Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
1	78177	4/22/20-2/9/21	9/23/2021	**Medical services**	**Initial ($180), initial acup ($180), 7 PR2s ($180 each), 14 f/u acup ($180 each),** 13 f/u physio tx ($180 each), 10 f/u chiro tx ($180 each), initial chiro ($180), initial psyche eval ($180)	**$ 8,640.00**	PYMTS RCVD	209829642	10/27/2020	$ 90.00	Total Amt Paid for medical treatment ($1090)/ Total Amt Billed for medical treatment ($8640)	N/A	Athens Administrators
				Additional items billed	Lien filing fee	$ 150.00		4402	9/21/2021	$ 1,000.00			
				TOTAL AMT BILLED =>		**$ 8,790.00**		**TOTAL AMT PAID =>**		**$ 1,090.00**	**13%**		
2	77585	1/8/20-2/25/20	9/7/2021	**Medical services**	**Initial ($180), PR2 ($180), 3 f/u chiro tx ($180 each)**	**$ 900.00**	PYMTS RCVD	0000398857	9/1/2021	$ 900.00	Total Amt Paid for medical treatment ($900)/ Total Amt Billed for medical treatment ($900)	N/A	Benchmark
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 1,050.00**		**TOTAL AMT PAID =>**		**$ 900.00**	**100%**		
3	81188	9/13/19-10/21/20	9/30/2021	**Medical services**	**Initial ($230), initial acup ($230), 10 PR2s ($180 each), 31 f/u physio tx ($180 each), 27 f/u acup ($180 each), 2 initials ($180 each), 5 f/u chiro tx ($180 each),** initial physical tx, 2 f/u physical tx, 4 f/u physio tx	**$ 14,590.00**	PYMTS RCVD	600029099	3/25/2020	$ 180.00	Total Amt Paid for medical treatment ($13,540)/ Total Amt Billed for medical treatment ($14,590)	N/A	Berkley Environmental
				Additional items billed	Lien filing fee	$ 150.00		197697170	3/30/2020	$ 90.00			
								700018897	5/21/2020	$ 90.00			
								600060940	12/11/2020	$ 180.00			
								700059827	9/27/2021	$ 13,000.00			
				TOTAL AMT BILLED =>		**$ 14,740.00**		**TOTAL AMT PAID =>**		**$ 13,540.00**	**93%**		
4	73112	12/5/17-1/8/19	9/28/2021	**Medical services**	**Initial ($230), 7 PR2s ($180 each), med-legal eval ($180),** initial chiro tx $90, 10 f/u chiro tx	**$ 2,660.00**	PYMTS RCVD	2792717	9/23/2021	$ 2,810.00	Total Amt Paid for medical treatment ($2660)/ Total Amt Billed for medical treatment ($2660)	N/A	Berkshire Hathaway
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 1,352.73							
				TOTAL AMT BILLED =>		**$ 4,162.73**		**TOTAL AMT PAID =>**		**$ 2,810.00**	**100%**		
5	75446	2/15/19-6/20/19	9/9/2021	**Medical services**	**Initial ($230), 2 PR2s ($180 each), P&S ($230),** initial chiro tx, 16 f/u chiro tx	**$ 2,350.00**	PYMTS RCVD	1244511	7/30/2021	$ 90.00	Total Amt Paid for medical treatment ($2090)/ Total Amt Billed for medical treatment ($2350)	N/A	Berkshire Hathaway
				Additional items billed	Lien filing fee	$ 150.00		1255118	9/7/2021	$ 2,000.00			
					P&I for medical services	$ 189.94							
				TOTAL AMT BILLED =>		**$ 2,689.94**		**TOTAL AMT PAID =>**		**$ 2,090.00**	**89%**		

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
6	75496	2/27/19-6/30/20	9/2/2021	**Medical services**	**Initial acup ($230), 12 f/u acup ($180 each), final chiro tx ($180),** initial chiro tx, f/u chiro tx	**$ 2,750.00**	PYMTS RCVD	0128308670	8/30/2021	$ 2,750.00	Total Amt Paid for medical treatment ($2750)/ Total Amt Billed for medical treatment ($2750)	N/A	CCMSI
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 2,900.00**		**TOTAL AMT PAID =>**		**$ 2,750.00**	**100%**		
7	76433	7/29/19-10/27/20	9/20/2021	**Medical services**	**Initial acup ($180), 57 f/u acup ($180 each),** initial chiro tx, 2 f/u chiro tx	**$ 10,710.00**	PYMTS RCVD	101033893	10/30/2019	$ 2,430.00	Total Amt Paid for medical treatment ($9930)/ Total Amt Billed for medical treatment ($10710)	N/A	CCMSI
				Additional items billed	Lien filing fee	$ 150.00		0101092647	9/14/2021	$ 7,500.00			
				TOTAL AMT BILLED =>		**$ 10,860.00**		**TOTAL AMT PAID =>**		**$ 9,930.00**	**93%**		
8	77017	10/4/19-10/27/20	9/13/2021	**Medical services**	**Initial ($230), 10 PR2s ($180 each), 19 f/u physio tx ($180 each), 36 f/u acup ($180 each), initial psych ($230), 5 L.I.N.T ($180 each),** initial physio tx, 2 f/u physio tx	**$ 13,870.00**	PYMTS RCVD	0161684457	9/8/2021	$ 12,500.00	Total Amt Paid for medical treatment ($12500)/ Total Amt Billed for medical treatment ($13870)	N/A	CCMSI
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 14,020.00**		**TOTAL AMT PAID =>**		**$ 12,500.00**	**90%**		
9	78168	4/20/20-8/7/20	9/20/2021	**Medical services**	**Initial ($180), 2 PR2s ($180 each), 11 f/u acup ($180 each), 9 f/u physio tx ($1620), Initial chiro tx ($180), Initial psych eval ($180)**	**$ 4,680.00**	PYMTS RCVD	0161684996	9/16/2021	$ 4,500.00	Total Amt Paid for medical treatment ($4500/ Total Amt Billed for medical treatment ($4680)	N/A	CCMSI
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 4,830.00**		**TOTAL AMT PAID =>**		**$ 4,500.00**	**96%**		
10	78308	5/22/20-12/23/20	9/13/2021	**Medical services**	**Initial ($180), initial acup ($180), 4 PR2s ($180 each)**	**$ 1,080.00**	PYMTS RCVD	0166629073	9/9/2021	$ 1,080.00	Total Amt Paid for medical treatment ($1080)/ Total Amt Billed for medical treatment ($1080)	N/A	CCMSI
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 1,230.00**		**TOTAL AMT PAID =>**		**$ 1,080.00**	**100%**		
11	77149	10/21/19-7/14/20	9/20/2021	**Medical services**	**3 PR2s ($180 each), 11 f/u acup ($180 each), 2 f/u physio tx ($180 each)**	**$ 2,880.00**	PYMTS RCVD	39331	6/23/2020	$ 180.00	Total Amt Paid for medical treatment ($2740/ Total Amt Billed for medical treatment ($2880)	N/A	Corvel (Emanate Health)
				Additional items billed	Lien filing fee	$ 150.00		45943	1/20/2021	$ 360.00			
								53081	9/15/2021	$ 2,200.00			
				TOTAL AMT BILLED =>		**$ 3,030.00**		**TOTAL AMT PAID =>**		**$ 2,740.00**	**95%**		
12	75619	3/19/19-1/28/20	9/13/2021	**Medical services**	**2 Initials ($230 each), 10 PR2s ($180 each), 2 P&S ($230 each),** initial chiro tx, 13 f/u chiro tx	**$ 3,980.00**	PYMTS RCVD	6000168988 Preferred Employers Group	9/1/2021	$ 1,990.00	Total Amt Paid for medical treatment ($3980)/ Total Amt Billed for medical treatment ($3980)	N/A	Employers Ins
				Additional items billed	Lien filing fee	$ 150.00		36965035 Employers Ins	9/9/2021	$ 1,990.00			
				TOTAL AMT BILLED =>		**$ 4,130.00**		**TOTAL AMT PAID =>**		**$ 3,980.00**	**100%**		

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
13	77929	2/28/20-12/3/20	9/3/2021	**Medical services**	**Initial ($180), initial acup ($180), initial physio tx ($180), 29 f/u physio tx ($180 each), 7 PR2s ($180 each) PR2 ($180 for 2 hrs-billed at $247.50 for 2 hrs 35 mins), 43 f/u acup ($180 each), L.I.N.T ($180)**	**$ 15,187.50**	PYMTS RCVD	27306114	7/21/2020	$180.00 of total pymt of $360.00 (ck includes a separate case)	Total Amt Paid for medical treatment ($15,187.50)/ Total Amt Billed for medical treatment ($15,187.50)	N/A	Employers Ins
				Additional items billed	Lien filing fee	$ 150.00		27381885	7/24/2020	$ 90.00			
								27588177	8/4/2020	$ 180.00			
					IBR related Costs	$ 242.50		27676751	8/7/2020	$ 90.00			
								27634138	8/6/2020	$90.00 of total pymt of $1810.00 (ck includes a separate case)			
								27751065	8/12/2020	$ 180.00			
								32169374	3/9/2021	$180.00 of total pymt of $360.00 (ck includes IBR reimb fee)			
								33124942	4/16/2021	$90.00 of total pymt of $270.00 (ck includes IBR reimb fee)			
								36754109	9/1/2021	$ 14,500.00			
				TOTAL AMT BILLED =>		**$ 15,580.00**		**TOTAL AMT PAID =>**		**$ 15,580.00**	**100%**		
14	78314	6/3/20-10/14/20	9/24/2021	**Medical services**	**Initial acup ($180), initialchiro tx ($180), 5 f/u acup ($180), 5 f/u chiro tx ($180)**	**$ 2,160.00**	PYMTS RCVD	28343385	9/10/2020	$ 1,080.00	Total Amt Paid for medical treatment ($2160)/ Total Amt Billed for medical treatment ($2160)	N/A	Employers Ins
				Additional items billed	Lien filing fee	$ 150.00		37284417	9/22/2021	$ 1,080.00			
				TOTAL AMT BILLED =>		**$ 2,310.00**		**TOTAL AMT PAID =>**		**$ 2,160.00**	**100%**		

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
15	32797	8/9/06-12/28/16	9/28/2021	**Medical services**	**3 Initials ($230 each), 24 PR2s ($180 each), 16 f/u's ($180 each), 2 EMGs ($150 each), 2 NVCs ($150 each), AME ($230 for 2 hrs-billed at $287.50 for 2 hrs 30 mins), P&S ($230)**	**$ 8,907.50**	PYMTS RCVD	33132737-1 Specialty Risk	1/22/2007	$ 544.00	Total Amt Paid for legal services ($8907.50)/ Total Amt Billed for legal services ($8907.50)	Total Amt Paid for medical treatment + Penalties & Interest ($9740.05) / Principal Amt Billed for medical treatment ($8907.50)	ESIS
								FE45083004 ESIS	1/31/2013	$ 156.50			
								FE46181892 ESIS	12/2/2013	$ 600.50			
				Legal services	Full day Board Appear. (WCAB LBO) ($313), 2 depo review ($250 each), depo prep ($147), depo prep ($156.50), board appear. (WCAB LB) ($147), 4 board appear. (WCAB LB), ($156.50 each)	$ 1,889.50		FE60039064 ESIS	1/11/2017	$ 313.00			
								FE60742427 ESIS	6/22/2017	$ 156.50			
								FE60742431 ESIS	6/22/2017	$ 250.00			
				Additional items billed	Lien activation fee	$ 100.00		FE60742444 ESIS	6/22/2017	$ 87.60			
					Penalties & Interest for legal and medical services	$ 13,798.76		FE50233755 ESIS	9/21/2021	$ 10,000.00			
				TOTAL AMT BILLED =>		**$ 24,695.76**		**TOTAL AMT PAID =>**		**$ 12,108.10**	**100%**	**109%**	
16	75445	2/15/19-10/23/19	9/28/2021	**Medical services**	**Initial ($230), 4 PR2s ($180 each) 2 P&S ($230 each),** 14 f/u chiro tx	**$ 2,670.00**	PYMTS RCVD	0173909909	9/20/2021	$ 2,670.00	Total Amt Paid for medical treatment ($2670)/ Total Amt Billed for medical treatment ($2670)	N/A	Gallagher Bassett
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 2,820.00**		**TOTAL AMT PAID =>**		**$ 2,670.00**	**100%**		
17	76042	5/22/19-6/1/20	9/28/2021	**Medical services**	**37 f/u acup ($180 each),** initial chiro tx, 4 f/u chiro tx	**$ 7,110.00**	PYMTS RCVD	0162499476	4/13/2020	$ 180.00	Total Amt Paid for medical treatment ($6360)/ Total Amt Billed for medical treatment ($7110)	N/A	Gallagher Bassett
				Additional items billed	Lien filing fee	$ 150.00		0170082845	4/4/2021	$ 180.00			
								0173964471	9/22/2021	$ 6,000.00			
				TOTAL AMT BILLED =>		**$ 7,260.00**		**TOTAL AMT PAID =>**		**$ 6,360.00**	**89%**		
18	76650	8/19/19-2/26/20	9/28/2021	**Medical services**	**Initial ($230), 4 PR2s ($180 each), 2 f/u acup ($180 each)**	**$ 1,310.00**	PYMTS RCVD	0173910469	9/20/2021	$ 750.00	Total Amt Paid for medical treatment ($750)/ Total Amt Billed for medical treatment ($1310)	N/A	Gallagher Bassett
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 55.37							
				TOTAL AMT BILLED =>		**$ 1,515.37**		**TOTAL AMT PAID =>**		**$ 750.00**	**57%**		
19	77621	1/15/20-7/18/20	9/8/2021	**Medical services**	**Initial ($180), initial acup ($180), 4 PR2s ($180 each), initial physio tx ($180), 15 f/u physio tx ($180 each),** f/u acup ($180)	**$ 4,140.00**	PYMTS RCVD	0165252898	8/25/2020	$ 180.00	Total Amt Paid for medical treatment ($4140)/ Total Amt Billed for medical treatment ($4140)	Total Amt Paid for medical treatment + Penalties & Interest ($4180) / Principal Amt Billed for medical treatment ($4140)	Gallagher Bassett
				Additional items billed	Lien filing fee	$ 150.00		0173536303	9/1/2021	$ 4,000.00			
					P&I for medical services	$ 1,134.99							
				TOTAL AMT BILLED =>		**$ 5,424.99**		**TOTAL AMT PAID =>**		**$ 4,180.00**	**100%**	**101%**	

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

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20	77679	1/21/20-8/27/20	9/15/2021	**Medical services**	**Initial ($180), 6 PR2s ($180 each), initial acup ($180), 16 f/u acup ($180 each), initial physio tx ($180), 13 f/u physio tx ($180 each), initial psyche eval ($180)**	**$ 7,020.00**	PYMTS RCVD	0163245736	5/19/2020	$ 900.00	Total Amt Paid for medical treatment ($6880)/ Total Amt Billed for medical treatment ($7020)	Total Amt Paid for medical treatment + Penalties & Interest ($7543.96) / Principal Amt Billed for medical treatment ($7020)	Gallagher Bassett
								0163543032	6/3/2020	$ 105.00			
								0164292055	7/10/2020	$ 105.00			
								0164292059	7/10/2020	$ 105.00			
								0164292054	7/10/2020	$ 105.00			
								0164328089	7/13/2020	$ 105.00			
								0165036945	8/14/2020	$ 180.00			
								0165187454	8/21/2020	$ 105.00			
								0165306582	8/27/2020	$ 105.00			
				Additional items billed	Lien filing fee	$ 150.00		0165375287	8/31/2020	$ 105.00			
					P&I for medical services	$ 87.52		0165460702	9/3/2020	$ 105.00			
					P&I for unpaid settlement	$ 663.96		0165594501	9/10/2020	$ 105.00			
								0173669217	9/8/2021	$ 6,363.96			
				TOTAL AMT BILLED =>		**$ 7,921.48**		**TOTAL AMT PAID =>**		**$ 8,493.96**	**98%**	**107%**	
21	70459	9/1/16-3/28/17	9/7/2021	**Medical services**	**3 Initials ($230 each), initial acup ($230), 10 PR2s ($180 each), 16 f/u acup ($180 each), initial psych eval ($230),** initial phys tx	**$ 6,150.00**	PYMTS RCVD	010011133	9/14/2021	$ 6,300.00	Total Amt Paid for medical treatment ($6150)/ Total Amt Billed for medical treatment ($6150)	N/A	Guard
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 789.50							
				TOTAL AMT BILLED =>		**$ 7,089.50**		**TOTAL AMT PAID =>**		**$ 6,300.00**	**100%**		
22	61906	3/28/14-6/3/15	9/30/2021	**Medical services**	**5 initials ($230 each), 36 PR2s ($180 each), 7 f/u acup ($180 each), P&S ($230), FCE $150, EMG $150**	**$ 9,420.00**	PYMTS RCVD	133061268 0	9/24/2021	$ 6,800.00	Total Amt Paid for medical treatment ($6800)/ Total Amt Billed for medical treatment ($9420)	N/A	The Hartford
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 1,181.44							
				TOTAL AMT BILLED =>		**$ 10,751.44**		**TOTAL AMT PAID =>**		**$ 6,800.00**	**72%**		
23	73051	12/7/17-1/22/18	9/30/1931	**Medical services**	**Initial ($230), initial ($230), PR2, ($180), flu acup ($180 each)**	**$ 1,000.00**	PYMTS RCVD	133057406 0	9/23/2021	$ 900.00	Total Amt Paid for medical treatment ($900)/ Total Amt Billed for medical treatment ($1000)	N/A	The Hartford
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 1,150.00**		**TOTAL AMT PAID =>**		**$ 900.00**	**90%**		
24	77157	10/25/19-6/26/20	9/28/2021	**Medical services**	**Initial ($230), 4 PR2s ($180 each), 2 f/u acup ($180 each), P&S ($180)**	**$ 1,490.00**	PYMTS RCVD	0083849620	9/21/2021	$ 1,490.00	Total Amt Paid for medical treatment ($1490)/ Total Amt Billed for medical treatment ($1490.00)	N/A	Helmsman Mgmt
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 1,640.00**		**TOTAL AMT PAID =>**		**$ 1,490.00**	**100%**		

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25	78018	3/6/20-7/10/20	9/8/2021	**Medical services**	**Initial ($180), 3 PR2'S ($180 each), 19 f/u chiro tx ($180 each), P&S ($180)**	**$ 4,320.00**	PYMTS RCVD	83649200	9/28/2020	$ 90.00	Total Amt Paid for medical treatment ($4160)/ Total Amt Billed for medical treatment ($4320)	N/A	Helmsman Mgmt
				Additional items billed	Lien filing fee	$ 150.00		83771844	5/6/2021	$ 810.00			
								83772634	5/7/2021	$ 1,260.00			
								83837888	8/31/2021	$ 2,000.00			
				TOTAL AMT BILLED =>		**$ 4,470.00**		**TOTAL AMT PAID =>**		**$ 4,160.00**	**96%**		
26	77189	10/11/19-9/7/21	9/17/2021	**Medical services**	**Initial ($230), 2 PR2s ($180 each), initial acup ($230), 2 f/u acup ($180 each), P&S ($180)**	**$ 1,360.00**	PYMTS RCVD	3775308	9/7/2021	$ 1,360.00	Total Amt Paid for medical treatment ($1360)/ Total Amt Billed for medical treatment ($1360)	N/A	Ins. Co. of the West
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 1,510.00**		**TOTAL AMT PAID =>**		**$ 1,360.00**	**100%**		
27	78082	3/31/20-12/10/20	9/20/2021	**Medical services**	**Initial ($180), initial acup ($180 each), 6 f/u acup ($180 each), initial physio tx ($180 each), 3 PR2s ($180 each)**	**$ 3,240.00**	PYMTS RCVD	32122 Omaha National Underwriters	9/2/2021	$ 3,400.00	Total Amt Paid for medical treatment ($3240)/ Total Amt Billed for medical treatment ($3240)	Total Amt Paid for medical treatment + Penalties & Interest ($3800) / Principal Amt Billed for medical treatment ($3240)	Ins. Co. of the West
				Additional items billed	Lien filing fee	$ 150.00		3778518 Ins. Co. of the West	9/9/2021	$ 400.00			
					P&I for medical services	$ 682.81							
				TOTAL AMT BILLED =>		**$ 4,072.81**		**TOTAL AMT PAID =>**		**$ 3,800.00**	**100%**	**117%**	
28	78866	7/19/19-5/27/20	9/13/2021	**Medical services**	**Initial ($230), 8 PR2s ($180 each)**	**$ 1,670.00**	PYMTS RCVD	CU-504978 SCIF	8/18/2021	$ 360.00	Total Amt Paid for medical treatment ($1670)/ Total Amt Billed for medical treatment ($1670)	N/A	Ins. Co. of the West
				Additional items billed	Lien filing fee	$ 150.00		CU-506210 SCIF	8/31/2021	$1666.67 of total pymt of $1916.67 (ck includes a separate case)			
					Additional costs collected	$ 1,040.00		3766822 Ins. Co. of the West	8/31/2021	$ 833.33			
				TOTAL AMT BILLED =>		**$ 2,860.00**		**TOTAL AMT PAID =>**		**$ 2,860.00**	**100%**		
29	36384	1/13/10-8/30/10	9/22/2011	**Medical services**	**Initial ($230), 4 PR2s ($180), P&S ($230)**	**$ 1,180.00**	PYMTS RCVD	0021194417	3/31/2010	$ 90.00	Total Amt Paid for medical treatment ($1180/ Total Amt Billed for medical treatment ($1180)	N/A	Liberty Mutual
				Additional items billed	Lien activation fee	$ 100.00		0021285412	4/16/2010	$ 90.00			
					P&I for medical services	$ 511.00		05208874	9/15/2021	$ 1,100.00			
				TOTAL AMT BILLED =>		**$ 1,791.00**		**TOTAL AMT PAID =>**		**$ 1,280.00**	**100%**		
30	75997	5/15/19-12/11/19	9/28/2021	**Medical services**	**6 PR2s ($180 each), 13 f/u acup ($180 each),** initial physio tx, f/u physio tx	**$ 3,600.00**	PYMTS RCVD	0032143420	11/6/2019	$ 90.00	Total Amt Paid for medical treatment ($3600)/ Total Amt Billed for medical treatment ($3600)	N/A	Liberty Mutual
				Additional items billed	Lien filing fee	$ 150.00		0033029996	9/23/2021	$ 3,510.00			
				TOTAL AMT BILLED =>		**$ 3,750.00**		**TOTAL AMT PAID =>**		**$ 3,600.00**	**100%**		

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
31	76071	5/29/19-1/18/20	9/20/2021	**Medical services**	**Initial ($230), initial psych eval ($230), initial acup ($230), 14 f/u acup ($180 each), initial ($180), f/u physio tx ($180), 4 PR2s ($180 each),** 2 f/u phys tx	**$ 4,560.00**	PYMTS RCVD	576984	9/15/2021	$ 3,900.00	Total Amt Paid for medical treatment ($3900/ Total Amt Billed for medical treatment ($4560)	N/A	Mitsui Sumitomo
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 250.43							
				TOTAL AMT BILLED =>		**$ 4,960.43**		**TOTAL AMT PAID =>**		**$ 3,900.00**	**86%**		
32	71790	5/4/17-1/4/18	9/3/2021	**Medical services**	**2 Initials ($230 each), initial acup ($230 for 2 hrs-billed at $287.50 for 2 hrs 26 mins), 6 PR2s ($180 each), 11 f/u acup ($180 each)**	**$ 3,807.50**	PYMTS RCVD	6000168854	8/31/2021	$ 2,000.00	Total Amt Paid for medical treatment ($2000/ Total Amt Billed for medical treatment ($3807.50)	N/A	Preferred Employers
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 1,935.28							
				TOTAL AMT BILLED =>		**$ 5,892.78**		**TOTAL AMT PAID =>**		**$ 2,000.00**	**53%**		
33	75708	4/8/19-7/27/20	9/8/2021	**Medical services**	**Initial ($230), initial acup ($230), f/u acup ($180), 2 PR2s ($180 each), P&S ($180)**	**$ 1,180.00**	PYMTS RCVD	CU-506295	9/1/2021	$ 1,180.00	Total Amt Paid for medical treatment ($1180)/ Total Amt Billed for medical treatment ($1180)	N/A	SCIF
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 1,330.00**		**TOTAL AMT PAID =>**		**$ 1,180.00**	**100%**		
34	76574	8/2/19-2/8/20	9/13/2021	**Medical services**	**Initial ($230), initial acup ($230), 17 f/u acup ($180 each), 4 flu physio tx ($180 each), 4 PR2s ($180 each),** initial phys tx, 3 flu physio tx, 10 f/u phys tx	**$ 6,220.00**	PYMTS RCVD	1630710875 Farmers	8/17/2021	$ 2,500.00	Total Amt Paid for medical treatment ($5000)/ Total Amt Billed for medical treatment ($6220)	N/A	SCIF
				Additional items billed	Lien filing fee	$ 150.00		CU-506864 SCIF	9/9/2021	$ 2,500.00			
				TOTAL AMT BILLED =>		**$ 6,370.00**		**TOTAL AMT PAID =>**		**$ 5,000.00**	**80%**		
35	37201	4/11/10-4/12/10	9/29/2021	**Medical services**	**Prep-op ($150), surgery ($180 for 2 hrs-billed at $712.50 for 9 hrs 30 mins),**	**$ 862.50**	PYMTS RCVD	TS 0030884818	9/27/2021	$ 862.50	Total Amt Paid for medical treatment ($862.50)/ Total Amt Billed for medical treatment ($862.50)	N/A	Sedgwick (County of Los Angeles)
				Additional items billed	Lien activation fee	$ 100.00							
				TOTAL AMT BILLED =>		**$ 962.50**		**TOTAL AMT PAID =>**		**$ 862.50**	**100%**		
36	63438	7/24/14-8/18/15	9/21/2021	**Medical services**	**5 Initials ($230 each), 14 PR2s ($180 each), f/u acup ($180), EMG/NCV ($150), P&S ($230)**	**$ 4,230.00**	PYMTS RCVD	69-666739	9/16/2021	$ 3,500.00	Total Amt Paid for medical treatment ($3500)/ Total Amt Billed for medical treatment ($4230)	N/A	Sedgwick (State of California)
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 1,499.99							
				TOTAL AMT BILLED =>		**$ 5,879.99**		**TOTAL AMT PAID =>**		**$ 3,500.00**	**83%**		

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
37	75124	12/11/18-11/5/19	9/8/2021	**Medical services**	**Initial ($230), 6 PR2s ($180 each), FCE ($150)**	**$ 1,460.00**	PYMTS RCVD	5673056013 Broadspire	8/5/2021	$ 481.80	Total Amt Paid for medical treatment ($1460)/ Total Amt Billed for medical treatment ($1460)	N/A	Sedgwick
				Additional items billed	Lien filing fee	$ 150.00		124852582 Sedgwick	8/30/2021	$ 978.20			
					P&I for medical services	$ 555.00							
				TOTAL AMT BILLED =>		**$ 2,165.00**		**TOTAL AMT PAID =>**		**$ 1,460.00**	**100%**		
38	75359	2/1/19-2/5/20	9/17/2021	**Medical services**	**Initial ($230), 4 PR2s ($180 each), P&S ($180)**	**$ 1,130.00**	PYMTS RCVD	88228333	9/13/2021	$ 1,130.00	Total Amt Paid for medical treatment ($1130)/ Total Amt Billed for medical treatment ($1130)	N/A	Sedgwick
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 1,280.00**		**TOTAL AMT PAID =>**		**$ 1,130.00**	**100%**		
39	75901	5/7/19-6/9/20	9/8/2021	**Medical services**	**9 PR2s ($180 each), 15 f/u acup ($180 each), shockwave ($180),** 3 f/u physio tx, f/u physical tx, f/u chiro tx	**$ 4,950.00**	PYMTS RCVD	94423834	9/5/2019	$ 90.00	Total Amt Paid for medical treatment ($4860)/ Total Amt Billed for medical treatment ($4950)	N/A	Sedgwick
				Additional items billed	Lien filing fee	$ 150.00		107317749	6/1/2020	$ 90.00			
								107318084	7/23/2020	$ 90.00			
								107468081	11/20/2020	$90.00 of total pymt of $270.00 (ck includes IBR reimb fee)			
								115702279	9/1/2021	$ 4,500.00			
				TOTAL AMT BILLED =>		**$ 5,100.00**		**TOTAL AMT PAID =>**		**$ 4,860.00**	**98%**		
40	76409	7/15/19-11/27/19	9/29/2021	**Medical services**	**Initial ($230 for 2 hrs-billed at $287.50 for 2 hrs 30 mins), 2 PR2s ($180 each), F.C.E. ($150),** f/u phys tx	**$ 887.50**	PYMTS RCVD	116702573	9/27/2021	$ 900.00	Total Amt Paid for medical treatment ($887.50/ Total Amt Billed for medical treatment ($887.50)	N/A	Sedgwick
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 1,037.50**		**TOTAL AMT PAID =>**		**$ 900.00**	**100%**		
41	77483	12/10/19-5/6/20	9/7/2021	**Medical services**	**Initial ($230), initial acup ($180), 4 PR2s ($180 each), 8 f/u acup ($180 each), initial physio tx ($180), 9 f/u physio tx ($180 each)**	**$ 4,370.00**	PYMTS RCVD	99658019	5/6/2020	$ 990.00	Total Amt Paid for medical treatment ($4370)/ Total Amt Billed for medical treatment ($4370)	N/A	Sedgwick
				Additional items billed	Lien filing fee	$ 150.00		99976695	5/28/2020	$ 90.00			
								99977300	6/3/2020	$ 90.00			
								100936560	6/15/2020	$90.00 of total pymt of $180.00 (ck includes a separate case)			
								110603424	9/1/2021	$ 3,110.00			
				TOTAL AMT BILLED =>		**$ 4,520.00**		**TOTAL AMT PAID =>**		**$ 4,370.00**	**100%**		

