVICE	DESCRIPTION	AMOUNT
05/27/20	INITIAL EXAM	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/01/20	INITIAL ACUP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/03/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
06/05/20	INIT PHYSIO	THERAPY DR JAVAD NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULTZ # 102100	0.00
06/10/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM KWANG @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
06/15/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/17/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
06/19/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 00551585	0.00
06/18/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/08/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/14/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
07/15/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/16/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/22/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/21/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @FMR*	180.00

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

*** INVOICE ***
Date NO#
09/24/21 78296

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
3229481,3229475

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

Case: vs QUALITY INN
Date Of Injury: 10/20/19,CT 2/16/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/23/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
07/28/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/30/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/29/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
08/05/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO #101080	0.00
08/12/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
08/19/20	PR2/REEVAL	DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
08/26/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
09/02/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
09/09/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/16/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
09/21/20	PR2/REEVAL	DR NEGIN RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
09/23/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
09/29/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
10/05/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/24/21 78296

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
3229481,3229475

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

Case: vs QUALITY INN
Date Of Injury: 10/20/19,CT 2/16/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/09/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/12/20	PR2/REEVAL	DR RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/14/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
10/16/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
10/17/20	INITIAL EXAM	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
10/19/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
10/21/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
10/26/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
10/29/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
11/02/20	PR2/REEVAL	DR RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/10/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/09/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/07/20	PMT BY CHECK	DOS 10/16/20* # 03561648	-90.00
11/17/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/16/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
11/21/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/24/21 78296

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
3229481,3229475

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

Case: vs QUALITY INN
Date Of Injury: 10/20/19,CT 2/16/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/23/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
12/28/20	PMT BY CHECK	DOS 11/2/20* # 03583620	-90.00
11/25/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
11/30/20	PR2/REEVAL	DR NEGIN RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
12/07/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
12/09/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
12/14/20	INITIAL EXAM	DR GABRIEL RUBANENKO @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/16/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/19/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/21/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
12/23/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
01/11/21	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/18/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
01/25/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/27/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/01/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/24/21 78296

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
3229481,3229475

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

Case: vs QUALITY INN
Date Of Injury: 10/20/19,CT 2/16/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
02/04/21	INITIAL EXAM	DR JUSTIN PAQUETTE @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/17/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/20/21	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
02/22/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
02/24/21	FOLLOW-UP	W/ACUPUNCT KYUNGMI LEE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
03/01/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
03/03/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
03/08/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
03/10/21	FOLLOW-UP	W/ ACUPUNCT KYUNGMI LEE @FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
03/20/21	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
03/31/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/05/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
04/07/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
04/06/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/09/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00

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

*** INVOICE ***
Date NO#
09/24/21 78296

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
3229481,3229475

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

Case: vs QUALITY INN
Date Of Injury: 10/20/19,CT 2/16/20

DOS	SERVICE	DESCRIPTION	AMOUNT
04/08/21	SHOCK WAVE	THERAPY W/DR JAVAD NAJIB @ FMR* #1	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/13/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
04/12/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CANDACE MOORE # 010784	0.00
04/15/21	SHOCK WAVE	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	FERNNY MARTINEZ # 006772	0.00
04/16/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
04/14/21	FOLLOW-UP	W/ ACUPUNCT KYUNGMI LEE @FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
04/20/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
04/23/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
04/21/21	FOLLOW-UP	W/ ACUPUNCT KYUNGMI LEE @FMR*	180.00
/ /	INTERPRETER:	CANDACE MOORE # 010784	0.00
04/22/21	SHOCK WAVE	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	FERNY MARTINEZ # 006772	0.00
05/01/21	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/10/21	PMT BY CHECK	DOS 3/31/21* # 03789235	-90.00
06/11/21	PMT BY CHECK	DOS 4/14/21* # 03790744	-90.00
06/11/21	PMT BY CHECK	DOS 4/13/21* # 03790745	-90.00
06/11/21	PMT BY CHECK	DOS 4/16/21* # 03790746	-90.00
05/12/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/18/21	F/U PHYSIO	THERAPY W/DR SIRLINA COOK @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/24/21 78296

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
3229481,3229475

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

Case: vs QUALITY INN
Date Of Injury: 10/20/19,CT 2/16/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/17/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CANDACE MOORE # 010784	0.00
06/28/21	PMT BY CHECK	DOS 4/20/21* # 03806923	-90.00
06/28/21	PMT BY CHECK	DOS 4/23/21* # 03806924	-90.00
05/25/21	F/U PHYSIO	THERAPY W/DR SIRLINA COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/13/21	PMT BY CHECK	DOS 5/1/21* # 03824674	-90.00
06/01/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
07/22/21	PMT BY CHECK	DOS 5/18/21* # 03837835	-90.00
06/04/21	F/U PHYSIO	THERAPY W/DR JAVAD NAJIB @ FMR*	180.00
/ /	INTERPRETER:	MIGUEL RUIZ # 013906	0.00
06/05/21	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/23/21	PMT BY CHECK	DOS 5/17/21* # 03839369	-90.00
06/16/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/11/21	PMT BY CHECK	DOS 5/25/21* # 03858965	-90.00
06/18/21	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/21/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/23/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/25/21	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/28/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00

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

*** INVOICE ***
Date NO#
09/24/21 78296

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
3229481,3229475

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

Case: vs QUALITY INN
Date Of Injury: 10/20/19,CT 2/16/20

DOS	SERVICE	DESCRIPTION	AMOUNT
08/31/21	PMT BY CHECK	DOS 6/4/21* # 03883710	-90.00
07/07/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
07/09/21	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
07/17/21	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/15/21	PMT BY CHECK	DOS 6/16/21* # 03898920	-90.00
09/15/21	PMT BY CHECK	DOS 6/23/21* # 03898921	-90.00
09/15/21	PMT BY CHECK	DOS 6/18/21* # 03898922	-90.00
09/20/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
09/20/21	RMB IBR FEE	DOS 10/16/20 # 03902004	-180.00
09/20/21	PMT BY CHECK	DOS 10/16/20 # 03902004	-90.00

BALANCE 16830.00

* 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.

VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03561648
3229481-1
SWC1225080

DATE	AMOUNT
12/7/2020	$90.00

Ninety and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 180 DAYS

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

⑈03561648⑈ ⑆021309379⑆ 790262463⑈

RECEIVED
DEC 1 2020

Explanation Of Bill Review

BY: 78296

Check Number	03561648	ANA UBI Claims
Claim Number:	3229481-1	AmTrust North America
Regulatory ID:		P.O. Box 89404
Bill Number:	15998589	Cleveland, OH 44101
Invoice Number:	FP1-MJCA-1236505	858-385-4040
Policy / Insured:	SWC1225080/SDP Investments A Corp	
Claimant Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC	
Loss Date:	10/20/2019 FP1-MJCA-1236505	
Location:	4922 w. Century Blvd Los Angeles CA 90250 -	
Examiner Code:	ochanthalangsy	
Network/PPO Network:		

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
10/16/2020	Q00014	INTERPRETER OTHER 15	120.00	180.00	90.00	0.00	90.00	G1, 790
				180.00	90.00	0.00	90.00	

RECEIVED
DEC 14 2020
BY: .....

G1 - THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.; 790 - WORKERS COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9;

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual providers agreement with the preferred provider organization. TIME LIMITS TO DISPUTE PAYMENT AMOUNT FOR HEALTH CARE PROVIDERS, HEALTH CARE FACILITIES OR BILLING AGENT/ASSIGNEE (HEREIN AFTER PROVIDER) FOR SERVICES ON/AFTER 1/1/2013. Request for Second Bill Review (SBR): After an Explanation of Review (EOR) is received on an original bill submission, a provider that disputes the amount paid may submit a Request for SBR to the claims administrator within 90 days of service of the EOR. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the provider does not request a SBR within the 90 days, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. Request for Independent Bill Review (IBR): If the only dispute is the amount of payment and the second bill review does not resolve the payment dispute, a provider may submit a Request for IBR within 30 days of service of the SBR, pursuant to Section 4603.2 or 4622. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. Failure to request an IBR within 30 days will deem the bill satisfied and neither the employer nor employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final, except as provided for in Section 4622. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING AT WWW.AVAILITY.COM AND CHOOSE THE 'REGISTER' TAB.

Amtrust North America, PO Box 94574, Cleveland, OH 44101, (800) 732-0153, is designated to receive by certified mail requests for petition of reimbursement.

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03902004
3229481-1
SWC1225080

DATE	AMOUNT
9/20/2021	$270.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 180 DAYS

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

⑈03902004⑈ ⑆021309379⑆ 79026263⑈

Check Number	03902004
Claim Number:	3229481-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1225080/SDP Investments A Corp
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	10/20/2019
Location:	4922 w. Century Blvd Los Angeles CA 90250 -
Examiner Code:	ochanthalangsy

Amount:	$270.00
Dates of Service:	10/16/2020-10/16/2020
Explanation:	DOS 10 16 2020 IBR decision
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

ANA UBI Claims
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
858-385-4040

THIS CHECK IS VOID WITHOUT A BLUE BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW.

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03898921
3229481-1
SWC1225080

DATE	AMOUNT
9/15/2021	$90.00

Ninety and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

VOID AFTER 180 DAYS

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

⑈03898921⑈ ⑆021309379⑆ 790262463⑈

PAID
SEP 21 2021

Explanation Of Bill Review

Check Number	03898921
Claim Number:	3229481-1
Regulatory ID:	
Bill Number:	16780576
Invoice Number:	FP1-MJCA-1537570
Policy / Insured:	SWC1225080/SDP Investments A Corp
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS, INC
Loss Date:	10/20/2019 FP1-MJCA-1537570
Location:	4922 w. Century Blvd Los Angeles CA 90250 -
Examiner Code:	ochanthalangsy
Network/PPO Network:	

ANA UBI Claims
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
858-385-4040

SEP 20 2021

BY:

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
6/23/2021	Q00014	INTERPRETER OTHER 15	120.00	180.00	90.00	0.00	90.00	G2, 402, 877
				180.00	90.00	0.00	90.00	

G2 - THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.; 402 - PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307; 877 - PAYMENT BASED ON A 2 HOUR MINIMUM. IF THE SERVICES EXCEEDED 2 HOURS, PLEASE RESUBMIT BILL WITH DOCUMENTATION TO SUPPORT TIME SPENT.;

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual providers agreement with the preferred provider organization. TIME LIMITS TO DISPUTE PAYMENT AMOUNT FOR HEALTH CARE PROVIDERS, HEALTH CARE FACILITIES OR BILLING AGENT/ASSIGNEE (HEREIN AFTER PROVIDER) FOR SERVICES ON/AFTER 1/1/2013. Request for Second Bill Review (SBR): After an Explanation of Review (EOR) is received on an original bill submission, a provider that disputes the amount paid may submit a Request for SBR to the claims administrator within 90 days of service of the EOR. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the provider does not request a SBR within the 90 days, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. Request for Independent Bill Review (IBR): If the only dispute is the amount of payment and the second bill review does not resolve the payment dispute, a provider may submit a Request for IBR within 30 days of service of the SBR, pursuant to Section 4603.2 or 4622. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. Failure to request an IBR within 30 days will deem the bill satisfied and neither the employer nor employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final, except as provided for in Section 4622. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING AT WWW.AVAILITY.COM AND CHOOSE THE 'REGISTER' TAB.

Amtrust North America, PO Box 94574, Cleveland, OH 44101, (800) 732-0153, is designated to receive by certified mail requests for petition of reimbursement.

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03906020
3229475-1
SNP1273950

DATE	AMOUNT
9/22/2021	$90.00

Ninety and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

VOID AFTER 180 DAYS

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

⑈03906020⑈ ⑆021309379⑆ 790262463⑈

Explanation Of Bill Review

Check Number	03906020
Claim Number:	3229475-1
Regulatory ID:	
Bill Number:	16800649
Invoice Number:	FP1-MJCA-1550122
Policy / Insured:	SNP1273950/SDP Investments A Corp
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS, INC
Loss Date:	2/16/2020 FP1-MJCA-1550122
Location:	4922 w. Century Blvd Los Angeles CA 90250 -
Examiner Code:	ochanthalangsy
Network/PPO Network:	

ANA UBI Claims
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
858-385-4040

78296

RECEIVED
SEP 27 2021

BY: .....

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
6/23/2021	Q00014	INTERPRETER OTHER 15	120.00	180.00	90.00	0.00	90.00	G2, 402
				180.00	90.00	0.00	90.00	

G2 - THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.; 402 - PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307;

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual providers agreement with the preferred provider organization. TIME LIMITS TO DISPUTE PAYMENT AMOUNT FOR HEALTH CARE PROVIDERS, HEALTH CARE FACILITIES OR BILLING AGENT/ASSIGNEE (HEREIN AFTER PROVIDER) FOR SERVICES ON/AFTER 1/1/2013. Request for Second Bill Review (SBR): After an Explanation of Review (EOR) is received on an original bill submission, a provider that disputes the amount paid may submit a Request for SBR to the claims administrator within 90 days of service of the EOR. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the provider does not request a SBR within the 90 days, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. Request for Independent Bill Review (IBR): If the only dispute is the amount of payment and the second bill review does not resolve the payment dispute, a provider may submit a Request for IBR within 30 days of service of the SBR, pursuant to Section 4603.2 or 4622. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. Failure to request an IBR within 30 days will deem the bill satisfied and neither the employer nor employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final, except as provided for in Section 4622. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING AT WWW.AVAILITY.COM AND CHOOSE THE 'REGISTER' TAB.

Amtrust North America, PO Box 94574, Cleveland, OH 44101, (800) 732-0153, is designated to receive by certified mail requests for petition of reimbursement.

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 79026

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
3075263-1

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

Case: vs EDGEMINE INC
Date Of Injury: 3/17/20

DOS	SERVICE	DESCRIPTION	AMOUNT
09/22/20	INITIAL EXAM	DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/29/20	INITIAL ACUP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/01/20	INIT PHYSIO	TX W/DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/06/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/13/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/20/20	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/22/20	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/27/20	PR2-RE/EVAL	W/ACUPUNCT PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/12/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/19/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/29/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/05/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/17/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/23/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
11/30/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00

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

*** INVOICE ***
Date NO#
09/21/21 79026

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

EAMS#(s):

SS # : XXX-XX-
DOB : 5/14/80
Terms: 60 days
Claim #(s):
3075263-1

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

Case: vs EDGEMINE INC
Date Of Injury: 3/17/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/24/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/01/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
12/03/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/10/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
01/29/21	PMT BY CHECK	DOS 9/22/20-11/23/20* =# 03624741	-1260.00
01/27/21	PMT BY CHECK	DOS 11/30/20* # 03621922	-90.00
01/28/21	PMT BY CHECK	DOS 11/24/20* # 03623378	-90.00
02/02/21	PMT BY CHECK	DOS 12/3/20* # 03628972	-90.00
02/08/21	PMT BY CHECK	DOS 12/1/20* # 03634616	-90.00
02/01/21	PMT BY CHECK	DOS 12/10/20* # 03639314	-90.00
01/14/21	FOLLOW-UP	W/ ACUPUNCT KYUHGMI LEE @FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/21/21	PR2/REEVAL	DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
03/16/21	PMT BY CHECK	DOS 1/14/21* # 03676306	-90.00
04/01/21	PMT BY CHECK	DOS 1/21/21* # 03699330	-90.00
08/18/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
08/18/21	RMB IBR FEE	DOS 11/24/20 # 03867845	-180.00
08/18/21	PMT BY CHECK	DOS 11/24/20 # 03867845	-90.00
09/15/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
09/15/21	RMB IBR FEE	DOS 11/30/20-1/14/21 # 03897818	-180.00
09/15/21	PMT BY CHECK	DOS 11/30/20-1/14/21 # 03897818	-360.00

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

*** INVOICE ***
Date NO#
09/21/21 79026

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
3075263-1

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

Case: vs EDGEMINE INC
Date Of Injury: 3/17/20

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 1440.00

* 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.

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03621922
3075263-1
SWC1227749

DATE	AMOUNT
1/27/2021	$90.00

Ninety and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 180 DAYS

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

⑈03621922⑈ ⑆021309379⑆ 79026246 3⑈

Explanation Of Bill Review

Check Number	03621922
Claim Number:	3075263-1
Regulatory ID:	
Bill Number:	16119936
Invoice Number:	FP1-MJCA-1285310
Policy / Insured:	SWC1227749/Edgemine Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC
Loss Date:	3/15/2019 FP1-MJCA-1285310
Location:	747 East 10th Street Suite 110 Los Angeles CA 90021 -
Examiner Code:	asamuell
Network/PPO Network:	

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

PAID
FEB 0 2 2021
BY. 79026

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
11/30/2020	Q00014	INTERPRETER OTHER 15	120.00	180.00	90.00	0.00	90.00	G2, 402
				180.00	90.00	0.00	90.00	

G2 - THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.; 402 - PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307;

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual providers agreement with the preferred provider organization. TIME LIMITS TO DISPUTE PAYMENT AMOUNT FOR HEALTH CARE PROVIDERS, HEALTH CARE FACILITIES OR BILLING AGENT/ASSIGNEE (HEREIN AFTER PROVIDER) FOR SERVICES ON/AFTER 1/1/2013. Request for Second Bill Review (SBR): After an Explanation of Review (EOR) is received on an original bill submission, a provider that disputes the amount paid may submit a Request for SBR to the claims administrator within 90 days of service of the EOR. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the provider does not request a SBR within the 90 days, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. Request for Independent Bill Review (IBR): If the only dispute is the amount of payment and the second bill review does not resolve the payment dispute, a provider may submit a Request for IBR within 30 days of service of the SBR, pursuant to Section 4603.2 or 4622. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. Failure to request an IBR within 30 days will deem the bill satisfied and neither the employer nor employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final, except as provided for in Section 4622. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING AT WWW.AVAILITY.COM AND CHOOSE THE 'REGISTER' TAB.

Amtrust North America, PO Box 94574, Cleveland, OH 44101, (800) 732-0153, is designated to receive by certified mail requests for petition of reimbursement.

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03634616
3075263-1
SWC1227749

DATE	AMOUNT
2/8/2021	$90.00

Ninety and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

VOID AFTER 180 DAYS

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

⑈03634616⑈ ⑆021309379⑆ 790262463⑈

Explanation Of Bill Review

FEB 16 2021

Check Number	03634616
Claim Number:	3075263-1
Regulatory ID:	
Bill Number:	16148733
Invoice Number:	FP1-MJCA-1296032
Policy / Insured:	SWC1227749/Edgemine Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS, INC
Loss Date:	3/15/2019 FP1-MJCA-1296032
Location:	747 East 10th Street Suite 110 Los Angeles CA 90021 -
Examiner Code:	asamuell
Network/PPO Network:	

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

79026

FEB 17 2021

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
12/1/2020	Q00014	INTERPRETER OTHER 15	120.00	180.00	90 00	0 00	90 00	402, G2
				180.00	90 00	0 00	90 00	

402 - PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES 5307, G2 - THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.,

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual providers agreement with the preferred provider organization TIME LIMITS TO DISPUTE PAYMENT AMOUNT FOR HEALTH CARE PROVIDERS, HEALTH CARE FACILITIES OR BILLING AGENT/ASSIGNEE (HEREIN AFTER PROVIDER) FOR SERVICES ON/AFTER 1/1/2013. Request for Second Bill Review (SBR) After an Explanation of Review (EOR) is received on an original bill submission, a provider that disputes the amount paid may submit a Request for SBR to the claims administrator within 90 days of service of the EOR The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and CA Code of Regulations, Title 8 sections 9792 5 4 and 9792 5 5. If the only dispute is the amount of payment and the provider does not request a SBR within the 90 days, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment Request for Independent Bill Review (IBR) If the only dispute is the amount of payment and the second bill review does not resolve the payment dispute, a provider may submit a Request for IBR within 30 days of service of the SBR, pursuant to Section 4603.2 or 4622. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792 5 7 Failure to request an IBR within 30 days will deem the bill satisfied and neither the employer nor employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final, except as provided for in Section 4622. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING AT WWW.AVAILITY.COM AND CHOOSE THE 'REGISTER' TAB

Amtrust North America, PO Box 94574, Cleveland, OH 44101, (800) 732-0153, is designated to receive by certified mail requests for petition of reimbursement

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03639314
3075263-1
SWC1227749

DATE	AMOUNT
2/11/2021	$90.00

Ninety and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

VOID AFTER 180 DAYS

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

⑈03639314⑈ ⑆021309379⑆ 790262463⑈

FEB 1 9 2021

Explanation Of Bill Review

Check Number	03639314
Claim Number:	3075263-1
Regulatory ID:	
Bill Number:	16160729
Invoice Number:	FP1-MJCA-1301095
Policy / Insured:	SWC1227749/Edgemine Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS, INC
Loss Date:	3/15/2019 FP1-MJCA-1301095
Location:	747 East 10th Street Suite 110 Los Angeles CA 90021 -
Examiner Code:	asamuel1
Network/PPO Network:	

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

FEB 2 2 2021

79026

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
12/10/2020	Q00014	INTERPRETER OTHER 15	120.00	180 00	90 00	0 00	90 00	G2, 402
				180 00	90.00	0 00	90.00	

G2 - THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE , 402 - PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES 5307,

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual providers agreement with the preferred provider organization TIME LIMITS TO DISPUTE PAYMENT AMOUNT FOR HEALTH CARE PROVIDERS, HEALTH CARE FACILITIES OR BILLING AGENT/ASSIGNEE (HEREIN AFTER PROVIDER) FOR SERVICES ON/AFTER 1/1/2013 Request for Second Bill Review (SBR). After an Explanation of Review (EOR) is received on an original bill submission, a provider that disputes the amount paid may submit a Request for SBR to the claims administrator within 90 days of service of the EOR The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and CA Code of Regulations, Title 8 sections 9792 5 4 and 9792 5 5 If the only dispute is the amount of payment and the provider does not request a SBR within the 90 days, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. Request for Independent Bill Review (IBR) If the only dispute is the amount of payment and the second bill review does not resolve the payment dispute, a provider may submit a Request for IBR within 30 days of service of the SBR, pursuant to Section 4603 2 or 4622. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792,5 7. Failure to request an IBR within 30 days will deem the bill satisfied and neither the employer nor employee shall be liable for any further payment If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final, except as provided for in Section 4622. PURSUANT TO CA LABOR CODE SECTION 9792,5 1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING AT WWW AVAILITY.COM AND CHOOSE THE 'REGISTER' TAB

Amtrust North America, PO Box 94574, Cleveland, OH 44101, (800) 732-0153, is designated to receive by certified mail requests for petition of reimbursement.

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03676306
3075263-1
SWC1227749

DATE	AMOUNT
3/16/2021	$90.00

Ninety and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 180 DAYS

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

⑈03676306⑈ ⑆021309379⑆ 790262463⑈

MAR 23 2021

Explanation Of Bill Review

Check Number	03676306
Claim Number:	3075263-1
Regulatory ID:	
Bill Number:	16247173
Invoice Number:	FP1-MJCA-1337237
Policy / Insured:	SWC1227749/Edgemine Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC
Loss Date:	3/15/2019 FP1-MJCA-1337237
Location:	747 East 10th Street Suite 110 Los Angeles CA 90021 -
Examiner Code:	asamuel1
Network/PPO Network:	

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

RECEIVED MAR 22 2021

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
1/14/2021	Q00014	INTERPRETER OTHER 15	120.00	180.00	90.00	0.00	90.00	G2, 402
				180.00	90.00	0.00	90.00	

G2 - THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.; 402 - PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307:

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual providers agreement with the preferred provider organization. TIME LIMITS TO DISPUTE PAYMENT AMOUNT FOR HEALTH CARE PROVIDERS, HEALTH CARE FACILITIES OR BILLING AGENT/ASSIGNEE (HEREIN AFTER PROVIDER) FOR SERVICES ON/AFTER 1/1/2013. Request for Second Bill Review (SBR): After an Explanation of Review (EOR) is received on an original bill submission, a provider that disputes the amount paid may submit a Request for SBR to the claims administrator within 90 days of service of the EOR. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the provider does not request a SBR within the 90 days, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. Request for Independent Bill Review (IBR): If the only dispute is the amount of payment and the second bill review does not resolve the payment dispute, a provider may submit a Request for IBR within 30 days of service of the SBR, pursuant to Section 4603.2 or 4622. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. Failure to request an IBR within 30 days will deem the bill satisfied and neither the employer nor employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final, except as provided for in Section 4622. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING AT WWW.AVAILITY.COM AND CHOOSE THE 'REGISTER' TAB.

Amtrust North America, PO Box 94574, Cleveland, OH 44101, (800) 732-0153, is designated to receive by certified mail requests for petition of reimbursement.

VOID VOID VOID

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 79308

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
327854-1

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

Case: vs CONRADS RESTAURANT INC
Date Of Injury: 3/5/20

DOS	SERVICE	DESCRIPTION	AMOUNT
10/27/20	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/30/20	INITL CHIRO	TREATMENT W/DR KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
11/05/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHNKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/06/20	F/U CHIRO TX	& PHYS TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
11/12/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/13/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/19/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/20/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/24/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
12/01/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/04/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
12/10/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/11/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/17/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00

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

*** INVOICE ***
Date NO#
09/08/21 79308

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
327854-1

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

Case: vs CONRADS RESTAURANT INC
Date Of Injury: 3/5/20

DOS	SERVICE	DESCRIPTION	AMOUNT
12/18/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
02/01/21	PMT BY CHECK	DOS 11/24/20* # 04719949	-90.00
02/02/21	PMT BY CHECK	DOS 12/1/20* # 04721905	-90.00
02/03/21	PMT BY CHECK	DOS 10/27/20-11/20/20* # 04723333	-720.00
01/08/21	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
01/07/21	F/U CHIRO TX	& PHYS TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/11/21	PMT BY CHECK	DOS 12/10/20* # 04732304	-90.00
01/14/21	F/U CHIRO TX	CHIRO TX W/DR KRAVACHENKO*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/15/21	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
01/21/21	F/U CHIRO TX	CHIRO TX W/DR KRAVACHENKO*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
01/22/21	PR2/REEVAL	& F/U CHIRO TREATMENT W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/02/21	PMT BY CHECK	DOS 12/11/20* =#04755643	-90.00
03/02/21	PMT BY CHECK	DOS 12/18/20* =#04755644	-90.00
03/03/21	PMT BY CHECK	DOS 12/17/20* # 04757598	-90.00
03/16/21	PMT BY CHECK	DOS 1/8/21* =# 04772300	-90.00
02/17/21	INITIAL ACUP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/25/21	PMT BY CHECK	DOS 1/14/21* # 04785682	-90.00
03/25/21	PMT BY CHECK	DOS 1/15/21* # 04785683	-90.00
03/25/21	PMT BY CHECK	DOS 1/21/21* # 04785684	-90.00
03/25/21	PMT BY CHECK	DOS 1/22/21* # 04785685	-90.00
02/24/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00

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

*** INVOICE ***
Date NO#
09/08/21 79308

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
327854-1

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

Case: vs CONRADS RESTAURANT INC
Date Of Injury: 3/5/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
02/22/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
03/01/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/08/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/10/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
04/15/21	PMT BY CHECK	DOS 2/24/21* # 04814471	-90.00
04/16/21	PMT BY CHECK	DOS 2/17/21* # 04816092	-90.00
04/16/21	PMT BY CHECK	DOS 2/22/21* # 04816091	-90.00
04/19/21	PMT BY CHECK	DOS 3/1/21* # 04817645	-90.00
03/17/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/27/21	PMT BY CHECK	DOS 3/8/21* # 04829129	-90.00
03/22/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
04/29/21	PMT BY CHECK	DOS 3/10/21* # 04832028	-180.00
03/29/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/31/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
04/07/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/14/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO @ 101143	0.00
04/19/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/01/21	PMT BY CHECK	DOS 3/22/21* # 04872974	-90.00
06/01/21	PMT BY CHECK	DOS 3/17/21* # 04872975	-90.00

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

*** INVOICE ***
Date NO#
09/08/21 79308

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
327854-1

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

Case: s CONRADS RESTAURANT INC
Date Of Injury: 3/5/20

DOS	SERVICE	DESCRIPTION	AMOUNT
04/26/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/28/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/02/21	PMT BY CHECK	DOS 3/29/21* # 04875051	-90.00
06/08/21	PMT BY CHECK	DOS 4/7/21* # 04882303	-90.00
06/08/21	PMT BY CHECK	DOS 3/31//21* # 04882304	-90.00
05/03/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
06/10/21	PMT BY CHECK	DOS 4/19/21* # 04886115	-90.00
05/05/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/14/21	PMT BY CHECK	DOS 4/14/21* # 04889444	-90.00
05/12/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
05/17/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/19/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/24/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/26/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/16/21	PMT BY CHECK	DOS 5/3/21* # 04933541	-90.00
07/16/21	PMT BY CHECK	DOS 4/28/21* # 04933542	-90.00
07/16/21	PMT BY CHECK	DOS 5/5/21* # 04933543	-90.00
07/16/21	PMT BY CHECK	DOS 4/26/21* # 04933544	-90.00
06/02/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/28/21	PMT BY CHECK	DOS 5/12/21* # 04950399	-90.00
07/28/21	PMT BY CHECK	DOS 5/19/21* # 04950400	-90.00

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

*** INVOICE ***
Date NO#
09/08/21 79308

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
327854-1

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

Case: vs CONRADS RESTAURANT INC
Date Of Injury: 3/5/20

DOS	SERVICE	DESCRIPTION	AMOUNT
07/28/21	PMT BY CHECK	DOS 5/17/21* # 04950401	-90.00
06/09/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/14/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
08/06/21	PMT BY CHECK	DOS 5/24/21* # 04962551	-90.00
08/06/21	PMT BY CHECK	DOS 5/26/21* # 04962552	-90.00
06/16/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/21/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
06/23/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
08/30/21	PMT BY CHECK	DOS 6/2/21* # 04994849	-90.00
09/01/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
09/01/21	RMB IBR FEE	DOS 12/18/20-1/8/21 # 04997211	-180.00
09/01/21	PMT BY CHECK	DOS 12/18/19-1/8/21 # 04997211	-180.00
		BALANCE	4770.00

* 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.

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
04755644
3278541-1
TWC3851105

DATE	AMOUNT
3/2/2021	$90.00

Ninety and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

VOID AFTER 180 DAYS

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

⑈04755644⑈ ⑆021309379⑆ 601877533⑈

Explanation Of Bill Review

Check Number	04755644
Claim Number:	3278541-1
Regulatory ID:	
Bill Number:	16209749
Invoice Number:	FP1-MJCA-1320414
Policy / Insured:	TWC3851105/Conrad s Restaurant Inc. A Corp
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS, INC
Loss Date:	3/5/2020
Location:	820 N. Central Glendale CA 91203 -
Examiner Code:	25242
Network/PPO Network:	

TECHNOLOGY INSURANCE CO (Claims Funding) 1085
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
858-385-4040

FP1-MJCA-1320414

79308

RECEIVED MAR 08 2021

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
12/18/2020	Q00014	INTERPRETER OTHER 15	120 00	180.00	90 00	0 00	90 00	G2, 402
				180.00	90 00	0 00	90 00	

G2 - THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE , 402 - PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES 5307.

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual providers agreement with the preferred provider organization TIME LIMITS TO DISPUTE PAYMENT AMOUNT FOR HEALTH CARE PROVIDERS, HEALTH CARE FACILITIES OR BILLING AGENT/ASSIGNEE (HEREIN AFTER PROVIDER) FOR SERVICES ON/AFTER 1/1/2013 Request for Second Bill Review (SBR) After an Explanation of Review (EOR) is received on an original bill submission, a provider that disputes the amount paid may submit a Request for SBR to the claims administrator within 90 days of service of the EOR The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and CA Code of Regulations, Title 8 sections 9792 5 4 and 9792 5 5 If the only dispute is the amount of payment and the provider does not request a SBR within the 90 days, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment Request for Independent Bill Review (IBR) If the only dispute is the amount of payment and the second bill review does not resolve the payment dispute, a provider may submit a Request for IBR within 30 days of service of the SBR, pursuant to Section 4603 2 or 4622 The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792 5 7 Failure to request an IBR within 30 days will deem the bill satisfied and neither the employer nor employee shall be liable for any further payment If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final except as provided for in Section 4622 PURSUANT TO CA LABOR CODE SECTION 9792 5 1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING AT WWW AVAILITY COM AND CHOOSE THE 'REGISTER' TAB

Amtrust North America, PO Box 94574, Cleveland, OH 44101, (800) 732-0153, is designated to receive by certified mail requests for petition of reimb

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
04772300
3278541-1
TWC3851105

DATE	AMOUNT
3/16/2021	$90.00

Ninety and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

VOID AFTER 180 DAYS

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

⑈04772300⑈ ⑆021309379⑆ 601877533⑈

Explanation Of Bill Review

Check Number	04772300
Claim Number:	3278541-1
Regulatory ID:	
Bill Number:	16246382
Invoice Number:	FP1-MJCA-1335639
Policy / Insured:	TWC3851105/Conrad s Restaurant Inc. A Corp
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS, INC
Loss Date:	3/5/2020 FP1-MJCA-1335639
Location:	820 N. Central Glendale CA 91203 -
Examiner Code:	25242
Network/PPO Network:	79308

TECHNOLOGY INSURANCE CO (Claims Funding) 1085
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
858-385-4040

PAID MAR 22 2021

RECEIVED MAR 22 2021

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
1/8/2021	Q00014	INTERPRETER OTHER 15	120.00	180.00	90.00	0.00	90.00	G2, 402
				180.00	90.00	0.00	90.00	

G2 - THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.; 402 - PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307;

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual providers agreement with the preferred provider organization. TIME LIMITS TO DISPUTE PAYMENT AMOUNT FOR HEALTH CARE PROVIDERS, HEALTH CARE FACILITIES OR BILLING AGENT/ASSIGNEE (HEREIN AFTER PROVIDER) FOR SERVICES ON/AFTER 1/1/2013. Request for Second Bill Review (SBR): After an Explanation of Review (EOR) is received on an original bill submission, a provider that disputes the amount paid may submit a Request for SBR to the claims administrator within 90 days of service of the EOR. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the provider does not request a SBR within the 90 days, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. Request for Independent Bill Review (IBR): If the only dispute is the amount of payment and the second bill review does not resolve the payment dispute, a provider may submit a Request for IBR within 30 days of service of the SBR, pursuant to Section 4603.2 or 4622. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. Failure to request an IBR within 30 days will deem the bill satisfied and neither the employer nor employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final, except as provided for in Section 4622. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING AT WWW.AVAILITY.COM AND CHOOSE THE 'REGISTER' TAB.

Amtrust North America, PO Box 94574, Cleveland, OH 44101, (800) 732-0153, is designated to receive by certified mail requests for petition of reimbursement.

THIS CHECK IS VOID WITHOUT A BLUE BACKGROUND AND AN ARTIFICIAL WATERMARK

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
04997211
3278541-1
TWC3851105

DATE	AMOUNT
9/1/2021	$360.00

M

Three Hundred Sixty and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 180 DAYS

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

⑈04997211⑈ ⑆021309379⑆ 6018775 33⑈

Check Number	04997211
Claim Number:	3278541-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3851105/Conrad s Restaurant Inc. A Corp
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	3/5/2020
Location:	820 N. Central Glendale CA 91203 -
Examiner Code:	25242 79308

Amount:	$360.00	TECHNOLOGY INSURANCE CO (Claims Funding) 1085
Dates of Service:	12/18/2020-1/8/2021	AmTrust North America
Explanation:	IBR Case Number	P.O. Box 89404
Category:	M23 - Medical Interpreter	Cleveland, OH 44101
Placement:	2 - Medical	858-385-4040
Transaction Type:		

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 76933

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

EAMS#(s):

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

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

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

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

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

*** INVOICE ***
Date NO#
09/30/21 76933

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

EAMS#(s):

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

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

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

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

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

*** INVOICE ***
Date NO#
09/30/21 76933

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

EAMS#(s):

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

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

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

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

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

*** INVOICE ***
Date NO#
09/30/21 76933

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

EAMS#(s):

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

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
04/06/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/08/20	FOLLOW-UP	W/ ACUPUNCT S. LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
04/09/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/21/20	PMT BY CHECK	DOS 3/23/20* # 1121923	-180.00
05/26/20	PMT BY CHECK	DOS 3/24/20* # 1122787	-180.00
04/22/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
04/29/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
05/01/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
04/30/20	FOLLOW-UP	W/ ACUPUNCT JU SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/02/20	PMT BY CHECK	DOS 3/25/20-4/2/20* =# 1124774	-720.00
06/05/20	PMT BY CHECK	DOS 4/6/20-4/08/20* =# 1125823	-360.00
05/05/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/08/20	PMT BY CHECK	DOS 4/9/20* =# 1126197	-180.00
05/06/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/07/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/08/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/13/20	FOLLOW-UP	W/ ACUPUNCT NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00

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

*** INVOICE ***
Date NO#
09/30/21 76933

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

EAMS#(s):

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

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
05/18/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/17/20	PMT BY CHECK	DOS 4/29/20* # 1128995	-180.00
06/16/20	PMT BY CHECK	DOS 4/22/20* # 1128578	-180.00
05/21/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 10189	0.00
05/20/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
06/18/20	PMT BY CHECK	DOS 5/1/20* # 1129408	-180.00
06/22/20	PMT BY CHECK	DOS 5/5/20* =# 1130196	-180.00
06/03/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/24/20	PMT BY CHECK	DOS 5/7/20* # 1131034	-180.00
06/26/20	PMT BY CHECK	DOS 5/6/20-5/8/20* =# 1131815	-360.00
06/30/20	PMT BY CHECK	DOS 5/6/20-5/13/20* # 1132664	-360.00
06/11/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/12/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
07/06/20	PMT BY CHECK	DOS 5/18/20-5/20/20* =# 1134156	-360.00
06/18/20	INITIAL EXAM	DR JUSTIN PAQUETTE @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/08/20	PMT BY CHECK	DOS 5/21/20* =# 1134931	-180.00
07/10/20	PMT BY CHECK	DOS 6/3/20* =# 1135724	-180.00
07/14/20	PMT BY CHECK	DOS 6/3/20* =# 1136522	-180.00
06/26/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	ANA TORRALBA # 004052	0.00
07/02/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/30/21 76933

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

EAMS#(s):

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

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/21/20	PMT BY CHECK	DOS 6/11/20* # 1138714	-180.00
07/20/20	PMT BY CHECK	DOS 6/12/20* =# 1138269	-180.00
07/08/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/07/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/24/20	PMT BY CHECK	DOS 6/18/20* =# 1139854	-180.00
07/09/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/10/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	ANA MORALES # 004052	0.00
07/29/20	PMT BY CHECK	DOS 6/26/20* # 1141047	-180.00
07/15/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/16/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/05/20	PMT BY CHECK	DOS 7/2/20* =# 1143106	-180.00
07/20/20	PR2/REEVAL	DR JUSTIN PAQUETTE @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/22/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/21/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/24/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/13/20	PMT BY CHECK	DOS 7/7/20-7/9/20* =# 1145745	-540.00
08/14/20	PMT BY CHECK	DOS 7/10/20* =# 1146160	-180.00
07/28/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00

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

*** INVOICE ***
Date NO#
09/30/21 76933

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

EAMS#(s):

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

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
07/31/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/19/20	PMT BY CHECK	DOS 7/16/20* =# 1147465	-180.00
08/21/20	PMT BY CHECK	DOS 7/21/20* =# 1148224	-180.00
08/26/20	PMT BY CHECK	DOS 7/22/20* # 1149531	-180.00
08/05/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/06/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/28/20	PMT BY CHECK	DOS 7/24/20* # 1150327	-180.00
08/07/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/11/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/12/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
08/14/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
09/16/20	PMT BY CHECK	DOS 8/5/20-8/6/20* =# 1155396	-360.00
08/26/20	PR2/REEVAL	DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
09/17/20	PMT BY CHECK	DOS 8/7/20* # 1155791	-180.00
09/23/20	PMT BY CHECK	DOS 8/14/20* # 1157445	-180.00
09/03/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
09/12/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/19/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	ANA MARIA MORALES # 004052	0.00
09/21/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/30/21 76933

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

EAMS#(s):

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

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
09/25/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/27/20	PMT BY CHECK	DOS 9/21/20* =# 1167566	-180.00
10/08/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/03/20	PMT BY CHECK	DOS 9/25/20* =# 1169819	-180.00
10/15/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/19/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
10/23/20	PR2/REEVAL	DR RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/27/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/17/20	PMT BY CHECK	DOS 10/8/20* # 1173812	-180.00
12/01/20	PMT BY CHECK	DOS 10/19/20* # 1177505	-180.00
11/10/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/09/20	PMT BY CHECK	DOS 10/27/20* =# 1179980	-180.00
11/16/20	PR2/REEVAL	DR RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/19/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/23/20	PMT BY CHECK	DOS 11/10/20* =# 1184235	-180.00
01/05/21	PMT BY CHECK	DOS 11/16/20* =# 1187113	-180.00
01/14/21	PMT BY CHECK	DOS 11/19/20* # 1189896	-180.00
12/10/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
11/17/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00

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

*** INVOICE ***
Date NO#
09/30/21 76933

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

EAMS#(s):

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

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
12/15/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/17/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
12/22/20	FOLLOW-UP	W/ ACUPUNCT JI KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/05/21	PMT BY CHECK	DOS 11/17/20-12/10/20* # 1196063	-360.00
01/04/21	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/07/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/12/21	PMT BY CHECK	DOS 12/15/20* # 1197869	-180.00
02/18/21	PMT BY CHECK	DOS 12/15/20* # 1199198	-180.00
02/22/21	PMT BY CHECK	DOS 12/17/20* =# 1199929	-180.00
01/26/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/28/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/03/21	PMT BY CHECK	DOS 12/22/20* # 1202846	-180.00
02/04/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/15/21	PMT BY CHECK	DOS 1/7/21* # 1205821	-180.00
02/09/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/10/21	PR2/REEVAL	DR AZIMZADEH/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/23/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
02/25/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00

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

*** INVOICE ***
Date NO#
09/30/21 76933

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

EAMS#(s):

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

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/04/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/07/21	PMT BY CHECK	DOS 1/28/21* # 1212406	-180.00
04/08/21	PMT BY CHECK	DOS 1/28/21* # 1212831	-180.00
04/09/21	PMT BY CHECK	DOS 1/26/21* # 1213215	-180.00
03/10/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/14/21	PMT BY CHECK	DOS 2/4/21* =# 1215343	-180.00
04/19/21	PMT BY CHECK	DOS 2/9/21-2/10/21* =# 1215563	-360.00
04/26/21	PMT BY CHECK	DOS 2/23/21-3/10/21* =# 1217697	-1080.00
04/27/21	PMT BY CHECK	DOS 3/2/21-3/10/21* =# 1218076	-360.00
03/25/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
04/01/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
05/17/21	PMT BY CHECK	DOS 3/25/21* =# 1223814	-180.00
04/13/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
04/15/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/26/21	PMT BY CHECK	DOS 4/1/21* # 1226389	-180.00
04/21/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/22/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00

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

*** INVOICE ***
Date NO#
09/30/21 76933

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

EAMS#(s):

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

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
04/24/21	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/29/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
06/08/21	PMT BY CHECK	DOS 4/13/21* # 1229858	-180.00
06/10/21	PMT BY CHECK	DOS 4/15/21* # 1230705	-180.00
05/06/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/15/21	PMT BY CHECK	DOS 4/21/21* # 1231955	-180.00
06/16/21	PMT BY CHECK	DOS 4/22/21* # 1232360	-180.00
06/18/21	PMT BY CHECK	DOS 4/24/21* # 1233071	-180.00
06/21/21	PMT BY CHECK	DOS 4/29/21* =# 1233463	-180.00
05/13/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/29/21	PMT BY CHECK	DOS 5/6/21* =# 1235827	-180.00
05/20/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CANDACE MOORE # 010784	0.00
07/07/21	PMT BY CHECK	DOS 5/13/21* # 1237922	-180.00
05/27/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CANDACE MOORE # 010784	0.00
07/15/21	PMT BY CHECK	DOS 5/20/21* =# 1240357	-180.00
06/01/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
07/23/21	PMT BY CHECK	DOS 5/27/21* =# 1242693	-180.00
06/02/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
06/03/21	F/U PHYSIO	THERAPY W/DR SIRLINA COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
07/28/21	PMT BY CHECK	DOS 6/1/21* =# 1243837	-180.00
08/04/21	PMT BY CHECK	DOS 6/3/21* =# 1245780	-180.00

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

*** INVOICE ***
Date NO#
09/30/21 76933

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

EAMS#(s):

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

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
06/10/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/05/21	PMT BY CHECK	DOS 6/2/21* # 1246192	-180.00
08/10/21	PMT BY CHECK	DOS 6/3/21* # 1247446	-180.00
06/19/21	INITIAL EXAM	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
06/22/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/17/21	PMT BY CHECK	DOS 6/10/21* # 1249433	-180.00
06/24/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
08/27/21	PMT BY CHECK	DOS 6/19/21* # 1252428	-180.00
08/31/21	PMT BY CHECK	DOS 6/22/21* # 1253329	-180.00
09/08/21	PMT BY CHECK	DOS 6/24/21* # 1255478	-180.00
09/09/21	PMT BY CHECK	DOS 6/24/21* # 1255894	-180.00
07/14/21	PR2/REEVAL	DR AZIMZADEH/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/17/21	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/27/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
09/28/21	PMT BY CHECK	DOS 7/14/21* # 1260774	-180.00

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

*** INVOICE ***

Date	NO#
09/30/21	76933

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

EAMS#(s):

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

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 1440.00

* 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

92KK2F

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 08/31/2021
Check Number : 1253329
Check Amount : $180.00

OZ 01 **RETURN SERVICE REQUESTED**

z3f5a
00061

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

Payment Summary

33094261	10/30/2017	76933	✓	Interpreter Fees -	06/22/2021	06/22/2021	$180.00

61-61

4014

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 09/08/2021
Check Number : 1255478
Check Amount : $180.00

99NK2W

OZ 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

0g25a
00064

Payment Summary

33117083	10/30/2018	76933	Interpreter Fees -	06/24/2021	06/24/2021	$180.00

64-64
4014

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

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

11-24
1210(8)

99NK2W

09/08/2021	1255478
VOID AFTER 90 DAYS	$180.00

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

TWO SIGNATURES REQUIRED IF MORE THAN $10,000.00

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

⑈1255478⑈ ⑆121000248⑆ 4121670509⑈

M

PZUK28

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 09/28/2021
Check Number : 1260774
Check Amount : $180.00

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

3wk5a
00048

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type			
33094261		10/30/2017	76933	Interpreter Fees -	07/14/2021	07/14/2021	$180.00

48-48
4014

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

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

11-24
1210(8)

PZUK28

09/28/2021	1260774
VOID AFTER 90 DAYS	$180.00

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

TWO SIGNATURES REQUIRED IF MORE THAN $10,000.00

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

⑈1260774⑈ ⑆121000248⑆ 4121670509⑈

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 78691

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
55113291

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

Case: vs CLASSIC PERFORMANCE PRODUCTS
Date Of Injury: 2/20/20

DOS	SERVICE	DESCRIPTION	AMOUNT
08/11/20	FOLLOW-UP	W/ ACUPUNCT TAE KIM @ LAKE-WOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/13/20	PR2/REEVAL	-DR FARDAD MOGHARABI @ LAKE-WOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/18/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/01/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
09/03/20	FOLLOW-UP	W/ ACUPUNCT TAE KIM @ LAKE-WOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/17/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
09/22/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
10/01/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
10/09/20	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR MENDOZA @ LAKEWOOD	180.00
/ /	-	VILLAGE CHIRO* #1	0.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
10/13/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	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#
09/20/21 78691

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
55113291

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

Case: vs CLASSIC PERFORMANCE PRODUCTS
Date Of Injury: 2/20/20

DOS	SERVICE	DESCRIPTION	AMOUNT
11/23/20	PMT BY CHECK	DOS 10/13/20* # 1101530	-180.00
05/26/21	LIEN FIL FEE	LIEN FILING FEE	150.00
09/16/21	PMT BY CHECK	DOS 8/11/20* 1226315	-180.00

BALANCE 1590.00

* 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

Berkshire Hathaway Homestate Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Wells Fargo Bank

420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

CHECK NO. 1226315

DATE
09/16/2021

California Workers' Compensation Payment

**********180.00

Pay One Hundred Eighty Dollars And 00/100

VOID AFTER 90 DAYS

TO THE ORDER OF

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

HEAT SENSITIVE
RUB AREA TO VERIFY

⑈1226315⑈ ⑆121000248⑆ 4125523753⑈

Payee: JOYCE ALTMAN INTERPRETERS INC

IRS/SSN: XX-XXX6713

Check Number: 1226315

Check Date: 09/16/2021

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
55113291		02/20/2020	Interpreter Fees - Medical	08/11/2020	08/11/2020	09/13/2021	78691	180.00

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

*** INVOICE ***
Date NO#
09/13/21 78969

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
55114337

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

Case: vs DBS DEMO BOXES/STATE DRAWER BO
Date Of Injury: 4/24/20

DOS	SERVICE	DESCRIPTION	AMOUNT
09/01/20	FOLLOW-UP	W/ ACUPUNCT TAE GON KIM @ LAKEWOOD VILLAGE	180.00
/ /	-	CHIRO*	0.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
09/08/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
09/15/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
09/22/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
09/23/20	PR2/REEVAL	DR FARDAD MOGHARABI @ LAKE-WOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
09/29/20	FOLLOW-UP	W/ ACUPUNCT TAE KIM @ LAKE-WOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
10/13/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
10/23/20	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ LAKEWOOD VILLAGE*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
10/27/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
12/02/20	PMT BY CHECK	DOS 9/1/20-10/13/20* # 1105037	-1260.00
11/03/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD	180.00

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

*** INVOICE ***
Date NO#
09/13/21 78969

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
55114337

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

Case: vs DBS DEMO BOXES/STATE DRAWER BO
Date Of Injury: 4/24/20

DOS	SERVICE	DESCRIPTION	AMOUNT
		VILLAGE CHIRO*	
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
11/11/20	PR2/REEVAL	DR MOGHARABI @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
12/14/20	PMT BY CHECK	DOS 10/23/20-10/27/20* # 1109982	-360.00
11/17/20	SHOCK WAVE	THERAPY W/DR TCHAKALIAN @ LAKEWOOD VILLAGE* #1	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
12/01/20	SHOCK WAVE	THERAPY W/DR TCHAKALIAN @ LAKEWOOD VILLAGE* #2	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
11/24/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
12/08/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
12/15/20	SHOCK WAVE	THERAPY W/DR TCHAKALIAN @ LAKEWOOD VILLAGE* #3	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072 (A.M.)	0.00
12/15/20	INITIAL EXAM	RT SHDR DR HYDER MUKADAM @ LAKEWOOD VILLAGE CHIRO* MEDS	180.00
/ /	INTERPRETER:	MCLOVIA LONG # 101072 (P.M.)	0.00
01/13/21	PR2/REEVAL	DR MOGHARABI @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
01/26/21	PR2/REEVAL	DR MUKADAM & F/U ACUP W/KIM @ LAKEWOOD VILLAGE*	180.00

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

*** INVOICE ***
Date NO#
09/13/21 78969

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
55114337

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

Case: vs DBS DEMO BOXES/STATE DRAWER BO
Date Of Injury: 4/24/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MACLOVIA LONG # 101072 AMENDED	0.00
02/02/21	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
02/09/21	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
03/17/21	PMT BY CHECK	DOS 1/13/21* # 1149019	-180.00
02/16/21	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
02/18/21	FOLLOW-UP	W/ACUPUNCT KIM & NCV TEST:U/E @ LAKEWOOD VILLAGE*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072 AMENDED	0.00
02/22/21	INITIAL PSYC	EVAL ANTHONY FRANCISCO, PH.D. @ LAKEWOOD VILLAGE*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
03/04/21	PR2/REEVAL	DR MOGHARABI @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
04/12/21	PMT BY CHECK	DOS 1/26/21* # 1159973	-180.00
04/14/21	PMT BY CHECK	DOS 2/2/21* # 1161070	-180.00
04/19/21	PMT BY CHECK	DOS 2/9/21* # 1162878	-180.00
04/22/21	PMT BY CHECK	DOS 2/16/21* # 1164736	-180.00
03/23/21	PR2/REEVAL	DR MUKADAM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
05/13/21	PMT BY CHECK	DOS 3/23/21* # 1174099	-180.00
05/13/21	PR2/REEVAL	DR FARDAD MOGHARABI @ LAKE-	180.00

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

*** INVOICE ***
Date NO#
09/13/21 78969

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
55114337

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

Case: vs DBS DEMO BOXES/STATE DRAWER BO
Date Of Injury: 4/24/20

DOS	SERVICE	DESCRIPTION	AMOUNT
		WOOD VILLAGE CHIRO*	
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
06/30/21	PR2/REEVAL	DR FARDAD MOGHARABI @ LAKE-	180.00
		WOOD VILLAGE CHIRO*	
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
09/09/21	PMT BY CHECK	DOS 6/30/21* # 1223594	-180.00

BALANCE 2160.00

* 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.