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
42	77939	1/23/13-3/3/14	9/8/2021	**Medical services**	**4 initials ($230 each), 17 PR2s ($180 each), initial acup ($230), FCE ($150)**	**$ 4,360.00**	PYMTS RCVD	76165167	9/1/2021	$ 4,000.00	Total Amt Paid for medical treatment ($4000)/ Total Amt Billed for medical treatment ($4360)	N/A	Sedgwick
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 4,510.00**		**TOTAL AMT PAID =>**		**$ 4,000.00**	**92%**		
43	79285	10/26/20-5/21/21	9/24/2021	**Medical services**	**Initial ($180 for 2 hrs-billed at $225 for 2 hrs 30 mins), initial acup ($180), 4 PR2s ($180 each), 2 f/u acup ($180 each), inial chiro ($180), P&S ($180)**	**$ 1,845.00**	PYMTS RCVD	117307448	9/22/2021	$ 1,000.00	Total Amt Paid for medical treatment ($1000)/ Total Amt Billed for medical treatment ($1845)	N/A	Sedgwick
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 1,995.00**		**TOTAL AMT PAID =>**		**$ 1,000.00**	**54%**		
44	76443	7/15/19-7/27/20	9/13/2021	**Medical services**	**Initial acup ($230), 64 f/u acup ($180 each),** initial chiro tx, 2 f/u chiro tx	**$ 12,020.00**	PYMTS RCVD	49110193	10/7/2019	$ 1,350.00	Total Amt Paid for medical treatment ($12,020)/ Total Amt Billed for medical treatment ($12,020)	Total Amt Paid for medical treatment + Penalties & Interest ($12,119) / Principal Amt Billed for medical treatment ($12,020)	Sentry
								49111109	10/8/2019	$ 90.00			
								49136485	10/17/2019	$ 90.00			
								49136649	10/17/2019	$ 90.00			
								49125160	10/14/2019	$ 90.00			
								49143615	10/21/2019	$ 180.00			
								49143627	10/21/2019	$ 90.00			
								49148584	10/23/2019	$ 90.00			
								49162102	10/28/2019	$ 90.00			
								49168131	10/30/2019	$ 90.00			
								49175340	11/1/2019	$ 90.00			
								49182595	11/5/2019	$ 90.00			
								49212779	11/15/2019	$ 90.00			
								49223427	11/20/2019	$ 90.00			
								49215598	11/18/2019	$ 90.00			
								49232030	11/22/2019	$ 90.00			
								49267775	12/9/2019	$ 90.00			
								49267712	12/9/2019	$ 90.00			
								49275888	12/11/2019	$ 90.00			
								49296731	12/19/2019	$ 180.00			
								49320059	12/31/2019	$ 90.00			
								49322583	1/2/2020	$ 90.00			
								59383525	1/28/2020	$ 90.00			
								49404483	2/5/2020	$ 90.00			
								49415642	2/10/2020	$ 90.00			
								49454951	2/25/2020	$ 90.00			
								49459045	2/26/2020	$ 90.00			
								49487180	3/9/2020	$ 90.00			

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
44 CONTINUED	76443	7/15/19-7/27/20	9/13/2021	Additional items billed	Lien filing fee	$ 150.00		49524945	3/24/2020	$ 90.00	Total Amt Paid for medical treatment ($12,020)/ Total Amt Billed for medical treatment ($12,020)	Total Amt Paid for medical treatment + Penalties & Interest ($12,119) / Principal Amt Billed for medical treatment ($12,020)	Sentry
								49532681	3/26/2020	$ 90.00			
								49539136	3/30/2020	$ 90.00			
								49539151	3/30/2020	$ 90.00			
								49558483	4/7/2020	$ 90.00			
								49577064	4/15/2020	$ 90.00			
								49586398	4/20/2020	$ 90.00			
								49580029	4/16/2020	$ 90.00			
								49616175	5/5/2020	$ 90.00			
								49643378	5/19/2020	$ 90.00			
								49640700	5/18/2020	$ 90.00			
								49706250	6/22/2020	$90.00 of total pymt of $270.00 (ck includes IBR reimb fee)			
								49706249	6/22/2020	$ 90.00			
								49706183	6/22/2020	$ 90.00			
								49706182	6/22/2020	$ 90.00			
								49706181	6/22/2020	$ 90.00			
								49706180	6/22/2020	$ 90.00			
								49706179	6/22/2020	$ 90.00			
								49706178	6/22/2020	$ 90.00			
								49765390	7/21/2020	$ 90.00			
								49771991	7/23/2020	$90.00 of total pymt of $270.00 (ck includes IBR reimb fee)			
								49771989	7/23/2020	$ 90.00			
								49783580	7/29/2020	$ 90.00			
					Self Imposed P&I for medical services	$ 99.00		49771986	7/24/2020	$ 90.00			
								49801987	8/6/2020	$ 90.00			
								49820179	8/14/2020	$ 180.00			
								49840460	8/25/2020	$ 90.00			
								49857013	9/1/2020	$ 90.00			
								49897205	9/21/2020	$90.00 of total pymt of $270.00 (ck includes IBR reimb fee)			
								49897474	9/21/2020	$ 90.00			
								49897348	9/21/2020	$90.00 of total pymt of $270.00 (ck includes IBR reimb fee)			
								49897412	9/21/2020	$ 90.00			
								49897207	9/21/2020	$ 90.00			
								49966147	10/21/2020	$ 90.00			
								49998602	11/4/2020	$90.00 of total pymt of $270.00 (ck includes IBR reimb fee)			
								50011350	11/10/2020	$ 144.00			

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
44 CONTINUED	76443	7/15/19-7/27/20	9/13/2021	Additional items billed	IBR related Costs	$ 112.50		50011353	11/10/2020	$90.00 of total pymt of $270.00 (ck includes IBR reimb fee)	Total Amt Paid for medical treatment ($12,020)/ Total Amt Billed for medical treatment ($12,020)	Total Amt Paid for medical treatment + Penalties & Interest ($12,119) / Principal Amt Billed for medical treatment ($12,020)	Sentry
								50011354	11/10/2020	$ 135.00			
								50011355	11/10/2020	$180 of total pymt of $360 (ck includes IBR reimb fee)			
								50046307	11/25/2020	$90.00 of total pymt of $270.00 (ck includes IBR reimb fee)			
								50047134	11/25/2020	$ 112.50			
								50061753	12/3/2020	$ 90.00			
								50201208	2/5/2021	$90.00 of total pymt of $270.00 (ck includes IBR reimb fee)			
								50201207	2/5/21/	$ 90.00			
								50201215	2/5/2021	$90.00 of total pymt of $270.00 (ck includes IBR reimb fee)			
								50201214	2/5/2021	$ 90.00			
								50668080	9/2/2021	$ 3,290.00			
				TOTAL AMT BILLED =>		**$ 12,381.50**		**TOTAL AMT PAID =>**		**$ 12,231.50**	**100%**	**101%**	
45	56823	11/15/12-7/24/14	9/28/2021	**Medical services**	**3 Initials $(230 each), 21 PR2s ($180 each), L.I.N.T. ($150), P&S ($230),** spinal decompression	**$ 4,940.00**	PYMTS RCVD	896D 82521032	7/3/2013	$ 1,400.00	Total Amt Paid for medical treatment ($4940/ Total Amt Billed for medical treatment ($4940)	N/A	Travelers
				Additional items billed	Lien filing fee	$ 150.00		896D 82511572	7/1/2013	$ 2,890.00			
								896D 95667701	9/24/2021	$ 800.00			
				TOTAL AMT BILLED =>		**$ 5,090.00**		**TOTAL AMT PAID =>**		**$ 5,090.00**	**100%**		
46	62132	4/18/14-10/19/15	9/8/2021	**Medical services**	**4 PR2s ($180 each), FCE ($150), P&S ($230)**	**$ 1,100.00**	PYMTS RCVD	891A92125086	9/3/2021	$ 1,100.00	Total Amt Paid for medical treatment ($1100)/ Total Amt Billed for medical treatment ($1100)	N/A	Travelers
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 1,250.00**		**TOTAL AMT PAID =>**		**$ 1,100.00**	**100%**		
47	73044	12/7/17-12/6/18	9/13/2021	**Medical services**	**Initial ($230), 11 PR2s ($180 each), initial acup ($230), 24 f/u acup ($180 each)**	**$ 6,760.00**	PYMTS RCVD	23029336	9/9/2021	$ 6,910.00	Total Amt Paid for medical treatment ($6760)/ Total Amt Billed for medical treatment ($6760)	N/A	York
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 6,910.00**		**TOTAL AMT PAID =>**		**$ 6,910.00**	**100%**		

Average % of Market Rate paid without P&I	**92%**
Average % of Market Rate paid with P&I	**107%**

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 78177

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
20007606

BILL TO:
ATHENS ADMIN (CONCORD)
W. C. DEPARTMENT
ATTN: JOSE ELZELADE
P.O. BOX # 696
CONCORD, CA 94522

Case: vs SERVICON SYSTEMS INC
Date Of Injury: 3/23/20

DOS	SERVICE	DESCRIPTION	AMOUNT
04/22/20	INITIAL EXAM	-DR MAHNAZ AZIMZADEH/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/28/20	INITIAL PSYC	-EVAL ANTHONY FRANCISCO, PH.D & INITIAL PHYSIO-	180.00
/ /	-	-THERAPY W/DR JAVAD NAJIB @ FMR*	0.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/29/20	INITIAL ACUP	-W/ ACUPUNCT SEONG KWANG LIM FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/30/20	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/01/20	FOLLOW-UP	-W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/05/20	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/06/20	FOLLOW-UP	-W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/07/20	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/08/20	FOLLOW-UP	-W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
05/13/20	FOLLOW-UP	-W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/12/20	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
05/14/20	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
05/15/20	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#
09/23/21 78177

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
20007606

BILL TO:
ATHENS ADMIN (CONCORD)
W. C. DEPARTMENT
ATTN: JOSE ELZELADE
P.O. BOX # 696
CONCORD, CA 94522

Case: vs SERVICON SYSTEMS INC
Date Of Injury: 3/23/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
06/03/20	PR2/REEVAL	-DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/09/20	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/16/20	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
06/18/20	FOLLOW-UP	-W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
06/23/20	F/U PHYSIO	-THERAPY W/DR NAJIB @ 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
07/02/20	FOLLOW-UP	-W/ ACUPUNCT JI SUN KIM @ FMR	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	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	FOLLOW-UP	-W/ ACUPUNCT JI SUN KIM @ FMR	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/14/20	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
07/15/20	PR2/REEVAL	-DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/16/20	FOLLOW-UP	-W/ ACUPUNCT JI SUN KIM @ FMR	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/21/20	INITL CHIRO	-TREATMENT W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/28/20	F/U CHIRO TX	-CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/04/20	F/U CHIRO TX	-CHIRO TX 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#
09/23/21 78177

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
20007606

BILL TO:
ATHENS ADMIN (CONCORD)
W. C. DEPARTMENT
ATTN: JOSE ELZELADE
P.O. BOX # 696
CONCORD, CA 94522

Case: vs SERVICON SYSTEMS INC
Date Of Injury: 3/23/20

DOS	SERVICE	DESCRIPTION	AMOUNT
08/11/20	F/U CHIRO TX	-CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/25/20	F/U CHIRO TX	-CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/26/20	PR2/REEVAL	-DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/01/20	F/U PHYSIO	-THERAPY W/DR SIRLINA COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
09/08/20	F/U CHIRO TX	-CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/15/20	F/U CHIRO TX	-CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
09/22/20	F/U CHIRO TX	-CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
09/29/20	F/U CHIRO TX	-CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/06/20	F/U CHIRO TX	-CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/07/20	PR2/REEVAL	-DR RUSSMAN/AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
10/13/20	F/U CHIRO TX	-CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/27/20	PMT BY CHECK	DOS 9/15/20* =# 209829642	-90.00
11/17/20	FOLLOW-UP	-W/ ACUPUNCT JI SUN KIM @ FMR	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/19/20	PR2/REEVAL	-DR NEGIN RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
11/24/20	FOLLOW-UP	-W/ ACUPUNCT JI SUN KIM @ FMR	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
12/01/20	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#
09/23/21 78177

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
20007606

BILL TO:
ATHENS ADMIN (CONCORD)
W. C. DEPARTMENT
ATTN: JOSE ELZELADE
P.O. BOX # 696
CONCORD, CA 94522

Case: vs SERVICON SYSTEMS INC
Date Of Injury: 3/23/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
12/23/20	PR2/REEVAL	-DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/05/21	FOLLOW-UP	-W/ ACUPUNCT JI SUN KIM @ FMR	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/12/21	FOLLOW-UP	-W/ ACUPUNCT JI SUN KIM @ FMR	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/26/21	F/U PHYSIO	-THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/09/21	PR2/REEVAL	-DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/12/21	LIEN FIL FEE	LIEN FILING FEE	150.00
09/21/21	PMT BY CHECK	DOS3/23/20-9/17/21* # 4402	-1000.00
09/23/21	BLCE OFF SET	BALANCE OFF SET	-7700.00

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.

CHECK FACE HAS A COLORED BACKGROUND ON WHITE PAPER

Electronic Payment Clearinghouse
Servicon (WC)
WORKERS' COMPENSATION PROGRAM
ADMINISTERED BY: ATHENS ADMINISTRATORS
P.O. BOX 696, CONCORD, CALIFORNIA 94522

HUNTINGTON NATIONAL BANK 56-1512 441
Westerville OH 43081
Electronic Payment Clearinghouse
Echo Health, Inc.

DRAFT NO. 209829642
DRAFT DATE 10/27/2020

PAYABLE THROUGH DRAFT Ninety & 00 / 100 DOLLARS

AMOUNT
**********$90.00

TO THE ORDER OF Joyce Altman Interpreters Inc
PO Box 4165
Tustin CA 92781

VOID AFTER 180 DAYS

William Bennett

⑈209829642⑈ ⑆044115126⑆ 0166950861 2⑈

78177

RECEIVED
NOV 13 2020

BY: .....

PAID
NOV 17 2020

BY: .....

10/29/20 2:58 PM 3 0000495 20201105 RK360101 BW EWH 1 on DOH Processors

Servicon (WC)
WORKERS' COMPENSATION PROGRAM
ADMINISTERED BY: ATHENS ADMINISTRATORS
P.O. BOX 696, CONCORD, CALIFORNIA 94522

10/29/20 2:58 PM 3 0000495 20201105 PK269101 BW-ENV1 1 oz DOM PK26910000* 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.

Provider Bill Detail

Tax ID: *****6713

EPC Draft #: 209829642 Page 1 of 3

Draft Date: 10/27/2020

Claim Number: 20007606
Invoice #: 4117_3552
Claimant:
State of Jurisdiction: California

Date Reviewed: 10/20/2020
Date of Injury: 03/23/2020
Document Number: 30564218

Employer Servicon Systems, Inc.
Examiner CONDUENT WORKERS COMPENSATION, LLC
Pay Code 10392

Service Date(s)	Service Description	Qty	Billed	BR Red	PPO Red	Other	Allowed Charge	Reason
09/15/20	SIGN LANGUAGE/ORAL INTEPR SERVICES PE	1	180.00	$90.00	$0.00	$90.00	90.00	882 A05 87D
	Totals:	**1**	**$180.00**	**$90.00**	**$0.00**	**$90.00**	**$90.00**	

Statement Summary	Total Charges	Allowed Charges	Reductions/ Adjustments	Total Paid
Statement Total	$180.00	$90.00	$90.00	$90.00

EOB Code Descriptions:

87D P12: WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.

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

A05 601: CHARGES EXCEED MAXIMUM ALLOWANCE FOR INTERPRETER SERVICES

T14.90

WELLS FARGO BANK, N.A.

Servicon

11-24/121
1210(8)

CHECK NO: 4402

DATE: 9/21/2021

ADMINISTERED BY: ATHENS ADMINISTRATORS
P.O. BOX 696, CONCORD, CALIFORNIA 94522

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT

*******$1,000.00

CLAIMANT:
CLAIM NO: 20007606
AMOUNT *One Thousand And 00/100 US Dollars*

PAY JOYCE ALTMAN INTERPRETING
P.O. Box 4165
Tustin CA 92781

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTIN

⑈0000440 2⑈ ⑆121000248⑆ 4806079851⑈

Payee: JOYCE ALTMAN **TIN/SSN:** XX-XXX6713

Check Number: 4402

Check Amount: 1000.00

Check Date: 9/21/2021

Claim Number	Employer	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Date	Invoice #	Amount
20007606	Servicon Systems, Inc.		3/23/2020	Lien Settlement - Disputed	3/23/2020	9/17/2021	1/1/1900		1,000.00

Comments: Lien settlement agreement full and final for all DOS:

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	77585

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
7035706

BILL TO:
BENCHMARK (ONTARIO)
W. C. DEPARTMENT
ATTN: KIMBERLY HORTON
PO BOX 46350
LAS VEGAS, NV 89114

Case: _____ vs DIAMOND LANDSCAPING
Date Of Injury: 8/07-10/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/08/20	INITIAL EXAM	W/DR ERIC GOFNUNG @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
01/21/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
01/24/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
01/31/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GONFUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/25/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
06/28/21	LIEN FIL FEE	LIEN FILING FEE	150.00
09/01/21	PMT BY CHECK	DOS 1/8/20-2/25/20* # 0000398857 BENCHMA	-900.00
09/07/21	BLCE OFF SET	BALANCE OFF SET	-150.00

BALANCE 0.00

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

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

Wells Fargo
Minneapolis, MN
17-1/910

Check Number
0000398857
Issue Date: 09/01/2021
VOID After 60 Days

Form 614-BG

For Medical from 01/08/2020 to 02/25/2020. ADJ12844614,12676229
Claim: 7035706 / Boanerges Campos. Language Interpreter - paid under Medical

Pay *Nine Hundred and 00/100 Dollars* $ *******900.00

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

David L. Ashlen
Authorized Signature

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈0000398857⑈ ⑆091000019⑆ 3987025529⑈

Claim: 7035706 / Accident date: 10/30/2019, Jurisdiction State: California.
Insured: Diamond Landscaping, Inc., Policy: CST5014360.

The payment is for Language Interpreter - paid under Medical from 01/08/2020 to 02/25/2020.
Check: 0000398857, issued: 09/01/2021, for: $900.00, for: Medical, Invoice:

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

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

Send to Adjuster

0000932896

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 81188

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
74WC900000599434

BILL TO:
BERKLEY ENVIRONMENTAL (IRV-TX)
W. C. DEPARTMENT
ATTN: MARIA FAINT
P.O. BOX 140789
IRVING, TX 75014

Case: vs KARCHER ENVIRONMENTAL INC
Date Of Injury: 6/21/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/13/19	INITIAL EXAM	DR MARINA RUSSMAN @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/17/19	INITIAL PHYS	THERAPY W/DR JAVAD NAJIB*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/18/19	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	230.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/30/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/01/19	FOLLOW UP	PHYSICAL TX W/DR 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
10/07/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
10/09/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/25/19	PR2/REEVAL	DR RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/04/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/06/19	FOLLOW UP	PHYSICAL TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/11/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
11/13/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/18/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/22/19	PR2/REEVAL	DR RUSSMAN/RAMESHNI @ 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#
09/30/21 81188

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
74WC900000599434

BILL TO:
BERKLEY ENVIRONMENTAL (IRV-TX)
W. C. DEPARTMENT
ATTN: MARIA FAINT
P.O. BOX 140789
IRVING, TX 75014

Case: vs KARCHER ENVIRONMENTAL INC
Date Of Injury: 6/21/19

DOS	SERVICE	DESCRIPTION	AMOUNT
11/26/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/27/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/02/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/04/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/09/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
12/11/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/13/19	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/07/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/06/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/09/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/13/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/14/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/16/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/20/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ 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
01/22/20	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#
09/30/21 81188

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
74WC900000599434

BILL TO:
BERKLEY ENVIRONMENTAL (IRV-TX)
W. C. DEPARTMENT
ATTN: MARIA FAINT
P.O. BOX 140789
IRVING, TX 75014

Case: vs KARCHER ENVIRONMENTAL INC
Date Of Injury: 6/21/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
01/24/20	PR2/REEVAL	W/DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 10108	0.00
01/30/20	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
02/06/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	DANYA SCHWARTZ # 500316	0.00
02/13/20	FOLLOW-UP	W/ ACUPUNCT DA HAE RA @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/25/20	PMT BY CHECK	DOS 1/16/20* # 0600029099	-180.00
02/18/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/20/20	F/U PHYSIO	TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/25/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
02/27/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/30/20	PMT BY CHECK	DOS 1/14/20* =# 197697170	-90.00
03/04/20	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ 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
03/10/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
03/17/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/19/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	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#
09/30/21	81188

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
74WC900000599434

BILL TO:
BERKLEY ENVIRONMENTAL (IRV-TX)
W. C. DEPARTMENT
ATTN: MARIA FAINT
P.O. BOX 140789
IRVING, TX 75014

Case: vs KARCHER ENVIRONMENTAL INC
Date Of Injury: 6/21/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/24/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/26/20	F/U PHYSIO	THERAPY W/DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 1018	0.00
03/31/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/02/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FM	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/07/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
05/21/20	PMT BY CHECK	DOS 1/14/20* # 0700018897	-90.00
04/14/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
04/15/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
04/16/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
04/21/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/28/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/30/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/05/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/11/20	INITIAL EXAM	DR GABRIEL RUBANENKO @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/27/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH/M.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#
09/30/21 81188

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
74WC900000599434

BILL TO:
BERKLEY ENVIRONMENTAL (IRV-TX)
W. C. DEPARTMENT
ATTN: MARIA FAINT
P.O. BOX 140789
IRVING, TX 75014

Case: vs KARCHER ENVIRONMENTAL INC
Date Of Injury: 6/21/19

DOS	SERVICE	DESCRIPTION	AMOUNT
06/02/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
06/04/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
07/08/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/20/20	INITIAL EXAM	DR GABRIEL RUBANENKO @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/27/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/31/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
08/03/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
08/19/20	PR2/REEVAL	DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
08/25/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/28/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	DANYA SCHWARTZ # 500316	0.00
09/01/20	F/U PHYSIO	THERAPY W/DR SIRLINA COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
09/08/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/11/20	F/U PHYSIO	THERAPY W/DR BAHUB @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 005511585	0.00
09/30/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/05/20	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#
09/30/21 81188

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
74WC900000599434

BILL TO:
BERKLEY ENVIRONMENTAL (IRV-TX)
W. C. DEPARTMENT
ATTN: MARIA FAINT
P.O. BOX 140789
IRVING, TX 75014

Case: vs KARCHER ENVIRONMENTAL INC
Date Of Injury: 6/21/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/08/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/07/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/01/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
10/12/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
10/14/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	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
10/19/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
10/21/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/11/20	PMT BY CHECK	DOS 10/15/20* # 0600060940	-180.00
10/06/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/16/21	LIEN FIL FEE	LIEN FILING FEE	150.00
09/27/21	PMT BY CHECK	DOS 9/13/19-10/5/20* =# 0700059827	-13000.00
09/30/21	BLCE OFF SET	BALANCE OFF SET	-1200.00

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 81188

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
74WC900000599434

BILL TO:
BERKLEY ENVIRONMENTAL (IRV-TX)
W. C. DEPARTMENT
ATTN: MARIA FAINT
P.O. BOX 140789
IRVING, TX 75014

Case: vs KARCHER ENVIRONMENTAL INC
Date Of Injury: 6/21/19

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.

M

BERKLEY NET UNDERWRITERS
StarNet Insurance Company
9301 Innovation Drive
Suite 200
Manassas, VA 20110
877-497-2637

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

BAA10768745_10000000053

81188

Check Date	Reference Number	Supplier Number	Pay Group	AP Unit	Print Group Code	Check Number
Mar 25 2020	0600029099	0000152873	CL	10032	1	0600029099

Policy Number	unknown
Insured	Karcher Environmental Inc
Date of Loss	06/29/2019
Reported Date of Loss	10/03/2019
Claims System ID	bnuCCV9:85441118
Claim Number	BNET WC 000000032928
Claimant Name	
Supplier Invoice Date	03/24/2020
Supplier Invoice Number	176897
Service Dates	01/16/2020 01/16/2020
Adjuster Name	
Agency Code	
Agency Name	
Pay Amount	$ 180.00
Memo / Description	

Page 1 Summary	**Total Paid Count**	1	**Total Paid Amount**		$ 180.00 ***
Page 1 through 1 Summary	**Total Paid Count**	1	**Total Paid Amount**		$ 180.00 ***

Berkley Insurance Company
GREAT DIVIDE INSURANCE COMPANY
Two Ravinia Drive Suite 1100
Atlanta GA 30346

HUNTINGTON NATIONAL BANK 56-1512
Westerville OH 43081 441

Electronic Payment Clearinghouse
Echo Health, Inc

DRAFT NO. 197697170
DRAFT DATE 03/30/2020

PAYABLE THROUGH DRAFT Ninety & 00 / 100 DOLLARS

AMOUNT
**********$90.00

VOID AFTER 90 DAYS

TO THE ORDER OF Joyce Altman Interpreters Inc
P.O. BOX # 4165

TUSTIN CA 92781

William A Brimmer

⑈197697170⑈ ⑆044115126⑆ 0166950861 2⑈

76897

APR 20 2020

PAID
APR 20 2020

BY: .....

Electronic Payment Clearinghouse
Berkley Insurance Company
GREAT DIVIDE INSURANCE COMPANY
Two Ravinia Drive Suite 1100
Atlanta GA 30346

3/4/19 5:21 PM 4 0000089 20200413 PD3N5101 ECHO 1 oz DOM PD3N510000* 188588 CK

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:* *REGABPRD:73474* *EPC Draft #:197697170* *Payment Date:03/30/2020* Page 1 of 3

Payor: GREAT DIVIDE INSURANCE COMPANY
11201 DOUGLAS AVENUE
URBANDALE IA 50322

Billing Provider: JOYCE ALTMAN INTERPRETERS INC.
Billing Provider Address: PO BOX #4165
TUSTIN CA 92781

Check Number:6106938284
Payor ID:
Payee ID:REGABPRD:73474

Provider State License # :
Rendering Provider:
Rendering Provider NPI:

PROVIDER BILL DETAIL:

Claimant:

D.O.B:
SSN: XXX-XX-
Bill Control #: 220200323BRK20BK71282
Employer ID: 1538618
Employer: KARCHER ENVIRONMENTAL, INC.
Employer Address: BLANK
ANAHEIM CA 928060000

Claim Number: 4500840
Bill Review #: BRK-BKCA-105417
Jurisdiction: CA
Adjuster: MARIA FAINT
Network:
PPO/MPN ID:
Patient Acct #: 76897

Date Received: 03/23/2020
Date of Injury: 06/21/2019
Date Reviewed: 03/25/2020
ProviderBill Date: 02/13/2020
Bill Type: PROF
Payment Type: MED
PPO Subnet:

Diagnosis Codes: T1490

Date of Service	POS	Rev	Procedure Modifiers	Qty	Charged	Reductions: Fee Sched	PPO	Other	Paid	Explanation Codes
1/14/20	11		Q00014	20.000	180.00	90.00	0.00	0.00	90.00	790-1
			Totals:		180.00	90.00	0.00	0.00	90.00	

See NOTE-001

Statement Summary	Charged	Reductions	Net Payment Amount
	180.00	90.00	90.00

Berkley Environmental
Great Divide Insurance Company
2 Ravinia Drive, Suite 1100
Atlanta, GA 30346
404-443-2040

BLA10829798_30000000064

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

76897

Check Date	Reference Number	Supplier Number	Pay Group	AP Unit	Print Group Code	Check Number
May 21 2020	0700018897	0000189473	CL	10074	71	0700018897

Policy Number	1538618
Insured	Karcher Environmental Inc.
Date of Loss	06/21/2019
Reported Date of Loss	06/27/2019
Claims System ID	REGCCPRD:6274429
Claim Number	74 WC 0000005090434
Claimant Name	
Supplier Invoice Date	05/18/2020
Supplier Invoice Number	IBKCA-106896:6274429
Service Dates	01/14/2020 01/14/2020
Adjuster Name	Maria Faint (ENV WC 3 (CA))
Agency Code	
Agency Name	
Pay Amount	$ 90.00
Memo / Description	BKCA-106896 $90.00 RE-VAL DOS 1/14/2020

RECEIVED
MAY 27 2020
BY: .....