Berkshire Hathaway Homestate Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Wells Fargo Bank

420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

CHECK NO. 1223594

DATE
09/09/2021

California Workers' Compensation Payment

**********180.00

Pay One Hundred Eighty Dollars And 00/100

VOID AFTER 90 DAYS

TO THE ORDER OF

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

HEAT SENSITIVE
RUB AREA TO VERIFY

⑈1223594⑈ ⑆121000248⑆ 4125523753⑈

Payee: JOYCE ALTMAN INTERPRETERS INC

IRS/SSN: XX-XXX6713

Check Number: 1223594

Check Date: 09/09/2021

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
55114337		04/24/2020	Interpreter Fees - Medical	06/30/2021	06/30/2021	09/07/2021	78969	180.00

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

*** INVOICE ***
Date NO#
09/14/21 76815

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189117515; 188563490

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

Case: vs FP STORES INC
Date Of Injury: 8/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
09/09/19	INITL CHIRO	TX & PHYS TX W/DR CHRISTINE HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/30/19	FOLLOW-UP	W/ ACUPUNCT MIN CHOI, F/U CHIRO & PHYS THERAPY	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/04/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/09/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIHDU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/11/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/18/19	INITIAL ACUP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/25/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/22/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
10/28/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/01/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/04/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
11/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/13/19	FOLLOW UP	PHYSICAL TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/18/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00

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

*** INVOICE ***
Date NO#
09/14/21 76815

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189117515; 188563490

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

Case: vs FP STORES INC
Date Of Injury: 8/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/22/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/02/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/03/19	F/U CHIRO TX	PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ROSARIO J. RIVAS # 500276	0.00
12/06/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/09/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/13/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/16/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/18/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/23/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MAIRA BARBOSA # 500267	0.00
01/06/20	PR2/REEVAL	W/DR CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/10/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/15/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/17/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/22/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/20/20	PMT BY CHECK	DOS 1/10/20* =# 4003794	-90.00
01/28/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00

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

*** INVOICE ***
Date NO#
09/14/21 76815

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189117515; 188563490

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

Case: . vs FP STORES INC
Date Of Injury: 8/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/12/20	PMT BY CHECK	DOS 1/22/20* =# 4048133	-90.00
03/12/20	PMT BY CHECK	DOS 1/15/20* # 4048129	-90.00
03/13/20	PMT BY CHECK	DOS 1/17/20* =# 4050654	-90.00
03/19/20	PMT BY CHECK	DOS 1/10/20* =# 4062142	-90.00
02/18/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/25/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/09/20	PMT BY CHECK	DOS 1/22/20* =# 4101870	-90.00
04/09/20	PMT BY CHECK	DOS 1/17/20* =# 4101873	-90.00
03/10/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/29/20	PMT BY CHECK	DOS 2/25/20* =# 4139147	-90.00
04/28/20	PMT BY CHECK	DOS 2/18/20* =# 4135662	-90.00
05/19/20	PMT BY CHECK	DOS 3/10/20* =# 4172865	-90.00
06/16/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/23/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/03/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/07/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/22/20	PMT BY CHECK	DOS 3/10/20* =# 4279335	-90.00
07/14/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/30/20	PMT BY CHECK	DOS 6/16/20* =# 4296891	-90.00
08/04/20	PMT BY CHECK	DOS 6/23/20* =# 4302963	-90.00
08/11/20	PMT BY CHECK	DOS 7/3/20* =# 4318887	-90.00
08/11/20	PMT BY CHECK	DOS 7/7/20* =# 4318888	-90.00

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

*** INVOICE ***
Date NO#
09/14/21 76815

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189117515; 188563490

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

Case: vs FP STORES INC
Date Of Injury: 8/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/17/20	PMT BY CHECK	DOS 7/14/20* =# 4331814	-90.00
07/28/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/04/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
08/14/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/18/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
09/09/20	IBR FEE	IBR FEE AWARDED BY MAXIMUS	0.00
09/09/20	RMB IBR FEE	DOS 1/15/20 # 5666794614	-180.00
09/09/20	PMT BY CHECK	DOS 1/15/20 # 5666794614	-90.00
09/09/20	PEN & INT	FOR LATE PYMT OF IBR DECISION	44.20
09/14/20	PMT BY CHECK	DOS 7/28/20* =# 4384812	-90.00
08/25/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/16/20	PMT BY CHECK	DOS 8/4/20* =# 4389873	-90.00
09/01/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/24/20	PMT BY CHECK	DOS 2/18/20-2/25/20* # 5667088212	-180.00
09/21/20	PMT BY CHECK	DOS 7/21/20-9/9/20* # 5667028407	-44.20
09/25/20	PMT BY CHECK	DOS 8/14/20* =# 4409704	-90.00
09/25/20	PMT BY CHECK	DOS 8/18/20* =# 4409732	-90.00
09/08/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/15/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/22/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

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

*** INVOICE ***
Date NO#
09/14/21 76815

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189117515; 188563490

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

Case: vs FP STORES INC
Date Of Injury: 8/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/15/20	PMT BY CHECK	DOS 9/1/20* =# 4449293	-90.00
10/15/20	PMT BY CHECK	DOS 9/8/20* =# 4449255	-90.00
09/29/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/06/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/27/20	PMT BY CHECK	DOS 9/15/20* =# 4473130	-90.00
10/27/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIHDU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/03/20	PMT BY CHECK	DOS 6/16/20* =# 4485177	-90.00
11/03/20	PMT BY CHECK	DOS 9/22/20* =# 4485685	-90.00
10/13/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/10/20	PMT BY CHECK	DOS 9/29/20* =# 4503393	-90.00
10/20/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
11/03/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/10/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/18/20	PMT BY CHECK	DOS 10/6/20* =# 4520531	-90.00
11/17/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/24/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/25/20	PMT BY CHECK	DOS 10/27/20* # 4533641	-90.00
12/04/20	PMT BY CHECK	DOS 10/13/20* =# 4550312	-90.00
12/09/20	PMT BY CHECK	DOS 11/3/20* =# 4558388	-90.00
12/10/20	PMT BY CHECK	DOS 10/20/20* =# 4561308	-90.00
12/23/20	PMT BY CHECK	DOS 8/4/20* =# 4583051	-90.00
12/23/20	PMT BY CHECK	DOS 11/10/20* =# 4583477	-90.00

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

*** INVOICE ***
Date NO#
09/14/21 76815

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189117515; 188563490

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

Case: vs FP STORES INC
Date Of Injury: 8/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
12/23/20	PMT BY CHECK	DOS 11/24/20* =# 4583478	-90.00
09/09/20	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
01/25/21	PENALTIES	FOR IBR FEE NOT PAID ($180) DUE 10/26/20	27.00
01/25/21	INTEREST	FOR IBR FEE NOT PAID ($180) DUE 10/26/20	5.16
12/28/20	PMT BY CHECK	DOS 11/17/20* =# 4588598	-90.00
12/01/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
12/08/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/21/21	PMT BY CHECK	DOS 9/8/20* =# 4630904	-90.00
01/27/21	PMT BY CHECK	DOS 12/1/20* =# 4645178	-90.00
12/15/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/22/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/29/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
01/05/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
02/09/21	PMT BY CHECK	DOS 6/23/20-7/14/20* # 5669612559	-360.00
02/09/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
02/09/21	RMB IBR FEE	DOS 6/23/20-7/14/20 # 5669626842	-180.00
02/15/21	PMT BY CHECK	DOS 12/8/20* =# 4685710	-90.00
01/12/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/18/21	PMT BY CHECK	DOS 12/15/20* =# 4695352	-90.00
02/25/21	PMT BY CHECK	DOS 12/22/20* =# 4708269	-90.00

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

*** INVOICE ***
Date NO#
09/14/21 76815

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189117515; 188563490

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

Case: vs FP STORES INC
Date Of Injury: 8/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/16/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
02/16/21	PMT BY CHECK	DOS 9/11/20-10/28/20 # 5669745606	-180.00
02/16/21	MISC	IBR RELATED COSTS	1015.45
02/16/21	PMT BY CHECK	DOS 9/11/20-10/28/20*	-1015.45
01/26/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/04/21	PMT BY CHECK	DOS 12/29/20* =# 4723696	-90.00
03/04/21	PMT BY CHECK	DOS 9/15/20* =# 4723476	-90.00
03/04/21	PMT BY CHECK	DOS 7/28/20* =# 4723475	-90.00
02/02/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/16/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
03/17/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
03/17/21	RMB IBR FEE	DOS 7/28/20 # 5670335061	-180.00
03/23/21	PMT BY CHECK	DOS 1/12/21* =# 4762067	-180.00
03/24/21	PMT BY CHECK	DOS 1/5/21* =# 4765490	-180.00
02/09/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/02/21	PMT BY CHECK	DOS 1/26/21* =# 4786868	-180.00
04/02/21	PMT BY CHECK	DOS 2/2/21* =# 4786869	-180.00
03/02/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/06/21	PMT BY CHECK	DOS 11/3/20* =# 4794843	-90.00
04/08/21	PMT BY CHECK	DOS 11/10/20* =# 4803115	-90.00
04/07/21	PMT BY CHECK	DOS 11/17/21* =# 4799303	-90.00
03/09/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
04/15/21	PMT BY CHECK	DOS 2/9/21* =# 4818759	-180.00
04/15/21	PMT BY CHECK	DOS 2/16/21* =# 4818832	-180.00

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

*** INVOICE ***
Date NO#
09/14/21 76815

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189117515; 188563490

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

Case: vs FP STORES INC
Date Of Injury: 8/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/16/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
03/23/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
04/28/21	PMT BY CHECK	DOS 3/2/21* =# 4846024	-180.00
05/04/21	PMT BY CHECK	DOD 3/9/21* =# 4856846	-180.00
05/07/21	PMT BY CHECK	DOS 12/1/20* =# 4869424	-90.00
05/06/21	PMT BY CHECK	DOS 8/14/20, 8/18/20, 9/1/20 # 5671274796 IBR	-270.00
03/30/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/07/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
05/07/21	RMB IBR FEE	DOS 8/14/20, 8/18/20, 9/1/20 # 5671328904	-180.00
04/06/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/14/21	PMT BY CHECK	DOS 9/1/20* =# 4884767	-90.00
05/14/21	PMT BY CHECK	DOS 8/14/20* =# 4884764	-90.00
05/14/21	PMT BY CHECK	DOS 8/18/20* =# 4884766	-90.00
05/20/21	PMT BY CHECK	DOS 12/8/20* =# 4897373	-90.00
05/20/21	PMT BY CHECK	DOS 12/15/20* =# 4897464	-90.00
05/20/21	PMT BY CHECK	DOS 12/22/20* =# 4897467	-90.00
04/13/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
04/20/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/28/21	PMT BY CHECK	DOS 3/23/21* =# 4916608	-180.00
06/02/21	PMT BY CHECK	DOS 3/16/21* =# 4920720	-180.00
04/27/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
05/04/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00

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

*** INVOICE ***
Date NO#
09/14/21 76815

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189117515; 188563490

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

Case: vs FP STORES INC
Date Of Injury: 8/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/10/21	PMT BY CHECK	DOS 4/6/21* =# 4944020	-180.00
06/10/21	PMT BY CHECK	DOS 4/13/21* =# 4944186	-180.00
06/11/21	PMT BY CHECK	DOS 3/30/21* =# 4946446	-180.00
06/15/21	PMT BY CHECK	DOS 4/20/21* =# 4952733	-180.00
06/14/21	PMT BY CHECK	DOS 12/29/20* =# 4949517	-90.00
05/11/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/24/21	PMT BY CHECK	.DOS 4/27/21* =# 4974718	-180.00
06/23/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	360.00
06/23/21	RMB IBR FEE	DOS 6/22/20-10/6/20 # 5672224503	-180.00
06/23/21	RMB IBR FEE	DOS 9/29/20-10/20/20 # 5672224503	-180.00
06/23/21	PMT BY CHECK	DOS 9/29/20-10/20/20 # 5672223414	-270.00
06/23/21	PMT BY CHECK	DOS 9/22/20-10/6/20 # 5672223873	-180.00
05/18/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
05/25/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/09/21	PMT BY CHECK	DOS 5/4/21* =# 5005928	-180.00
06/01/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/16/21	PMT BY CHECK	DOS 5/11/21* =# 5020784	-180.00
07/19/21	PMT BY CHECK	DOS 5/18/21* =# 5023382	-180.00
07/26/21	PMT BY CHECK	DOS 5/25/21* =# 5038541	-180.00
06/08/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/15/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00

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

*** INVOICE ***
Date NO#
09/14/21 76815

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189117515; 188563490

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

Case: vs FP STORES INC
Date Of Injury: 8/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
08/17/21	PMT BY CHECK	DOS 6/8/21* =# 5086248	-180.00
06/22/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
08/25/21	PMT BY CHECK	DOS 6/15/21* # 5103356	-180.00
06/29/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/02/21	PMT BY CHECK	DOS 6/1/21* =# 5120076	-180.00
09/08/21	PMT BY CHECK	DOS 6/22/21* =# 5131251	-180.00

BALANCE 3232.16

* 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.

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

Broadspire®
A CRAWFORD COMPANY

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

The document you are holding is a payment for services provided. The attached check and Explanation of Payment(s) is sent to you for services rendered on behalf of Broadspire Services, Inc. who has partnered with VPay® to process their payments. If you have questions regarding the payment, please contact us at 1-855-388-8371. If you have questions regarding the payment amount or benefit calculation, please contact Broadspire Services, Inc. at 1-800-800-7885.

Claim ID:	188563490-001
Client Reference ID:	9151161526
VP Trans ID:	1129263656 BSP0001002
Date:	09/02/2021
Amount:	$180.00
Check Number:	5120076

76815

Get Paid Faster

When you sign up for
VCard or ACH

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

Notice of Confidentiality - The information contained in this communication is confidential and is intended solely for the addressee. The information may also be legally privileged. This communication is sent in trust, for the sole purpose of delivery to the intended recipient. If you have received this document in error, any use, reproduction or dissemination of this communication is strictly prohibited. If you are not the intended recipient, please immediately notify VPay® at (877) 399-5917 and provide the VP Trans ID shown above and destroy this communication and its attachments, if any.

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

Broadspire
A CRAWFORD COMPANY

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

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

5120076

09/02/2021

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

ONE HUNDRED EIGHTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1129263656

⑈5120076⑈ ⑆273970116⑆ 1700102966⑈

Bill Id: BRS-BSCA-3166173

Carrier

HARTFORD CASUALTY INS CO
690 ASYLUM AVENUE
HARTFORD, CT 06115

Provider

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

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC
Invoice Date: 07/22/2021
Patient Account: 76815
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 188563490-001
DOI/DOL: 08/11/2017
CR Date / BR Date: 08/25/2021 / 08/25/2021
External Claim Number: 201708231351022831365 9
Social Security Number: ****
Employer/Insured: NATIONAL STORES
Employer/Insured Address: FP STORES INC.
330 WEST BASELINE
SAN BERNARDINO, CA 92410
Policy Admin Information: 020635
Branch ID: BRE

Bill Details

Date of Service: 06/01/2021
Post Date: 08/30/2021
Client Type of Bill: 74
Adjuster: ARSIER

Bill ICD Version: 10

Dx A:T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	06/01/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885 0.00	180.00

Totals

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

Messages

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

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

0000607-0001851 S0106 001 336773 BSP

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

Broadspire®
A CRAWFORD COMPANY

76815

The document you are holding is a payment for services provided. The attached check and Explanation of Payment(s) is sent to you for services rendered on behalf of Broadspire Services, Inc. who has partnered with VPay® to process their payments. If you have questions regarding the payment, please contact us at 1-855-388-8371. If you have questions regarding the payment amount or benefit calculation, please contact Broadspire Services, Inc. at 1-800-800-7885.

Claim ID:	188563490-001
Client Reference ID:	9151175738
VP Trans ID:	1133364676 BSP0001002
Date:	09/08/2021
Amount:	$180.00
Check Number:	5131251

Get Paid Faster

When you sign up for
VCard or ACH

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

Notice of Confidentiality - The information contained in this communication is confidential and is intended solely for the addressee. The information may also be legally privileged. This communication is sent in trust, for the sole purpose of delivery to the intended recipient. If you have received this document in error, any use, reproduction or dissemination of this communication is strictly prohibited. If you are not the intended recipient, please immediately notify VPay® at (877) 399-5917 and provide the VP Trans ID shown above and destroy this communication and its attachments, if any.

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-3169653

Carrier

HARTFORD CASUALTY INS CO
690 ASYLUM AVENUE
HARTFORD, CT 06115

Provider

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

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.
Invoice Date: 08/25/2021
Patient Account: 76815
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 188563490-001
DOI/DOL: 08/11/2017
CR Date / BR Date: 08/31/2021 / 08/31/2021
External Claim Number: 20170823135102283659
Social Security Number: ****
Employer/Insured: NATIONAL STORES
Employer/Insured Address: FP STORES INC.
330 WEST BASELINE
SAN BERNARDINO, CA 92410
Policy Admin Information: 020635
Branch ID: BRE

Bill Details

Date of Service: 06/22/2021
Post Date: 09/02/2021
Client Type of Bill: 74
Adjuster: ARSIER

Bill ICD Version: 10

Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	06/22/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885 0.00	180.00

Totals

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

Messages

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

1133364676

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	78427

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
189172947

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: FRANK CERVANTES
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs FOREVER 21 LOGISTICS
Date Of Injury: 12/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
06/20/20	INITIAL EXAM	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/18/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
08/01/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/19/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/03/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/03/20	PMT BY CHECK	DOS 6/20/20-8/1/20* =# 4485721	-270.00
11/03/20	PMT BY CHECK	DOS 9/19/20* =# 4485556	-6.00
11/12/20	PMT BY CHECK	DOS 10/3/20* =# 4509456	-90.00
01/09/21	P AND S	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/04/21	PMT BY CHECK	DOS 6/20/20-8/1/20* # 4723474	-270.00
03/16/21	PMT BY CHECK	DOS 1/9/21* =# 4746767	-180.00
04/01/21	F/U PHYSIO	THERAPY W/DR JAVAD NAJIB @ FMR*	180.00
/ /	INTERPRETER:	FERNNY MARTINEZ # 006772	0.00
04/08/21	FOLLOW-UP	W/ ACUPUNCT SOO YEON LEE @ FMR*	180.00
/ /	INTERPRETER:	JESSICA GARCIA # 008353	0.00
04/15/21	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LUZ MARTINEZ # 005760	0.00
06/02/21	PMT BY CHECK	DOS 4/1/21* # 4921732	-180.00
06/08/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
06/08/21	RMB IBR FEE	DOS 9/19/20 # 4671876284	-180.00
06/08/21	PMT BY CHECK	DOS 9/19/20 # 4671876284	-174.00

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

*** INVOICE ***
Date NO#
09/30/21 78427

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
189172947

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: FRANK CERVANTES
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs FOREVER 21 LOGISTICS
Date Of Injury: 12/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/04/21	INITL CHIRO	TREATMENT W/ DR JAVAD NAJIB @ FMR*	180.00
/ /	INTERPRETER:	FERNNY MARTINEZ # 006772	0.00
06/14/21	PMT BY CHECK	DOS 4/15/21* =# 4949722	-180.00
06/17/21	PMT BY CHECK	DOS 4/8/21* =# 4959366	-180.00
05/11/21	PR2/REEVAL	DR JOSE SERRANO @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/19/21	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LUZ MARTINEZ # 005760	0.00
07/02/21	PMT BY CHECK	DOS 5/11/21* # 5672436399	-180.00
07/02/21	PMT BY CHECK	DOS 5/04/21* # 5672436426	-180.00
07/06/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
07/06/21	RMB IBR FEE	DOS 10/3/20 # 5672436552	-180.00
07/06/21	PMT BY CHECK	DOS 10/3/20 # 5672436552	-90.00
05/26/21	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LUZ MARTINEZ # 005760	0.00
05/28/21	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LUZ MARTINEZ # 005760	0.00
06/01/21	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	FERNNY MARTINEZ # 006772	0.00
07/19/21	PMT BY CHECK	DOS 5/19/21* =# 5023468	-180.00
06/02/21	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LUZ MARTINEZ # 005760	0.00
07/27/21	PMT BY CHECK	DOS 5/26/21 # 5041241	-180.00
07/30/21	PMT BY CHECK	DOS 5/28/21* # 5672957229	-180.00
08/09/21	PMT BY CHECK	DOS 6/2/21* =# 5068805	-180.00
06/24/21	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	MIGUEL RUIZ # 013906	0.00
06/30/21	FOLLOW-UP	W/ ACUPUNCT HYUNROK PARK @ FMR*	180.00
/ /	INTERPRETER:	HILDA VILLAGRAN # 010201	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#
09/30/21 78427

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
189172947

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: FRANK CERVANTES
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs FOREVER 21 LOGISTICS
Date Of Injury: 12/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
07/06/21	FOLLOW-UP	W/ ACUPUNCT HYUNROK PARK @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/02/21	PMT BY CHECK	DOS 6/1/21* =# 5120430	-180.00
07/07/21	FOLLOW-UP	W/ACUPUNCT HYUNROK PARK @FMR*	180.00
/ /	INTERPRETER:	JORGE BARRAGAN # 006623	0.00
09/10/21	PMT BY CHECK	DOS 6/24/21* =# 5138890	-180.00
09/17/21	PMT BY CHECK	DOS 6/30/21* =# 5153654	-180.00
09/20/21	PMT BY CHECK	DOS 7/6/21* =# 5156260	-180.00
09/20/21	PMT BY CHECK	DOS 7/7/21 # 5673882789	-180.00

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.

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

Broadspire®
A CRAWFORD COMPANY

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

The document you are holding is a payment for services provided. The attached check and Explanation of Payment(s) is sent to you for services rendered on behalf of Broadspire Services, Inc. who has partnered with VPay® to process their payments. If you have questions regarding the payment, please contact us at 1-855-388-8371. If you have questions regarding the payment amount or benefit calculation, please contact Broadspire Services, Inc. at 1-800-800-7885.

Claim ID:	189172947-001
Client Reference ID:	9151161796
VP Trans ID:	1129271224 BSP0001002
Date:	09/02/2021
Amount:	$180.00
Check Number:	5120430

78427

Get Paid Faster
When you sign up for
VCard or ACH
Email
support@vpayusa.com
today to find out how.

Notice of Confidentiality - The information contained in this communication is confidential and is intended solely for the addressee. The information may also be legally privileged. This communication is sent in trust, for the sole purpose of delivery to the intended recipient. If you have received this document in error, any use, reproduction or dissemination of this communication is strictly prohibited. If you are not the intended recipient, please immediately notify VPay® at (877) 399-5917 and provide the VP Trans ID shown above and destroy this communication and its attachments, if any.

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

Broadspire
A CRAWFORD COMPANY

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

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

5120430

09/02/2021

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

ONE HUNDRED EIGHTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1129271224

⑈5120430⑈ ⑆273970116⑆ 1700102966⑈

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-3167257

Carrier

ACE AMERICAN INSURANCE COMPANY
436 WALNUT STREET
PHILADELPHIA, PA 19106

Provider

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

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.
Invoice Date: 07/22/2021
Patient Account: 78427
Region: 26
Payment Status Code: 1

Claimant

Claim Number: 189172947-001
DOI/DOL: 12/15/2019
CR Date / BR Date: 08/27/2021 / 08/27/2021
External Claim Number: 202001011759274154378 2
Social Security Number: *****
Employer/Insured: FOREVER 21
Employer/Insured Address: DCM - RETURN
3880 NORTH MISSION ROAD
LOS ANGELES, CA 90031
Policy Admin Information: 024173
Branch ID: BRE

Bill Details

Date of Service: 06/01/2021
Post Date: 08/30/2021
Client Type of Bill: 74
Adjuster: LACLAU

Bill ICD Version: 10

Dx A:T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	06/01/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885 0.00	180.00

Totals

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

Messages

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

1129271224

M

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

0000490-0001501 S0106 001 337524 BSP

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

Broadspire®
A CRAWFORD COMPANY

The document you are holding is a payment for services provided. The attached check and Explanation of Payment(s) is sent to you for services rendered on behalf of Broadspire Services, Inc. who has partnered with VPay® to process their payments. If you have questions regarding the payment, please contact us at 1-855-388-8371. If you have questions regarding the payment amount or benefit calculation, please contact Broadspire Services, Inc. at 1-800-800-7885.

Claim ID:	189172947-001
Client Reference ID:	9151189196
VP Trans ID:	1135863659 BSP0001002
Date:	09/10/2021
Amount:	$180.00
Check Number:	5138890

7841 27

Get Paid Faster
When you sign up for
VCard or ACH
Email
support@vpayusa.com
today to find out how.

Notice of Confidentiality - The information contained in this communication is confidential and is intended solely for the addressee. The information may also be legally privileged. This communication is sent in trust, for the sole purpose of delivery to the intended recipient. If you have received this document in error, any use, reproduction or dissemination of this communication is strictly prohibited. If you are not the intended recipient, please immediately notify VPay® at (877) 399-5917 and provide the VP Trans ID shown above and destroy this communication and its attachments, if any.

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

Broadspire
A CRAWFORD COMPANY

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

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

5138890

09/10/2021

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

ONE HUNDRED EIGHTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1135863659

⑈5138890⑈ ⑆273970116⑆ 1700102966⑈

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-3173336

Carrier

ACE AMERICAN INSURANCE COMPANY
436 WALNUT STREET
PHILADELPHIA, PA 19106

Provider

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

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.
Invoice Date: 08/30/2021
Patient Account: 78427
Region: 26
Payment Status Code: 1

Claimant

Claim Number: 189172947-001
DOI/DOL: 12/15/2019
CR Date / BR Date: 09/02/2021 / 09/02/2021
External Claim Number: 20200101175Q2741543782
Social Security Number: ****
Employer/Insured: FOREVER 21
Employer/Insured Address: DCM - RETURN
3880 NORTH MISSION ROAD
LOS ANGELES, CA 90031
Policy Admin Information: 024173
Branch ID: BRE

Bill Details

Date of Service: 06/24/2021
Post Date: 09/07/2021
Client Type of Bill: 74
Adjuster: LACLAU

Bill ICD Version: 10

Dx A:T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	06/24/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885 0.00	180.00

Totals

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

Messages

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

1135863659

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

0000555-0001666 S0106 001 340826 BSP

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

Broadspire
A CRAWFORD COMPANY

The document you are holding is a payment for services provided. The attached check and Explanation of Payment(s) is sent to you for services rendered on behalf of Broadspire Services, Inc. who has partnered with VPay® to process their payments. If you have questions regarding the payment, please contact us at 1-855-388-8371. If you have questions regarding the payment amount or benefit calculation, please contact Broadspire Services, Inc. at 1-800-800-7885.

Claim ID:	189172947-001
Client Reference ID:	9151214196
VP Trans ID:	1141635941 BSP0001002
Date:	09/17/2021
Amount:	$180.00
Check Number:	5153654

Get Paid Faster

When you sign up for **VCard or ACH**

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

Notice of Confidentiality - The information contained in this communication is confidential and is intended solely for the addressee. The information may also be legally privileged. This communication is sent in trust, for the sole purpose of delivery to the intended recipient. If you have received this document in error, any use, reproduction or dissemination of this communication is strictly prohibited. If you are not the intended recipient, please immediately notify VPay® at (877) 399-5917 and provide the VP Trans ID shown above and destroy this communication and its attachments, if any.

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

Broadspire
A CRAWFORD COMPANY

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

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

5153654

09/17/2021

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

ONE HUNDRED EIGHTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1141635941

⑈5153654⑈ ⑆273970116⑆ 1700102966⑈

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-3178936

Carrier

ACE AMERICAN INSURANCE COMPANY
436 WALNUT STREET
PHILADELPHIA, PA 19106

Provider

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

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.
Invoice Date: 09/09/2021
Patient Account: 78427
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189172947-001
DOI/DOL: 12/15/2019
CR Date / BR Date: 09/13/2021 / 09/13/2021
External Claim Number: 202001011759274154378 2
Social Security Number: ****
Employer/Insured: FOREVER 21
Employer/Insured Address: DCM - RETURN
3880 NORTH MISSION ROAD
LOS ANGELES, CA 90031
Policy Admin Information: 024173
Branch ID: BRE

Bill Details

Date of Service: 06/30/2021
Post Date: 09/14/2021
Client Type of Bill: 74
Adjuster: LACLAU

Bill ICD Version: 10

Dx A:T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	06/30/2021	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00

Totals

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

Messages

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

1141635941

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

0000509-0001497 S0106 001 341381 BSP

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

Broadspire®
A CRAWFORD COMPANY

The document you are holding is a payment for services provided. The attached check and Explanation of Payment(s) is sent to you for services rendered on behalf of Broadspire Services, Inc. who has partnered with VPay® to process their payments. If you have questions regarding the payment, please contact us at 1-855-388-8371. If you have questions regarding the payment amount or benefit calculation, please contact Broadspire Services, Inc. at 1-800-800-7885.

Claim ID:	189172947-001
Client Reference ID:	9151218513
VP Trans ID:	1142903775 BSP0001002
Date:	09/20/2021
Amount:	$180.00
Check Number:	5156260

Get Paid Faster

When you sign up for
VCard or ACH

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

Notice of Confidentiality - The information contained in this communication is confidential and is intended solely for the addressee. The information may also be legally privileged. This communication is sent in trust, for the sole purpose of delivery to the intended recipient. If you have received this document in error, any use, reproduction or dissemination of this communication is strictly prohibited. If you are not the intended recipient, please immediately notify VPay® at (877) 399-5917 and provide the VP Trans ID shown above and destroy this communication and its attachments, if any.

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

Broadspire
A CRAWFORD COMPANY

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

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

5156260

09/20/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$180.00

ONE HUNDRED EIGHTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1142903775

⑈5156260⑈ ⑆273970116⑆ 1700102966⑈

Bill Id: BRS-BSCA-3179276

Carrier

ACE AMERICAN INSURANCE COMPANY
436 WALNUT STREET
PHILADELPHIA, PA 19106

Provider

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

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.
Invoice Date: 09/10/2021
Patient Account: 78427
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189172947-001
DOI/DOL: 12/15/2019
CR Date / BR Date: 09/13/2021 / 09/13/2021
External Claim Number: 202001011759274154378 2
Social Security Number: *****
Employer/Insured: FOREVER 21
Employer/Insured Address: DCM - RETURN
3880 NORTH MISSION ROAD
LOS ANGELES, CA 90031
Policy Admin Information: 024173
Branch ID: BRE

Bill Details

Date of Service: 07/06/2021
Post Date: 09/15/2021
Client Type of Bill: 74
Adjuster: LACLAU

Bill ICD Version: 10

Dx A:T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	07/06/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885 0.00	180.00

Totals

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

Messages

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

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	09/20/2021
Check Amount	:	$180.00
Check Number	:	5673882789

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

784/27

Claim Number / Claimant Name / Contact Info: Adjusting Office / Transaction Description / Check Memo	Date of Loss / Amount / Transaction Amount	Adjuster Name / Invoice#	Adjuster Phone# / Invoice Date / Service Dates
189172947-001 01	12/15/2019 $180.00		
BP WC Brea		Leighann A. Claussen	657-334-6347
All Other WC Medical	$180.00	AME 12/14	09/20/2021-09/20/2021

Please Fold on Perforation Before Tearing

VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

ON BEHALF OF: ACE
INSURER: ACE AMERICAN INSURANCE COMPANY

Check Date : 09/20/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.

Amount
*** One Hundred Eighty and 00/100 Dollars **********

Claim #: 189172947-001 01

Claim Check Number
5673882789
SUNTRUST
SUNTRUST BANK ATLANTA
SUNTRUST BANK NORTHWEST
GA

64-79
611
8800600242

PAYABLE IF DESIRED AT WELLS FARGO BANK, N.A. CALIFORNIA

Void If not presented for payment within 180 days after the date of Issue

Amount
********* **$180.00***

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

By

⑈5673882789⑈ ⑆061100790⑆ 8800600242⑈

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 79057

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189360257

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: KRISTY HART
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs EMPLOYBRIDGE LLC
Date Of Injury: 3/16/19-3/16/20

DOS	SERVICE	DESCRIPTION	AMOUNT
09/17/20	INITIAL EXAM	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
09/21/20	INITIAL ACUP	W/ ACUPUNCT YUN GONG @ FMR* RT KNEE	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
09/22/20	INIT PHYSIO	TX W/DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
09/23/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
09/24/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
09/28/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/29/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
09/30/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/01/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/05/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/06/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/07/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/08/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/13/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/20/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/17/21 79057

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189360257

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: KRISTY HART
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs EMPLOYBRIDGE LLC
Date Of Injury: 3/16/19-3/16/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/21/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/22/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/26/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/27/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/28/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/29/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/02/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/03/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/04/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
11/10/20	PR2/REEVAL	DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
11/17/20	F/U CHIRO TX	CHIRO TX W/DR AZIMZADEH*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/19/20	F/U PHYSIO	THERAPY W/DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
12/07/20	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
12/10/20	F/U PHYSIO	THERAPY W/DR MAHNAZ @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
01/18/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/17/21 79057

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
189360257

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: KRISTY HART
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs EMPLOYBRIDGE LLC
Date Of Injury: 3/16/19-3/16/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
01/21/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
01/26/21	INITL CHIRO	TREATMENT DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
01/28/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/01/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
02/02/21	F/U CHIRO TX	CHIRO TX W/DR AZIMZADEH*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
02/03/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
02/04/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/09/21	F/U CHIRO TX	CHIRO TX W/DR AZIMZADEH @FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
02/10/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
02/11/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/15/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/25/21	INITIAL ACUP	W/ ACUPUNCT YUN GONG @ FMR* LT KNEE	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
02/23/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
02/22/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	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 79057

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189360257

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: KRISTY HART
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs EMPLOYBRIDGE LLC
Date Of Injury: 3/16/19-3/16/20

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/21	F/U PHYSIO	THERAPY W/DR MAHNAZ @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
03/08/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
03/09/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
03/11/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
04/15/21	PMT BY CHECK	DOS 2/23/21* =# 4818897	-6.00
04/14/21	PMT BY CHECK	DOS 1/25/21* =# 4815458	-180.00
03/10/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
04/27/21	PMT BY CHECK	DOS 2/22/21* =# 4842488	-180.00
04/28/21	PMT BY CHECK	DOS 3/9/21* =# 4846052	-180.00
05/04/21	PMT BY CHECK	DOS 3/10/21* =# 4856538	-180.00
05/04/21	PMT BY CHECK	DOS 3/8/21* =# 4855730	-180.00
05/04/21	PMT BY CHECK	DOS 3/11/21* =# 4856869	-180.00
03/29/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
04/06/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
04/08/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
04/13/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
04/15/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
05/24/21	PMT BY CHECK	DOS 3/29/21* =# 4904024	-180.00
04/22/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
04/20/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/17/21 79057

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189360257

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: KRISTY HART
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs EMPLOYBRIDGE LLC
Date Of Injury: 3/16/19-3/16/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
06/02/21	PMT BY CHECK	DOS 3/2/21* =# 4921831	-180.00
06/02/21	PMT BY CHECK	DOS 4/6/21* =# 4921850	-180.00
06/09/21	PMT BY CHECK	DOS 4/13/21* =# 4939781	-180.00
06/14/21	PMT BY CHECK	DOS 4/15/21* =# 4949674	-180.00
06/15/21	PMT BY CHECK	DOS 4/8/21* =# 4952778	-180.00
05/10/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
06/16/21	PMT BY CHECK	DOS 4/22/21* =# 4955765	-180.00
05/17/21	FOLLOW-UP	W/ ACUPUNCT YOUNG LEE @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
05/19/21	EMG	& NCV L/E W/DR THOMAS JOHNSON & F/U ACUP YOUNG LEE	180.00
/ /	-	@ FMR*	0.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/18/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
05/20/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
05/24/21	FOLLOW-UP	W/ ACUPUNCT YOUNG LEE @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
05/26/21	FOLLOW-UP	W/ ACUPUNCT YOUNG LEE @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
05/25/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
05/27/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
07/13/21	PMT BY CHECK	DOS 5/10/21* =# 5010371	-90.00
06/01/21	F/U CHIRO TX	CHIRO TX W/DR AZIMZADEH*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	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 79057

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189360257

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: KRISTY HART
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs EMPLOYBRIDGE LLC
Date Of Injury: 3/16/19-3/16/20

DOS	SERVICE	DESCRIPTION	AMOUNT
07/19/21	PMT BY CHECK	DOS 5/18/21* =# 5023391	-180.00
07/19/21	PMT BY CHECK	DOS 5/19/21* =# 5023392	-180.00
07/19/21	PMT BY CHECK	DOS 5/17/21* =# 5023416	-180.00
07/21/21	PMT BY CHECK	DOS 5/20/21 =# 5029497	-180.00
07/21/21	PMT BY CHECK	DOS 2/23/21 =# 5029770	-174.00
06/02/21	FOLLOW-UP	W/ ACUPUNCT YOUNG LEE @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
07/23/21	PMT BY CHECK	DOS 5/26/21* =# 5035899	-180.00
07/23/21	PMT BY CHECK	DOS 5/24/21* # 5035905	-180.00
07/23/21	PMT BY CHECK	DOS 5/25/21 =# 5035913	-180.00
06/03/21	F/U CHIRO TX	CHIRO TX W/DR AZIMZADEH @FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
06/07/21	FOLLOW-UP	W/ACUPUNCT YOUNG HO LEE @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
07/27/21	PMT BY CHECK	DOS 5/27/21* # 5041551	-90.00
08/06/21	PMT BY CHECK	DOS 6/2/21* =# 5066076	-180.00
08/10/21	PMT BY CHECK	DOS 6/3/21* =# 5071356	-180.00
06/21/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	LUIS PALMERIN # 003709	0.00
08/13/21	PMT BY CHECK	DOS 6/7/21* =# 5080327	-180.00
09/02/21	PMT BY CHECK	DOS 6/1/21* =# 5120043	-180.00
06/30/21	SHOCK WAVE	THERAPY W/DR JAVAD NAJIB @ FMR* #1 L/KNEE	180.00
/ /	INTERPRETER:	JOSE SIMON # 003654	0.00
09/13/21	PMT BY CHECK	DOS 9/17/20-6/21/21* =# 5140848	-7560.00

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 79057

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189360257

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: KRISTY HART
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs EMPLOYBRIDGE LLC
Date Of Injury: 3/16/19-3/16/20

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 540.00

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

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

0000914-0003030 S0106 001 335109 BSP

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

Broadspire®
A CRAWFORD COMPANY

The document you are holding is a payment for services provided. The attached check and Explanation of Payment(s) is sent to you for services rendered on behalf of Broadspire Services, Inc. who has partnered with VPay® to process their payments. If you have questions regarding the payment, please contact us at 1-855-388-8371. If you have questions regarding the payment amount or benefit calculation, please contact Broadspire Services, Inc. at 1-800-800-7885.

Claim ID:	189360257-001
Client Reference ID:	9151154681
VP Trans ID:	1129263405 BSP0001002
Date:	09/02/2021
Amount:	$180.00
Check Number:	5120043

79057

Get Paid Faster

When you sign up for
VCard or ACH

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

Notice of Confidentiality - The information contained in this communication is confidential and is intended solely for the addressee. The information may also be legally privileged. This communication is sent in trust, for the sole purpose of delivery to the intended recipient. If you have received this document in error, any use, reproduction or dissemination of this communication is strictly prohibited. If you are not the intended recipient, please immediately notify VPay® at (877) 399-5917 and provide the VP Trans ID shown above and destroy this communication and its attachments, if any.

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

Broadspire
A CRAWFORD COMPANY

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

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

5120043

09/02/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$180.00

ONE HUNDRED EIGHTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1129263405

⑈5120043⑈ ⑆273970116⑆ 1700102966⑈

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-3165990

Carrier

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

Provider

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

Claimant

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.
Invoice Date: 07/22/2021
Patient Account: 79057
Region: 26
Payment Status Code: 1

Claim Number: 189360257-001
DOI/DOL: 03/16/2020
CR Date / BR Date: 08/27/2021 / 08/27/2021
External Claim Number: 20201006234004471092l9
Social Security Number: ****
Employer/Insured: EMPLOYBRIDGE, LLC
Employer/Insured Address: REAL TIME STAFFING SERVICES
222 W LAS COLINAS BLVD
IRVING, TX 75039
Policy Admin Information: 023363
Branch ID: BRE

Bill Details

Date of Service: 06/01/2021
Post Date: 08/29/2021
Client Type of Bill: 74
Adjuster: KLHART

Bill ICD Version: 10

Dx A:T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	06/01/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885 0.00	180.00

Totals

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

Messages

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

1129263405

M

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

0000446-0001311 S0106 001 339124 BSP

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

Broadspire®
A CRAWFORD COMPANY

The document you are holding is a payment for services provided. The attached check and Explanation of Payment(s) is sent to you for services rendered on behalf of Broadspire Services, Inc. who has partnered with VPay® to process their payments. If you have questions regarding the payment, please contact us at 1-855-388-8371. If you have questions regarding the payment amount or benefit calculation, please contact Broadspire Services, Inc. at 1-800-800-7885.

Claim ID:	189360257-001
Client Reference ID:	9151192775
VP Trans ID:	1137067851 BSP0001002
Date:	09/13/2021
Amount:	$7,560.00
Check Number:	5140848

79057

Get Paid Faster

When you sign up for
VCard or ACH

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

Notice of Confidentiality - The information contained in this communication is confidential and is intended solely for the addressee. The information may also be legally privileged. This communication is sent in trust, for the sole purpose of delivery to the intended recipient. If you have received this document in error, any use, reproduction or dissemination of this communication is strictly prohibited. If you are not the intended recipient, please immediately notify VPay® at (877) 399-5917 and provide the VP Trans ID shown above and destroy this communication and its attachments, if any.

ORIGINAL CHECK HAS A COLORED BACKGROUND PRINTED ON CHEMICAL REACTIVE PAPER - SEE BACK FOR DETAILS

VOID VOID VOID

Explanation of Review

Broadspire
A CRAWFORD COMPANY

Bill Id: BRS-BSCA-3165516

Carrier

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

Provider

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

Claimant

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.
Invoice Date: 08/23/2021
Patient Account: 79057
Region: 26
Payment Status Code: 1

Claim Number: 189360257-001
DOI/DOL: 03/16/2020
CR Date / BR Date: 08/26/2021 / 08/26/2021
External Claim Number: 202010062340044710921 9
Social Security Number: ****
Employer/Insured: EMPLOYBRIDGE, LLC
Employer/Insured Address: REAL TIME STAFFING SERVICES
222 W LAS COLINAS BLVD
IRVING, TX 75039
Policy Admin Information: 023363
Branch ID: BRE

Bill Details

Dates of Service: 09/17/2020 to 06/21/2021
Post Date: 09/08/2021
Client Type of Bill: 74
Adjuster: KLHART

Bill ICD Version: 10

Dx A:T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description / Charges	Review	Network	Explanation Code(s) / Misc.	Allowance
1	09/17/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
2	09/21/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
3	09/22/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
4	09/23/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
5	09/24/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
6	09/28/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
7	09/29/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
8	09/30/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
9	10/01/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
10	10/05/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
11	10/06/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
12	10/07/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
13	10/08/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
14	10/13/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
15	10/20/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
16	10/21/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
17	10/22/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
18	10/26/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
19	10/27/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
20	10/28/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00

1137067851

Explanation of Review

Broadspire
A CRAWFORD COMPANY

Bill Id: BRS-BSCA-3165516

Carrier

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

Provider

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

Claimant

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description Charges	Review	Network	Explanation Code(s) Misc.	Allowance
21	10/29/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
22	11/02/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
23	11/04/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
24	11/10/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
25	11/17/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
26	11/19/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
27	12/07/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
28	12/10/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
29	01/18/2021	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
30	01/21/2021	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
31	01/25/2021	99	00014	A	8	INTERPRETER OTHER 15 180.00	180.00	0.00	G56,224 0.00	0.00
32	01/26/2021	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
33	01/28/2021	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
34	02/01/2021	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
35	02/02/2021	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
36	02/03/2021	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
37	02/04/2021	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
38	02/09/2021	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
39	02/10/2021	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
40	02/11/2021	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
41	02/15/2021	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00
42	02/22/2021	99	00014	A	8	INTERPRETER OTHER 15 180.00	180.00	0.00	G56,224 0.00	0.00
43	02/23/2021	99	00014	A	8	INTERPRETER OTHER 15 180.00	180.00	0.00	G56,224 0.00	0.00
44	03/02/2021	99	00014	A	8	INTERPRETER OTHER 15 180.00	180.00	0.00	G56,224 0.00	0.00
45	03/08/2021	99	00014	A	8	INTERPRETER OTHER 15 180.00	180.00	0.00	G56,224 0.00	0.00
46	03/09/2021	99	00014	A	8	INTERPRETER OTHER 15 180.00	180.00	0.00	G56,224 0.00	0.00
47	03/10/2021	99	00014	A	8	INTERPRETER OTHER 15 180.00	180.00	0.00	G56,224 0.00	0.00
48	03/11/2021	99	00014	A	8	INTERPRETER OTHER 15 180.00	180.00	0.00	G56,224 0.00	0.00
49	03/29/2021	99	00014	A	8	INTERPRETER OTHER 15 180.00	180.00	0.00	G56,224 0.00	0.00

1137067851

Explanation of Review

Broadspire
A CRAWFORD COMPANY

Bill Id: BRS-BSCA-3165516

Carrier

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

Provider

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

Claimant

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
50	04/06/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	180.00	0.00	G56,224 0.00	0.00
51	04/08/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	180.00	0.00	G56,224 0.00	0.00
52	04/13/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	180.00	0.00	G56,224 0.00	0.00
53	04/15/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	180.00	0.00	G56,224 0.00	0.00
54	04/20/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885 0.00	180.00
55	04/22/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	180.00	0.00	G56,224 0.00	0.00
56	05/10/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	180.00	0.00	G56,224 0.00	0.00
57	05/17/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	180.00	0.00	G56,224 0.00	0.00
58	05/18/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	180.00	0.00	G56,224 0.00	0.00
59	05/19/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	180.00	0.00	G56,224 0.00	0.00
60	05/20/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	180.00	0.00	G56,224 0.00	0.00
61	05/24/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	180.00	0.00	G56,224 0.00	0.00
62	05/25/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	180.00	0.00	G56,224 0.00	0.00
63	05/26/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	180.00	0.00	G56,224 0.00	0.00
64	05/27/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	180.00	0.00	G56,224 0.00	0.00
65	06/01/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	180.00	0.00	G56,224 0.00	0.00
66	06/02/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	180.00	0.00	G56,224 0.00	0.00
67	06/07/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	180.00	0.00	G56,224 0.00	0.00
68	06/21/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885 0.00	180.00

Totals

Total Charges:	12,240.00			
Bill Review Reductions:		4,680.00		
Network Reductions:			0.00	
Miscellaneous Reductions:				0.00
Recommended Allowance:				7,560.00

Messages

224 A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
885 REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT
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.
W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

1137067851

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 79177

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
1893802

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

Case: vs UNITED SITE SVCS OF CALIFORNIA
Date Of Injury: 9/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
10/15/20	INITIAL EXAM	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/19/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/21/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/28/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/02/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/09/20	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/17/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
12/01/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
12/02/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
12/07/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
12/09/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
12/14/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
12/16/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
12/21/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
01/04/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
01/06/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/21/21 79177

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1893802

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

Case: vs UNITED SITE SVCS OF CALIFORNIA
Date Of Injury: 9/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
01/11/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
01/13/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
01/18/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
01/20/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
01/25/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/02/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
02/09/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
03/17/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
03/16/21	F/U PHYSIO	THERAPY W/DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
03/18/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
03/30/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGOSTO SALAZAR # 500286	0.00
03/29/21	FOLLOW-UP	W/ ACUPUNCT HYUNROK PARK @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
03/31/21	FOLLOW-UP	W/ ACUPUNCT HYUNROK PARK @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
04/28/21	FOLLOW-UP	W/ ACUPUNCT HYUNROK PARK @	180.00

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

*** INVOICE ***
Date NO#
09/21/21 79177

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1893802

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

Case: vs UNITED SITE SVCS OF CALIFORNIA
Date Of Injury: 9/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
		FMR*	
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
04/26/21	FOLLOW-UP	W/ ACUPUNCT HYUNROK J. PARK @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
04/27/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
05/03/21	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
05/04/21	F/U PHYSIO	THERAPY W/DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
05/05/21	FOLLOW-UP	W/ ACUPUNCT YOUNG HO LEE @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
05/06/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
05/11/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
05/12/21	FOLLOW-UP	W/ ACUPUNCT YOUNG HO LEE @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
05/13/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
07/27/21	PMT BY CHECK	DOS 5/12/21 # 5041232	-180.00
06/08/21	INITL CHIRO	TX W/DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
06/10/21	F/U CHIRO TX	CHIRO TX W/DR AZIMZADEH @FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
08/04/21	PMT BY CHECK	DOS 4/27/21* # 5673022605	-180.00

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

*** INVOICE ***
Date NO#
09/21/21 79177

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1893802

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

Case: vs UNITED SITE SVCS OF CALIFORNIA
Date Of Injury: 9/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
06/15/21	F/U CHIRO TX	CHIRO TX W/DR AZIMZADEH*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
06/14/21	FOLLOW-UP	W/ ACUPUNCT YOUNG HO LEE @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
06/17/21	F/U CHIRO TX	CHIRO TX W/DR AZIMZADEH @FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
06/22/21	F/U CHIRO TX	CHIRO TX W/DR AZIMZADEH @FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
08/19/21	PMT BY CHECK	DOS 6/8/21* # 5673304701	-180.00
08/19/21	PMT BY CHECK	DOS 6/15/21* # 5673305223	-180.00
08/19/21	PMT BY CHECK	DOS 6/10/21* # 5673305232	-180.00
06/23/21	FOLLOW-UP	W/ACUPUNCT YOUNG HO LEE @FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
08/27/21	PMT BY CHECK	DOS 6/17/21* # 5673473496	-180.00
06/30/21	FOLLOW-UP	W/ ACUPUNCT HONG GYUN RO @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
08/31/21	PMT BY CHECK	DOS 6/22/21* # 5673539016	-180.00
07/08/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
09/08/21	PMT BY CHECK	DOS 6/23/21* # 5673668805	-180.00
09/15/21	PMT BY CHECK	DOS 6/30/21* # 5673804066	-180.00

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

*** INVOICE ***
Date NO#
09/21/21 79177

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1893802

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

Case: vs UNITED SITE SVCS OF CALIFORNIA
Date Of Injury: 9/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 7020.00

* 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.

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	08/31/2021
Check Amount	:	$180.00
Check Number	:	5673539016

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description Check Memo	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
189393802-001	09/28/2020 $180.00		
BP WC Rancho Cord-Rt Professional Service	$180.00	Stacey A. Johnson 79177	-- 06/22/2021-06/22/2021

Please Fold on Perforation Before Tearing

VOID VOID VOID

M

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	09/08/2021
Check Amount	:	$180.00
Check Number	:	5673668805

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

Claim Number / Claimant Name / Contact Info: Adjusting Office / Transaction Description / Check Memo	Date of Loss / Amount / Transaction Amount	Adjuster Name / Invoice#	Adjuster Phone# / Invoice Date / Service Dates
189393802-001	09/28/2020 $180.00		
BP WC Rancho Cord-Rt Professional Service	$180.00	Stacey A. Johnson 79177	628-244-5223 06/23/2021-06/23/2021

Please Fold on Perforation Before Tearing

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

ON BEHALF OF: SAFETY NATIONAL
INSURER: SAFETY NATIONAL CASUALTY CORPORATION

Check Date : 09/08/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.

Amount
*** One Hundred Eighty and 00/100 Dollars **********

Claim #: 189393802-001

Claim Check Number
5673668805
SUNTRUST
SUNTRUST BANK ATLANTA
SUNTRUST BANK NORTHWEST
GA

64-79
611
8800600242

PAYABLE IF DESIRED
AT WELLS FARGO
BANK, N.A. CALIFORNIA

Void If not presented for payment within 180 days after the date of Issue

Amount
********* **$180.00***

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

By

⑈5673668805⑈ ⑆061100790⑆ 8800600242⑈

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	09/15/2021
Check Amount	:	$180.00
Check Number	:	5673804066

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description Check Memo	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
189393802-001	09/28/2020 $180.00		
BP WC Rancho Cord-Rt		Stacey A. Johnson	628-244-5223
Professional Service	$180.00	79177	06/30/2021-06/30/2021

Please Fold on Perforation Before Tearing

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

ON BEHALF OF: SAFETY NATIONAL
INSURER: SAFETY NATIONAL CASUALTY CORPORATION

Claim Check Number
5673804066
SUNTRUST
SUNTRUST BANK ATLANTA
SUNTRUST BANK NORTHWEST
GA

64-79
611
8800600242

PAYABLE IF DESIRED AT WELLS FARGO BANK, N.A. CALIFORNIA

Void If not presented for payment within 180 days after the date of Issue

Check Date	:	09/15/2021

Amount
********* **$180.00***

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.