Page 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 90.00 ***
Page 1 through 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 90.00 ***

M

BERKLEY NET UNDERWRITERS
StarNet Insurance Company
9301 Innovation Drive
Suite 200
Manassas, VA 20110
877-497-2637

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

DEC 14 2020

BSA10999609_1000000045

76897

Check Date	Reference Number	Supplier Number	Pay Group	AP Unit	Print Group Code	Check Number
Dec 11 2020	0600060940	0000152873	CL	10032	1	0600060940

Policy Number	unknown
Insured	Karcher Environmental Inc
Date of Loss	06/29/2019
Reported Date of Loss	10/03/2019
Claims System ID	bnuCCV9:96717899
Claim Number	BNET WC 000000032928
Claimant Name	
Supplier Invoice Date	12/10/2020
Supplier Invoice Number	I76897
Service Dates	10/15/2020 10/15/2020
Adjuster Name	
Agency Code	
Agency Name	
Pay Amount	$ 180.00
Memo / Description	

Page 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 180.00 ***
Page 1 through 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 180.00 ***

Berkley Environmental
Great Divide Insurance Company
101 Hudson Street Suite 2550
Jersey City, NJ 07302
800-259-2560

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

Check Date	Reference Number	Supplier Number	Pay Group	AP Unit	Print Group Code	Check Number
Sep 27 2021	0700059827	0000189473	CL	10074	71	0700059827

Policy Number	1538618
Insured	Karcher Environmental Inc.
Date of Loss	06/21/2019
Reported Date of Loss	06/27/2019
Claims System ID	REGCCPRD:6950505
Claim Number	74 WC 900000599434
Claimant Name	
Supplier Invoice Date	09/23/2021
Supplier Invoice Number	IREGCCPRD:6950505
Service Dates	09/13/2019 10/05/2020
Adjuster Name	Maria Faint (ENV WC 3 (CA))
Agency Code	
Agency Name	
Pay Amount	$ 13,000.00
Memo / Description	

Page 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 13,000.00 ***
Page 1 through 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 13,000.00 ***

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 Environmental
Great Divide Insurance Company
For Questions Please Call: 800-259-2560
Claim No: 74 WC 900000599434
In Payment Of: Full and Final Satisfaction of Lien: Roberto Hernandez - ADJ12454216

BANK OF AMERICA MERRILL LYNCH
90-4182/1211

0700059827

Date 09/27/2021 **Pay Amount** $ 13,000.00 ***

Pay **** THIRTEEN THOUSAND 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

THIS CHECK CLEARS THROUGH POSITIVE PAY

⑈0700059827⑈ ⑆121141822⑆ 7313129744⑈

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 73112

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
44035503

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

Case: vs LAURMARK ENTERP/TRUCK HERO VAR
Date Of Injury: CT 10/11/16

DOS	SERVICE	DESCRIPTION	AMOUNT
12/05/17	INITIAL EXAM	-DR MAYYA KRAVCHENKO @ GOFNUN CHIRO*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/12/17	INITL CHIRO	-TREATMENT W/DR KRAVCHENKO @ GOFNUNG*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/15/17	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/02/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
01/05/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/09/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/12/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/16/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/19/18	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/23/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/30/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/06/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/20/18	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/13/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/23/18	PR2/REEVAL	-DR KRAVCHENKO @ 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 73112

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
44035503

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

Case: vs LAURMARK ENTERP/TRUCK HERO VAR
Date Of Injury: CT 10/11/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/08/18	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/26/18	MED-LEGAL	-EVAL W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/03/18	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/02/18	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG* (POST P&S)	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/08/19	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG (POST P&S)	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
07/01/20	LIEN FIL FEE	LIEN FILING FEE	150.00
06/03/21	PENALTIES	FOR DATE OF SERVICE 12/05/17	34.50
06/03/21	INTEREST	FOR DATE OF SERVICE 12/05/17	88.48
06/03/21	PENALTIES	FOR DATE OF SERVICE 12/12/17	13.50
06/03/21	INTEREST	FOR DATE OF SERVICE 12/12/17	34.62
06/03/21	PENALTIES	FOR DATE OF SERVICE 12/15/17	13.50
06/03/21	INTEREST	FOR DATE OF SERVICE 12/15/17	34.62
06/03/21	PENALTIES	FOR DATE OF SERVICE 01/02/18	13.50
06/03/21	INTEREST	FOR DATE OF SERVICE 01/02/18	34.62
06/03/21	PENALTIES	FOR DATE OF SERVICE 01/05/18	13.50
06/03/21	INTEREST	FOR DATE OF SERVICE 01/05/18	34.62
06/03/21	PENALTIES	FOR DATE OF SERVICE 01/09/18	13.50
06/03/21	INTEREST	FOR DATE OF SERVICE 01/09/18	34.62
06/03/21	PENALTIES	FOR DATE OF SERVICE 01/12/18	13.50
06/03/21	INTEREST	FOR DATE OF SERVICE 01/12/18	34.57
06/03/21	PENALTIES	FOR DATE OF SERVICE 01/16/18	13.50
06/03/21	INTEREST	FOR DATE OF SERVICE 01/16/18	34.54
06/03/21	PENALTIES	FOR DATE OF SERVICE 01/19/18	27.00

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

*** INVOICE ***
Date NO#
09/28/21 73112

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
44035503

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

Case: vs LAURMARK ENTERP/TRUCK HERO VAR
Date Of Injury: CT 10/11/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/03/21	INTEREST	FOR DATE OF SERVICE 01/19/18	69.02
06/03/21	PENALTIES	FOR DATE OF SERVICE 01/23/18	13.50
06/03/21	INTEREST	FOR DATE OF SERVICE 01/23/18	34.42
06/03/21	PENALTIES	FOR DATE OF SERVICE 01/30/18	13.50
06/03/21	INTEREST	FOR DATE OF SERVICE 01/30/18	34.37
06/03/21	PENALTIES	FOR DATE OF SERVICE 02/06/18	13.50
06/03/21	INTEREST	FOR DATE OF SERVICE 02/06/18	34.11
06/03/21	PENALTIES	FOR DATE OF SERVICE 02/20/18	27.00
06/03/21	INTEREST	FOR DATE OF SERVICE 02/20/18	67.49
06/03/21	PENALTIES	FOR DATE OF SERVICE 02/13/18	13.50
06/03/21	INTEREST	FOR DATE OF SERVICE 02/13/18	33.55
06/03/21	PENALTIES	FOR DATE OF SERVICE 03/23/18	27.00
06/03/21	INTEREST	FOR DATE OF SERVICE 03/23/18	65.67
06/03/21	PENALTIES	FOR DATE OF SERVICE 05/08/18	27.00
06/03/21	INTEREST	FOR DATE OF SERVICE 05/08/18	62.72
06/03/21	PENALTIES	FOR DATE OF SERVICE 06/26/18	27.00
06/03/21	INTEREST	FOR DATE OF SERVICE 06/26/18	60.12
06/03/21	PENALTIES	FOR DATE OF SERVICE 08/03/18	27.00
06/03/21	INTEREST	FOR DATE OF SERVICE 08/03/18	58.13
06/03/21	PENALTIES	FOR DATE OF SERVICE 10/02/18	27.00
06/03/21	INTEREST	FOR DATE OF SERVICE 10/02/18	54.50
06/03/21	PENALTIES	FOR DATE OF SERVICE 01/08/19	27.00
06/03/21	INTEREST	FOR DATE OF SERVICE 01/08/19	48.94
09/23/21	PMT BY CHECK	DOS 12/5/17* # 279717	-2810.00
09/28/21	BLCE OFF SET	BALANCE OFF SET	-1352.73

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 73112

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
44035503

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

Case: vs LAURMARK ENTERP/TRUCK HERO VAR
Date Of Injury: CT 10/11/16

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.

Redwood Fire and Casualty 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. 2792717

DATE
09/23/2021

California Workers' Compensation Payment

**********2,810.00

Pay Two Thousand Eight Hundred Ten 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

⑈2792717⑈ ⑆121000248⑆ 4121526388⑈

Provider Bill Detail

Payer: Redwood Fire and Casualty Insurance Company

Check Number: 2792717
Check Date: 09/23/2021

Claim Number: 44035503
Claimant Name:
SSN: XXX-X
Date of Birth:

State of Jurisdiction: California

Rendering Provider: PO BOX 4165
TUSTIN, CA 927814165

Date Received: 09/09/2021
Date Reviewed: 09/22/2021
Date of Injury: 10/11/2017
Document Number: MDTD20210922 11272822ATAG 03R
Employer: Truck Hero, Inc.
Employer ID: TRWC707594

Examiner: shoptar
Bill Type:
Pay Code: 189
From: 12/05/2017
Through: 12/05/2017

Rendering Provider NPI: 9999999999

ICD Codes: T14.90

*** Reconsideration ***

Date	Code	Mod	Description	Billed Qty	Billed	Fee	PPO	Other	Allowed Qty	Allowed	Reason
12/5/2017	MDO10	00 00 00	INTERPRETER 12/5/17-1/8/19	1.00	2,810.00	0.00	0.00	0.00	00000	2,810.00	DO10BH INFOBH
			RX# 0000000000								
			Totals:		2,810.00	0.00	0.00	0.00		2,810.00	

Reduction Reason Codes:

Code:	Description:
DO10BH	Jurisdiction orders a lump sum payment for multiple bills where the amount of reimbursement is in dispute between claims payer and the healthcare provider.
INFOBH	BHHC wishes to notify the Provider Community that we're migrating our EBill Clearinghouse offerings from Jopari to either Carisk or WorkCompEDI. Effective 07/23/2021 please submit EBill transactions to our new vendors utilizing the

Notices:

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

*** INVOICE ***

Date	NO#
09/09/21	75446

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
33107978

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

Case: vs INTERIOR RESOURCES
Date Of Injury: 12/23/18

DOS	SERVICE	DESCRIPTION	AMOUNT
02/15/19	INITIAL EXAM	-DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/22/19	INITL CHIRO	-TREATMENT W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/26/19	F/U CHIRO TX	-CHIRO TX W/DR KRAVHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/01/19	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/05/19	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/08/19	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/15/19	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/19/19	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/22/19	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/26/19	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/29/19	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/02/19	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/05/19	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
04/09/19	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/11/19	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	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#
09/09/21 75446

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
33107978

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

Case: vs INTERIOR RESOURCES
Date Of Injury: 12/23/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/23/19	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/25/19	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/02/19	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/07/19	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/09/19	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/20/19	P AND S	-DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/21/19	LIEN FIL FEE	LIEN FILING FEE	150.00
02/27/20	PENALTIES	FOR DATE OF SERVICE 02/15/19	34.50
12/28/20	INTEREST	FOR DATE OF SERVICE 02/15/19	44.93
02/27/20	PENALTIES	FOR DATE OF SERVICE 02/22/19	13.50
12/28/20	INTEREST	FOR DATE OF SERVICE 02/22/19	17.58
02/27/20	PENALTIES	FOR DATE OF SERVICE 06/20/19	34.50
12/28/20	INTEREST	FOR DATE OF SERVICE 06/20/19	44.93
07/30/21	PMT BY CHECK	DOS 5/7/19* # 1244511 BERKSHIRE	-90.00
09/07/21	PMT BY CHECK	DOS 2/15/19* # 1255118 BERKSHIRE	-2000.00
09/09/21	BLCE OFF SET	BALANCE OFF SET	-599.94

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

*** INVOICE ***

Date	NO#
09/09/21	75446

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
33107978

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

Case: vs INTERIOR RESOURCES
Date Of Injury: 12/23/18

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.

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 07/30/2021
Check Number : 1244511
Check Amount : $90.00

WV8K20

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

tnb5a
00060

PAID
AUG 03 2021
BY. .....

Payment Summary

33107978	12/23/2018 75446 ✓ 71063	Interpreter Fees -	05/07/2019	05/07/2019	$90.00

60-60
4014

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 09/07/2021
Check Number : 1255118
Check Amount : $2,000.00

DUMK2P

oz 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

0875a
00066

75446

Payment Summary

33107978	12/23/2018	33107978	Lien Payment - Medi	02/15/2019	02/15/2019	$2,000.00

66-66
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)

DUMK2P

09/07/2021	1255118
VOID AFTER 90 DAYS	$2,000.00

PAY TWO THOUSAND & XX / 100 DOLLARS*****

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

TWO SIGNATURES REQUIRED IF MORE THAN $10,000.00

R McDaniel

Security features included. Details on back.

⑈1255118⑈ ⑆121000248⑆ 412167050 9⑈

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

*** INVOICE ***
Date NO#
09/02/21 75496

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
19D68F889820

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

Case: vs STAFFMARK INVESTMENT
Date Of Injury: 2/7/19

DOS	SERVICE	DESCRIPTION	AMOUNT
02/27/19	INITL CHIRO	& PHYSICAL THERAPY W/DR CHRISTINE HA @	90.00
/ /	-	SIDHU CHIRO*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/01/19	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, F/U CHIRO & PHYS THERAPY	230.00
/ /	-	W/DR HA @ SIDHU*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/04/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/13/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/15/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/22/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/29/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/12/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/19/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/26/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	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#
09/02/21 75496

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
19D68F889820

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

Case: vs STAFFMARK INVESTMENT
Date Of Injury: 2/7/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/03/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/17/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/07/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/28/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/19/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/30/20	FINAL CHIRO	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/12/21	LIEN FIL FEE	LIEN FILING FEE	150.00
08/30/21	PMT BY CHECK	DOS 8/24/21 # 0128308670	-2750.00
09/02/21	BLCE OFF SET	BALANCE OFF SET	-150.00
		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.

CCMSI obo Staffmark
2 East Main St., Suite 208
Danville, IL 61832

BANK OF AMERICA
CHICAGO, IL 60603

2-3/710 IL

Check No. 0128308670

Date: 08/30/2021

Batch#: 304786286

Amount

$****2,750.00

Void After 180 Days

Amount: TWO THOUSAND SEVEN HUNDRED FIFTY AND 00 / 100*****

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

Rodney J. Golden

⑈0128308670⑈ ⑆071000039⑆ 866662264 2⑈

Claim#\DOL	Claimant	Inv. Amt	Disc. Amt	Net Paid	Inv. #\Comment	Adjuster\Office
19D68F889820		2,750.00	0.00	2,750.00		ERODRIGUEZ
02/07/2019					F&F SATISACTION OF LIEN SETTLEMENT DATED	IRVINE

Batch#: 304786286

Check# 128308670

Check Amount: $**2,750.00**

Loc: BR10 Perris CA

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 76433

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
19388J043470

BILL TO:
CANNON COCHRAN MGMT SVCS (AZ)
W. C. DEPARTMENT
ATTN: KEVIN COX
P.O. BOX 27920
SCOTTSDALE, AZ 85255

Case: vs REPUBLIC SVCS CONSOLIDATED DIS
Date Of Injury: 2/28/19

DOS	SERVICE	DESCRIPTION	AMOUNT
07/29/19	INITL CHIRO	& PHYSICAL THERAPY W/DR CHRISTINE HA @	90.00
/ /	-	SIDHU CHIRO*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/09/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/12/19	INITIAL ACUP	W/ ACUPUN MIN CHOI, F/U CHIRO & F/U PHYS TX W/DR	180.00
/ /	-	HA @ SIDHU* (AMENDED)	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/16/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/19/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/30/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/04/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
09/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
09/09/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
09/13/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	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#
09/20/21 76433

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
19388J043470

BILL TO:
CANNON COCHRAN MGMT SVCS (AZ)
W. C. DEPARTMENT
ATTN: KEVIN COX
P.O. BOX 27920
SCOTTSDALE, AZ 85255

Case: vs REPUBLIC SVCS CONSOLIDATED DIS
Date Of Injury: 2/28/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/16/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/20/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/23/19	F/U CHIRO TX	CHIRO TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/27/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARVBOSA # 500267	0.00
09/30/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/04/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/07/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	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
10/14/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/18/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/21/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
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BILL TO:
CANNON COCHRAN MGMT SVCS (AZ)
W. C. DEPARTMENT
ATTN: KEVIN COX
P.O. BOX 27920
SCOTTSDALE, AZ 85255

Case: vs REPUBLIC SVCS CONSOLIDATED DIS
Date Of Injury: 2/28/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/30/19	PMT BY CHECK	DOS 7/29/19-9/30/19* # 101033893	-2430.00
10/25/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/28/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/01/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/04/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHUI	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
11/08/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/11/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
11/15/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/25/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/18/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/02/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/09/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/16/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/06/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
01/20/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
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*** INVOICE ***
Date NO#
09/20/21 76433

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Terms: 60 days
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19388J043470

BILL TO:
CANNON COCHRAN MGMT SVCS (AZ)
W. C. DEPARTMENT
ATTN: KEVIN COX
P.O. BOX 27920
SCOTTSDALE, AZ 85255

Case: vs REPUBLIC SVCS CONSOLIDATED DIS
Date Of Injury: 2/28/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/27/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/03/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/10/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/17/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	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 @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/08/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/15/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/22/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
06/29/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/06/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
07/13/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/20/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/27/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/03/20	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#
09/20/21 76433

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
19388J043470

BILL TO:
CANNON COCHRAN MGMT SVCS (AZ)
W. C. DEPARTMENT
ATTN: KEVIN COX
P.O. BOX 27920
SCOTTSDALE, AZ 85255

Case: vs REPUBLIC SVCS CONSOLIDATED DIS
Date Of Injury: 2/28/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/10/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/17/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
08/24/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
09/01/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
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
10/13/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	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
10/27/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/30/21	LIEN FIL FEE	LIEN FILING FEE	150.00
09/14/21	PMT BY CHECK	DOS 9/13/21 # 0101092647	-7500.00
09/20/21	BLCE OFF SET	BALANCE OFF SET	-930.00

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 76433

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EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
19388J043470

BILL TO:
CANNON COCHRAN MGMT SVCS (AZ)
W. C. DEPARTMENT
ATTN: KEVIN COX
P.O. BOX 27920
SCOTTSDALE, AZ 85255

Case: vs REPUBLIC SVCS CONSOLIDATED DIS
Date Of Injury: 2/28/19

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.

CCMSI o/b/o REPUBLIC SERVICES, INC.
2 EAST MAIN STREET, SUITE 208
DANVILLE, IL 61832

BANK OF AMERICA
CHICAGO, IL 60603

2-3/710 IL

Check Number 101033893

Date: 10/30/2019

Batch #: 303075137

Amount

$****2,430.00

Amount: TWO THOUSAND FOUR HUNDRED THIRTY AND XX / 100**********

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

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

⑈0101033893⑈ ⑆071000039⑆ 866 662 2642⑈ M

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
76433	02/28/2019	19388J043470	2,430.00	0.00	2,430.00	76433 7/29/19 -9/30/19	KCOX

-1

PAID
NOV 05 2019
PW. .....

Batch #: 303075137
Check Number 101033893
Check Amount $****2,430.00
Loc:3840301 LONG BEACH

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

CCMSI o/b/o REPUBLIC SERVICES, INC.
2 EAST MAIN STREET, SUITE 208
DANVILLE, IL 61832

BANK OF AMERICA
CHICAGO, IL 60603

2-3/710 IL

Check No. 0101092647

Date: 09/14/2021

Batch#: 304827220

Amount: SEVEN THOUSAND FIVE HUNDRED AND 00 / 100*****

Amount

$****7,500.00

Void After 180 Days

Two Signatures Required for Amounts over $5000.00

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Rodney J. Golden

John E Kluth II

⑈0101092647⑈ ⑆071000039⑆ 866662264 2⑈

76433

Claim#\DOL	Claimant	Inv. Amt	Disc. Amt	Net Paid	Inv. #\Comment	Adjuster\Office
19388J043470		7,500.00	0.00	7,500.00		KCOX
02/28/2019					SETTLED Lien Full & Final ALL DOS	Scottsdale

Batch#: 304827220

Loc: 3840301 LONG BEACH

Check# 101092647

Check Amount: $**7,500.00**

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 77017

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
19W04J147043

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

Case: vs PRIORITY WORKFORCE
Date Of Injury: 9/10/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/04/19	INITIAL EXAM	-DR MOMAHED HASSANIN @ FMR*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/10/19	FOLLOW-UP	-W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
10/16/19	FOLLOW-UP	-W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/17/19	FOLLOW-UP	-W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/18/19	INITIAL PSYC	-EVAL W/DR ANTHONY FRANCISCO*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/24/19	FOLLOW-UP	-W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
11/15/19	PR2/REEVAL	-DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	HILDA VILLAGRAN # 010201	0.00
12/02/19	INIT PHYSIO	-THERAPY W/DR PEZESHKIAN @ FMR*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
12/03/19	FOLLOW-UP	-W/ ACUPUNCT SUNGSOO HWANG*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/04/19	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
12/05/19	FOLLOW-UP	-W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/09/19	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
12/10/19	FOLLOW-UP	-W/ ACUPUNCT SUNG SOO HWANG @ FMR*	180.00
/ /	INTERPRETER:	IRENE MROA # 101159	0.00
12/13/19	FOLLOW-UP	-W/ ACUPUNCT TAE GON 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#
09/13/21 77017

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
19W04J147043

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

Case: vs PRIORITY WORKFORCE
Date Of Injury: 9/10/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
12/17/19	FOLLOW-UP	-W/ ACUPUNCT HWANG @ FMR* FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/19/19	FOLLOW-UP	-W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/20/19	PR2/REEVAL	-DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/06/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER RAMOS # 101254	0.00
01/21/20	FOLLOW-UP	-W/ ACUPUNCT BO CHO/LIM @ FMR *	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/22/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN* (AMENDED)	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/23/20	FOLLOW-UP	-W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/27/20	F/U PHYSIO	-THERAPY W/PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/30/20	FOLLOW-UP	-W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/31/20	PR2/REEVAL	-W/DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/03/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/06/20	FOLLOW-UP	-W/ ACUPUNCT HWANG @ FMR*	180.00

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

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

Case: vs PRIORITY WORKFORCE
Date Of Injury: 9/10/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/12/20	FOLLOW-UP	-W/ ACUPUNCT TED PRIEBE @ FMR *	180.00
/ /	INTERPRETER:	DANYA SCHWARTZ # 500316	0.00
02/13/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN* (AMENDED)	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/14/20	FOLLOW-UP	-W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/21/20	FOLLOW-UP	-W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/20/20	F/U PHYSIO	-TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/25/20	F/U PHYSIO	-TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/26/20	FOLLOW-UP	-W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/13/20	PR2/REEVAL	-DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/20/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
03/25/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/27/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
03/31/20	FOLLOW-UP	W/ ACUPUNCT S. HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/01/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN @FMR *	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/02/20	FOLLOW-UP	-W/ ACUPUNCT HWANG @ 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 77017

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
19W04J147043

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

Case: vs PRIORITY WORKFORCE
Date Of Injury: 9/10/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/07/20	FOLLOW-UP	-W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/09/20	FOLLOW-UP	-W/ ACUPUNCT S. HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/14/20	FOLLOW-UP	-W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
04/16/20	FOLLOW-UP	-W/ ACUPUNCT S. HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/27/20	FOLLOW-UP	-W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
04/29/20	FOLLOW-UP	-W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/24/20	PR2/REEVAL	-DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/04/20	FOLLOW-UP	-W/ ACUPUNCT TED PRIEBE @ FMR *	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
05/06/20	FOLLOW-UP	-W/ ACUPUNCT TED PRIEBE @ FMR *	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/11/20	FOLLOW-UP	-W/ ACUPUNCT TED PRIEBE @ FMR *	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/14/20	FOLLOW-UP	-W/ ACUPUNCT SANGWON HWANG @ 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* #1	0.00
/ /	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#
09/13/21 77017

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
19W04J147043

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

Case: vs PRIORITY WORKFORCE
Date Of Injury: 9/10/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/29/20	PR2/REEVAL	-DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/09/20	F/U PHYSIO	-THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
06/12/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/17/20	F/U PHYSIO	-THERAPY W/DR PEZESKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
07/01/20	F/U CHIRO TX	-CHIRO TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/09/20	PR2/REEVAL	-DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/17/20	F/U CHIRO TX	-CHIRO TX DR PEZESHKIAN @ FMR *	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/22/20	F/U CHIRO TX	-CHIRO TX DR PEZESHKIAN @ FMR *	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/27/20	L.I.N.T.	-LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RUSSMAN/RAMESHNI* #2	0.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
08/03/20	L.I.N.T.	-LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RUSSMAN/RAMESHNI* #3	0.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/06/20	PR2/REEVAL	-DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/10/20	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#
09/13/21 77017

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
19W04J147043

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

Case: vs PRIORITY WORKFORCE
Date Of Injury: 9/10/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	-	-DR RAMESHNI/RUSSMAN*	0.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/17/20	L.I.N.T.	-LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RUSSMAN/RAMESHNI* #5	0.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
09/17/20	PR2/REEVAL	-DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/22/20	FOLLOW-UP	-W/ ACUPUNCT CHONG PARK @ FMR PRIEBE *	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/23/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/24/20	FOLLOW-UP	-W/ ACUPUNCT CHONG PARK @ FMR RUSSMAN *	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/25/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN @FMR *	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
10/01/20	FOLLOW-UP	-W/ ACUPUNCT CHONG PARK @ FMR *	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/29/20	FOLLOW-UP	-W/ ACUPUNCT CHONG PARK @ FMR *	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/30/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/02/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
10/06/20	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 77017

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
19W04J147043

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

Case: vs PRIORITY WORKFORCE
Date Of Injury: 9/10/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
10/08/20	FOLLOW-UP	-W/ ACUPUNCT CHONG PARK @ FMR *	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/09/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
10/27/20	PR2/REEVAL	-DR RUSSMAN/PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/12/21	LIEN FIL FEE	LIEN FILING FEE	150.00
09/08/21	PMT BY CHECK	DOS 9/20/21 # 0161684457	-12500.00
09/13/21	BLCE OFF SET	BALANCE OFF SET	-1520.00

BALANCE 0.00

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

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

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

BANK OF AMERICA
CHICAGO, IL 60603

2-3/710 IL

Check No. 0161684457

Date: 09/08/2021

Batch#: 304811616

Amount

$****12,500.00

Void After 180 Days

Amount: TWELVE THOUSAND FIVE HUNDRED AND 00 / 100*****

Two Signatures Required for Amounts over $5000.00

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

Rodney J. Golden
John E Kluth II

⑈0161684457⑈ ⑆071000039⑆ 866662264 2⑈

Claim#\DOL	Claimant	Inv. Amt	Disc. Amt	Net Paid	Inv. #\Comment	Adjuster\Office
19W04J147043		12,500.00	0.00	12,500.00		ERMELENDEZ
09/10/2019					Full and Final -Joyce Altman Lien	IRVINE

Batch#: 304811616

Check# 161684457

Check Amount: $**12,500.00**

Loc: GENEVA STAFFING INC.

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 78168

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
19W02J009728

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

Case: vs ASC STAFFING GROUP LLC VENSURE
Date Of Injury: 6/18/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/20/20	INITIAL EXAM	-DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/06/20	INITL CHIRO	-TREATMENT W/DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/07/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/14/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/21/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/22/20	INITIAL PSYC	-EVAL ANTHONY FRANCISCO, PH.D @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
06/02/20	PR2/REEVAL	DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/09/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
06/10/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/16/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
06/17/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/18/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/23/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
06/24/20	FOLLOW-UP	W/ ACUPUNCT TED 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#
09/20/21 78168

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
19W02J009728

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

Case: vs ASC STAFFING GROUP LLC VENSURE
Date Of Injury: 6/18/19

DOS	SERVICE	DESCRIPTION	AMOUNT
06/25/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
06/30/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
07/09/20	FOLLOW-UP	W/ ACUPUNCT CHONG HOON PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
07/10/20	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/22/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/23/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
07/24/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/29/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/30/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/31/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/05/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/07/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/22/21	LIEN FIL FEE	LIEN FILING FEE	150.00
09/16/21	PMT BY CHECK	DOS 9/9/21 # 0161684996	-4500.00
09/20/21	BLCE OFF SET	BALANCE OFF SET	-330.00

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 78168

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
19W02J009728

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

Case: ASC STAFFING GROUP LLC VENSURE
Date Of Injury: 6/18/19

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.

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. 0161684996

Date: 09/16/2021

Batch#: 304834349

Amount

$****4,500.00

Void After 180 Days

Amount: FOUR THOUSAND FIVE HUNDRED AND 00 / 100*****

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Rodney J. Golden

⑈0161684996⑈ ⑆071000039⑆ 866662264 2⑈

Claim#\DOL	Claimant	Inv. Amt	Disc. Amt	Net Paid	Inv. #\Comment	Adjuster\Office
19W02J009728		4,500.00	0.00	4,500.00		DGOHN
06/18/2019					Per Stipulated agreement full and final	IRVINE

Batch#: 304834349

Loc: ASC STAFFING GROUP, LLC - CA

Check# 161684996

Check Amount: $**4,500.00**

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 78308

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
20K37J237011

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

Case: vs BARON HR
Date Of Injury: 2/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
05/22/20	INITIAL EXAM	DR ZAREENA KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/01/20	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
07/06/20	INITIAL ACUP	W/ ACUPUNCT BRUCE BAPTIE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/10/20	PR2/REEVAL	DR FARAH AMERI @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/06/20	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/23/20	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/02/21	LIEN FIL FEE	LIEN FILING FEE	150.00
09/09/21	PMT BY CHECK	DOS 8/17/21 # 0166629073	-1080.00
09/13/21	BLCE OFF SET	BALANCE OFF SET	-150.00

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 OBO CLEAR SPRING PROPERTY & CASUALTY COMPANY
2 EAST MAIN ST, SUITE 208
DANVILLE, IL 61832

BANK OF AMERICA
CHICAGO, IL 60603

2-3/710 IL

Check No. 0166629073

Date: 09/09/2021

Batch#: 304815298

Amount

$****1,080.00

Void After 180 Days

Amount: ONE THOUSAND EIGHTY AND 00 / 100*****

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

Rodney J. Golden

⑈0166629073⑈ ⑆071000039⑆ 866662264 2⑈

Claim#\DOL	Claimant	Inv. Amt	Disc. Amt	Net Paid	Inv. #\Comment	Adjuster\Office
20K37J237011		1,080.00	0.00	1,080.00		JAYALA
02/28/2020					Full & Final	IRVINE

Batch#: 304815298

Loc: BARONHR WEST INC. DBA BARONHR

Check# 166629073

Check Amount: $**1,080.00**

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 77149

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
VH-19-000163

BILL TO:
CORVEL CORPORATION (CHINO)
W. C. DEPARTMENT
ATTN: LILIANA LOPEZ
P.O. BOX 669
CHINO, CA 91708

Case: vs EMANATE HEALTH
Date Of Injury: 9/16/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/21/19	FOLLOW-UP	-W/ ACUPUNCT TED PRIEBE @ FMR *	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/08/19	PR2/REEVAL	-DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
12/03/19	FOLLOW-UP	-W/ ACUPUNCT SUNGSOO HWANG*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/20/19	PR2/REEVAL	-DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/05/20	FOLLOW-UP	-W/ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/18/20	F/U PHYSIO	-THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/28/20	FOLLOW-UP	-W/ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
03/05/20	FOLLOW-UP	-W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/10/20	FOLLOW-UP	-W/ ACUPUNCT HWANG SANGWON/LI M @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
04/30/20	FOLLOW-UP	-W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLGOMEZ # 500341	0.00
05/07/20	FOLLOW-UP	-W/ ACUPUNCT SANGWON HWANG/LI @ FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
05/14/20	FOLLOW-UP	-W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
05/21/20	FOLLOW-UP	-W/ ACUPUNCT CHONG HOON PARK @ FMR*	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#
09/20/21 77149

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
VH-19-000163

BILL TO:
CORVEL CORPORATION (CHINO)
W. C. DEPARTMENT
ATTN: LILIANA LOPEZ
P.O. BOX 669
CHINO, CA 91708

Case: vs EMANATE HEALTH
Date Of Injury: 9/16/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/28/20	FOLLOW-UP	-W/ ACUPUNCT CHONG PARK @ FMR *	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/05/20	PR2/REEVAL	-DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/23/20	PMT BY CHECK	DOS 4/30/20* =# 39331	-180.00
07/14/20	F/U PHYSIO	-TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/20/21	PMT BY CHECK	DOS 3/10/20, 7/14/20* =# 45943	-360.00
04/30/21	LIEN FIL FEE	LIEN FILING FEE	150.00
09/15/21	PMT BY CHECK	DOS 9/1/21* # 53081	-2200.00
09/20/21	BLCE OFF SET	BALANCE OFF SET	-290.00

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.