Amount
*** One Hundred Eighty and 00/100 Dollars **********

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

By

Claim #: 189393802-001

⑈5673804066⑈ ⑆061100790⑆ 8800600242⑈

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

*** INVOICE ***
Date NO#
09/16/21 76296

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

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
16C97G970144

BILL TO:
CANNON COCHRAN MGMT SVCS (AZ)
W. C. DEPARTMENT
ATTN: MADELINE CADY
P.O. BOX 27920
SCOTTSDALE, AZ 85255

Case: vs LEGGETT PLATT (FURNITURE)
Date Of Injury: 12/16; 4/77 - 12/18

DOS	SERVICE	DESCRIPTION	AMOUNT
06/26/19	INITIAL EXAM	DR ZAREENA KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/31/19	INITIAL ACUP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/19/19	PR2/REEVAL	DR ZAREENA KHAN @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/18/19	FOLLOW-UP	W/ ACUPUNCT KIM @ AMERI*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/02/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/08/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/06/19	PMT BY CHECK	DOS 6/26/29-11/8/19* # 116255115	-1180.00
12/20/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/23/19	FOLLOW-UP	W/ ACUPUNCT KIM @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/29/20	PMT BY CHECK	DOS 6/26/19-12/20/19* # 0116255637	-180.00
02/05/20	PMT BY CHECK	DOS 6/26/19-12/23/19* # 0116255700	-180.00
01/22/20	FOLLOW-UP	W/ ACUPUNCT KIM @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
02/05/20	PMT BY CHECK	DOS 6/26-12/23/19* # 0116255700	-180.00
01/31/20	P AND S	W/DR KHAN @ AMERI CHIRO*	180.00
/ /	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#
09/16/21 76296

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
16C97G970144

BILL TO:
CANNON COCHRAN MGMT SVCS (AZ)
W. C. DEPARTMENT
ATTN: MADELINE CADY
P.O. BOX 27920
SCOTTSDALE, AZ 85255

Case: vs LEGGETT PLATT (FURNITURE)
Date Of Injury: 12/16; 4/77 - 12/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/13/20	PMT BY CHECK	DOS 1/31/20* # 0116256120	-180.00
06/25/21	PR2/REEVAL	DR ZAREENA KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/13/21	PMT BY CHECK	DOS 6/25/21* # 0116261207	-180.00

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 ACCEPT IF VOID

CCMSI o/b/o Leggett & Platt
2 East Main St., Suite 208
Danville, IL 61832

BANK OF AMERICA
CHICAGO, IL 60603

2-3/710 IL

Check No. 0116261207

Date: 09/13/2021

Batch#: 304823579

Amount

$****180.00

Void After 180 Days

Amount: ONE HUNDRED EIGHTY AND 00 / 100*****

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Rodney J. Golden

⑈0116261207⑈ ⑆071000039⑆ 866662264 2⑈

Claim#\DOL	Claimant	Inv. Amt	Disc. Amt	Net Paid	Inv. #\Comment	Adjuster\Office
16C97G970144		180.00	0.00	180.00	76296 ✓	RFONSECA
12/12/2016					76396 DS 06-25-2021	Concord

Batch#: 304823579

Check# 116261207

Check Amount: $****180.00

Loc: 0E00 WHITTIER

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 76568

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
19W03J048659

BILL TO:
CANNON COCHRAN MGMT SVCS (AZ)
W. C. DEPARTMENT
ATTN: KAREN ENGEL
P.O. BOX 27920
SCOTTSDALE, AZ 85255

Case: vs LYNEER STAFFING SOLUTIONS
Date Of Injury: 7/24/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/06/19	INITIAL EXAM	DR MAGGIE PEZESHKIAN @FMR*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/19/19	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/20/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/27/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
08/12/19	INITIAL ACUP	W/ ACUPUNCT TED PREIBE @ FMR*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/15/19	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/16/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/05/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/09/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
09/11/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/18/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/25/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIO RODRIGUEZ # 500279	0.00
10/02/19	FOLLOW-UP	W/ ACUPUNCT RYO @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
10/17/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/23/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	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#
09/13/21 76568

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
19W03J048659

BILL TO:
CANNON COCHRAN MGMT SVCS (AZ)
W. C. DEPARTMENT
ATTN: KAREN ENGEL
P.O. BOX 27920
SCOTTSDALE, AZ 85255

Case: vs LYNEER STAFFING SOLUTIONS
Date Of Injury: 7/24/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/25/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALERPIN # 100048	0.00
10/30/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ANA TORRALBA # 004052	0.00
11/01/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	RAFAEL LANDA # 500119	0.00
11/08/19	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/22/19	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/03/19	FOLLOW-UP	W/ ACUPUNCT SUNGSOO HWANG*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/06/19	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
12/09/19	INIT PHYSIO	THERAPYW/DR PEZESHKIAN @ FMR* DUARTE A.M.	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
12/09/19	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	150.00
/ /	-	W/DR RAMESHNI/RUSSMAN* CARSON P.M. (INITIAL)	0.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/11/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
12/13/19	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
12/17/19	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/20/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	HILDA VILLAGRAN # 010201	0.00
12/30/19	L.I.N.T.	LOCALIZED INTENSE NEURO-	150.00

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

*** INVOICE ***
Date NO#
09/13/21 76568

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
19W03J048659

BILL TO:
CANNON COCHRAN MGMT SVCS (AZ)
W. C. DEPARTMENT
ATTN: KAREN ENGEL
P.O. BOX 27920
SCOTTSDALE, AZ 85255

Case: vs LYNEER STAFFING SOLUTIONS
Date Of Injury: 7/24/19

DOS	SERVICE	DESCRIPTION	AMOUNT
		STIMULATION @ FMR	
/ /	-	W/DR RAMESHNI/RUSSMAN* #3	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/06/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/08/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/10/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/21/20	SHOCK WAVE	THERAPY W/DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/23/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/22/20	PR2/REEVAL	W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/28/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/21/20	PR2/REEVAL	DR MOHAMMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/24/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/02/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/03/20	SHOCK WAVE	THERAPY W/DR LEON TCHAKALIAN/ RUSSMAN @ FMR* #2	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/04/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
03/05/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/13/21 76568

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
19W03J048659

BILL TO:
CANNON COCHRAN MGMT SVCS (AZ)
W. C. DEPARTMENT
ATTN: KAREN ENGEL
P.O. BOX 27920
SCOTTSDALE, AZ 85255

Case: vs LYNEER STAFFING SOLUTIONS
Date Of Injury: 7/24/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/06/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
03/09/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
03/11/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/16/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/18/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/19/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/17/20	SHOCK WAVE	THERAPY W/DR LEON TCHAKALIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/30/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/31/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/07/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/09/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/16/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/28/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/30/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/06/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/13/21 76568

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
19W03J048659

BILL TO:
CANNON COCHRAN MGMT SVCS (AZ)
W. C. DEPARTMENT
ATTN: KAREN ENGEL
P.O. BOX 27920
SCOTTSDALE, AZ 85255

Case: vs LYNEER STAFFING SOLUTIONS
Date Of Injury: 7/24/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/12/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/18/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/21/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/27/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
06/01/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RAMESHNI/RUSSMAN* 2ND SET	0.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/03/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE #011036	0.00
06/04/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/16/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RUSSMAN/RAMESHNI* 2ND SET (LUM/SPINE)	0.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/15/20	INITIAL EXAM	DR GABRIEL RUBANENKO @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/23/20	PR2/REEVAL	DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/07/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/09/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/13/21 76568

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
19W03J048659

BILL TO:
CANNON COCHRAN MGMT SVCS (AZ)
W. C. DEPARTMENT
ATTN: KAREN ENGEL
P.O. BOX 27920
SCOTTSDALE, AZ 85255

Case: vs LYNEER STAFFING SOLUTIONS
Date Of Injury: 7/24/19

DOS	SERVICE	DESCRIPTION	AMOUNT
		AMENDED	
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
07/14/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	SANDRA TALACNON # 100802	0.00
07/16/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
07/21/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/23/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
07/28/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/04/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/06/20	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/11/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/19/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/26/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/27/20	INITIAL EXAM	DR PAQUETTE @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/09/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/08/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
09/25/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/08/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/13/21 76568

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
19W03J048659

BILL TO:
CANNON COCHRAN MGMT SVCS (AZ)
W. C. DEPARTMENT
ATTN: KAREN ENGEL
P.O. BOX 27920
SCOTTSDALE, AZ 85255

Case: vs LYNEER STAFFING SOLUTIONS
Date Of Injury: 7/24/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/07/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/29/20	FOLLOW-UP	W/ ACUPUNCT KYUNGMI LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/15/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/13/20	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/19/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
10/22/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/23/20	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/05/20	FOLLOW-UP	W/ ACUPUNCT KYUGMI LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/27/20	FOLLOW-UP	W/ACUPUNCT KYUNGMI LEE @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/28/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
10/30/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
11/03/20	FOLLOW-UP	W/ ACUPUNCT KYUNGMI LEE @FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
11/04/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/11/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/14/20	PMT BY CHECK	DOS 10/13/20-10/19/20*	-180.00

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

*** INVOICE ***
Date NO#
09/13/21 76568

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
19W03J048659

BILL TO:
CANNON COCHRAN MGMT SVCS (AZ)
W. C. DEPARTMENT
ATTN: KAREN ENGEL
P.O. BOX 27920
SCOTTSDALE, AZ 85255

Case: vs LYNEER STAFFING SOLUTIONS
Date Of Injury: 7/24/19

DOS	SERVICE	DESCRIPTION	AMOUNT
		=# 0161667155	
11/20/20	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/06/21	PMT BY CHECK	DOS 10/28/20* =# 0161668570	-90.00
12/02/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/08/20	FOLLOW-UP	W/ ACUPUNCT KYUNGMI LEE @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/15/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/14/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/16/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
12/17/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/23/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/04/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
01/05/21	FOLLOW-UP	W/ ACUPUNCT LEE KYUNGMI @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/21/21	P AND S	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/26/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/10/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
09/10/21	RMB IBR FEE	DOS 10/28/20 # 0161684627	-180.00
09/10/21	PMT BY CHECK	DOS 10/28/20 # 0161684627	-90.00

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

*** INVOICE ***

Date	NO#
09/13/21	76568

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
19W03J048659

BILL TO:
CANNON COCHRAN MGMT SVCS (AZ)
W. C. DEPARTMENT
ATTN: KAREN ENGEL
P.O. BOX 27920
SCOTTSDALE, AZ 85255

Case: vs LYNEER STAFFING SOLUTIONS
Date Of Injury: 7/24/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 19300.00

* 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

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. 0161668570

Date: 01/06/2021

Batch#: 304118382

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

⑈0161668570⑈ ⑆071000039⑆ 866662264 2⑈

Claim#\DOL	Claimant	Inv. Amt	Disc. Amt	Net Paid	Inv. #\Comment	Adjuster\Office
19W03J048659		180.00	90.00	90.00	76568	KENGEL
07/24/2019		STRATACARE			118067 DS 10/28/20	IRVINE

PAID
JAN 12 2021
BY:

RECEIVED
JAN 11 2021
BY:

Batch#: 304118382
Check# 161668570

Check Amount: $****90.00

Loc: 130-ANAHEIM, CA-LYNEER

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. 0161684627

Date: 09/10/2021

Batch#: 304819505

Amount

$****270.00

Void After 180 Days

Amount: TWO HUNDRED SEVENTY AND 00 / 100*****

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

Rodney J. Golden

⑈0161684627⑈ ⑆071000039⑆ 866662264 2⑈ 76568

Claim#\DOL	Claimant	Inv. Amt	Disc. Amt	Net Paid	Inv. #\Comment	Adjuster\Office
19W03J048659		270.00	0.00	270.00		KENGEL
07/24/2019					DOS 10/28/20 Full and final settlement	IRVINE

Batch#: 304819505

Check# 161684627

Check Amount: $**270.00**

Loc: 130-ANAHEIM, CA-LYNEER

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 77534

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
19F64J201114

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

Case: vs FOREST RIVER MANUFACTURING
Date Of Injury: 12/2/19

DOS	SERVICE	DESCRIPTION	AMOUNT
12/23/19	INITIAL EXAM	DR CHRISTINE HA @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	FRENDY MENDOZA # 006450	0.00
01/10/20	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/15/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/24/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/31/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/14/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/13/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/15/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/22/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/13/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/20/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/29/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00

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

*** INVOICE ***
Date NO#
09/28/21 77534

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
19F64J201114

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

Case: vs FOREST RIVER MANUFACTURING
Date Of Injury: 12/2/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/05/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/12/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
08/19/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/26/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
09/02/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/16/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/23/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/30/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/07/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
10/28/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/04/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00

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

*** INVOICE ***
Date NO#
09/28/21 77534

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
19F64J201114

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

Case: vs FOREST RIVER MANUFACTURING
Date Of Injury: 12/2/19

DOS	SERVICE	DESCRIPTION	AMOUNT
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
11/11/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/18/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
01/11/21	PMT BY CHECK	DOS 10/28/20* # 0153516242	-180.00
01/18/21	PMT BY CHECK	DOS 11/18/20* # 0153516273	-180.00
02/22/21	PMT BY CHECK	DOS 11/4/20* # 0153516376	-180.00
05/07/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/14/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/28/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/01/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/04/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/08/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
06/15/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
06/11/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/25/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
07/02/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00

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

*** INVOICE ***
Date NO#
09/28/21 77534

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
19F64J201114

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

Case: vs FOREST RIVER MANUFACTURING
Date Of Injury: 12/2/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
07/09/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/25/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/18/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/07/21	FOLLOW-UP	W/ ACUPUNCT CHOI & F/U PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/13/21	PMT BY CHECK	DOS 6/11/21* # 0153517245	-180.00
09/24/21	PMT BY CHECK	DOS 6/8/21* # 0153517315	-180.00

BALANCE 6170.00

* 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 FOREST RIVER, INC - HARTFORD
2 EAST MAIN STREET, SUITE 208
DANVILLE, IL 61832

BANK OF AMERICA
CHICAGO, IL 60603

2-3/710 IL

Check No. 0153517245

Date: 09/13/2021

Batch#: 304823470

Amount

$****180.00

Void After 180 Days

Amount: ONE HUNDRED EIGHTY AND 00 / 100*****

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Rodney J. Golden

⑈0153517245⑈ ⑆071000039⑆ 866662264 2⑈

Claim#\DOL	Claimant	Inv. Amt	Disc. Amt	Net Paid	Inv. #\Comment	Adjuster\Office
19F64J201114		180.00	0.00	180.00	77534 ✓	ALEE
06/03/2019					77534 DS 06.11.21	IRVINE

Batch#: 304823470

Loc: 019 CALIFORNIA PLANT

Check# 153517245

Check Amount: $**180.00**

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 FOREST RIVER, INC - HARTFORD
2 EAST MAIN STREET, SUITE 208
DANVILLE, IL 61832

BANK OF AMERICA
CHICAGO, IL 60603

2-3/710 IL

Check No. 0153517315

Date: 09/24/2021

Batch#: 304858516

Amount

$****180.00

Void After 180 Days

Amount: ONE HUNDRED EIGHTY AND 00 / 100*****

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

Rodney J. Golden

⑈0153517315⑈ ⑆071000039⑆ 866662264 2⑈

Claim#\DOL	Claimant	Inv. Amt	Disc. Amt	Net Paid	Inv. #\Comment	Adjuster\Office
19F64J201114		180.00	0.00	180.00	77534	ALEE
06/03/2019					77534 6/8/21	IRVINE

Batch#: 304858516

Loc: 019 CALIFORNIA PLANT

Check# 153517315

Check Amount: $**180.00**

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

*** INVOICE ***
Date NO#
09/14/21 78951

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
040520028551

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: XOCHITL MARIN
P.O. BOX 42065
PHOENIX, AZ 85080

Case: vs ISIS COLLECTON, INC.
Date Of Injury: CT 10/12/12-3/20/20

DOS	SERVICE	DESCRIPTION	AMOUNT
09/15/20	INITIAL EXAM	DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/29/20	INITIAL ACUP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/01/20	INIT PHYSIO	TX W/DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/07/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
10/08/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/20/20	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/12/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/19/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/29/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/27/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/03/20	FOLLOW-UP	W/ACUPUNCT KYUNGMI LEE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
11/05/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/11/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/17/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/16/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00

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

*** INVOICE ***
Date NO#
09/14/21 78951

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
040520028551

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: XOCHITL MARIN
P.O. BOX 42065
PHOENIX, AZ 85080

Case: vs ISIS COLLECTON, INC.
Date Of Injury: CT 10/12/12-3/20/20

DOS	SERVICE	DESCRIPTION	AMOUNT
11/23/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
12/01/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/13/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/22/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/10/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/07/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/14/21	FOLLOW-UP	W/ ACUPUNCT KYUNGMI LEE @FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/21/21	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/28/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/04/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/11/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/18/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/25/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
03/02/21	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/11/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	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 78951

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
040520028551

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: XOCHITL MARIN
P.O. BOX 42065
PHOENIX, AZ 85080

Case: vs ISIS COLLECTON, INC.
Date Of Injury: CT 10/12/12-3/20/20

DOS	SERVICE	DESCRIPTION	AMOUNT
04/15/21	PMT BY CHECK	DOS 10/8/20-2/11/21* =# 0005376447	-4500.00
04/19/21	PMT BY CHECK	DOS 2/18/21* =# 0005380940	-180.00
03/18/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
03/25/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
03/30/21	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILAGOMEZ # 500341	0.00
05/05/21	PMT BY CHECK	DOS 2/25/21-3/2/21* =# 0005407866	-360.00
04/01/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
05/11/21	PMT BY CHECK	DOS 3/11/21* =# 0005417755	-180.00
04/15/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
04/29/21	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
06/03/21	PMT BY CHECK	DOS 3/18/21-3/25/21* =# 0005452871	-360.00
05/20/21	FOLLOW-UP	W/ ACUPUNCT STEPHAN CHANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/27/21	FOLLOW-UP	W/ ACUPUNCT STEPHAN CHANG @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
06/03/21	PR2/REEVAL	DR MOHAMED HASSANIN/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/10/21	FOLLOW-UP	W/ ACUPUNCT STEPHAN CHANG @	180.00

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

*** INVOICE ***
Date NO#
09/14/21 78951

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
040520028551

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: XOCHITL MARIN
P.O. BOX 42065
PHOENIX, AZ 85080

Case: vs ISIS COLLECTON, INC.
Date Of Injury: CT 10/12/12-3/20/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	FMR* FRANDY MENDOZA # 006450	0.00
06/17/21	FOLLOW-UP	W/ ACUPUNCT STEPHAN CHANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
07/07/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLLAGOMEZ # 500341	0.00
09/01/21	PMT BY CHECK	DOS 6/10/21* # 0005593912	-180.00

BALANCE 1800.00

* 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.

CHUBB®

CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 3rd Floo
Los Angeles, CA 90071-242
Page: 1 of

Explanation of Benefits

Medical Provider	Patient	Patient's Employer
Joyce Altman Interpreters		Issi Collection Inc
PO BOX 4165		5808 Wilmington Ave
Tustin, CA 92781-4165		Vernon, CA 90058-3830
Tax ID: 330956713	PPO Name:	Claim Ref #: 040520028551
Carrier Code:	Patient's SSN #:	Claim Adjuster: XOCHITL MARIN
JCN: 202007241146598837871 7	Patient's DOB:	Date of Loss: 07/01/2019
Network Indicator: N	Patient Acct #: 78951 ✓	Check Number: 0005593912
Comments:		Print Date: 09/01/2021

Date of Service	CPT Code	Description	Reduction Reason	Days Units	Billed Amount	Fee Schedule Reduction	PPO Reduction	Payment Amount
06/10/2021	T1013	SIGN LANGUAGE/ORAL INTEPR	G67,MV0	8	180.00	0.00	0.00	180.00
			CHECK TOTAL:		$180.00	$0.00	$0.00	$180.00

Reduction Reason Codes and Description

G67 - Payment pre-negotiated

MV0 - Market Value

State Disclaimer

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under §5307.1 and §5307.3 of the California Labor Code. The provider shall not attempt to collect expenses for medical treatment from the injured worker per LC§4600. If you disagree with our objection, you have the right to file a lien/application with the WCAB to adjudicate the matter.

For DOS 01-01-2013 and after, if the provider disputes the amount paid, a second review may be requested per LC§9792.5.0 through LC§9792.5.7. Dispute must be received within 90 days of receipt of the E.O.R. or an order of the WCAB resolving the threshold issue as stated in the E.O.R. pursuant to paragraph (5) of subdivision (a) of LC§4603.3.

If still unresolved the provider may request an Independent Bill Review within 30 days of service of the second bill review per LC§4603.6. Upon completion of second review, further remedies for resolution exist under LC§9792.5.7; Independent Bill Review.

Per LC§9792.5.5 2(e) if the only dispute is the amount of payment and the provider does not request a second review within the timeframes set forth in subdivision (b), the bill shall be deemed satisfied and neither the claims administrator nor the employee shall be liable for any further payment.

For questions regarding the payment amount, please contact: CORVEL at (800)987-1007 1851 EAST FIRST STREET SANTA ANA, CA 92705
Review Date: 08/30/2021 Ref.#: 15428365-0001-6 IRS #: 953382819

ICD Code	ICD Description	ICD Code	ICD Description	ICD Code	ICD Description
T14.90	Injury, unspecified				

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 79006

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
040520042878,040520010732

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: VICKIE BELL
P.O. BOX 42065
PHOENIX, AZ 85080

Case: vs PHARMACEUTIC LITHO & LABEL CO.
Date Of Injury: 1/03-2/26/20,1/24/20

DOS	SERVICE	DESCRIPTION	AMOUNT
09/24/20	INITIAL EXAM	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
09/28/20	INITIAL ACUP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/29/20	INIT PHYSIO	THERAPY W/DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/05/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/06/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/12/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/13/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/20/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/26/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/27/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/03/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/05/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
11/10/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
12/15/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
02/05/21	PMT BY CHECK	DOS 9/24/20-11/10/20* =# 0005278000	-2340.00

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 79006

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
040520042878,040520010732

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: VICKIE BELL
P.O. BOX 42065
PHOENIX, AZ 85080

Case: vs PHARMACEUTIC LITHO & LABEL CO.
Date Of Injury: 1/03-2/26/20,1/24/20

DOS	SERVICE	DESCRIPTION	AMOUNT
12/22/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
01/04/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
01/06/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
01/11/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
01/13/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
01/20/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
01/18/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
01/26/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
03/04/21	PMT BY CHECK	DOS 12/15/20-1/6/21* =# 0005315638	-360.00
02/09/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
02/16/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
03/08/21	PR2/REEVAL	DR MAHNAZ AZIMAZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
04/16/21	PMT BY CHECK	DOS 1/11/21-2/16/21* =# 0005377973	-630.00
03/17/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
03/22/21	FOLLOW-UP	W/ ACUPUNCT HYUNROK J. PARK @ FMR*	180.00
/ /	INTERPRETER:	MARCIA DELACEY # 000287	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 79006

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
040520042878,040520010732

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: VICKIE BELL
P.O. BOX 42065
PHOENIX, AZ 85080

Case: vs PHARMACEUTIC LITHO & LABEL CO.
Date Of Injury: 1/03-2/26/20,1/24/20

DOS	SERVICE	DESCRIPTION	AMOUNT
03/24/21	FOLLOW-UP	W/ ACUPUNCT HYUNROK J. PARK @ FMR	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
04/19/21	PR2/REEVAL	DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
06/01/21	PMT BY CHECK	DOS 3/24/21* =# 0005449152	-180.00
05/27/21	PMT BY CHECK	DOS 3/8/21-3/22/21* =# 0005443281	-270.00
04/26/21	FOLLOW-UP	W/ ACUPUNCT HYUNROK J. PARK @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
05/03/21	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
05/05/21	FOLLOW-UP	W/ ACUPUNCT YOUNG HO LEE @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
05/12/21	FOLLOW-UP	W/ ACUPUNCT YOUNG HO LEE @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
06/23/21	PMT BY CHECK	DOS 4/19/21* =# 0005483469	-180.00
05/17/21	FOLLOW-UP	W/ ACUPUNCT YOUNG LEE @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
05/19/21	FOLLOW-UP	W/ ACUPUNCT YOUNG LEE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/24/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	DANYA SCHWARTZ # 500316	0.00
/ /	ACT FEE_OFFS	BALANCE NOT PURSUED DUE TO ACTIVATION FEE	0.00
04/12/21	PMT BY CHECK	DOS 3/4/21-5/3/21* =# 0005509977	-540.00
06/03/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/14/21 79006

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
040520042878,040520010732

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: VICKIE BELL
P.O. BOX 42065
PHOENIX, AZ 85080

Case: vs PHARMACEUTIC LITHO & LABEL CO.
Date Of Injury: 1/03-2/26/20,1/24/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
07/27/21	PMT BY CHECK	DOS 5/5/21-5/19/21* =# 0005535165	-720.00
07/29/21	PMT BY CHECK	DOS 5/24/21* =# 0005539151	-180.00
06/08/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
06/10/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
06/17/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
08/13/21	PMT BY CHECK	DOS 6/3/21* # 0005564445	-180.00
08/25/21	PMT BY CHECK	DOS 6/8/21* # 0005582409	-180.00
09/06/21	PMT BY CHECK	DOS 6/17/21* # 0005598563	-180.00

BALANCE 1260.00

* 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.

CHUBB®

M

CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 3rd Floor
Los Angeles, CA 90071-2427

Explanation of Benefits

Medical Provider
Joyce Altman Interpreters
PO BOX 4165
Tustin, CA 92781-4165
Tax ID: 330956713
Carrier Code:
JCN: 202003072129007674117l
Network Indicator: N
Comments:

Patient
PPO Name:
Patient's SSN #:
Patient's DOB:
Patient Acct #: 79006

Patient's Employer
Pharmaceutic Litho & Label Co.
3990 Royal Ave
Simi Valley, CA 93063-3380
Claim Ref #: 040520010732
Claim Adjuster: VICKIE BELL
Date of Loss: 01/24/2020
Check Number: 0005598563
Print Date: 09/06/2021

Date of Service	CPT Code	Description	Reduction Reason	Days Units	Billed Amount	Fee Schedule Reduction	PPO Reduction	Payment Amount
06/17/2021	T1013	SIGN LANGUAGE/ORAL INTEPR	G67,MV0,RZZ	8	180.00	0.00	0.00	180.00
			CHECK TOTAL:		$180.00	$0.00	$0.00	$180.00

Reduction Reason Codes and Description

G67 - Payment pre-negotiated

MV0 - Market Value

RZZ - Payer/ Provider agreement in place

State Disclaimer

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under §5307.1 and §5307.3 of the California Labor Code. The provider shall not attempt to collect expenses for medical treatment from the injured worker per LC§4600. If you disagree with our objection, you have the right to file a lien/application with the WCAB to adjudicate the matter.
For DOS 01-01-2013 and after, if the provider disputes the amount paid, a second review may be requested per LC§9792.5.0 through LC§9792.5.7. Dispute must be received within 90 days of receipt of the E.O.R. or an order of the WCAB resolving the threshold issue as stated in the E.O.R. pursuant to paragraph (5) of subdivision (a) of LC§4603.3.
If still unresolved the provider may request an Independent Bill Review within 30 days of service of the second bill review per LC§4603.6. Upon completion of second review, further remedies for resolution exist under LC§9792.5.7; Independent Bill Review.
Per LC§9792.5.5 2(e) if the only dispute is the amount of payment and the provider does not request a second review within the timeframes set forth in subdivision (b), the bill shall be deemed satisfied and neither the claims administrator nor the employee shall be liable for any further payment.

For questions regarding the payment amount, please contact: CORVEL at (800)987-1007 1851 EAST FIRST STREET SANTA ANA, CA 92705
Review Date: 09/02/2021 Ref.#: 15436436-0001-6 IRS #: 953382819

ICD Code	ICD Description	ICD Code	ICD Description	ICD Code	ICD Description
T14.90	Injury, unspecified				

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 77798

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1405-WC-20-0000042

BILL TO:
CORVEL CORP. (CLOUGHERTY - OR)
W. C. DEPARTMENT
ATTN: RISA SOTO
P.O. BOX 6966
PORTLAND, OR 97228

Case: vs BEDDING ACQUISITION LLC
Date Of Injury: 1/30/20

DOS	SERVICE	DESCRIPTION	AMOUNT
02/05/20	INITL CHIRO	& PHYS TX W/DR CHRISTINE HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/10/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/12/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/17/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/19/20	FOLLOW UP	PHYS TX & CHIRO TX W/DR HA & CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/24/20	INITIAL ACUP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/26/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/02/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/04/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/09/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/11/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/16/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
06/01/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00

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

*** INVOICE ***
Date NO#
09/28/21 77798

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1405-WC-20-0000042

BILL TO:
CORVEL CORP. (CLOUGHERTY - OR)
W. C. DEPARTMENT
ATTN: RISA SOTO
P.O. BOX 6966
PORTLAND, OR 97228

Case: vs BEDDING ACQUISITION LLC
Date Of Injury: 1/30/20

DOS	SERVICE	DESCRIPTION	AMOUNT
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/08/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/17/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/24/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/01/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/08/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/29/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/05/20	F/U PHYSIO	& CHIRO TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/12/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/26/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
09/02/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/09/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

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

*** INVOICE ***
Date NO#
09/28/21 77798

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1405-WC-20-0000042

BILL TO:
CORVEL CORP. (CLOUGHERTY - OR)
W. C. DEPARTMENT
ATTN: RISA SOTO
P.O. BOX 6966
PORTLAND, OR 97228

Case: vs BEDDING ACQUISITION LLC
Date Of Injury: 1/30/20

DOS	SERVICE	DESCRIPTION	AMOUNT
09/16/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/23/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BABROSA # 500267	0.00
10/14/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
10/21/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/04/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/17/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/28/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/24/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/11/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/01/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/15/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/02/21	PMT BY CHECK	DOS 12/1/20* # 4302	-180.00
12/22/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/29/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/12/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/19/21	PMT BY CHECK	DOS 12/15/20* # 4561	-180.00
02/23/21	PMT BY CHECK	DOS 12/22/20* =# 4635	-180.00

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

*** INVOICE ***
Date NO#
09/28/21 77798

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1405-WC-20-0000042

BILL TO:
CORVEL CORP. (CLOUGHERTY - OR)
W. C. DEPARTMENT
ATTN: RISA SOTO
P.O. BOX 6966
PORTLAND, OR 97228

Case: vs BEDDING ACQUISITION LLC
Date Of Injury: 1/30/20

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
03/15/21	PMT BY CHECK	DOS 1/12/21* =# 4869	-180.00
02/16/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
02/09/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/23/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/02/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/02/21	PMT BY CHECK	DOS 2/2/21* # 5016	-180.00
03/09/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
04/14/21	PMT BY CHECK	DOS 2/9/21* # 5098	-180.00
04/15/21	PMT BY CHECK	DOS 2/16/21* =# 5108	-180.00
04/22/21	PMT BY CHECK	DOS 2/23/21* # 5148	-180.00
03/16/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
04/23/21	PMT BY CHECK	DOS 3/2/21* # 5158	-180.00
03/23/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
04/29/21	PMT BY CHECK	DOS 3/9/21* =# 5183	-180.00
03/30/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/13/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
05/21/21	PMT BY CHECK	DOS 3/16/21* =# 5455	-180.00
05/25/21	PMT BY CHECK	DOS 3/23/21* =# 5479	-180.00
04/20/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00

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

*** INVOICE ***
Date NO#
09/28/21 77798

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1405-WC-20-0000042

BILL TO:
CORVEL CORP. (CLOUGHERTY - OR)
W. C. DEPARTMENT
ATTN: RISA SOTO
P.O. BOX 6966
PORTLAND, OR 97228

Case: vs BEDDING ACQUISITION LLC
Date Of Injury: 1/30/20

DOS	SERVICE	DESCRIPTION	AMOUNT
04/27/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
05/11/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/18/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
06/01/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/16/21	PMT BY CHECK	DOS 4/27/21-5/11/21* =# 6066	-360.00
06/08/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
08/06/21	PMT BY CHECK	DOS 6/1/21* =# 6274	-180.00
06/15/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/22/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
06/29/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/23/21	PMT BY CHECK	DOS 6/29/21* =# 6816	-180.00
		BALANCE	7380.00

* 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.
BEDDING ACQUISITION LLC
PO BOX 22369
PORTLAND, OR 97269-2369

AS ADMINISTRATOR OF:
Safety National Casualty Corporation

Claim#: 1405-WC-20-0000042

CORVEL

Bank Code= BALSN
11-24
1210(8)

CHECK NUMBER	CHECK DATE
6816	09/23/21

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

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

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

⑈0000006816⑈ ⑆121000248⑆ 4941 513046⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: Bedding Acquisition-Compton
601-615 W Walnut Street
Compton, CA 90220

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB:	Workers' Compensation
Site/Bill #:	6/15481468 - 1
Reprice:	CA, 92781
Billed Date:	09/03/2021
Business Rcvd:	09/13/2021
MBR Rcvd:	09/13/2021
MBR Date:	09/22/2021
Date Approved:	09/22/2021
DOS From - To:	02/05/2020 - 06/29/2021

Network:		**Treating Provider:**		**Claim #:**	1405-WC-20-0000042
Network Branch:		**Referring Physician:**	CHRISTINE HA	**Processor Initials:**	RS
Sub Network:		**Patient Control #:**	77798	**DOI:**	01/30/2020
Contract:		**Provider Tax Id:**	33-0956713	**RX Number:**	
Claim Rep.:	Soto, Riza	**Claim Rep Phone #:**		**Claim Rep Ext.:**	

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
02/05/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00			$180.00	$0.00
	R1 , G56		1	11			1		
	Original bill [14500023.6]								
02/10/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00			$180.00	$0.00
	R1 , G56		1	11			1		
	Original bill [14500023.6]								
02/12/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00			$180.00	$0.00
	R1 , G56		1	11			1		
	Original bill [14500023.6]								

06/22/21	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [15457531.6]							
06/29/21	T1013 523, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00	1	$0.00	$180.00
	Billed: T1013; Units: 1							
Sub-Totals for Bill: 15481468					**$10260.00**		**$10080.00**	**$180.00**

Totals for Bill:15481468 **$180.00**

Line Item Reason Codes and Descriptions

523 Reduced per administrative rules

R1 Duplicate Billing

RZZ Payer/ Provider agreement in place

Line Item Reason Codes and Descriptions

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

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
1851 E First St
Suite 300
Santa Ana, CA 92705

Toll free:
Phone: 714-939-5621
FAX:

California DWC

Employer Address -

Payer Identification Number - 430727872

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 79848

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
BB-18-001631

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

Case: vs PD PRODUCTS
Date Of Injury: 1/1/14 - 4/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
02/01/21	INITIAL EXAM	DR MARINA RUSSMAN/MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
02/10/21	INITIAL ACUP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
02/11/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/15/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/16/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
02/17/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
02/18/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/23/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
02/24/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
02/25/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
03/09/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
03/10/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
03/15/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	LUIS PALMERIN # 003709	0.00
03/17/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
03/16/21	F/U PHYSIO	THERAPY W/DR MAHNAZ AZIMZADEH @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/07/21 79848

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
BB-18-001631

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

Case: vs PD PRODUCTS
Date Of Injury: 1/1/14 - 4/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
03/18/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
03/22/21	FOLLOW-UP	W/ ACUPUNCT HYUNROK J. PARK @ FMR*	180.00
/ /	INTERPRETER:	MARCIA DELACEY # 000287	0.00
03/25/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
03/30/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
03/29/21	FOLLOW-UP	W/ ACUPUNCT HYUNROK PARK @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
03/31/21	FOLLOW-UP	W/ ACUPUNCT HYUNROK PARK @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
04/01/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
09/02/21	PMT BY CHECK	DOS 1/11/21-4/1/21* =# 9506999	-2520.00
		BALANCE	1440.00

* 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

AS ADMINISTRATOR OF:
Ace American Insurance Company

Claim#: BB-18-001631

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
9506999	09/02/21

******$2,520.00

PAY EXACTLY: *Two thousand five hundred twenty 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

⑈0009506999⑈ ⑆121000248⑆ 4121 5140 12⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: PD PRODUCTS, LLC, CAMARILLO-903
21350 Lassen St
Chatsworth, CA 91311

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/6681185 - 1
Reprice: CA, 92781
Billed Date: 08/05/2021
Business Rcvd: 08/11/2021
MBR Rcvd: 08/11/2021
MBR Date: 09/01/2021
Date Approved: 09/01/2021
DOS From - To: 02/01/2021 - 04/01/2021

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

Treating Provider:
Referring Physician: MARINA RUSSMAN
Patient Control #: 79848
Provider Tax Id: 33-0956713

Claim #: BB-18-001631
Processor Initials: SD
DOI: 04/04/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
02/01/21	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00			$180.00	$0.00
	G57		8	11			A		
	The service for which interpreting was performed is not authorized and/or denied. Please provide authorization for the service rendered.								
	Billed: T1013; Units: 1								
02/10/21	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00			$180.00	$0.00
	G57		8	11			A		
	The service for which interpreting was performed is not authorized and/or denied. Please provide authorization for the service rendered.								
	Billed: T1013; Units: 1								
02/11/21	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00			$0.00	$180.00
	G67, MV0, RZZ		8	11			A		
	Billed: T1013; Units: 1								

02/15/21	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00	A	$0.00	$180.00

Billed: T1013; Units: 1

02/16/21	T1013 G57	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00	A	$180.00	$0.00

The service for which interpreting was performed is not authorized and/or denied. Please provide authorization for the service rendered.

Billed: T1013; Units: 1

02/17/21	T1013 G57	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00	A	$180.00	$0.00

The service for which interpreting was performed is not authorized and/or denied. Please provide authorization for the service rendered.

Billed: T1013; Units: 1

02/18/21	T1013 G57	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00	A	$180.00	$0.00

The service for which interpreting was performed is not authorized and/or denied. Please provide authorization for the service rendered.

Billed: T1013; Units: 1

02/23/21	T1013 G57	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00	A	$180.00	$0.00

The service for which interpreting was performed is not authorized and/or denied. Please provide authorization for the service rendered.

Billed: T1013; Units: 1

02/24/21	T1013 G57	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00	A	$180.00	$0.00

The service for which interpreting was performed is not authorized and/or denied. Please provide authorization for the service rendered.

Billed: T1013; Units: 1

02/25/21	T1013 G57	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00	A	$180.00	$0.00

The service for which interpreting was performed is not authorized and/or denied. Please provide authorization for the service rendered.

Billed: T1013; Units: 1

03/09/21	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00	A	$0.00	$180.00

Billed: T1013; Units: 1

03/10/21	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00	A	$0.00	$180.00

Billed: T1013; Units: 1

03/15/21	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00	A	$0.00	$180.00

Billed: T1013; Units: 1

03/16/21	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00	A	$0.00	$180.00
	Billed: T1013; Units: 1							
03/17/21	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00	A	$0.00	$180.00
	Billed: T1013; Units: 1							
03/18/21	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00	A	$0.00	$180.00
	Billed: T1013; Units: 1							
03/22/21	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00	A	$0.00	$180.00
	Billed: T1013; Units: 1							
03/25/21	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00	A	$0.00	$180.00
	Billed: T1013; Units: 1							
03/29/21	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00	A	$0.00	$180.00
	Billed: T1013; Units: 1							
03/30/21	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00	A	$0.00	$180.00
	Billed: T1013; Units: 1							
03/31/21	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00	A	$0.00	$180.00
	Billed: T1013; Units: 1							
04/01/21	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00	A	$0.00	$180.00
	Billed: T1013; Units: 1							
Sub-Totals for Bill: 6681185					**$3960.00**		**$1440.00**	**$2520.00**

Totals for Bill:6681185 **$2520.00**

Line Item Reason Codes and Descriptions

MV0 Market Value

RZZ Payer/ Provider agreement in place

Line Item Reason Codes and Descriptions

G57 This service requires prior authorization and none was identified.

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

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

*** INVOICE ***
Date NO#
09/20/21 78738

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
ABC20250360; ABC20240796

BILL TO:
COTTINGHAM & BUTLER INS. SVC
W. C. DEPARTMENT
ATTN: CHRIS BELDI
P.O. BOX 28
DUBUQUE, IA 52004

Case: vs AMERICAN BUILDERS CONTRACTORS
Date Of Injury: 2/24/20; 4/2/20

DOS	SERVICE	DESCRIPTION	AMOUNT
08/20/20	INITIAL EXAM	DR MOHAMED HASSANIN/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/26/20	INITIAL ACUP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/28/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
09/02/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/04/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
09/09/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/11/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
09/18/20	INITIAL PSYC	EVAL W/DR ANTHONY FRANCISCO @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
09/24/20	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/09/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
09/14/21	PMT BY CHECK	DOS 8/20/20-10/9/20* # 261261	-1800.00

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

*** INVOICE ***
Date NO#
09/20/21 78738

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
ABC20250360; ABC20240796

BILL TO:
COTTINGHAM & BUTLER INS. SVC
W. C. DEPARTMENT
ATTN: CHRIS BELDI
P.O. BOX 28
DUBUQUE, IA 52004

Case: vs AMERICAN BUILDERS CONTRACTORS
Date Of Injury: 2/24/20; 4/2/20

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

ABC Supply Claim Account

MidWestOne Bank

CHECK NO. 261261

c/o CBCS
PO Box 28
Dubuque, IA 520040028

DATE
09/14/2021
Void After 180 Days

AMOUNT
**********1,800.00

Pay Eighteen Hundred Dollars And 00/100

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

⑈261261⑈ ⑆073901233⑆ 2036838⑈

PLEASE TEAR HERE

Payer Name:	CBCS	**Claim Number:**	ABC20240796	**Date of Review:**	
Payer Phone #:	877-241-6121	**Claimant Name:**		**PPO Name:**	
Payment Code:	Interpreter	**Injury Date:**	04/02/2020	**Bill Type:**	
Payment Status:	Paid (1)	**Jurisdiction:**		**DRG Code:**	
Check Number:	261261	**Examiner:**	DSTARNES	**ICD:**	
Check Amount:	1,800.00	**Insurer:**	ACE/Chubb - ABC Supply	**Bill Frequency:**	
Check Date:	09/14/2021	**Employer Name:**	ABC Supply Company, Inc.	**Rx Number:**	
From:	08/20/2020	**Document No:**		**Provider ID:**	
Through:	10/09/2020	**Invoice No:**	78738	**Payee License #:**	
Payee TIN:	330956713	**Invoice Recvd:**		**Admission:**	
Payee Name:	JOYCE ALTMAN INTERPRETERS INC			**Discharge:**	
Payee Address:	PO BOX 4165, TUSTIN, CA 92781			**Physician Name:**	
Bank Code:	ABC			**Physician NPI:**	
Payment For:					

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 78964

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2020429796

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

Case: vs TRIPLE ONE MARKET SUPPLY
Date Of Injury: 8/3/20

DOS	SERVICE	DESCRIPTION	AMOUNT
09/16/20	INITIAL EXAM	DR ERIC GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
09/23/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
09/25/20	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
09/30/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
10/05/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
10/07/20	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
10/12/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
10/14/20	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
10/19/20	PR2/REEVAL	DR KRAVCHENKO @GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
10/26/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
11/09/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCEHNKO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
11/23/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
11/30/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
12/22/20	INITIAL ACUP	W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
01/07/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00

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

*** INVOICE ***
Date NO#
09/13/21 78964

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2020429796

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

Case: vs TRIPLE ONE MARKET SUPPLY
Date Of Injury: 8/3/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
01/12/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
01/14/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
01/19/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
01/21/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
01/26/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
01/28/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
03/02/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
03/09/21	PR2-RE/EVAL	W/ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
03/11/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
03/16/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
03/18/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
03/23/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
03/25/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
04/01/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
03/30/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00

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

*** INVOICE ***
Date NO#
09/13/21 78964

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2020429796

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

Case: vs TRIPLE ONE MARKET SUPPLY
Date Of Injury: 8/3/20

DOS	SERVICE	DESCRIPTION	AMOUNT
04/06/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
04/08/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
05/04/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
05/06/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
05/11/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
05/13/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
05/18/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
05/20/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
05/26/21	PR2/REEVAL	DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
05/25/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
05/27/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
06/01/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
06/03/21	FINAL ACUPT	W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
06/23/21	PR2/REEVAL	DR ERIC GOFNUNG @ GOFNUNG*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
07/01/21	FOLLOW-UP	W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	180.00

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

*** INVOICE ***
Date NO#
09/13/21 78964

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2020429796

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

Case: vs TRIPLE ONE MARKET SUPPLY
Date Of Injury: 8/3/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
09/01/21	PMT BY CHECK	DOS 5/25/21* =# 36754336	-180.00
07/06/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
07/08/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
09/03/21	PMT BY CHECK	DOS 5/27/21* =# 37005844	-180.00

BALANCE 8100.00

* 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.

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

EMPLOYERS®

America's small business insurance specialist®

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

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

78964

Claim ID:	2020429796
Client Reference ID:	470111403
VP Trans ID:	1127996516
	EIG0001001
Date:	09/01/2021
Amount:	$180.00
Check Number:	36754336

Get Paid Faster

When you sign up for **VCard or ACH**

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

Notice: This document, including any attachment(s) is confidential, proprietary and intended solely for the above-named individual(s). If you are the intended recipient, your use of any confidential, proprietary or personal information may be restricted by federal and state privacy or other laws. Any unauthorized use of this communication by others is strictly prohibited and may be unlawful. If you have received this document in error, please (1) notify VPay immediately at (877) 399-5917 and provide the VP Trans ID shown (2) destroy this communication and all attached information.

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

EIG.RM.STD.OT

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

EMPLOYERS
America's small business insurance specialist®

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

VPay
1-855-523-9634

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

36754336

09/01/2021

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

ONE HUNDRED EIGHTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

1127996516

⑈36754336⑈ ⑆273970116⑆ 17000129941⑈

EMPLOYERS
America's small business insurance specialist

Employers Preferred Insurance Company 505

Process Date: 08/29/2021
Control Number: 306982644
EOR Page 1 of 2
Rev/Aud: SS/MP

Claim Number:	2020429796		PPO/OSR ID:	ExternalReview BCC	
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 7734948-8262761	Claimant SSN:	XXX-XX-	
Provider Ref:	78964	Geo Zip: 90019	Date Of Injury:	08/03/2020	
Provider License:	CA99999		Claims Received Date:	07/22/2021	

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 18

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
05/25/21	11	T1013		SIGN LANGUAGE/(	2.000	180.00	0.00	0.00	0.00	180.00	6541
			TOTALS:			**180.00**	**0.00**	**0.00**	**0.00**	**180.00**	
			TOTAL RECOMMENDED ALLOWANCE:							**180.00**	

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

CARRIER EXPLANATION REASON CODE

6541 -MEDICAL

1127996516

M

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000011-0000107 D0106 001 337524 EIG

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

EMPLOYERS®
America's small business insurance specialist®

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

Claim ID:	2020429796
Client Reference ID:	470117802
VP Trans ID:	1135252311
	EIG0001001
Date:	09/03/2021
Amount:	$180.00
Check Number:	37005844

Get Paid Faster

When you sign up for **VCard or ACH**

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

Notice: This document, including any attachment(s) is confidential, proprietary and intended solely for the above-named individual(s). If you are the intended recipient, your use of any confidential, proprietary or personal information may be restricted by federal and state privacy or other laws. Any unauthorized use of this communication by others is strictly prohibited and may be unlawful. If you have received this document in error, please (1) notify VPay immediately at (877) 399-5917 and provide the VP Trans ID shown (2) destroy this communication and all attached information.

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

EIG.RM.STD.OT

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

EMPLOYERS
America's small business insurance specialist®

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

VPay
1-855-523-9634

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

37005844

09/03/2021

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

ONE HUNDRED EIGHTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

1135252311

⑈37005844⑈ ⑆273970116⑆ 17000129 9⑈

EMPLOYERS
America's small business insurance specialist®

Employers Preferred Insurance Company 505

Process Date: 09/01/2021
Control Number: 306982531
EOR Page 1 of 2
Rev/Aud: SS/MP

Claim Number:	2020429706		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 7734948-8262761	Claimant SSN:	XXX-XX-	
Provider Ref:	78964	Geo Zip: 90019	Date Of Injury:	08/03/2020	
Provider License:	CA99999		Claims Received Date:	07/23/2021	

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: Y Region: 18

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
05/27/21	11	T1013		SIGN LANGUAGE/(	1.000	180.00	0.00	0.00	0.00	180.00	6541
			TOTALS:			**180.00**	**0.00**	**0.00**	**0.00**	**180.00**	
			TOTAL RECOMMENDED ALLOWANCE:							**180.00**	

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

CARRIER EXPLANATION REASON CODE

6541 -MEDICAL

1135252311

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 77722

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2B918779346216

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: APRIL BARRY
P.O. BOX 6569
SCRANTON, PA 18505

Case: vs SAN MAR CONSTRUCTION
Date Of Injury: 3/13/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/31/20	INITIAL EXAM	W/DR NEGIN RAMESHNI/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/04/20	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/18/20	FOLLOW-UP	W/ACUPUNCT BIRKHIMER & PSYCH EVAL W/ANTHONY	180.00
/ /	-	FRANCISCO, PH.D. @ FMR*	0.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/20/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/06/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	DANYA SCHWARTZ # 500316	0.00
03/13/20	PR2/REEVAL	DR RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
03/18/20	INITIAL PHYS	THERAPY W/DR JAVAD NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/25/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/01/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/28/20	PMT BY CHECK	DOS 3/18/20* =# FE65658215	-90.00
04/22/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
04/27/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/29/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00

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

*** INVOICE ***
Date NO#
09/28/21 77722

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2B918779346216

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: APRIL BARRY
P.O. BOX 6569
SCRANTON, PA 18505

Case: vs SAN MAR CONSTRUCTION
Date Of Injury: 3/13/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/04/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/06/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/11/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/09/20	PMT BY CHECK	DOS 3/25/20* =# FE65698329	-90.00
06/10/20	PMT BY CHECK	DOS 4/1/20* =# FE65704161	-90.00
05/13/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/26/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/28/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/03/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/23/20	PMT BY CHECK	DOS 4/22/20* =# FE65757483	-90.00
06/23/20	PMT BY CHECK	DOS 4/27/20* =# FE65757482	-90.00
06/25/20	PMT BY CHECK	DOS 4/29/20* =# FE65767839	-90.00
07/02/20	PMT BY CHECK	DOS 5/4/20* =# FE65795928	-90.00
06/10/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/18/20	INITIAL EXAM	DR JUSTIN PAQUETTE @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/09/20	PMT BY CHECK	DOS 5/6/20* =# FE65820544	-90.00
07/09/20	PMT BY CHECK	DOS 5/11/20* =# FE65820611	-90.00
07/09/20	PMT BY CHECK	DOS 5/13/20* =# FE65820745	-90.00
07/14/20	PMT BY CHECK	DOS 3/13/20* =# FE65839563	-90.00
07/16/20	PMT BY CHECK	DOS 5/26/20* =# FE65850675	-90.00
07/16/20	PMT BY CHECK	DOS 5/28/20* =# FE65850674	-90.00
07/23/20	PMT BY CHECK	DOS 6/3/20* =# FE65883059	-90.00

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

*** INVOICE ***
Date NO#
09/28/21 77722

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2B918779346216

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: APRIL BARRY
P.O. BOX 6569
SCRANTON, PA 18505

Case: vs SAN MAR CONSTRUCTION
Date Of Injury: 3/13/19

DOS	SERVICE	DESCRIPTION	AMOUNT
07/30/20	PMT BY CHECK	DOS 6/10/20* =# FE65911823	-90.00
08/05/20	PMT BY CHECK	DOS 6/18/20* =# FE65933256	-90.00
07/22/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/25/20	PMT BY CHECK	DOS 3/13/20* # FE66020088	-15.00
09/03/20	PMT BY CHECK	DOS 7/22/20* =# FE66058379	-90.00
09/22/20	PMT BY CHECK	DOS 4/1/20* =# FE66137505	-90.00
09/02/20	PR2/REEVAL	DR RUSSMAN/AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/18/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/25/20	PR2/REEVAL	DR RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/15/20	PMT BY CHECK	DOS 9/2/20* =# FE66236516	-90.00
09/30/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 1010897	0.00
09/29/20	F/U CHIRO TX	CHIRO TX W/DR SIRLINA COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/02/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
10/06/20	F/U CHIRO TX	CHIRO TX W/DR SIRLINA COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/08/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/29/20	PMT BY CHECK	DOS 9/18/20* =# FE66299766	-90.00
10/07/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
10/13/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/28/21 77722

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2B918779346216

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: APRIL BARRY
P.O. BOX 6569
SCRANTON, PA 18505

Case: vs SAN MAR CONSTRUCTION
Date Of Injury: 3/13/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/14/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/16/20	FOLLOW-UP	W/ ACUPUNCT SUNGSOO @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/15/20	F/U CHIRO TX	CHIRO TX W/DR SIRLINA COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/12/20	PMT BY CHECK	DOS 9/25/20* # FE66359273	-90.00
10/28/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/25/20	PMT BY CHECK	DOS 9/29/20* =#FE66415057	-90.00
11/25/20	PMT BY CHECK	DOS 9/30/20* =#FE66415043	-90.00
11/19/20	PMT BY CHECK	DOS 10/2/20* =#FE66388692	-90.00
11/30/20	PMT BY CHECK	DOS 10/6/20* =# FE66424163	-90.00
11/05/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/03/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/06/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/10/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/10/20	PMT BY CHECK	DOS 10/15/20* =# FE66476140	-90.00
12/10/20	PMT BY CHECK	DOS 10/16/20* =# FE66476139	-90.00
11/13/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/18/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
11/19/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00

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

*** INVOICE ***
Date NO#
09/28/21 77722

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2B918779346216

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: APRIL BARRY
P.O. BOX 6569
SCRANTON, PA 18505

Case: vs SAN MAR CONSTRUCTION
Date Of Injury: 3/13/19

DOS	SERVICE	DESCRIPTION	AMOUNT
12/15/20	PMT BY CHECK	DOS 10/13/20* =# FE66492129	-90.00
01/04/21	PMT BY CHECK	DOS 11/3/20* =# FE66572959	-90.00
01/04/21	PMT BY CHECK	DOS 11/10/10* =# FE66572929	-90.00
12/02/20	PR2/REEVAL	DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/15/21	PMT BY CHECK	DOS 11/13/20* =# FE66617411	-90.00
01/15/21	PMT BY CHECK	DOS 11/18/20* =# FE66617408	-90.00
01/15/21	PMT BY CHECK	DOS 11/19/20* =# FE66617407	-90.00
12/07/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
01/13/21	PMT BY CHECK	DOS 11/5/20* =# FE66604974	-90.00
12/09/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
01/19/21	PMT BY CHECK	DOS 11/6/20* =# FE66631245	-90.00
12/14/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
12/18/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
12/23/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
01/08/21	PR2/REEVAL	DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/12/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
02/12/21	RMB IBR FEE	DOS 5/13/20 # FE66754620	-180.00
02/10/21	PMT BY CHECK	DOS 12/2/20* =# FE66730558	-90.00
02/10/21	PMT BY CHECK	DOS 12/7/20* =# FE66730791	-90.00
01/13/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETA SCHULZ # 102100	0.00
02/25/21	PMT BY CHECK	DOS 10/28/20* =#FE66820159	-90.00
02/25/21	PMT BY CHECK	DOS 12/18/20* =#FE66820343	-90.00
02/19/21	PMT BY CHECK	DOS 3/13/20* =# FE66787394	-90.00

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

*** INVOICE ***
Date NO#
09/28/21 77722

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2B918779346216

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: APRIL BARRY
P.O. BOX 6569
SCRANTON, PA 18505

Case: vs SAN MAR CONSTRUCTION
Date Of Injury: 3/13/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/03/21	PMT BY CHECK	DOS 12/14/20* =# FE66847199	-90.00
03/10/21	PMT BY CHECK	DOS 12/23/20* =# FE66878548	-90.00
03/11/21	PMT BY CHECK	DOS 5/13/20* =# FE66889087	-90.00
03/11/21	PMT BY CHECK	DOS 1/8/21* =# FE66886491	-90.00
03/11/21	PMT BY CHECK	DOS 1/13/21* =# FE66887126	-90.00
02/12/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/18/21	PMT BY CHECK	DOS 12/9/20* =# FE66919048	-90.00
02/17/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/03/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/15/21	PMT BY CHECK	DOS 2/12/21* =# FE67038803	-90.00
04/20/21	PMT BY CHECK	DOS 2/17/21* =# FE67059803	-90.00
03/17/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
04/28/21	PMT BY CHECK	DOS 3/3/21* =# FE67095469	-90.00
03/26/21	PR2/REEVAL	DR AZIMZADEH/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/05/21	PMT BY CHECK	DOS 11/13/20* =# FE67125914	-90.00
03/31/21	INITIAL EXAM	DR WILLIAM SIMPSON @ FMR*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
04/13/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
05/18/21	PMT BY CHECK	DOS 3/17/21* =# FE67176234	-90.00
04/07/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CANDACE MOORE # 010784	0.00
04/20/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
04/14/21	F/U PHYSIO	THERAPY W/ DR COOK @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00

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

*** INVOICE ***
Date NO#
09/28/21 77722

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2B918779346216

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: APRIL BARRY
P.O. BOX 6569
SCRANTON, PA 18505

Case: vs SAN MAR CONSTRUCTION
Date Of Injury: 3/13/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/27/21	F/U PHYSIO	THERAPY W/ DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
05/28/21	PMT BY CHECK	DOS 3/26/21* =# FE50025231	-90.00
06/01/21	PMT BY CHECK	DOS 3/31/21* =# FE50028860	-90.00
05/05/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/11/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/18/21	PMT BY CHECK	DOS 4/13/21* =# FE50058361	-90.00
06/18/21	PMT BY CHECK	DOS 4/07/21* =# FE50058408	-90.00
06/18/21	PMT BY CHECK	DOS 4/14/21* =# FE50058435	-90.00
06/18/21	PMT BY CHECK	DOS 4/20/21* =# FE50058454	-90.00
06/16/21	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/23/21	PMT BY CHECK	DOS 4/13/21* # FE20040063	-180.00

BALANCE 6375.00

* 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.

P709202800B

20210618925

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

Forwarding Service Requested

SINGLE PIECE
288 2.7328 SP 0.910

JOYCE ALTMAN INTERPRETERS INC 2
PO BOX 4165
TUSTIN, CA 92781-4165

DATE: 06/18/21
CHECK NO: **FE50058361**

STATEMENT

ESIS®

ENV 288 7 OF 14 F

FILE ID	DOLLARS
2B91877934621	$ 90.00

* **NOT NEGOTIABLE** *
INVOICE # 77722
AGENCY CLAIM # 201903211545033260079 8

FOR
SERVICES FROM 04/13/21 THRU 04/13/21 PAT.# 77722

CLAIMANT

DATE OF EVENT
03/13/19

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

JUN 24 202

[redacted]

BY: .....

EM-BOA10B

DETACH THIS PORTION BEFORE CASHING

[redacted]

P7092028014

20210618925

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

Review Analysis oo

Control Number: 509156016
Bill Index Number: X509156016
Date Reviewed: 06/16/2021
Reviewed By: 9198
Rep/Sup: AZB/AV2

8 OF 14 F

ENV 288

Claim Number: 2B918779346216
Patient Name:
Provider Tax ID:330956713
Provider NPI: 0

Date Of Injury: 03/13/2019
Patient ID: XXXXX
Patient Account: 77722
Payor Receipt Date: 06/03/2021

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

Impact Receipt Date: 06/04/2021
MPN ID
Provider Invoice:

Branch Name: 345
Employer Name:SAN-MAR CONSTRUCTION,

Provider
St Lic No
JOYCE ALTMAN
INTERPRETERS INC
P.O. BOX #4165
TUSTIN, CA 92781

Rendering Provider
NPI:
Company:
First Name:
Last Name:

ICD Codes: T14.90XA Injury, unspecified, initial encounter

Date of Service	Procedure	Reviewed Procedure	Qty	Provider Charges	Bill Review	REDUCTION PPO	OON	Recommend Allowance	Notes
4/13/21	T1013 00		2	$180.00	$90.00	$0.00	$0.00	$90.00	1,2,3
Sign lang/oral interpreter									
				$180.00	$90.00	$0.00	$0.00	$90.00	

Notes/Messages:
1 P12 - Workers compensation jurisdictional fee schedule adjustment. (ANSIP12)
2 A technical Bill Review (TBR) has been performed. (ETBR)
3 G1: The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance. (G1)

Copyright B) 2000-2021 All rights reserved. 6/16 4:33 am

Date of Service	Procedure	Reviewed Procedure	Qty	Provider Charges	Bill Review	REDUCTION PPO	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

PDACPVAD-000630-01-01-00

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

M

DATE 09/23/21
CHECK NO. **FE20040063**

STATEMENT

ESIS®

5900C13FE 00 00368 FE20040063

JOYCE ALTMAN INTERPRETERS INC
PO BOX # 4165
TUSTIN CA 92781

FILE ID
2B91877934621

DOLLARS
$********180.00

*** NOT NEGOTIABLE ***

Invoice # interpreting
Agency Claim #

FOR
04/13/2021 THRU 04/13/2021

CLAIMANT

DATE OF EVENT
03/13/19

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

BOA10B (07/2016)

DETACH THIS PORTION BEFORE CASHING

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

ESIS®

64-1278
611

DATE
09/23/21

FE20040063

FILE ID
2B91877934621

PLEASE DEPOSIT
or CASH
WITHIN 90 DAYS

CWC1230921000100369

Pay **ONE HUNDRED EIGHTY DOLLARS AND 00 CENTS**

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

$********180.00

FOR
04/13/2021 THRU 04/13/2021

CLAIM OFFICE
NORTHRIDGE

CLIENT
SAN-MAR CONSTRUCTION, INC

DATE OF EVENT
03/13/19

AUTHORIZED SIGNATURE

Bank of America

NBS-1GS-11

⑈4320040063⑈ ⑆061112788⑆ 003299786410⑈

THIS AREA IS TO VIEW WHEN CHECKING THE ENDORSEMENT.

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 75883

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10161758

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

Case: vs SPIRES RESTAURANTS INC
Date Of Injury: 2/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/06/19	INITIAL EXAM	DR MARINA RUSSMAN @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/19/19	PR2/REEVAL	DR RUSSMAN/NEGIN RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/26/19	FOLLOW-UP	W/ ACUPUNCT DA HAE RA @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
08/02/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/05/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/09/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/21/19	PR2/REEVAL	DR RUSSMAN/ RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/26/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/30/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/13/19	FOLLOW-UP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
09/06/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
09/09/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/01/19	INITIAL PHYS	THERAPY W/DR JAVAD NAJIB @ FMR*	90.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/02/19	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00

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

*** INVOICE ***
Date NO#
09/20/21 75883

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10161758

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

Case: vs SPIRES RESTAURANTS INC
Date Of Injury: 2/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/07/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
10/08/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/09/19	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/25/19	PMT BY CHECK	DOS 8/5/19-10/1/19* =# 8817421061	-360.00
11/25/19	PMT BY CHECK	DOS 5/6/19-9/13/19* =# 8817420971	-1008.00
11/25/19	PMT BY CHECK	DOS 5/6/19-7/26/19* =# 8817421189	-180.00
11/25/19	PMT BY CHECK	DOS 10/7/19-10/8/19* =# 8817421236	-180.00
12/19/19	PMT BY CHECK	DOS 10/9/19* =# 8817435082	-90.00
03/14/20	PMT BY CHECK	DOS 5/6/19-9/13/19* =# 8817478089	-1062.00
07/29/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/01/21	PMT BY CHECK	DOS 7/29/19* =# 8817666144	-90.00
09/09/21	PMT BY CHECK	DOS 7/29/19* 1630915575	-90.00

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

*** INVOICE ***
Date NO#
09/20/21 75883

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10161758

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

Case: vs SPIRES RESTAURANTS INC
Date Of Injury: 2/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 50.00

* 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.

Farmers Workers' Compensation Claims

Check Number: 8817666144
Date: 06/01/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

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

Claimant/Patient:	
Insured:	Spires Restaurant, Inc
Date of Loss:	01/30/2019
Claim Number:	WC10161758-2
Invoice Number:	FRM-FWCA-233919
Check Number:	8817666144
Payment Under Insured's:	Workers Comp Medical
Correspondence Reference:	ATM0SABMW
Print Date	06/16/2021 02:11 AM
Requested By	Jennifer LA Casa

PAID
JUN 2021

75883
RECEIVED
JUN 2021
BY:

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

Explanation of Review

FARMERS INSURANCE

Carrier
FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-233919

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

Claimant

01 01 000479 ATM0SABMW1 CE0617P1 04 [ ] 000750

Explanation of Review

FARMERS INSURANCE

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-233919

Provider

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

Claimant

NPI: **Rendering NPI:**
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS INC

Invoice No: 75883
Invoice Date: 05-17-2021
Patient Account: 75883

Claim Number: WC10161758
DOI/DOL: 01-30-2019
CR Date / BR Date: 05-20-2021 / 05-24-2021
External Claim Number: WC10161758
Social Security Number: XXX-XX
Policy Number: A0946500518
Employer/Insured: Spires Restaurant, Inc

Region: 26 **Payment Status Code:** 1

Policy Admin Information: A0946500518

Bill Details

Dates of Service: 07-29-2019
Post Date: 05-31-2021

Reviewer: MT/bO
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CCC0C18A790000C536BCE6594713A1
Adjuster: JENNIFER.LACASA

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL E NCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units BRV	Description CBR	PPO	ONR	OTH	Explanation Code(s) ADJ	Allow.
1	07-29-2019	11	Q00014	A	180.00	120 90.00	INTERPRETER OTHER 15				877, G1, 790, G57, U00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Recommended Allowance:	90.00

Messages

790	WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9
877	SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G1	THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
G57	TIIIS SERVICE REQUIRES PRIOR AUTIIORIZATION AND NONE WAS IDENTIFIED.
U00	THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210524_CCP_185246648_0000497

03 02 000750 ATM0SABMW1 CE0617P1 04 [ ] 000750

M

Farmers Workers' Compensation Claims

Check Number: 1630915575
Date: 09/09/2021

75883

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

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

Claimant/Patient:	
Insured:	Spires Restaurant, Inc
Date of Loss:	01/30/2019
Claim Number:	WC10161758-2
Invoice Number:	FRM-FWCA-276700
Check Number:	1630915575
Payment Under Insured's:	Workers Comp Medical
Correspondence Reference:	MS2HAXJMW
Print Date	09/09/2021 08:03 AM
Requested By	Jennifer LA Casa

01 01 000347 MS2HAXJMW1 CE0910P1 04 [ ] 000554

PLEASE FOLD AND DETACH AT PERFORATION BEFORE DEPOSITING CHECK

THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW. THE ACCEPTANCE OF THIS CHECK WILL APPEAR AS VOID IF NOT CASHED WITHIN 90 DAYS.

FARMERS INSURANCE

62-20/311

MID-CENTURY INSURANCE COMPANY
CLAIMS SERVICE CENTER
NATIONAL DOCUMENT CENTER PO BOX 268994
OKLAHOMA CITY OK 73126

Claim Number
WC10161758

Check No. 1630915575
Date: 09/09/2021

$90.00*******

PAY Ninety Dollars And No Cents

NOT GOOD AFTER SIX MONTHS

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

Thomas S. Toh

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

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

⑈1630915575⑈ ⑆031100209⑆ 3872438 9⑈

FARMERS INSURANCE

Explanation of Review

03 02 000554 MS2HAXJMW1 CE0910P1 04 [ ] 000554

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-276700 **Re-evaluation**

Provider

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

Claimant

NPI: **Rendering NPI:**
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS INC

Invoice No: 75883
Invoice Date: 08-31-2021
Patient Account: 75883

Claim Number: WC10161758
DOI/DOL: 01-30-2019
CR Date / BR Date: 09-03-2021 / 09-03-2021
External Claim Number: WC10161758
Social Security Number: XXX-XX-
Policy Number: A0946500518
Employer/Insured: Spires Restaurant, Inc

Region: 26 **Payment Status Code:** 1

Policy Admin Information: A0946500518

Bill Details

Dates of Service: 07-29-2019
Post Date: 09-08-2021

Reviewer: HK/b©
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CCC0C18A790000C536BCE6594713A1
Adjuster: JENNIFER.LACASA

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL E NCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units	BRV	Description	CBR	PPO	ONR	OTH	ADJ	Explanation Code(s) Allow.
1	07-29-2019	11		A	180.00	120		INTERPRETER OTHER 15						877, G57, U00 180.00

Totals

Total Charges:	180.00
Recommended Allowance:	**180.00**
Previous Recommended Allowance:	90.00
Add'l Recommendation For This Review:	90.00

Messages

877 SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G57 THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00 THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

PROVIDER RE-SUBMITTED THE BILL ALONG WITH THE PROOF OF MARKET RATE. HENCE, ADDITIONAL ALLOWANCE IS MADE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210903_CCP_200614536_0000202

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 77161

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC10167666; WC101676667

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

Case: vs CORNERSTONE JANITORIAL & MAINT
Date Of Injury: 9/17/19; 9/18-9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/16/19	INITIAL EXAM	DR NEGIN RAMESHNI/MARINA RUSSMAN @ FMR*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/22/19	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/23/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/29/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/05/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/06/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANIK. CALDERON #101897	0.00
11/22/19	PR2/REEVAL	DR RUSSMAN/RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
12/03/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
12/04/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
12/18/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/08/20	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/14/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/15/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/22/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
01/28/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/28/21 77161

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

EAMS#(s):

SS # : XXX-XX-
DOB
Terms: 60 days
Claim #(s):
WC10167666; WC101676667

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

Case: vs CORNERSTONE JANITORIAL & MAINT
Date Of Injury: 9/17/19; 9/18-9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/29/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/19/20	PR2/REEVAL	DR NEGIN RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/25/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
04/17/20	PMT BY CHECK	DOS 10/16/19-2/19/20* =# 8817493446	-1530.00
03/03/20	FOLLOW-UP	W/ ACUPUNCT BERKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/04/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/07/20	INITIAL EXAM	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/10/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
03/11/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
04/01/20	PR2/REEVAL	DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/04/20	INJECTION	PAIN MGMT W/DR MASSIHI @ FMR* (R/SINUS TARSI)	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/07/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
04/09/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/10/20	INIT PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
05/18/20	PMT BY CHECK	DOS 3/10/20* =# 8817507595	-90.00

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

*** INVOICE ***
Date NO#
09/28/21 77161

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

EAMS#(s):.

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10167666; WC101676667

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

Case: vs CORNERSTONE JANITORIAL & MAINT
Date Of Injury: 9/17/19; 9/18-9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/14/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
04/17/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
04/15/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/16/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/21/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 50049	0.00
04/22/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
05/27/20	PMT BY CHECK	DOS 6/13/12-12/13/19* =# 8817511592	-4600.00
04/23/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/27/20	PMT BY CHECK	DOS 4/23/20 # 8817511592	-180.00
04/24/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
04/29/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
06/01/20	PMT BY CHECK	DOS 4/1/20* =# 8817513161	-90.00
05/02/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
05/27/20	PMT BY CHECK	DOS 6/13/12-12/13/19* =# 8817511592	-450.00
05/13/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/19/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
05/22/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/28/21 77161

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10167666; WC101676667

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

Case: vs CORNERSTONE JANITORIAL & MAINT
Date Of Injury: 9/17/19; 9/18-9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/20/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
05/21/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
05/26/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/18/20	PMT BY CHECK	DOS 4/22/20* =# 8817520523	-90.00
06/18/20	PMT BY CHECK	DOS 4/21/20* =# 8817520462	-90.00
05/27/20	PMT BY CHECK	DOS 6/13/12-12/13/19* +# 8817511592	-260.00
05/27/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/29/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/28/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
06/02/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
06/03/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/04/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/05/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
06/26/20	PMT BY CHECK	DOS 5/2/20* =# 8817523692	-90.00
07/02/20	PMT BY CHECK	DOS 5/19/20* =# 8817526211	-90.00
07/02/20	PMT BY CHECK	DOS 5/20/20* =# 8817526212	-90.00
06/24/20	PR2/REEVAL	DR AZIMZADEH MAHNAZ @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
07/19/20	PMT BY CHECK	DOS 5/27/20* =# 8817528927	-90.00

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

*** INVOICE ***
Date NO#
09/28/21 77161

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC10167666; WC101676667

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

Case: vs CORNERSTONE JANITORIAL & MAINT
Date Of Injury: 9/17/19; 9/18-9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
07/09/20	PMT BY CHECK	DOS 6/2/20* =# 8817528925	-90.00
07/15/20	PMT BY CHECK	DOS 6/4/20* =# 8817531507	-90.00
07/01/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C PARRENO # 101080	0.00
07/02/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
07/17/20	PMT BY CHECK	DOS 6/5/20* =# 8817532623	-90.00
07/11/20	PR2/REEVAL	DR MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/14/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
07/16/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/31/20	PMT BY CHECK	DOS 7/1/20* =# 8817538056	-90.00
08/12/20	PMT BY CHECK	DOS 7/11/20* =# 8817543264	-90.00
07/28/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/11/20	PMT BY CHECK	DOS 7/2/20* # 8817542588	-90.00
08/14/20	PMT BY CHECK	DOS 7/14/20* =# 8817544053	-90.00
07/29/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
08/18/20	PMT BY CHECK	DOS 7/16/20* =# 8817545616	-90.00
08/20/20	PMT BY CHECK	DOS 4/10/20* =# 8817546799	-90.00
08/05/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
08/12/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
08/31/20	PMT BY CHECK	DOS 7/28/20* =# 8817551361	-90.00
08/17/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/09/20	PMT BY CHECK	DOS 7/29/20* =# 8817554862	-90.00

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

*** INVOICE ***
Date NO#
09/28/21 77161

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10167666; WC101676667

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

Case: vs CORNERSTONE JANITORIAL & MAINT
Date Of Injury: 9/17/19; 9/18-9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/19/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
08/24/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
08/26/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
08/31/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
09/02/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/21/20	PMT BY CHECK	DOS 8/5/20* =# 8817560320	-90.00
09/22/20	PMT BY CHECK	DOS 8/12/20* =# 8817560774	-90.00
09/08/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/09/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/14/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
09/28/20	PMT BY CHECK	DOS 8/17/20* =# 8817563011	-90.00
09/28/20	PMT BY CHECK	DOS 8/19/20* =# 8817563010	-90.00
10/01/20	PMT BY CHECK	DOS 8/26/20* =# 8817565090	-90.00
09/18/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/06/20	PMT BY CHECK	DOS 6/2/20* =# 8817566753	-90.00
10/06/20	PMT BY CHECK	DOS 8/24/20* =# 8817566749	-90.00
09/22/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
09/23/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
10/09/20	PMT BY CHECK	DOS 6/4/20* =# 8817568962	-90.00
09/30/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/28/21 77161

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10167666; WC101676667

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

Case: vs CORNERSTONE JANITORIAL & MAINT
Date Of Injury: 9/17/19; 9/18-9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/03/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
10/06/20	F/U PHYSIO	THERAPY W/DR SIRLINA COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/07/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/13/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/14/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
09/29/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/12/20	PMT BY CHECK	DOS 4/10/20* =# 8817583173	-90.00
10/23/20	PR2/REEVAL	DR RUSSMAN/AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/13/20	PMT BY CHECK	DOS 7/2/20* =# 8817584116	-90.00
10/27/20	FOLLOW-UP	W/ ACUPUNCT JI KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/28/20	INITL CHIRO	TREATMENT W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/29/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
11/24/20	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
11/24/20	RMB IBR FEE	DOS 3/10/20 # 8817589126	-180.00
11/24/20	PMT BY CHECK	DOS 3/10/20 # 8817589126	-90.00
12/01/20	PMT BY CHECK	DOS 7/28/20* =# 8817590698	-90.00
11/03/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/04/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/28/21 77161

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10167666; WC101676667

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

Case: [redacted] vs CORNERSTONE JANITORIAL & MAINT
Date Of Injury: 9/17/19; 9/18-9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/05/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/10/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
11/12/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/11/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
12/16/20	PMT BY CHECK	DOS 7/29/20* =# 8817597885	-90.00
12/16/20	PMT BY CHECK	DOS 8/5/20* =# 8817597882	-90.00
12/16/20	PMT BY CHECK	DOS 8/12/20* =# 8817597881	-90.00
12/16/20	PMT BY CHECK	DOS 10/28/20* =# 8817597884	-90.00
12/16/20	PMT BY CHECK	DOS 10/29/20* =# 8817597883	-90.00
11/18/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/29/20	PMT BY CHECK	DOS 11/11/20* =# 8817602099	-90.00
12/29/20	PMT BY CHECK	DOS 11/12/20* =# 8817602098	-90.00
12/23/20	PMT BY CHECK	DOS 8/17/20* =# 8817600674	-90.00
01/25/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/02/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
12/04/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/08/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/09/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
01/21/21	PMT BY CHECK	DOS 12/2/20* =# 8817610897	-90.00
12/28/20	PMT BY CHECK	DOS 8/19/20* =# 8817601374	-90.00

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

*** INVOICE ***
Date NO#
09/28/21 77161

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC10167666; WC101676667

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

Case: vs CORNERSTONE JANITORIAL & MAINT
Date Of Injury: 9/17/19; 9/18-9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
12/28/20	PMT BY CHECK	DOS 8/24/20* =# 8817601372	-90.00
12/28/20	PMT BY CHECK	DOS 8/26/20* =# 8817601373	-90.00
01/22/21	PMT BY CHECK	DOS 4/21/20* =# 8817611375	-90.00
12/16/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301624	0.00
12/15/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
12/19/20	P AND S	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/22/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
12/23/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
01/12/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/17/21	PMT BY CHECK	DOS 12/4/20* =# 8817621991	-90.00
02/17/21	PMT BY CHECK	DOS 12/8/20* =# 8817622022	-90.00
02/17/21	PMT BY CHECK	DOS 1/25/20* =# 8817621990	-90.00
01/19/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
01/20/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
01/13/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
01/26/21	PR2/REEVAL	DR NEGIN RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/27/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/03/21	FOLLOW-UP	W/ ACUPUNCT K. LEE @ FMR*	180.00
/ /	INTERPRETER:	DANYA SCHWARTZ # 500316	0.00
03/10/21	PMT BY CHECK	DOS 6/5/20* =# 8817630993	-90.00

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

*** INVOICE ***
Date NO#
09/28/21 77161

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10167666; WC101676667

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

Case: vs CORNERSTONE JANITORIAL & MAINT
Date Of Injury: 9/17/19; 9/18-9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
02/10/21	FOLLOW-UP	W/ ACUPUNCT K. LEE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
02/09/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/17/21	PMT BY CHECK	DOS 7/1/20* =# 8817634195	-90.00
03/17/21	PMT BY CHECK	DOS 7/11/20* =# 8817634198	-90.00
03/17/21	PMT BY CHECK	DOS 7/14/20* =# 8817634194	-90.00
03/17/21	PMT BY CHECK	DOS 7/16/20* =# 8817634193	-90.00
03/19/21	PMT BY CHECK	DOS 1/26/21* =# 8817635047	-90.00
02/16/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/23/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/25/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
03/31/21	PMT BY CHECK	DOS 12/19/20* =# 8817639760	-90.00
03/02/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
04/03/21	PMT BY CHECK	DOS 11/3/20* =# 8817641355	-90.00
04/03/21	PMT BY CHECK	DOS 11/5/20* =# 8817641345	-90.00
04/03/21	PMT BY CHECK	DOS 12/23/20* =# 8817641379	-90.00
04/05/21	PMT BY CHECK	DOS 10/23/20* =# 8817641641	-90.00
04/08/21	PMT BY CHECK	DOS 10/7/20* =# 8817643939	-90.00
04/06/21	PMT BY CHECK	DOS 10/14/20* =# 8817642467	-90.00
04/06/21	PMT BY CHECK	DOS 1/20/21* =# 8817642522	-90.00
03/09/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
04/08/21	PMT BY CHECK	DOS 9/29/20* =# 8817643947	-90.00
04/08/21	PMT BY CHECK	DOS 10/6/20* =# 8817644283	-90.00
03/11/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00

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

*** INVOICE ***
Date NO#
09/28/21 77161

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10167666; WC101676667

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

Case: vs CORNERSTONE JANITORIAL & MAINT
Date Of Injury: 9/17/19; 9/18-9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/12/21	PMT BY CHECK	DOS 9/9/20* =# 8817645117	-90.00
04/12/21	PMT BY CHECK	DOS 9/18/20* =# 8817645222	-90.00
04/12/21	PMT BY CHECK	DOS 9/22/20* =# 8817645256	-90.00
04/10/21	PMT BY CHECK	DOS 9/23/20* =# 8817644982	-90.00
04/09/21	PMT BY CHECK	DOS 9/30/20* =# 8817644532	-90.00
03/12/21	PR2/REEVAL	DR RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
04/13/21	PMT BY CHECK	DOS 9/8/20* =# 8817645956	-90.00
04/13/21	PMT BY CHECK	DOS 9/14/20* =# 8817645957	-90.00
03/16/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/18/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
03/23/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
03/24/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
03/25/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
05/03/21	PMT BY CHECK	DOS 12/16/20* =# 8817654331	-90.00
04/02/21	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/30/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
04/08/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
04/09/21	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/13/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
05/08/21	PMT BY CHECK	DOS 5/2/20,5/19/20,5/27/20	-270.00

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 77161

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10167666; WC101676667

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

Case: vs CORNERSTONE JANITORIAL & MAINT
Date Of Injury: 9/17/19; 9/18-9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
		=# 8817657207	
05/15/21	PMT BY CHECK	DOS 2/10/21* =# 8817660102	-90.00
05/16/21	PMT BY CHECK	DOS 5/16/21 # 8817660397	-6000.00
05/20/21	PMT BY CHECK	DOS 3/24/21* =# 8817661883	-90.00
05/21/21	PMT BY CHECK	DOS 3/30/21* =# 8817662369	-90.00
05/22/21	PMT BY CHECK	DOS 3/25/21* =# 8817662670	-90.00
05/28/21	PMT BY CHECK	DOS 4/2/21* =# 8817665277	-90.00
04/27/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
05/31/21	PMT BY CHECK	DOS 4/8/21* =# 8817665924	-90.00
04/29/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
06/02/21	PMT BY CHECK	DOS 4/9/21* =# 8817666675	-90.00
05/04/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/06/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/07/21	PMT BY CHECK	DOS 11/12/20* =# 1630062498	-90.00
06/07/21	PMT BY CHECK	DOS 11/11/20* =# 1630101054	-90.00
05/11/21	F/U CHIRO TX	CHIRO TX COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/12/21	PMT BY CHECK	DOS 12/2/20* =# 1630125825	-90.00
06/17/21	PMT BY CHECK	DOS 1/13/21* =# 1630177263	-90.00
06/18/21	PMT BY CHECK	DOS 1/12/21* =# 1630177272	-90.00
06/18/21	PMT BY CHECK	DOS 12/8/20* =# 1630177782	-90.00
05/14/21	PR2/REEVAL	DR NEGIN RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
06/18/21	PMT BY CHECK	DOS 1/25/20* =# 1630178078	-90.00
06/18/21	PMT BY CHECK	DOS 12/4/20* =# 1630178115	-90.00
06/23/21	PMT BY CHECK	DOS 9/23/20* =# 1630219921	-90.00
05/18/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/28/21 77161

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10167666; WC101676667

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

Case: vs CORNERSTONE JANITORIAL & MAINT
Date Of Injury: 9/17/19; 9/18-9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/29/21	PMT BY CHECK	DOS 6/24/20* =# 1630272437	-90.00
07/01/21	PMT BY CHECK	DOS 3/16/21* =# 1630304365	-90.00
07/01/21	PMT BY CHECK	DOS 3/23/21* =# 1630304366	-90.00
07/01/21	PMT BY CHECK	DOS 3/11/21* =# 1630302559	-90.00
07/01/21	PMT BY CHECK	DOS 3/09/21* =# 1630302564	-90.00
07/01/21	PMT BY CHECK	DOS 2/16/21* =# 1630302573	-90.00
07/01/21	PMT BY CHECK	DOS 2/09/21* =# 1630302592	-90.00
07/01/21	PMT BY CHECK	DOS 2/25/21* =# 1630302598	-90.00
07/01/21	PMT BY CHECK	DOS 3/02/21* =# 1630302603	-90.00
07/01/21	PMT BY CHECK	DOS 2/23/21* =# 1630302537	-90.00
07/05/21	PMT BY CHECK	DOS 1/20/21* =# 1630321242	-90.00
07/06/21	PMT BY CHECK	DOS 11/5/20* =# 1630321822	-90.00
05/26/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CANDACE MOORE # 010784	0.00
07/01/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
07/01/21	RMB IBR FEE	DOS 7/1/20-7/16/20 # 1630314334	-180.00
07/01/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
07/01/21	RMB IBR FEE	DOS 4/10/20 # 1630314334	-180.00
07/01/21	PMT BY CHECK	DOS 4/10/20 # 1630314334	-90.00
07/01/21	PMT BY CHECK	DOS 3/11/21* # 1630314334	-90.00
07/06/21	PMT BY CHECK	DOS 9/09/20* =# 1630322065	-90.00
07/06/21	PMT BY CHECK	DOS 9/18/20* =# 1630322072	-90.00
07/06/21	PMT BY CHECK	DOS 10/7/20* =# 1630322075	-90.00
07/06/21	PMT BY CHECK	DOS 12/23/20* =# 1630322080	-90.00
07/06/21	PMT BY CHECK	DOS 11/03/20* =# 1630322328	-90.00
07/06/21	PMT BY CHECK	DOS 10/14/20* =# 1630322345	-90.00
07/06/21	PMT BY CHECK	DOS 12/19/20* =# 1630322371	-90.00
05/25/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00

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

*** INVOICE ***
Date NO#
09/28/21 77161

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10167666; WC101676667

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

Case: vs CORNERSTONE JANITORIAL & MAINT
Date Of Injury: 9/17/19; 9/18-9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
07/12/21	PMT BY CHECK	DOS 9/8/20* =# 1630377816	-90.00
06/01/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
06/03/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
07/30/21	PMT BY CHECK	DOS 12/16/20* =# 1630552592	-90.00
06/08/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
06/10/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
06/15/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
08/11/21	PMT BY CHECK	DOS 2/10/21* =# 1630662438	-90.00
08/11/21	PMT BY CHECK	DOS 6/3/21* =# 1630662450	-90.00
08/12/21	PMT BY CHECK	DOS 3/24/21* =# 1630670880	-90.00
06/18/21	PR2/REEVAL	DR NEGIN RAMESHNI/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/16/21	PMT BY CHECK	DOS 4/2/21* =# 1630696634	-90.00
08/16/21	PMT BY CHECK	DOS 3/25/21* =# 1630696676	-90.00
08/16/21	PMT BY CHECK	DOS 3/30/21* =# 1630696677	-90.00
08/16/21	PMT BY CHECK	DOS 4/8/21* =# 1630696871	-90.00
08/25/21	PMT BY CHECK	DOS 4/9/21* =# 1630782799	-90.00
07/01/21	INITIAL EXAM	DR JUSTIN PAQUETTE @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/08/21	PMT BY CHECK	DOS 1/13/21* =# 1630899364	-90.00
09/07/21	PMT BY CHECK	DOS 1/12/21* =# 1630888247	-90.00
09/18/21	PMT BY CHECK	DOS 6/24/20* =# 1631000011	-90.00
07/26/21	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
09/24/21	PMT BY CHECK	DOS 3/9/21* =# 1631051999	-90.00

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

*** INVOICE ***
Date NO#
09/28/21 77161

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC10167666; WC101676667

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

Case: vs CORNERSTONE JANITORIAL & MAINT
Date Of Injury: 9/17/19; 9/18-9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/24/21	PMT BY CHECK	DOS 3/11/21* =# 1631052000	-90.00

BALANCE 1660.00

* 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.

Farmers Claims

Check Number: 1630177272
Date: 06/18/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

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

Claimant/Patient:	
Insured:	Franco, Oscar (partner)
Date of Loss:	09/17/2019
Claim Number:	WC10167666-2
Invoice Number:	FRM-FWCA-245044
Check Number:	1630177272
Payment Under Insured's:	Workers Comp Medical
Correspondence Reference:	B12DL2PWW
Print Date	06/18/2021 02:56 AM
Requested By	Elizabeth D Neu

RECEIVED
JUN 2 2021
BY: .....

JUN 2 2021

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

FARMERS INSURANCE

Explanation of Review

Carrier
FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-245044

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

Claimant

NPI:

Rendering NPI: 1477186625

FARMERS INSURANCE

Explanation of Review

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-245044

Provider

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

Claimant

NPI: **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 77161
Invoice Date: 02-24-2021
Patient Account: 77161

Region: 26 **Payment Status Code:** 1

Claim Number: WC10167666
DOI/DOL: 09-17-2019
CR Date / BR Date: 03-01-2021 / 06-17-2021
External Claim Number: WC10167666
Social Security Number: XXX-XX
Policy Number: A0949082519
Employer/Insured: FRANCO, OSCAR (PARTNER)

Policy Admin Information: A0949082519

Bill Details

Dates of Service: 01-12-2021
Post Date: 06-17-2021

Reviewer: MT/H1
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CC50B1EF770000C54EB4D33B7A6B04
Adjuster: ELIZABETH.NEU

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL E NCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description				Explanation Code(s)	
				Charges	BRV	CBR	PPO	ONR	OTH	ADJ	Allow.
1	01-12-2021	11	Q00014	A	120	INTERPRETER OTHER 15				877, G1, 790, G57, U00	
				180.00	90.00						90.00

Totals

Total Charges:	180.00	
Bill Review Reductions:		90.00
Recommended Allowance:		**90.00**

Messages

790	WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9
877	SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G1	THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
G57	THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00	THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210617_CCP_173899853_0000213

03 02 000684 B12DL2PWW1 CE0618P1 04 [ ] 000684

Farmers Claims

Check Number: 1630888247
Date: 09/07/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

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

Claimant/Patient:	
Insured:	Franco, Oscar (partner)
Date of Loss:	09/17/2019
Claim Number:	WC10167666-2
Invoice Number:	FRM-FWCA-275529
Check Number:	1630888247
Payment Under Insured's:	Workers Comp Medical
Correspondence Reference:	BHVD4N5BW
Print Date	09/06/2021 07:16 PM
Requested By	Elizabeth D Neu

PLEASE FOLD AND DETACH FOR CASHING BELOW

THIS DOCUMENT CONTAINS SECURITY FEATURES WHEN PHOTOCOPIED

FARMERS INSURANCE

62-20/311

MID-CENTURY INSURANCE COMPANY
CLAIMS SERVICE CENTER
NATIONAL DOCUMENT CENTER PO BOX 268994
OKLAHOMA CITY OK 73126

Claim Number
WC10167666

Check No. 1630888247
Date: 09/07/2021

PAY Ninety Dollars And No Cents

$90.00*******

NOT GOOD AFTER SIX MONTHS

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

Thomas S. Noh

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

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK

HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

⑈1630888247⑈ ⑆031100209⑆ 3872438 9⑈

FARMERS INSURANCE

Explanation of Review

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-275529 **Re-evaluation**

Provider

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

Claimant

NPI: 1477186625 **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 76445
Invoice Date: 08-25-2021
Patient Account: 76445

Claim Number: WC10167666
DOI/DOL: 09-17-2019
CR Date / BR Date: 08-30-2021 / 08-30-2021
External Claim Number: WC10167666
Social Security Number: XXX-XX
Policy Number: A0949082519
Employer/Insured: FRANCO, OSCAR (PARTNER)

Region: 26 **Payment Status Code:** 1

Policy Admin Information: A0949082519

Bill Details

Dates of Service: 01-12-2021
Post Date: 09-06-2021

Reviewer: HK/H1
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CC50B1EF770000C54EB4D33B7A6B04
Adjuster: ELIZABETH.NEU

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL ENCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units BRV	Description CBR	PPO	ONR	OTH	Explanation Code(s) ADJ	Allow.
1	01-12-2021	11		A	180.00	120	INTERPRETER OTHER 15				877, G57, U00	180.00

Totals

Total Charges:	180.00
Recommended Allowance:	**180.00**
Previous Recommended Allowance:	90.00
Add'l Recommendation For This Review:	90.00

Messages

877 SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G57 THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00 THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

PROVIDER RE-SUBMITTED THE BILL ALONG WITH THE PROOF OF MARKET RATE. HENCE, ADDITIONAL ALLOWANCE IS MADE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210830_CCP_199890362_0000498

Farmers Claims

Check Number: 1630177263
Date: 06/17/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

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

Claimant/Patient:	
Insured:	Franco, Oscar (partner)
Date of Loss:	09/17/2019
Claim Number:	WC10167666-2
Invoice Number:	FRM-FWCA-245055
Check Number:	1630177263
Payment Under Insured's:	Workers Comp Medical
Correspondence Reference:	1RRB1280W
Print Date	06/18/2021 02:57 AM
Requested By	Elizabeth D Neu

RECEIVED

BY: .....

JUN 2 2 2021

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

[redacted]

01 01 000411 1RRB1280W1 CE0618P1 04 [ ] 000685

Explanation of Review

FARMERS INSURANCE

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-245055

Provider

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

Claimant

NPI: **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 77161
Invoice Date: 03-03-2021
Patient Account: 77161

Claim Number: WC10167666
DOI/DOL: 09-17-2019
CR Date / BR Date: 03-08-2021 / 06-17-2021
External Claim Number: WC10167666
Social Security Number: XXX-X
Policy Number: A0949082519
Employer/Insured: FRANCO, OSCAR (PARTNER)

Region: 26 **Payment Status Code:** 1

Policy Admin Information: A0949082519

Bill Details

Dates of Service: 01-13-2021
Post Date: 06-17-2021

Reviewer: MT/H1
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CC207113780000CD4B8162F05A583E
Adjuster: ELIZABETH.NEU

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL ENCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units BRV	Description CBR	PPO	ONR	OTH	Explanation Code(s) ADJ	Allow.
1	01-13-2021	11	Q00014	A	180.00	120 90.00	INTERPRETER OTHER 15				877, G1, 790, G57, U00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Recommended Allowance:	**90.00**

Messages

790	WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9
877	SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G1	THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
G57	THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00	THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210617_CCP_174949779_0000204

03 02 000685 1RRB1280W1 CE06 18P1 04 [ ] 000685

M

Farmers Claims

Check Number: 1630899364
Date: 09/08/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

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

Claimant/Patient:	
Insured:	Franco, Oscar (partner)
Date of Loss:	09/17/2019
Claim Number:	WC10167666-2
Invoice Number:	FRM-FWCA-275532
Check Number:	1630899364
Payment Under Insured's:	Workers Comp Medical
Correspondence Reference:	01MKBQXDW
Print Date	09/08/2021 01:11 AM
Requested By	Elizabeth D Neu

FARMERS INSURANCE

62-20/311

MID-CENTURY INSURANCE COMPANY
CLAIMS SERVICE CENTER
NATIONAL DOCUMENT CENTER PO BOX 268994
OKLAHOMA CITY OK 73126

Claim Number
WC10167666

Check No. 1630899364
Date: 09/08/2021

PAY Ninety Dollars And No Cents $90.00*******

NOT GOOD AFTER SIX MONTHS

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

Thomas S. Noh

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

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

⑈1630899364⑈ ⑆031100209⑆ 3872438⑈

Explanation of Review

FARMERS INSURANCE

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-275532 **Re-evaluation**

Provider

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

Claimant

NPI: 1477186625 **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 77161
Invoice Date: 08-25-2021
Patient Account: 77161

Claim Number: WC10167666
DOI/DOL: 09-17-2019
CR Date / BR Date: 08-30-2021 / 08-30-2021
External Claim Number: WC10167666
Social Security Number: XXX-XX
Policy Number: A0949082519
Employer/Insured: FRANCO, OSCAR (PARTNER)

Region: 26 **Payment Status Code:** 1

Policy Admin Information: A0949082519

Bill Details

Dates of Service: 01-13-2021
Post Date: 09-08-2021

Reviewer: HK/HF
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CC207113780000CD4B8162F05A583E
Adjuster: ELIZABETH.NEU

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL ENCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units	BRV	Description CBR	PPO	ONR	OTH	Explanation Code(s) ADJ	Allow.
1	01-13-2021	11		A	180.00	120		INTERPRETER OTHER 15					877, G57, U00 180.00

Totals

Total Charges:	180.00
Recommended Allowance:	**180.00**
Previous Recommended Allowance:	90.00
Add'l Recommendation For This Review:	90.00

Messages

877 SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G57 THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00 THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

PROVIDER RE-SUBMITTED THE BILL ALONG WITH THE PROOF OF MARKET RATE. HENCE, ADDITIONAL ALLOWANCE IS MADE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210830_CCP_199890088_0000506

03 02 000667 01MKBQXDW1 CE0908P1 04 [ ] 000667

Farmers Claims

Check Number: 1630272437
Date: 06/29/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

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

Claimant/Patient:	
Insured:	Franco, Oscar (partner)
Date of Loss:	09/17/2019
Claim Number:	WC10167666-2
Invoice Number:	FRM-FWCA-249518
Check Number:	1630272437
Payment Under Insured's:	Workers Comp Medical
Correspondence Reference:	FHVR32CMW
Print Date	06/30/2021 02:41 AM
Requested By	Elizabeth D Neu

PAID
JUL 07 2021
77161

BY: .....

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

[redacted]

01 01 000514 FHVR32CMW1 CE0630P1 04 [ ] 000741

Explanation of Review

FARMERS INSURANCE

03 02 000741 FHVF32CMW1 CE0630P1 04 [ ] 000741

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-249518

Provider

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

Claimant

NPI: 1477186625 **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 77279
Invoice Date: 05-09-2021
Patient Account: 77161

Claim Number: WC10167666
DOI/DOL: 09-17-2019
CR Date / BR Date: 05-14-2021 / 05-14-2021
External Claim Number: WC10167666
Social Security Number: XXX-XX
Policy Number: A0949082519
Employer/Insured: FRANCO, OSCAR (PARTNER)

Region: 26 **Payment Status Code:** 1

Policy Admin Information: A0949082519

Bill Details

Dates of Service: 06-24-2020
Post Date: 06-29-2021

Reviewer: JY/CM
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CCFEBF55A26281412A83EAF332948E
Adjuster: ELIZABETH.NEU

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL ENCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description				Explanation Code(s)	
				Charges	BRV	CBR	PPO	ONR	OTH	ADJ	Allow.
1	06-24-2020	11	Q00014	A	120	INTERPRETER OTHER 15				877, G1, 790, G57, U00	
				180.00	90.00						90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Recommended Allowance:	**90.00**

Messages

790	WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9
877	SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G1	THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
G57	THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00	THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210514_CCP_178362496_0000608

Farmers Claims

Check Number: 1631000011
Date: 09/18/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

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

Claimant/Patient:	
Insured:	Franco, Oscar (partner)
Date of Loss:	09/17/2019
Claim Number:	WC10167666-2
Invoice Number:	FRM-FWCA-280336
Check Number:	1631000011
Payment Under Insured's:	Workers Comp Medical
Correspondence Reference:	YHRKPN1WW
Print Date	09/18/2021 02:31 AM
Requested By	Elizabeth D Neu

RECEIVED
SEP 24 2021
BY:.....

PLEASE FOLD AND DETACH CHECK ON LINE BELOW

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

FARMERS INSURANCE

62-20/311

MID-CENTURY INSURANCE COMPANY
CLAIMS SERVICE CENTER
NATIONAL DOCUMENT CENTER PO BOX 268994
OKLAHOMA CITY OK 73126

Claim Number
WC10167666

Check No. 1631000011
Date: 09/18/2021

PAY Ninety Dollars And No Cents $90.00*******

NOT GOOD AFTER SIX MONTHS

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

Thomas S. Toh

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

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

⑈1631000011⑈ ⑆031100209⑆ 3872438⑈

Explanation of Review

FARMERS INSURANCE

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-280336 **Re-evaluation**

Provider

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

Claimant

NPI: 1477186625 **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 77279
Invoice Date: 09-10-2021
Patient Account: 77161

Claim Number: WC10167666
DOI/DOL: 09-17-2019
CR Date / BR Date: 09-15-2021 / 09-15-2021
External Claim Number: WC10167666
Social Security Number: XXX-XX-
Policy Number: A0949082519
Employer/Insured: FRANCO, OSCAR (PARTNER)

Region: 26 **Payment Status Code:** 1

Policy Admin Information: A0949082519

Bill Details

Dates of Service: 06-24-2020
Post Date: 09-18-2021

Reviewer: HK/HF
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CCFEBF55A26281412A83EAF332948E
Adjuster: ELIZABETH.NEU

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL E NCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units	BRV	Description CBR	PPO	ONR	OTH	Explanation Code(s) ADJ	Allow.
1	06-24-2020	11		A	180.00	120		INTERPRETER OTHER 15					877, G57, U00 180.00

Totals

Total Charges:	180.00
Recommended Allowance:	**180.00**
Previous Recommended Allowance:	90.00
Add'l Recommendation For This Review:	90.00

Messages

877 SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G57 THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00 THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

PROVIDER RE-SUBMITTED THE BILL ALONG WITH THE PROOF OF MARKET RATE. HENCE, ADDITIONAL ALLOWANCE IS MADE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210915_CCP_202063293_0000139

03 02 000768 YHRKPN1WW1 CE0920P1 04 [ ] 000768

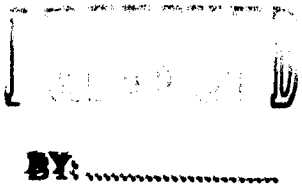
Farmers Claims

Check Number: 1630302564
Date: 07/01/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

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

Claimant/Patient:	
Insured:	Franco, Oscar (partner)
Date of Loss:	09/17/2019
Claim Number:	WC10167666-2
Invoice Number:	FRM-FWCA-223933
Check Number:	1630302564
Payment Under Insured's:	Workers Comp Medical
Correspondence Reference:	NZ27TLN0W
Print Date	07/01/2021 04:28 PM
Requested By	Elizabeth D Neu



BY: .....

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

01 01 000463 NZ27TLN0W1 CE0702P1 04 1 000787

Explanation of Review

FARMERS INSURANCE

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-223933

Provider

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

Claimant

NPI:
Rendering NPI: 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 77161
Invoice Date: 04-19-2021
Patient Account: 77161

Region: 26 **Payment Status Code:** 1

Claim Number: WC10167666
DOI/DOL: 09-17-2019
CR Date / BR Date: 04-23-2021 / 05-14-2021
External Claim Number: WC10167666

Policy Number: A0949082519
Employer/Insured: FRANCO, OSCAR (PARTNER)

Policy Admin Information: A0949082519

Bill Details

Dates of Service: 03-09-2021
Post Date: 05-14-2021

Reviewer: MT/HT
Pay Auth: 1
Client Type of Bill: 370
CR Seq: CCF0A7FF780000C02D9742EEE7202D
Adjuster: ELIZABETH.NEU

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL E NCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description				Explanation Code(s)	
				Charges	BRV	CBR	PPO	ONR	OTH	ADJ	Allow.
1	03-09-2021	11	Q00014	A	120	INTERPRETER OTHER 15				877, G1, 790, G57, U00	
				180.00	90.00						90.00

Totals

Total Charges:	180.00	
Bill Review Reductions:		90.00
Recommended Allowance:		**90.00**

Messages

790	WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9
877	SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G1	THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
G57	THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00	THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210514_CCP_181519659_0000606

03 02 000767 NZ27TLN0W1 CE0702P1 04 [1] 000767

Farmers Claims

Check Number: 1631051999
Date: 09/24/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

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

Claimant/Patient:	
Insured:	Franco, Oscar (partner)
Date of Loss:	09/17/2019
Claim Number:	WC10167666-2
Invoice Number:	FRM-FWCA-282119
Check Number:	1631051999
Payment Under Insured's:	Workers Comp Medical
Correspondence Reference:	ZFA4MX8PW
Print Date	09/23/2021 10:36 PM
Requested By	Elizabeth D Neu

PLEASE FOLD AND DETACH CHECK ON LINE BELOW

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

FARMERS INSURANCE

62-20/311

MID-CENTURY INSURANCE COMPANY
CLAIMS SERVICE CENTER
NATIONAL DOCUMENT CENTER PO BOX 268994
OKLAHOMA CITY OK 73126

Claim Number
WC10167666

Check No. 1631051999
Date: 09/24/2021

PAY Ninety Dollars And No Cents $90.00*******

NOT GOOD AFTER SIX MONTHS

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

Thomas S. Toh

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

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

⑈1631051999⑈ ⑆031100209⑆ 3872438 9⑈

FARMERS INSURANCE

Explanation of Review

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Provider

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

Bill: FRM-FWCA-282119 **Re-evaluation**

Claimant

NPI: 1477186625 **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 77161
Invoice Date: 09-15-2021
Patient Account: 77161

Region: 26 **Payment Status Code:** 1

Claim Number: WC10167666
DOI/DOL: 09-17-2019
CR Date / BR Date: 09-20-2021 / 09-20-2021
External Claim Number: WC10167666
Social Security Number: XXX-XX
Policy Number: A0949082519
Employer/Insured: FRANCO, OSCAR (PARTNER)

Policy Admin Information: A0949082519

Bill Details

Dates of Service: 03-09-2021
Post Date: 09-23-2021

Reviewer: HK/HF
Pay Auth: I
Client Type of Bill: 370 **CR Seq:** CCF0A7FF780000C02D9742EEE7202D
Adjuster: ELIZABETH.NEU

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL E NCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units	BRV	Description	CBR	PPO	ONR	OTH	Explanation Code(s) ADJ	Allow.
1	03-09-2021	11		A	180.00	120		INTERPRETER OTHER 15					877, 197, G57, U00	180.00

Totals

Total Charges:	180.00
Recommended Allowance:	**180.00**
Previous Recommended Allowance:	90.00
Add'l Recommendation For This Review:	90.00

Messages

197	PRECERTIFICATION/AUTHORIZATION/NOTIFICATION/PRE-TREATMENT ABSENT.
877	SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G57	THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00	THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

PROVIDER RE-SUBMITTED THE BILL ALONG WITH THE PROOF OF MARKET RATE. HENCE, ADDITIONAL ALLOWANCE IS MADE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210920_CCP_202633499_0000431

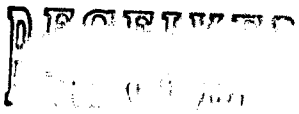
Farmers Claims

Check Number: 1630302559
Date: 07/01/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

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

Claimant/Patient:	
Insured:	Franco, Oscar (partner)
Date of Loss:	09/17/2019
Claim Number:	WC10167666-2
Invoice Number:	FRM-FWCA-223934
Check Number:	1630302559
Payment Under Insured's:	Workers Comp Medical
Correspondence Reference:	4D1SP2LSW
Print Date	07/01/2021 04:29 PM
Requested By	Elizabeth D Neu



01 01 000457 4D1SP2LSW1 CE0702P1 04 [ ] 000771

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

[redacted]

Explanation of Review

FARMERS INSURANCE

03 02 00077 4D1SP2LSW1 CE070ZP1 04 [1] 00077

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-223934

Provider

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

Claimant

NPI:
Rendering NPI: 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 77161
Invoice Date: 04-21-2021
Patient Account: 77161

Region: 26 **Payment Status Code:** 1

Claim Number: WC10167666
DOI/DOL: 09-17-2019
CR Date / BR Date: 04-26-2021 / 05-14-2021
External Claim Number: WC10167666

Policy Number: A0949082519
Employer/Insured: FRANCO, OSCAR (PARTNER)

Policy Admin Information: A0949082519

Bill Details

Dates of Service: 03-11-2021
Post Date: 05-14-2021

Reviewer: MT/HT
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CC402F14790000C2158CBC4A1C3798
Adjuster: ELIZABETH.NEU

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL E NCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units	BRV	Description	CBR	PPO	ONR	OTH	Explanation Code(s) ADJ	Allow.
1	03-11-2021	11	Q00014	A	180.00	120	90.00	INTERPRETER OTHER 15					877, G1, 790, G57, U00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Recommended Allowance:	90.00

Messages

790	WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9
877	SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G1	THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
G57	THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00	THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210514_CCP_181924151_0000539

Farmers Claims

Check Number: 1631052000
Date: 09/24/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

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

Claimant/Patient:	
Insured:	Franco, Oscar (partner)
Date of Loss:	09/17/2019
Claim Number:	WC10167666-2
Invoice Number:	FRM-FWCA-282130
Check Number:	1631052000
Payment Under Insured's:	Workers Comp Medical
Correspondence Reference:	A2BHRNC7W
Print Date	09/23/2021 10:41 PM
Requested By	Elizabeth D Neu

PLEASE FOLD AND DETACH CHECK ON LINE BELOW

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

FARMERS INSURANCE

62-20/311

MID-CENTURY INSURANCE COMPANY
CLAIMS SERVICE CENTER
NATIONAL DOCUMENT CENTER PO BOX 268994
OKLAHOMA CITY OK 73126

Claim Number
WC10167666

Check No. 1631052000
Date: 09/24/2021

PAY Ninety Dollars And No Cents $90.00*******

NOT GOOD AFTER SIX MONTHS

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

Thomas S. Toh

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

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

⑈1631052000⑈ ⑆031100209⑆ 3872438 9⑈

Explanation of Review

FARMERS INSURANCE

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-282130 **Re-evaluation**

Provider

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

Claimant

NPI: 1477186625 **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 77161
Invoice Date: 09-15-2021
Patient Account: 77161

Region: 26 **Payment Status Code:** 1

Claim Number: WC10167666
DOI/DOL: 09-17-2019
CR Date / BR Date: 09-20-2021 / 09-20-2021
External Claim Number: WC10167666
Social Security Number: XXX-XX
Policy Number: A0949082519
Employer/Insured: FRANCO, OSCAR (PARTNER)

Policy Admin Information: A0949082519

Bill Details

Dates of Service: 03-11-2021
Post Date: 09-23-2021

Reviewer: HK/HF
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CC402F14790000C2158CBC4A1C3798
Adjuster: ELIZABETH.NEU

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL E NCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description				Explanation Code(s)	
				Charges	BRV	CBR	PPO	ONR	OTH	ADJ	Allow.
1	03-11-2021	11		A	120	INTERPRETER OTHER 15				877, 197, G57, U00	
				180.00							180.00

Totals

Total Charges:	180.00	
Recommended Allowance:		**180.00**
Previous Recommended Allowance:		90.00
Add'l Recommendation For This Review:		90.00

Messages

197 PRECERTIFICATION/AUTHORIZATION/NOTIFICATION/PRE-TREATMENT ABSENT.
877 SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G57 THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00 THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

PROVIDER RE-SUBMITTED THE BILL ALONG WITH THE PROOF OF MARKET RATE. HENCE, ADDITIONAL ALLOWANCE IS MADE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210920_CCP_202632812_0000464

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 77599

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10143063

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

Case: vs PUERTO NUEVO COFFEE/RAH INVEST
Date Of Injury: 10/16/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/10/20	INITIAL EXAM	DR NEGIN RAMESHNI/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/17/20	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
01/21/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/24/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/28/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/04/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/14/20	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/19/20	INIT PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
02/21/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/28/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
03/03/20	FOLLOW-UP	W/ ACUPUNCT BERKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/14/20	PMT BY CHECK	DOS 1/10/20-2/21/20* =# 8817491508	-810.00
03/04/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRRENO # 101080	0.00
03/11/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/13/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/28/21 77599

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

EAMS#(s):

SS # : XXX-XX
DOB
Terms: 60 days
Claim #(s):
WC10143063

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

Case: vs PUERTO NUEVO COFFEE/RAH INVEST
Date Of Injury: 10/16/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
03/18/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/05/20	PMT BY CHECK	DOS 3/3/20* =# 8817501368	-90.00
03/25/20	PR2/REEVAL	DR RAMESHNI/ RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/27/20	PMT BY CHECK	DOS 2/5/19-2/21/20* =# 8817511705	-1980.00
07/17/20	PR2/REEVAL	DR RUSSMAN/AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/27/20	PMT BY CHECK	DOS 7/17/20 # 8817511705	-180.00
07/22/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/24/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/10/20	PMT BY CHECK	DOS 2/28/20* =# 8817541856	-90.00
07/31/20	INITL CHIRO	TREATMENT W/DR JAVAD NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/27/20	PMT BY CHECK	DOS 7/22/20-7/31/20 # 8817511705	-450.00
08/05/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/27/20	PMT BY CHECK	DOS 8/5/20 # 8817511705	-180.00
08/07/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/27/20	PMT BY CHECK	DOS 8/7/20 # 8817511705	-180.00
08/12/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
05/27/20	PMT BY CHECK	DOS 8/12/20 # 8817511705	-180.00
08/28/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/28/21 77599

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10143063

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

Case: vs PUERTO NUEVO COFFEE/RAH INVEST
Date Of Injury: 10/16/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/27/20	PMT BY CHECK	DOS 8/28/20 # 8817511705	-180.00
09/04/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/27/20	PMT BY CHECK	DOS 9/4/20 # 8817511705	-180.00
09/09/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/18/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
09/11/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 005511585	0.00
05/27/20	PMT BY CHECK	DOS 9/9/20-9/18/20 # 8817511705	-540.00
10/09/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/27/20	PMT BY CHECK	DOS 10/9/20 # 8817511705	-180.00
10/12/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
10/16/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/12/20	PEN & INT	PEN & INT 2/28/20	16.16
11/12/20	PMT BY CHECK	DOS 2/28/20* # 8817583644	-16.16
10/23/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
10/26/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/02/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/30/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/06/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/28/21 77599

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10143063

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

Case: vs PUERTO NUEVO COFFEE/RAH INVEST
Date Of Injury: 10/16/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/13/20	PR2/REEVAL	DR NEGIN RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
11/20/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
11/23/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
12/31/20	PMT BY CHECK	DOS 11/6/20* =# 8817603353	-90.00
11/30/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
12/04/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
01/21/21	PMT BY CHECK	DOS 11/30/20* =# 8817610888	-90.00
12/11/20	PR2/REEVAL	DR RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
12/14/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
12/18/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
01/08/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/11/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/18/21	PMT BY CHECK	DOS 11/13*/20* =# 8817622508	-90.00
01/18/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GALDYS REYNA # 301721	0.00
02/20/21	PMT BY CHECK	DOS 11/23/20* =# 8817623746	-90.00
02/19/21	PMT BY CHECK	DOS 12/4/20* =# 8817623295	-90.00
02/20/21	PMT BY CHECK	DOS 11/20/20* =# 8817623748	-90.00
01/22/21	PR2/REEVAL	DR NEGIN RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00

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

*** INVOICE ***
Date NO#
09/28/21 77599

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC10143063

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

Case: [redacted] vs PUERTO NUEVO COFFEE/RAH INVEST
Date Of Injury: 10/16/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/19/21	PMT BY CHECK	DOS 12/18/20* =# 8817623209	-90.00
01/25/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	DANYA SCHWARTZ # 500316	0.00
03/04/21	PMT BY CHECK	DOS 1/11/21* =# 8817628921	-90.00
02/05/21	F/U CHIRO TX	CHIRO TX W/DR JAVAD NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/12/21	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/26/21	PR2/REEVAL	DR NEGIN RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
03/30/21	PMT BY CHECK	DOS 1/22/21* =# 8817639014	-90.00
03/31/21	PMT BY CHECK	DOS 1/18/21* =# 8817639748	-90.00
03/31/21	PMT BY CHECK	DOS 1/25/21* =# 8817639749	-90.00
03/01/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
04/02/21	PMT BY CHECK	DOS 12/11/20* =# 8817640935	-90.00
04/02/21	PMT BY CHECK	DOS 12/14/20* =# 8817640936	-90.00
04/04/21	PMT BY CHECK	DOS 10/23/20* =# 8817641640	-90.00
04/04/21	PMT BY CHECK	DOS 11/2/20* =# 8817641638	-90.00
04/04/21	PMT BY CHECK	DOS 10/26/20* =# 8817641639	-90.00
04/08/21	PMT BY CHECK	DOS 10/12/20* =# 8817643937	-90.00
04/06/21	PMT BY CHECK	DOS 10/16/20* =# 8817642470	-90.00
03/08/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/11/21	PMT BY CHECK	DOS 9/29/20* =# 8817645116	-90.00
04/10/21	PMT BY CHECK	DOS 10/30/20* =# 8817645059	-90.00
03/15/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
04/16/21	PMT BY CHECK	DOS 2/12/21* =# 8817647673	-90.00
03/19/21	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/28/21 77599

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10143063

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

Case: s PUERTO NUEVO COFFEE/RAH INVEST
Date Of Injury: 10/16/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
04/09/21	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/14/21	PMT BY CHECK	DOS 2/5/21* =# 8817659709	-90.00
04/12/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CANDACE MOORE # 010784	0.00
04/30/21	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/03/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
06/07/21	PMT BY CHECK	DOS 11/6/20* =# 1630062500	-90.00
06/10/21	PMT BY CHECK	DOS 4/9/21* =# 1630101024	-90.00
06/10/21	PMT BY CHECK	DOS 4/12/21* =# 1630101032	-90.00
06/14/21	PMT BY CHECK	DOS 11/13/20* =# 1630128310	-90.00
06/14/21	PMT BY CHECK	DOS 11/30/20* =# 1630129351	-90.00
06/19/21	PMT BY CHECK	DOS 11/20/20* =# 1630189930	-90.00
06/18/21	PMT BY CHECK	DOS 12/4/20* =# 1630183525	-90.00
06/23/21	PMT BY CHECK	DOS 10/23/20* =# 1630219943	-90.00
06/30/21	PMT BY CHECK	DOS 11/23/20* =# 1630292846	-90.00
06/30/21	PMT BY CHECK	DOS 1/11/21* =# 1630292814	-90.00
07/01/21	PMT BY CHECK	DOS 3/1/21* =# 1630302532	-90.00
07/01/21	PMT BY CHECK	DOS 3/8/21* =# 1630302541	-90.00
07/01/21	PMT BY CHECK	DOS 3/15/21* =# 1630302557	-90.00
07/01/21	PMT BY CHECK	DOS 2/26/21* =# 1630302548	-90.00
07/02/21	PMT BY CHECK	DOS 12/18/20* =# 1630309683	-90.00
07/07/21	PMT BY CHECK	DOS 11/02/20* =# 1630334120	-90.00
07/08/21	PMT BY CHECK	DOS 1/18/21-1/25/21* =# 1630345968	-270.00
07/06/21	PMT BY CHECK	DOS 12/14/20* =# 1630322067	-90.00
07/06/21	PMT BY CHECK	DOS 10/26/20* =# 1630322074	-90.00
07/09/21	PMT BY CHECK	DOS 10/16/20* =# 1630364997	-90.00

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

*** INVOICE ***
Date NO#
09/28/21 77599

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC10143063

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

Case: vs PUERTO NUEVO COFFEE/RAH INVEST
Date Of Injury: 10/16/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/14/21	PMT BY CHECK	DOS 4/30/21* =# 1630397921	-90.00
07/14/21	PMT BY CHECK	DOS 5/3/21* =# 1630397923	-90.00
07/15/21	PMT BY CHECK	DOS 2/12/21* =# 1630411662	-90.00
08/10/21	PMT BY CHECK	DOS 2/5/21* =# 1630645469	-90.00
09/01/21	PMT BY CHECK	DOS 4/9/21* =# 1630846876	-90.00
08/31/21	PMT BY CHECK	DOS 4/12/21* =# 1630834375	-90.00
09/24/21	PMT BY CHECK	DOS 2/26/21* =# 1631052026	-90.00
09/24/21	PMT BY CHECK	DOS 3/01/21* =# 1631052027	-90.00
09/24/21	PMT BY CHECK	DOS 3/08/21* =# 1631052028	-90.00
09/24/21	PMT BY CHECK	DOS 3/15/21* =# 1631052029	-90.00

BALANCE 720.00

* 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.