CORVEL ENTERPRISE COMP, INC.
EMANATE HEALTH
PO BOX 22369
PORTLAND, OR 97269-2369

AS ADMINISTRATOR OF:
Emanate Health

Claim#: VH-19-000163

CORVEL

Bank Code= CVHP
11-24
1210(8)

CHECK NUMBER	CHECK DATE
39331	06/23/20

*******$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

⑈0000039331⑈ ⑆121000248⑆ 4122 890932⑈

DETACH HERE

CORVEL

Explanation of Review

DETACH HER

Business Unit: 19.90460-CVHF (Citrus Valley Healt
1115 S Sunset Ave
West Covina, CA 91790

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

RECD
JUN 30 2020
BY.

LOB: Workers' Compensation
Site/Bill #: 6/14513031 - 1
Reprice: CA, 92781
Billed Date: 06/10/2020
Business Rcvd: 06/17/2020
MBR Rcvd: 06/17/2020
MBR Date: 06/23/2020
Date Approved: 06/23/2020
DOS From - To: 04/30/2020 - 04/30/2020

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Lopez, Liliana
Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 77149
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: VH-19-000163
Processor Initials: LL
DOI: 09/16/2019
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
04/30/20	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00		A	$0.00	$180.00
Sub-Totals for Bill: 14513031					$180.00			$0.00	$180.00

Totals for Bill:14513031 $180.00

Line Item Reason Codes and Descriptions
MV0 Market Value

RZZ Payer/ Provider agreement in place

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

M

Bank Code= CVHP
11-24
1210(8)

CORVEL ENTERPRISE COMP, INC.
EMANATE HEALTH
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

AS ADMINISTRATOR OF:
Emanate Health

Claim#: VH-19-000163

CHECK NUMBER	CHECK DATE
45943	01/20/21

PAY EXACTLY: *Three hundred sixty and 00/100 Dollars*

*******$360.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

⑈0000045943⑈ ⑆121000248⑆ 4122 890932⑈

DETACH HERE

CORVEL

Explanation of Review

DETACH HERE

Business Unit: 19.90460-CVHF (Citrus Valley Healt
1115 S Sunset Ave
West Covina, CA 91790

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 6/14892285 - 1
Reprice: CA, 92781
Billed Date: 12/09/2020
Business Rcvd: 12/22/2020
MBR Rcvd: 12/22/2020
MBR Date: 01/19/2021
Date Approved: 01/19/2021
DOS From - To: 10/21/2019 - 07/14/2020

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Lopez, Liliana
Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 77149
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: VH-19-000163
Processor Initials: LL
DOI: 09/16/2019
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
10/21/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$180.00	$0.00
	Original bill [14415367,6]								
11/08/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$180.00	$0.00
	Original bill [14415367,6]								
12/03/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$180.00	$0.00
	Original bill [14415367,6]								

JAN 26 2021

12/20/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1	11	$180.00	1	$180.00	$0.00
	Original bill [14415367,6]						
02/05/20	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1	11	$180.00	1	$180.00	$0.00
	Original bill [14415367,6]						
02/18/20	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1	11	$180.00	1	$180.00	$0.00
	Original bill [14415367,6]						
02/28/20	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1	11	$180.00	1	$180.00	$0.00
	Original bill [14419824,6]						
03/05/20	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1	11	$180.00	1	$180.00	$0.00
	Original bill [14447519,6]						
03/10/20	T1013 523, G4 , G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 8	11	$180.00	1	$0.00	$180.00
	Billed: t1013; Units: 1						
04/30/20	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1	11	$180.00	1	$180.00	$0.00
	Original bill [14513031,6]						
05/07/20	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1	11	$180.00	1	$180.00	$0.00
	Original bill [14531064,6]						
05/14/20	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1	11	$180.00	1	$180.00	$0.00
	Original bill [14538396,6]						
05/21/20	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1	11	$180.00	1	$180.00	$0.00
	Original bill [14556132,6]						
05/28/20	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1	11	$180.00	1	$180.00	$0.00
	Original bill [14555365,6]						
06/05/20	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1	11	$180.00	1	$180.00	$0.00
	Original bill [14571526,6]						
07/14/20	T1013 523, G4 , G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 8	11	$180.00	1	$0.00	$180.00
	Billed: t1013; Units: 1						

Sub-Totals for Bill: 14892285	**$2880.00**	**$2520.00**	**$360.00**

Totals for Bill:14892285 **$360.00**

Line Item Reason Codes and Descriptions
523 Reduced per administrative rules R1 Duplicate Billing

Line Item Reason Codes and Descriptions
G4 This charge was adjusted to comply with the rate and rules of the contract indicated
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.
G67 Payment based on individual pre-negotiated agreement for this specific service

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under §5307.1 & §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
T14.90 INJURY UNSPECIFIED

Questions regarding this bill may be sent to:

Orange_Pr@CorVel.com (underscore before PR)
PO Box 6966
Portland, OR 97228

Toll free: 800-987-1007
Phone:
FAX: 888-851-9190

California DWC
Employer Address -

Payer Identification Number - 430727872
Pay- To Provider State License Number -
Rendering Provider ID -
MPN ID - 2372
Carrier Telephone Number -
Bill Frequency Type - 0
Payment Status Code - 1

Date Paid Information
Method of Payment - Check
Payment ID Number - 45943
Payment Date - 01/20/2021

CORVEL ENTERPRISE COMP, INC.
EMANATE HEALTH
PO BOX 22369
PORTLAND, OR 97269-2369

AS ADMINISTRATOR OF:
Emanate Health

CORVEL

bankcode=CVHP
11-24
1210(8)

WELLS FARGO BANK PORTLAND, OR

CHECK NUMBER	CHECK DATE
53081	09/15/21

PAY EXACTLY: *Two thousand two hundred and 00/100 Dollars*

******$2,200.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS, INC.
P.O. Box 4165
Tustin, CA 92781

⑈0000053081⑈ ⑆121000248⑆ 4122 890932⑈

DETACH HERE

CORVEL

DETACH HERE

Claim No.	D/A	Claimant	From	Thru	Remittance
VH-19-000163	09/16/2019		09/01/2021	09/01/2021	******$2,200.00

Invoice Reference/Comments

resolved lien

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 75619

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2018380525

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs IPPT CAREER SCHOOL, INC.
Date Of Injury: 5/31/17 - 2/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/19/19	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/26/19	INITL CHIRO	TREATMENT W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/29/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/02/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/05/19	F/U CHIRO TX	CHIRO TX KRAVCHENKO*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
04/09/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/11/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/23/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/25/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/30/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/02/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/07/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/09/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/11/19	INITIAL EXAM	DR ALLEN MASSIHI @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/14/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	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 75619

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2018380525

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs IPPT CAREER SCHOOL, INC.
Date Of Injury: 5/31/17 - 2/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/16/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/21/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/23/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/08/19	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO* (INJECTION)	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/27/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/20/19	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/30/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/06/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/21/19	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/08/19	PR2/REEVAL	DR KRAVCHENKO @ GOFUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/12/19	P AND S	DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/16/19	P AND S	DR ALLEN MASSIHI @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/28/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
07/14/21	LIEN FIL FEE	LIEN FILING FEE	150.00
09/01/21	PMT BY CHECK	DOS 8/31/21* # 6000168988 PREFERRED EMPLOERS	-1990.00

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 75619

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2018380525

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs IPPT CAREER SCHOOL, INC.
Date Of Injury: 5/31/17 - 2/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/09/21	PMT BY CHECK	DOS 8/26/21* =# 36965035 EMPLOYERS	-1990.00
09/13/21	BLCE OFF SET	BALANCE OFF SET	-150.00

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.

PREFERRED EMPLOYERS GROUP
Preferred Employers Insurance Company
P.O. Box 85838
San Diego, CA 92186-5838
888-472-9001

BUA1112165 7_3000000047

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

Check Date	Reference Number	Supplier Number	Pay Group	AP Unit	Print Group Code	Check Number
Sep 01 2021	6000168988	0000099708	CL	10045	71	6000168988

Policy Number	WKN166249-1
Insured	I P P T CAREER SCHOOL INC.
Date of Loss	02/12/2019
Reported Date of Loss	02/21/2019
Claims System ID	bnuCCV9:97863987
Claim Number	PEG WC 000000080356
Claimant Name	
Supplier Invoice Date	08/31/2021
Supplier Invoice Number	IPEI SPLIT
Service Dates	08/31/2021 08/31/2021
Adjuster Name	Medical PEG WC 000000080356
Agency Code	
Agency Name	
Pay Amount	$ 1,990.00
Memo / Description	Medical PEG WC 000000080356

Page 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 1,990.00 ***
Page 1 through 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 1,990.00 ***

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 000000080356
In Payment Of:

BANK OF AMERICA MERRILL LYNCH
90-4182/1211

6000168988

Date 09/01/2021 **Pay Amount** $ 1,990.00 ***

Pay **** ONE THOUSAND NINE HUNDRED NINETY 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

THIS CHECK CLEARS THROUGH POSITIVE PAY

⑈6000168988⑈ ⑆121141822⑆ 7313129966⑈

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000119-0000999 D0106 001 337271 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:	2018380529
Client Reference ID:	470123569
VP Trans ID:	1134876147
	EIG0001001
Date:	09/09/2021
Amount:	$1,990.00
Check Number:	36965035

Get Paid Faster

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VCard or ACH

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

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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

ORIGINAL CHECK HAS A COLORED BACKGROUND PRINTED ON CHEMICAL REACTIVE PAPER - 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

36965035

09/09/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$1,990.00**

ONE THOUSAND NINE HUNDRED NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

1134876147

MEMO

⑈36965035⑈ ⑆273970116⑆ 17000129916⑈

EMPLOYERS
America's small business insurance specialist®

Employers Preferred Insurance Company 505

Process Date: 09/08/2021
Control Number: 306991873
EOR Page 1 of 2
Rev/Aud: SS/CG*

Claim Number:	2018380529*		PPO/OSR ID:		
Claimant:			NPI Number:	9999999999	
Provider Tax ID:	330956713	Vendor: 7734948-8262761	Claimant SSN:	XXX-XX	
Provider Ref:	75619	Geo Zip: 92781	Date Of Injury:	08/13/2018	
Provider License:	CA99999		Claims Received Date:	08/26/2021	

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: Y Region: 26

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
08/26/21	11	MDS10		LUM SUM/MUL BIL	1.000	4,130.00	2,140.00	0.00	0.00	1,990.00	G67,197, 6483
				TOTALS:		**4,130.00**	**2,140.00**	**0.00**	**0.00**	**1,990.00**	
				TOTAL RECOMMENDED ALLOWANCE:						**1,990.00**	

Rendering Provider Name: JOYCE ALTMAN INTERPRETERS INC
Rendering Provider NPI:

DWC CODE DESCRIPTION

G67 -PAYMENT BASED ON INDIVIDUAL PRE-NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE. ( )

CARRIER EXPLANATION REASON CODE

197 -RECOMMENDED ALLOWANCE BASED ON NEGOTIATED DISCOUNT/RATE.
6483 -FULL AND FINAL SETTLEMENT

1134876147

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	77929

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2019410176, 2020423115

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: JOSEPH FURR/MARIA ECKLES
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs THE BOILING CRAB
Date Of Injury: 9/7/19, 1/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
02/28/20	INITIAL EXAM	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
03/05/20	INITIAL ACUP	W/ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
03/12/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/16/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/19/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
04/14/20	INIT PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/13/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/16/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/17/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/20/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/21/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/23/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/27/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
04/28/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/29/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	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#
09/03/21 77929

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2019410176, 2020423115

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: JOSEPH FURR/MARIA ECKLES
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs THE BOILING CRAB
Date Of Injury: 9/7/19, 1/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
04/30/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/01/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
04/10/20	PR2/REEVAL	DR RUSSMAN/HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/21/20	PR2/REEVAL	DR HASSANIN @ FMR (2H 35M)	247.50
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/26/20	FOLLOW-UP	W/ ACUPUNCT CHONG HOON PARK @	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/29/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/02/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ 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
06/08/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/15/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/19/20	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/30/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/02/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/01/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/07/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/08/20	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#
09/03/21 77929

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2019410176, 2020423115

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: JOSEPH FURR/MARIA ECKLES
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs THE BOILING CRAB
Date Of Injury: 9/7/19, 1/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/21/20	PMT BY CHECK	DOS 6/8/200* =# 27306114	-180.00
07/24/20	PMT BY CHECK	DOS 6/15/20* =# 27381885	-90.00
07/10/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
07/14/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/16/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
07/15/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
07/17/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/04/20	PMT BY CHECK	DOS 6/19/20* =# 27588177	-180.00
08/07/20	PMT BY CHECK	DOS 6/30/20* =# 27676751	-90.00
08/06/20	PMT BY CHECK	DOS 7/2/20* =# 27634138	-90.00
07/24/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/12/20	PMT BY CHECK	DOS 7/8/20* =# 27751065	-180.00
07/28/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/05/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/06/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
08/08/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RAMESHNI/RUSSMAN* #1	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/12/20	FOLLOW-UP	W/ ACUPUNCT TED 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

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Date NO#
09/03/21 77929

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2019410176, 2020423115

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EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: JOSEPH FURR/MARIA ECKLES
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs THE BOILING CRAB
Date Of Injury: 9/7/19, 1/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
08/11/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/07/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	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
08/14/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/18/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/19/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/20/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/21/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/27/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	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
09/11/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/15/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/17/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/18/20	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#
09/03/21	77929

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

EAMS#(s):

SS # : XXX-XX-
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Terms: 60 days
Claim #(s):
2019410176, 2020423115

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: JOSEPH FURR/MARIA ECKLES
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs THE BOILING CRAB
Date Of Injury: 9/7/19, 1/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
09/22/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/24/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/25/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/16/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/30/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	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	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
10/05/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/01/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/08/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/07/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/09/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	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

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	77929

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2019410176, 2020423115

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EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: JOSEPH FURR/MARIA ECKLES
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs THE BOILING CRAB
Date Of Injury: 9/7/19, 1/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
10/19/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 0551585	0.00
10/29/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/05/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/06/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/13/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO SCHULZ # 102100	0.00
11/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
11/19/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
11/20/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/23/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/12/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/03/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/05/21	LIEN FIL FEE	LIEN FILING FEE	150.00
03/09/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
03/09/21	RMB IBR FEE	DOS 6/30/20 & 7/2/20* =# 32169374	-180.00
03/09/21	PMT BY CHECK	DOS 6/30/20 & 7/2/20* =# 32169374	-180.00
04/16/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
04/16/21	RMB IBR FEE	DOS 6/15/20 =# 33124942	-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#
09/03/21 77929

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2019410176, 2020423115

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: JOSEPH FURR/MARIA ECKLES
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs THE BOILING CRAB
Date Of Injury: 9/7/19, 1/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
04/16/21	PMT BY CHECK	DOS 6/15/20 =# 33124942	-90.00
08/18/21	COSTS	ADD'L COSTS AWARDED	242.50
09/01/21	PMT BY CHECK	DOS 2/28/20-12/3/20* =# 36754109	-14500.00

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.

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000008-0000107 D0716 001 905943 EIG

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

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77429

Claim ID:	Multiple Claims
Client Reference ID:	250989169
VP Trans ID:	832868739
	EIG0001002
Date:	07/21/2020
Amount:	$360.00
Check Number:	27306114

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JUL 28 2020

PT: .....

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EIG RM.STD.OT

M

Employers Assurance Company 506

Process Date. 07/18/2020
Control Number 306399783
EOR Page 1 of 2
Rev/Aud SS/SW

Payment Number: 250989169 **Payment Date: 07/21/2020**

Claim Number	2020423115		PPO/OSR ID:		
Claimant			NPI Number		
Provider Tax ID	330956713	Vendor 5628181#5628181	Claimant SSN	XXX-XX-	
Provider Ref	77929	Geo Zip 90001	Date Of Injury	01/28/2020	
Provider License:	99999999		Claims Received Date	07/13/2020	

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
06/08/20	11	T1013		SIGN LANGUAGE/	120.000	180.00	0.00	0.00	0.00	180.00	6541,5076
				99919 Changed to T1013 Better Defining Services Performed							
				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

5076 -BYPASS NETWORK
6541 -MEDICAL

2111-H-1130065-0 48170412

832868739

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000156-0000867 D0106 001 906987 EIG

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

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77929

Claim ID:	Multiple Claims
Client Reference ID:	250990398
VP Trans ID:	835238057
	EIG0001002
Date:	07/24/2020
Amount:	$90.00
Check Number:	27381885

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JUL 29 2020

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[redacted]

Employers Assurance Company 508

Process Date: 07/23/2020
Control Number: 306410072
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 250990398 **Payment Date: 07/24/2020**

Claim Number:	2020[illegible]5		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 9941672#5828181	Claimant SSN:	XXX-XX	
Provider Ref:	77929	Geo Zip: 90001	Date Of Injury:	01/28/2020	
Provider License:	99999999		Claims Received Date:	07/17/2020	

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
06/15/20	11	T1013		SIGN LANGUAGE/	120.000	180.00	90.00	0.00	0.00	90.00	601,6541,G1
				99919 Changed to T1013 Better Defining Services Performed							
				TOTALS:		180.00	90.00	0.00	0.00	90.00	
				TOTAL RECOMMENDED ALLOWANCE:						90.00	

Rendering Provider Name: JOYCE ALTMAN INTERPRETERS INC.
Rendering Provider NPI:

DWC CODE DESCRIPTION

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

CARRIER EXPLANATION REASON CODE

601	-CHARGES EXCEED MAXIMUM ALLOWANCE FOR INTERPRETER SERVICES
6541	-MEDICAL

2111-H-1131812-0 48202353

8352380S7

m

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000208-0001119 D0106 001 909838 EIG

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Tustin, CA 92781-4165

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77929

Claim ID:	2020423115
Client Reference ID:	250993442
VP Trans ID:	841614627
	EIG0001002
Date:	08/04/2020
Amount:	$180.00
Check Number:	27588177

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[redacted]

Employers Assurance Company 506

Process Date: 07/31/2020
Control Number: 306412890
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 250993442 **Payment Date: 08/04/2020**

Claim Number:	2020423115		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	[illegible]13	Vendor: 5628181#5628181	Claimant SSN:	XXX-XX-	
Provider Ref:	77929	Geo Zip: 90001	Date Of Injury:	01/28/2020	
Provider License:	CA99999		Claims Received Date:	07/20/2020	

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
06/19/20	11	WC020		FLAT FEE	1.000	180.00	0.00	0.00	0.00	180.00	6541
		99919 Changed to WC020 Better Defining Services Performed									
		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

2111-H-1132382-0 48209106

841614627

0000208-0001121

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000071-0000365 D0106 001 911063 EIG

JOYCE ALTMAN INTERPRETERS INC
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Claim ID:	2020423115
Client Reference ID:	250994916
VP Trans ID:	844364044
	EIG0001002
Date:	08/07/2020
Amount:	$90.00
Check Number:	27676751

FAXED AUG 1 2020 BY:

AUG 10 2020

77929

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[redacted]

Employers Assurance Company 506

Process Date: 08/06/2020
Control Number: 306430648
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 250994916 **Payment Date: 08/07/2020**

Claim Number:	2020423115		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 5628181#5628181	Claimant SSN:	XXX-XX-	
Provider Ref:	77929	Geo Zip: 90001	Date Of Injury:	01/28/2020	
Provider License:	99999999		Claims Received Date:	08/03/2020	

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
06/30/20	11	T1013		SIGN LANGUAGE/	1.000	180.00	90.00	0.00	0.00	90.00	601,6541,G1
		99919 Changed to T1013 Better Defining Services Performed									
		TOTALS:				**180.00**	**90.00**	**0.00**	**0.00**	**90.00**	
		TOTAL RECOMMENDED ALLOWANCE:								**90.00**	

Rendering Provider Name: JOYCE ALTMAN INTERPRETERS INC.
Rendering Provider NPI:

DWC CODE DESCRIPTION

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

CARRIER EXPLANATION REASON CODE

601 -CHARGES EXCEED MAXIMUM ALLOWANCE FOR INTERPRETER SERVICES
6541 -MEDICAL

2111-H-1136825-0 48258297

844364044

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77929

Claim ID:	Multiple Claims
Client Reference ID:	250994426
VP Trans ID:	843417990
	EIG0001002
Date:	08/06/2020
Amount:	$1,810.00
Check Number:	27634138

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Employers Assurance Company
PO BOX 32036
Lakeland FL, 33802-2036

VPay
1-855-523-9634

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

27634138

08/06/2020

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

$1,810.00

ONE THOUSAND EIGHT HUNDRED TEN DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

843417990

⑈27634138⑈ ⑆273970116⑆ 17000129916⑈

Employers Assurance Company 506

Process Date: 08/05/2020
Control Number: 306428121
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 250994426 **Payment Date: 08/06/2020**

Claim Number: 2020423115
Claimant:
Provider Tax ID: 330956713
Provider Ref: 77929
Provider License: 99999999

Vendor: 5628181#5628181
Geo Zip: 90001

PPO/OSR ID:
NPI Number:
Claimant SSN: XXX-XX
Date Of Injury: 01/28/2020
Claims Received Date: 07/30/2020

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
07/02/20	11	T1013		SIGN LANGUAGE/(	1.000	180.00	90.00	0.00	0.00	90.00	601,6541,G1
				99919 Changed to T1013 Better Defining Services Performed							
				TOTALS:		180.00	90.00	0.00	0.00	90.00	
				TOTAL RECOMMENDED ALLOWANCE:						90.00	

Rendering Provider Name: JOYCE ALTMAN INTERPRETERS INC.
Rendering Provider NPI:

DWC CODE DESCRIPTION

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

CARRIER EXPLANATION REASON CODE

601 -CHARGES EXCEED MAXIMUM ALLOWANCE FOR INTERPRETER SERVICES
6541 -MEDICAL

2111-H-1135920-0 48252884

843417990

M

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PO BOX 32036
Lakeland FL, 33802-2036

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77929

Claim ID:	Multiple Claims
Client Reference ID:	250995722
VP Trans ID:	846738331
	EIG0001002
Date	08/12/2020
Amount.	$180.00
Check Number.	27751065

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EMPLOYERS

Employers Assurance Company
PO BOX 32036
Lakeland FL, 33802-2036

VPay
1-855-523-9634

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

27751065

08/12/2020

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

846738331

M

Employers Assurance Company 506

Process Date. 08/10/2020
Control Number 306436003
EOR Page 1 of 2
Rev/Aud. SS/SW

Payment Number: 250995722 **Payment Date: 08/11/2020**

Claim Number	2020423115		PPO/OSR ID		
Claimant			NPI Number		
Provider Tax ID	330956713	Vendor. 5628181#5628181	Claimant SSN	XXX-XX-	
Provider Ref	77929	Geo Zip 90001	Date Of Injury	01/28/2020	
Provider License	99999999		Claims Received Date	08/05/2020	

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
07/08/20	11	T1013		SIGN LANGUAGE/(	1 000	180.00	0.00	0 00	0 00	180 00	6541,5076
				99919 Changed to T1013 Better Defining Services Performed							
				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

5076	-BYPASS NETWORK
6541	-MEDICAL

2111-H-1138134-0 48270662

846738331

W)

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000123-0000679 D0106 001 972880 EIG

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
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77929

Claim ID:	Multiple Claims
Client Reference ID:	251060489
VP Trans ID:	985688584
	EIG0001002
Date:	03/09/2021
Amount:	$360.00
Check Number:	32169374

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Form #: CL_VEN_0033_US Rev. 3/2017

EIG.RM.STD.OT

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EMPLOYERS
America's small business insurance specialist®

Employers Assurance Company
PO BOX 32036
Lakeland FL, 33802-2036

VPay
1-855-523-9634

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

32169374

03/09/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

$360.00

THREE HUNDRED SIXTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

985688584

⑈32169374⑈ ⑆273970116⑆ 17000129 91⑈

m

77929

Employers Assurance Company 506

Process Date: 03/08/2021
Control Number: 306750878
EOR Page 1 of 2
Rev/Aud: SS/CW*

Payment Number: 251060489 **Payment Date: 03/09/2021**

Claim Number:	2020423115		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 5628181#5628181	Claimant SSN:	XXX-XX-	
Provider Ref:	LORENZO	Geo Zip: 92781	Date Of Injury:	01/28/2020	
Provider License:	CA99999		Claims Received Date:	03/05/2021	

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 26

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
06/30/20	11	99199		UNLISTED SPECIA	1.000	180.00	0.00	0.00	0.00	180.00	197,G67
07/02/20	11	99199		UNLISTED SPECIA	1.000	180.00	0.00	0.00	0.00	180.00	197,G67
			TOTALS:			**360.00**	**0.00**	**0.00**	**0.00**	**360.00**	
			TOTAL RECOMMENDED ALLOWANCE:							**360.00**	

Rendering Provider Name: JOYCE ALTMAN INTERPRETERS INC.
Rendering Provider NPI:

DWC CODE DESCRIPTION

G67 -PAYMENT BASED ON INDIVIDUAL PRE-NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE. ( )

CARRIER EXPLANATION REASON CODE

197 -RECOMMENDED ALLOWANCE BASED ON NEGOTIATED DISCOUNT/RATE.

2444-H-836725-0 49195645

9856885584

M

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

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America's small business insurance specialist®

0000012-0000211 D0716 001 985434 EIG

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

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77929

Claim ID:	Multiple Claims
Client Reference ID:	251072389
VP Trans ID:	1015561510
	EIG0001002
Date:	04/16/2021
Amount:	$270.00
Check Number:	33124942

APR 20 2021

BY: .....

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EIG.RM.STD.OT

[redacted]

Employers Assurance Company 506

Process Date: 04/15/2021
Control Number: 306806755
EOR Page 1 of 2
Rev/Aud: SS/CW*

Payment Number: 251072389 **Payment Date: 04/16/2021**

Claim Number:	2020429115	PPO/OSR ID:	
Claimant:		NPI Number:	
Provider Tax ID:	202998086 Vendor: 5628181#5628181	Claimant SSN:	XXX-XX
Provider Ref:	LORENZO Geo Zip: 95813	Date Of Injury:	01/28/2020
Provider License:	9	Claims Received Date:	04/13/2021

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 63

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
06/15/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	90.00	0.00	0.00	90.00	1001,G1
		99919 Changed to T1013 Better Defining Services Performed									
06/15/20	11	99199		UNLISTED SPECIA	1.000	180.00	0.00	0.00	0.00	180.00	197,G67
		MAXIMUS REVI Changed to 99199 Better Defining Services Performed									
		TOTALS:				**360.00**	**90.00**	**0.00**	**0.00**	**270.00**	
		TOTAL RECOMMENDED ALLOWANCE:								**270.00**	

Rendering Provider Name: MAXIMUS FEDERAL SERVICES INC.
Rendering Provider NPI:

DWC CODE DESCRIPTION

G1	-THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
G67	-PAYMENT BASED ON INDIVIDUAL PRE-NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE. ( )

CARRIER EXPLANATION REASON CODE

197	-RECOMMENDED ALLOWANCE BASED ON NEGOTIATED DISCOUNT/RATE.
1001	-BASED ON THE CORRECTED BILLING AND/OR ADDITIONAL INFORMATION/DOCUMENTATION NOW SUBMITTED BY THE PROVIDER, WE ARE RECOMMENDING FURTHER PAYMENT TO BE MADE FOR THE ABOVE NOTED PROCEDURE CODE.