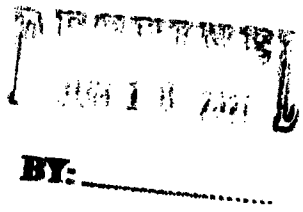
Farmers Claims

Check Number: 1630101024
Date: 06/10/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

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

Claimant/Patient:	
Insured:	Raah Investments
Date of Loss:	10/16/2017
Claim Number:	WC10143063-2
Invoice Number:	FRM-FWCA-240082
Check Number:	1630101024
Payment Under Insured's:	Workers Comp Medical
Correspondence Reference:	FSA0LA8MW
Print Date	06/12/2021 10:43 PM
Requested By	Migelina Ramos



PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

01 01 002051 FSA0LA8MW1 CE0614P1 04 [ ] 002304

Explanation of Review

FARMERS INSURANCE

03 02 002304 FSA0LA8MW1 CE0614P1 04 [ ] 002304

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-240082

Provider

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

Claimant

NPI: 1477186625 **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 77599
Invoice Date: 05-26-2021
Patient Account: 77599

Claim Number: WC10143063
DOI/DOL: 10-16-2017
CR Date / BR Date: 06-01-2021 / 06-08-2021
External Claim Number: WC10143063
Social Security Number: XXX-XX-
Policy Number: A0945947417
Employer/Insured: RAAH INVESTMENTS

Region: 26 **Payment Status Code:** 1

Policy Admin Information: A0945947417

Bill Details

Dates of Service: 04-09-2021
Post Date: 06-09-2021

Reviewer: RA/HF
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CC809EC8790000CC3188A2A0455EAA
Adjuster: MIGELINA.RAMOS

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL ENCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units BRV	Description CBR	PPO	ONR	OTH	Explanation Code(s) ADJ	Allow.
1	04-09-2021	11	Q00014	A	180.00	120 90.00	INTERPRETER OTHER 15				877, G1, 790, G57, U00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Recommended Allowance:	90.00

Messages

790	WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9
877	SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G1	THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
G57	THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00	THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210608_CCP_186612321_0000137

Farmers Workers' Compensation Claims

Check Number: 1630846876
Date: 09/01/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

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

Claimant/Patient:	
Insured:	Raah Investments
Date of Loss:	10/16/2017
Claim Number:	WC10143063-2
Invoice Number:	FRM-FWCA-273402
Check Number:	1630846876
Payment Under Insured's:	Workers Comp Medical
Correspondence Reference:	P517VGVZW
Print Date	08/31/2021 06:56 PM
Requested By	Migelina Ramos

PLEASE FOLD AND DETACH CHECK AT PERFORATION BELOW

FARMERS INSURANCE

62-20/311

MID-CENTURY INSURANCE COMPANY
CLAIMS SERVICE CENTER
NATIONAL DOCUMENT CENTER PO BOX 268994
OKLAHOMA CITY OK 73126

Claim Number
WC10143063

Check No. 1630846876
Date: 09/01/2021

PAY Ninety Dollars And No Cents $90.00*******

NOT GOOD AFTER SIX MONTHS

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

Thomas S. Toh

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

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

⑈1630846876⑈ ⑆031100209⑆ 3872438⑈

Explanation of Review

FARMERS INSURANCE

03 02 000694 P517VGVZW1 CE0901P1 04 [ ] 000694

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-273402 **Re-evaluation**

Provider

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

Claimant

NPI: 1477186625 **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 77599
Invoice Date: 08-19-2021
Patient Account: 77599

Claim Number: WC10143063
DOI/DOL: 10-16-2017
CR Date / BR Date: 08-23-2021 / 08-23-2021
External Claim Number: WC10143063
Social Security Number: XXX-XX-
Policy Number: A0945947417
Employer/Insured: RAAH INVESTMENTS

Region: 26 **Payment Status Code:** 1

Policy Admin Information: A0945947417

Bill Details

Dates of Service: 04-09-2021
Post Date: 08-31-2021

Reviewer: HK/HF
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CC809EC8790000CC3188A2A0455EAA
Adjuster: MIGELINA.RAMOS

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL E NCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description				Explanation Code(s)	
				Charges	BRV	CBR	PPO	ONR	OTH	ADJ	Allow.
1	04-09-2021	11		A	120	INTERPRETER OTHER 15					877, G57, U00
				180.00							180.00

Totals

Total Charges:	180.00
Recommended Allowance:	**180.00**
Previous Recommended Allowance:	90.00
Add'l Recommendation For This Review:	90.00

Messages

877 SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G57 THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00 THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

PROVIDER RE-SUBMITTED TIIE BILL ALONG WITII TIIE PROOF OF MARKET RATE. IIENCE, ADDITIONAL ALLOWANCE IS MADE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210823_CCP_198859138_0000172

FARMERS INSURANCE

Explanation of Review

03 03 000694 P517VGVZW1 CE0901P1 04 [] 000694

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-273402 **Re-evaluation**

Provider

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

Claimant

NPI: 1477186625 **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 77599
Invoice Date: 08-19-2021
Patient Account: 77599

Claim Number: WC10143063
DOI/DOL: 10-16-2017
CR Date / BR Date: 08-23-2021 / 08-23-2021
External Claim Number: WC10143063
Social Security Number: XXX-XX
Policy Number: A0945947417
Employer/Insured: RAAH INVESTMENTS

Region: 26 **Payment Status Code:** 1

Policy Admin Information: A0945947417

Bill Details

Dates of Service: 04-09-2021
Post Date: 08-31-2021

Reviewer: HK/HF
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CC809EC8790000CC3188A2A0455EAA
Adjuster: MIGELINA.RAMOS

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL ENCOUNTER

Notes

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code including but not limited to 4600.4, 4603.2, 4620 - 4628, 5307.1, or 8 CCR 9790 - 9794. TIME LIMITS TO DISPUTE PAYMENT AMOUNT Request for Second Review (SBR): After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers' Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 et seq. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. Request for Independent Bill Review (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, the claims administrator will review the bill and issue an EOR which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210823_CCP_198859138_0000172

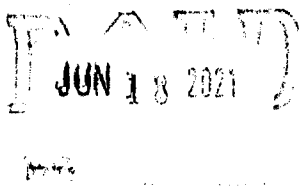
Farmers Claims

Check Number: 1630101032
Date: 06/10/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

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

Claimant/Patient:	
Insured:	Raah Investments
Date of Loss:	10/16/2017
Claim Number:	WC10143063-2
Invoice Number:	FRM-FWCA-240081
Check Number:	1630101032
Payment Under Insured's:	Workers Comp Medical
Correspondence Reference:	YY1MTVHMW
Print Date	06/12/2021 10:26 PM
Requested By	Migelina Ramos



PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

01 01 002050 YY1MTVHMW1 CE0614P1 04 [ ] 002303

Explanation of Review

FARMERS INSURANCE

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-240081

Provider

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

Claimant

NPI: 1477186625 **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 77599
Invoice Date: 05-27-2021
Patient Account: 77599

Claim Number: WC10143063
DOI/DOL: 10-16-2017
CR Date / BR Date: 06-01-2021 / 06-08-2021
External Claim Number: WC10143063
Social Security Number: XXX-XX
Policy Number: A0945947417
Employer/Insured: RAAH INVESTMENTS

Region: 26 **Payment Status Code:** 1

Policy Admin Information: A0945947417

Bill Details

Dates of Service: 04-12-2021
Post Date: 06-09-2021

Reviewer: RA/HF
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CC00D9C8790000CF1BA32D8FF39E9F
Adjuster: MIGELINA.RAMOS

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL ENCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description				Explanation Code(s)	
				Charges	BRV	CBR	PPO	ONR	OTH	ADJ	Allow.
1	04-12-2021	11	Q00014	A	120	INTERPRETER OTHER 15				877, G1, 790, G57, U00	
				180.00	90.00						90.00

Totals

Total Charges:	180.00	
Bill Review Reductions:		90.00
Recommended Allowance:		**90.00**

Messages

790	WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9
877	SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G1	THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
G57	THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00	THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210608_CCP_186628957_000092

03 02 002303 YY1MTVHMW1 CE06141P1 04 [1] 002303

Farmers Workers' Compensation Claims

Check Number: 1630834375
Date: 08/31/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

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

Claimant/Patient:	
Insured:	Raah Investments
Date of Loss:	10/16/2017
Claim Number:	WC10143063-2
Invoice Number:	FRM-FWCA-273465
Check Number:	1630834375
Payment Under Insured's:	Workers Comp Medical
Correspondence Reference:	KYADVXLDW
Print Date	08/30/2021 10:51 PM
Requested By	Migelina Ramos

PLEASE FOLD AND DETACH CHECK IN USE BELOW

THIS PAYMENT IS IN SETTLEMENT OF CLAIM. RECEIPT OF CHECK WILL ACKNOWLEDGE SETTLEMENT.

FARMERS INSURANCE

62-20/311

MID-CENTURY INSURANCE COMPANY
CLAIMS SERVICE CENTER
NATIONAL DOCUMENT CENTER PO BOX 268994
OKLAHOMA CITY OK 73126

Claim Number
WC10143063

Check No. 1630834375
Date: 08/31/2021

PAY Ninety Dollars And No Cents $90.00*******

NOT GOOD AFTER SIX MONTHS

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

Thomas S. Toh

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

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

⑈1630834375⑈ ⑆031100209⑆ 3872438 9⑈

FARMERS INSURANCE

Explanation of Review

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-273465 **Re-evaluation**

Provider

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

Claimant

NPI: 1477186625 **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 77599
Invoice Date: 08-19-2021
Patient Account: 77599

Claim Number: WC10143063
DOI/DOL: 10-16-2017
CR Date / BR Date: 08-23-2021 / 08-23-2021
External Claim Number: WC10143063
Social Security Number: XXX-XX
Policy Number: A0945947417
Employer/Insured: RAAH INVESTMENTS

Region: 26 **Payment Status Code:** 1

Policy Admin Information: A0945947417

Bill Details

Dates of Service: 04-12-2021
Post Date: 08-30-2021

Reviewer: HK/HF
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CC00D9C8790000CF1BA32D8FF39E9F
Adjuster: MIGELINA.RAMOS

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL E NCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units	BRV	Description CBR	PPO	ONR	OTH	Explanation Code(s) ADJ	Allow.
1	04-12-2021	11		A	180.00	120		INTERPRETER OTHER 15					877, G57, U00 180.00

Totals

Total Charges:	180.00
Recommended Allowance:	**180.00**
Previous Recommended Allowance:	90.00
Add'l Recommendation For This Review:	90.00

Messages

877	SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G57	THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00	THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

PROVIDER RE-SUBMITTED THE BILL ALONG WITH THE PROOF OF MARKET RATE. HENCE, ADDITIONAL ALLOWANCE IS MADE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210823_CCP_198858478_000 0187

Explanation of Review

FARMERS INSURANCE

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-273465 **Re-evaluation**

Provider

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

Claimant

NPI: 1477186625 **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 77599
Invoice Date: 08-19-2021
Patient Account: 77599

Region: 26 **Payment Status Code:** 1

Claim Number: WC10143063
DOI/DOL: 10-16-2017
CR Date / BR Date: 08-23-2021 / 08-23-2021
External Claim Number: WC10143063
Social Security Number: XXX-XX
Policy Number: A0945947417
Employer/Insured: RAAH INVESTMENTS

Policy Admin Information: A0945947417

Bill Details

Dates of Service: 04-12-2021
Post Date: 08-30-2021

Reviewer: HK/HF
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CC00D9C8790000CF1BA32D8FF39E9F
Adjuster: MIGELINA.RAMOS

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL ENCOUNTER

Notes

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code including but not limited to 4600.4, 4603.2, 4620 - 4628, 5307.1, or 8 CCR 9790 - 9794. TIME LIMITS TO DISPUTE PAYMENT AMOUNT Request for Second Review (SBR): After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers' Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 et seq. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. Request for Independent Bill Review (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, the claims administrator will review the bill and issue an EOR which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210823_CCP_198858478_0000187

Farmers Claims

Check Number: 1630302548
Date: 07/01/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

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

Claimant/Patient:	
Insured:	Raah Investments
Date of Loss:	10/16/2017
Claim Number:	WC10143063-2
Invoice Number:	FRM-FWCA-224025
Check Number:	1630302548
Payment Under Insured's:	Workers Comp Medical
Correspondence Reference:	MRBK42GPW
Print Date	07/03/2021 02:46 AM
Requested By	Migelina Ramos

RECEIVED
JUL 1 6 2021
BY:.....

VOID
JUL 1 3 2021

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

[redacted]

01 01 000330 MRBK42GPW1 CE0705P1 04 [ ] 000675

FARMERS INSURANCE

Explanation of Review

03 02 000675 MRBK42GPW1 GE0705P1 04 [ ] 000675

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-224025

Provider

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

Claimant

NPI: **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 77599
Invoice Date: 04-09-2021
Patient Account: 77599

Claim Number: WC10143063
DOI/DOL: 10-16-2017
CR Date / BR Date: 04-12-2021 / 05-14-2021
External Claim Number: WC10143063
Social Security Number: XXX-XX
Policy Number: A0945947417
Employer/Insured: RAAH INVESTMENTS

Region: 26 **Payment Status Code:** 1

Policy Admin Information: A0945947417

Bill Details

Dates of Service: 02-26-2021
Post Date: 05-14-2021

Reviewer: AY/HT
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CC10E3C6780000C52CBD86D569A633
Adjuster: MIGELINA.RAMOS

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL E NCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units	BRV	Description CBR	PPO	ONR	OTH	Explanation Code(s) ADJ	Allow.
1	02-26-2021	11	Q00014	A	180.00	120	90.00	INTERPRETER OTHER 15				877, G1, 790, G57, U00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Recommended Allowance:	90.00

Messages

790	WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9
877	SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G1	THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
G57	THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00	THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210514_CCP_179934332_000 0523

Farmers Workers' Compensation Claims

Check Number: 1631052026
Date: 09/24/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

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

Claimant/Patient:	
Insured:	Raah Investments
Date of Loss:	10/16/2017
Claim Number:	WC10143063-2
Invoice Number:	FRM-FWCA-282129
Check Number:	1631052026
Payment Under Insured's:	Workers Comp Medical
Correspondence Reference:	X2AHPYFKW
Print Date	09/23/2021 11:02 PM
Requested By	Migelina Ramos

PLEASE FOLD AND DETACH CHECK ON LINE BELOW

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED

FARMERS INSURANCE

62-20/311

MID-CENTURY INSURANCE COMPANY
CLAIMS SERVICE CENTER
NATIONAL DOCUMENT CENTER PO BOX 268994
OKLAHOMA CITY OK 73126

Claim Number
WC10143063

Check No. 1631052026
Date: 09/24/2021

PAY Ninety Dollars And No Cents

$90.00*******

NOT GOOD AFTER SIX MONTHS

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

Thomas S. Noh

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

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK.

HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

⑈1631052026⑈ ⑆031100209⑆ 3872438 9⑈

FARMERS INSURANCE

Explanation of Review

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Provider

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

Bill: FRM-FWCA-282129 **Re-evaluation**

Claimant

NPI: 1477186625 **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 77599
Invoice Date: 09-14-2021
Patient Account: 77599

Claim Number: WC10143063
DOI/DOL: 10-16-2017
CR Date / BR Date: 09-20-2021 / 09-20-2021
External Claim Number: WC10143063
Social Security Number: XXX-XX
Policy Number: A0945947417
Employer/Insured: RAAH INVESTMENTS

Region: 26 **Payment Status Code:** 1

Policy Admin Information: A0945947417

Bill Details

Dates of Service: 02-26-2021
Post Date: 09-23-2021

Reviewer: HK/HF
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CC10E3C6780000C52CBD86D569A633
Adjuster: MIGELINA.RAMOS

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL E NCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units BRV	Description CBR	PPO	ONR	OTH	Explanation Code(s) ADJ	Allow.
1	02-26-2021	11		A	180.00	120	INTERPRETER OTHER 15				877, 197, G57, U00	180.00

Totals

Total Charges:	180.00
Recommended Allowance:	
Previous Recommended Allowance:	**180.00**
Add'l Recommendation For This Review:	90.00
	90.00

Messages

197	PRECERTIFICATION/AUTHORIZATION/NOTIFICATION/PRE-TREATMENT ABSENT.
877	SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G57	THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00	THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

PROVIDER RE-SUBMITTED THE BILL ALONG WITH THE PROOF OF MARKET RATE. HENCE, ADDITIONAL ALLOWANCE IS MADE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210920_CCP_202633552_0000461

Farmers Claims

Check Number: 1630302532
Date: 07/01/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

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

Claimant/Patient:	
Insured:	Raah Investments
Date of Loss:	10/16/2017
Claim Number:	WC10143063-2
Invoice Number:	FRM-FWCA-224028
Check Number:	1630302532
Payment Under Insured's:	Workers Comp Medical
Correspondence Reference:	AJB5P1LPW
Print Date	07/01/2021 03:28 PM
Requested By	Migelina Ramos

77599
RECEIVED
JUL 09 2021
BY.

JUL 09 2021
BY.

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

[redacted]

01 01 000454 AJB5P1LPW1 CE0702P1 04 [ ] 000768

Explanation of Review

FARMERS INSURANCE

03 02 000768 AIB5P1LPW1 CE0702P1 04 [ ] 000768

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-224028

Provider

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

Claimant

NPI:
Rendering NPI: 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 77599
Invoice Date: 04-12-2021
Patient Account: 77599

Claim Number: WC10143063
DOI/DOL: 10-16-2017
CR Date / BR Date: 04-15-2021 / 05-14-2021
External Claim Number: WC10143063
Social Security Number: XXX-XX-
Policy Number: A0945947417
Employer/Insured: RAAH INVESTMENTS

Region: 26 **Payment Status Code:** 1

Policy Admin Information: A0945947417

Bill Details

Dates of Service: 03-01-2021
Post Date: 05-14-2021

Reviewer: AY/HT
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CC50BFD6780000C01CB0736825F9E0
Adjuster: MIGELINA.RAMOS

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL E NCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description				Explanation Code(s)	
				Charges	BRV	CBR	PPO	ONR	OTH	ADJ	Allow.
1	03-01-2021	11	Q00014	A	120	INTERPRETER OTHER 15				877, G1, 790, G57, U00	
				180.00	90.00						90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Recommended Allowance:	**90.00**

Messages

790	WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9
877	SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G1	THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
G57	THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00	THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210514_CCP_180424843_0000546

M

Farmers Workers' Compensation Claims

Check Number: 1631052027
Date: 09/24/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

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

Claimant/Patient:	
Insured:	Raah Investments
Date of Loss:	10/16/2017
Claim Number:	WC10143063-2
Invoice Number:	FRM-FWCA-281303
Check Number:	1631052027
Payment Under Insured's:	Workers Comp Medical
Correspondence Reference:	45A8RQ9KW
Print Date	09/23/2021 11:06 PM
Requested By	Migelina Ramos

PLEASE FOLD ALONG DETACH LINE OR ON LINE BELOW

THIS DOCUMENT CONTAINS SECURITY FEATURES. SEE BACK FOR DETAILS.

FARMERS INSURANCE

62-20/311

MID-CENTURY INSURANCE COMPANY
CLAIMS SERVICE CENTER
NATIONAL DOCUMENT CENTER PO BOX 268994
OKLAHOMA CITY OK 73126

Claim Number
WC10143063

Check No. 1631052027
Date: 09/24/2021

PAY Ninety Dollars And No Cents $90.00*******

NOT GOOD AFTER SIX MONTHS

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

Thomas S. Noh

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

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK.

HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

⑈1631052027⑈ ⑆031100209⑆ 38724389⑈

FARMERS INSURANCE

Explanation of Review

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Provider

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

Bill: FRM-FWCA-281303 **Re-evaluation**

Claimant

NPI: 1477186625 **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 77599
Invoice Date: 09-13-2021
Patient Account: 77599

Claim Number: WC10143063
DOI/DOL: 10-16-2017
CR Date / BR Date: 09-16-2021 / 09-16-2021
External Claim Number: WC10143063
Social Security Number: XXX-XX
Policy Number: A0945947417
Employer/Insured: RAAH INVESTMENTS

Region: 26 **Payment Status Code:** 1

Policy Admin Information: A0945947417

Bill Details

Dates of Service: 03-01-2021
Post Date: 09-23-2021

Reviewer: HK/HF
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CC50BFD6780000C01CB0736825F9E0
Adjuster: MIGELINA.RAMOS

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL ENCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units BRV	Description CBR	PPO	ONR	OTH	Explanation Code(s) ADJ	Allow.
1	03-01-2021	11		A	180.00	120	INTERPRETER OTHER 15				877, 197, G57, U00	180.00

Totals

Total Charges:	180.00
Recommended Allowance:	
Previous Recommended Allowance:	**180.00**
Add'l Recommendation For This Review:	90.00
	90.00

Messages

197 PRECERTIFICATION/AUTHORIZATION/NOTIFICATION/PRE-TREATMENT ABSENT.
877 SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G57 THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00 THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

PROVIDER RE-SUBMITTED THE BILL ALONG WITH THE PROOF OF MARKET RATE. HENCE, ADDITIONAL ALLOWANCE IS MADE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210916_CCP_202250802_0000171

Farmers Claims

Check Number: 1630302541
Date: 07/01/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

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

Claimant/Patient:	
Insured:	Raah Investments
Date of Loss:	10/16/2017
Claim Number:	WC10143063-2
Invoice Number:	FRM-FWCA-224026
Check Number:	1630302541
Payment Under Insured's:	Workers Comp Medical
Correspondence Reference:	VJAMST1PW
Print Date	07/01/2021 03:27 PM
Requested By	Migelina Ramos

RECEIVED
JUL 09 2021
BY: .....

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

[redacted]

01 01 000452 VJAMST1PW1 CE0702P1 04 [ ] 000786

Explanation of Review

FARMERS INSURANCE

03 02 000786 VJAMST1PW1 QE0702P1 04 [1 000786

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-224026

Provider

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

Claimant

NPI:
Rendering NPI: 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 77599
Invoice Date: 04-16-2021
Patient Account: 77599

Claim Number: WC10143063
DOI/DOL: 10-16-2017
CR Date / BR Date: 04-19-2021 / 05-14-2021
External Claim Number: WC10143063
Social Security Number: XXX-XX
Policy Number: A0945947417
Employer/Insured: RAAH INVESTMENTS

Region: 26 **Payment Status Code:** 1

Policy Admin Information: A0945947417

Bill Details

Dates of Service: 03-08-2021
Post Date: 05-14-2021

Reviewer: AY/HT
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CC00FBF0780000C011A7575671464B
Adjuster: MIGELINA.RAMOS

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL E NCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description				Explanation Code(s)	
				Charges	BRV	CBR	PPO	ONR	OTH	ADJ	Allow.
1	03-08-2021	11	Q00014	A	120	INTERPRETER OTHER 15				877, G1, 790, G57, U00	
				180.00	90.00						90.00

Totals

Total Charges:	180.00	
Bill Review Reductions:		90.00
Recommended Allowance:		90.00

Messages

790	WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9
877	SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G1	THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
G57	THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00	THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210514_CCP_181027264_0000513

M

Farmers Workers' Compensation Claims

Check Number: 1631052028
Date: 09/24/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

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

Claimant/Patient:	
Insured:	Raah Investments
Date of Loss:	10/16/2017
Claim Number:	WC10143063-2
Invoice Number:	FRM-FWCA-281306
Check Number:	1631052028
Payment Under Insured's:	Workers Comp Medical
Correspondence Reference:	DF44HX8SW
Print Date	09/23/2021 11:06 PM
Requested By	Migelina Ramos

PLEASE FOLD AND DETACH CHECK ON LINE BELOW

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED

FARMERS INSURANCE

62-20/311

MID-CENTURY INSURANCE COMPANY
CLAIMS SERVICE CENTER
NATIONAL DOCUMENT CENTER PO BOX 268994
OKLAHOMA CITY OK 73126

Claim Number
WC10143063

Check No. 1631052028
Date: 09/24/2021

PAY Ninety Dollars And No Cents $90.00*******

NOT GOOD AFTER SIX MONTHS

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

Thomas S. Noh

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

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK.

HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

⑈1631052028⑈ ⑆031100209⑆ 3872438 9⑈

01 01 000432 DF44HX8SW1 CE0924P1 04 [ ] 000615

FARMERS INSURANCE

Explanation of Review

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-281306 **Re-evaluation**

Provider

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

Claimant

NPI: 1477186625 **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 77599
Invoice Date: 09-13-2021
Patient Account: 77599

Claim Number: WC10143063
DOI/DOL: 10-16-2017
CR Date / BR Date: 09-16-2021 / 09-16-2021
External Claim Number: WC10143063
Social Security Number: XXX-XX
Policy Number: A0945947417
Employer/Insured: RAAH INVESTMENTS

Region: 26 **Payment Status Code:** 1

Policy Admin Information: A0945947417

Bill Details

Dates of Service: 03-08-2021
Post Date: 09-23-2021

Reviewer: HK/HF
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CC00FBF0780000C011A7575671464B
Adjuster: MIGELINA.RAMOS

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL ENCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units	BRV	Description CBR	PPO	ONR	OTH	Explanation Code(s) ADJ	Allow.
1	03-08-2021	11		A	180.00	120		INTERPRETER OTHER 15				877, 197, G57, U00	180.00

Totals

Total Charges:	180.00
Recommended Allowance:	**180.00**
Previous Recommended Allowance:	90.00
Add'l Recommendation For This Review:	90.00

Messages

197 PRECERTIFICATION/AUTHORIZATION/NOTIFICATION/PRE-TREATMENT ABSENT.
877 SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G57 THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00 THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

PROVIDER RE-SUBMITTED THE BILL ALONG WITH THE PROOF OF MARKET RATE. HENCE, ADDITIONAL ALLOWANCE IS MADE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210916_CCP_202252360_0000194

Farmers Claims

Check Number: 1630302557
Date: 07/01/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

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

Claimant/Patient:	
Insured:	Raah Investments
Date of Loss:	10/16/2017
Claim Number:	WC10143063-2
Invoice Number:	FRM-FWCA-224034
Check Number:	1630302557
Payment Under Insured's:	Workers Comp Medical
Correspondence Reference:	AD1S413PW
Print Date	07/01/2021 03:28 PM
Requested By	Migelina Ramos

RECEIVED
JUL 09 2021
BY: .....

JUL 09 2021

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

[redacted]

01 01 000456 AD1S413PW1 CE0702P1 04 [ ] 000770

FARMERS INSURANCE

Explanation of Review

03 02 000770 AD1S413PW1 CE0702P1 04 [ ] 000770

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-224034

Provider

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

Claimant

NPI:
Rendering NPI: 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 77599
Invoice Date: 04-28-2021
Patient Account: 77599

Claim Number: WC10143063
DOI/DOL: 10-16-2017
CR Date / BR Date: 05-03-2021 / 05-14-2021
External Claim Number: WC10143063
Social Security Number: XXX-XX
Policy Number: A0945947417
Employer/Insured: RAAH INVESTMENTS

Region: 26 **Payment Status Code:** 1

Policy Admin Information: A0945947417

Bill Details

Dates of Service: 03-15-2021
Post Date: 05-15-2021

Reviewer: AY/HT
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CC20AF39790000C530A097BCEBD4CF
Adjuster: MIGELINA.RAMOS

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL E NCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description				Explanation Code(s)	
				Charges	BRV	CBR	PPO	ONR	OTH	ADJ	Allow.
1	03-15-2021	11	Q00014	A	120	INTERPRETER OTHER 15				877, G1, 790, G57, U00	
				180.00	90.00						90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Recommended Allowance:	**90.00**

Messages

790	WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9
877	SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G1	THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
G57	THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00	THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210514_CCP_183034178_000 0619

Farmers Workers' Compensation Claims

Check Number: 1631052029
Date: 09/24/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

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

Claimant/Patient:	
Insured:	Raah Investments
Date of Loss:	10/16/2017
Claim Number:	WC10143063-2
Invoice Number:	FRM-FWCA-281301
Check Number:	1631052029
Payment Under Insured's:	Workers Comp Medical
Correspondence Reference:	MJA0HQV5W
Print Date	09/23/2021 11:06 PM
Requested By	Migelina Ramos

PLEASE FOLD AND DETACH CHECK ON LINE BELOW
THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED

FARMERS INSURANCE

62-20/311

MID-CENTURY INSURANCE COMPANY
CLAIMS SERVICE CENTER
NATIONAL DOCUMENT CENTER PO BOX 268994
OKLAHOMA CITY OK 73126

Claim Number
WC10143063

Check No. 1631052029
Date: 09/24/2021

PAY Ninety Dollars And No Cents $90.00*******

NOT GOOD AFTER SIX MONTHS

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

Thomas S. Toh

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

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

⑈1631052029⑈ ⑆031100209⑆ 38724389⑈

01 01 000430 MJA0HQV5W1 CE0924P1 04 [ ] 000613

FARMERS INSURANCE

Explanation of Review

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-281301 **Re-evaluation**

Provider

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

Claimant

NPI: 1477186625 **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 76445
Invoice Date: 09-13-2021
Patient Account:

Claim Number: WC10143063
DOI/DOL: 10-16-2017
CR Date / BR Date: 09-16-2021 / 09-16-2021
External Claim Number: WC10143063
Social Security Number: XXX-XX
Policy Number: A0945947417
Employer/Insured: RAAH INVESTMENTS

Region: 26 **Payment Status Code:** 1

Policy Admin Information: A0945947417

Bill Details

Dates of Service: 03-15-2021
Post Date: 09-23-2021

Reviewer: HK/HF
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CC20AF39790000C530A097BCEBD4CF
Adjuster: MIGELINA.RAMOS

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL E NCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units	BRV	Description CBR	PPO	ONR	OTH	Explanation Code(s) ADJ	Allow.
1	03-15-2021	11		A	180.00	120		INTERPRETER OTHER 15				877, 197, G57, U00	180.00

Totals

Total Charges:	180.00
Recommended Allowance:	**180.00**
Previous Recommended Allowance:	90.00
Add'l Recommendation For This Review:	90.00

Messages

197	PRECERTIFICATION/AUTHORIZATION/NOTIFICATION/PRE-TREATMENT ABSENT.
877	SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G57	THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00	THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

PROVIDER RE-SUBMITTED THE BILL ALONG WITH THE PROOF OF MARKET RATE. HENCE, ADDITIONAL ALLOWANCE IS MADE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210916_CCP_202248552_0000170

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 78632

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
7001582462-1,7001582119-1

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

Case: vs LUBE N TUNE
Date Of Injury: 10/21/20, 7/14/20

DOS	SERVICE	DESCRIPTION	AMOUNT
08/03/20	INITL CHIRO	& PHYS TX W/DR CHRISTINE HA @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
08/10/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/17/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/31/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/11/21	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARVBOSA # 500267	0.00
01/25/21	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
03/04/21	PMT BY CHECK	DOS 1/11/21* =# 8817628910	-90.00
03/04/21	PMT BY CHECK	DOS 1/11/21* =# 8817628912	-90.00
02/01/21	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
02/08/21	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/15/21	INITIAL ACUP	W/ ACUPUN MIN CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/22/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/30/21	PMT BY CHECK	DOS 1/25/21* =# 8817639530	-90.00
03/30/21	PMT BY CHECK	DOS 1/25/21* =# 8817639533	-90.00
03/01/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
03/31/21	PMT BY CHECK	DOS 2/1/21* =# 8817640334	-90.00

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

*** INVOICE ***
Date NO#
09/28/21 78632

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
7001582462-1,7001582119-1

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

Case: vs LUBE N TUNE
Date Of Injury: 10/21/20, 7/14/20

DOS	SERVICE	DESCRIPTION	AMOUNT
03/31/21	PMT BY CHECK	DOS 2/1/21* =# 8817640333	-90.00
03/08/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/08/21	PMT BY CHECK	DOS 8/3/20-8/31/20* =# 8817643995	-360.00
03/15/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
03/22/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
04/30/21	PMT BY CHECK	DOS 3/8/21* =# 8817654109	-90.00
03/29/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
04/05/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/12/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
05/19/21	PMT BY CHECK	DOS 2/22/21* =# 8817661368	-90.00
05/20/21	PMT BY CHECK	DOS 3/22/21* =# 8817661906	-90.00
05/14/21	PMT BY CHECK	DOS 2/8/21* =# 8817660060	-90.00
04/19/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/21/21	PMT BY CHECK	DOS 3/15/21* =# 8817662538	-90.00
05/21/21	PMT BY CHECK	DOS 3/15/21* =# 8817662539	-90.00
05/27/21	PMT BY CHECK	DOS 4/5/21* =# 8817664648	-90.00

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

*** INVOICE ***
Date NO#
09/28/21 78632

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
7001582462-1,7001582119-1

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

Case: vs LUBE N TUNE
Date Of Injury: 10/21/20, 7/14/20

DOS	SERVICE	DESCRIPTION	AMOUNT
04/26/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/03/21	PMT BY CHECK	DOS 4/12/21* =# 8817667863	-90.00
06/03/21	PMT BY CHECK	DOS 4/12/21* =# 8817667864	-90.00
06/03/21	PMT BY CHECK	DOS 2/15/21* =# 8817667230	-90.00
05/03/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/06/21	PMT BY CHECK	DOS 3/1/21* =# 1630062348	-90.00
06/06/21	PMT BY CHECK	DOS 2/15/21* =# 1630062298	-90.00
06/05/21	PMT BY CHECK	DOS 3/22/21* =# 1630060462	-90.00
06/09/21	PMT BY CHECK	DOS 4/19/21* =# 1630087787	-90.00
06/09/21	PMT BY CHECK	DOS 4/19/21* =# 1630087767	-90.00
06/18/21	PMT BY CHECK	DOS 3/29/21* =# 1630177660	-90.00
06/14/21	PMT BY CHECK	DOS 3/29/21* =# 1630132079	-90.00
05/10/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
06/23/21	PMT BY CHECK	DOS 5/3/21* =# 1630215289	-90.00
05/17/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
07/01/21	PMT BY CHECK	DOS 4/26/21* =# 1630293188	-90.00
07/01/21	PMT BY CHECK	DOS 5/10/21* =# 1630293191	-90.00
07/01/21	PMT BY CHECK	DOS 5/10/21* =# 1630293192	-90.00
05/24/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SID	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/12/21	PMT BY CHECK	DOS 8/3/20-8/31/20* =# 1630377851	-360.00
07/19/21	PMT BY CHECK	DOS 5/17/21* =# 1630438363	-90.00

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

*** INVOICE ***
Date NO#
09/28/21 78632

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
7001582462-1,7001582119-1

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

Case: vs LUBE N TUNE
Date Of Injury: 10/21/20, 7/14/20

DOS	SERVICE	DESCRIPTION	AMOUNT
07/20/21	PMT BY CHECK	DOS 5/24/21* =# 1630450636	-90.00
07/21/21	PMT BY CHECK	DOS 5/24/21* =# 1630462284	-90.00
06/07/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/30/21	PMT BY CHECK	DOS 3/8/21* =# 1630552591	-90.00
08/06/21	PMT BY CHECK	DOS 2/8/21* =# 1630619116	-90.00
08/10/21	PMT BY CHECK	DOS 2/22/21* =# 1630645407	-90.00
08/11/21	PMT BY CHECK	DOS 6/7/21* =# 1630659257	-90.00
08/12/21	PMT BY CHECK	DOS 4/5/21* =# 1630670908	-90.00
08/10/21	PMT BY CHECK	DOS 2/8/21* =# 1630645423	-90.00
06/28/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
08/27/21	PMT BY CHECK	DOS 2/15/21* =# 1630808874	-90.00
08/31/21	PMT BY CHECK	DOS 3/1/21* =# 1630844647	-90.00
07/12/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/19/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/26/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
09/24/21	PMT BY CHECK	DOS 4/26/21* =# 1631051990	-90.00

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

*** INVOICE ***

Date	NO#
09/28/21	78632

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
7001582462-1,7001582119-1

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

Case: vs LUBE N TUNE
Date Of Injury: 10/21/20, 7/14/20

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 810.00

* 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.

Farmers Claims

Check Number: 1630062348
Date: 06/06/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

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

Claimant/Patient:	
Insured:	Medrano, Telesforo (dba) Best Lube N Tune
Date of Loss:	10/21/2019
Claim Number:	7001582462-1-1
Invoice Number:	FRM-FWCA-238476
Check Number:	1630062348
Payment Under Insured's:	N/A
Correspondence Reference:	Y1A7AL74W
Print Date	06/12/2021 09:16 PM
Requested By	Mike Dellacort

JUN 18 2021

78632

RECEIVED
JUN 18 2021

BY: .....

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

01 01 002041 Y1A7AL74W1 CE0814P1 04 [1 002294

FARMERS INSURANCE

Explanation of Review

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Provider

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

Bill: FRM-FWCA-238476

Claimant

NPI: 1477186625 **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 78632
Invoice Date: 04-12-2021
Patient Account: 78632

Claim Number: 7001582462-1
DOI/DOL: 10-21-2019
CR Date / BR Date: 04-15-2021 / 05-22-2021
External Claim Number: 7001582462-1
Social Security Number: XXX-XX-
Policy Number: A0959966600
Employer/Insured: (DBA) BEST LUBE N TUNE, MEDRANO, TELESFOR(

Region: 26 **Payment Status Code:** 1

Policy Admin Information: A0959966600

Bill Details

Dates of Service: 03-01-2021
Post Date: 06-06-2021

Reviewer: BI/HF
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CCF0C1D6780000C339B75E65302DFC
Adjuster: MIKE.DELLACORT

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL E NCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units BRV	Description CBR	PPO	ONR	OTH	Explanation Code(s) ADJ	Allow.
1	03-01-2021	11	Q00014	A	180.00	120 90.00	INTERPRETER OTHER 15				877, G1, 790, G57, U00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Recommended Allowance:	90.00

Messages

790 WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9
877 SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G1 THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
G57 THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00 THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210522_CCP_180425435_0000787

03 02 002294 Y1A7AL74W1 CE06I4P1 04 [ ] 002294

Farmers Workers' Compensation Claims

Check Number: 1630844647
Date: 08/31/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

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

Claimant/Patient:	
Insured:	Medrano, Telesforo (dba) Best Lube N Tune
Date of Loss:	10/21/2019
Claim Number:	7001582462-1-1
Invoice Number:	FRM-FWCA-273744
Check Number:	1630844647
Payment Under Insured's:	N/A
Correspondence Reference:	3SBBVGN4W
Print Date	08/31/2021 01:16 PM
Requested By	Mike Dellacort

PLEASE FOLD AND DETACH CHECK ON LINE BELOW

THIS CHECK IS PRINTED ON SPECIAL PAPER. DO NOT ACCEPT UNLESS BORDER IS PRINTED IN BLUE AND CONTAINS AN ARTIFICIAL WATERMARK. HOLD AT ANGLE AND VIEW WATERMARK TO VERIFY. AN UNPRINTED AREA ON THE BACK OF THIS CHECK CONTAINS A CHEMICAL COATING. ALTERATIONS MAY CAUSE DISCOLORATION. THIS CHECK IS PROTECTED BY FRAUD DETERRENT FEATURES INCLUDING MICROPRINTING. THE BACK OF THIS CHECK MUST BE PLACED AGAINST A WHITE OPAQUE SURFACE AND VIEWED AT AN ANGLE TO SEE THE VOID PANTOGRAPH. AN UNPRINTED AREA ON THE BACK OF THIS CHECK CONTAINS A CHEMICAL COATING. ALTERATIONS MAY CAUSE DISCOLORATION. THIS CHECK IS PROTECTED BY FRAUD DETERRENT FEATURES INCLUDING MICROPRINTING. THE BACK OF THIS CHECK MUST BE PLACED AGAINST A WHITE OPAQUE SURFACE AND VIEWED AT AN ANGLE TO SEE THE VOID PANTOGRAPH. AN UNPRINTED AREA ON THE BACK OF THIS CHECK CONTAINS A CHEMICAL COATING. ALTERATIONS MAY CAUSE DISCOLORATION. THIS CHECK IS PROTECTED BY FRAUD DETERRENT FEATURES INCLUDING MICROPRINTING. THE BACK OF THIS CHECK MUST BE PLACED AGAINST A WHITE OPAQUE SURFACE AND VIEWED AT AN ANGLE TO SEE THE VOID PANTOGRAPH. AN UNPRINTED AREA ON THE BACK OF THIS CHECK CONTAINS A CHEMICAL COATING. ALTERATIONS MAY CAUSE DISCOLORATION. THIS CHECK IS PROTECTED BY FRAUD DETERRENT FEATURES INCLUDING MICROPRINTING. THE BACK OF THIS CHECK MUST BE PLACED AGAINST A WHITE OPAQUE SURFACE AND VIEWED AT AN ANGLE TO SEE THE VOID PANTOGRAPH.

FARMERS INSURANCE

62-20/311

MID-CENTURY INSURANCE COMPANY
CLAIMS SERVICE CENTER
NATIONAL DOCUMENT CENTER PO BOX 268994
OKLAHOMA CITY OK 73126

Claim Number
7001582462-1

Check No. 1630844647
Date: 08/31/2021

PAY Ninety Dollars And No Cents $90.00*******

NOT GOOD AFTER SIX MONTHS

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

Thomas S. Noh

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

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

⑈1630844647⑈ ⑆031100209⑆ 3872438⑈

FARMERS INSURANCE

Explanation of Review

03 02 000693 3SBBVGN4W1 CE0901P1 04 [ ] 000693

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Provider

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

Bill: FRM-FWCA-273744 **Re-evaluation**

Claimant

NPI: 1477186625 **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 78632
Invoice Date: 08-19-2021
Patient Account: 78632

Claim Number: 7001582462-1
DOI/DOL: 10-21-2019
CR Date / BR Date: 08-23-2021 / 08-23-2021
External Claim Number: 7001582462-1
Social Security Number: XXX-XX
Policy Number: A0959966600
Employer/Insured: (DBA) BEST LUBE N TUNE, MEDRANO, TELESFORC

Region: 26 **Payment Status Code:** 1

Policy Admin Information: A0959966600

Bill Details

Dates of Service: 03-01-2021
Post Date: 08-30-2021

Reviewer: HK/HF
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CCF0C1D6780000C339B75E65302DFC
Adjuster: MIKE.DELLACORT

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL E NCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units	BRV	CBR	PPO	ONR	OTH	Explanation Code(s) ADJ	Allow.
1	03-01-2021	11		A	180.00	120		INTERPRETER OTHER 15				877, G57, U00	180.00

Totals

Total Charges:	180.00
Recommended Allowance:	**180.00**
Previous Recommended Allowance:	90.00
Add'l Recommendation For This Review:	90.00

Messages

877 SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G57 THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00 THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

PROVIDER RE-SUBMITTED THE BILL ALONG WITH THE PROOF OF MARKET RATE. HENCE, ADDITIONAL ALLOWANCE IS MADE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210823_CCP_198855096_0000166

Explanation of Review

FARMERS INSURANCE

03 03 000693 3SBBVGN4W1 CE0901P1 04 [ ] 000693

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-273744 **Re-evaluation**

Provider

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

Claimant

NPI: 1477186625 **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 78632
Invoice Date: 08-19-2021
Patient Account: 78632

Region: 26 **Payment Status Code:** 1

Claim Number: 7001582462-1
DOI/DOL: 10-21-2019
CR Date / BR Date: 08-23-2021 / 08-23-2021
External Claim Number: 7001582462-1
Social Security Number: XXX-XX
Policy Number: A0959966600
Employer/Insured: (DBA) BEST LUBE N TUNE, MEDRANO, TELESFORO

Policy Admin Information: A0959966600

Bill Details

Dates of Service: 03-01-2021
Post Date: 08-30-2021

Reviewer: HK/HF
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CCF0C1D6780000C339B75E65302DFC
Adjuster: MIKE.DELLACORT

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL E NCOUNTER

Notes

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code including but not limited to 4600.4, 4603.2, 4620 - 4628, 5307.1, or 8 CCR 9790 - 9794. TIME LIMITS TO DISPUTE PAYMENT AMOUNT Request for Second Review (SBR): After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers' Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 et seq. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. Request for Independent Bill Review (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, the claims administrator will review the bill and issue an EOR which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210823_CCP_198855096_0000166

Farmers Claims

Check Number: 1630293188
Date: 07/01/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

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

Claimant/Patient:	
Insured:	Medrano, Telesforo (dba) Best Lube N Tune
Date of Loss:	07/14/2020
Claim Number:	7001582119-1-1
Invoice Number:	FRM-FWCA-251256
Check Number:	1630293188
Payment Under Insured's:	N/A
Correspondence Reference:	75RDTA6DW
Print Date	06/30/2021 07:36 PM
Requested By	Mike Dellacort

78632

[illegible]

BY: .....

[illegible]
JUL 07 2021

[illegible] .....

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

[redacted]

01 01 000403 75RDTA6DW1 CE0701P1 04 [ ] 000841

Explanation of Review

FARMERS INSURANCE

03 02 000641 75RDTA6DW1 CE0701P1 04[] 000641

Client

FARMERS
Farmers
PO Box 108843
Oklahoma City, OK 73101-8843

Bill: FRM-FWCA-251256

Provider

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

Claimant

NPI: **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 78632
Invoice Date: 06-23-2021
Patient Account: 78632

Claim Number: 7001582119-1
DOI/DOL: 07-14-2020
CR Date / BR Date: 06-28-2021 / 06-30-2021
External Claim Number: 7001582119-1
Social Security Number: XXX-XX-
Policy Number: A0959966600
Employer/Insured: (DBA) BEST LUBE N TUNE, MEDRANO, TELESFORC

Region: 26 **Payment Status Code:** 1

Policy Admin Information: A0959966600

Bill Details

Dates of Service: 04-26-2021
Post Date: 06-30-2021

Reviewer: AY/H1
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CC106D547A0000C13BA72A24997165
Adjuster: MIKE.DELLACORT

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL E NCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units	BRV	Description CBR	PPO	ONR	OTH	Explanation Code(s) ADJ	Allow.
1	04-26-2021	11	Q00014	A	180.00	120	90.00	INTERPRETER OTHER 15				877, G1, 790, G57, U00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Recommended Allowance:	**90.00**

Messages

790	WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9
877	SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G1	THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
G57	THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00	THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210630_CCP_190376886_0000105

M

Farmers Claims

Check Number: 1631051990
Date: 09/24/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

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

Claimant/Patient:	
Insured:	Medrano, Telesforo (dba) Best Lube N Tune
Date of Loss:	07/14/2020
Claim Number:	7001582119-1-1
Invoice Number:	FRM-FWCA-281299
Check Number:	1631051990
Payment Under Insured's:	N/A
Correspondence Reference:	KSRKLYLWW
Print Date	09/23/2021 09:11 PM
Requested By	Mike Dellacort

78632

RECEIVED
SEP 28 2021
BY: .....

PLEASE FOLD AND DETACH CHECK ON LINE BELOW

FARMERS INSURANCE

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

62-20/311

MID-CENTURY INSURANCE COMPANY
CLAIMS SERVICE CENTER
NATIONAL DOCUMENT CENTER PO BOX 268994
OKLAHOMA CITY OK 73126

Claim Number
7001582119-1

Check No. 1631051990
Date: 09/24/2021

PAY Ninety Dollars And No Cents $90.00*******

NOT GOOD AFTER SIX MONTHS

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

Thomas S. Toh

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

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

⑈1631051990⑈ ⑆031100209⑆ 3872438 9⑈

FARMERS INSURANCE

Explanation of Review

Client

FARMERS
Farmers
PO Box 108843
Oklahoma City, OK 73101-8843

Bill: FRM-FWCA-281299 **Re-evaluation**

Provider

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

Claimant

NPI: **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 78632
Invoice Date: 09-13-2021
Patient Account: 78632

Region: 26 **Payment Status Code:** 1

Claim Number: 7001582119-1
DOI/DOL: 07-14-2020
CR Date / BR Date: 09-16-2021 / 09-16-2021
External Claim Number: 7001582119-1
Social Security Number: XXX-XX
Policy Number: A0959966600
Employer/Insured: (DBA) BEST LUBE N TUNE, MEDRANO, TELESFOR(

Policy Admin Information: A0959966600

Bill Details

Dates of Service: 04-26-2021
Post Date: 09-23-2021

Reviewer: HK/HF
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CC106D547A0000C13BA72A24997165
Adjuster: MIKE.DELLACORT

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL ENCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units	BRV	Description CBR	PPO	ONR	OTH	Explanation Code(s) ADJ	Allow.
1	04-26-2021	11		A	180.00	120		INTERPRETER OTHER 15				877, 197, G57, U00	180.00

Totals

Total Charges:	180.00
Recommended Allowance:	180.00
Previous Recommended Allowance:	90.00
Add'l Recommendation For This Review:	90.00

Messages

197 PRECERTIFICATION/AUTHORIZATION/NOTIFICATION/PRE-TREATMENT ABSENT.
877 SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G57 THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00 THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

PROVIDER RE-SUBMITTED THE BILL ALONG WITH THE PROOF OF MARKET RATE. HENCE, ADDITIONAL ALLOWANCE IS MADE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 20210916_CCP_202243375_0000108

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

*** INVOICE ***
Date NO#
09/03/21 73353

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
V9WC740328-001

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: HOLLIE GERRY
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs WEST COAST MACHINING, INC.
Date Of Injury: 12/2/16

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/16/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/01/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/05/18	PMT BY CHECK	DOS 2/2/18-5/1/18* =# 000051732	-540.00
04/15/21	INITIAL EXAM	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/21/21	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	MIGUEL RUIZ # 013906	0.00
04/29/21	FOLLOW-UP	W/ ACUPUNCT SOO YEON LEE @ FMR*	180.00
/ /	INTERPRETER:	JESSICA GARCIA # 008353	0.00
05/06/21	FOLLOW-UP	W/ ACUPUNCT HYUNROK PARK @ FMR*	180.00
/ /	INTERPRETER:	JESSICA GARCIA # 008353	0.00
04/28/21	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	JESSICA GARCIA # 008353	0.00
05/13/21	INIT PHYSIO	THERAPY W/DR JAVAD NAJIB @ FMR*	180.00
/ /	INTERPRETER:	MIGUEL RUIZ # 013906	0.00
06/30/21	PMT BY CHECK	DOS 4/15/21-4/21/21* =# 000134823	-360.00
07/08/21	PMT BY CHECK	DOS 4/29/21* =# 000135545	-180.00
05/27/21	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	MIGUEL RUIZ # 013906	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#
09/03/21 73353

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
V9WC740328-001

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: HOLLIE GERRY
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs WEST COAST MACHINING, INC.
Date Of Injury: 12/2/16

DOS	SERVICE	DESCRIPTION	AMOUNT
07/26/21	PMT BY CHECK	DOS 5/6/21-5/13/21* =# 000137012	-387.50
06/09/21	FOLLOW-UP	W/ ACUPUNCT HYUNROK PARK @ FMR*	180.00
/ /	INTERPRETER:	JESSICA GARCIA # 008353	0.00
08/11/21	PMT BY CHECK	DOS 5/27/21* =# 000138567	-27.50
06/17/21	FOLLOW-UP	W/ ACUPUNCT HYUNROK PARK @ FMR*	180.00
/ /	INTERPRETER:	FERNNY MARTINEZ # 006772	0.00
06/24/21	FOLLOW-UP	W/ ACUPUNCT HYUNROK PARK @ FMR*	180.00
/ /	INTERPRETER:	JESSICA GARCIA # 008353	0.00
08/30/21	PMT BY CHECK	DOS 6/9/21* =# 000140166	-180.00

BALANCE 665.00

* 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.

000140166

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

73353

Please see attached documentation.

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

National Liability & Fire Insurance Company

Wells Fargo Bank, N.A.

11-24
1210

000140166

P.O. Box 113247
Stamford, CT 06911-3247

DATE
08/30/2021

AMOUNT
*********$180.00

⇨⇨⇨⇨⇨PAY ONLY $180.00

NOT VALID AFTER 180 DAYS

■ ONE HUNDRED EIGHTY DOLLARS AND 00 CENTS**********

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

VOID OVER $180.00

⑈000140166⑈ ⑆121000248⑆ L125305545⑈

Explanation of Review

National Liability & Fire
Insurance Company

Carrier

Carrier No:
Carrier: NATIONAL LIABILITY & FIRE INSU
100 FIRST STAMFORD PLACE / P.O. BOX 113247
STAMFORD, CT 06911-3247

Bill: GUA-NLCA-68382

Provider

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

Claimant

NPI: **Rendering NPI:**
Tax ID: 33-0956713 **Type:** OT **Specialty (1):** AO
License: A9999999 **Specialty (2):** AO
Rendering Provider: JOYCE ALTMAN INTERPRETERS
External ID: 5386
Invoice No: 73353
Invoice Date: 08-09-2021
Patient Account: 73353

Claim Number: V9WC740328-001
DOI/DOL: 12-02-2016
External Claim Number: V9740328001

Region: 26 **Payment Status Code:** 1

Bill Details

Dates of Service: 06-09-2021
Post Date: 08-27-2021

Reviewer: RR/
Pay Auth: 0
Client Type of Bill: LANG
Adjuster: MARYJOC

Bill ICD Version: 10
Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units	BR	Description	Network	ONR	Other	Explanation Code(s)	Allow.
1	06-09-2021	11	T1013	A	180.00	8		SIGN LANG/ORAL INTERPRET				G57, U00	180.00

Totals

Total Charges: 180.00
Recommended Allowance: **180.00**

Message

G57 THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00 THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

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

NATIONAL LIABILITY & FIRE, NL&F - MGU, PO BOX 113247, STAMFORD, CT 06911-3247

CPT Copyright 1995-2020 American Medical Association. All rights reserved.