2444-H-838567-0 49368488

1015561510

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000023-0000437 D0716 001 334666 EIG

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

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77929

Claim ID:	2020423115
Client Reference ID:	470111393
VP Trans ID:	1127993426
	EIG0001002
Date:	09/01/2021
Amount:	$14,500.00
Check Number:	36754109

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Form #: CL_VEN_0033_US Rev. 3/2017

EIG.RM.STD.OT

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PO BOX 32036
Lakeland FL, 33802-2036

VPay
1-855-523-9634

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

36754109

09/01/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

$14,500.00

FOURTEEN THOUSAND FIVE HUNDRED DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

1127993426

⑈36754109⑈ ⑆273970116⑆ 17000129 91⑈

EMPLOYERS
America's small business insurance specialist®

Employers Assurance Company 506

Process Date: 08/31/2021
Control Number: 306983736
EOR Page 1 of 2
Rev/Aud: SS/CG*

Claim Number:	2020423115*		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 7734948-8262761	Claimant SSN:	XXX-XX-	
Provider Ref:	LORENZO	Geo Zip: 92781	Date Of Injury:	01/28/2020	
Provider License:	999999999		Claims Received Date:	08/20/2021	

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 26

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
02/28/20	11	MDS10		LUM SUM/MUL BIL	1.000	7,250.00	0.00	0.00	0.00	7,250.00	G67,197, 6483
12/03/20	11	MDS10		LUM SUM/MUL BIL	1.000	7,250.00	0.00	0.00	0.00	7,250.00	G67,197, 6483
			TOTALS:			**14,500.00**	**0.00**	**0.00**	**0.00**	**14,500.00**	
			TOTAL RECOMMENDED ALLOWANCE:							**14,500.00**	

Rendering Provider Name: JOYCE ALTMAN
Rendering Provider NPI:

DWC CODE DESCRIPTION

G67 -PAYMENT BASED ON INDIVIDUAL PRE-NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE. ( )

CARRIER EXPLANATION REASON CODE

197 -RECOMMENDED ALLOWANCE BASED ON NEGOTIATED DISCOUNT/RATE.
6483 -FULL AND FINAL SETTLEMENT



1127993426

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 78314

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2019393097

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: AMPELIA GONZALEZ
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs NORTHSTAR FOOD SERVICES INC
Date Of Injury: CT 2/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
06/03/20	INITL CHIRO	& PHYS TX W/DR CHRISTINE HA @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
06/05/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
06/12/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/19/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/26/20	INITIAL ACUP	W/ ACUPUN MIN CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/03/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/10/20	PMT BY CHECK	DOS 6/3/20-7/3/20* =# 28343385	-1080.00
08/28/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/04/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/18/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
09/23/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & 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 @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/14/20	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#
09/24/21	78314

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

EAMS#(s):
ADJ13074706
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2019393097

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: AMPELIA GONZALEZ
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs NORTHSTAR FOOD SERVICES INC
Date Of Injury: CT 2/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
06/21/21	LIEN FIL FEE	LIEN FILING FEE	150.00
09/22/21	PMT BY CHECK	DOS 8/26/21* =# 37284417	-1080.00
09/24/21	BLCE OFF SET	BALANCE OFF SET	-150.00

BALANCE 0.00

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

M

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

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

PAID
SEP 15 2020

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78314

Claim ID:	Multiple Claims
Client Reference ID:	251005482
VP Trans ID:	865553254
	EIG0001002
Date:	09/10/2020
Amount:	$1,080.00
Check Number:	28343385

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Employers Assurance Company 506

Process Date: 09/09/2020
Control Number: 306485763
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 251005482 **Payment Date: 09/10/2020**

Claim Number:	2019393097		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 5628181#5628181	Claimant SSN:	XXX-XX	
Provider Ref:	78314	Geo Zip: 90001	Date Of Injury:	06/24/2019	
Provider License:	99999999		Claims Received Date:	09/07/2020	

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
06/03/20	11	T1013		SIGN LANGUAGE/	1.000	180.00	0.00	0.00	0.00	180.00	6541,5076
		99919 Changed to T1013 Better Defining Services Performed									
06/05/20	11	T1013		SIGN LANGUAGE/	1.000	180.00	0.00	0.00	0.00	180.00	
		99919 Changed to T1013 Better Defining Services Performed									
06/12/20	11	T1013		SIGN LANGUAGE/	1.000	180.00	0.00	0.00	0.00	180.00	
		99919 Changed to T1013 Better Defining Services Performed									
06/19/20	11	T1013		SIGN LANGUAGE/	1.000	180.00	0.00	0.00	0.00	180.00	
		99919 Changed to T1013 Better Defining Services Performed									
06/26/20	11	T1013		SIGN LANGUAGE/	1.000	180.00	0.00	0.00	0.00	180.00	
		99919 Changed to T1013 Better Defining Services Performed									
07/03/20	11	T1013		SIGN LANGUAGE/	1.000	180.00	0.00	0.00	0.00	180.00	
		99919 Changed to T1013 Better Defining Services Performed									
		TOTALS:				1,080.00	0.00	0.00	0.00	1,080.00	
		TOTAL RECOMMENDED ALLOWANCE:								1,080.00	

Rendering Provider Name: JOYCE ALTMAN INTERPRETERS INC.
Rendering Provider NPI:

CARRIER EXPLANATION REASON CODE

5076 -BYPASS NETWORK
6541 -MEDICAL

2111-H-115525-0 48407225

865553254

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000036-0000251 D0106 001 342226 EIG

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

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Claim ID:	2020418861
Client Reference ID:	470141986
VP Trans ID:	1145250900 EIG0001002
Date:	09/22/2021
Amount:	$1,080.00
Check Number:	37284417

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support@vpayusa.com
today to find out how.

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Lakeland FL, 33802-2036

VPay
1-855-523-9634

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

37284417

09/22/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$1,080.00**

ONE THOUSAND EIGHTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

1145250900

⑈37284417⑈ ⑆273970116⑆ 17000129916⑈

EMPLOYERS
America's small business insurance specialist®

Employers Assurance Company 506

Process Date: 09/21/2021
Control Number: 307004426
EOR Page 1 of 2
Rev/Aud: SS/CG

Claim Number: 2020418861*
Claimant:
Provider Tax ID: 330956713
Provider Ref:
Provider License: 999999999

Vendor: 7734948-8262761
Geo Zip: 92781

PPO/OSR ID:
NPI Number:
Claimant SSN: XXX-XX-
Date Of Injury: 02/28/2020
Claims Received Date: 08/26/2021

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 26

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
08/26/21	11	MDS10		LUM SUM/MUL BIL	1.000	1,230.00	150.00	0.00	0.00	1,080.00	G67,6483
			TOTALS:			**1,230.00**	**150.00**	**0.00**	**0.00**	**1,080.00**	
			TOTAL RECOMMENDED ALLOWANCE:							**1,080.00**	

Rendering Provider Name: JOYCE ALTMAN INTERPRETERS INC
Rendering Provider NPI:

DWC CODE DESCRIPTION

G67 -PAYMENT BASED ON INDIVIDUAL PRE-NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE. (IQ ANALYSIS FS)

CARRIER EXPLANATION REASON CODE

6483 -FULL AND FINAL SETTLEMENT

1145250900

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

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

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

EAMS#(s):

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

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
08/09/06	INITIAL EXAM	-DR PAYANDEH*	230.00
08/23/06	EMG TESTING	BY DR BEDZAH: U/E*	125.00
08/23/06	NCV	DIAGNOSTIC STUDY INTERP: U/E*	125.00
09/13/06	NCV	DIAGNOSTIC STUDY INTERP: L/E*	125.00
09/13/06	EMG TESTING	REF BY DR PAYANDEH: L/E*	125.00
09/06/06	FOLLOW-UP	-DR PAYANDEH*	180.00
10/04/06	FOLLOW-UP	-DR PAYANDEH*	180.00
10/16/06	INITIAL EXAM	-DR RAHMAN*	230.00
11/01/06	FOLLOW-UP	-DR PAYANDEH*	180.00
11/02/06	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
11/27/06	FOLLOW-UP	-DR RAHMAN*	180.00
11/29/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (AMENDED)	250.00
12/06/06	FOLLOW-UP	-DR PAYANDEH*	180.00
12/14/06	WCAB LB	EXPEDITED HEARING	147.00
12/27/06	FOLLOW-UP	-DR PAYANDEH*	180.00
01/08/07	FOLLOW-UP	-DR RAHMAN*	180.00
01/22/07	PMT BY CHECK	DOS 8/9/06 THRU 12/14/06 # 33132737-1	-544.00
01/24/07	FOLLOW-UP	-DR PAYANDEH*	180.00
02/12/07	FOLLOW-UP	-DR RAHMAN*	180.00
02/14/07	FOLLOW-UP	-DR PAYANDEH*	180.00
03/07/07	FOLLOW-UP	-DR PAYANDEH*	180.00
03/26/07	FOLLOW-UP	DR RAHMAN*	180.00
03/28/07	FOLLOW-UP	-DR PAYANDEH*	180.00
04/18/07	FOLLOW-UP	-DR PAYANDEH*	180.00
05/02/07	P AND S	DR PAYANDEH*	230.00
06/04/07	FOLLOW-UP	-DR RAHMAN*	180.00
06/25/07	FOLLOW-UP	DR RAHMAN*	180.00
08/06/07	PR-2	DR RAHMAN*	180.00
08/08/07	PR-2	-DR PAYANDEH*	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 32797

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

EAMS#(s):

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

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

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

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

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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TAX ID# 33-0956713

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Date NO#
09/28/21 32797

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

EAMS#(s):

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

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

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

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

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

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

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

EAMS#(s):

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

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

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

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

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

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

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

EAMS#(s):
ADJ2882050
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
61093450002134

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

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

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

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

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

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

EAMS#(s)

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

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

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

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

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

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

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

EAMS#(s):

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

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

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

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

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

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

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

EAMS#(s):
ADJ2882050
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
61093450002134

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

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

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

BALANCE 0.00

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

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

HIGCSR

800-526-1611

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

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

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

PAID

Invoice Number:
Batch Number:

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

066820982

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

DATE 01/31/13

CHECK NO. **FE45083004**

STATEMENT **ESIS**

An Insurance Services Company
ESIS, Inc.

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

FILE ID
6109345000213

DOLLARS
$********156.50

* NOT NEGOTIABLE *

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

CLAIMANT

DATE OF EVENT
05/11/05

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

PDWLDMCD-002073-01-01-00

PAID FEB 04 2013

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

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

DATE 12/02/13

CHECK NO. **FE46181892**

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

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

FILE ID
6109345000213

DOLLARS
$********600.50

* NOT NEGOTIABLE *

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

CLAIMANT

DATE OF EVENT
05/11/05

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

PAID DEC 02 2013

PDWLDMCD-002462-01-01-00

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

PDWLDMCD-001248-01-01-00

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

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

STATEMENT

ESIS®

5900C13FE 00 00413 FE60039064

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781

FILED
JAN 18 2017
BY: .....

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

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 200807161620482852913 6

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

DATE OF EVENT
05/11/05

32797
~~32693~~

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

PDWLDMCD-001248-01-01-00

BOA10B (07/2016)

DETACH THIS PORTION BEFORE CASHING

[redacted]

PDWBDMCD-0000306-01-01-00

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

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

STATEMENT

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

5900H1IFE 00 00081 FE60742427

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

FILE ID
6109345000213

DOLLARS
$********156.50

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 200807161620482852913 6

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

DATE OF EVENT
05/11/05

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

PAID
JUN 26
BY:

42A (12/2016)

DETACH THIS PORTION BEFORE CASHING

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

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

64-1278
611

DATE
06/22/17

FE60742427

FILE ID
6109345000213

PLEASE DEPOSIT
or CASH
WITHIN 90 DAYS

CWH1210617000020082

ONE HUNDRED FIFTY SIX DOLLARS AND 50 CENTS

TO THE
ER OF

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

$********156.50

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

CLAIM OFFICE
NORTHRIDGE

T
I INDUSTRIES

CLAIMANT

DATE OF EVENT
05/11/05

AUTHORIZED SIGNATURE

Bank of America

S-1GS-11

⑈436074242⑈ ⑆061112788⑆ 00329978641⑈

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

PDWLDMCD-000308-01-01-00

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

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

STATEMENT

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

5900H1IFE 00 00083 FE60742431

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

FILE ID
6109345000213

DOLLARS
$********250.00

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 200807161620482852913 6

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

DATE OF EVENT
05/11/05

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

PAID
JUN 26 2017
BY: .....

42A (12/2016)

DETACH THIS PORTION BEFORE CASHING

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

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

64-1278
611

DATE
06/22/17

FE60742431

FILE ID
6109345000213

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

CWH1210617000020084

TWO HUNDRED FIFTY DOLLARS AND 00 CENTS

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

$********250.00

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

CLAIM OFFICE
NORTHRIDGE

NT
M INDUSTRIES

CLAIMANT

DATE OF EVENT
05/11/05

AUTHORIZED SIGNATURE

Bank of America

3S-1GS-11

⑈436074243⑈ ⑆061112788⑆ 003299786410⑈

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

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

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

STATEMENT

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

5900H1IFE 00 00085 FE60742444

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

32797-1

FILE ID
6109345000213

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

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 200807161620482852913 6

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

DATE OF EVENT
05/11/05

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

PAID
JUN 26 20
BY: .....

42A (12/2016)

DETACH THIS PORTION BEFORE CASHING

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

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

64-1278
611

DATE 06/22/17

FE60742444

FILE ID
6109345000213

PLEASE DEPOSIT
or CASH
WITHIN 90 DAYS

CWH1210817000020086

****EIGHTY SEVEN DOLLARS AND 60 CENTS****

TO THE
ER OF

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

$*********87.60

/12/09 THRU 11/19/14 PENALTY

CLAIM OFFICE
NORTHRIDGE

NT
M INDUSTRIES

CLAIMANT

DATE OF EVENT
05/11/05

AUTHORIZED SIGNATURE

Bank of America

S-1GS-11

⑈436074244⑈ ⑆061112788⑆ 00329978641 0⑈

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

P709202801B

20210922393

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

Electronic Service Requested

SINGLE PIECE

264 2.9882 SP 0.930

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

2

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

STATEMENT

Paid by ESIS on behalf of The AIG Insurance Companies

FILE ID	DOLLARS
6109345000214	$ 10,000.00

* **NOT NEGOTIABLE** *
INVOICE # XXXXX8852
AGENCY CLAIM # 2008071418514487895862

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

CLAIMANT

DATE OF EVENT
11/15/05

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

ENV 264 11 OF 16 F

EM-BOA42A

DETACH THIS PORTION BEFORE CASHING

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

Paid by ESIS on behalf of The AIG Insurance Companies

64-1278/611 GA

DATE: 09/21/21

FE50233755

FILE ID
6109345000214

Bank of America

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

Pay Ten Thousand Dollars

$ *******$10,000.00***

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

CLAIMANT

CLIENT
ABM INDUSTRIES, INC.

DATE OF EVENT
11/15/05

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

CLAIM OFFICE
NORTHRIDGE

AUTHORIZED SIGNATURE

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

7938104

⑈FE50233755⑈ ⑆061112788⑆ 0032997864 10⑈

P7092028014
20210922393A

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

Review Analysis oo

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

12 OF 16 F
ENV 264

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

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

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

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

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

Provider	Rendering Provider	Insurer
St Lic No	NPI:	TIN:131938623
JOYCE ALTMAN	Company:	Commerce & Industry Insurance Comp
INTERPRETERS	First Name:	70 PINE ST
PO BOX 4165	Last Name: JOYCE ALTMAN	NEW YORK, NY 10270
TUSTIN, CA 92781	INTERPRETERS	

ICD Codes: 959.9 INJURY OTHER AND UNSPECIFIED UNSPECIFIED SITE

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

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

Copyright B) 2000-2021 All rights reserved. 9/17 10:10 am

Date of Service	Billed 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

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 75445

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
003553-006767-WC-01

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

Case: vs PALIGROUP MANAGEMENT, LLC
Date Of Injury: CT 1/7/19

DOS	SERVICE	DESCRIPTION	AMOUNT
02/15/19	INITIAL EXAM	DR ERIC GOFNUNG @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/20/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/25/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/27/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/04/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/06/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/11/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/13/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/18/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/25/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/27/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/01/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/10/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/12/19	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/26/19	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 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#
09/28/21 75445

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
003553-006767-WC-01

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

Case: vs PALIGROUP MANAGEMENT, LLC
Date Of Injury: CT 1/7/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/01/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/08/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/15/19	PR2/REEVAL	DR KRACHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/19/19	P AND S	DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/19/19	P AND S	DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/23/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/16/21	LIEN FIL FEE	LIEN FILING FEE	150.00
09/20/21	PMT BY CHECK	DOS 2/15/19-10/23/19* # 0173909909	-2670.00
09/28/21	BLCE OFF SET	BALANCE OFF SET	-150.00

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.

GB-CARRIER CALIFORNIA NORTH WC
PO BOX 2934
CLINTON IA 52733-2934

003553 PAGE 1 OF 1 001628

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

GALLAGHER BASSETT SERVICES INC
FOR NORGUARD INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: 916-576-8200
GB-CARRIER CALIFORNIA NORTH WC
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 003553 006767 WC 01 (026993001)
CLAIMANT:
DESCRIPTION: FULL/FINAL

BRANCH NO.: 502
ACC DATE: 07Jan19

NO.: 0173909909
VN: 0000342764
DATE: 20Sep21

DATES OF SERVICE: 15Feb19 **THRU** 23Oct19
BENEFIT PERIOD: **THRU**

AMOUNT: 2670.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0002932 003188 002 002

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

39602

GALLAGHER BASSETT SERVICES INC
FOR NORGUARD INSURANCE CO

CHECK NO. 0173909909 001628
VN. 0000342764
DATE: 20Sep21 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **2670.00

CLAIM NO.: 003553 006767 WC 01 (026993001) **BRANCH NO.:** 502
PAY TWO THOUSAND SIX HUNDRED SEVENTY AND 00/100 DOLLARS**********
****

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

Donna M. Korte

AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

CITIBANK, N.A.
ONE PENN'S WAY
NEW CASTLE, DE 19720

⑈0173909909⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
09/28/21 76042

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
00300-399729/426320-WC-01

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

Case: vs WASTE MANAGEMENT
Date Of Injury: 9/17/18; 3/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/22/19	INITL CHIRO	& PHYSICAL THERAPY W/ DR CHRISTINE HA @	90.00
/ /	-	SIDHU CHIRO*	0.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
05/31/19	F/U CHIRO TX	& PHYS TX W/ DR CHRISTINE HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
06/14/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/28/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/21/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/03/19	F/U CHIRO TX	CHIRO TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/10/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/31/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIHDU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/29/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/05/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/09/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	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 76042

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
00300-399729/426320-WC-01

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

Case: vs WASTE MANAGEMENT
Date Of Injury: 9/17/18; 3/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/12/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/19/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/21/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/26/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/30/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/04/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
09/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
09/09/19	F/U CHIRO TX	CHIRO TX & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/20/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/23/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/25/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	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 76042

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
00300-399729/426320-WC-01

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

Case: vs WASTE MANAGEMENT
Date Of Injury: 9/17/18; 3/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/02/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/14/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/28/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/22/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/08/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/13/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/20/19	FOLLOW-UP	W/ ACUPUNCT CHOI @V SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/27/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/02/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/16/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/09/19	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/06/20	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:	ELISA MEDINA # 003693	0.00
02/03/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/14/20	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#
09/28/21 76042

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
00300-399729/426320-WC-01

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

Case: vs WASTE MANAGEMENT
Date Of Injury: 9/17/18; 3/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/24/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/13/20	PMT BY CHECK	DOS 2/14/20* # 0162499476	-180.00
03/02/20	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
03/16/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
06/01/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BAROBSA # 500267	0.00
04/04/21	PMT BY CHECK	DOS 2/24/20* # 0170082845	-180.00
08/12/21	LIEN FIL FEE	LIEN FILING FEE	150.00
09/22/21	PMT BY CHECK	DOS 9/16/21* # 0173964471	-6000.00
09/28/21	BLCE OFF SET	BALANCE OFF SET	-900.00

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.

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

003000 PAGE 1 OF 1 005699 M

MDG2009 00003816 1 MB 439 1

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

GALLAGHER BASSETT SERVICES INC
FOR WASTE MANAGEMENT, INC

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

CLAIM NO.: 003000 399729 WC 01 (1082)
CLAIMANT:
DESCRIPTION: INV#-76042

DATES OF SERVICE: 14Feb20 **THRU** 14Feb20
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 17Sep18

NO.: 0162499476
VN: 0003951781
DATE: 13Apr20

AMOUNT: 180.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003816 004317 001 001

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

35502

GALLAGHER BASSETT SERVICES INC
FOR WASTE MANAGEMENT, INC

CHECK NO. 0162499476 005699
VN. 0003951781
DATE: 13Apr20 82-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **180.00

CLAIM NO.: 003000 399729 WC 01 (1082) **BRANCH NO.:** 094
PAY ONE HUNDRED EIGHTY AND 00/100 DOLLARS**********

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

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

CITIBANK, N.A
ONE PENN'S WAY
NEW CASTLE, DE 19720

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

003000 PAGE 1 OF 1 000934

N

MDG2009 00000227 1 SP .510

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

PAID
APR 13 2021
BY: .....

GALLAGHER BASSETT SERVICES INC
FOR WASTE MANAGEMENT, INC

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

CLAIM NO.: 003000 399729 WC 01 (1082)
CLAIMANT:
DESCRIPTION: INV #: 76042 ✓

DATES OF SERVICE: 24Feb20 **THRU** 24Feb20
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 17Sep18

NO.: 0170082845
VN: 0004112306
DATE: 04Apr21

AMOUNT: 180.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0000227 000304 001 001

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

003000 PAGE 1 OF 1 004206

MDG2009 00003263 1 MB .485
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

GALLAGHER BASSETT SERVICES INC
FOR WASTE MANAGEMENT, INC

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

CLAIM NO.: 003000 399729 WC 01 (1082)
CLAIMANT:
DESCRIPTION: FULL AND FINAL SETTLEMENT OF ALL LIENS

BRANCH NO.: 094
ACC DATE: 17Sep18

NO.: 0173964471
VN: 0004196434
DATE: 22Sep21

DATES OF SERVICE: 16Sep21 **THRU** 16Sep21
BENEFIT PERIOD: **THRU**

AMOUNT: 6000.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003263 003546 001 001

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

39602

GALLAGHER BASSETT SERVICES INC
FOR WASTE MANAGEMENT, INC

CHECK NO. 0173964471 004206
VN. 0004196434
DATE: 22Sep21 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **6000.00

CLAIM NO.: 003000 399729 WC 01 (1082) **BRANCH NO.:** 094
PAY SIX THOUSAND AND 00/100 DOLLARS**********
****
TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

CITIBANK, N.A.
ONE PENN'S WAY
NEW CASTLE, DE 19720

⑈0173964471⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
09/28/21 76650

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
006759002161

BILL TO:
GALLAGHER BASSETT (CLINT-2840)
W. C. DEPARTMENT
ATTN: LADCIE SIMMONS
P.O. BOX 2840
CLINTON, IA 52733

Case: vs ABLE BUILDING MAINTENANCE
Date Of Injury: 9/24/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/19/19	INITIAL EXAM	-DR ZAREENA KHAN @AMERI CHIRO	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/02/19	PR2/REEVAL	-DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/11/19	PR2/REEVAL	-DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/18/19	FOLLOW-UP	-W/ ACUPUNCT KIM @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/13/20	PR2/REEVAL	-DR FARAH AMERI @ AMERI CHIRO	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/05/20	FOLLOW-UP	-W/ ACUPUNCT MIN KIM @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/26/20	PR2/REEVAL	-DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/29/20	LIEN FIL FEE	LIEN FILING FEE	150.00
01/26/21	PENALTIES	FOR DATE OF SERVICE 08/19/19	34.50
01/26/21	INTEREST	FOR DATE OF SERVICE 08/19/19	20.87
09/20/21	PMT BY CHECK	DOS 8/19/19-9/20/21* # 0173910469	-750.00
09/28/21	BLCE OFF SET	BALANCE OFF SET	-765.37
		BALANCE	0.00

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

GALLAGHER BASSETT - CORONA, CA
PO BOX 2934
CLINTON IA 52733-2934

006759 PAGE 1 OF 1 001627

MDG2009 00002932 1 MB .485
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

GALLGHER BASSETT SERVICES INC
FOR SAFETY NATIONAL

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 006759 002161 WC 01 (803600)
CLAIMANT:
DESCRIPTION: FULL AND FINAL ALL DATES

BRANCH NO.: 170
ACC DATE: 24Sep18

NO.: 0173910469
VN: 0000194153
DATE: 20Sep21

DATES OF SERVICE: 19Aug19 **THRU** 20Sep21
BENEFIT PERIOD: **THRU**

AMOUNT: 750.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0002932 003187 001 002

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

39602

GALLGHER BASSETT SERVICES INC
FOR SAFETY NATIONAL

CHECK NO. 0173910469 001627
VN. 0000194153
DATE: 20Sep21 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **750.00

CLAIM NO.: 006759 002161 WC 01 (803600) **BRANCH NO.:** 170
PAY SEVEN HUNDRED FIFTY AND 00/100 DOLLARS**********

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

Donna M. Korte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

CITIBANK, N.A.
ONE PENN'S WAY
NEW CASTLE, DE 19720

⑈0173910469⑈ ⑆031100209⑆ 40074901⑈

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

*** INVOICE ***

Date	NO#
09/08/21	77621

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
004742-015759

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

Case: _ vs INTERSTATE MGMT/RESIDENCE INN
Date Of Injury: 10/17/18 - 10/17/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/15/20	INITIAL EXAM	-DR NEGIN RAMESHNI/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/21/20	INITIAL ACUP	-W/ ACUPUNCT CYNTHIA BIRKHIME @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/28/20	FOLLOW-UP	-W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/29/20	INIT PHYSIO	-THERAPY W/DR JAVAD NAJIB @ FMR* AMENDED	180.00
/ /	INTERPRETER:	CARLOS TORRES @ 301694	0.00
02/07/20	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/12/20	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/26/20	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
02/28/20	PR2/REEVAL	-DR RAMESHNI/RUSSMAN @ FRM*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/06/20	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
03/02/20	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
03/09/20	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/16/20	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/13/20	F/U PHYSIO	-THERAPY DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/11/20	PR2/REEVAL	-DR MOHAMED HOSSANIN @ 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#
09/08/21 77621

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
004742-015759

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

Case: rs INTERSTATE MGMT/RESIDENCE INN
Date Of Injury: 10/17/18 - 10/17/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/22/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
04/28/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/30/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/23/20	PR2/REEVAL	-DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/28/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/02/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
06/04/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
06/16/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
07/18/20	PR2/REEVAL	-DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/25/20	PMT BY CHECK	DOS 7/18/20* # 0165252898	-180.00
11/10/20	LIEN FIL FEE	LIEN FILING FEE	150.00
02/23/21	PENALTIES	FOR DATE OF SERVICE 01/15/20	27.00
06/22/21	INTEREST	FOR DATE OF SERVICE 01/15/20	24.67
02/23/21	PENALTIES	FOR DATE OF SERVICE 01/21/20	27.00
06/22/21	INTEREST	FOR DATE OF SERVICE 01/21/20	24.67
02/23/21	PENALTIES	FOR DATE OF SERVICE 01/28/20	27.00
06/22/21	INTEREST	FOR DATE OF SERVICE 01/28/20	24.67
02/23/21	PENALTIES	FOR DATE OF SERVICE 01/29/20	27.00
06/22/21	INTEREST	FOR DATE OF SERVICE 01/29/20	24.67
02/23/21	PENALTIES	FOR DATE OF SERVICE 02/07/20	27.00
06/22/21	INTEREST	FOR DATE OF SERVICE 02/07/20	24.67
02/23/21	PENALTIES	FOR DATE OF SERVICE 02/12/20	27.00

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

*** INVOICE ***
Date NO#
09/08/21 77621

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
004742-015759

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

Case: vs INTERSTATE MGMT/RESIDENCE INN
Date Of Injury: 10/17/18 - 10/17/19

DOS	SERVICE	DESCRIPTION	AMOUNT
06/22/21	INTEREST	FOR DATE OF SERVICE 02/12/20	24.67
02/23/21	PENALTIES	FOR DATE OF SERVICE 02/26/20	27.00
06/22/21	INTEREST	FOR DATE OF SERVICE 02/26/20	24.56
02/23/21	PENALTIES	FOR DATE OF SERVICE 02/28/20	27.00
06/22/21	INTEREST	FOR DATE OF SERVICE 02/28/20	24.22
02/23/21	PENALTIES	FOR DATE OF SERVICE 03/06/20	27.00
06/22/21	INTEREST	FOR DATE OF SERVICE 03/06/20	23.65
02/23/21	PENALTIES	FOR DATE OF SERVICE 03/02/20	27.00
06/22/21	INTEREST	FOR DATE OF SERVICE 03/02/20	23.48
02/23/21	PENALTIES	FOR DATE OF SERVICE 03/09/20	27.00
06/22/21	INTEREST	FOR DATE OF SERVICE 03/09/20	23.42
02/23/21	PENALTIES	FOR DATE OF SERVICE 03/16/20	27.00
06/22/21	INTEREST	FOR DATE OF SERVICE 03/16/20	22.97
02/23/21	PENALTIES	FOR DATE OF SERVICE 03/13/20	27.00
06/22/21	INTEREST	FOR DATE OF SERVICE 03/13/20	23.08
02/23/21	PENALTIES	FOR DATE OF SERVICE 04/11/20	27.00
06/22/21	INTEREST	FOR DATE OF SERVICE 04/11/20	22.12
02/23/21	PENALTIES	FOR DATE OF SERVICE 04/22/20	27.00
06/22/21	INTEREST	FOR DATE OF SERVICE 04/22/20	21.49
02/23/21	PENALTIES	FOR DATE OF SERVICE 04/28/20	27.00
06/22/21	INTEREST	FOR DATE OF SERVICE 04/28/20	21.32
02/23/21	PENALTIES	FOR DATE OF SERVICE 04/30/20	27.00
06/22/21	INTEREST	FOR DATE OF SERVICE 04/30/20	21.27
02/23/21	PENALTIES	FOR DATE OF SERVICE 05/23/20	27.00
06/22/21	INTEREST	FOR DATE OF SERVICE 05/23/20	20.25
02/23/21	PENALTIES	FOR DATE OF SERVICE 05/28/20	27.00
06/22/21	INTEREST	FOR DATE OF SERVICE 05/28/20	20.19
02/23/21	PENALTIES	FOR DATE OF SERVICE 06/02/20	27.00
06/22/21	INTEREST	FOR DATE OF SERVICE 06/02/20	20.13
02/23/21	PENALTIES	FOR DATE OF SERVICE 06/04/20	27.00
06/22/21	INTEREST	FOR DATE OF SERVICE 06/04/20	19.79

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 77621

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
004742-015759

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

Case: vs INTERSTATE MGMT/RESIDENCE INN
Date Of Injury: 10/17/18 - 10/17/19

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/21	PENALTIES	FOR DATE OF SERVICE 06/16/20	27.00
06/22/21	INTEREST	FOR DATE OF SERVICE 06/16/20	19.40
02/23/21	PENALTIES	FOR DATE OF SERVICE 07/18/20	27.00
06/22/21	INTEREST	FOR DATE OF SERVICE 07/18/20	14.63
09/01/21	PMT BY CHECK	DOS 8/27/21* # 0173536303	-4000.00
09/08/21	BLCE OFF SET	BALANCE OFF SET	-1244.99

BALANCE 0.00

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

M

GALLAGHER BASSETT-LA/ONTARIO
PO BOX 2934
CLINTON IA 52733-2934

0101825 01 RE 0 436 **AUTO T4 0 1667 92781-416565 -P01826 C01

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

PAID
SEP 0 1 2020
BY.

DIRECT INQUIRIES TO

PHONE 1-909-581-1919
GALLAGHER BASSETT-LA/ONTA
PO BOX 2934
CLINTON IA 52733-2934

GALAGHER BASSETT SERVICES INC FOR STARR INDEMNIT

CLAIM NO. 004742 015759 WC 01

CLAIMANT

DESCRIPTION. INV#-77621

DATE OF SERVICE 18-Jul-2020 TO 18-Jul-2020

BRANCH NO. 164

ACC. DATE 17-Oct-2019

CHECK NO 0165252898

VN 0000248951

DATE. 25-Aug-2020

PAYMENT AMOUNT: $180.00

RE0101825-0001_01_0001 1667-0001970 (G26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO 0165252898 ATTACHED BELOW

GALLAGHER BASSETT-LA/ONTARIO
PO BOX 2934
CLINTON IA 52733-2934

M

0101775 01 RE 0.482 **AUTO T4 0 1670 92781-416565 -P01776 C01

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

DIRECT INQUIRIES TO: 77621

PHONE: 1-909-581-1919
GALLAGHER BASSETT-LA/ONTA
PO BOX 2934
CLINTON IA 52733-2934

GALAGHER BASSETT SERVICES INC FOR STARR INDEMNIT

CLAIM NO. 004742 015759 WC 01 BRANCH NO. 164 CHECK NO. 0173536303

CLAIMANT: ACC. DATE 17-Oct-2019 VN. 0000297482

DESCRIPTION: FULL & FINAL SETTLEMENT OF LIEN DATE: 01-Sep-2021

DATE OF SERVICE: 27-Aug-2021 TO 27-Aug-2021 PAYMENT AMOUNT: $4,000.00

RE0101775-0001_of_0001 1670-0001897 (G26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0173536303 ATTACHED BELOW

GALAGHER BASSETT SERVICES INC FOR STARR INDEMNITY & LIAB CO

CHECK NO. 0173536303
VN. 0000297482
DATE: 09/01/2021

CLAIM NO. 004742 015759 WC 01 (804) BRANCH NO.: 164

Four Thousand and 00/100 Dollars

62-20
311

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

$$$$$$$$$$4,000.00

NOT VALID AFTER 90 DAYS

Donna M. Karte
AUTHORIZED SIGNATURE

Or Payable at
Citibank, FSB California

Citibank

⑈0173536303⑈ ⑆031100209⑆ 4007490 1⑈

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

*** INVOICE ***

Date	NO#
09/15/21	77679

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
003938005182-WC-01

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

Case: vs TEAM ONE EMPLOYMENT SPECIALIST
Date Of Injury: 8/8/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/21/20	INITIAL EXAM	DR MAGGIE PEZESHKIAN/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/04/20	INITIAL ACUP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/13/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/18/20	FOLLOW-UP	W/ ACUPUNCT SUNGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/03/20	PR2/REEVAL	DR RUSSMAN/PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/25/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/27/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/19/20	PMT BY CHECK	DOS 1/21/20-3/3/20* # 0163245736	-900.00
04/10/20	INITIAL PSYC	EVAL W/DR ANTHONY FRANCISCO @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/14/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/20/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/21/20	INIT PHYSIO	THERAPY DR MAGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/22/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	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#
09/15/21 77679

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
003938005182-WC-01

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

Case: vs TEAM ONE EMPLOYMENT SPECIALIST
Date Of Injury: 8/8/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/23/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/27/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
04/28/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/29/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/03/20	PMT BY CHECK	DOS 3/27/20* # 0163543032	-105.00
05/04/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/06/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/28/20	PR2/REEVAL	DR MOHAMMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/18/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/10/20	PMT BY CHECK	DOS 4/14/20* # 0164292055	-105.00
07/10/20	PMT BY CHECK	DOS 4/27/20* # 0164292059	-105.00
07/10/20	PMT BY CHECK	DOS 4/28/20* # 0164292054	-105.00
07/13/20	PMT BY CHECK	DOS 4/23/20* # 0164328089	-105.00
07/01/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/08/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/09/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
07/16/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
07/15/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	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#
09/15/21 77679

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
003938005182-WC-01

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

Case: vs TEAM ONE EMPLOYMENT SPECIALIST
Date Of Injury: 8/8/19

DOS	SERVICE	DESCRIPTION	AMOUNT
07/22/20	F/U PHYSIO	THERAPY 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	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/14/20	PMT BY CHECK	DOS 7/9/20* # 0165036945	-180.00
07/29/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/21/20	PMT BY CHECK	DOS 7/1/20* # 0165187454	-105.00
08/10/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/11/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
08/12/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/27/20	PMT BY CHECK	DOS 7/15/20* # 0165306582	-105.00
08/31/20	PMT BY CHECK	DOS 7/22/20* # 0165375287	-105.00
08/13/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/18/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/03/20	PMT BY CHECK	DOS 7/23/20* # 0165460702	-105.00
08/19/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/21/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/25/20	FOLLOW-UP	W/ ACUPUNCT CHONG HOON PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
09/10/20	PMT BY CHECK	DOS 7/28/20* # 0165594501	-105.00

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

*** INVOICE ***
Date NO#
09/15/21 77679

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
003938005182-WC-01

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

Case: vs TEAM ONE EMPLOYMENT SPECIALIST
Date Of Injury: 8/8/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/26/20	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
11/03/20	LIEN FIL FEE	LIEN FILING FEE	150.00
03/23/21	PENALTIES	FOR DATE OF SERVICE 04/10/20	27.00
03/23/21	INTEREST	FOR DATE OF SERVICE 04/10/20	16.96
03/23/21	PENALTIES	FOR DATE OF SERVICE 04/21/20	27.00
03/23/21	INTEREST	FOR DATE OF SERVICE 04/21/20	16.56
05/03/21	BLCE OFF SET	BALANCE OFF SET	-377.52
05/03/21	PENALTIES_U	FOR UNPAID STLM'T 3/22/21	475.00
08/31/21	INTEREST_U	FOR UNPAID STLM'T 3/22/21	188.96
09/08/21	COSTS	FOR UNPAID STTLMT	950.00
09/08/21	PMT BY CHECK	DOS 8/31/21* # 0173669217	-6363.96

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.

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

003938 PAGE 1 OF 1 002751

M

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

PAID
MAY 27 2020
BY. .....

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

DIRECT CHECK INQUIRIES TO.
PHONE: 916-929-7581
GB-SACRAMENTO WEST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 003938 005182 WC 01 (833049)
CLAIMANT:
DESCRIPTION: INV#-77679 ✓

DATES OF SERVICE: 21Jan20 THRU 03Mar20
BENEFIT PERIOD: THRU

BRANCH NO.: 011
ACC DATE: 08Aug19

NO.: 0163245736
VN: 0000219258
DATE: 19May20

AMOUNT: 900.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003740 004268 002 003

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

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

CHECK NO. 0163245736 002751
VN. 0000219258
DATE: 19May20 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **900.00

CLAIM NO.: 003938 005182 WC 01 (833049) BRANCH NO.: 011
PAY NINE HUNDRED AND 00/100 DOLLARS**********
TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC
P O. BOX 4165
TUSTIN CA 92781-4165

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

CITIBANK, N A
ONE PENN'S WAY
NEW CASTLE, DE 19720

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

003938 PAGE 1 OF 1 002893

MDG2009 00003662 1 MB .439

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

PAID
JUN 09 2020

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 916-929-7581
GB-SACRAMENTO WEST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 003938 005182 WC 01 (833049)
CLAIMANT:
DESCRIPTION: INV#-77679

BRANCH NO.: 011
ACC DATE: 08Aug19

NO.: 0163543032
VN: 0000219474
DATE: 03Jun20

DATES OF SERVICE: 27Mar20 THRU 27Mar20
BENEFIT PERIOD: THRU

AMOUNT: 105.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

© 0003662 004300 001 004

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

39602

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

CHECK NO. 0163543032 002893
VN. 0000219474
DATE: 03Jun20 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **105.00

CLAIM NO.: 003938 005182 WC 01 (833049) BRANCH NO.: 011
PAY: ONE HUNDRED FIVE AND 00/100 DOLLARS**********

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

Donna M. Korte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

CITIBANK, N.A.
ONE PENN'S WAY
NEW CASTLE, DE 19720

⑈0163543032⑈ ⑆031100209⑆ 4007490⑈

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

003938 PAGE 1 OF 1 004341

PAID
JUL 17 2020
BY .....

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

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 916-929-7581
GB-SACRAMENTO WEST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 003938 005182 WC 01 (833049)
CLAIMANT:
DESCRIPTION: INV#-77679

DATES OF SERVICE: 14Apr20 **THRU** 14Apr20
BENEFIT PERIOD: **THRU**

BRANCH NO.: 011
ACC DATE: 08Aug19

NO.: 0164292055
VN: 0000220060
DATE: 10Jul20

AMOUNT: 105.00

[redacted]ETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

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

003938 PAGE 1 OF 1 004340

MDG2009 00005478 1 MB .439

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

PAID
JUL 17 2020
BY

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 916-929-7581
GB-SACRAMENTO WEST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 003938 005182 WC 01 (833049)
CLAIMANT:
DESCRIPTION: INV#-77679

BRANCH NO.: 011
ACC DATE: 08Aug19

NO.: 0164292059
VN: 0000220055
DATE: 10Jul20

DATES OF SERVICE: 27Apr20 **THRU** 27Apr20
BENEFIT PERIOD: **THRU**

AMOUNT: 105.00

[redacted]

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

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

003938 PAGE 1 OF 1 004342

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

PAID
JUL 17 2020
BY.

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 916-929-7581
GB-SACRAMENTO WEST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 003938 005182 WC 01 (833049)
CLAIMANT:
DESCRIPTION: INV#-77679

BRANCH NO.: 011
ACC DATE: 08Aug19

NO.: 0164292054
VN: 0000220061
DATE: 10Jul20

DATES OF SERVICE: 28Apr20 **THRU** 28Apr20
BENEFIT PERIOD: **THRU**

AMOUNT: 105.00

**

[redacted]

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

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

003938 PAGE 1 OF 1 002828

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

PAID
JUL 31 2020
BY:.....

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 916-929-7581
GB-SACRAMENTO WEST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 003938 005182 WC 01 (833049)
CLAIMANT:
DESCRIPTION: INV#-77679

BRANCH NO.: 011
ACC DATE: 08Aug19

NO.: 0164328089
VN: 0000220084
DATE: 13Jul20

DATES OF SERVICE: 23Apr20 **THRU** 23Apr20
BENEFIT PERIOD: **THRU**

AMOUNT: 105.00

**

[redacted]

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

[redacted]

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

003938 PAGE 1 OF 1 003995

M

MDG2009 00005523 1 MB 439

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

PAID

PAY .....

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

DIRECT CHECK INQUIRIES TO
PHONE: 916-929-7581
GB-SACRAMENTO WEST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 003938 005182 WC 01 (833049)
CLAIMANT:
DESCRIPTION: INV#-77679

BRANCH NO.: 011
ACC DATE: 08Aug19

NO.: 0165036945
VN: 0000220743
DATE: 14Aug20

DATES OF SERVICE: 09Jul20 **THRU** 09Jul20
BENEFIT PERIOD: **THRU**

AMOUNT: 180.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005523 006099 001 002

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

MDG2009 00005565 1 MB .439

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

PAID
SEP 0 1 2020
BY

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 916-929-7581
GB-SACRAMENTO WEST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 003938 005182 WC 01 (833049)
CLAIMANT:
DESCRIPTION: INV#-77679

BRANCH NO.: 011
ACC DATE: 08Aug19

NO.: 0165187454
VN: 0000220873
DATE: 21Aug20

DATES OF SERVICE: 01Jul20 **THRU** 01Jul20
BENEFIT PERIOD: **THRU**

AMOUNT: 105.00

**

[redacted]

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005565 006313 001 001

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

003938 PAGE 1 OF 1 002781

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

PAID
SEP 09 2020
BY: .....

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 916-929-7581
GB-SACRAMENTO WEST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 003938 005182 WC 01 (833049)
CLAIMANT:
DESCRIPTION: INV#-77679 ✓

DATES OF SERVICE: 15Jul20 **THRU** 15Jul20
BENEFIT PERIOD: **THRU**

BRANCH NO.: 011
ACC DATE: 08Aug19

NO.: 0165306582
VN: 0000220979
DATE: 27Aug20

AMOUNT: 105.00

[redacted]ETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003788 004286 003 004

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

003938 PAGE 1 OF 1 002333

PAID
SEP 09 2020
BY .....

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

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 916-929-7581
GB-SACRAMENTO WEST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 003938 005182 WC 01 (833049)
CLAIMANT:
DESCRIPTION: INV#-77679

BRANCH NO.: 011
ACC DATE: 08Aug19

NO.: 0165375287
VN: 0000221024
DATE: 31Aug20

DATES OF SERVICE: 22Jul20 **THRU** 22Jul20
BENEFIT PERIOD: **THRU**

AMOUNT: 105.00

**

[redacted]

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003719 004224 002 002

[redacted]

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

003938 PAGE 1 OF 1 002638

MDG2009 00003770 1 MB .439

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

PAID
SEP 15 2020

PV. .....

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 916-929-7581
GB-SACRAMENTO WEST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 003938 005182 WC 01 (833049)
CLAIMANT:
DESCRIPTION: INV#-77679

BRANCH NO.: 011
ACC DATE: 08Aug19

NO.: 0165460702
VN: 0000221094
DATE: 03Sep20

DATES OF SERVICE: 23Jul20 **THRU** 23Jul20
BENEFIT PERIOD: **THRU**

AMOUNT: 105.00

[redacted]

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

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

003938 PAGE 1 OF 1 002922

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

PAID
SEP 2 1 2020
BY .....

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 916-929-7581
GB-SACRAMENTO WEST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 003938 005182 WC 01 (833049)
CLAIMANT:
DESCRIPTION: INV#-77679

BRANCH NO.: 011
ACC DATE: 08Aug19

NO.: 0165594501
VN: 0000221236
DATE: 10Sep20

DATES OF SERVICE: 28Jul20 **THRU** 28Jul20
BENEFIT PERIOD: **THRU**

AMOUNT: 105.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003595 004074 002 002

[redacted]

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

MDG2009 00003166 1 MB .485
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

77679

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 916-929-7581
GB-SACRAMENTO WEST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 003938 005182 WC 01 (833049)
CLAIMANT:
DESCRIPTION: FULL AND FINAL LIEN

BRANCH NO.: 011
ACC DATE: 08Aug19

NO.: 0173669217
VN: 0000228588
DATE: 08Sep21

DATES OF SERVICE: 31Aug21 **THRU** 31Aug21
BENEFIT PERIOD: **THRU**

AMOUNT: 6363.96

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003166 003444 001 001

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

39602

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

CHECK NO. 0173669217 003621
VN. 0000228588
DATE: 08Sep21 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **6363.96

CLAIM NO.: 003938 005182 WC 01 (833049) **BRANCH NO.:** 011
PAY SIX THOUSAND THREE HUNDRED SIXTY-THREE AND 96/100 DOLLARS**********
****
TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

Donna M. Korte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

CITIBANK, N.A.
ONE PENN'S WAY
NEW CASTLE, DE. 19720

⑈0173669217⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
09/07/21 70459

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
PRWC555341-001

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: JOY MUKORO
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: MENDOZA vs ECONOMY INN LAX
Date Of Injury: 1/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/01/16	INITIAL EXAM	DR RAMESHNI @ ENHANCED-PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/13/16	INITIAL ACUP	-W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/14/16	INITIAL EXAM	-DR BHARATWAL @ EPC* AMENDED	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
09/20/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/27/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/03/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
10/06/16	PR2/REEVAL	-DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/13/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/17/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/19/16	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/24/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/31/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ANA M. MONASSERI # 500315	0.00
11/07/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/10/16	PR2/REEVAL	-DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/21/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	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 70459

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

EAMS#(s):

SS # : XXX-X
DOB :
Terms: 60 days
Claim #(s):
PRWC555341-001

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: JOY MUKORO
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: . vs ECONOMY INN LAX
Date Of Injury: 1/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/23/16	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/05/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/12/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/15/16	PR2/REEVAL	-DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/19/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/21/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
01/09/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/17/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/25/17	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/03/17	INITIAL EXAM	-DR ALLEN MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/13/17	INITIAL EXAM	PSYCH EVAL W/DR PARVIN SALKELD @ EPC*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
02/20/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/21/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
02/22/17	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/27/17	INITIAL EXAM	-PHYSICAL TX W/DR CHRISTIAN	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#
09/07/21 70459

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
PRWC555341-001

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: JOY MUKORO
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs ECONOMY INN LAX
Date Of Injury: 1/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
		MENDOZA @ EPC*	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/16/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/20/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
03/28/17	P AND S	-DR ROSTAMI @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/19/18	LIEN FIL FEE	LIEN FILING FEE	150.00
04/06/20	PENALTIES	FOR DATE OF SERVICE 09/01/16	34.50
02/22/21	INTEREST	FOR DATE OF SERVICE 09/01/16	113.55
04/06/20	PENALTIES	FOR DATE OF SERVICE 09/13/16	34.50
02/22/21	INTEREST	FOR DATE OF SERVICE 09/13/16	113.55
04/06/20	PENALTIES	FOR DATE OF SERVICE 02/03/17	34.50
02/22/21	INTEREST	FOR DATE OF SERVICE 02/03/17	106.31
04/06/20	PENALTIES	FOR DATE OF SERVICE 02/13/17	34.50
02/22/21	INTEREST	FOR DATE OF SERVICE 02/13/17	105.73
04/06/20	PENALTIES	FOR DATE OF SERVICE 02/27/17	34.50
02/22/21	INTEREST	FOR DATE OF SERVICE 02/27/17	40.97
04/06/20	PENALTIES	FOR DATE OF SERVICE 03/28/17	34.50
02/22/21	INTEREST	FOR DATE OF SERVICE 03/28/17	102.39
09/14/21	PMT BY CHECK	DOS 1/1/15* =# 010011133	-6300.00
09/17/21	BLCE OFF SET	BALANCE OFF SET	-789.50

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

*** INVOICE ***

Date	NO#
09/07/21	70459

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
PRWC555341-001

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: JOY MUKORO
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs ECONOMY INN LAX
Date Of Injury: 1/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

010011133

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

GDN3305A05A0AAA.000666.01.02.000000

Please see attached documentation.

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

NorGUARD Insurance Company

P.O. Box AH
Wilkes-Barre, PA 18703-0020

Wells Fargo Bank, N.A.

11-24
1210

010011133

DATE 09/14/2021

AMOUNT ******$6,300.00

NOT VALID AFTER 180 DAYS

⇨⇨⇨⇨⇨PAY ONLY $6,300.00
DOLLAR SIX COMMA THREE ZERO ZERO PERIOD ZERO ZERO

■ SIX THOUSAND THREE HUNDRED DOLLARS AND 00 CENTS**********

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

VOID OVER $6,300.00

⑈010011133⑈ ⑆121000248⑆ 2000519409116⑈

Explanation of Review

BERKSHIRE HATHAWAY GUARD INSURANCE COMPANIES

Carrier

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

Bill: GUA-GUCA-1209813

Provider

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

Claimant

NPI:
Rendering NPI:
Tax ID: 33-0956713 **Type:** CL **Specialty (1):** AO
License: A99999999 **Specialty (2):** AO
Rendering Provider: JOYCE ALTMAN INTERPRETERS
External ID: 5386
Invoice Date: 09-02-2021
Patient Account: 70459

Claim Number: PRWC555341-001
DOI/DOL: 01-01-2015
External Claim Number: PR555341001

Payment Status Code: 1

Bill Details

Dates of Service: 01-01-2015
Post Date: 09-08-2021

Reviewer: PI/
Pay Auth: 0
Client Type of Bill: LIEN
Adjuster: AORZALEK

Bill ICD Version: 9
Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units	BR	Description	Network	ONR	Other	Explanation Code(s)	Allow.
1	01-01-2015	11	MDS10	A	6,300.00	1		SETTLEMENT FOR DISPUTE					6,300.00

Totals

Total Charges: 6,300.00
Recommended Allowance: **6,300.00**

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 SEND THE BILL AND THE ANALYSIS TO:

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

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DCN Number: MN-090720211125

GDN3305A05A0AAA.000666.02.02.000000

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 61906

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMQ22965C

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

Case: vs JONSET CORPORATION
Date Of Injury: 11/5/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/28/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
04/14/14	INITIAL EXAM	-DR MIRZABEIGI @ ADV CARE*	230.00
/ /	INTERPRETER:	LETTY JULIAO-GREEN # 301547	0.00
04/23/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ACS W/DR CONOLLY*	150.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
04/25/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
05/12/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CAR	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/23/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
06/09/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CAR	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
06/20/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
06/30/14	EMG TESTING	& NCV BY DR SCHILLING: L/E @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048 amended	0.00
07/18/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100045	0.00
08/04/14	PR2/REEVAL	DR BROWN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
09/18/14	PR2-RE/EVAL	W/ACUPUNCT HAN @ ACS*	180.00
/ /	INTERPRETER:	JENNFER MINOTTA # 101254	0.00
09/08/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
09/11/14	PR2-RE/EVAL	W/ACUPUNCT HAN/KIM @ ACS*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	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 61906

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMQ22965C

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

Case: vs JONSET CORPORATION
Date Of Injury: 11/5/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/25/14	PR2-RE/EVAL	W/ACUPUNCT HAN/KIM @ ACS*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
10/02/14	PR2-RE/EVAL	W/ACUPUNCT HAN/KIM @ ACS*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
10/10/14	INITIAL EXAM	-DR G. WADE @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	LETTY JULIAO GREEN # 301547	0.00
10/09/14	PR2-RE/EVAL	W/ACUPUNCT HAN/KIM @ ACS*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
10/13/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
10/16/14	PR2-RE/EVAL	W/ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/23/14	PR2-RE/EVAL	W/ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
10/30/14	PR2-RE/EVAL	W/ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
11/06/14	PR2-RE/EVAL	W/ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
11/13/14	PR2-RE/EVAL	W/ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
11/14/14	INITIAL EXAM	-DR PEREZ @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	LETTY JULIAO-GREEN # 301547	0.00
03/05/15	PR2-RE/EVAL	W/ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/17/14	PR2/REEVAL	DR ATAMIAN @ ACS*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
03/12/15	PR2/REEVAL	ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/20/14	FOLLOW-UP	W/ ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
03/20/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE*	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 61906

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMQ22965C

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

Case: vs JONSET CORPORATION
Date Of Injury: 11/5/12

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/31/15	PR2/REEVAL	DR ATAMIAN @ ACS*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
04/01/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
04/02/15	FOLLOW-UP	W/ ACUPUNCT HAN @ ACS*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
12/11/14	FOLLOW-UP	W/ACUPUNCT HAN/KIM @ ACS* AMENDED	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
05/15/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/08/15	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
12/22/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
04/29/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
06/12/15	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
06/18/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/15/15	FOLLOW-UP	W/ ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/26/15	INITIAL EXAM	DR MILLMAN & PR-2 W/ DR C. ATAMIAN @ ACS*	230.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
01/29/15	FOLLOW-UP	W/ACUPUNCT HAN @ ACS*	180.00
/ /	INTERPRETER:	CESAR TERAN # 500150	0.00
07/15/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	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 61906

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMQ22965C

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

Case: vs JONSET CORPORATION
Date Of Injury: 11/5/12

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/17/15	P AND S	-DR ATAMIAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/12/15	FOLLOW-UP	W/ ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
02/20/15	INITIAL EXAM	-DR MASSIHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/23/15	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
02/25/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
02/26/15	FOLLOW-UP	W/ ACUPUNCT HAN @ ACS*	180.00
/ /	INTERPRETER:	CESAR TERAN # 500150	0.00
06/03/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
12/15/16	LIEN FIL FEE	LIEN FILING FEE	150.00
05/10/18	PENALTIES	FOR DATE OF SERVICE 04/14/14	34.50
05/26/21	INTEREST	FOR DATE OF SERVICE 04/14/14	181.53
05/10/18	PENALTIES	FOR DATE OF SERVICE 10/10/14	34.50
05/26/21	INTEREST	FOR DATE OF SERVICE 10/10/14	167.76
05/10/18	PENALTIES	FOR DATE OF SERVICE 11/14/14	34.50
05/26/21	INTEREST	FOR DATE OF SERVICE 11/14/14	163.19
05/10/18	PENALTIES	FOR DATE OF SERVICE 01/26/15	34.50
05/26/21	INTEREST	FOR DATE OF SERVICE 01/26/15	154.71
05/10/18	PENALTIES	FOR DATE OF SERVICE 07/17/15	34.50
05/26/21	INTEREST	FOR DATE OF SERVICE 07/17/15	154.06
05/10/18	PENALTIES	FOR DATE OF SERVICE 02/20/15	34.50
05/26/21	INTEREST	FOR DATE OF SERVICE 02/20/15	153.19
09/24/21	PMT BY CHECK	DOS 9/24/21* =# 133061268 0	-6800.00
09/30/21	BLCE OFF SET	BALANCE OFF SET	-3951.44

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	61906

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMQ22965C

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

Case: vs JONSET CORPORATION
Date Of Injury: 11/5/12

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.

Centralized Workers Compensation Claim Center
PO Box 14267
Lexington KY 40512-4267
8664019222 x2304177

000526 1/4

MB 01 000526 27120 B 4 A

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

Attention: This remittance incorporates 0 claim payments

Special Handling 99

Please keep the above information for your records.

122465635

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

Centralized Workers Compensation Claim Center
PO Box 14267
Lexington, KY 40512-4267

56-1544
441

Check Number: 133061268 0

Issue Date: 09/24/2021

$******6,800.00**

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

Pay
SIX THOUSAND EIGHT HUNDRED DOLLARS AND 00/100

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

The Hartford
Authorized Signature

122465635

⑈133061268⑈ ⑆044115443⑆ 632559738⑈

Process Date: 09/24/2021
Control Number: 217138355
EOR Page 1 of 3
Rev/Aud: VT/VT

Claim Number: YMQC22965
Claimant:
Provider Tax ID: 330956713 Vendor: 0013541032-1
Provider Ref: Geo Zip: 92781
Provider License: 99999

PPO/OSR ID:
NPI Number:
Claimant SSN: XXX-XX-
Date Of Injury: 03/06/2014
Claims Received Date: 09/24/2021
Packet Control Number: 111111111111

000526 2/4

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 26

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
09/24/21	11	MDO10		FINAL ORDR/AWAI	1.000	6,800.00	0.00	0.00	0.00	6,800.00	LIEN
			TOTALS:			**6,800.00**	**0.00**	**0.00**	**0.00**	**6,800.00**	
			TOTAL RECOMMENDED ALLOWANCE:							**6,800.00**	

Rendering Provider Name: JOYCE ALTMAN INTERPRETERS INC
Rendering Provider NPI:

CARRIER EXPLANATION REASON CODE

LIEN -REIMBURSEMENT IS BASED UPON PAYMENT IN FULL SATISFACTION OF LIEN.

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 73051

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
Y67C-64342

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

Case: vs STAY SAFE STAFFING INC
Date Of Injury: 9/21/16 - 9/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT
12/07/17	INITIAL EXAM	DR MICHAEL PRICE/JOE TRUJILLO @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/04/18	PR2/REEVAL	-DR ATEF RAFLA/ANDREW MILES @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/17/18	INITIAL ACUP	-W/ ACUPUNCT MIN CHOI, -INITI CHIRO & PHYS THERAPY	230.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/19/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/22/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/16/19	LIEN FIL FEE	LIEN FILING FEE	150.00
09/23/21	PMT BY CHECK	DOS 9/23/21* =# 133057406 0	-900.00
10/01/21	BLCE OFF SET	BALANCE OFF SET	-250.00

BALANCE 0.00

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

THE HARTFORD
Centralized Workers Compensation Claim Center
PO Box 14267
Lexington KY 40512-4267
8664019222 x2304177

MB 01 000280 25518 B 2 B

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

Attention: This remittance incorporates 0 claim payments

Special Handling 99

Please keep the above information for your records.

12245966

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD
Centralized Workers Compensation Claim Center
PO Box 14267
Lexington, KY 40512-4267

56-1544
441

Check Number: 133057406 0
Issue Date: 09/23/2021

$********900.00**
JPMorgan Chase Bank, N.A.
Columbus, OH 43085

Pay
NINE HUNDRED DOLLARS AND 00/100

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

The Hartford
Authorized Signature

⑈133057406⑈ ⑆044115443⑆ 632559738⑈

Process Date: 09/23/2021
Control Number: 217134269
EOR Page 1 of 2
Rev/Aud: VT/VT

Claim Number: Y67C59691
Claimant:
Provider Tax ID: 330956713 Vendor: 0013541032-1
Provider Ref: Geo Zip: 92781
Provider License: 99999

PPO/OSR ID:
NPI Number:
Claimant SSN: XXX-XX
Date Of Injury: 08/05/2017
Claims Received Date: 09/23/2021
Packet Control Number: 1111111111111

000280 2/3

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

ICD-DX1: T14.90 Injury, unspecified

PN Claim: N Region: 26

OS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
9/23/21	11	MDO10		FINAL ORDR/AWAI	1.000	900.00	0.00	0.00	0.00	900.00	LIEN
			TOTALS:			**900.00**	**0.00**	**0.00**	**0.00**	**900.00**	
			TOTAL RECOMMENDED ALLOWANCE:							**900.00**	

endering Provider Name: JOYCE ALTMAN INTERPRETERS INC
endering Provider NPI:

ARRIER EXPLANATION REASON CODE

.IEN -REIMBURSEMENT IS BASED UPON PAYMENT IN FULL SATISFACTION OF LIEN.

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 77157

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC608-D42847

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

Case: vs GIFCO - GOURMET INDIA FOOD CO.
Date Of Injury: 9/8/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/25/19	INITIAL EXAM	DR ZAREENA KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/06/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/17/20	PR2/REEVAL	DR ZAREENA KHAN @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/10/20	FOLLOW-UP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SADNRA TALANCON # 100802	0.00
02/26/20	PR2/REEVAL	DR AMERI @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
03/16/20	FOLLOW-UP	W/ ACUPUNCT KIM @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/14/20	PR2/REEVAL	DR FARAH AMERI @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/26/20	P AND S	DR ZAREENA KHAN @ AMERI*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/24/21	LIEN FIL FEE	LIEN FILING FEE	150.00
09/21/21	PMT BY CHECK	DOS 9/18/21* # 0083849620	-1490.00
09/28/21	BLCE OFF SET	BALANCE OFF SET	-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#
09/28/21	77157

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC608-D42847

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

Case: vs GIFCO - GOURMET INDIA FOOD CO.
Date Of Injury: 9/8/19

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.