DCN Number: 210812GUAGUCA70639

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 78294

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y2PC98121

BILL TO:
THE HARTFORD (LEXINGTON-14472)
W. C. DEPARTMENT
ATTN: BRANDON ROGERS
P.O. BOX 14472
LEXINGTON, KY 40512

Case: vs NORTON PACKAGING INC
Date Of Injury: 2/10/20

DOS	SERVICE	DESCRIPTION	AMOUNT
05/28/20	INITIAL EXAM	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/03/20	INITIAL ACUP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/05/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/10/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/17/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/19/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
06/24/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/26/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/08/21	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/22/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/14/21	PR2/REEVAL	DR MAGGIE PEZESHKIAN/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/30/21	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/26/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
06/02/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
06/11/21	PR2/REEVAL	DR MOHAMED HASSANIN/MARINA	180.00

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

*** INVOICE ***
Date NO#
09/28/21 78294

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y2PC98121

BILL TO:
THE HARTFORD (LEXINGTON-14472)
W. C. DEPARTMENT
ATTN: BRANDON ROGERS
P.O. BOX 14472
LEXINGTON, KY 40512

Case: vs NORTON PACKAGING INC
Date Of Injury: 2/10/20

DOS	SERVICE	DESCRIPTION	AMOUNT
		RUSSMAN @ FMR*	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/23/21	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	NATASHA MELO # 012779	0.00
06/28/21	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	NATASHA MELO # 012779	0.00
06/30/21	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	NATASHA MELO # 012779	0.00
09/21/21	PMT BY CHECK	DOS 6/30/21* # 133046954 2	-180.00

BALANCE 3060.00

* 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

THE HARTFORD

ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington KY 40512-4472
8774699222 x2305288

MB 01 000430 22961 B 2 D

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

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
78294 02/10/2020	57WE AE3TW1 Y2PC 98121	NORTON PACKAGING INC		$180.00
Nature of Benefits: Miscellaneous Medical		Nature of Payment: Payment Reason - Misc Medical	Service Dates 06/30/2021 06/30/2021	$180.00

Claim Handler: AUBREY LAW
8774699222 x2305288
ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington, KY 40512-4472

Additional Comments:

Issue Date	09/21/2021	Check Number	133046954 2	Total Check Amount	$180.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

122447666

THE HARTFORD

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

56-1544
441

Check Number: 133046954 2

Issue Date: 09/21/2021

$********180.00**

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

Pay
ONE HUNDRED EIGHTY DOLLARS AND 00/100

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

The Hartford
Authorized Signature

122447666

⑈133046954 2⑈ ⑆044115443⑆ 6325597 38⑈

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 77299

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2019018787

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

Case: vs COAST TROPICALS/AQUACO INC.
Date Of Injury: 2/19/19

DOS	SERVICE	DESCRIPTION	AMOUNT
11/27/19	INITIAL EXAM	DR MOHAMMED HASSANIN @ FMR*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/02/19	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	230.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/06/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
12/13/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ANA TORRALBA # 004052	0.00
12/16/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
12/20/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
01/15/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/20/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/21/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
01/23/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/22/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
01/27/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/30/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/03/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/05/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00

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

*** INVOICE ***
Date NO#
09/30/21 77299

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2019018787

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

Case: vs COAST TROPICALS/AQUACO INC.
Date Of Injury: 2/19/19

DOS	SERVICE	DESCRIPTION	AMOUNT
02/07/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/11/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
02/21/20	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/22/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/05/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
03/07/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/21/20	F/U PHYSIO	TX W/DR NAJIB & INITIAL EXAM DR MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/28/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/04/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/11/20	PR2/REEVAL	DR NAJIB/ RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/26/20	PMT BY CHECK	DOS 3/7/20* =# 3125352	-180.00
06/04/20	PMT BY CHECK	DOS 3/21/20* =# 3137789	-180.00
05/16/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/11/20	PMT BY CHECK	DOS 3/28/20* =# 3145918	-180.00
06/19/20	PMT BY CHECK	DOS 4/4/20* =# 3155702	-180.00
06/19/20	PMT BY CHECK	DOS 4/11/20* =# 3155705	-180.00
06/20/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00

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

*** INVOICE ***
Date NO#
09/30/21 77299

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2019018787

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

Case: vs COAST TROPICALS/AQUACO INC.
Date Of Injury: 2/19/19

DOS	SERVICE	DESCRIPTION	AMOUNT
07/16/20	PMT BY CHECK	DOS 5/16/20* =# 3187247	-180.00
08/06/20	PMT BY CHECK	DOS 06/20/20* =# 3215112	-180.00
08/21/20	PR2/REEVAL	DR RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
08/22/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	ANA MORALES # 004052	0.00
08/26/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/27/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/28/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
08/29/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/03/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
09/11/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/12/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/16/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
09/17/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/18/20	FOLLOW-UP	W/ ACUPUNCT SUNGSOO HWANG @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/19/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
10/13/20	PMT BY CHECK	DOS 8/21/20* =# 3306182	-180.00
09/26/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/30/21 77299

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2019018787

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

Case: vs COAST TROPICALS/AQUACO INC.
Date Of Injury: 2/19/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/15/20	PMT BY CHECK	DOS 8/22/20* =# 3309888	-180.00
10/15/20	PMT BY CHECK	DOS 8/26/20* =# 3309890	-180.00
10/02/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
10/03/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
10/09/20	PR2/REEVAL	DR NEGIN RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/16/20	FOLLOW-UP	W/ ACUPUNCT SUNGSOO @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/02/20	PMT BY CHECK	DOS 9/11/20* =# 3336339	-180.00
10/15/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/10/20	PMT BY CHECK	DOS 9/18/20* =# 3349352	-180.00
11/10/20	PMT BY CHECK	DOS 9/19/20* =# 3349353	-180.00
10/22/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/21/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/28/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/29/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/20/20	PMT BY CHECK	DOS 9/26/20* =# 3367630	-180.00
12/03/20	PMT BY CHECK	DOS 10/9/20* =# 3383514	-180.00
12/11/20	PMT BY CHECK	DOS 10/15/20* =# 3395353	-180.00
11/18/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/20/20	PR2/REEVAL	DR NEGIN RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00

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

*** INVOICE ***
Date NO#
09/30/21 77299

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2019018787

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

Case: vs COAST TROPICALS/AQUACO INC.
Date Of Injury: 2/19/19

DOS	SERVICE	DESCRIPTION	AMOUNT
12/28/20	PMT BY CHECK	DOS 10/28/20* =# 3416895	-180.00
12/28/20	PMT BY CHECK	DOS 10/29/20* =# 3416896	-180.00
12/02/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
12/04/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
12/09/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
12/14/20	INITIAL EXAM	DR GABRIEL RUBANENKO @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/18/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
01/29/21	PMT BY CHECK	DOS 9/12/20* # 3459960	-175.00
01/04/21	PR2/REEVAL	DR RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/07/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/08/21	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
02/08/21	PMT BY CHECK	DOS 11/20/20* =# 3470878	-180.00
02/08/21	PMT BY CHECK	DOS 12/2/20* =# 3470876	-180.00
02/10/21	PMT BY CHECK	DOS 12/4/20* =# 3475224	-180.00
01/13/21	FOLLOW-UP	W/ACUPUNCT KYUNGMI LEE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/15/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/17/21	PMT BY CHECK	DOS 12/9/20* =# 3483710	-180.00
01/20/21	FOLLOW-UP	W/ ACUPUNCT K. LEE @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 003728	0.00
01/21/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00

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

*** INVOICE ***
Date NO#
09/30/21 77299

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2019018787

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

Case: vs COAST TROPICALS/AQUACO INC.
Date Of Injury: 2/19/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/27/21	FOLLOW-UP	W/ ACUPUNCT LEE KYUNGMI @FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
01/28/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/26/21	PMT BY CHECK	DOS 12/14/20* # 3497353	-180.00
03/05/21	PMT BY CHECK	DOS 12/18/20* =# 3507763	-180.00
02/05/21	F/U PHYSIO	THERAPY W/DR JAVAD NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
03/15/21	PMT BY CHECK	DOS 1/4/21* =# 3521110	-180.00
02/15/21	PR2/REEVAL	DR NEGIN RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
02/17/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/17/21	PMT BY CHECK	DOS 1/7/21* =# 3525053	-180.00
03/17/21	PMT BY CHECK	DOS 1/8/21* =# 3525056	-180.00
03/22/21	PMT BY CHECK	DOS 1/15/21* =# 3531755	-180.00
03/18/21	PMT BY CHECK	DOS 1/13/21* =# 3527304	-180.00
01/14/21	INITIAL EXAM	DR JUSTIN PAQUETTE @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALACON # 100802	0.00
03/26/21	PMT BY CHECK	DOS 1/20/21* =# 3539689	-180.00
04/06/21	PMT BY CHECK	DOS 1/21/21* =# 3553801	-180.00
04/06/21	PMT BY CHECK	DOS 1/27/21* =# 3553799	-180.00
04/06/21	PMT BY CHECK	DOS 1/28/21* =# 3553796	-180.00
03/12/21	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/14/21	PMT BY CHECK	DOS 2/5/21* =# 3565929	-180.00
04/22/21	PMT BY CHECK	DOS 2/15/21* =# 3577555	-180.00
04/22/21	PMT BY CHECK	DOS 2/17/21* =# 3577551	-180.00
04/28/21	PMT BY CHECK	DOS 1/14/21* =# 3585322	-180.00
05/17/21	PMT BY CHECK	DOS 3/12/21* =# 3612846	-180.00

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

*** INVOICE ***
Date NO#
09/30/21 77299

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2019018787

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

Case: vs COAST TROPICALS/AQUACO INC.
Date Of Injury: 2/19/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/19/21	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/28/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
04/26/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/03/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
05/05/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
05/07/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/10/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/12/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CANDACE MOORE # 010784	0.00
05/13/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/01/21	PMT BY CHECK	DOS 4/19/21* =# 3679546	-180.00
05/26/21	PR2/REEVAL	DR AZIMZADEH/RUSSMAN @ FMR*	0.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/01/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	DANYA SCHWARTZ # 500316	0.00
07/14/21	PMT BY CHECK	DOS 4/28/21* =# 3695744	-180.00
07/14/21	PMT BY CHECK	DOS 4/26/21* =# 3695748	-180.00
06/07/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/03/21	SHOCK WAVE	THERAPY W/DR JAVAD NAJIB @ FMR* #1 R/ANKLE	180.00
/ /	INTERPRETER:	FERNNY MARTINEZ # 006772	0.00
06/14/21	F/U PHYSIO	THERAPY W/DR SIRLINA COOK @	180.00

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

*** INVOICE ***
Date NO#
09/30/21 77299

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2019018787

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

Case: vs COAST TROPICALS/AQUACO INC.
Date Of Injury: 2/19/19

DOS	SERVICE	DESCRIPTION	AMOUNT
		FMR*	
/ /	INTERPRETER:	JORGE BARRAGAN # 006623	0.00
06/17/21	SHOCK WAVE	THERAPY W/DR JAVAD NAJIB @ FMR* #2 R/ANKLE	180.00
/ /	INTERPRETER:	FERNNY MARTINEZ # 006772	0.00
06/24/21	SHOCK WAVE	THERAPY W/DR JAVAD NAJIB @ FMR* #3 R/ANKLE	180.00
/ /	INTERPRETER:	FERNNY MARTINEZ # 006772	0.00
08/17/21	PMT BY CHECK	DOS 5/26/21* =# 3744664	-180.00
08/20/21	PMT BY CHECK	DOS 6/1/21* =# 3751047	-180.00
07/07/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/10/21	PR2/REEVAL	DR ALLEN MASSIHI & F/U PHYSIO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/03/21	PMT BY CHECK	DOS 6/3/21* =# 3772673	-180.00
09/03/21	PMT BY CHECK	DOS 6/7/21* =# 3772674	-180.00
09/10/21	PMT BY CHECK	DOS 6/14/21* =# 3780865	-180.00
07/16/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 10189	0.00
07/23/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
07/24/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/16/21	PMT BY CHECK	DOS 6/17/21* =# 3789403	-180.00

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

*** INVOICE ***
Date NO#
09/30/21 77299

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2019018787

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

Case: vs COAST TROPICALS/AQUACO INC.
Date Of Injury: 2/19/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 7845.00

* 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

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

Check Date: 09/03/2021
Check Number: 3772673
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,RSP9RD

RSP9RD

10/15/20 9:40 PM 3 0000270 20210906 RI1JZ101 JOP-FEC 1 oz DOM RI1JZ10000* 161281 CK

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

77299

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2019018787		02/19/2019	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
180	The charges have been paid per ICW s usual and cus	$0.00

See attached page(s) for Explanations of Review

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

RSP9RD

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

DATE	CHECK NO
09/03/2021	3772673
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

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

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

MEMO: Claim#: 2019018787

⑈3772673⑈ ⑆122000661⑆ 1459539943⑈

Explanation of Bill Review

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 3772673
Check Date: 09/03/2021

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

Claim #: 2019018787 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 06/03/2021 **Through:** 06/03/2021 **Adjuster:** Lunden, Drew
Claimant:
SS#: XXX-XX- **Date of Birth:** **Date of Injury:** 02/19/2019
Reviewed By: 2Q **Date Received:** 08/14/2021 **Date Reviewed:** 08/16/2021 **Bill Review #:** FIC-IWCA-4231746
Patient Acct #: 77299 **Bill Control #:** FIC-IWCA-4231746 **State Claim #:** 201910171421047127566l
Employer: AQUACO INC
Rendering: JOYCE ALTMAN **NPI:** **State Lic.#:** 99999999
PPO: **PPO Phone:**
PPO Subnet: **PPO/MPN ID:**

Diagnosis Codes: T14.90

Date of Service	Line	TOS	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
06/03/2021	001	9	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
				Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
				Totals:		180.00	0.00	0.00	0.00	0.00	180.00	

omments:

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

ill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

R	State	ANSI	BR Description
75	G5	P1	PLEASE SEE SPECIAL *NOTE* BELOW.
02	G2	P12	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

xplanation of State/ANSI Reduction Codes:

ode	Description
2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.
5	THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

NSI Claim Adjustment Reason Codes:

ode	Description
1	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation. To be used for Property and Casualty only.
12	Workers' compensation jurisdictional fee schedule adjustment.

rocedure Code Guide:

ode	Description
1013	Sign language or oral interpretive services, per 15 minutes

otices:

less otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code including t not limited to 4600.4, 4603.2, 4620 - 4628, 5307.1, or 8 CCR 9790 - 9794. TIME LIMITS TO DISPUTE PAYMENT AMOUNT Request for Second Review (SBR): After an EOR eceived on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an peal/reconsideration/Request for SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 et seq. If the only dispute is the ount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR within 90 days of the service of the explanation of review, the shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. Request for Independent Bill Review (IBR): After a health care vider, health care facility, or billing agent/assignee submits a Request for SBR, the claims administrator will review the bill and issue an EOR which is the final written termination by the claims administrator on the bill. After the EOR is received on the second bill review submission, for dates of service January 1, 2013 or after, a health care vider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR st conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee fails to request IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin un until the resolution of that issue becomes final.

ou have any questions regarding this analysis, please call Mitchell International, Inc. at (800) 732-0153 or send your bill and analysis to:
N Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446

M

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

Check Date: 09/03/2021
Check Number: 3772674
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,SSP9RG

SSP9RG

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

77299

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2019018787		02/19/2019	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
180	The charges have been paid per ICW s usual and cus	$0.00

See attached page(s) for Explanations of Review

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

SSP9RG

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

DATE	CHECK NO.
09/03/2021	3772674
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

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

MEMO: Claim#: 2019018787

⑈3772674⑈ ⑆122000661⑆ 145953994③

Explanation of Bill Review

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 3772674
Check Date: 09/03/2021

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

Claim #: 2019018787 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 06/07/2021 **Through:** 06/07/2021 **Adjuster:** Lunden, Drew
Claimant:
SS#: XXX-XX **Date of Birth:** **Date of Injury:** 02/19/2019
Reviewed By: I8 **Date Received:** 08/12/2021 **Date Reviewed:** 08/15/2021 **Bill Review #:** FIC-IWCA-4230440
Patient Acct #: 77299 **Bill Control #:** FIC-IWCA-4230440 **State Claim #:** 201910171421047127566l
Employer: AQUACO INC
Rendering: JOYCE ALTMAN **NPI:** **State Lic.#:** 99999999
PPO: **PPO Phone:**
PPO Subnet: **PPO/MPN ID:**

Diagnosis Codes: T14.90

Date of Service	Line	TOS	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
06/07/2021	001	9	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
				Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
				Totals:		180.00	0.00	0.00	0.00	0.00	180.00	

omments:

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

ill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

R	State	ANSI	BR Description
75	G5	P1	PLEASE SEE SPECIAL *NOTE* BELOW.
)2	G2	P12	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

xplanation of State/ANSI Reduction Codes:

ode	Description
2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.
5	THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

NSI Claim Adjustment Reason Codes:

ode	Description
1	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation. To be used for Property and Casualty only.
12	Workers' compensation jurisdictional fee schedule adjustment.

rocedure Code Guide:

ode	Description
I013	Sign language or oral interpretive services, per 15 minutes

otices:

ıless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code including t not limited to 4600.4, 4603.2, 4620 - 4628, 5307.1, or 8 CCR 9790 - 9794. TIME LIMITS TO DISPUTE PAYMENT AMOUNT Request for Second Review (SBR): After an EOR 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 peal/reconsideration/Request for SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 et seq. If the only dispute is the ıount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR within 90 days of the service of the explanation of review, the l shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. Request for Independent Bill Review (IBR): After a health care ɔvider, health care facility, or billing agent/assignee submits a Request for SBR, the claims administrator will review the bill and issue an EOR which is the final written termination by the claims administrator on the bill. After the EOR is received on the second bill review submission, for dates of service January 1, 2013 or after, a health care ɔvider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR ıst conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee fails to request IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin run until the resolution of that issue becomes final.

ou have any questions regarding this analysis, please call Mitchell International, Inc. at (800) 732-0153 or send your bill and analysis to:
N Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446

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

Check Date: 09/10/2021
Check Number: 3780865
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,H7UCRT

H7UCRT

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

97299

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2019018787		02/19/2019	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
180	The charges have been paid per ICW s usual and cus	$0.00

See attached page(s) for Explanations of Review

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

H7UCRT

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

DATE	CHECK NO.
09/10/2021	3780865
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

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

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

MEMO: Claim#: 2019018787

⑈3780865⑈ ⑆122000661⑆ 14595399 43⑈

Explanation of Bill Review

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 3780865
Check Date: 09/10/2021

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

Claim #: 2019018787 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 06/14/2021 **Through:** 06/14/2021 **Adjuster:** Lunden, Drew
Claimant:
SS#: XXX-XX **Date of Birth:** **Date of Injury:** 02/19/2019
Reviewed By: I8 **Date Received:** 08/27/2021 **Date Reviewed:** 08/30/2021 **Bill Review #:** FIC-IWCA-4247102
Patient Acct #: 77299 **Bill Control #:** FIC-IWCA-4247102 **State Claim #:** 201910171421047127566l
Employer: AQUACO INC
Rendering: JOYCE ALTMAN **NPI:** **State Lic.#:** 99999999
PPO: **PPO Phone:**
PPO Subnet: **PPO/MPN ID:**

Diagnosis Codes: T14.90

Date of Service	Line	TOS	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
06/14/2021	001	9	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
				Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
				Totals:		180.00	0.00	0.00	0.00	0.00	180.00	

Comments:

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
375	G5	P1	PLEASE SEE SPECIAL *NOTE* BELOW.
402	G2	P12	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.
G5	THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

ANSI Claim Adjustment Reason Codes:

Code	Description
P1	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation. To be used for Property and Casualty only.
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code including but not limited to 4600.4, 4603.2, 4620 - 4628, 5307.1, or 8 CCR 9790 - 9794. TIME LIMITS TO DISPUTE PAYMENT AMOUNT Request for Second Review (SBR): After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 et seq. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. Request for Independent Bill Review (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, the claims administrator will review the bill and issue an EOR which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.

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

Check Date: 09/16/2021
Check Number: 3789403
Check Amount: $180.00

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

EUZFRN

10/15/20 9:40 PM 3 0000559 20210917 RI51O101 JOP-FEC 1 oz DOM RI51O10000* 161281 CK

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

77299

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2019018787		02/19/2019	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
180	The charges have been paid per ICW s usual and cus	$0.00

See attached page(s) for Explanations of Review

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

EUZFRN

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

DATE	CHECK NO
09/16/2021	3789403
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

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

MEMO: Claim#: 2019018787

⑈3789403⑈ ⑆122000661⑆ 145953994③

Explanation of Bill Review

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 3789403
Check Date: 09/16/2021

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

Claim #: 2019018787 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 06/17/2021 **Through:** 06/17/2021 **Adjuster:** Lunden, Drew
Claimant:
SS#: XXX-XX **Date of Birth:** **Date of Injury:** 02/19/2019
Reviewed By: 5C **Date Received:** 08/30/2021 **Date Reviewed:** 09/02/2021 **Bill Review #:** FIC-IWCA-4251569
Patient Acct #: 77299 **Bill Control #:** FIC-IWCA-4251569 **State Claim #:** 201910171421047127566l
Employer: AQUACO INC
Rendering: JOYCE ALTMAN **NPI:** **State Lic.#:** 99999999
PPO: **PPO Phone:**
PPO Subnet: **PPO/MPN ID:**

Diagnosis Codes: T14.90

Date of Service	Line	TOS	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
06/17/2021	001	9	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
				Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
				Totals:		180.00	0.00	0.00	0.00	0.00	180.00	

Comments:

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
375	G5	P1	PLEASE SEE SPECIAL *NOTE* BELOW.
402	G2	P12	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.
G5	THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

ANSI Claim Adjustment Reason Codes:

Code	Description
P1	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation. To be used for Property and Casualty only.
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code including but not limited to 4600.4, 4603.2, 4620 - 4628, 5307.1, or 8 CCR 9790 - 9794. TIME LIMITS TO DISPUTE PAYMENT AMOUNT Request for Second Review (SBR): After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 et seq. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. Request for Independent Bill Review (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, the claims administrator will review the bill and issue an EOR which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.

If you have any questions regarding this analysis, please call Mitchell International, Inc. at (800) 732-0153 or send your bill and analysis to:
ICW Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446

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

*** INVOICE ***
Date NO#
09/28/21 78148

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2020004074

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

Case: vs KRAMER METAL INC
Date Of Injury: CT 8/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/24/20	INITIAL EXAM	DR ERIC GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
04/27/20	F/U CHIRO TX	CHIRO TREATMENT W/DR MAYYA KRAVCHENKO @ GOFNUNG	180.00
/ /	-	CHIRO*	0.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
05/01/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
05/04/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
05/08/20	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
05/15/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
05/18/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOGNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
05/22/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
05/29/20	PR2/REEVAL	DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
06/05/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
06/10/20	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
06/12/20	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
06/15/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
06/19/20	PR2/REEVAL	DR ERIC GOFNUNG @ GOFNUNG*	180.00

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

*** INVOICE ***
Date NO#
09/28/21 78148

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2020004074

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

Case: vs KRAMER METAL INC
Date Of Injury: CT 8/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
06/26/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
07/10/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
07/17/20	PR2/REEVAL	DR ERIC GOFNUNG @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
08/14/20	PR2/REEVAL	DR ERIC GOFNUNG @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
09/25/20	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
11/06/20	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
12/18/20	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
01/05/21	INITIAL ACUP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
02/17/21	PMT BY CHECK	DOS 11/6/20* =# 3483707	-180.00
02/02/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
02/04/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
03/05/21	PMT BY CHECK	DOS 12/18/20 =# 3507762	-180.00
02/09/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
03/15/21	PMT BY CHECK	DOS 1/5/21* =# 3521108	-180.00
02/16/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
02/18/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
02/23/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00

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

*** INVOICE ***
Date NO#
09/28/21 78148

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2020004074

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

Case: vs KRAMER METAL INC
Date Of Injury: CT 8/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
02/25/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
04/09/21	PMT BY CHECK	DOS 2/2/21* =# 3559986	-180.00
04/14/21	PMT BY CHECK	DOS 2/4/21* =# 3565928	-180.00
04/19/21	PMT BY CHECK	DOS 2/9/21* =# 3571934	-180.00
03/19/21	PR2/REEVAL	DR GOFNUNG @ GOFNUNG*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
04/23/21	PMT BY CHECK	DOS 2/18/21* =# 3579758	-180.00
03/23/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
04/22/21	PMT BY CHECK	DOS 2/16/21* =# 3577549	-180.00
04/28/21	PMT BY CHECK	DOS 2/23/21* =# 3585320	-180.00
04/30/21	PMT BY CHECK	DOS 2/25/21* =# 3589882	-180.00
04/01/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
03/30/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
04/08/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
04/13/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
04/15/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
04/22/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
04/20/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
05/28/21	PMT BY CHECK	DOS 3/19/21* =# 3631614	-180.00
06/02/21	PMT BY CHECK	DOS 3/23/21* =# 3636732	-180.00
06/08/21	PMT BY CHECK	DOS 3/30/21* =# 3645064	-180.00

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

*** INVOICE ***
Date NO#
09/28/21 78148

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2020004074

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

Case: vs KRAMER METAL INC
Date Of Injury: CT 8/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
06/16/21	PMT BY CHECK	DOS 4/1/21* =# 3657574	-180.00
06/16/21	PMT BY CHECK	DOS 4/8/21* =# 3657577	-180.00
06/18/21	PMT BY CHECK	DOS 4/13/21* =# 3661496	-180.00
06/28/21	PMT BY CHECK	DOS 4/15/21* =# 3673183	-180.00
06/29/21	PMT BY CHECK	DOS 4/22/21* =# 3675259	-180.00
06/29/21	PMT BY CHECK	DOS 4/20/21* =# 3675260	-180.00
06/17/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
06/18/21	PR2/REEVAL	DR ERIC GOFNUNG @ GOFNUNG*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
06/22/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
06/29/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
07/08/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
07/13/21	PR2-RE/EVAL	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
09/10/21	PMT BY CHECK	DOS 6/17/21* =# 3780864	-180.00
09/14/21	PMT BY CHECK	DOS 6/18/21* =# 3785445	-180.00
09/17/21	PMT BY CHECK	DOS 6/22/21* =# 3791825	-180.00

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

*** INVOICE ***

Date	NO#
09/28/21	78148

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2020004074

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

Case: vs KRAMER METAL INC
Date Of Injury: CT 8/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 3960.00

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

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

Check Date: 09/10/2021
Check Number: 3780864
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,J7UCRW

J7UCRW

M

10/15/20 9:40 PM 3 0000647 20210913 RISJQ101 JOP-FEC 1 oz DOM RISJQ10000* 161281 CK

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

78148

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2020004074		08/01/2019	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
180	The charges have been paid per ICW s usual and cus	$0.00

See attached page(s) for Explanations of Review

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

J7UCRW

DATE	CHECK NO.
09/10/2021	3780864
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

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

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

MEMO: Claim#: 2020004074

⑈3780864⑈ ⑆122000661⑆ 145953994③

Explanation of Bill Review

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 3780864
Check Date: 09/10/2021

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

Claim #: 2020004074 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 06/17/2021 **Through:** 06/17/2021 **Adjuster:** Lunden, Drew
Claimant:
SS#: XXX-XX **Date of Birth:** **Date of Injury:** 08/01/2019
Reviewed By: 2L **Date Received:** 08/28/2021 **Date Reviewed:** 08/31/2021 **Bill Review #:** FIC-IWCA-4248566
Patient Acct #: 78148 **Bill Control #:** FIC-IWCA-4248566 **State Claim #:** 2020031316002616552789
Employer: KRAMER METALS INC
Rendering: JOYCE ALTMAN **NPI:** **State Lic.#:** 99999999
PPO: **PPO Phone:**
PPO Subnet: **PPO/MPN ID:**

Diagnosis Codes: T14.90

Date of Service	Line	TOS	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
06/17/2021	001	9	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
				Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
				Totals:		180.00	0.00	0.00	0.00	0.00	180.00	

Comments:

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
375	G5	P1	PLEASE SEE SPECIAL *NOTE* BELOW.
402	G2	P12	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.
G5	THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

ANSI Claim Adjustment Reason Codes:

Code	Description
P1	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation. To be used for Property and Casualty only.
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code including but not limited to 4600.4, 4603.2, 4620 - 4628, 5307.1, or 8 CCR 9790 - 9794. TIME LIMITS TO DISPUTE PAYMENT AMOUNT Request for Second Review (SBR): After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 et seq. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. Request for Independent Bill Review (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, the claims administrator will review the bill and issue an EOR which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.

If you have any questions regarding this analysis, please call Mitchell International, Inc. at (800) 732-0153 or send your bill and analysis to:
ICW Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446

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

Check Date: 09/14/2021
Check Number: 3785445
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,B6EER4

B6EER4

10/15/20 9:40 PM 3 0000580 20210915 RI4A7101 JOP-FEC 1 oz DOM RI4A710000* 161281 CK

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

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2020004074		08/01/2019	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
180	The charges have been paid per ICW s usual and cus	$0.00

See attached page(s) for Explanations of Review

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

B6EER4

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

DATE	CHECK NO.
09/14/2021	3785445
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

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

MEMO: Claim#: 2020004074

⑈3785445⑈ ⑆122000661⑆ 1459539943⑈

Explanation of Bill Review

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 3785445
Check Date: 09/14/2021

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

Claim #: 2020004074 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 06/18/2021 **Through:** 06/18/2021 **Adjuster:** Lunden, Drew
Claimant: 332 E 80th St, Los Angeles, CA 900032603
SS#: XXX-X **Date of Birth:** **Date of Injury:** 08/01/2019
Reviewed By: 9I **Date Received:** 08/30/2021 **Date Reviewed:** 09/01/2021 **Bill Review #:** FIC-IWCA-4250337
Patient Acct #: 78148 **Bill Control #:** FIC-IWCA-4250337 **State Claim #:** 202003131600261655 2789
Employer: KRAMER METALS INC
Rendering: JOYCE ALTMAN **NPI:** **State Lic.#:** 99999999
PPO: **PPO Phone:**
PPO Subnet: **PPO/MPN ID:**

Diagnosis Codes: T14.90

Date of Service	Line	TOS	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
06/18/2021	001	9	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
				Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
				Totals:		180.00	0.00	0.00	0.00	0.00	180.00	

Comments:

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
375	G5	P1	PLEASE SEE SPECIAL *NOTE* BELOW.
402	G2	P12	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.
G5	THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

ANSI Claim Adjustment Reason Codes:

Code	Description
P1	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation. To be used for Property and Casualty only.
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code including but not limited to 4600.4, 4603.2, 4620 - 4628, 5307.1, or 8 CCR 9790 - 9794. TIME LIMITS TO DISPUTE PAYMENT AMOUNT Request for Second Review (SBR): After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 et seq. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. Request for Independent Bill Review (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, the claims administrator will review the bill and issue an EOR which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.

If you have any questions regarding this analysis, please call Mitchell International, Inc. at (800) 732-0153 or send your bill and analysis to:
ICW Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446

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

Check Date: 09/17/2021
Check Number: 3791825
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,YJ3HRB

YJ3HRB

10/15/20 9:40 PM 3 0000610 20210920 RI5MO101 JOP-FEC 1 oz DOM RI5MO10000* 161281 CK

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

78148

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2020004074		08/01/2019	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
180	The charges have been paid per ICW s usual and cus	$0.00

See attached page(s) for Explanations of Review

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

YJ3HRB

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

DATE	CHECK NO
09/17/2021	3791825
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

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

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

MEMO: Claim#: 2020004074

⑈3791825⑈ ⑆122000661⑆ 14595399 43⑈

Explanation of Bill Review

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 3791825
Check Date: 09/17/2021

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

Claim #: 2020004074 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 06/22/2021 **Through:** 06/22/2021 **Adjuster:** Lunden, Drew
Claimant:
SS#: XXX-XX- **Date of Birth:** **Date of Injury:** 08/01/2019
Reviewed By: 4Y **Date Received:** 09/04/2021 **Date Reviewed:** 09/07/2021 **Bill Review #:** FIC-IWCA-4255920
Patient Acct #: 78148 **Bill Control #:** FIC-IWCA-4255920 **State Claim #:** 2020031316002616552789
Employer: KRAMER METALS INC
Rendering: JOYCE ALTMAN **NPI:** **State Lic.#:** 99999999
PPO: **PPO Phone:**
PPO Subnet: **PPO/MPN ID:**

Diagnosis Codes: T14.90

Date of Service	Line	TOS	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
06/22/2021	001	9	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
				Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
				Totals:		180.00	0.00	0.00	0.00	0.00	180.00	

Comments:

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
375	G5	P1	PLEASE SEE SPECIAL *NOTE* BELOW.
402	G2	P12	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.
G5	THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

ANSI Claim Adjustment Reason Codes:

Code	Description
P1	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation. To be used for Property and Casualty only.
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code including but not limited to 4600.4, 4603.2, 4620 - 4628, 5307.1, or 8 CCR 9790 - 9794. TIME LIMITS TO DISPUTE PAYMENT AMOUNT Request for Second Review (SBR): After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 et seq. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. Request for Independent Bill Review (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, the claims administrator will review the bill and issue an EOR which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.

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 73848

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

EAMS#(s):

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

BILL TO:
*LUSIVE DECOR
W. C. DEPARTMENT
ATTN: MANAGER/OWNER
3400 MEDFORD ST
LOS ANGELES, CA 90063

Case: vs LUSIVE DECOR
Date Of Injury: 3/1/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/17/18	INITIAL EXAM	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/25/18	POST-OP	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/01/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/29/18	P AND S	DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/27/21	PMT BY CHECK	DOS 4/17/18-5/29/18 # 37621 LUSIVE DECOR	-820.00

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.

CASH ONLY IF ALL *CheckLock*™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

LUSIVE DECOR 01/07
3400 MEDFORD ST.
LOS ANGELES, CA 90063
(323) 227-9207

COMMERCIAL BANK OF CALIFORNIA
915 WILSHIRE BLVD STE. 1000
LOS ANGELES, CA 90017
90-4359/1222

37621

8/27/2021

PAY TO THE ORDER OF Joyce Altman Interpreters, Inc. $ **820.00

Eight Hundred Twenty and 00/100********** DOLLARS

PROTECTED AGAINST FRAUD

Joyce Altman Interpreters, Inc.
PO Box #4165
Tustin, CA 92781-4165

MEMO

⑈037621⑈ ⑆122243596⑆ 00850085 1⑈

LUSIVE DECOR

M 37621

Joyce Altman Interpreters, Inc.

8/27/2021

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
8/9/2021	Bill	73848	820.00	820.00		820.00
					Check Amount	820.00

PAID
SEP 01 2021
BY

CBC Bank Account 820.00

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

*** INVOICE ***
Date NO#
09/28/21 78932

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
UW1800004672

BILL TO:
NEXT LEVEL ADMIN. (FL 1061)
W. C. DEPARTMENT
ATTN: DEBRA NAWBY
P.O. BOX 1061
BRADENTON, FL 34206

Case: AYALA vs BLACKROCK LOGISTICS
Date Of Injury: 11/14/18

DOS	SERVICE	DESCRIPTION	AMOUNT
09/09/20	INITIAL EXAM	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/14/20	INITIAL ACUP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/21/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
09/23/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
09/28/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/30/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/05/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
06/28/21	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
09/14/21	PMT BY CHECK	DOS 6/28/21* =# 234174069	-180.00

BALANCE 1260.00

* 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.

VOID BY VOID

Genex
Serviced by Next Level Administrators
P.O. BOX 6811
SCRATON, PA 18507
1.800.822.6099

HUNTINGTON NATIONAL BANK 56-1512
Westerville OH 43081 441

Electronic Payment Clearinghouse
Echo Health, Inc.

DRAFT NO. 234174069
DRAFT DATE 09/14/2021

PAYABLE THROUGH DRAFT One Hundred Eighty & 00 / 100 DOLLARS

AMOUNT
**********$180.00

TO THE ORDER OF Joyce Altman Interpreters Inc
PO Box 4165

Tustin CA 92781

VOID AFTER 180 DAYS

William Brimmick

⑈234174069⑈ ⑆044115126⑆ 0166950861 2⑈

78932

Electronic Payment Clearinghouse
Genex
Serviced by Next Level Administrators
P.O. BOX 6811
SCRANTON, PA 18507
1.800.822.6099

9/2/21 1:40 PM 3 0005000 20210915 RI49Y102 BW-ENV1 1 oz DOM RI49Y10000* 158568 CN

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

Your name, Joyce Altman Interpreters Inc, and Tax ID have been verified by the IRS.

Tax ID: 330956713 *Payee ID:* 133500000010791 *EPC Draft #:* 234174069 *Payment Date:* 09/14/2021

Payor: United Wisconsin Insurance Company
10 E.D. PREATE DRIVE
MOOSIC PA 18507

Check Number: 6112895829
Payor ID:
Payee ID: 133500000010791

Billing Provider: JOYCE ALTMAN INTERPRETERS INC
Billing Provider Address: PO BOX 4165
TUSTIN CA 92781
Provider State License # :
Rendering Provider: JOYCE ALTMAN INTERPRETERS INC
Rendering Provider NPI:

PROVIDER BILL DETAIL:

Claimant:
D.O.B:
SSN: XXX-XX-
Bill Control #:: 21251500720201
Employer ID: C99001I00006C99075C05828C05829
Employer: BLACKROCK LOGISTICS INC
Employer Address: 7031 KOLL CENTER PARKWAY
PLEASANTON CA 94566

Claim Number: UW1800004672
Bill Review #: GPCA288102
Jurisdiction: CA
Adjuster: DNEWBY
Network:
PPO/MPN ID:
Patient Acct #: 78932

Date Received: 09/08/2021
Date of Injury: 11/14/2018
Date Reviewed: 09/12/2021
ProviderBill Date: 09/01/2021
Bill Type: PROF
Payment Type: MED
PPO Subnet:

Diagnosis Codes: T1490XD

Date of Service	POS	Rev	Procedure Modifiers	Qty	Charged	Reductions Fee Sched	PPO	Other	Paid	Explanation Codes
6/28/21			Q00014	120.000(	180.00	0.00	0.00	0.00	180.00	423, 777

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 78412

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
PEGWC000000093106

BILL TO:
PREFERRED EMPLOYERS (SAN DIEG)
W. C. DEPARTMENT
ATTN: SUSAN CORRALES
P.O. BOX # 85838
SAN DIEGO, CA 92186

Case: vs SACH CONVENIENCE STORES
Date Of Injury: 3/31/19-5/8/20

DOS	SERVICE	DESCRIPTION	AMOUNT
06/19/20	INITIAL EXAM	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
06/23/20	INIT PHYSIO	TX W/DR JAVAD NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
06/24/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
06/29/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/30/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
07/06/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
07/07/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/09/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/31/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/01/21	LIEN FIL FEE	LIEN FILING FEE	150.00
02/24/21	PMT BY CHECK	DOS 6/19/20-2/1/21* =# 218338679	-60.00
09/01/21	PMT BY CHECK	DOS 8/31/21* # 6000168987	-1600.00
09/08/21	BLCE OFF SET	BALANCE OFF SET	-110.00

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

*** INVOICE ***
Date NO#
09/08/21 78412

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
PEGWC000000093106

BILL TO:
PREFERRED EMPLOYERS (SAN DIEG)
W. C. DEPARTMENT
ATTN: SUSAN CORRALES
P.O. BOX # 85838
SAN DIEGO, CA 92186

Case: vs SACH CONVENIENCE STORES
Date Of Injury: 3/31/19-5/8/20

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

CHECK FACE HAS A COLORED BACKGROUND ON WHITE PAPER

Preferred Employers Insurance Company
PREFERRED EMPLOYERS INSURANCE
P.O. Box 85838
San Diego CA 92186

HUNTINGTON NATIONAL BANK
Westerville OH 43081
Electronic Payment Clearinghouse
Echo Health, Inc.

56-1512
441

DRAFT NO. 218338679
DRAFT DATE 02/24/2021

PAYABLE THROUGH DRAFT Sixty & 00 / 100 DOLLARS

AMOUNT
**********$60.00

TO THE ORDER OF Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

VOID AFTER 365 DAYS

William B. Timmick

⑈218338679⑈ ⑆044115126⑆ 0166950861 2⑈

MAR 15 2021

MAR 16 2021

2/24/21 10:30 AM 3 0001185 20210308 RC2T1101 BW-ENV1 1 oz DOM RC2T110000 158568 CN

Electronic Payment Clearinghouse
Preferred Employers Insurance Company
PREFERRED EMPLOYERS INSURANCE
P.O. Box 85838
San Diego CA 92186

2/24/21 10:30 AM 3 0001185 20210308 RC2T1101 BW-ENV1 1 oz DOM RC2T110000* 158568 CN

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

Your name, Joyce Altman Interpreters Inc, and Tax ID have been verified by the IRS.

Tax ID: 330956713 *Payee ID: ab:99819* *EPC Draft #: 218338679* *Payment Date: 02/24/2021* *Page 1 of 5*

Payor:	PREFERRED EMPLOYERS INSURANCE PO BOX 85838 SAN DIEGO CA 92186	**Billing Provider:** **Billing Provider Address:**	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN CA 92781
Check Number:	6110255757	**Provider State License # :**	
Payor ID:		**Rendering Provider:**	JOYCE ALTMAN INTERPRETERS
Payee ID:	ab:99819	**Rendering Provider NPI:**	

PROVIDER BILL DETAIL:

Claimant:		**Claim Number:**	PEG WC 000000093106	**Date Received:**	02/11/2021
		Bill Review #:	FIC-50CA-1353790	**Date of Injury:**	05/08/2020
		Jurisdiction:	CA	**Date Reviewed:**	02/18/2021
D.O.B:		**Adjuster:**	SARAH CANCILLA	**ProviderBill Date:**	01/08/2021
SSN:	XXX-XX	**Network:**		**Bill Type:**	PROF
Bill Control #::	202102041001767	**PPO/MPN ID:**		**Payment Type:**	MED
Employer ID:	UVN166818-2	**Patient Acct #:**	unknown	**PPO Subnet:**	
Employer:	SACH CONVENIENCE STORES, INC.				
Employer Address:					

Diagnosis Codes: T1490

Date of Service	POS	Procedure Revised	Modifiers	Qty	Charged	Reductions Fee Sched	PPO	Other	Paid	Explanation Codes
6/19/20	11	Q00014 Billed as: T1013		1.0000	180.00	174.00	0.00	0.00	6.00	373
6/23/20	11	Q00014 Billed as: T1013		1.0000	180.00	174.00	0.00	0.00	6.00	373

6/24/20	11	Q00014 Billed as: T1013	1.0000	180.00	174.00	0.00	0.00	6.00	373
6/29/20	11	Q00014 Billed as: T1013	1.0000	180.00	174.00	0.00	0.00	6.00	373
6/30/20	11	Q00014 Billed as: T1013	1.0000	180.00	174.00	0.00	0.00	6.00	373
7/6/20	11	Q00014 Billed as: T1013	1.0000	180.00	174.00	0.00	0.00	6.00	373
7/7/20	11	Q00014 Billed as: T1013	1.0000	180.00	174.00	0.00	0.00	6.00	373
7/9/20	11	Q00014 Billed as: T1013	1.0000	180.00	174.00	0.00	0.00	6.00	373
7/31/20	11	Q00014 Billed as: T1013	1.0000	180.00	174.00	0.00	0.00	6.00	373
2/1/21	11	Q00014 Billed as: T1013	1.0000	150.00	144.00	0.00	0.00	6.00	373
		Totals:		1,770.00	1,710.00	0.00	0.00	60.00	

See NOTE-001

Statement Summary	Charged	Reductions	Net Payment Amount
	1,770.00	1,710.00	60.00

Are you struggling with receiving check payments in a timely manner? Interested in receiving payments and submitting ebills more expediently? These challenging times clearly demonstrate an immediate need for our industry to transition to electronic billing and payment methods. **Jopari Solutions is here to help!** If you would like to obtain information about enrolling in electronic billing, Virtual Card, or EFT payment receipt, please contact Jopari Solutions at 1-800-630-3060, via email at Support@Jopari.com, or visit: www.Jopari.com. Reduce your payment turnaround time - Enroll Today.

Comments:

NOTE-001 Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT Request for Second Review (SBR): After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. Request for Independent Bill Review (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, the claims administrator will review the bill and issue an EOR which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or billing agent/assignee fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.
TO SUBMIT A CORRECTED CLAIM OR RECONSIDERATION, the bill must be labeled "RECONSIDERATION" with a copy of the EOR and any supporting documentation. The recommended process is to mail the reconsideration to PREFERRED EMPLOYERS INSURANCE, PO BOX 14817, LEXINGTON, KY 40512.Physician and Facility NPI numbers are required for all CMS 1500 and UB04 bill submissions.MEDICAL BILL REVIEW HANDLED BY BERKLEY MEDICAL MANAGEMENT SOLUTIONS. For questions contact Medical Bill Review team at 800-732-0153. For prompt and efficient service, have the following information available: claim number or claimant name, date of injury, date of service, and charge amount.

PREFERRED EMPLOYERS GROUP
Preferred Employers Insurance Company
P.O. Box 85838
San Diego, CA 92186-5838
888-472-9001

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

78412

Check Date	Reference Number	Supplier Number	Pay Group	AP Unit	Print Group Code	Check Number
Sep 01 2021	6000168987	0000099708	CL	10045	71	6000168987

Policy Number	UVN166818-2
Insured	SACH CONVENIENCE STORES INC.
Date of Loss	05/08/2020
Reported Date of Loss	05/18/2020
Claims System ID	bnuCCV9:97863974
Claim Number	PEG WC 000000093106
Claimant Name	
Supplier Invoice Date	08/31/2021
Supplier Invoice Number	
Service Dates	08/31/2021 08/31/2021
Adjuster Name	Medical PEG WC 000000093106
Agency Code	
Agency Name	
Pay Amount	$ 1,600.00
Memo / Description	Medical PEG WC 000000093106

Page 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 1,600.00 ***
Page 1 through 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 1,600.00 ***

WARNING! DO NOT ACCEPT THIS CHECK UNLESS YOU CAN SEE A TRUE WATERMARK WHEN HOLDING THE CHECK TO THE LIGHT AND PINK LOCK AND KEY ICONS THAT FADE WHEN WARMED.

WRBC

Berkley Insurance Company
PREFERRED EMPLOYERS GROUP
Preferred Employers Insurance Company
For Questions Please Call: 888-472-9001
Claim No: PEG WC 000000093106
In Payment Of:

BANK OF AMERICA MERRILL LYNCH
90-4182/1211

6000168987

Date 09/01/2021 **Pay Amount** $ 1,600.00 ***

Pay ****** ONE THOUSAND SIX HUNDRED AND XX/100 DOLLAR ******

To The Order Of

JOYCE ALTMAN INTERPRETERS INC

THIS CHECK EXPIRES AND IS VOID 90 DAYS FROM ISSUE DATE

Authorized Signature

Authorized Signature

PAYEE NAME ON FILE AT THE BANK

⑈6000168987⑈ ⑆121141822⑆ 7313129966⑈

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 78467

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
SW-3593

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

Case: vs JACK IN THE BOX
Date Of Injury: 8/14/19

DOS	SERVICE	DESCRIPTION	AMOUNT
07/08/20	INITL CHIRO	& PHYSICAL THERAPY W/DR CHRISTINE HA @	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/13/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/20/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/27/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/03/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/10/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/17/20	INITIAL ACUP	W/ACUPUNC MIN CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
08/24/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/31/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/14/20	FOLLOW-UP	W/ACUPUNCT CHOI & F/U PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
10/07/20	PMT BY CHECK	DOS 7/8/20-8/24/20* # 1000023022	-720.00
09/28/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/05/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS TX W/DR HA @ SIDHU*	180.00

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

*** INVOICE ***

Date	NO#
09/14/21	78467

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
SW-3593

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

Case: vs JACK IN THE BOX
Date Of Injury: 8/14/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/12/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/02/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/09/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/26/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
11/16/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/23/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/07/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/14/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/04/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/18/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/25/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00

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

*** INVOICE ***
Date NO#
09/14/21 78467

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
SW-3593

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

Case: vs JACK IN THE BOX
Date Of Injury: 8/14/19

DOS	SERVICE	DESCRIPTION	AMOUNT
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/01/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
02/08/21	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
03/01/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
03/09/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/15/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/16/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
03/23/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
03/22/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
03/29/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
03/31/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/09/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
04/12/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/14/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
04/26/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00

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

*** INVOICE ***
Date NO#
09/14/21 78467

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
SW-3593

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

Case: vs JACK IN THE BOX
Date Of Injury: 8/14/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/04/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/05/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/17/21	PMT BY CHECK	DOS 3/31/21* # 1000038572	-180.00
05/12/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/18/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
05/17/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/21/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/23/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/28/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
06/30/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/12/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
09/09/21	PMT BY CHECK	DOS 6/23/21* # 1000043076	-180.00

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

*** INVOICE ***
Date NO#
09/14/21 78467

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
SW-3593

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

Case: vs JACK IN THE BOX
Date Of Injury: 8/14/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 7380.00

* 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.

Sagamore Insurance Company
P.O. Box 7099
Indianapolis, IN 46207-7099

September 09, 2021

>000955 3779302 0001 092574 10Z
Joyce Altman Interpreters Inc.
PO Box 4165
Tustin CA 92781

CHECK DATE: 09/09/2021
CHECK NUMBER: 1000043076
CHECK AMOUNT: $180.00

00955 3779302 000956 000956 0001/0001 k000955

PAGE: 1 OF 1

Invoice Received	Invoice Number	Claim Number	Amount	Adjustments	Amount Paid
08/27/21	78467	SW-00003593	$180.00	$0.00	$180.00
Claimant Name:					
Loss Date: 08/14/2019					
Payment Transaction: JNehmelman_LKJ-ALF					
FROM 06/23/2021 THROUGH 06/23/2021					
TOTAL			$180.00	$0.00	$180.00

9303R6 (08/16)

Sagamore Insurance Company
P.O. Box 7099
Indianapolis, IN 46207-7099

VOID VOID VOID

1000043076
September 09, 2021

56 - 389 / 412

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

VOID AFTER 90 DAYS

**********$180.00***

Amount: ONE HUNDRED AND EIGHTY DOLLARS 00/100

Authorized Signature

PNC Bank, N.A. 070/Ashland OH

DOCUMENT CONTAINS COLORED BACKGROUND ON WHITE PAPER, "VOID" FEATURE, SIMULATED WATERMARK (REVERSE SIDE,) MICRO-PRINT BORDER.

⑈1000043076⑈ ⑆041203895⑆ 4239697776⑈

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 76428

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30193030534-0001

BILL TO:
SEDGWICK/SRS (LX-14153)
W. C. DEPARTMENT
ATTN: ANA SKOROPISOVA
PO BOX 14153
LEXINGTON, KY 40512

Case: vs SECRET CHARM, LLC
Date Of Injury: 6/2/19; 12/18-6/19

DOS	SERVICE	DESCRIPTION	AMOUNT
07/12/19	INITIAL EXAM	DR MARINA RUSSMAN/NEGIN RAMESHNI @ FMR*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/18/19	INITIAL PHYS	THERAPY W/DR JAVAD NAJIB @ FMR*	90.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/20/19	FOLLOW UP	PHYSICAL TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/23/19	INITIAL ACUP	W/ ACUPUNCT DA HAE RA @ FMR*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/25/19	FOLLOW UP	PHYSICAL TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/26/19	FOLLOW-UP	W/ ACUPUNCT DA HAE RA @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
07/27/19	FOLLOW UP	PHYSICAL TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/30/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/01/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/02/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/05/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/03/19	FOLLOW UP	PHYSICAL TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/08/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/21/19	PR2/REEVAL	DR RUSSMAN/ RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/26/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/30/21 76428

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30193030534-0001

BILL TO:
SEDGWICK/SRS (LX-14153)
W. C. DEPARTMENT
ATTN: ANA SKOROPISOVA
PO BOX 14153
LEXINGTON, KY 40512

Case: vs SECRET CHARM, LLC
Date Of Injury: 6/2/19; 12/18-6/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/28/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/29/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/27/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/03/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
09/04/19	FOLLOW UP	PHYSICAL TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/05/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/06/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
09/09/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/11/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/10/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/12/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/04/19	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/15/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/16/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ANA TORRALBA # 004052	0.00
10/18/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00

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

*** INVOICE ***
Date NO#
09/30/21 76428

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30193030534-0001

BILL TO:
SEDGWICK/SRS (LX-14153)
W. C. DEPARTMENT
ATTN: ANA SKOROPISOVA
PO BOX 14153
LEXINGTON, KY 40512

Case: vs SECRET CHARM, LLC
Date Of Injury: 6/2/19; 12/18-6/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/22/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	DANYA SCHWARTZ # 500316	0.00
10/19/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/25/19	FOLLOW-UP	W/ ACUPUNCT NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/28/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/23/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/30/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/05/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/04/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
11/02/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/15/19	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/03/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
12/04/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/05/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/07/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
12/10/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/11/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00

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

*** INVOICE ***
Date NO#
09/30/21 76428

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30193030534-0001

BILL TO:
SEDGWICK/SRS (LX-14153)
W. C. DEPARTMENT
ATTN: ANA SKOROPISOVA
PO BOX 14153
LEXINGTON, KY 40512

Case: vs SECRET CHARM, LLC
Date Of Injury: 6/2/19; 12/18-6/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LISBETH C. PARRENO 3 101080	0.00
12/12/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/14/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/17/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/18/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/19/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/20/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/10/20	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/14/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
01/16/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/21/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
01/24/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	DANYA SCHWARTZ # 500316	0.00
01/28/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/07/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/13/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
02/20/20	F/U PHYSIO	TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00

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

*** INVOICE ***
Date NO#
09/30/21 76428

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30193030534-0001

BILL TO:
SEDGWICK/SRS (LX-14153)
W. C. DEPARTMENT
ATTN: ANA SKOROPISOVA
PO BOX 14153
LEXINGTON, KY 40512

Case: vs SECRET CHARM, LLC
Date Of Injury: 6/2/19; 12/18-6/19

DOS	SERVICE	DESCRIPTION	AMOUNT
02/22/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/27/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/29/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/05/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/20/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/23/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/24/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/25/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/07/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
04/06/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/08/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/09/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/14/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
04/15/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/20/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/21/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/30/21 76428

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30193030534-0001

BILL TO:
SEDGWICK/SRS (LX-14153)
W. C. DEPARTMENT
ATTN: ANA SKOROPISOVA
PO BOX 14153
LEXINGTON, KY 40512

Case: vs SECRET CHARM, LLC
Date Of Injury: 6/2/19; 12/18-6/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
04/22/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
05/01/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
05/02/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RAMESHNI/RUSSMAN* #1	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/04/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/09/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RUSSMAN/RAMESHNI* #2	0.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
05/16/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RUSSMAN/RAMESHNI* #3	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/23/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RUSSMAN/RAMESHNI* #4	0.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/16/20	PMT BY CHECK	DOS 4/8/20* =# 119401568	-90.00
05/30/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RAMESHNI/RUSSMAN* #5	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/06/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RAMESHNI/RUSSMAN* # 6	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#
09/30/21	76428

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30193030534-0001

BILL TO:
SEDGWICK/SRS (LX-14153)
W. C. DEPARTMENT
ATTN: ANA SKOROPISOVA
PO BOX 14153
LEXINGTON, KY 40512

Case: vs SECRET CHARM, LLC
Date Of Injury: 6/2/19; 12/18-6/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/12/20	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/20/20	FOLLOW-UP	W/ ACUPUNCT JI SUN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/18/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
06/25/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/27/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
07/02/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/09/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/11/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
07/16/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/05/20	PMT BY CHECK	DOS 6/18/20* =# 121301778	-90.00
07/18/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
07/23/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/04/20	PMT BY CHECK	DOS 6/20/20* =# 121301541	-90.00
08/01/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANA MORALES # 004052	0.00
08/14/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
08/27/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00

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

*** INVOICE ***

Date	NO#
09/30/21	76428

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30193030534-0001

BILL TO:
SEDGWICK/SRS (LX-14153)
W. C. DEPARTMENT
ATTN: ANA SKOROPISOVA
PO BOX 14153
LEXINGTON, KY 40512

Case: vs SECRET CHARM, LLC
Date Of Injury: 6/2/19; 12/18-6/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/03/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
08/22/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RUSSMAN/RAMESHNI* 1ST OF 2ND SET	0.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/05/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
09/25/20	PR2/REEVAL	DR RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/01/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
10/31/20	F/U CHIRO TX	CHIRO TX W/DR JAVAD NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/06/20	PR2/REEVAL	DR RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/16/20	INITIAL EXAM	DR RUBANENKO @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/07/20	PR2/REEVAL	DR NEGIN RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/03/21	PMT BY CHECK	DOS 12/7/20* =# 123007421	-90.00
01/07/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/10/21	PMT BY CHECK	DOS 10/31/20* =# 123008481	-90.00
01/09/21	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
01/14/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/16/21	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/30/21 76428

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30193030534-0001

BILL TO:
SEDGWICK/SRS (LX-14153)
W. C. DEPARTMENT
ATTN: ANA SKOROPISOVA
PO BOX 14153
LEXINGTON, KY 40512

Case: vs SECRET CHARM, LLC
Date Of Injury: 6/2/19; 12/18-6/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/18/21	PR2/REEVAL	DR RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/21/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/09/21	PMT BY CHECK	DOS 6/20/20* =# 123490136	-90.00
02/04/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/06/21	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/13/21	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/18/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/23/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
02/26/21	PR2/REEVAL	DR NEGIN RAMESHNI/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/02/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
03/20/21	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/18/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
03/25/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
03/27/21	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
04/01/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00

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

*** INVOICE ***
Date NO#
09/30/21 76428

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30193030534-0001

BILL TO:
SEDGWICK/SRS (LX-14153)
W. C. DEPARTMENT
ATTN: ANA SKOROPISOVA
PO BOX 14153
LEXINGTON, KY 40512

Case: vs SECRET CHARM, LLC
Date Of Injury: 6/2/19; 12/18-6/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/03/21	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/09/21	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/17/21	PMT BY CHECK	DOS 3/20/21* =# 123958183	-90.00
04/15/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/17/21	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/24/21	PMT BY CHECK	DOS 3/25/21* =# 124372653	-90.00
04/22/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/24/21	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/28/21	PMT BY CHECK	DOS 4/1/21* =# 124373728	-90.00
06/01/21	PMT BY CHECK	DOS 4/3/21* =# 124374212	-90.00
06/07/21	PMT BY CHECK	DOS 4/9/21* =# 124375137	-90.00
05/01/21	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/14/21	PMT BY CHECK	DOS 4/15/21* =# 124376402	-90.00
05/28/21	PR2/REEVAL	DR AZIMZADEH/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/03/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/05/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/12/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/23/21	PMT BY CHECK	DOS 3/25/21* =# 125548642	-90.00
08/24/21	PMT BY CHECK	DOS 3/20/21* =# 125548881	-90.00
07/08/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/30/21 76428

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30193030534-0001

BILL TO:
SEDGWICK/SRS (LX-14153)
W. C. DEPARTMENT
ATTN: ANA SKOROPISOVA
PO BOX 14153
LEXINGTON, KY 40512

Case: vs SECRET CHARM, LLC
Date Of Injury: 6/2/19; 12/18-6/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
07/10/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/09/21	PR2/REEVAL	DR NEGIN RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	MIGUEL RUIZ # 013906	0.00
07/15/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
07/17/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/20/21	PMT BY CHECK	DOS 4/15/21* =# 125900972	-90.00
07/24/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/28/21	PMT BY CHECK	DOS 4/8/20* =# 125902637	-90.00

BALANCE 22510.00

* 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 14779
Lexington, KY 40512

DATE	CHECK AMOUNT	CHECK NUMBER
06/14/2021	90.00	124376402
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
523 Sedgwick Claims Management Services, Inc		01 of 01

0000032-0000651 0716 001 310946

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

RECEIVED
JUN 17 2021

BY: .....

76428

Claimant Name			Loss Date	Claim Number
			06/02/2019	30193030534-0001
Amt Paid:	90.00	Description:	Interpreter	
Amt Billed:	180.00	Invoice:	5320210607022830	ICN:6200-993321
Dates:	04/15/2021 - 04/15/2021	Comment:		

RECEIVED
JUN 17 2021

BY: .....

SWK.RM.SDM.00.NP

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

[redacted]

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

0000920-0003841 0106 001 341455 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
09/20/2021	90.00	125900972
PAYEE		**TAX ID**
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		**PAGE**
523 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name		Loss Date	Claim Number
		06/02/2019	30193030534-0001
Amt Paid: 90.00	Description:	Interpreter	
Amt Billed: 0.00	Invoice:	5320210908039791	ICN:6200-9953495
Dates: 04/15/2021 - 04/15/2021	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 Falls Lake Fire and Casualty Company
Falls Lake Fire and Casualty Company

ORIGIN 5236200 Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/20/2021

125900972

62-22
311

PAY: ******NINETY AND 00/100 DOLLARS

$90.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

1143201149

MEMO: MP

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

⑈125900972⑈ ⑆031100225⑆ 207995005970 3⑈

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

0004008-0010701 0106 001 896423 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
06/16/2020	180.00	119401568
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
523 Sedgwick Claims Management Services, Inc		01 of 01

76428

Claimant Name			Loss Date	Claim Number
			09/17/2018	30181074713-0001
Amt Paid:	90.00	Description:	Interpreter	
Amt Billed:	250.00	Invoice:	5312020060921930	ICN:6200-842797
Dates:	05/01/2020 - 05/01/2020	Comment:		
			06/02/2019	30193030534-0001
Amt Paid:	90.00	Description:	Interpreter	
Amt Billed:	180.00	Invoice:	5312020060824495	ICN:6200-842342
Dates:	04/08/2020 - 04/08/2020	Comment:		

RECEIVED
JUN 19 2020
BY: .....

PAID
JUN 24 2020
BY: .....

SWK RM.STD.00 NP

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

EXPLANATION OF BILL REVIEW

sedgwick®

PAYOR **Sedgwick Claims Management Services, Inc**		RECEIVED BY VENDOR **06/05/2020**	DATE OF INJURY **06/02/2019**
BILL ID(ICN) **6200-842342**		PROCESSED BY VENDOR **06/12/2020**	SOCIAL SECURITY NUMBER
INJURED NAME (LAST FIRST MI)		PRESCRIBING PHYSICIAN NAME (LAST, FIRST, MI)	
BILLED PROVIDER NAME AND ADDRESS **JOYCE ALTMAN INTERPR PO BOX 4165 TUSTIN, CA 92781**	INJURED ADDRESS	PRESCRIBING PHYSICIAN ADDRESS	
	IMAGE NUMBER (DCN) **5120200605038708**	PRESCRIPTION (RX) NUMBER **0**	
	EMPLOYER NAME **Secret Charm, LLC (An LLC)**	CARRIER NAME **Falls Lake Fire and Casualty Company**	
TREATING PROVIDER **JOYCE ALTMAN INTERPRETERS INC**	EMPLOYER ADDRESS **1433 Walnut Street Los Angeles, CA 90011 Falls Lake Fire and Casualty Company**	CARRIER ADDRESS **P.O. Box 97488 Raleigh, NC 276247488 919-882-3500**	
PROVIDER TAX ID **330956713**			
DATES OF SERVICE **04/08/2020 - 04/08/2020**	EMPLOYER CONTRACT NUMBER **6200**	PATIENT ACCOUNT NUMBER **76428**	
PROVIDER NPI	TPA CLAIM NUMBER **30193030534-0001**	TPA TRANSACTION # (MBDCN) **5312020060824495**	
ICD CODES **T14.90**			

Date of Service	Paid Units	Billed Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance	Days Supply	EAPG Code
04/08/2020	1	0	T1013	180.00	90.00	0.00	0.00	90.00	0	0

Description of Service SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN
Reason Codes G1,601,5570

Explanation of Reason Codes For Detail Lines
G1 THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
601 CHARGES EXCEED MAXIMUM ALLOWANCE FOR INTERPRETER SERVICES
5570 Internal Use Only

Explanation of Bill Review:

TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW Form: http://www.dir.ca.gov/dwc/DWCPropRegs/IBR/FormSBR_1.pdf After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee (herein referred to as 'Provider') that disputes the amount paid may submit an appeal/reconsideration/Request for Second Review to the claims administrator within 90 days of service of the EOR. The Request for Second Review must conform to the requirements of the DWC's Medical Billing and Payment Guide, and regulations at Title 8, CA Code of Regulations, section 979 2.5.4 et seq. If the dispute is the amount of payment and the Provider does not request a second review within 90 days of the service of the EOR, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. REQUEST FOR INDEPENDENT BILL REVIEW Form: http://www.dir.ca gov/dwc/DWCPropRegs/IBR/FormIBR_1.pdf After the Provider submits a Request for Second Review, the claims administrator wil l review the bill and issue an EOR which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, the Provider that still disputes the amount paid may submit a request for independent bill review (IBR) within 30 days of service of the EOR. The Request for IBR must conform to the requirements of Title 8, CA Code of Regulations, section 9792.5.4 et seq. If the Provider fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer

QUESTIONS ABOUT OTHER SEDGWICK PAYMENTS?

Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

QUESTIONS ABOUT THIS EXPLANATION OF REVIEW?

Bill Review Vendor: **Sedgwick CMS - National Bill Review P.O. Box 14447 Lexington, KY 40512-4447**

Customer Service Phone: **(866) 495-7844 (859) 280-4802 (fax)**

PPO Network:

PPO Sub Network:

FOR RECONSIDERATIONS

Address: **Sedgwick Claims Management Services PO Box 14779 Lexington, KY 40512 Phone: 855-703-9470**

Fax: **859-280-3275**

811619531

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

0001783-0007267 0106 001 343967 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
09/28/2021	90.00	125902637
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
523 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name			Loss Date	Claim Number
			06/02/2019	30193030534-0001
Amt Paid:	90.00	Description:	Interpreter	
Amt Billed:	0.00	Invoice:		ICN:6200-9953589
Dates:	04/08/2020 - 04/08/2020	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 Falls Lake Fire and Casualty Company
Falls Lake Fire and Casualty Company

ORIGIN 5236200 Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/28/2021

125902637

62-22
311

PAY: ******NINETY AND 00/100 DOLLARS

$90.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

MEMO: MP

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

Bob Blankenship

1149775969

⑈125902637⑈ ⑆031100225⑆ 207995005970 3⑈

EXPLANATION OF BILL REVIEW

sedgwick®

PAYOR **Sedgwick Claims Management Services, Inc**		RECEIVED BY VENDOR **09/25/2021**	DATE OF INJURY **06/02/2019**
BILL ID(ICN) **6200-9953589**		PROCESSED BY VENDOR **09/27/2021**	SOCIAL SECURITY NUMBER
PATIENT NAME (LAST, FIRST, MI)		PRESCRIBING PHYSICIAN NAME (LAST, FIRST, MI)	
PROVIDER NAME AND ADDRESS **JOYCE ALTMAN INTERPR PO BOX 4165 TUSTIN, CA 92781**	INJURED ADDRESS	PRESCRIBING PHYSICIAN ADDRESS	
	IMAGE NUMBER (DCN)	PRESCRIPTION (RX) NUMBER **0**	
	EMPLOYER NAME **Secret Charm, LLC (An LLC)**	CARRIER NAME **Falls Lake Fire and Casualty Company**	
TREATING PROVIDER **JOYCE ALTMAN INTERPRETERS INC**	EMPLOYER ADDRESS **1433 Walnut St. Los Angeles, CA 90011 Falls Lake Fire and Casualty Company**	CARRIER ADDRESS **P.O. Box 97488 Raleigh, NC 276247488 919-882-3500**	
PROVIDER TAX ID **330956713**			
DATES OF SERVICE **04/08/2020 - 04/08/2020**	EMPLOYER CONTRACT NUMBER **6200**	PATIENT ACCOUNT NUMBER **76428**	
PROVIDER NPI	TPA CLAIM NUMBER **30193030534-0001**	TPA TRANSACTION # (MBDCN)	
ICD CODES **T14.90**			

Date of Service	Paid Units	Billed Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance	Days Supply	EAPG Code
04/08/2020	1	1	T1013	0.00	-90.00	0.00	0.00	90.00	0	0

Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN
Reason Codes: P010,C090,6507,5570,5050,197,P4,P12,131,M1,G67,G1
Reduction Codes: N612,N600
Group Codes: PI,OA,CO

Explanation of Reason Codes For Detail Lines
197 RECOMMENDED ALLOWANCE BASED ON NEGOTIATED DISCOUNT/RATE.
5050 Claim is denied. No payment will be made.
5570 Internal Use Only
6507 Timely Filing limitation has been exceeded for a second review request however due to bill circumstances payment has been made in good faith outside of SB 863 limitations.
C090 Internal Use Only
P010 Internal Use Only
G1 THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
G67 PAYMENT BASED ON INDIVIDUAL PRE-NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE. ( )
M1 WORKERS' COMPENSATION CLAIM ADJUDICATED AS NON-COMPENSABLE. CARRIER NOT LIABLE FOR CLAIM OR SERVICE/TREATMENT.
131 CLAIM SPECIFIC NEGOTIATED DISCOUNT.
P12 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
P4 WORKERS' COMPENSATION CLAIM ADJUDICATED AS NON-COMPENSABLE. THIS PAYER NOT LIABLE FOR CLAIM OR SERVICE/TREATMENT.

Explanation of Reduction Codes For Detail Lines
N600 Adjusted based on the applicable fee schedule for the region in which the service was rendered.

QUESTIONS ABOUT OTHER SEDGWICK PAYMENTS?

Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

QUESTIONS ABOUT THIS EXPLANATION OF REVIEW?

Bill Review Vendor: **Sedgwick CMS - National Bill Review P.O. Box 14447 Lexington, KY 40512-4447**
Customer Service Phone: **(866) 495-7844 (859) 280-4802 (fax)**
PPO Network:
PPO Sub Network:

FOR RECONSIDERATIONS

Address: **Sedgwick Claims Management Services PO Box 14779 Lexington, KY 40512 Phone: 855-703-9470**
Fax: **859-280-3275**

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 76966

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
301935742940001

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

Case: vs DANIEL'S WESTERN MEAT PACKERS
Date Of Injury: 5/15/01 - 7/23/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/26/19	INITIAL EXAM	DR MAGGIE PEZESHKIAN @ FMR*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/07/19	INITIAL ACUP	W/ ACUPUNCT TED PRIEBE @ FMR*	230.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/14/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/17/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/21/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IERNE MORA # 101159	0.00
10/24/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
10/31/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/07/19	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/13/19	INIT PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
11/20/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
11/27/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
12/02/19	FOLLOW-UP	W/ ACUPUNCT TAE GON KIM*	180.00
/ /	INTERPRETER:	JOSSUE LUCCAS # 007328	0.00
12/04/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
12/09/19	FOLLOW-UP	W/ ACUPUNCT TAE GON KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K. CALDERON #101897	0.00
12/11/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00

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

*** INVOICE ***
Date NO#
09/30/21 76966

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
301935742940001

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

Case: vs DANIEL'S WESTERN MEAT PACKERS
Date Of Injury: 5/15/01 - 7/23/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
12/19/19	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/27/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/28/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/30/20	PR2/REEVAL	DR RUSSMAN/HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/04/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/06/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/10/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/12/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/13/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/11/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/18/20	FOLLOW-UP	W/ ACUPUNCT SUNGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/24/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/12/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00

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

*** INVOICE ***
Date NO#
09/30/21 76966

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
301935742940001

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

Case: vs DANIEL'S WESTERN MEAT PACKERS
Date Of Injury: 5/15/01 - 7/23/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/23/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/25/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/31/20	SHOCK WAVE	THERAPY DR LEON TCHAKALIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/30/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
04/01/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/08/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/06/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/23/20	PR2/REEVAL	DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/27/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/29/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/04/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/06/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/11/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/13/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/15/20	PMT BY CHECK	DOS 4/8/20* =# 118905634	-90.00
06/05/20	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/30/21 76966

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
301935742940001

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

Case: vs DANIEL'S WESTERN MEAT PACKERS
Date Of Injury: 5/15/01 - 7/23/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/15/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/22/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/29/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/06/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/13/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/14/20	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/15/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/27/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/14/20	PMT BY CHECK	DOS 7/6/20* =# 118922340	-90.00
07/28/20	FOLLOW-UP	W/ ACUPUNCT CHONG HOON PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
07/29/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/03/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/05/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/10/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/11/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00

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

*** INVOICE ***
Date NO#
09/30/21 76966

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
301935742940001

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

Case: vs DANIEL'S WESTERN MEAT PACKERS
Date Of Injury: 5/15/01 - 7/23/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/19/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/25/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/01/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
08/31/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/03/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/02/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
09/09/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/08/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
09/10/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/17/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/06/20	PMT BY CHECK	DOS 8/17/20* =# 121542660	-90.00
09/21/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
10/09/20	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/29/20	FOLLOW-UP	W/ ACUPUNCT KUYNGMI LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/20/20	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/30/21 76966

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
301935742940001

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

Case: vs DANIEL'S WESTERN MEAT PACKERS
Date Of Injury: 5/15/01 - 7/23/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/19/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
10/22/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/21/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/05/20	FOLLOW-UP	W/ ACUPUNCT KYUNGMI LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/27/20	FOLLOW-UP	W/ACUPUNCT KUYNGMI LEE @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
10/28/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
11/02/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
11/03/20	FOLLOW-UP	W/ACUPUNCT KYUNGMI LEE @FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
11/04/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/09/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/06/20	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/10/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/11/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/16/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/18/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00

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

*** INVOICE ***
Date NO#
09/30/21 76966

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
301935742940001

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

Case: vs DANIEL'S WESTERN MEAT PACKERS
Date Of Injury: 5/15/01 - 7/23/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/21/20	INITIAL EXAM	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/25/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/30/20	EMG TESTING	& NCV BY DR BHARATWAL @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/12/21	PMT BY CHECK	DOS 11/4/20-11/9/20* =# 122457901	-180.00
01/15/21	PMT BY CHECK	DOS 11/18/20* =# 122459163	-90.00
12/10/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/04/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/06/21	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/19/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/11/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/13/21	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/20/21	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/21/21	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/25/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/27/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/03/21	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE@ FMR*	180.00

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

*** INVOICE ***
Date NO#
09/30/21 76966

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

EAMS#(s):

SS # : XXX-X)
DOB :
Terms: 60 days
Claim #(s):
301935742940001

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

Case: vs DANIEL'S WESTERN MEAT PACKERS
Date Of Injury: 5/15/01 - 7/23/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/08/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/10/21	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/20/21	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
02/22/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/30/21	PMT BY CHECK	DOS 2/3/21* =# 122478921	-90.00
03/01/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/03/21	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
03/04/21	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/08/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/13/21	PMT BY CHECK	DOS 2/10/21* =# 123744589	-90.00
03/20/21	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
03/29/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/07/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/08/21	PR2/REEVAL	DR MAGGIE PEZESHKIAN/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/19/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/25/21	PMT BY CHECK	DOS 3/29/21* =# 123755727	-90.00

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

*** INVOICE ***
Date NO#
09/30/21 76966

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
301935742940001

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

Case: vs DANIEL'S WESTERN MEAT PACKERS
Date Of Injury: 5/15/01 - 7/23/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/01/21	P AND S	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/03/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/26/21	EMG	& NCV L/E BY DR BIPIN BHARATWAL @ FMR*	180.00
/ /	INTERPRETER:	MIGUEL RUIZ # 013906	0.00
06/18/21	PMT BY CHECK	DOS 4/8/21* =# 123762238	-90.00
05/10/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/17/21	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MIGUEL RUIZ # 013906	0.00
05/18/21	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
06/01/21	FOLLOW-UP	W/ ACUPUNCT STEPHAN CHANG @ FMR*	180.00
/ /	INTERPRETER:	NATASHA MELO # 012779	0.00
06/22/21	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/01/21	FOLLOW-UP	W/ ACUPUNCT STEPHAN CHANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/08/21	FOLLOW-UP	W/ ACUPUNCT CHANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/13/21	FOLLOW-UP	W/ ACUPUNCT CHANG @ FMR*	180.00
/ /	INTERPRETER:	HILDA VILLAGRAN #010201	0.00
09/27/21	PMT BY CHECK	DOS 7/8/21* =# 125012639	-180.00

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

*** INVOICE ***
Date NO#
09/30/21 76966

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
301935742940001

BILL TO:
SEDGWICK CLAIMS (LEX-14573)
W. C. DEPARTMENT
ATTN: SPENCER WOLTOTT
P.O. BOX 14573
LEXINGTON, KY 40512

Case: vs DANIEL'S WESTERN MEAT PACKERS
Date Of Injury: 5/15/01 - 7/23/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 21070.00

* 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 14573
Lexington, KY 40512

0004479-0018739 0106 001 343562 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
09/27/2021	180.00	125012639
PAYEE		**TAX ID**
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		**PAGE**
660 Sedgwick Claims Management Services, Inc		01 of 01

76966

Claimant Name			Loss Date	Claim Number
			07/23/2019	30193574294-0001
Amt Paid:	180.00	Description:	Interpreter	
Amt Billed:	180.00	Invoice:	5320210920025071	ICN:6883-439338
Dates:	07/08/2021 - 07/08/2021	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

State Farm Fire and Casualty Company
State Farm Fire and Casualty Company

ORIGIN 6606883 Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/27/2021

125012639
62-22
311

PAY: ******ONE HUNDRED EIGHTY AND 00/100 DOLLARS

$180.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

1148817063

MEMO: MP

State Farm Fire and Casualty C, Principal
Sedgwick Claims Management Services, Inc., Agent By:

Bob Blankenship

⑈125012639⑈ ⑆031100225⑆ 20799500597 03⑈

EXPLANATION OF BILL REVIEW

sedgwick®

PAYOR **Sedgwick Claims Management Services, Inc**	RECEIVED BY VENDOR **09/17/2021**	DATE OF INJURY **07/23/2019**
BILL ID(ICN) **6883-439338**	PROCESSED BY VENDOR **09/25/2021**	SOCIAL SECURITY NUMBER
PATIENT NAME (LAST, FIRST, MI)		PRESCRIBING PHYSICIAN NAME (LAST, FIRST, MI)
PROVIDER NAME AND ADDRESS **JOYCE ALTMAN INTERPR PO BOX 4165 TUSTIN, CA 92781**	INJURED ADDRESS	PRESCRIBING PHYSICIAN ADDRESS
	IMAGE NUMBER (DCN) **5120210917021380R000**	PRESCRIPTION (RX) NUMBER **0**
	EMPLOYER NAME **DANIELS WESTERN MEAT PACKERS I**	CARRIER NAME **State Farm Fire and Casualty Company**
TREATING PROVIDER **JOYCE ALTMAN INTERPRETERS INC**	EMPLOYER ADDRESS **PO BOX 936 PICO RIVERA, CA 90660 State Farm Fire and Casualty Company**	CARRIER ADDRESS **One State Farm Plaza Bloomington, IL 61710**
PROVIDER TAX ID **330956713**		
DATES OF SERVICE **07/08/2021 - 07/08/2021**	EMPLOYER CONTRACT NUMBER **6883**	PATIENT ACCOUNT NUMBER **76966**
PROVIDER NPI	TPA CLAIM NUMBER **30193574294-0001**	TPA TRANSACTION # (MBDCN) **5320210920025071**
ICD CODES **T14.90**		

Date of Service	Paid Units	Billed Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance	Days Supply	EAPG Code
07/08/2021	1	1	T1013	180.00	0.00	0.00	0.00	180.00	0	0

Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN
Reason Codes: 197,131,G67
Group Codes: CO

Explanation of Reason Codes For Detail Lines
197 RECOMMENDED ALLOWANCE BASED ON NEGOTIATED DISCOUNT/RATE.
G67 PAYMENT BASED ON INDIVIDUAL PRE-NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE. ( )
131 CLAIM SPECIFIC NEGOTIATED DISCOUNT.

Explanation of Group Codes For Detail Lines
CO The amount adjusted due to a contractual obligation between the provider and the payer. It is not the patient's responsibility under any circumstances.

Explanation of Bill Review:

TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW Form: http://www.dir.ca.gov/dwc/DWCPropRegs/IBR/FormSBR_1.pdf After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee (herein referred to as 'Provider') that disputes the amount paid may submit an appeal/reconsideration/Request for Second Review to the claims administrator within 90 days of service of the EOR. The Request for Second Review must conform to the requirements of the DWC's Medical Billing and Payment Guide, and regulations at Title 8, CA Code of Regulations, section 9792.5.4 et seq. If the dispute is the amount of payment and the Provider does not request a second review within 90 days of the service of the EOR, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. REQUEST FOR INDEPENDENT BILL REVIEW Form: http://www.dir.ca.gov/dwc/DWCPropRegs/IBR/FormIBR_1.pdf After the Provider submits a Request for Second Review, the claims administrator will review the bill and

QUESTIONS ABOUT OTHER SEDGWICK PAYMENTS?

Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

QUESTIONS ABOUT THIS EXPLANATION OF REVIEW?

Bill Review Vendor: Sedgwick CMS - National Bill Review
P.O. Box 14447
Lexington, KY 40512-4447

Customer Service Phone: (866) 495-7844
(859) 280-4802 (fax)

PPO Network:

PPO Sub Network:

FOR RECONSIDERATIONS

Address: Sedgwick Claims Management Services
P.O. Box 14573
Lexington, KY 40512
Phone: 800-597-7677

Fax: 859-264-4368

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	77095

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30193594068-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: JUDY VILLARREAL
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs XPO LOGISTICS
Date Of Injury: 9/18/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/16/19	INITL CHIRO	& PHYSICAL THERAPY W/DR CHRISTINE HA @	90.00
/ /	-	SIDHU CHIRO*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/04/19	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, F/U CHIRO & PHYS THERAPY	230.00
/ /	-	ELISA L. MEDINA # 003693	0.00
11/15/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/18/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CIHRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/27/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/04/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/11/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/17/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/18/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/23/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/30/21	77095

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30193594068-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: JUDY VILLARREAL
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs XPO LOGISTICS
Date Of Injury: 9/18/19

DOS	SERVICE	DESCRIPTION	AMOUNT
12/30/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/16/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	JOANTHAN GOMEZ # 102743	0.00
01/03/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BORBOSA # 500267	0.00
01/08/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/10/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/22/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
01/24/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/31/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/05/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/07/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/14/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/19/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/21/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/30/21 77095

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30193594068-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: JUDY VILLARREAL
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs XPO LOGISTICS
Date Of Injury: 9/18/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/28/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/15/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/06/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/11/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/03/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
08/07/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/21/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
08/25/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
09/01/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/08/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/19/20	PMT BY CHECK	DOS 8/21/20-8/25/20* =# 142727	-180.00
10/27/20	PMT BY CHECK	DOS 9/1/20* =# 144126	-90.00
10/06/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
10/27/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/20/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/30/21 77095

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30193594068-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: JUDY VILLARREAL
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs XPO LOGISTICS
Date Of Injury: 9/18/19

DOS	SERVICE	DESCRIPTION	AMOUNT
11/17/20	PMT BY CHECK	DOS 10/6/20* =# 147873	-90.00
11/03/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/17/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/10/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
12/01/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/08/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/22/21	PMT BY CHECK	DOS 12/1/20* # 158497	-180.00
12/15/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/22/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/05/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
01/12/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/16/21	PMT BY CHECK	DOS 12/15/20* =# 162668	-90.00
01/26/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/08/21	PMT BY CHECK	DOS 1/5/21* =# 166006	-90.00
02/02/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/09/21	PMT BY CHECK	DOS 1/12/21* # 166235	-90.00
02/16/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/09/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/30/21 77095

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30193594068-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: JUDY VILLARREAL
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs XPO LOGISTICS
Date Of Injury: 9/18/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/25/21	PMT BY CHECK	DOS 2/2/21* # 169118	-180.00
03/23/21	PMT BY CHECK	DOS 1/26/21* =# 168664	-90.00
03/02/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/07/21	PMT BY CHECK	DOS 2/16/21* # 171391	-180.00
03/09/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/16/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/26/21	PMT BY CHECK	DOS 2/9/21-3/2/21* =# 174927	-180.00
03/23/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/04/21	PMT BY CHECK	DOS 3/9/21* =# 176408	-90.00
03/30/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/12/21	PMT BY CHECK	DOS 3/16/21* =# 177610	-90.00
04/06/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/18/21	PMT BY CHECK	DOS 3/23/21* =# 178620	-90.00
04/20/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
04/27/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
06/15/21	PMT BY CHECK	DOS 4/20/21* # 183137	-180.00
05/18/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/01/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/16/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
07/16/21	RMB IBR FEE	DOS 8/21/20-8/25/20	-180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/30/21 77095

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30193594068-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: JUDY VILLARREAL
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs XPO LOGISTICS
Date Of Injury: 9/18/19

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 188273	
07/14/21	PMT BY CHECK	DOS 8/21/20-8/25/20	-180.00
		# 187702	
07/27/21	PMT BY CHECK	DOS 5/18/21* =# 189586	-90.00
06/22/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
08/24/21	PMT BY CHECK	DOS 6/1/21* =# 194211	-90.00
06/29/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/06/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
07/20/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIHDU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
09/21/21	PMT BY CHECK	DOS 6/22/21* =# 198586	-180.00
09/22/21	COSTS	IBR RELATED	300.78
09/22/21	PEN & INT	PER IBR ORDER	59.22
09/22/21	PMT BY CHECK	DOS 8/24/21-8/25/21*	-487.31
		# 198784	
09/24/21	PMT BY CHECK	DOS 3/16/21* =# 199239	-90.00
09/28/21	PMT BY CHECK	DOS 7/6/21* =# 199688	-180.00
		BALANCE	8562.69

* 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

0002477-0009995 0106 001 341825 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
09/21/2021	180.00	198586
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
226 Sedgwick Claims Management Services, Inc		01 of 01

77095

Claimant Name			Loss Date	Claim Number
			09/18/2019	30193594068-0001
Amt Paid:	180.00	Description:	Interpreter	
Amt Billed:	180.00	Invoice:	5320210830029332	ICN:6897-181376
Dates:	06/22/2021 - 06/22/2021	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

XPO Logistics, Inc.
ACE American Insurance Company

ORIGIN 2266897
J.P. Morgan
New York, NY

VOID AFTER 60 DAYS

DATE: 09/21/2021

198586

1-2/210

******ONE HUNDRED EIGHTY AND 00/100 DOLLARS

$180.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Ravi Tulsyan.

1144263514

MEMO: MP

⑈198586⑈ ⑆021000021⑆ 28116361 5⑈

Sedgwick Claims Management Services, Inc
P O Box 14440
Lexington, KY 40512-4440

DATE	CHECK AMOUNT	CHECK NUMBER
05/12/2021	90.00	177610
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
226 Sedgwick Claims Management Services, Inc		01 of 01

0004522-0016641 0106 001 993157

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

MAY 1 4 2021

77095

Claimant Name		Loss Date	Claim Number
		09/18/2019	30193594068-0001
Amt Paid: 90.00	Description:	Interpreter	
Amt Billed: 180.00	Invoice:	5320210504035367	ICN:6897-166307
Dates: 03/16/2021 - 03/16/2021	Comment:		

SWK.RM.SDM.00.NP

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

Sedgwick Claims Management Services, Inc
P O Box 14440
Lexington, KY 40512-4440

0003886-0013913 0106 001 343002 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
09/24/2021	90.00	199239
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
226 Sedgwick Claims Management Services, Inc		01 of 01

77095

Claimant Name			Loss Date	Claim Number
			09/18/2019	30193594068-0001
Amt Paid:	90.00	Description:	Interpreter	
Amt Billed:	0.00	Invoice:	5320210823028592	ICN:6897-9917923
Dates:	03/16/2021 - 03/16/2021	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

XPO Logistics, Inc.
ACE American Insurance Company

ORIGIN 2266897
J.P. Morgan
New York, NY

VOID AFTER 60 DAYS

DATE: 09/24/2021

199239

1-2/210

******NINETY AND 00/100 DOLLARS

$90.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

MEMO: MP

1147741407

⑈199239⑈ ⑆021000021⑆ 28116361 5⑈

Sedgwick Claims Management Services, Inc
P O Box 14440
Lexington, KY 40512-4440

DATE	CHECK AMOUNT	CHECK NUMBER
09/28/2021	180.00	199688
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
226 Sedgwick Claims Management Services, Inc		01 of 01

0001783-0007271 0106 001 343967

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

37095

Claimant Name			Loss Date	Claim Number
			09/18/2019	30193594068-0001
Amt Paid:	180.00	Description:	Interpreter	
Amt Billed:	180.00	Invoice:	5320210915033011	ICN:6897-183330
Dates:	07/06/2021 - 07/06/2021	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

XPO Logistics, Inc.
ACE American Insurance Company

ORIGIN 2266897
J.P. Morgan
New York, NY

VOID AFTER 60 DAYS

DATE: 09/28/2021

199688

1-2/210

******ONE HUNDRED EIGHTY AND 00/100 DOLLARS

$180.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

MEMO: MP

T149/89/17

⑈199688⑈ ⑆021000021⑆ 28116361 5⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/21/21 77154

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
301937530160001

BILL TO:
SEDGWICK CLAIMS (LEX-14154)
W. C. DEPARTMENT
ATTN: ERIN KIMMET
P.O. BOX 14154
LEXINGTON, KY 40512

Case: vs SCOTT ENGINEERING INC
Date Of Injury: 9/20/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/22/19	INITIAL EXAM	-DR MOHAMED HASSANIN @ FMR*	230.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/25/19	INITIAL ACUP	-W/ ACUPUNCT TED PRIEBE @FMR*	230.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
11/01/19	FOLLOW-UP	-W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	RAFAEL LANDA # 500119	0.00
11/08/19	FOLLOW-UP	-W/ACUPUNCT KIM/PRIEBE @FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/22/19	PR2/REEVAL	-W/DR HASSANIN/RUSSMAN & F/U ACUPUNC W/PRIEBE*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049/ GETSEMANI CALDERON # 101897	0.00
12/02/19	INIT PHYSIO	-THERAPY DR MAGGIE PEZESHKIAN @ FMR*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
12/05/19	FOLLOW-UP	-W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/19/19	FOLLOW-UP	-W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/20/19	FOLLOW-UP	-W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	HILDA VILLAGRAN # 010201	0.00
01/08/20	FOLLOW-UP	-W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/10/20	PR2/REEVAL	-DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/24/20	FOLLOW-UP	-W/ ACUPUNCT TED PRIEBE @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/28/20	FOLLOW-UP	-W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/31/20	FOLLOW-UP	-W/ ACUPUNCT TED PRIEBE @FMR*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/21/21 77154

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
301937530160001

BILL TO:
SEDGWICK CLAIMS (LEX-14154)
W. C. DEPARTMENT
ATTN: ERIN KIMMET
P.O. BOX 14154
LEXINGTON, KY 40512

Case: vs SCOTT ENGINEERING INC
Date Of Injury: 9/20/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/04/20	FOLLOW-UP	-W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/06/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
02/12/20	F/U PHYSIO	-THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/11/20	FOLLOW-UP	-W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/18/20	F/U PHYSIO	-THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/19/20	FOLLOW-UP	-W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/21/20	PR2/REEVAL	-DR MOHAMMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/20/20	F/U PHYSIO	-TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/24/20	FOLLOW-UP	-W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/26/20	FOLLOW-UP	-W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/03/20	F/U PHYSIO	-TX W/DR PEZESHKIAN @ FMR* AMENDED	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/02/20	FOLLOW-UP	-W/ ACUPUNCT TED PRIEBE @FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/04/20	FOLLOW-UP	-W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
03/05/20	F/U PHYSIO	-TX W/DR PEZESHKIAN @ FMR*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/21/21 77154

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
301937530160001

BILL TO:
SEDGWICK CLAIMS (LEX-14154)
W. C. DEPARTMENT
ATTN: ERIN KIMMET
P.O. BOX 14154
LEXINGTON, KY 40512

Case: vs SCOTT ENGINEERING INC
Date Of Injury: 9/20/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/07/20	INITIAL EXAM	-DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/10/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/09/20	FOLLOW-UP	-W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
03/11/20	FOLLOW-UP	-W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/12/20	F/U PHYSIO	-THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/17/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN/ S. MANCERA @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/06/20	PMT BY CHECK	DOS 10/22/19-2/26/20* =# 99658019	-2160.00
05/12/20	PMT BY CHECK	DOS 3/3/20* =# 99658518	-90.00
05/15/20	PMT BY CHECK	DOS 3/9/20-3/10/20* =# 99975522	-180.00
04/03/20	PR2/REEVAL	-DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/07/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/08/20	FOLLOW-UP	-W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/09/20	F/U PHYSIO	-THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/04/20	PR2/REEVAL	-DR MASSIHI @ FMR*(INJECTION)	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/06/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/21/21 77154

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
301937530160001

BILL TO:
SEDGWICK CLAIMS (LEX-14154)
W. C. DEPARTMENT
ATTN: ERIN KIMMET
P.O. BOX 14154
LEXINGTON, KY 40512

Case: vs SCOTT ENGINEERING INC
Date Of Injury: 9/20/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	-	-W/DR RAMESHNI/RUSSMAN* #1	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/18/20	PMT BY CHECK	DOS 3/7/20* =# 99975689	-90.00
04/14/20	F/U PHYSIO	-THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/13/20	FOLLOW-UP	-W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/15/20	FOLLOW-UP	-W/ ACUPUNCT TED PRIEBE @FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/20/20	FOLLOW-UP	-W/ ACUPUNCT TED PREIBE @FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/21/20	F/U PHYSIO	-THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/22/20	FOLLOW-UP	-W/ ACUPUNCT TED PRIEBE @FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/23/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN@FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/28/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN@FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/30/20	F/U PHYSIO	-THERAPY DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/02/20	PR2/REEVAL	-DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/07/20	INITL CHIRO	-TREATMENT W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/08/20	PR2/REEVAL	-DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/15/20	PMT BY CHECK	DOS 4/7/20* =# 100936559	-90.00
05/16/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/21/21 77154

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
301937530160001

BILL TO:
SEDGWICK CLAIMS (LEX-14154)
W. C. DEPARTMENT
ATTN: ERIN KIMMET
P.O. BOX 14154
LEXINGTON, KY 40512

Case: vs SCOTT ENGINEERING INC
Date Of Injury: 9/20/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	-	-DR RUSSMAN/RAMESHNI* #2	0.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
05/18/20	FOLLOW-UP	-W/ ACUPUNCT TED PREIBE @FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/21/20	FOLLOW-UP	-W/ ACUPUNCT PARK/LIM @FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/23/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	-DR RUSSMAN/RAMESHNI* #3	0.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/26/20	FOLLOW-UP	-W/ ACUPUNCT PARK @FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/15/20	PMT BY CHECK	DOS 4/3/20* =# 100936560	-90.00
05/28/20	FOLLOW-UP	-W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/02/20	FOLLOW-UP	-W/ ACUPUNCT CHONG PARK @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/03/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN@FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
06/05/20	FOLLOW-UP	-W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/30/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	-DR RAMESHNI/RUSSMAN* # 4	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/09/20	FOLLOW-UP	-W/ ACUPUNCT PARK @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/12/20	PR2/REEVAL	-DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
06/22/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN*	180.00
/ /	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#
09/21/21 77154

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
301937530160001

BILL TO:
SEDGWICK CLAIMS (LEX-14154)
W. C. DEPARTMENT
ATTN: ERIN KIMMET
P.O. BOX 14154
LEXINGTON, KY 40512

Case: vs SCOTT ENGINEERING INC
Date Of Injury: 9/20/19

DOS	SERVICE	DESCRIPTION	AMOUNT
06/18/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/25/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
07/02/20	F/U CHIRO TX	-CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/31/20	PR2/REEVAL	-DR RUSSMAN/HASSANIN @FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/03/20	F/U PHYSIO	-THERAPY W/ DR PEZESHKIAN* R*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/05/20	F/U PHYSIO	-THERAPY W/ DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/10/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/12/20	F/U PHYSIO	-THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/20/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/27/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/03/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/08/20	F/U PHYSIO	-THERAPY W/DR PEZESKHIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/11/20	PR2/REEVAL	-DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/10/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/14/20	FOLLOW-UP	-W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/21/21 77154

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
301937530160001

BILL TO:
SEDGWICK CLAIMS (LEX-14154)
W. C. DEPARTMENT
ATTN: ERIN KIMMET
P.O. BOX 14154
LEXINGTON, KY 40512

Case: vs SCOTT ENGINEERING INC
Date Of Injury: 9/20/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/16/20	FOLLOW-UP	-W/ ACUPUNCT TED PRIEBE @FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/21/20	FOLLOW-UP	-W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/22/20	F/U PHYSIO	-THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/24/20	F/U PHYSIO	-THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
09/23/20	FOLLOW-UP	-W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/28/20	FOLLOW-UP	-W/ ACUPUNCT TED PRIEBE @FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/09/20	PMT BY CHECK	DOS 9/23/20* =# 103703215	-90.00
11/09/20	PMT BY CHECK	DOS 9/24/20* =# 103703216	-90.00
12/07/20	PMT BY CHECK	DOS 3/7/20* =# 106460178	-90.00
12/18/20	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
12/18/20	PMT BY CHECK	DOS 3/7/20 # 106461191	-90.00
12/28/20	MISC	IBR RELATED COSTS	127.31
12/28/20	PMT BY CHECK	DOS 12/11/20* # 106461892	-127.31
01/25/21	LIEN FIL FEE	LIEN FILING FEE	150.00
02/11/21	PMT BY CHECK	DOS 9/8/20* =# 106467165	-90.00
09/13/21	PMT BY CHECK	DOS 9/23/20* =# 110604589	-90.00
09/09/21	COSTS	IBR RELATED	112.50
09/09/21	INTEREST	PER ORDER DATED 5/21/21*	14.81
09/09/21	PMT BY CHECK	DOS 9/9/21 # 110604151	-127.31
09/13/21	PMT BY CHECK	DOS 9/24/20* # 110604588	-90.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/21/21 77154

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
301937530160001

BILL TO:
SEDGWICK CLAIMS (LEX-14154)
W. C. DEPARTMENT
ATTN: ERIN KIMMET
P.O. BOX 14154
LEXINGTON, KY 40512

Case: vs SCOTT ENGINEERING INC
Date Of Injury: 9/20/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 12490.00

* 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 14154
Lexington, KY 40512-4154

DATE	CHECK AMOUNT	CHECK NUMBER
11/09/2020	90.00	103703215
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

0000060-0000299 BAFN 001 937863

JOYCE ALTMAN INTERPR
PO BOX 4168
TUSTIN CA 92781

77154

Claimant Name			Loss Date	Claim Number
			09/27/2019	30193753016-0001
Amt Paid:	90.00	Description:	Interpreter	
Amt Billed:	180.00	Invoice:	5320201101001510	ICN:4039-339792
Dates:	09/23/2020 - 09/23/2020	Comment:		

PAID
NOV 13 2020

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 Insperity Services
L.P. - ACE
ACE American Insurance Company

ORIGIN 6004039
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 11/09/2020

103703215
62-22
311

PAY: ******NINETY AND 00/100 DOLLARS

$90.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Bob Blankenship

MEMO: MP

ACE, Principal
Sedgwick Claims Management Services, Inc., Agent By:

905044941

⑈103703215⑈ ⑆031100225⑆ 207995005970 3⑈

EXPLANATION OF BILL REVIEW

sedgwick

PAYOR: Sedgwick Claims Management Services, Inc	RECEIVED BY VENDOR: 11/03/2020	DATE OF INJURY: 09/27/2019
BILL ID(ICN): 4039-339792	PROCESSED BY VENDOR: 11/05/2020	SOCIAL SECURITY NUMBER:
PATIENT NAME (LAST, FIRST, MI):	PRESCRIBING PHYSICIAN NAME (LAST, FIRST, MI):	
PROVIDER NAME AND ADDRESS: JOYCE ALTMAN INTERPR PO BOX 4168 TUSTIN, CA 92781	INJURED ADDRESS:	PRESCRIBING PHYSICIAN ADDRESS:
	IMAGE NUMBER (DCN): 51202010300222125000	PRESCRIPTION (RX) NUMBER: 0
	EMPLOYER NAME: Insperity Services, L.P.	CARRIER NAME: ACE American Insurance Company
TREATING PROVIDER: JOYCE ALTMAN INTERPRETERS JOYC	EMPLOYER ADDRESS: 19001 Crescent Springs Drive Kingwood, TX 77339 ACE American Insurance Company	CARRIER ADDRESS: 436 Walnut Street P. O. Box 41484 Philadelphia, PA 191063703 2156401000
PROVIDER TAX ID: 330956713		
DATES OF SERVICE: 09/23/2020 - 09/23/2020	EMPLOYER CONTRACT NUMBER: 4039	PATIENT ACCOUNT NUMBER:
PROVIDER NPI:	TPA CLAIM NUMBER: 30193753016-0001	TPA TRANSACTION # (MBDCN): 5320201101001510
ICD CODES: T14.90		

Date of Service	Paid Units	Billed Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance	Days Supply	EAPG Code
09/23/2020	1	1	T1013	180.00	90.00	0.00	0.00	90.00	0	0

Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN
Reason Codes: 601,P12,G1
Reduction Codes: N600
Group Codes: OA

Explanation of Reason Codes For Detail Lines
601 CHARGES EXCEED MAXIMUM ALLOWANCE FOR INTERPRETER SERVICES
G1 THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
P12 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
Explanation of Reduction Codes For Detail Lines
N600 Adjusted based on the applicable fee schedule for the region in which the service was rendered.
Explanation of Group Codes For Detail Lines
OA The amount adjusted is due to bundling or unbundling of services.

Explanation of Bill Review:

TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW Form: http://www.dir.ca.gov/dwc/DWCPropRegs/IBR/FormSBR_1.pdf After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee (herein referred to as 'Provider') that disputes the amount paid may submit an appeal/reconsideration/Request for Second Review to the claims administrator within 90 days of service of the EOR. The Request for Second Review must conform to the requirements of the DWC's Medical Billing and Payment Guide, and regulations at Title 8, CA Code of Regulations, section 9792.5.4 et seq. If the dispute is the amount of payment and the Provider does not request a second review within 90 days of the service of the EOR, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. REQUEST FOR INDEPENDENT BILL REVIEW Form:

QUESTIONS ABOUT OTHER SEDGWICK PAYMENTS?

Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

QUESTIONS ABOUT THIS EXPLANATION OF REVIEW?

Bill Review Vendor: Sedgwick CMS - National Bill Review
P.O. Box 14447
Lexington, KY 40512-4447

Customer Service Phone: (866) 495-7844
(859) 280-4802 (fax)

PPO Network:

PPO Sub Network:

FOR RECONSIDERATIONS

Address: Sedgwick Claims Management Services
PO Box 14154
Lexington, KY 40512-4154
Phone: 877-809-9478

Fax: 859-264-4063

9050044941

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

0000083-0000437 BAFN 001 339186

JOYCE ALTMAN INTERPR
PO BOX 4168
TUSTIN CA 92781

DATE	CHECK AMOUNT	CHECK NUMBER
09/13/2021	90.00	110604589
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name			Loss Date	Claim Number
			09/27/2019	30193753016-0001
Amt Paid:	90.00	Description:	Interpreter	
Amt Billed:	0.00	Invoice:		ICN:4039-9927461
Dates:	09/23/2020 - 09/23/2020	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 Insperity Services
L.P. - ACE
ACE American Insurance Company

ORIGIN 6004039
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/13/2021

110604589

62-22
311

PAY: ******NINETY AND 00/100 DOLLARS

$90.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Bob Blankenship

MEMO: MP

ACE, Principal
Sedgwick Claims Management Services, Inc., Agent By:

1137353820

⑈110604589⑈ ⑆031100225⑆ 207995005970 3⑈

EXPLANATION OF BILL REVIEW

sedgwick

PAYOR **Sedgwick Claims Management Services, Inc**	RECEIVED BY VENDOR **09/08/2021**	DATE OF INJURY **09/27/2019**
BILL ID(ICN) **4039-9927461**	PROCESSED BY VENDOR **09/08/2021**	SOCIAL SECURITY NUMBER
PATIENT NAME (LAST, FIRST, MI)	PRESCRIBING PHYSICIAN NAME (LAST, FIRST, MI)	
PROVIDER NAME AND ADDRESS **JOYCE ALTMAN INTERPR PO BOX 4168 TUSTIN, CA 92781**	INJURED ADDRESS	PRESCRIBING PHYSICIAN ADDRESS
	IMAGE NUMBER (DCN)	PRESCRIPTION (RX) NUMBER **0**
	EMPLOYER NAME **Insperity Services, L.P.**	CARRIER NAME **ACE American Insurance Company**
TREATING PROVIDER **JOYCE ALTMAN INTERPRETERS JOYC**	EMPLOYER ADDRESS **19001 Crescent Springs Drive Kingwood, TX 77339 ACE American Insurance Company**	CARRIER ADDRESS **436 Walnut Street P. O. Box 41484 Philadelphia, PA 191063703 2156401000**
PROVIDER TAX ID **330956713**		
DATES OF SERVICE **09/23/2020 - 09/23/2020**	EMPLOYER CONTRACT NUMBER **4039**	PATIENT ACCOUNT NUMBER
PROVIDER NPI	TPA CLAIM NUMBER **30193753016-0001**	TPA TRANSACTION # (MBDCN)
ICD CODES **T14.90**		

Date of Service	Paid Units	Billed Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance	Days Supply	EAPG Code
09/23/2020	2	2	T1013	0.00	-90.00	0.00	0.00	90.00	0	0

Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN
Reason Codes: SP01,948,197,P12,131,G67,G1
Reduction Codes: N600
Group Codes: OA,CO

Explanation of Reason Codes For Detail Lines
197 RECOMMENDED ALLOWANCE BASED ON NEGOTIATED DISCOUNT/RATE.
948 RE-REVIEWED AT PROVIDERS REQUEST WITH ADDITIONAL INFORMATION AND DOCUMENTATIONADDITIONAL PAYMENT SUGGESTED.
SP01 Internal Use Only
G1 THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
G67 PAYMENT BASED ON INDIVIDUAL PRE-NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE. ( )
131 CLAIM SPECIFIC NEGOTIATED DISCOUNT.
P12 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.

Explanation of Reduction Codes For Detail Lines
N600 Adjusted based on the applicable fee schedule for the region in which the service was rendered.

Explanation of Group Codes For Detail Lines
CO The amount adjusted due to a contractual obligation between the provider and the payer. It is not the patient's responsibility under any circumstances.
OA The amount adjusted is due to bundling or unbundling of services.

Explanation of Bill Review:

QUESTIONS ABOUT OTHER SEDGWICK PAYMENTS?

Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

QUESTIONS ABOUT THIS EXPLANATION OF REVIEW?

Bill Review Vendor: **Sedgwick CMS - National Bill Review**
P.O. Box 14447
Lexington, KY 40512-4447

Customer Service Phone: **(866) 495-7844**
(859) 280-4802 (fax)

PPO Network:

PPO Sub Network:

FOR RECONSIDERATIONS

Address: **Sedgwick Claims Management Services**
P O BOX 14421
Lexington, KY 40512-4421
Phone: 800-228-0454

Fax: **888-488-9559**

113/3538Z0

2

Sedgwick Claims Management Services, Inc
PO Box 14154
Lexington, KY 40512-4154

0004546-0019421 0106 001 937863 SWK

DATE	CHECK AMOUNT	CHECK NUMBER
11/09/2020	90.00	103703216
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

RECEIVED
NOV 11 2020

77154

Claimant Name		Loss Date	Claim Number
		09/27/2019	30193753016-0001
Amt Paid: 90.00	Description:	Interpreter	
Amt Billed: 180.00	Invoice:	5320201029028929	ICN:4039-339122
Dates: 09/24/2020 - 09/24/2020	Comment:		

PAID
NOV 13 2020
BY:

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 Insperity Services
L.P. - ACE
ACE American Insurance Company

ORIGIN 6004039
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 11/09/2020

103703216
62-22
311

PAY: ******NINETY AND 00/100 DOLLARS

$90.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

MEMO: MP

ACE, Principal
Sedgwick Claims Management Services, Inc., Agent By:

Bob Blankenship

905044965

⑈103703216⑈ ⑆031100225⑆ 207995005970 3⑈

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

DATE	CHECK AMOUNT	CHECK NUMBER
09/13/2021	90.00	110604588
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

0001022-0004401 0106 001 339186

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

77154

Claimant Name		Loss Date	Claim Number
		09/27/2019	30193753016-0001
Amt Paid:	90.00	Description:	Interpreter
Amt Billed:	0.00	Invoice:	ICN:4039-9927462
Dates:	09/24/2020 - 09/24/2020	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 Insperity Services
L.P. - ACE
ACE American Insurance Company

ORIGIN 6004039 Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/13/2021

110604588

62-22
311

PAY: ******NINETY AND 00/100 DOLLARS

$90.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Bob Blankenship

MEMO: MP

ACE, Principal
Sedgwick Claims Management Services, Inc., Agent By:

113735806

⑈110604588⑈ ⑆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#
09/10/21 77410

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30193803767-0001

BILL TO:
SEDGWICK CLAIMS/QBE (WI-975)
W. C. DEPARTMENT
ATTN: KAREN GIONET
P.O. BOX 975
SUN PRAIRIE, WI 53590

Case: vs VENSURE INC.
Date Of Injury: 9/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
11/25/19	INITIAL EXAM	DR MARINA RUSSMAN @ FMR*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/03/19	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	230.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
12/17/19	FOLLOW-UP	W/ ACUPUNCT BIRHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/19/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/20/19	PR2/REEVAL	DR NEGIN RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/13/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSMANI # 101897	0.00
01/15/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/20/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/12/20	INITIAL PHYS	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/22/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/29/20	FOLLOW-UP	W/ ACUPUNCT KIM JI SUN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/14/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/13/20	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
03/18/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/21/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/10/21 77410

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30193803767-0001

BILL TO:
SEDGWICK CLAIMS/QBE (WI-975)
W. C. DEPARTMENT
ATTN: KAREN GIONET
P.O. BOX 975
SUN PRAIRIE, WI 53590

Case: vs VENSURE INC.
Date Of Injury: 9/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
03/25/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/28/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/01/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/04/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/08/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/11/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/15/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/18/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/22/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
04/25/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
04/24/20	PR2/REEVAL	DR AZIMZADEH/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/06/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/13/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/16/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
05/20/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/10/21 77410

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30193803767-0001

BILL TO:
SEDGWICK CLAIMS/QBE (WI-975)
W. C. DEPARTMENT
ATTN: KAREN GIONET
P.O. BOX 975
SUN PRAIRIE, WI 53590

Case: vs VENSURE INC.
Date Of Injury: 9/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/23/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
05/27/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/03/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/05/20	PR2/REEVAL	DR AZIMZADEH/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/09/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/16/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
07/17/20	PR2/REEVAL	DR RUSSMAN/AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/24/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101143	0.00
07/27/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
07/31/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
08/10/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/07/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
08/14/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
08/17/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/21/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/10/21 77410

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30193803767-0001

BILL TO:
SEDGWICK CLAIMS/QBE (WI-975)
W. C. DEPARTMENT
ATTN: KAREN GIONET
P.O. BOX 975
SUN PRAIRIE, WI 53590

Case: vs VENSURE INC.
Date Of Injury: 9/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/24/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/28/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/04/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/11/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/12/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/18/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
09/28/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/09/20	PR2/REEVAL	DR NEGIN RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
10/15/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/20/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
10/30/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/03/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C PARRENO # 101080	0.00
12/09/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/15/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
12/22/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/07/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/10/21 77410

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30193803767-0001

BILL TO:
SEDGWICK CLAIMS/QBE (WI-975)
W. C. DEPARTMENT
ATTN: KAREN GIONET
P.O. BOX 975
SUN PRAIRIE, WI 53590

Case: _ vs VENSURE INC.
Date Of Injury: 9/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/12/21	PMT BY CHECK	DOS 12/9/20* =# 111604708	-90.00
01/14/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/21/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/22/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
01/25/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/27/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/01/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
02/08/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/17/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/26/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/01/21	PMT BY CHECK	DOS 1/22/21-2/1/21* =# 111669710	-360.00
04/06/21	PMT BY CHECK	DOS 1/21/21* =# 111671082	-90.00
03/10/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/09/21	PMT BY CHECK	DOS 2/8/21* =# 111672420	-90.00
03/12/21	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/17/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/03/21	PMT BY CHECK	DOS 2/26/21* = #113671837	-90.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/10/21 77410

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30193803767-0001

BILL TO:
SEDGWICK CLAIMS/QBE (WI-975)
W. C. DEPARTMENT
ATTN: KAREN GIONET
P.O. BOX 975
SUN PRAIRIE, WI 53590

Case: vs VENSURE INC.
Date Of Injury: 9/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/12/21	PMT BY CHECK	DOS 3/12/21* =# 113675003	-90.00
04/09/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
05/10/21	PMT BY CHECK	DOS 3/10/21* =# 113673899	-90.00
04/13/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
04/15/21	SHOCK WAVE	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	FERNY MARTINEZ # 006772	0.00
04/16/21	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	MIGUEL RUIZ # 013906	0.00
05/24/21	PMT BY CHECK	DOS 3/17/21* =# 113678543	-90.00
04/19/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
04/22/21	SHOCK WAVE	THERAPY W/DR NAJIB @ FMR* # 3 RT ELBOW	180.00
/ /	INTERPRETER:	FERNNY MARTINEZ # 006772	0.00
04/26/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	DANYA SCHWARTZ # 500316	0.00
05/03/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	DANYA SCHWARTZ # 500316	0.00
05/06/21	SHOCK WAVE	THERAPY W/DR JAVAD NAJIB @ FMR* #1 R WRIST	180.00
/ /	INTERPRETER:	FERNNY MARTINEZ # 006772	0.00
06/17/21	PMT BY CHECK	DOS 4/9/21* =# 113685810	-90.00
06/22/21	PMT BY CHECK	DOS 4/16/21* =# 113687293	-90.00
06/21/21	PMT BY CHECK	DOS 4/13/21,4/19/21,4/22/21* =# 113686421	-270.00
06/30/21	PMT BY CHECK	DOS 5/3/21* =# 113689912	-90.00
05/26/21	PR2/REEVAL	DR AZIMZADEH/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/09/21	FOLLOW-UP	W/ ACUPUNCT STEPHAN CHANG @	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/10/21 77410

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30193803767-0001

BILL TO:
SEDGWICK CLAIMS/QBE (WI-975)
W. C. DEPARTMENT
ATTN: KAREN GIONET
P.O. BOX 975
SUN PRAIRIE, WI 53590

Case: vs VENSURE INC.
Date Of Injury: 9/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
		FMR*	
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/06/21	PMT BY CHECK	DOS 5/26/21* # 113701172	-180.00
06/10/21	SHOCK WAVE	THERAPY W/DR JAVAD NAJIB @ FMR* #2 R/WRIST	180.00
/ /	INTERPRETER:	FERNNY MARTINEZ # 006772	0.00
06/11/21	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	MIGUEL RUIZ # 013906	0.00
06/16/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/24/21	PMT BY CHECK	DOS 3/12/21* =# 113706714	-90.00
07/07/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/03/21	PMT BY CHECK	DOS 3/10/21* =# 113709985	-90.00

BALANCE 14050.00

* 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 975
Sun Prairie, WI 53590-0975

0003781-0011721 0106 001 991907 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
05/10/2021	90.00	113673899
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
281 Sedgwick Claims Management Services, Inc		01 of 01

77410

Claimant Name			Loss Date	Claim Number
			09/12/2019	30193803767-0001
Amt Paid:	90.00	Description:	Interpreter	
Amt Billed:	180.00	Invoice:	5320210430043581	ICN:6224-1216133
Dates:	03/10/2021 - 03/10/2021	Comment:		

PAID
MAY 18 2021

RECEIVED MAY 17 2021

SWK.RM.SDM.00.NP

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

[redacted]

Sedgwick Claims Management Services, Inc
P.O. Box 975
Sun Prairie, WI 53590-0975

0014401-0036819 0106 001 335265 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
09/03/2021	90.00	113709985
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
281 Sedgwick Claims Management Services, Inc		01 of 01

77410

Claimant Name			Loss Date	Claim Number
			09/12/2019	30193803767-0001
Amt Paid:	90.00	Description:	Interpreter	
Amt Billed:	0.00	Invoice:	5320210806028883	ICN:6224-99163460
Dates:	03/10/2021 - 03/10/2021	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

QBE North America
Praetorian Insurance Company

ORIGIN 2816224
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/03/2021

113709985

62-22
311

PAY: ******NINETY AND 00/100 DOLLARS

$90.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

MEMO: MP

QBE, Principal
Sedgwick Claims Management Services, Inc., Agent By:

Bob Blankenship

113016164

⑈113709985⑈ ⑆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#
09/20/21 77665

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30192167353-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: CHRISTINE STOKES
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs ANITAS MEXICAN FOODS CORP
Date Of Injury: 11/27/18

DOS	SERVICE	DESCRIPTION	AMOUNT
01/08/20	INITL CHIRO	& PHYSICAL THERAPY W/DR CHIRSTINE HA @	180.00
/ /	-	SIDHU CHIRO*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/13/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/15/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/22/20	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, F/U CHIRO & PHYS THERAPY	180.00
/ /	-	SIDHU CHIRO*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/24/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/27/20	F/U CHIRO TX	& PHYS W/DR HA @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/03/20	FOLLOW UP	PHYSICAL TX, F/U CHIRO & F/U ACUPUNC W/DR HA/CHOI	180.00
/ /	-	@ SIDHU*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/31/20	FOLLOW UP	PHYSICAL TX, F/U CHIRO & F/U ACUPUNC W/DR HA/CHOI	180.00
/ /	-	@ SIDHU*	0.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/05/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/12/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MAIRA BARBOSA # 500267	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/20/21 77665