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Helmsman
Management Services LLC

B.CODE
298

CHECK REFERENCE	CHECK DATE
0083849620	09/21/21
CHECK AMOUNT	BLOCK NUMBER
***$1490.00	000489

OSN: MM0301092102-000489
BANK: 298
CHECK REF: 0083849620 DATE: 09/21/21 AMT: 1,490.00
INTERNAL BILL NO: 132852518 MSR: N0343175
CUST/EXTERNAL BILL NO: 1111067067
BR PROVIDER #: 330956713-0004

CLAIM NO. WC 608-D42847 HOD
CONTRACT NO: WP8-65B-290306-299
DOCUMENT NO: 11110670670

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

PATIENT ACCT. #: NA
SSN: XXX-XX-
DOI: 09/06/19
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS

AGENCY CLAIM #(BOARD COMM #): 202004081144577202568 5
DIAG CODES: R68.89

EMPLOYER: ADP TOTALSOURCE GROUP, INC.
ADDRESS: 10200 SUNSET DRIVE
MIAMI, FL 33173

LOCATION CODE: PS6NCTS

DATES OF SERVICE: 09/18/21-09/18/21
AUDIT DATE: 09/20/21

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
09/18/21	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	1490.00	1490.00	N/A	0.00	1490.00 G1	876

TOTAL CHARGES:	1490.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	1490.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	1490.00

EXPLANATION CODE DESCRIPTIONS:
G1 THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
876 FEE SCHEDULE AMOUNT IS EQUAL TO THE CHARGE
ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 734732, CHICAGO, IL 60673-4732. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB. (ZC72)
Z849 GO PAPERLESS. LIBERTY MUTUAL INSURANCE CAN ACCEPT ELECTRONIC BILL SUBMISSIONS AND ISSUE PAYMENTS

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

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

MPA *000245*
LIBERTY MUTUAL - GAINESVILLE
P.O. BOX 7070
LONDON, KY 40742

Helmsman
Management Services LLC

CITIBANK NA, ONE PENNS WAY
NEW CASTLE, DE 19720

0083849620
62-20/311
38621953

CHECK DATE
09/21/21

$ **********1,490.00

VOID IF NOT PRESENTED WITHIN 90 DAYS OF DATE OF CHECK

B.CODE	OFFICE NUMBER	PAYMENT IDENTIFICATION
298	570	CLAIM WC 608-D42847 HOD

PAY ONE THOUSAND FOUR HUNDRED NINETY AND 00/100 DOLLARS**********

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

⑈0083849620⑈ ⑆031100209⑆ 38621953⑈

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	78018

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC608-D45761

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

Case: vs ARCONIC FASTENING SYSTEMS
Date Of Injury: 4/7/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/06/20	INITIAL EXAM	-DR ERIC GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/13/20	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/16/20	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
03/18/20	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/20/20	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/23/20	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/25/20	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/27/20	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/03/20	PR2/REEVAL	-DR ERIC GOFNUNG @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
04/08/20	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/10/20	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
04/13/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/15/20	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
04/20/20	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
04/24/20	F/U CHIRO TX	-CHIRO TX W/DR 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#
09/08/21 78018

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC608-D45761

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

Case: ____ vs ARCONIC FASTENING SYSTEMS
Date Of Injury: 4/7/17

DOS	SERVICE	DESCRIPTION	AMOUNT
04/29/20	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
05/01/20	PR2/REEVAL	-DR ERIC GOFNUNG @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
05/06/20	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 ALVAREZ # 100727	0.00
05/11/20	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	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*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
05/22/20	PR2/REEVAL	-DR ERIC GOFNUNG @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
07/10/20	P AND S	-DR ERIC GOFNUNG @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
09/28/20	PMT BY CHECK	DOS 5/8/20* =# 0083649200	-90.00
03/05/21	LIEN FIL FEE	LIEN FILING FEE	150.00
05/06/21	PMT BY CHECK	DOS 4/24/20-7/10/20* =# 0083771844	-810.00
05/07/21	PMT BY CHECK	DOS 3/6/20-4/20/20* =# 0083772634	-1260.00
08/31/21	PMT BY CHECK	DOS 8/27/21* # 0083837888	-2000.00
09/08/21	BLCE OFF SET	BALANCE OFF SET	-310.00

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	78018

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC608-D45761

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

Case: vs ARCONIC FASTENING SYSTEMS
Date Of Injury: 4/7/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Helmsman
Management Services LLC

B. CODE
298

CHECK REFERENCE	CHECK DATE
0083649200	09/28/20
CHECK AMOUNT ****$90.00	BLOCK NUMBER 000741

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

OSN: MM0301092802-000741
BANK: 298
CHECK REF: 0083649200 DATE: 09/28/20 AMT: 90.00
INTERNAL BILL NO: 127672556 MSR: N0062941
CUST/EXTERNAL BILL NO: 2000812558
BR PROVIDER #: 330956713-0003

CLAIM NO. WC 608-D45761 HOD
CONTRACT NO: WP8-68B-054536-026
DOCUMENT NO: 20262A00352

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 78018
SSN: XXX-XX-
DOI: 04/07/17
PATIENT:

PROVIDER: IRIS ALVAREZ
JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ARCONIC
ADDRESS: 3000 W. LOMITA BLVD.
TORRANCE, CA 90505

PAID
OCT 05 2020

LOCATION CODE: 7532

AGENCY CLAIM #(BOARD COMM #): 20180302130256109923 57
DIAG CODES: T14.90

DATES OF SERVICE: 05/08/20-05/08/20
AUDIT DATE: 09/25/20

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
05/08/20	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	90.00	N/A	0.00	90.00	G1 5898 G1 601

OCT 05 2020

TOTAL CHARGES:	180.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	90.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	90.00

EXPLANATION CODE DESCRIPTIONS:
G1 THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
5898 CONTESTED CHARGES MAY BE ADJUDICATED BEFORE THE WORKERS' COMPENSATION APPEALS BOARD. (5898)
601 CHARGES EXCEED MAXIMUM ALLOWANCE FOR INTERPRETER SERVICES
X598 CLAIM HAS BEEN RE-EVALUATED BASED ON ADDITIONAL DOCUMENTATION SUBMITTED; NO ADDITIONAL PAYMENT DUE. (X598)
ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 734732,

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Helmsman
Management Services LLC

B. CODE
298

CHECK REFERENCE	CHECK DATE
0083771844	05/06/21
CHECK AMOUNT	BLOCK NUMBER
****810.00	017678

OSN:MM0801050612-001129

THIS CHECK REPRESENTS A COMBINATION OF BILLED SERVICES. PLEASE REFER TO EACH DETAILED ITEMIZATION FOR SPECIFIC INFORMATION TO SUPPORT THE PAYMENT.

PATIENT ACCT. #	DATES OF SERVICE	CUST/EXTERNAL BILL #	TOTAL BILL CHARGES	TOTAL PAID
78018	04/24/20-04/24/20	2001033477	180.00	90.00
78018	04/29/20-04/29/20	2001033474	180.00	90.00
78018	05/01/20-05/01/20	2001033473	180.00	90.00
78018	05/06/20-05/06/20	2001033468	180.00	90.00
78018	05/11/20-05/11/20	2001033466	180.00	90.00
78018	05/15/20-05/15/20	2001033458	180.00	90.00
78018	05/18/20-05/18/20	2001033462	180.00	90.00
78018	05/22/20-05/22/20	2001033456	180.00	90.00
78018	07/10/20-07/10/20	2001033454	180.00	90.00

RECEIVED MAY 12 2021

PAID MAY 12 2021

TOTAL BILLS COMBINED: 9 810.00

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

[redacted]

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Helmsman
Management Services LLC

B. CODE	CHECK REFERENCE	CHECK DATE
298	0083772634	05/07/21
	CHECK AMOUNT ***$1260.00	BLOCK NUMBER 015665

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

RECEIVED MAY 13 2021

OSN: MM0801050711-005713
BANK: 298
CHECK REF: 0083772634 DATE: 05/07/21 AMT: 1,260.00
INTERNAL BILL NO: 127553628 MSR: N0160346
CUST/EXTERNAL BILL NO: 2001033441
BR PROVIDER #: 330956713-0003

CLAIM NO. WC 608-D45761 HOD
CONTRACT NO: WP8-68B-054536-026
DOCUMENT NO: 6761665

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 78018
SSN: XXX-XX-
DOI: 04/07/17
PATIENT:

PAID MAY 13 2021

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

AGENCY CLAIM #(BOARD COMM #): 20180302130256109923S7
DIAG CODES: T14.90

EMPLOYER: ARCONIC
ADDRESS: 3000 W. LOMITA BLVD.
TORRANCE, CA 90505

LOCATION CODE: 7532

DATES OF SERVICE: 03/06/20-04/20/20
AUDIT DATE: 05/06/21

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
03/06/20	T1013		SIGN LANG/ORAL INTERPRETE	120.00	180.00	90.00	N/A	0.00	90.00	G1 5898 G1 601
03/13/20	T1013		SIGN LANG/ORAL INTERPRETE	120.00	180.00	90.00	N/A	0.00	90.00	G1 5898 G1 601
03/16/20	T1013		SIGN LANG/ORAL INTERPRETE	120.00	180.00	90.00	N/A	0.00	90.00	G1 5898 G1 601
03/18/20	T1013		SIGN LANG/ORAL INTERPRETE	120.00	180.00	90.00	N/A	0.00	90.00	G1 5898 G1 601
03/20/20	T1013		SIGN LANG/ORAL INTERPRETE	120.00	180.00	90.00	N/A	0.00	90.00	G1 5898 G1 601
03/23/20	T1013		SIGN LANG/ORAL INTERPRETE	120.00	180.00	90.00	N/A	0.00	90.00	G1 5898 G1 601
03/25/20	T1013		SIGN LANG/ORAL INTERPRETE	120.00	180.00	90.00	N/A	0.00	90.00	G1 5898 G1 601
03/27/20	T1013		SIGN LANG/ORAL INTERPRETE	120.00	180.00	90.00	N/A	0.00	90.00	G1 5898 G1 601
04/03/20	T1013		SIGN LANG/ORAL INTERPRETE	120.00	180.00	90.00	N/A	0.00	90.00	G1 5898

→

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

[redacted]

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Helmsman
Management Services LLC™

BLOCK NUMBER
015666

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

OSN: MM0801050711-005714
BANK: 298
CHECK REF: 0083772634 DATE: 05/07/21 AMT: 1,260.00
INTERNAL BILL NO: 127553628 MSR: N0160346
CUST/EXTERNAL BILL NO: 2001033441
BR PROVIDER #: 330956713-0003

CLAIM NO. WC 608-D45761 HOD
CONTRACT NO: WP8-68B-054536-026
DOCUMENT NO: 6761665

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 78018
SSN: XXX-XX-
DOI: 04/07/17
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

AGENCY CLAIM #(BOARD COMM #): 20180302130256109923 57
DIAG CODES: T14.90

EMPLOYER: ARCONIC
ADDRESS: 3000 W. LOMITA BLVD.
TORRANCE, CA 90505

LOCATION CODE: 7532

DATES OF SERVICE: 03/06/20-04/20/20
AUDIT DATE: 05/06/21

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
04/08/20	T1013		SIGN LANG/ORAL INTERPRETE	120.00	180.00	90.00	N/A	0.00	90.00	G1 601 G1 5898 G1 601
04/10/20	T1013		SIGN LANG/ORAL INTERPRETE	120.00	180.00	90.00	N/A	0.00	90.00	G1 5898 G1 601
04/13/20	T1013		SIGN LANG/ORAL INTERPRETE	120.00	180.00	90.00	N/A	0.00	90.00	G1 5898 G1 601
04/15/20	T1013		SIGN LANG/ORAL INTERPRETE	120.00	180.00	90.00	N/A	0.00	90.00	G1 5898 G1 601
04/20/20	T1013		SIGN LANG/ORAL INTERPRETE	120.00	180.00	90.00	N/A	0.00	90.00	G1 5898 G1 601

TOTAL CHARGES:	2520.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	1260.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	1260.00

EXPLANATION CODE DESCRIPTIONS:

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

5898 CONTESTED CHARGES MAY BE ADJUDICATED BEFORE THE WORKERS' COMPENSATION APPEALS BOARD. (5898)

601 CHARGES EXCEED MAXIMUM ALLOWANCE FOR INTERPRETER SERVICES

ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 734732, CHICAGO, IL 60673-4732. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB. (ZC72)

Z849 GO PAPERLESS. LIBERTY MUTUAL INSURANCE CAN ACCEPT ELECTRONIC BILL SUBMISSIONS AND ISSUE PAYMENTS ELECTRONICALLY. SIGN-UP TODAY TO TAKE ADVANTAGE OF THE BENEFITS OF PAPERLESS BILLING AND PAYMENTS BY VISITING WWW.JOPARI.COM OR BY CALLING 1-800-630-3060. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

5688 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

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Helmsman
Management Services LLC

B.CODE
298

CHECK REFERENCE	CHECK DATE
0083837888	08/31/21
CHECK AMOUNT	BLOCK NUMBER
***$2000.00	000855

CLAIM NO. WC 608-D45761 HOD
CONTRACT NO: WP8-68B-054536-026
DOCUMENT NO: 11108850910

78018

OSN: MM0301083102-000855
BANK: 298
CHECK REF: 0083837888 DATE: 08/31/21 AMT: 2,000.00
INTERNAL BILL NO: 132667367 MSR: N0343175
CUST/EXTERNAL BILL NO: 1110885091
BR PROVIDER #: 330956713-0003

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: NA
SSN: XXX-XX-
DOI: 04/07/17
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

AGENCY CLAIM #(BOARD COMM #): 2018030213025610992357
DIAG CODES: R68.89

EMPLOYER: ARCONIC
ADDRESS: 3000 W. LOMITA BLVD.
TORRANCE, CA 90505

LOCATION CODE: 7532

DATES OF SERVICE: 08/27/21-08/27/21
AUDIT DATE: 08/30/21

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
08/27/21	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	2000.00	2000.00	N/A	0.00	2000.00 G1	876

TOTAL CHARGES:	2000.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	2000.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	2000.00

EXPLANATION CODE DESCRIPTIONS:
G1 THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
876 FEE SCHEDULE AMOUNT IS EQUAL TO THE CHARGE
ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 734732, CHICAGO, IL 60673-4732. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB. (ZC72)
Z849 GO PAPERLESS. LIBERTY MUTUAL INSURANCE CAN ACCEPT ELECTRONIC BILL SUBMISSIONS AND ISSUE PAYMENTS

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

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

MPA *000428*
LIBERTY MUTUAL - GAINESVILLE
P.O. BOX 7070
LONDON, KY 40742

Helmsman
Management Services LLC

CITIBANK NA, ONE PENNS WAY
NEW CASTLE, DE 19720

0083837888
62-20/311
38621953

CHECK DATE
08/31/21

$ **********2,000.00

VOID IF NOT PRESENTED WITHIN 90 DAYS OF DATE OF CHECK

B.CODE	OFFICE NUMBER	PAYMENT IDENTIFICATION
298	570	CLAIM WC 608-D45761 HOD

PAY TWO THOUSAND AND 00/100 DOLLARS**********

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

⑈0083837888⑈ ⑆031100209⑆ 38621953⑈

VOID IF NOT PRESENTED WITHIN 90 DAYS OF DATE OF CHECK

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	77189

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2019016566

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

Case: . vs MODERN PATTERN & FOUNDRY CO
Date Of Injury: 10/86-8/30/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/11/19	INITIAL EXAM	-DR MOHAMED HASSANIN @ FMR*	230.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/17/19	INITIAL ACUP	-W/ACUPUNCT SEONG KWANG LIM @ FMR*	230.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
10/22/19	FOLLOW-UP	-W/ACUPUNCT SOONHO PARK @FMR*	180.00
/ /	INTERPRETER:	HILDA VILLAGRAN # 010201	0.00
10/24/19	FOLLOW-UP	-W/ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
11/21/19	PR2/REEVAL	-DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/30/20	PR2/REEVAL	-DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/24/20	P AND S	-DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/27/21	LIEN FIL FEE	LIEN FILING FEE	150.00
09/07/21	PMT BY CHECK	DOS 8/30/19-8/9/21* # 3775308	-1360.00
09/17/21	BLCE OFF SET	BALANCE OFF SET	-150.00

BALANCE 0.00

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

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

Check Date: 09/07/2021
Check Number: 3775308
Check Amount: $1,360.00

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,47TARD

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amou
2019016566		08/30/2019		180	08/30/2019	08/09/2021	$1,360.

Category	Stub Notes	Stub Amou
180	per agreement dated 08/09/21	$0.(

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

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

DATE	CHECK NO.
09/07/2021	3775308
VOID AFTER 90 DAYS	CHECK AMOUN $1,360.00

PAY: ONE THOUSAND THREE HUNDRED SIXTY & 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#: 2019016566

⑈3775308⑈ ⑆122000661⑆ 145953994 3⑈

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

*** INVOICE ***
Date NO#
09/20/21 78082

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2020000644

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

Case: vs COSMOS FOOD CO INC
Date Of Injury: 9/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/31/20	INITIAL EXAM	-DR MARINA RUSSMAN/MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/10/20	INITIAL ACUP	-W/ ACUPUNCT TED PRIEBE @ FMR	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/29/20	FOLLOW-UP	-W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
05/04/20	FOLLOW-UP	-W/ ACUPUNCT TED PRIEBE @ FMR	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/12/20	PR2/REEVAL	-DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/16/20	PR2/REEVAL	-DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/22/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/21/20	INIT PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/23/20	FOLLOW-UP	-W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
10/28/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN @FMR	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
10/29/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/30/20	FOLLOW-UP	-W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/09/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/06/20	FOLLOW-UP	-W/ ACUPUNCT TED PRIEBE @ FMR	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

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 78082

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2020000644

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

Case: vs COSMOS FOOD CO INC
Date Of Injury: 9/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
11/13/20	PR2/REEVAL	-DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/04/20	FOLLOW-UP	-W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
12/10/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/12/21	LIEN FIL FEE	LIEN FILING FEE	150.00
05/24/21	PENALTIES	FOR DATE OF SERVICE 03/31/20	27.00
05/24/21	INTEREST	FOR DATE OF SERVICE 03/31/20	15.43
05/24/21	PENALTIES	FOR DATE OF SERVICE 04/10/20	27.00
05/24/21	INTEREST	FOR DATE OF SERVICE 04/10/20	15.43
05/24/21	PENALTIES	FOR DATE OF SERVICE 04/29/20	27.00
05/24/21	INTEREST	FOR DATE OF SERVICE 04/29/20	15.43
05/24/21	PENALTIES	FOR DATE OF SERVICE 05/04/20	27.00
05/24/21	INTEREST	FOR DATE OF SERVICE 05/04/20	15.43
05/24/21	PENALTIES	FOR DATE OF SERVICE 05/12/20	27.00
05/24/21	INTEREST	FOR DATE OF SERVICE 05/12/20	15.43
05/24/21	PENALTIES	FOR DATE OF SERVICE 10/16/20	27.00
05/24/21	INTEREST	FOR DATE OF SERVICE 10/16/20	10.61
05/24/21	PENALTIES	FOR DATE OF SERVICE 10/22/20	27.00
05/24/21	INTEREST	FOR DATE OF SERVICE 10/22/20	10.26
05/24/21	PENALTIES	FOR DATE OF SERVICE 10/21/20	27.00
05/24/21	INTEREST	FOR DATE OF SERVICE 10/21/20	10.32
05/24/21	PENALTIES	FOR DATE OF SERVICE 10/23/20	27.00
05/24/21	INTEREST	FOR DATE OF SERVICE 10/23/20	9.92
05/24/21	PENALTIES	FOR DATE OF SERVICE 10/28/20	27.00
05/24/21	INTEREST	FOR DATE OF SERVICE 10/28/20	9.87
05/24/21	PENALTIES	FOR DATE OF SERVICE 10/29/20	27.00
05/24/21	INTEREST	FOR DATE OF SERVICE 10/29/20	9.75
05/24/21	PENALTIES	FOR DATE OF SERVICE 10/30/20	27.00
05/24/21	INTEREST	FOR DATE OF SERVICE 10/30/20	9.70

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 78082

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2020000644

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

Case: vs COSMOS FOOD CO INC
Date Of Injury: 9/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/24/21	PENALTIES	FOR DATE OF SERVICE 11/09/20	27.00
05/24/21	INTEREST	FOR DATE OF SERVICE 11/09/20	9.02
05/24/21	PENALTIES	FOR DATE OF SERVICE 11/06/20	27.00
05/24/21	INTEREST	FOR DATE OF SERVICE 11/06/20	9.02
05/24/21	PENALTIES	FOR DATE OF SERVICE 11/11/20	27.00
05/24/21	INTEREST	FOR DATE OF SERVICE 11/11/20	8.90
05/24/21	PENALTIES	FOR DATE OF SERVICE 11/13/20	27.00
05/24/21	INTEREST	FOR DATE OF SERVICE 11/13/20	8.68
05/24/21	PENALTIES	FOR DATE OF SERVICE 12/04/20	27.00
05/24/21	INTEREST	FOR DATE OF SERVICE 12/04/20	7.03
05/24/21	PENALTIES	FOR DATE OF SERVICE 12/10/20	27.00
05/24/21	INTEREST	FOR DATE OF SERVICE 12/10/20	6.58
09/02/21	PMT BY CHECK	DOS 1/21/20-9/2/21* # 83122 OMAHA NATION	-3400.00
09/09/21	PMT BY CHECK	DOS 3/31/20-12/10/20* # 3778518 ICW	-400.00
09/20/21	BLCE OFF SET	BALANCE OFF SET	-272.81

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.

83122

JOYCE ALTMAN INTERPRETERS, INC.

CHECK DATE: 09/02/2021

Claim Number: ON009163
Claimant Name:
Account/Invoice Number:

Payee Name: JOYCE ALTMAN INTERPRETERS, INC.
Payee Street: P.O. Box 4165
Payee City: Tustin
Payee State: CA
Payee ZIP: 92781

Omaha National Underwriters
PO Box 451139
Omaha, NE 68145

Bank of America, Illinois

Chicago IL

83122

PAY Three Thousand Four Hundred and 00/100 Dollars
TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.

Date:	09/02/2021
Amount:	$3,400.00

COPY

Payment Type	Period Start	Period End	Payment Amount
Translation	01/21/2020	09/02/2021	$3,400.00

Deduction Type	Deduction Amount

79657

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

Omaha National Underwriters
PO Box 451139
Omaha, NE 68145

Bank of America, Illinois

Chicago IL
2-3 / 710 IL

83122

PAY Three Thousand Four Hundred and 00/100 Dollars
TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.
P.O. Box 4165
Tustin, CA 92781

Date:	09/02/2021
Amount:	$3,400.00

RUB RED IMAGE FADES WITH HEAT

⑈83122⑈ ⑆071000039⑆ 8670215569⑈

M

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

Check Date: 09/09/2021
Check Number: 3778518
Check Amount: $400.00

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,EXDCRZ

EXDCRZ

10/15/20 9:40 PM 3 0000531 20210910 RI31C101 JOP-FEC 1 oz DOM RI31C10000* 161281 CK

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

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
2020000644		08/13/2019		180	03/31/2020	12/10/2020	$400.00

78082

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

EXDCRZ

DATE	CHECK NO.
09/09/2021	3778518
	CHECK AMOUNT
VOID AFTER 90 DAYS	$400.00

PAY: FOUR HUNDRED & 00 / 100 DOLLARS*****

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

MEMO: Claim#: 2020000644

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

⑈3778518⑈ ⑆122000661⑆ 145953994③

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 78866

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2020005109

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

Case: vs JL FURNISHING/SOUTHEAST PERSON
Date Of Injury: CT 3/7/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/17/19	INITIAL EXAM	-DR MARINA RUSSMAN/NEGIN RAMESHNI @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/28/19	PR2/REEVAL	-DR RUSSMAN/RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/02/19	PR2/REEVAL	-DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/06/19	PR2/REEVAL	-DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/18/19	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/29/20	PR2/REEVAL	W/DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/04/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/15/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/27/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/24/20	LIEN FIL FEE	LIEN FILING FEE	150.00
08/18/21	PMT BY CHECK	DOS 7/17/19-11/6/19* =# CU-504978 SCIF	-360.00
08/18/21	COSTS	ADD'L COSTS AWARDED	1040.00
08/31/21	PMT BY CHECK	DOS 8/18/21 # CU-506210 SCIF	-1666.67
08/31/21	PMT BY CHECK	DOS 8/18/21* # 3766822 ICW	-833.33

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	78866

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2020005109

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

Case: vs JL FURNISHING/SOUTHEAST PERSON
Date Of Injury: CT 3/7/18

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.

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: **CU-504978**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

AUG 23 2021

624455

Issue Date: 08/18/21
Doc #: 036617350

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Charges	Amount Reduced	Reduction Codes	PPO Savings	Allowances
Patient Name:					**Claim #:** 06488810		**Date of Injury:** 03/07/18		
SSN: XXX-XX-	Employer name: JL FURNISHINGS				Employer ID: 0000009029575130				
	MPN NAME: State Fund MPN				MPN ID: 3136				
	ICD-10 Code:T14.90	INJURY, UNSPECIFIED							
1	SF1-SFCA-21724059 -	01/29/20	0999Q2	Interpreter Treatm Reviewed As Q00016	180.00	180.00	G5 B06	.00	.00
2	SF1-SFCA-21724059 -	03/04/20	0999Q2	Interpreter Treatm Reviewed As Q00016	180.00	180.00	G5 B06	.00	.00
3	SF1-SFCA-21724059 -	04/15/20	0999Q2	Interpreter Treatm Reviewed As Q00016	180.00	180.00	G5 B06	.00	.00
4	SF1-SFCA-21724059 -	05/27/20	0999Q2	Interpreter Treatm Reviewed As Q00016	180.00	180.00	G5 B06	.00	.00
5	SF1-SFCA-21724059 -	07/17/19	0999Q2	Interpreter Treatm Reviewed As Q00016	230.00	140.00	G5 710	.00	90.00
6	SF1-SFCA-21724059 -	08/28/19	0999Q2	Interpreter Treatm Reviewed As Q00016	180.00	90.00	G5 710	.00	90.00
7	SF1-SFCA-21724059 -	10/02/19	0999Q2	Interpreter Treatm Reviewed As Q00016	180.00	90.00	G5 710	.00	90.00
8	SF1-SFCA-21724059 -	11/06/19	0999Q2	Interpreter Treatm Reviewed As Q00016	180.00	90.00	G5 710	.00	90.00
9	SF1-SFCA-21724059 -	12/18/19	0999Q2	Interpreter Treatm Reviewed As Q00016	180.00	180.00	G5 B06	.00	.00
				Sub-Totals:		1,670.00	1,310.00		360.00
				Adjustment:		-1,670.00	-1,670.00		.00
				Adj-Totals:		.00	-360.00		360.00
								Subtotal:	**360.00**

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

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

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

[redacted]

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

62455

Check #: **CU-506210**

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

Medical

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

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

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

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

283783 68

State Compensation Insurance Fund

Medical
SA

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

CU-506210
Union Bank
Los Angeles, California

90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

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

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

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

Please negotiate at your local Union Bank Branch.

⑈521050621⑈ ⑆122241501⑆ ⑈908100104 3⑈

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-506210**

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

Summary

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

EOR Reduction Code Explanation:

375 : PLEASE SEE SPECIAL *NOTE* BELOW.

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

961 : Allowance reflects the lump sum settlement amount

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

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

Reviewer's Comments:

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

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

0130167303665143200l 2

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

Check Date: 08/31/2021
Check Number: 3766822
Check Amount: $833.33

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,GZ97RP

GZ97RP

10/15/20 9:40 PM 3 0000473 20210901 RI0B4101 JOP-FEC 1 oz DOM RI0B410000* 161281 CK

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

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
2020005109		02/13/2018		492	08/18/2021	08/18/2021	$833.33

Category	Stub Notes	Stub Amount
492	Per STIP	$0.00

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

GZ97RP

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

DATE	CHECK NO.
08/31/2021	3766822
VOID AFTER 90 DAYS	CHECK AMOUNT $833.33

PAY: EIGHT HUNDRED THIRTY-THREE & 33 / 100 DOLLARS*****

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

MEMO: Claim#: 2020005109

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

⑈3766822⑈ ⑆122000661⑆ 14595399431⑈

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 36384

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC905499076

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W. C. DEPARTMENT
ATTN: KIMLYN JENSON
P.O. BOX # 4555
PORTLAND, OR 97208

Case: vs ASHLEY FURNITURE INDUSTRIES
Date Of Injury: 12/29/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/13/10	INITIAL EXAM	DR ZARGARAFF @ AMERI CHIRO* TITO SILVA # 500272	230.00
03/01/10	PR2/REEVAL	DR RAHIMIAN* CLARA BONILLA # 500320	180.00
03/31/10	PMT BY CHECK	DOS 1/13/10 # 0021194417	-90.00
04/16/10	PMT BY CHECK	DOS 1/13/10 THRU 3/1/10 # 0021285412	-90.00
04/14/10	PR2/REEVAL	DR ZARGARAFF* AUGUSTO SALAZAR # 500286	180.00
06/02/10	PR2/REEVAL	DR PERSHEN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/14/10	PR2/REEVAL	DR PERSHEN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
08/30/10	P AND S	DR ZARGARAFF* AUGUSTO SALAZAR # 500286	230.00
01/12/11	PENALTIES	FOR DATE OF SERVICE 01/13/10	21.00
03/10/21	INTEREST	FOR DATE OF SERVICE 01/13/10	177.45
01/12/11	PENALTIES	FOR DATE OF SERVICE 08/30/10	34.50
03/10/21	INTEREST	FOR DATE OF SERVICE 08/30/10	278.05
12/04/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
09/13/21	BLCE OFF SET	BALANCE OFF SET	-511.00
09/15/21	PMT BY CHECK	DOS 8/9/12* 05208874	-1100.00

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 36384

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC905499076

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W. C. DEPARTMENT
ATTN: KIMLYN JENSON
P.O. BOX # 4555
PORTLAND, OR 97208

Case: vs ASHLEY FURNITURE INDUSTRIES
Date Of Injury: 12/29/09

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.