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30192167353-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: CHRISTINE STOKES
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs ANITAS MEXICAN FOODS CORP
Date Of Injury: 11/27/18

DOS	SERVICE	DESCRIPTION	AMOUNT
02/17/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/19/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/24/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/28/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/04/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/11/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/16/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/17/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/22/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/29/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/06/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/20/21 77665

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30192167353-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: CHRISTINE STOKES
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs ANITAS MEXICAN FOODS CORP
Date Of Injury: 11/27/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/13/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/27/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/10/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/17/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/31/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/21/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
10/12/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/19/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/16/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/09/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/21/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/28/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/04/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/11/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/20/21 77665

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30192167353-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: CHRISTINE STOKES
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs ANITAS MEXICAN FOODS CORP
Date Of Injury: 11/27/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/18/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
01/25/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/08/21	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/15/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/22/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/01/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/08/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/23/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/22/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
03/29/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/05/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
05/26/21	PMT BY CHECK	DOS 3/23/21* =# 124407813	-90.00
04/20/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
05/03/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
05/10/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
05/18/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/20/21 77665

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30192167353-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: CHRISTINE STOKES
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs ANITAS MEXICAN FOODS CORP
Date Of Injury: 11/27/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
05/17/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
05/25/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/24/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
06/01/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/02/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/07/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/08/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/16/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/15/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
06/22/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
06/23/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
06/29/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/02/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
06/30/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSS # 500267	0.00
09/16/21	PMT BY CHECK	DOS 6/29/21* =# 125579401	-180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/20/21 77665

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30192167353-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: CHRISTINE STOKES
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs ANITAS MEXICAN FOODS CORP
Date Of Injury: 11/27/18

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 11250.00

* 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

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

0003278-0012751 0106 001 340416 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
09/16/2021	180.00	125579401
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

77665

Claimant Name			Loss Date	Claim Number
			11/27/2018	30192167353-0001
Amt Paid:	180.00	Description:	Interpreter	
Amt Billed:	180.00	Invoice:	5320210914019227	ICN:5201-13745552
Dates:	06/29/2021 - 06/29/2021	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 Everest National
Risk Management
Everest National Insurance

ORIGIN 6005201
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/16/2021

125579401
62-22
311

PAY: ******ONE HUNDRED EIGHTY AND 00/100 DOLLARS

$180.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Bob Blankenship

MEMO: MP

Everest National Ins Company, Principal
Sedgwick Claims Management Services, Inc., Agent By:

1140465660

⑈125579401⑈ ⑆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#
09/28/21 78167

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
CA20083836-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W. C. DEPARTMENT
ATTN: AARON ALEXANDER
P.O. BOX # 14421
LEXINGTON, KY 40512

Case: vs TARGET CORP
Date Of Injury: CT 3/20/20

DOS	SERVICE	DESCRIPTION	AMOUNT
04/15/20	INITIAL EXAM	DR MARINA RUSSMAN/JAVAD NAJIB @ FMR(2.5 HRS)	225.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/20/20	INITIAL ACUP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/27/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/11/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/27/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/03/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
05/18/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/10/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
06/13/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/17/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
06/19/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 005511585	0.00
06/20/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/22/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/24/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/28/21 78167

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
CA20083836-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W. C. DEPARTMENT
ATTN: AARON ALEXANDER
P.O. BOX # 14421
LEXINGTON, KY 40512

Case: vs TARGET CORP
Date Of Injury: CT 3/20/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
07/08/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/19/20	PR2/REEVAL	DR RUSSMAN/AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/30/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/30/20	PR2/REEVAL	DR RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/27/21	PMT BY CHECK	DOS 11/30/20* =# 98459801	-90.00
01/08/21	PR2/REEVAL	DR NEGIN RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/17/21	PR2/REEVAL	DR AZIMZADEH/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/24/21	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/17/21	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/21/21	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/28/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
04/29/21	INITIAL EXAM	DR JUSIN PAQUETTE @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
05/06/21	SHOCK WAVE	THERAPY W/DR JAVAD NAJIB @ FMR* #1 R FT	180.00
/ /	INTERPRETER:	FERNNY MARTINEZ # 006772	0.00
06/14/21	PMT BY CHECK	DOS 4/17/21* =# 99562480	-90.00
05/13/21	SHOCK WAVE	THERAPY W/DR JAVAD NAJIB @ FMR* #2 R/FT	180.00
/ /	INTERPRETER:	FERNNY MARTINEZ # 006772	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 78167

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
CA20083836-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W. C. DEPARTMENT
ATTN: AARON ALEXANDER
P.O. BOX # 14421
LEXINGTON, KY 40512

Case: vs TARGET CORP
Date Of Injury: CT 3/20/20

DOS	SERVICE	DESCRIPTION	AMOUNT
06/23/21	PMT BY CHECK	DOS 4/21/21* =# 99566232	-90.00
05/15/21	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/29/21	PMT BY CHECK	DOS 4/28/21* =# 99568297	-90.00
07/02/21	PMT BY CHECK	DOS 5/6/21* =# 99570288	-180.00
05/20/21	SHOCK WAVE	THERAPY W/DR JAVAD NAJIB @ FMR* #3 R/FT	180.00
/ /	INTERPRETER:	FERNNY MARTINEZ # 006772	0.00
07/02/21	PMT BY CHECK	DOS 4/29/21* =# 99570050	-90.00
05/24/21	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	MIGUEL RUIZ # 013906	0.00
07/20/21	PMT BY CHECK	DOS 5/15/21* =# 99576815	-90.00
07/23/21	PMT BY CHECK	DOS 5/13/21* =# 100069092	-90.00
07/27/21	PMT BY CHECK	DOS 5/24/21* =# 100070189	-180.00
06/03/21	SHOCK WAVE	THERAPY W/DR JAVAD NAJIB @ FMR* #1 L/FOOT	180.00
/ /	INTERPRETER:	FERNNY MARTINEZ # 006772	0.00
07/30/21	PMT BY CHECK	DOS 5/20/21* =# 100071716	-90.00
06/10/21	SHOCK WAVE	THERAPY W/DR JAVAD NAJIB @ FMR* #2 L/FOOT	180.00
/ /	INTERPRETER:	FERNNY MARTINEZ # 006772	0.00
06/17/21	SHOCK WAVE	THERAPY W/DR JAVAD NAJIB @ FMR* #1 R/WRIST/HAND	180.00
/ /	INTERPRETER:	FERNNY MARTINEZ # 006772	0.00
06/19/21	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
08/18/21	PMT BY CHECK	DOS 6/3/21* =# 100079197	-90.00
06/24/21	SHOCK WAVE	THERAPY W/DR JAVAD NAJIB @ FMR* #2 R/WRIST	180.00
/ /	INTERPRETER:	FERNNY MARTINEZ # 006772	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 78167

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
CA20083836-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W. C. DEPARTMENT
ATTN: AARON ALEXANDER
P.O. BOX # 14421
LEXINGTON, KY 40512

Case: vs TARGET CORP
Date Of Injury: CT 3/20/20

DOS	SERVICE	DESCRIPTION	AMOUNT
08/23/21	PMT BY CHECK	DOS 6/10/21* =# 100080933	-90.00
08/31/21	PMT BY CHECK	DOS 6/17/21* =# 100084269	-90.00
09/03/21	PMT BY CHECK	DOS 6/19/21* =# 100086035	-90.00
07/01/21	SHOCK WAVE	THERAPY W/DR NAJIB @ FMR* #3 R/WRIST & HAND	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
07/07/21	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
07/08/21	SHOCK WAVE	THERAPY W/DR NAJIB @ FMR* #1 L/WRIST & HAND	180.00
/ /	INTERPRETER:	FERNNY MARTINEZ # 006772	0.00
09/08/21	PMT BY CHECK	DOS 6/2421* =# 100087003	-180.00
07/17/21	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/17/21	PMT BY CHECK	DOS 7/1/21* =# 106991741	-180.00
07/22/21	SHOCK WAVE	THERAPY NAJIB @ FMR*	180.00
/ /	INTERPRETER:	FERNNY MARTINEZ # 006772	0.00
09/22/21	PMT BY CHECK	DOS 7/7/21* =# 106993207	-180.00
09/23/21	PMT BY CHECK	DOS 7/8/21* # 106993552	-180.00
		BALANCE	5085.00

* 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 14421
Lexington, KY 40512-4421

0001335-0004617 0106 001 336846 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
09/08/2021	180.00	100087003
PAYEE		**TAX ID**
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		**PAGE**
213 Sedgwick Claims Management Services Inc.		01 of 01

Claimant Name			Loss Date	Claim Number
			03/20/2020	CA200838360001
Amt Paid:	180.00	Description:	Interpreter	
Amt Billed:	180.00	Invoice:	5320210903042203	ICN:1639-715831
Dates:	06/24/2021 - 06/24/2021	Comment:		

78167

SWK:RM:SDM:00:NP

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

0001624-0006711 0106 001 340892 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
09/17/2021	180.00	106991741
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
213 Sedgwick Claims Management Services Inc.		01 of 01

78167

Claimant Name		Loss Date	Claim Number
		03/20/2020	CA200838360001
Amt Paid: 180.00	Description:	Interpreter	
Amt Billed: 180.00	Invoice:	5320210915051961	ICN:1639-717240
Dates: 07/01/2021 - 07/01/2021	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 Claims Management Services, Inc
on Behalf of Target Corporation

ORIGIN 2131639
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/17/2021

106991741

62-22
311

PAY: ******ONE HUNDRED EIGHTY AND 00/100 DOLLARS

$180.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Bob Blankenship

MEMO: MP

Target Corporation, Principal
Sedgwick Claims Management Services, Inc., Agent By:

1141901788

⑈106991741⑈ ⑆031100225⑆ 207995005970 3⑈

M

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

DATE	CHECK AMOUNT	CHECK NUMBER
09/22/2021	180.00	106993207
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
213 Sedgwick Claims Management Services Inc.		01 of 01

0002356-0009193 0106 001 342200

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

78167

Claimant Name			Loss Date	Claim Number
			03/20/2020	CA200838360001
Amt Paid:	180.00	Description:	Interpreter	
Amt Billed:	180.00	Invoice:	5320210920033994	ICN:1639-717876
Dates:	07/07/2021 - 07/07/2021	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 Claims Management Services, Inc
on Behalf of Target Corporation

ORIGIN 2131639 Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/22/2021

106993207

62-22
311

PAY: ******ONE HUNDRED EIGHTY AND 00/100 DOLLARS

$180.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Bob Blankenship

MEMO: MP

Target Corporation, Principal
Sedgwick Claims Management Services, Inc., Agent By:

1145309392

⑈106993207⑈ ⑆031100225⑆ 20799500597 03⑈

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

0002935-0007719 0106 001 342279 SWK

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

DATE	CHECK AMOUNT	CHECK NUMBER
09/23/2021	180.00	106993552
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
213 Sedgwick Claims Management Services Inc.		01 of 01

Claimant Name		Loss Date	Claim Number
		03/20/2020	CA200838360001
Amt Paid: 180.00	Description:	Interpreter Travel	
Amt Billed: 180.00	Invoice:	78167	ICN:CA200838360001
Dates: 07/08/2021 - 07/08/2021	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 Claims Management Services, Inc
on Behalf of Target Corporation

ORIGIN 2131639 Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/23/2021

106993552

62-22
311

PAY: ******ONE HUNDRED EIGHTY AND 00/100 DOLLARS

$180.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

Target Corporation, Principal
Sedgwick Claims Management Services, Inc., Agent By:

1145672346

⑈106993552⑈ ⑆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 78579

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
40210272SBD

BILL TO:
SEDGWICK CLAIMS (LEXINGT14522)
W. C. DEPARTMENT
ATTN: DANIEL CALIO
P.O. BOX 14522
LEXINGTON, KY 40512

Case: vs INTERIOR LOGIC GROUP
Date Of Injury: 6/19/20

DOS	SERVICE	DESCRIPTION	AMOUNT
07/28/20	INITIAL EXAM	DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/03/20	INITIAL ACUP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/04/20	INIT PHYSIO	TX W/DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/05/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/11/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/13/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/17/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/19/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/27/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/01/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/31/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/02/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/09/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/08/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/10/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	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#
09/22/21 78579

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
40210272SBD

BILL TO:
SEDGWICK CLAIMS (LEXINGT14522)
W. C. DEPARTMENT
ATTN: DANIEL CALIO
P.O. BOX 14522
LEXINGTON, KY 40512

Case: vs INTERIOR LOGIC GROUP
Date Of Injury: 6/19/20

DOS	SERVICE	DESCRIPTION	AMOUNT
09/11/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
09/15/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/16/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/18/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/29/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
10/02/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/01/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/06/20	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/13/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/12/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/14/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/15/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/19/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
10/20/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/22/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/22/21 78579

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
40210272SBD

BILL TO:
SEDGWICK CLAIMS (LEXINGT14522)
W. C. DEPARTMENT
ATTN: DANIEL CALIO
P.O. BOX 14522
LEXINGTON, KY 40512

Case: vs INTERIOR LOGIC GROUP
Date Of Injury: 6/19/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/26/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/27/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/28/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/29/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/03/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
11/23/20	INITL CHIRO	DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
12/03/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/07/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
12/08/20	FOLLOW-UP	W/ ACUPUNCT KYUNGMI LEE @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/10/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/15/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/14/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/17/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/21/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/22/21 78579

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
40210272SBD

BILL TO:
SEDGWICK CLAIMS (LEXINGT14522)
W. C. DEPARTMENT
ATTN: DANIEL CALIO
P.O. BOX 14522
LEXINGTON, KY 40512

Case: vs INTERIOR LOGIC GROUP
Date Of Injury: 6/19/20

DOS	SERVICE	DESCRIPTION	AMOUNT
12/22/20	FOLLOW-UP	W/ACUPUNCT KYUNGMI LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/04/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
12/16/20	EMG TESTING	& NCV L/E BY DR BEZHA/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/06/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/08/21	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR 2H 30M	225.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/12/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/20/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/18/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
01/25/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/02/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/05/21	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	RUTH ISABEL COELLO # 010459	0.00
02/08/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/10/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/16/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/22/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/22/21 78579

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
40210272SBD

BILL TO:
SEDGWICK CLAIMS (LEXINGT14522)
W. C. DEPARTMENT
ATTN: DANIEL CALIO
P.O. BOX 14522
LEXINGTON, KY 40512

Case: vs INTERIOR LOGIC GROUP
Date Of Injury: 6/19/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/24/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/25/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/02/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
03/05/21	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/08/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/09/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
03/10/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
03/15/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/17/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/19/21	PR2/REEVAL	DR MOHAMMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/24/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/11/21	PMT BY CHECK	DOS 3/19/21* # 123672707	-180.00
04/13/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
04/15/21	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/20/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/27/21	PMT BY CHECK	DOS 3/24/21* =# 123674282	-90.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/22/21 78579

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
40210272SBD

BILL TO:
SEDGWICK CLAIMS (LEXINGT14522)
W. C. DEPARTMENT
ATTN: DANIEL CALIO
P.O. BOX 14522
LEXINGTON, KY 40512

Case: vs INTERIOR LOGIC GROUP
Date Of Injury: 6/19/20

DOS	SERVICE	DESCRIPTION	AMOUNT
04/22/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/03/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/11/21	PMT BY CHECK	DOS 4/15/21* =# 123675642	-90.00
05/05/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/14/21	PMT BY CHECK	DOS 4/13/21* =# 123675765	-90.00
06/17/21	PMT BY CHECK	DOS 4/20/21* =# 123676137	-90.00
05/13/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
05/14/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
06/22/21	PMT BY CHECK	DOS 4/22/21* =# 123676569	-90.00
05/19/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
07/02/21	PMT BY CHECK	DOS 5/3/21* =# 124837320	-90.00
05/20/21	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
07/07/21	PMT BY CHECK	DOS 5/5/21* =# 124837611	-90.00
05/26/21	PR2/REEVAL	DR WILLIAM SIMPSON @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/22/21	PMT BY CHECK	DOS 5/20/21* =# 124839387	-90.00
07/16/21	PMT BY CHECK	DOS 5/14/21* =# 124838692	-90.00
07/22/21	PMT BY CHECK	DOS 5/13/21, 5/19/21* =# 124839318	-180.00
07/29/21	PMT BY CHECK	DOS 5/26/21* =# 124840016	-90.00
06/08/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/22/21 78579

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
40210272SBD

BILL TO:
SEDGWICK CLAIMS (LEXINGT14522)
W. C. DEPARTMENT
ATTN: DANIEL CALIO
P.O. BOX 14522
LEXINGTON, KY 40512

Case: vs INTERIOR LOGIC GROUP
Date Of Injury: 6/19/20

DOS	SERVICE	DESCRIPTION	AMOUNT
06/15/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
06/16/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
06/28/21	PR2/REEVAL	DR STEPHEN FLORES @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
08/27/21	PMT BY CHECK	DOS 6/15/21* =# 124842898	-90.00
06/30/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/07/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/14/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
09/17/21	PMT BY CHECK	DOS 6/30/21* =# 124844886	-180.00

BALANCE 14715.00

* 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 14522
Lexington, KY 40512-4497

DATE	CHECK AMOUNT	CHECK NUMBER
09/17/2021	180.00	124844886
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
665 Sedgwick Claims Management Services, Inc		01 of 01

0001624-0006715 0106 001 340892

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

78579

Claimant Name		Loss Date	Claim Number
		06/19/2020	40210272FBD-0001
Amt Paid:	180.00	Description:	Interpreter
Amt Billed:	180.00	Invoice:	5320210914029120 ICN:7286-31496
Dates:	06/30/2021 - 06/30/2021	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
Starr Indemnity & Liability Company
Starr Indemnity & Liability Co

ORIGIN 6657286

Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/17/2021

124844886

62-22
311

PAY: ******ONE HUNDRED EIGHTY AND 00/100 DOLLARS

$180.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Bob Blankenship

MEMO: MP

Starr Indemnity Liability Co, Principal
Sedgwick Claims Management Services, Inc., Agent By:

1141915853

⑈124844886⑈ ⑆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#
09/20/21 78624

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
40200921D340001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: ROSA GODINEZ
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs NORTHGATE GONZALEZ MARKETS INC
Date Of Injury: 6/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
08/05/20	INITIAL EXAM	-DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/12/20	INIT PHYSIO	-THERAPY W/DR JAVAD NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
08/14/20	FOLLOW-UP	-W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/19/20	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
08/21/20	FOLLOW-UP	-W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/26/20	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
08/28/20	FOLLOW-UP	-W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/02/20	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/04/20	FOLLOW-UP	-W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/09/20	F/U CHIRO TX	-CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/16/20	PR2/REEVAL	-DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/18/20	FOLLOW-UP	-W/ ACUPUNCT SUNGSOO HWANG @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/19/20	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
09/23/20	FOLLOW-UP	-W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
09/24/20	F/U PHYSIO	-THERAPY W/DR COOK @ FMR*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/20/21 78624

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
40200921D340001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: ROSA GODINEZ
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs NORTHGATE GONZALEZ MARKETS INC
Date Of Injury: 6/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/25/20	FOLLOW-UP	-W/ ACUPUNCT SUNGSOO HWANG @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
09/26/20	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/30/20	FOLLOW-UP	-W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/02/20	FOLLOW-UP	-W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
10/07/20	FOLLOW-UP	-W/ ACUPUNCT SEONG KWANG LIM FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
10/10/20	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/09/20	FOLLOW-UP	-W/ ACUPUNCT SUNGSOO @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
10/01/20	F/U PHYSIO	-THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
10/03/20	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
10/28/20	PR2/REEVAL	-DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/29/20	FOLLOW-UP	-W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
11/04/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
11/07/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
11/18/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/20/21 78624

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
40200921D340001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: ROSA GODINEZ
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs NORTHGATE GONZALEZ MARKETS INC
Date Of Injury: 6/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
12/22/20	PMT BY CHECK	DOS 10/29/20* =# 122288802	-90.00
12/02/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
12/12/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
12/16/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
12/19/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/09/21	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
01/15/21	PR2/REEVAL	DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/23/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/21/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/01/21	PMT BY CHECK	DOS 12/12/20* =#122775778	-90.00
01/28/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/30/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/04/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
03/09/21	PMT BY CHECK	DOS 1/15/21* # 123381135	-90.00
02/06/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/13/21	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/20/21	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	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#
09/20/21 78624

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
40200921D340001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: ROSA GODINEZ
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs NORTHGATE GONZALEZ MARKETS INC
Date Of Injury: 6/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
12/31/20	PMT BY CHECK	DOS 11/7/20* =# 122288951	-90.00
02/25/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/26/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/27/21	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/27/21	PMT BY CHECK	DOS 2/20/21, 2/26/21* =# 123903360	-180.00
04/26/21	PMT BY CHECK	DOS 2/25/21* =# 123903306	-90.00
05/01/21	PMT BY CHECK	DOS 2/27/21* =# 123903457	-90.00
06/16/21	LIEN FIL FEE	LIEN FILING FEE	150.00
06/29/21	PMT BY CHECK	DOS 9/25/20-2/13/21* =# 124327463	-3240.00
09/15/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
09/15/21	RMB IBR FEE	DOS 12/12/20-1/15/21* # 125087745	-180.00
09/15/21	PMT BY CHECK	DOS 12/12/20-1/15/21* # 125087745	-180.00
		BALANCE	4290.00

* 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

0005512-0015891 0106 001 969843 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
03/01/2021	90.00	122775778
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
528 Sedgwick Claims Management Services, Inc		01 of 01

MAR 05 2021

78624

Claimant Name		Loss Date	Claim Number
		06/18/2020	40200921D34-0001
Amt Paid: 90 00	Description:	Interpreter	
Amt Billed: 180.00	Invoice:	5320210204003400	ICN:9115-23117
Dates: 12/12/2020 - 12/12/2020	Comment:		

SWK RM SDM.00 NP

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

Sedgwick Claims Management Services, Inc
P O Box 14440
Lexington, KY 40512-4440

DATE	CHECK AMOUNT	CHECK NUMBER
03/09/2021	90.00	123381135
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
528 Sedgwick Claims Management Services, Inc		01 of 01

0001934-0007883 0106 001 972861

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

78624

Claimant Name			Loss Date	Claim Number
			06/18/2020	40200921D34-0001
Amt Paid:	90.00	Description:	Interpreter	
Amt Billed:	180.00	Invoice:	5320210303070620	ICN:9115-23667
Dates:	01/15/2021 - 01/15/2021	Comment:		

RECEIVED MAR 12 2021

SWK.RM.SDM.00.NP

For additional information about this payment or other bills, visit us at https://vlaoneselfservice.sedgwickcms.net/User/Login

M

Sedgwick Claims Management Services, Inc
P O Box 14440
Lexington, KY 40512-4440

0000640-0001903 0106 001 340054 SWK

DATE	CHECK AMOUNT	CHECK NUMBER
09/15/2021	360.00	125087745
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
528 Sedgwick Claims Management Services, Inc		01 of 01

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

78624

Claimant Name	Loss Date	Claim Number
	06/18/2020	40200921D34-0001
Amt Paid: 360.00	Description:	
Amt Billed: 360.00	Invoice: 512021083102559	ICN:40200921D340001
Dates: 12/12/2020 - 01/15/2021	Comment: IBR CB21-0001358	

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
Northgate Gonzalez Markets
Safety National Casualty Corporation

ORIGIN 5289115
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/15/2021

125087745

62-22
311

PAY: ******THREE HUNDRED SIXTY AND 00/100 DOLLARS

$360.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

1139450293

Bob Blankenship

MEMO: MP

Northgate Gonzalez Markets, Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈125087745⑈ ⑆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#
09/14/21 78697

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
30205742468-0001

BILL TO:
SEDGWICK CLAIMS (LEX-14779)
W. C. DEPARTMENT
ATTN: DANIEL IBARRA
P.O. BOX 14779
LEXINGTON, KY 40512

Case: vs SALS ELECTRIC
Date Of Injury: 12/9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/10/20	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
08/12/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
08/17/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
08/19/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
08/26/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
08/31/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
09/09/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
09/18/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
09/23/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
10/02/20	PR2/REEVAL	DR ERIC GOFNUNG @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
10/07/20	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
10/14/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
12/02/20	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
12/09/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
12/16/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/14/21 78697

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
30205742468-0001

BILL TO:
SEDGWICK CLAIMS (LEX-14779)
W. C. DEPARTMENT
ATTN: DANIEL IBARRA
P.O. BOX 14779
LEXINGTON, KY 40512

Case: vs SALS ELECTRIC
Date Of Injury: 12/9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/13/21	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
02/19/21	PMT BY CHECK	DOS 12/16/20* # 123032392	-180.00
01/25/21	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
02/22/21	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
04/05/21	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
04/22/21	INITIAL ACUP	W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
06/24/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
07/08/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
09/10/21	PMT BY CHECK	DOS 6/24/21* # 125677644	-180.00

BALANCE 3600.00

* 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

Sedgwick Claims Management Services, Inc
PO Box 14779
Lexington, KY 40512

0001423-0005821 0106 001 337581 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
09/10/2021	180.00	125677644
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
523 Sedgwick Claims Management Services, Inc		01 of 01

78697

Claimant Name			Loss Date	Claim Number
			12/09/2019	30205742468-0001
Amt Paid:	180.00	Description:	Interpreter	
Amt Billed:	180.00	Invoice:	5320210908039894	ICN:6200-1029423
Dates:	06/24/2021 - 06/24/2021	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: 09/10/2021

125677644

62-22
311

PAY: ******ONE HUNDRED EIGHTY AND 00/100 DOLLARS

$180.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Bob Blankenship

MEMO: MP

Accredited Surety and Casualty, Principal
Sedgwick Claims Management Services, Inc., Agent By:

1136112250

⑈125677644⑈ ⑆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#
09/29/21	79125

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30205313008-0001

BILL TO:
SEDGWICK CLAIMS (LEX-14779)
W. C. DEPARTMENT
ATTN: FRANK SERVANTES
P.O. BOX 14779
LEXINGTON, KY 40512

Case: vs LAS DES AS INC
Date Of Injury: 12/31/09-10/25/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/25/20	INITIAL EXAM	DR ERIC GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
10/02/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
10/05/20	F/U CHIRO TX	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
10/09/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/16/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
10/19/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
10/30/20	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
11/02/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
11/09/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
11/16/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
12/29/20	INITIAL ACUP	W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
01/12/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
01/14/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
01/19/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/29/21 79125

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30205313008-0001

BILL TO:
SEDGWICK CLAIMS (LEX-14779)
W. C. DEPARTMENT
ATTN: FRANK SERVANTES
P.O. BOX 14779
LEXINGTON, KY 40512

Case: vs LAS DES AS INC
Date Of Injury: 12/31/09-10/25/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
01/21/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
01/26/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
01/28/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
02/04/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
02/12/21	PR2/REEVAL	DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/18/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
03/23/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
03/30/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
04/06/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
04/20/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
04/29/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
04/27/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
05/06/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
05/11/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
06/21/21	PMT BY CHECK	DOS 9/25/20-4/20/21* =# 124377700	-2160.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/29/21 79125

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30205313008-0001

BILL TO:
SEDGWICK CLAIMS (LEX-14779)
W. C. DEPARTMENT
ATTN: FRANK SERVANTES
P.O. BOX 14779
LEXINGTON, KY 40512

Case: vs LAS DES AS INC
Date Of Injury: 12/31/09-10/25/19

DOS	SERVICE	DESCRIPTION	AMOUNT
06/22/21	PMT BY CHECK	DOS 4/27/21* =# 124377973	-90.00
06/25/21	PMT BY CHECK	DOS 4/29/21* =# 124378861	-90.00
05/18/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
07/19/21	PMT BY CHECK	DOS 5/11/21* =# 124948233	-90.00
07/06/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
07/13/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
09/21/21	PMT BY CHECK	DOS 7/6/21 =# 125901141	-180.00

BALANCE 2970.00

* 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 14779
Lexington, KY 40512

0002837-0006893 0106 001 341523 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
09/21/2021	180.00	125901141
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
523 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name		Loss Date	Claim Number
		10/02/2019	30205313008-0001
Amt Paid: 180.00	Description:	Interpreter	
Amt Billed: 180.00	Invoice:	5320210916020523	ICN:6200-1032489
Dates: 09/10/2021 - 09/10/2021	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 Falls Lake Fire and Casualty Company
Falls Lake Fire and Casualty Company

ORIGIN 5236200 Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/21/2021

125901141

62-22
311

PAY: ******ONE HUNDRED EIGHTY AND 00/100 DOLLARS

$180.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Bob Blankenship

MEMO: MP

Falls Lake Fire and Casualty C, Principal
Sedgwick Claims Management Services, Inc., Agent By:

1143518623

⑈125901141⑈ ⑆031100225⑆ 207995005970 3⑈

EXPLANATION OF BILL REVIEW

sedgwick®

PAYOR **Sedgwick Claims Management Services, Inc**		RECEIVED BY VENDOR **09/14/2021**	DATE OF INJURY **10/02/2019**
BILL ID(ICN) **6200-1032489**		PROCESSED BY VENDOR **09/17/2021**	SOCIAL SECURITY NUMBER
PATIENT NAME (LAST. FIRST. MI)		PRESCRIBING PHYSICIAN NAME (LAST, FIRST, MI)	
PROVIDER NAME AND ADDRESS **JOYCE ALTMAN INTERPR PO BOX 4165 TUSTIN, CA 92781**	INJURED ADDRESS	PRESCRIBING PHYSICIAN ADDRESS	
	IMAGE NUMBER (DCN) **5120210914018762**	PRESCRIPTION (RX) NUMBER **0**	
	EMPLOYER NAME **Las Des As, Inc. (A Corp)**	CARRIER NAME **Falls Lake Fire and Casualty Company**	
TREATING PROVIDER **JOYCE ALTMAN INTERPRETERS INC**	EMPLOYER ADDRESS **185 E. Jefferson Blvd. Los Angeles, CA 90011 Falls Lake Fire and Casualty Company**	CARRIER ADDRESS **P.O. Box 97488 Raleigh, NC 276247488 919-882-3500**	
PROVIDER TAX ID **330956713**			
DATES OF SERVICE **09/10/2021 - 09/10/2021**	EMPLOYER CONTRACT NUMBER **6200**	PATIENT ACCOUNT NUMBER **79125**	
PROVIDER NPI	TPA CLAIM NUMBER **30205313008-0001**	TPA TRANSACTION # (MBDCN) **5320210916020523**	
ICD CODES **T14.90**			

Date of Service	Paid Units	Billed Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance	Days Supply	EAPG Code
09/10/2021	1	1	T1013	180.00	0.00	0.00	0.00	180.00	0	0

Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN
Reason Codes: 5570,197,131,G67
Group Codes: CO

Explanation of Reason Codes For Detail Lines
197 RECOMMENDED ALLOWANCE BASED ON NEGOTIATED DISCOUNT/RATE.
5570 Internal Use Only
G67 PAYMENT BASED ON INDIVIDUAL PRE-NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE. ( )
131 CLAIM SPECIFIC NEGOTIATED DISCOUNT.

Explanation of Group Codes For Detail Lines
CO The amount adjusted due to a contractual obligation between the provider and the payer. It is not the patient's responsibility under any circumstances.

Explanation of Bill Review:

TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW Form: http://www.dir.ca.gov/dwc/DWCPropRegs/IBR/FormSBR_1.pdf A fter an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee (herein referred to as 'Provi der') that disputes the amount paid may submit an appeal/reconsideration/Request for Second Review to the claims administrator within 90 days of service of th e EOR. The Request for Second Review must conform to the requirements of the DWC's Medical Billing and Payment Guide, and regulations at Title 8, CA Code of Regulations, section 9792.5.4 et seq. If the dispute is the amount of payment and the Provider does not request a second review within 90 days of the service of the EOR, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. REQUEST FOR INDEPE NDENT BILL REVIEW Form:

QUESTIONS ABOUT OTHER SEDGWICK PAYMENTS?

Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

QUESTIONS ABOUT THIS EXPLANATION OF REVIEW?

Bill Review Vendor: **Sedgwick CMS - National Bill Review**
P.O. Box 14447
Lexington, KY 40512-4447

Customer Service Phone: **(866) 495-7844**
(859) 280-4802 (fax)

PPO Network:

PPO Sub Network:

FOR RECONSIDERATIONS

Address: **Sedgwick Claims Management Services**
PO Box 14779
Lexington, KY 40512
Phone: 855-703-9470

Fax: **859-280-3275**

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 79028

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
55C562978-52

BILL TO:
SENTRY INSURANCE (WI-8032)
W. C. DEPARTMENT
ATTN: ARRIES ROGERS
P.O. BOX 8032
STEVENS POINT, WI 54481

Case: vs MARIPOSA LANDSCAPES, INC
Date Of Injury: 6/29/20

DOS	SERVICE	DESCRIPTION	AMOUNT
09/17/20	INITIAL EXAM	DR MOHOMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/21/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/23/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/28/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/30/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/05/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/07/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/23/20	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/09/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/10/20	INIT PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/11/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
11/12/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/19/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
11/18/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/23/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/25/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/08/21 79028

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
55C562978-52

BILL TO:
SENTRY INSURANCE (WI-8032)
W. C. DEPARTMENT
ATTN: ARRIES ROGERS
P.O. BOX 8032
STEVENS POINT, WI 54481

Case: vs MARIPOSA LANDSCAPES, INC
Date Of Injury: 6/29/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
12/03/20	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/05/20	INITIAL EXAM	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
12/10/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/14/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
12/16/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/21/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/22/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/23/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/04/21	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/06/21	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/15/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
01/07/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/12/21	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/13/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/08/21 79028

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
55C562978-52

BILL TO:
SENTRY INSURANCE (WI-8032)
W. C. DEPARTMENT
ATTN: ARRIES ROGERS
P.O. BOX 8032
STEVENS POINT, WI 54481

Case: vs MARIPOSA LANDSCAPES, INC
Date Of Injury: 6/29/20

DOS	SERVICE	DESCRIPTION	AMOUNT
02/15/21	PMT BY CHECK	DOS 12/16/20* =# 50223671	-90.00
02/15/21	PMT BY CHECK	DOS 9/17/20-12/14/20*	-1800.00
02/17/21	PMT BY CHECK	DOS 12/17/20* =# 50229132	-90.00
02/17/21	PMT BY CHECK	DOS 12/22/20* =# 50229100	-90.00
02/23/21	PMT BY CHECK	DOS 1/4/21* =# 50241008	-90.00
02/23/21	PMT BY CHECK	DOS 12/23/20* =# 50241012	-90.00
02/23/21	PMT BY CHECK	DOS 12/21/20* =# 50241142	-90.00
02/24/21	PMT BY CHECK	DOS 12/15/20* =# 50243758	-90.00
02/26/21	PMT BY CHECK	DOS 1/7/21* =# 50250208	-90.00
03/03/21	PMT BY CHECK	DOS 1/6/21* =# 50258545	-90.00
03/02/21	PMT BY CHECK	DOS 1/12/21* =# 50256483	-90.00
03/03/21	PMT BY CHECK	DOS 1/13/21* =# 50258522	-90.00
02/08/21	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/20/21	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
03/30/21	PMT BY CHECK	DOS 2/8/21* =# 50320324	-90.00
03/09/21	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
04/12/21	PMT BY CHECK	DOS 2/20/21* =# 50349242	-90.00
03/20/21	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
04/23/21	PMT BY CHECK	DOS 3/9/21* =# 50376866	-90.00
05/10/21	PMT BY CHECK	DOS 3/20/21* =# 50410872	-90.00
05/17/21	PMT BY CHECK	DOS 12/17/20* =# 50427156	-90.00
05/17/21	PMT BY CHECK	DOS 9/17/20-12/14/20* =# 50427211	-1800.00
04/13/21	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/19/21	PMT BY CHECK	DOS 12/22/20* =# 50433358	-90.00
04/17/21	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/08/21 79028

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
55C562978-52

BILL TO:
SENTRY INSURANCE (WI-8032)
W. C. DEPARTMENT
ATTN: ARRIES ROGERS
P.O. BOX 8032
STEVENS POINT, WI 54481

Case: vs MARIPOSA LANDSCAPES, INC
Date Of Injury: 6/29/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/26/21	PMT BY CHECK	DOS 12/15/20* =# 50450917	-90.00
05/26/21	PMT BY CHECK	DOS 12/23/20* =# 50451037	-90.00
05/26/21	PMT BY CHECK	DOS 1/4/21* =# 50450956 1	-90.00
05/26/21	PMT BY CHECK	DOS 12/21/20* =# 50450957	-90.00
05/27/21	PMT BY CHECK	DOS 1/6/21* =# 50453829	-90.00
05/27/21	PMT BY CHECK	DOS 1/12/21* =# 50453791	-90.00
06/03/21	PMT BY CHECK	DOS 1/13/21* =# 50466154	-90.00
06/03/21	PMT BY CHECK	DOS 1/7/21* =# 50466182	-90.00
06/07/21	PMT BY CHECK	DOS 4/13/21* =# 50472264	-90.00
06/09/21	PMT BY CHECK	DOS 4/17/21* =# 50477236	-90.00
06/23/21	PMT BY CHECK	DOS 2/8/21* =# 50509033	-90.00
05/22/21	P AND S	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/25/21	PR2/REEVAL	DR MAGGI PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/21/21	PMT BY CHECK	DOS 5/22/21* # 50570462	-90.00
07/22/21	PMT BY CHECK	DOS 5/25/21* =# 50573563	-90.00
08/04/21	PMT BY CHECK	DOS 3/20/21* =# 50604524	-90.00
07/06/21	P AND S	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/30/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
08/30/21	RMB IBR FEE	DOS 2/20/21 # 50659657	-180.00
08/30/21	PMT BY CHECK	DOS 2/20/21 # 50659657	-90.00
08/26/21	PMT BY CHECK	DOS 4/13/21* =# 50653077	-90.00
08/26/21	PMT BY CHECK	DOS 4/17/21* =# 50653078	-90.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/08/21 79028

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
55C562978-52

BILL TO:
SENTRY INSURANCE (WI-8032)
W. C. DEPARTMENT
ATTN: ARRIES ROGERS
P.O. BOX 8032
STEVENS POINT, WI 54481

Case: vs MARIPOSA LANDSCAPES, INC
Date Of Injury: 6/29/20

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 540.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ or Petitioner is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Applic of Adjud, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien/ or Petition. SEE JOYCE ALTMAN INTERPRETERS' MARKET RATE AT: www.ProofOfMarketRate.net.

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT WI 54481-8032

Please retain for your records. No. 50349242

0000071

Sentry

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

APR 19 2021

ICN: 01CA-638560
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
022021 THRU 022021
ACCT#79028

RECEIVED
APR 19 2021
BY:

REFERENCE NO.: 113810796
EMPLOYEE/PATIENT:

CL NO. 55C562978
NOT NEGOTIABLE
$**********90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#79028

1 00001 0000071 21102 N AC 0 210412225012.9400 00270200443604315474927814165 65 55C562978

0-656B

▼ Detach Here ▼

(10/13)

Sentry

CLAIM ACCOUNT

No. 50349242

56-382/412 WELLS FARGO BANK, N.A.

VOID VOID VOID VOID

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED	VOID AFTER ONE YEAR
55C562978	06/29/2020	MARIPOSA LANDSCAPES INC	04/12/2021	

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#79028	$**********90.00

PAY NINETY AND NO/100 DOLLARS

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY CASUALTY COMPANY

Dale Bukowski

⑈50349242⑈ ⑆041203824⑆ 960003168 1⑈

Payment ID Number (Check No.): 50349242
Payment Date (Mail Date): 04/13/21
Payment Method: Paper Check

EXPLANATION OF REVIEW

SENTRY CASUALTY COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
04/12/2021

Date of Injuiry
06/29/2020

Patient Name

Claim Number
55C562978

Street Address

Employer ID (Policy No.)
90207200100201

City

State

Zip Code

Employer Name
MARIPOSA LANDSCAPES IN

Social Security Number

Provider Name
JOYCE ALTMAN INTERPRETERS INC

Street Address
PO BOX 4165

City
TUSTIN

State
CA

Zip Code
92781

Fein Number
330956713

Rendering Provider Name:
JOYCE ALTMAN INTERPRETERS INC JOYCE ALTMAN INTERPRETERS

Rendering Provider ID:

Bill Submitters Id: 79028 Payment Status Code: 1 Payer Bill Id: 01CA-638560	Bill Frequency Type: DRG Code: Service Dates: 02/20/2021 - 02/20/2021	Date Bill Received	Total Charge	Payment
		04/08/2021	180.00	90.00

Date of Service	Billed/ Paid Proc Code	Revenue Code	Type of Service/ Prescription Number	Billed/ Paid Units	Adjust-ment Quantity	Charge/ Paid Amount	Reduction Amount	Recommended Adjustment	DWC Reason Code	Notes
02/20/2021	Q00014		INTERPRETER OTHER 15	120 120	0	180.00 90.00	90.00	90.00	G1	1

REASON FOR REDUCTION OR DENIAL:

1	A90	WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1
	G1	THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.

Comments:

Electronic Billing:

Medical and Dental: Sentry and its affiliated companies accepts electronic billing from medical providers on Workers' Compensation claims via the Jopari clearinghouse. Medical and dental providers will need to include Sentry's Workers' Compensation Payer ID - J1417 and the patient's claim number with bill submissions.

Pharmacy/Prescription Medicine Bills: Sentry and its affiliated companies partners with Optum Pharmacy Benefits Management Program to process pharmacy and/or prescription medicine invoices submitted electronically. The Optum Payer ID is BIN 004261 and the PCN is CAL.

More information related to electronic billing can be found on our website www.sentry.com under the For Medical Providers section.

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT WI 54481-8032

Please retain for your records. No. 50659657

0000196

Sentry®

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

ICN: 01CA-686226
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
022021 THRU 022021
ACCT#79028
RECONSIDERATION. PREVIOUSLY PAID $90.00

REFERENCE NO.: 114154657
EMPLOYEE/PATIENT:

CL NO. 55C562978
NOT NEGOTIABLE
$*********270.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#79028

1 00001 0000196 21242 N AC 0 210830224123.9400 00270200443621192860927814165 65 55C562978

20-656B

▼ Detach Here ▼ (10/1

Sentry®

CLAIM ACCOUNT

No. 50659657

56-382 / 412 WELLS FARGO BANK, N.A.

VOID VOID VOID VOID

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED	VOID AFTER ONE YEAR
55C562978	06/29/2020	MARIPOSA LANDSCAPES INC	08/30/2021	

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#79028	$*********270.00

PAY **TWO HUNDRED SEVENTY AND NO/100 DOLLARS**

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY CASUALTY COMPANY

Dale Bukowski

⑈50659657⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): 50659657
Payment Date (Mail Date): 08/31/21
Payment Method: Paper Check

EXPLANATION OF REVIEW

SENTRY CASUALTY COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
08/27/2021

Date of Injuiry
06/29/2020

Patient Name

Provider Name
JOYCE ALTMAN INTERPRETERS INC

Claim Number
55C562978

Street Address

Street Address
PO BOX 4165

Employer ID (Policy No.)
90207200100201

City State Zip Code

City State Zip Code
TUSTIN **CA** **92781**

Employer Name
MARIPOSA LANDSCAPES IN

Social Security Number

Fein Number
330956713

Rendering Provider Name:
JOYCE ALTMAN INTERPRETERS INC JOYCE ALTMAN INTERPRETERS

Rendering Provider ID:

Bill Submitters Id: **79028**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-686226**	Service Dates: **02/20/2021 - 02/20/2021**	**08/25/2021**	**360.00**	**360.00**

Date of Service	Billed/ Paid Proc Code	Revenue Code	Type of Service/ Prescription Number	Billed/ Paid Units	Adjust-ment Quantity	Charge/ Paid Amount	Reduction Amount	Recommended Adjustment	DWC Reason Code	Notes
02/20/2021	Q00014		INTERPRETER OTHER 15	120 120	0	180.00 180.00	0.00	180.00		
02/20/2021	Q00014		INTERPRETER OTHER 15	1 1	0	180.00 180.00	0.00	180.00	G5	1

REASON FOR REDUCTION OR DENIAL:

1 D13 REIMBURSEMENT OF INDEPENDENT BILL REVIEW (IBR) FILING FEE.
G5 THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

Comments:

Reconsideration. Previously paid $90.00

Per IBR Case Number pay additional $90.00 for date of service 2/20/2021

$180.00 reflects IBR Review Cost

Electronic Billing:

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT WI 54481-8032

Please retain for your records. No. 50472264

0000065

Sentry

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

JUN 15 2021

JUN 14 2021

BY:

ICN: 01CA-657417
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
041321 THRU 041321
ACCT#79028

REFERENCE NO.: 113947919
EMPLOYEE/PATIENT:

CL NO. 55C562978
NOT NEGOTIABLE
$**********90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#79028

1 00001 0000065 21158 N AC 0 210607223822.9400 00270200443611364493927814165 65 55C562978

20-656B

▼ Detach Here ▼

(10/13)

Sentry

CLAIM ACCOUNT

No. 50472264

56-389/412 WELLS FARGO BANK, N.A.

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED	VOID AFTER ONE YEAR
55C562978	06/29/2020	MARIPOSA LANDSCAPES INC	06/07/2021	
PAYMENT COVERS: SEE CHECKSTUB FOR DETAIL ACCT#79028			AMOUNT: $**********90.00	

PAY NINETY AND NO/100 DOLLARS

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY CASUALTY COMPANY

Dale Bukowski

⑈50472264⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): 50472264
Payment Date (Mail Date): 06/08/21
Payment Method: Paper Check

EXPLANATION OF REVIEW

SENTRY CASUALTY COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
06/07/2021

Date of Injuiry
06/29/2020

Claim Number
55C562978

Employer ID (Policy No.)
90207200100201

Employer Name
MARIPOSA LANDSCAPES IN

Patient Name

Street Address

City State Zip Code

Social Security Number

Provider Name
JOYCE ALTMAN INTERPRETERS INC

Street Address
PO BOX 4165

City State Zip Code
TUSTIN CA 92781

Fein Number
330956713

Rendering Provider Name:
JOYCE ALTMAN INTERPRETERS INC JOYCE ALTMAN INTERPRETERS

Rendering Provider ID:

Bill Submitters Id: 79028	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: 1	DRG Code:			
Payer Bill Id: 01CA-657417	Service Dates: 04/13/2021 - 04/13/2021	06/01/2021	180.00	90.00

Date of Service	Billed/ Paid Proc Code	Revenue Code	Type of Service/ Prescription Number	Billed/ Paid Units	Adjust-ment Quantity	Charge/ Paid Amount	Reduction Amount	Recommended Adjustment	DWC Reason Code	Notes
04/13/2021			INTERPRETER OTHER 15	120	0	180.00	90.00	90.00	G1	1
	Q00014			120		90.00				

REASON FOR REDUCTION OR DENIAL:

1	A90	WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1
	G1	THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.

Comments:

Electronic Billing:

Medical and Dental: Sentry and its affiliated companies accepts electronic billing from medical providers on Workers' Compensation claims via the Jopari clearinghouse. Medical and dental providers will need to include Sentry's Workers' Compensation Payer ID - J1417 and the patient's claim number with bill submissions.

Pharmacy/Prescription Medicine Bills: Sentry and its affiliated companies partners with Optum Pharmacy Benefits Management Program to process pharmacy and/or prescription medicine invoices submitted electronically. The Optum Payer ID is BIN 004261 and the PCN is CAL.

More information related to electronic billing can be found on our website www.sentry.com under the For Medical Providers section.

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT WI 54481-8032

Please retain for your records. No. 50653077

0000256

Sentry®

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

ICN: 01CA-684505
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
041321 THRU 041321
ACCT#79028
RECONSIDERATION, PREVIOUSLY PAID $90.00

REFERENCE NO.: 114149623
EMPLOYEE/PATIENT:

CL NO. 55C562978
NOT NEGOTIABLE
$**********90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#79028

1 00001 0000256 21238 N AC 0 210827001241.9400 00270200443620797190927814165 65 55C562978

0-656B ▼ Detach Here ▼ (10/13)

Sentry®

CLAIM ACCOUNT

No. 50653077

56-382
412 WELLS FARGO BANK, N.A.

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED	VOID AFTER ONE YEAR
55C562978	06/29/2020	MARIPOSA LANDSCAPES INC	08/26/2021	

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#79028	$**********90.00

PAY **NINETY AND NO/100 DOLLARS**

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY CASUALTY COMPANY

Sale Bukowski

⑈50653077⑈ ⑆041203824⑆ 960003168 1⑈

Payment ID Number (Check No.): 50653077
Payment Date (Mail Date): 08/27/21
Payment Method: Paper Check

EXPLANATION OF REVIEW

SENTRY CASUALTY COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
08/26/2021

Date of Injuiry
06/29/2020

Patient Name

Provider Name
JOYCE ALTMAN INTERPRETERS INC

Claim Number
55C562978

Street Address

Street Address
PO BOX 4165

Employer ID (Policy No.)
90207200100201

City | State | Zip Code

City
TUSTIN
State
CA
Zip Code
92781

Employer Name
MARIPOSA LANDSCAPES IN

Social Security Number

Fein Number
330956713

Rendering Provider Name:
JOYCE ALTMAN INTERPRETERS INC JOYCE ALTMAN INTERPRETERS

Rendering Provider ID:

Bill Submitters Id: **79028**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: 1	DRG Code:			
Payer Bill Id: **01CA-684505**	Service Dates: **04/13/2021 - 04/13/2021**	**08/21/2021**	**180.00**	**180.00**

Date of Service	Billed/ Paid Proc Code	Revenue Code	Type of Service/ Prescription Number	Billed/ Paid Units	Adjust-ment Quantity	Charge/ Paid Amount	Reduction Amount	Recommended Adjustment	DWC Reason Code	Notes
04/13/2021			**INTERPRETER OTHER 15**	**120**	**0**	**180.00**	**0.00**	**180.00**		
	Q00014			**120**		**180.00**				

Comments:

Reconsideration, previously paid $90.00

Electronic Billing:

Medical and Dental: Sentry and its affiliated companies accepts electronic billing from medical providers on Workers' Compensation claims via the Jopari clearinghouse. Medical and dental providers will need to include Sentry's Workers' Compensation Payer ID - J1417 and the patient's claim number with bill submissions.

Pharmacy/Prescription Medicine Bills: Sentry and its affiliated companies partners with Optum Pharmacy Benefits Management Program to process pharmacy and/or prescription medicine invoices submitted electronically. The Optum Payer ID is BIN 004261 and the PCN is CAL.

More information related to electronic billing can be found on our website www.sentry.com under the For Medical Providers section.

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT WI 54481-8032

Please retain for your records. No. 50477236

0000026

Sentry

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

PAID
JUN 18 2021
BY: .....

RECEIVED
JUN 17 2021
BY: .....

ICN: 01CA-658303
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
041721 THRU 041721
ACCT#79028

REFERENCE NO.: 113953015
EMPLOYEE/PATIENT:

CL NO. 55C562978
NOT NEGOTIABLE
$**********90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#79028

1 00001 0000026 21160 N AC 0 210609223405.9400 00270200443611635650927814165 65 55C562978

20-6568 ▼ Detach Here ▼ (10/

Sentry CLAIM ACCOUNT

No. 50477236

56-382/412 WELLS FARGO BANK, N.A.

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED	VOID AFTER ONE YEAR
55C562978	06/29/2020	MARIPOSA LANDSCAPES INC	06/09/2021	

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#79028	$**********90.00

PAY NINETY AND NO/100 DOLLARS

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY CASUALTY COMPANY

Dale Bakowski

⑈50477236⑈ ⑆041203824⑆ 960003168 1⑈

Payment ID Number (Check No.): 50477236
Payment Date (Mail Date): 06/10/21
Payment Method: Paper Check

EXPLANATION OF REVIEW

SENTRY CASUALTY COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
06/09/2021

Date of Injuiry
06/29/2020

Claim Number
55C562978

Employer ID (Policy No.)
90207200100201

Employer Name
MARIPOSA LANDSCAPES IN

Patient Name

Street Address

City State Zip Code

Social Security Number

Provider Name
JOYCE ALTMAN INTERPRETERS INC

Street Address
PO BOX 4165

City **TUSTIN** State **CA** Zip Code **92781**

Fein Number
330956713

Rendering Provider Name:
JOYCE ALTMAN INTERPRETERS INC JOYCE ALTMAN INTERPRETERS

Rendering Provider ID:

Bill Submitters Id: 79028	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: 1	DRG Code:			
Payer Bill Id: 01CA-658303	Service Dates: 04/17/2021 - 04/17/2021	06/05/2021	180.00	90.00

Date of Service	Billed/ Paid Proc Code	Revenue Code	Type of Service/ Prescription Number	Billed/ Paid Units	Adjust-ment Quantity	Charge/ Paid Amount	Reduction Amount	Recommended Adjustment	DWC Reason Code	Notes
04/17/2021	Q00014		INTERPRETER OTHER 15	120 120	0	180.00 90.00	90.00	90.00	G1	1

REASON FOR REDUCTION OR DENIAL:

1	A90	WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1
	G1	THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.

Comments:

Electronic Billing:

Medical and Dental: Sentry and its affiliated companies accepts electronic billing from medical providers on Workers' Compensation claims via the Jopari clearinghouse. Medical and dental providers will need to include Sentry's Workers' Compensation Payer ID - J1417 and the patient's claim number with bill submissions.

Pharmacy/Prescription Medicine Bills: Sentry and its affiliated companies partners with Optum Pharmacy Benefits Management Program to process pharmacy and/or prescription medicine invoices submitted electronically. The Optum Payer ID is BIN 004261 and the PCN is CAL.

More information related to electronic billing can be found on our website www.sentry.com under the For Medical Providers section.

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT WI 54481-8032

Please retain for your records. No. 50653078

0000257

Sentry®

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

ICN: 01CA-684504
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
041721 THRU 041721
ACCT#79028
ADDITIONAL PAYMENT, PREVIOUSLY PAID $90.00

REFERENCE NO.: 114149591
EMPLOYEE/PATIENT:

CL NO. 55C562978
NOT NEGOTIABLE
$**********90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#79028

1 00001 0000257 21238 N AC 0 210827001423.9400 00270200443620797198927814165 65 55C562978

20-656B ▼ Detach Here ▼ (10/13

Sentry®

CLAIM ACCOUNT

No. 50653078

56-382/412 WELLS FARGO BANK, N.A.

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED	VOID AFTER ONE YEAR
55C562978	06/29/2020	MARIPOSA LANDSCAPES INC	08/26/2021	

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#79028	$**********90.00

PAY **NINETY AND NO/100 DOLLARS**

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY CASUALTY COMPANY

Dale Bukowski

⑈50653078⑈ ⑆041203824⑆ 960003168 1⑈

Payment ID Number (Check No.): 50653078
Payment Date (Mail Date): 08/27/21
Payment Method: Paper Check

EXPLANATION OF REVIEW

SENTRY CASUALTY COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
08/26/2021

Date of Injuiry
06/29/2020

Claim Number
55C562978

Employer ID (Policy No.)
90207200100201

Employer Name
MARIPOSA LANDSCAPES IN

Patient Name

Street Address

City State Zip Code

Social Security Number

Provider Name
JOYCE ALTMAN INTERPRETERS INC

Street Address
PO BOX 4165

City State Zip Code
TUSTIN CA 92781

Fein Number
330956713

Rendering Provider Name:
JOYCE ALTMAN INTERPRETERS INC JOYCE ALTMAN INTERPRETERS

Rendering Provider ID:

Bill Submitters Id: **79028**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-684504**	Service Dates: **04/17/2021 - 04/17/2021**	**08/21/2021**	**180.00**	**180.00**

Date of Service	Billed/ Paid Proc Code	Revenue Code	Type of Service/ Prescription Number	Billed/ Paid Units	Adjust-ment Quantity	Charge/ Paid Amount	Reduction Amount	Recommended Adjustment	DWC Reason Code	Notes
04/17/2021			**INTERPRETER OTHER 15**	**120**	**0**	**180.00**	**0.00**	**180.00**		
	Q00014			**120**		**180.00**				

Comments:

Reconsideration, previously paid $90.00

Electronic Billing:

Medical and Dental: Sentry and its affiliated companies accepts electronic billing from medical providers on Workers' Compensation claims via the Jopari clearinghouse. Medical and dental providers will need to include Sentry's Workers' Compensation Payer ID - J1417 and the patient's claim number with bill submissions.

Pharmacy/Prescription Medicine Bills: Sentry and its affiliated companies partners with Optum Pharmacy Benefits Management Program to process pharmacy and/or prescription medicine invoices submitted electronically. The Optum Payer ID is BIN 004261 and the PCN is CAL.

More information related to electronic billing can be found on our website www.sentry.com under the For Medical Providers section.