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
503-239-5800

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	05208874	09/15/21
	CHECK AMOUNT ***$1100.00	BLOCK NUMBER 003357

CLAIM #: WC 604-A29218
CONTRACT #: WAJ-Z9D-544588-209

OSN: EE2701091505-000656

CONTROL #: 000000810 ID: CRCEC40
PROVIDER #: N3095671302984

PAYEE: JOYCE ALTMAN INTERPRETERS INC

DATE OF INJURY: 12/29/09
EMPLOYEE:

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

EMPLOYER: ASHLEY FURNITURE INDUSTRIES IN
DATES OF SERVICE 08/09/12-08/09/12
LOCATION CODE: FCUS3706

PROVIDER:

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
08/09/12	08/09/12	SETTLMED		1,100.00	1,100.00	

NOTE: CASE#ADJ7119804

TOTAL CHARGES	1100.00
TOTAL PAYABLE:	1100.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	1100.00

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

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

BOT *000290*
503-239-5800
PO BOX 8016
WAUSAU, WI 54402

Liberty Mutual. INSURANCE

51-44/119
BANK OF AMERICA
HARTFORD, CT

*PAY*ONE*THOUSAND*ONE*HUNDRED*DOLLARS*NO*CENTS*

OFFICE NO.	B. CODE	PAYMENT IDENTIFICATION	CHECK NUMBER	CHECK DATE
604	189	CLAIM WC 604-A29218	05208874	09/15/21

PAY $ 1100.00

VOID IF NOT PRESENTED WITHIN 90 DAYS OF DATE OF CHECK

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

⑈05208874⑈ ⑆011900445⑆00000006758 5⑈

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

*** INVOICE ***
Date NO#
09/28/21 75997

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
WC604A71543

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W. C. DEPARTMENT
ATTN: AMBER CREEGER
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs JTS MERCHANDISE OUTLET
Date Of Injury: 8/1/18

DOS	SERVICE	DESCRIPTION	AMOUNT
05/15/19	PR2/REEVAL	DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/21/19	FOLLOW-UP	W/ ACUPUNCT IL JU LEE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/22/19	FOLLOW-UP	W/ ACUPUNCT TAE GON KIM @ FMR*	180.00
/ /	INTERPRETER:	RAQUEL ISUNZA # 500258	0.00
05/28/19	FOLLOW-UP	W/ ACUPUNCT CYNTHIA BIRKIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/29/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
06/03/19	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/04/19	FOLLOW-UP	W/ ACUPUNCT HUGH MORRISON @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/20/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/01/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/06/19	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/09/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
08/13/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/05/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/16/19	FOLLOW-UP	W/ ACUPUNCT PRIBE @ 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	75997

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
WC604A71543

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W. C. DEPARTMENT
ATTN: AMBER CREEGER
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs JTS MERCHANDISE OUTLET
Date Of Injury: 8/1/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/30/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/17/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/25/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
10/28/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/06/19	PMT BY CHECK	DOS 9/30/19* =# 0032143420	-90.00
11/26/19	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/09/19	INIT PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
12/11/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
04/23/21	LIEN FIL FEE	LIEN FILING FEE	150.00
09/23/21	PMT BY CHECK	DOS 9/21/21* # 0033029996	-3510.00
09/28/21	BLCE OFF SET	BALANCE OFF SET	-150.00
		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.

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7071
LONDON, KY 40742

Liberty Mutual. INSURANCE

B. CODE
288

CHECK REFERENCE	CHECK DATE
0032143420	11/06/19
CHECK AMOUNT	BLOCK NUMBER
*****$90.00	013161

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0701110611-005679
BANK: 288
CHECK REF: 0032143420 DATE: 11/06/19 AMT: 90.00
INTERNAL BILL NO: 125435621 MSR: N1510838
CUST/EXTERNAL BILL NO: 1104523041
BR PROVIDER #: 330956713-0003

CLAIM NO. WC 604-A71543 HOD
CONTRACT NO: XWW (19) 57104934
DOCUMENT NO: 0A2901900790004

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 75997
SSN: XXX-XX-
DOI: 08/01/18
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

FAID
NOV 12 2019
BY. .....

AGENCY CLAIM #(BOARD COMM #): 201808091416484077023 9
DIAG CODES: T14.90

EMPLOYER: JT'S MERCHANDISE OUTLET, INC.
ADDRESS: 9511 ANN ST
SANTA FE SPRINGS, CA 90670

DATES OF SERVICE: 05/15/19-09/30/19
AUDIT DATE: 11/04/19

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
05/15/19	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
05/21/19	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
05/22/19	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
05/28/19	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
05/29/19	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
06/03/19	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
06/04/19	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
06/20/19	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
08/01/19	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	N/A	N/A	0.00	0.00	G56 U301

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

[redacted]

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Liberty Mutual. INSURANCE

B. CODE
288

CHECK REFERENCE	CHECK DATE
0033029996	09/23/21
CHECK AMOUNT	BLOCK NUMBER
***$3510.00	000161

M

OSN: MM0301092302-000161
BANK: 288
CHECK REF: 0033029996 DATE: 09/23/21 AMT: 3,510.00
INTERNAL BILL NO: 132887364 MSR: N0343175
CUST/EXTERNAL BILL NO: 1111093158
BR PROVIDER #: 330956713-0004

CLAIM NO. WC 604-A71543 HOD
CONTRACT NO: XWW (19) 57104934
DOCUMENT NO: 11110931580

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

PROVIDER: JOYCE ALTMAN INTERPRETERS

EMPLOYER: JT'S MERCHANDISE OUTLET, INC.
ADDRESS: 9511 ANN ST
SANTA FE SPRINGS, CA 90670

PATIENT ACCT. #: NA
SSN: XXX-XX-
DOI: 08/01/18
PATIENT:

AGENCY CLAIM #(BOARD COMM #): 201808091416484077023 9
DIAG CODES: R68.89

DATES OF SERVICE: 09/21/21-09/21/21
AUDIT DATE: 09/22/21

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
09/21/21	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	3510.00	3510.00	N/A	0.00	3510.00 G1	876

TOTAL CHARGES:	3510.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	3510.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	3510.00

EXPLANATION CODE DESCRIPTIONS:
G1 THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
876 FEE SCHEDULE AMOUNT IS EQUAL TO THE CHARGE
ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 734732, CHICAGO, IL 60673-4732. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB. (ZC72)
Z849 GO PAPERLESS. LIBERTY MUTUAL INSURANCE CAN ACCEPT ELECTRONIC BILL SUBMISSIONS AND ISSUE PAYMENTS

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

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

MPA *000081*
LIBERTY MUTUAL - GAINESVILLE
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual. INSURANCE

CITIBANK NA, ONE PENNS WAY
NEW CASTLE, DE 19720

0033029996
62-20/311
38621945

B.CODE	OFFICE NUMBER	PAYMENT IDENTIFICATION
288	570	CLAIM WC 604-A71543 HOD

CHECK DATE
09/23/21

$ **********3,510.00

VOID IF NOT PRESENTED WITHIN 90 DAYS OF DATE OF CHECK

PAY THREE THOUSAND FIVE HUNDRED TEN AND 00/100 DOLLARS**********

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

"0033029996" :031100209: 38621945"

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE

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 76071

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WA227858

BILL TO:
MITSUI SUMITOMO INS (NEWARK)
W. C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX 818073
CLEVELAND, OH 44181

Case: vs TABC, INC.
Date Of Injury: 4/18/18

DOS	SERVICE	DESCRIPTION	AMOUNT
05/29/19	INITIAL EXAM	-DR MARINA RUSSMAN @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/04/19	INITIAL ACUP	-W/ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/06/19	FOLLOW-UP	-W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/12/19	FOLLOW-UP	-W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/13/19	FOLLOW-UP	-W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/18/19	FOLLOW-UP	-W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/20/19	FOLLOW-UP	-W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/24/19	FOLLOW-UP	-W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/25/19	FOLLOW-UP	-W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/27/19	FOLLOW-UP	-W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/02/19	FOLLOW-UP	-W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/03/19	PR2/REEVAL	-DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/09/19	FOLLOW-UP	-W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/11/19	FOLLOW-UP	-W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/18/19	FOLLOW-UP	-W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 1011159	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 76071

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WA227858

BILL TO:
MITSUI SUMITOMO INS (NEWARK)
W. C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX 818073
CLEVELAND, OH 44181

Case: vs TABC, INC.
Date Of Injury: 4/18/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/23/19	INITIAL PSYC	-EVAL ANTHONY FRANCISCO,PH.D. & -INITIAL PHYSIO-	230.00
/ /	-	THERAPY W/DR JAVAD NAJIB @ FMR*	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/17/19	PR2/REEVAL	-DR RUSSMAN/ MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/18/19	FOLLOW-UP	-W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/16/19	PR2/REEVAL	-DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/24/19	FOLLOW UP	-PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GETSEMANI # 101897	0.00
11/07/19	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
11/15/19	PR2/REEVAL	-DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/21/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/05/19	FOLLOW-UP	-W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/09/20	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/18/20	INITIAL EXAM	-W/DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/01/20	LIEN FIL FEE	LIEN FILING FEE	150.00
07/27/20	PENALTIES	FOR DATE OF SERVICE 05/29/19	34.50
12/08/20	INTEREST	FOR DATE OF SERVICE 05/29/19	34.42
07/27/20	PENALTIES	FOR DATE OF SERVICE 06/04/19	34.50

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

*** INVOICE ***
Date NO#
09/20/21 76071

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WA227858

BILL TO:
MITSUI SUMITOMO INS (NEWARK)
W. C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX 818073
CLEVELAND, OH 44181

Case: vs TABC, INC.
Date Of Injury: 4/18/18

DOS	SERVICE	DESCRIPTION	AMOUNT
12/08/20	INTEREST	FOR DATE OF SERVICE 06/04/19	34.42
07/27/20	PENALTIES	FOR DATE OF SERVICE 07/23/19	34.50
12/08/20	INTEREST	FOR DATE OF SERVICE 07/23/19	34.42
07/27/20	PENALTIES	FOR DATE OF SERVICE 01/18/20	27.00
12/08/20	INTEREST	FOR DATE OF SERVICE 01/18/20	16.67
09/15/21	PMT BY CHECK	DOS 4/18/18* # 576984	-3900.00
09/20/21	BLCE OFF SET	BALANCE OFF SET	-1060.43

BALANCE 0.00

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

CORVEL CORPORATION
MITSUI SUMITOMO INSURANCE GROUP
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= MSIG
11-24
1210(8)

CHECK NUMBER	CHECK DATE
576984	09/15/21

Claim#: WA227858

PAY EXACTLY: *Three thousand nine hundred and 00/100 Dollars*

******$3,900.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

⑈000057698⑆ ⑆121000248⑆ 4129 655528⑈

DETACH HERE

CORVEL

Explanation of Review

DETACH HERE

Business Unit: TABC-05
15 Independence Blvd
Warren, NJ 07059

Employer TABC, INC.
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/6745955 - 1
Reprice: CA, 92780
Billed Date: 09/08/2021
Business Rcvd: 09/12/2021
MBR Rcvd: 09/12/2021
MBR Date: 09/14/2021
Date Approved: 09/14/2021
DOS From - To: 04/18/2018 - 09/08/2021

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

Treating Provider:
Referring Physician:
Patient Control #:
Provider Tax Id: 33-0956713
Claim Rep Phone #: 818-509-7194

Claim #: WA227858
Processor Initials:
DOI: 04/18/2018
RX Number:
Claim Rep Ext.:

Bill Comments
Full and final satisfaction of lien

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
04/18/18	MDS10 352, 523, G67	LUMP SUM PAYMENT	1	11	$4710.00		1	$810.00	$3900.00
09/08/21	MDS10 523, G67	LUMP SUM PAYMENT	1	11	$0.00		1	$0.00	$0.00
Sub-Totals for Bill: 6745955					**$4710.00**			**$810.00**	**$3900.00**

Totals for Bill:6745955 **$3900.00**

Line Item Reason Codes and Descriptions
352 Network disc not applicable to procedure billed
523 Reduced per administrative rules

Line Item Reason Codes and Descriptions
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#
09/03/21 71790

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
PEGWC000000030566

BILL TO:
PREFERRED EMPLOYERS (SAN DIEG)
W. C. DEPARTMENT
ATTN: DELORIS SNEED
P.O. BOX # 85838
SAN DIEGO, CA 92186

Case: vs RICK T KIM DDS INC
Date Of Injury: 2/1/16 - 3/18/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/04/17	INITIAL EXAM	-DR GALAL GOUBRAN @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/10/17	INITIAL ACUP	-W/ ACUPUNCT MIN CHOI, INITIA CHIRO & -PHYS TX W/	287.50
/ /	-	DR CHRISTINE HA @ SIDHU* (2hrs 26mins)	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/12/17	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/17/17	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/19/17	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/26/17	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/01/17	PR2/REEVAL	-DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/07/17	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/14/17	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/28/17	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/06/17	PR2/REEVAL	-DR GOUBRAN/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
08/02/17	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/25/17	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/07/17	INITIAL EXAM	-DR MICHEAL PRICE/TAYLOR @	230.00

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 71790

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
PEGWC000000030566

BILL TO:
PREFERRED EMPLOYERS (SAN DIEG)
W. C. DEPARTMENT
ATTN: DELORIS SNEED
P.O. BOX # 85838
SAN DIEGO, CA 92186

Case: vs RICK T KIM DDS INC
Date Of Injury: 2/1/16 - 3/18/17

DOS	SERVICE	DESCRIPTION	AMOUNT
		SIDHU* (AMENDED)	
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
10/05/17	PR2/REEVAL	-DR MICHAEL PRICE/MILES*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/13/17	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/25/17	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/02/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/07/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/04/18	PR2/REEVAL	DR RAFLA/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/06/19	LIEN FIL FEE	LIEN FILING FEE	150.00
06/25/19	PENALTIES	FOR DATE OF SERVICE 05/04/17	34.50
11/03/20	INTEREST	FOR DATE OF SERVICE 05/04/17	86.81
06/25/19	PENALTIES	FOR DATE OF SERVICE 05/10/17	43.13
11/03/20	INTEREST	FOR DATE OF SERVICE 05/10/17	108.52
12/19/19	PENALTIES	FOR DATE OF SERVICE 05/12/17	27.00
11/03/20	INTEREST	FOR DATE OF SERVICE 05/12/17	67.94
12/19/19	PENALTIES	FOR DATE OF SERVICE 05/17/17	27.00
11/03/20	INTEREST	FOR DATE OF SERVICE 05/17/17	67.94
12/19/19	PENALTIES	FOR DATE OF SERVICE 05/19/17	27.00
11/03/20	INTEREST	FOR DATE OF SERVICE 05/19/17	67.94
12/19/19	PENALTIES	FOR DATE OF SERVICE 05/26/17	27.00
11/03/20	INTEREST	FOR DATE OF SERVICE 05/26/17	67.94
12/19/19	PENALTIES	FOR DATE OF SERVICE 06/01/17	27.00
11/03/20	INTEREST	FOR DATE OF SERVICE 06/01/17	67.94
12/19/19	PENALTIES	FOR DATE OF SERVICE 06/07/17	27.00
11/03/20	INTEREST	FOR DATE OF SERVICE 06/07/17	67.94

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 71790

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
PEGWC000000030566

BILL TO:
PREFERRED EMPLOYERS (SAN DIEG)
W. C. DEPARTMENT
ATTN: DELORIS SNEED
P.O. BOX # 85838
SAN DIEGO, CA 92186

Case: vs RICK T KIM DDS INC
Date Of Injury: 2/1/16 - 3/18/17

DOS	SERVICE	DESCRIPTION	AMOUNT
12/19/19	PENALTIES	FOR DATE OF SERVICE 06/14/17	27.00
11/03/20	INTEREST	FOR DATE OF SERVICE 06/14/17	67.94
12/19/19	PENALTIES	FOR DATE OF SERVICE 06/28/17	27.00
11/03/20	INTEREST	FOR DATE OF SERVICE 06/28/17	67.94
12/19/19	PENALTIES	FOR DATE OF SERVICE 07/06/17	27.00
11/03/20	INTEREST	FOR DATE OF SERVICE 07/06/17	67.94
12/19/19	PENALTIES	FOR DATE OF SERVICE 08/02/17	27.00
11/03/20	INTEREST	FOR DATE OF SERVICE 08/02/17	66.98
12/19/19	PENALTIES	FOR DATE OF SERVICE 08/25/17	27.00
11/03/20	INTEREST	FOR DATE OF SERVICE 08/25/17	65.79
12/19/19	PENALTIES	FOR DATE OF SERVICE 09/07/17	27.00
11/03/20	INTEREST	FOR DATE OF SERVICE 09/07/17	65.05
12/19/19	PENALTIES	FOR DATE OF SERVICE 10/05/17	27.00
11/03/20	INTEREST	FOR DATE OF SERVICE 10/05/17	63.35
12/19/19	PENALTIES	FOR DATE OF SERVICE 10/13/17	27.00
11/03/20	INTEREST	FOR DATE OF SERVICE 10/13/17	62.72
12/19/19	PENALTIES	FOR DATE OF SERVICE 10/25/17	27.00
11/03/20	INTEREST	FOR DATE OF SERVICE 10/25/17	62.21
12/19/19	PENALTIES	FOR DATE OF SERVICE 11/02/17	27.00
11/03/20	INTEREST	FOR DATE OF SERVICE 11/02/17	61.48
12/19/19	PENALTIES	FOR DATE OF SERVICE 12/07/17	27.00
11/03/20	INTEREST	FOR DATE OF SERVICE 12/07/17	59.43
12/19/19	PENALTIES	FOR DATE OF SERVICE 01/04/18	27.00
11/03/20	INTEREST	FOR DATE OF SERVICE 01/04/18	57.85
08/31/21	PMT BY CHECK	DOS 8/4/21 # 6000168854	-2000.00
09/03/21	BLCE OFF SET	BALANCE OFF SET	-3892.78

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	71790

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
PEGWC000000030566

BILL TO:
PREFERRED EMPLOYERS (SAN DIEG)
W. C. DEPARTMENT
ATTN: DELORIS SNEED
P.O. BOX # 85838
SAN DIEGO, CA 92186

Case: vs RICK T KIM DDS INC
Date Of Injury: 2/1/16 - 3/18/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

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

Check Date	Reference Number	Supplier Number	Pay Group	AP Unit	Print Group Code	Check Number
Aug 31 2021	6000168854	0000099708	CL	10045	71	6000168854

Policy Number	WKN156494-3
Insured	RICK T. KIM D. D. S. INC.
Date of Loss	03/18/2017
Reported Date of Loss	04/10/2017
Claims System ID	bnuCCV9:97863533
Claim Number	PEG WC 000000030566
Claimant Name	
Supplier Invoice Date	08/30/2021
Supplier Invoice Number	IbnuCCV9:97863533
Service Dates	08/30/2021 08/30/2021
Adjuster Name	Medical PEG WC 000000030566
Agency Code	
Agency Name	
Pay Amount	$ 2,000.00
Memo / Description	Medical PEG WC 000000030566

Page 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 2,000.00 *
Page 1 through 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 2,000.00 *

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

Berkley Insurance Company
PREFERRED EMPLOYERS GROUP
Preferred Employers Insurance Company
For Questions Please Call: 888-472-9001
Claim No: PEG WC 000000030566
In Payment Of:

BANK OF AMERICA MERRILL LYNCH
90-4182/1211

WRBC
6000168854

Date 08/31/2021 **Pay Amount** $ 2,000.00 ***

Pay **** TWO THOUSAND 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

⑈6000168854⑈ ⑆121141822⑆ 731312996⑈

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	75708

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06277002

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

Case: vs BG AND G LOGISTIC
Date Of Injury: 2/9/17

DOS	SERVICE	DESCRIPTION	AMOUNT
04/08/19	INITIAL EXAM	DR ZAREENA KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/24/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/29/19	INITIAL ACUP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/03/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/08/19	FOLLOW-UP	W/ ACUPUNCT KIM @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/27/20	P AND S	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/21/21	LIEN FIL FEE	LIEN FILING FEE	150.00
09/01/21	PMT BY CHECK	DOS 7/21/21* # CU-506295	-1180.00
09/08/21	BLCE OFF SET	BALANCE OFF SET	-150.00

BALANCE 0.00

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

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-506295**

Issue Date: 09/01/21
Doc #: 036655142

Medical 75708

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Charges	Amount Reduced	Reduction Codes	PPO Savings	Allowances
Patient Name:					**Claim #:** 06277002		**Date of Injury:** 02/09/17		
SSN: XXX-XX-1906 Employer name: BG&G LOGISTIC SERVICES, INC. Employer ID: 0000009159547160									
MPN NAME: State Fund MPN MPN ID: 3136									
ICD-10 Code:T14.90 INJURY, UNSPECIFIED									
1	SF1-SFCA-21755249	07/21/21	MDS10	Settlement For Dis	1,330.00	150.00	G67 961 G5 375	.00	1,180.00
					Total Allowances:				**$1,180.00**

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

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

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

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

State Compensation Insurance Fund

Medical
SA

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

CU-506295
Union Bank
Los Angeles, California

90-4150
1222

2838O233

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
September 01, 2021	**$******1,180.00**

PAY ****One Thousand One Hundred Eighty and 00/100 Dollars****ONLY

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

Please negotiate at your local Union Bank Branch.

⑈521050629⑈ ⑆122241501⑆ ⑈908100104 3⑈

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

*** INVOICE ***
Date NO#
09/13/21 76574

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06462386

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

Case: vs LOPEZ ACUNA INC LOS TACOS REST
Date Of Injury: 5/11/18-5/11/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/02/19	INITIAL EXAM	-DR MARINA RUSSMAN/ NEGIN RAMESHNI @ FMR*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/09/19	INITIAL ACUP	-W/ ACUPUNCT CYNTHIA BIRKHIME @ FMR*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/10/19	INITIAL PHYS	-THERAPY W/DR JAVAD NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/14/19	FOLLOW UP	-PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/16/19	FOLLOW-UP	-W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/17/19	FOLLOW UP	-PHYSICAL TX W/DR NAJIB @ FMR	90.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
08/21/19	FOLLOW UP	-PHYSICAL TX W/DR NAJIB @ FMR	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/23/19	FOLLOW-UP	-W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/24/19	FOLLOW UP	-PHYSICAL TX W/DR JAVAD @ FMR	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	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	-W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/11/19	PR2/REEVAL	-DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/17/19	FOLLOW-UP	-W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/18/19	FOLLOW UP	-PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	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#
09/13/21 76574

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
06462386

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

Case: vs LOPEZ ACUNA INC LOS TACOS REST
Date Of Injury: 5/11/18-5/11/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/19/19	FOLLOW-UP	-W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/21/19	FOLLOW UP	-PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/25/19	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/01/19	FOLLOW-UP	-W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/08/19	FOLLOW UP	-PHYSICAL TX W/DR NAJIB @ FMR	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/16/19	PR2/REEVAL	-DR RUSSMAN/RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/28/19	FOLLOW-UP	-W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/30/19	FOLLOW UP	-PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/04/19	FOLLOW-UP	-W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
11/18/19	FOLLOW-UP	-W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/20/19	FOLLOW UP	-PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/27/19	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/02/19	FOLLOW-UP	-W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/04/19	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/20/19	PR2/REEVAL	-DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
12/28/19	FOLLOW-UP	-W/ACUPUNCT CYNTHIA BIRKHIMER	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 76574

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06462386

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

Case: vs LOPEZ ACUNA INC LOS TACOS REST
Date Of Injury: 5/11/18-5/11/19

DOS	SERVICE	DESCRIPTION	AMOUNT
		/SEUNG AHN @ FMR*	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/30/19	FOLLOW-UP	-W/ ACUPUNCT SEUNG AHN/BIRKHI @ FMR *	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/04/20	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/09/20	FOLLOW-UP	-W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/11/20	FOLLOW-UP	-W/ ACUPUNCT AHN/BIRKHIMER @ FMR *	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/16/20	FOLLOW-UP	-W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/21/20	FOLLOW-UP	-W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/22/20	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH CALDERON # 101080	0.00
01/28/20	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/30/20	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/06/20	FOLLOW-UP	-W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	DANYA SCHWARTZ # 500316	0.00
02/08/20	PR2/REEVAL	-DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	HILDA VILLAGRAN # 010201	0.00
02/17/21	LIEN FIL FEE	LIEN FILING FEE	150.00
08/17/21	PMT BY CHECK	DOS 8/16/21* =# 1630710875 FARMERS	-2500.00
09/09/21	PMT BY CHECK	DOS 2/17/21* # CU-506864 SCIF	-2500.00

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 76574

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
06462386

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

Case: vs LOPEZ ACUNA INC LOS TACOS REST
Date Of Injury: 5/11/18-5/11/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/13/21	BLCE OFF SET	BALANCE OFF SET	-1370.00

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.

Farmers Workers' Compensation Claims

Check Number: 1630710875
Date: 08/17/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $2,500.00****

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

Claimant/Patient:	
Insured:	
Date of Loss:	05/11/2019
Claim Number:	7001063997-1-1
Invoice Number:	FRM-FWCA-268540
Check Number:	1630710875
Payment Under Insured's:	N/A
Correspondence Reference:	DY4BRJY4W
Print Date	08/17/2021 06:36 AM
Requested By	Jason Swayne

LIEN SETTLEMENT

PAID
AUG 24 2021
DV. .....

PLEASE FOLD AND DETACH CHECK ON LINE BELOW

01 01 000503 DY4BRJY4W1 CE0818P1 05[] 000723

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-268540

Claimant

NPI: 1477186625 **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 76574
Invoice Date: 08-16-2021
Patient Account: 76574

Claim Number: 7001063997-1
DOI/DOL: 05-11-2019
CR Date / BR Date: 08-16-2021 / 08-16-2021
External Claim Number: 7001063997-1
Social Security Number: XXX-XX
Policy Number: A0949660000
Employer/Insured: VALDIVIA, MARIA E, VALDIVIA, SERGIO

Region: 26 **Payment Status Code:** 1

Policy Admin Information: A0949660000

Bill Details

Dates of Service: 08-16-2021
Post Date: 08-17-2021

Reviewer: H1/b©
Pay Auth: L
Client Type of Bill: 370
Adjuster: JASON.SWAYNE

Bill ICD Version: 10
Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description				Explanation Code(s)	
				Charges	BRV	CBR	PPO	ONR	OTH	ADJ	Allow.
1	08-16-2021	11	MDS10	A	1	SETTLEMENT FOR DISPUTE				G67, B14, G1, B92, 961, G57, U00	
				6,370.00	3,870.00						2,500.00

Totals

Total Charges:	6,370.00
Bill Review Reductions:	3,870.00
Recommended Allowance:	**2,500.00**

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

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Explanation of Review (EOR)

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

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-506864**

Issue Date: 09/09/21
Doc #: 036675765

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Charges	Amount Reduced	Reduction Codes	PPO Savings	Allowances
Patient Name:					**Claim #:** 06462386		**Date of Injury:** 05/11/19		
SSN: XXX-XX	Employer name: LOS TACOS				Employer ID: 0000009013935180				
	MPN NAME: State Fund MPN				MPN ID: 3136				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-21770074	02/17/21	MDS10	Settlement For Dis	6,220.00	3,720.00	G5 375	.00	2,500.00
					Total Allowances:				**$2,500.00**

RECEIVED
SEP 13 2021
BY: .....

PAID
SEP 13 2021
BY: .....

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

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

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

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-506864**

Issue Date: 09/09/21
Doc #: 036675765

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	PPO Savings	Allowances	Penalty & Interest	Totals
SF1-SFCA-21770074	06462386 LS		6,220.00	3,720.00	.00	2,500.00	.00	2,500.00
Provider NPI:	Rendering Provider NPI:		Rendering Provider:					
Patient Acct #: LS	ReviewerID: M8	Carrier Receive Date: 08/16/21	Review Date: 09/08/21	Payment Code: 1	UB04:			

EOR Reduction Code Explanation:

375 : PLEASE SEE SPECIAL *NOTE* BELOW.

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

Reviewer's Comments:

SF1-SFCA-21770074 375: Settlement covers the following Date(s) of service 5/11/19-12/3/20.

01301989036675765001 2

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

*** INVOICE ***
Date NO#
09/29/21 37201

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2000-08-01472

BILL TO:
SEDGWICK CLAIMS (ORANGE)
W. C. DEPARTMENT
ATTN: YOLANDA PERKINS
P.O. BOX 11028
ORANGE, CA 92856

Case: vs COUNTY OF L.A. ROYAL COMP HX.
Date Of Injury: 5/3/08

DOS	SERVICE	DESCRIPTION	AMOUNT
04/12/10	SURGERY	DR OBUKHOFF @ MONROVIA HOSP. (9.5 HRS)	712.50
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
04/11/10	PRE-OP	DR OBUKHOFF @ MONROVIA HOSP* TITO SILVA # 500272	150.00
11/20/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
09/27/21	PMT BY CHECK	DOS 4/11/10-4/12/10* # 0030884818	-862.50
09/29/21	BLCE OFF SET	BALANCE OFF SET	-100.00

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.

COUNTY OF LOS ANGELES

AUDITOR CONTROLLER'S SPECIAL WARRANT
WARRANT CLEARANCE FUND, LOS ANGELES, CALIFORNIA

TS 0030884818

M

THE TREASURER OF THE COUNTY OF LOS ANGELES
500 W. TEMPLE ST. ROOM 502, LOS ANGELES, CA 90012

September 27, 2021

NOT PAYABLE AFTER SIX MONTHS FROM DATE ISSUED

CONTROLLED DISBURSEMENT
PAYABLE THROUGH: BANK OF AMERICA, N.A.
NORTH BROOK, ILLINOIS

70-2328
0719

PAY TO THE ORDER OF:

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

WC1423BV239
001
416

Amount
$*********862.50

PAY: Eight Hundred Sixty Two And 50/100 Dollars

APPROVED
ARLENE BARRERA, AUDITOR-CONTROLLER BY

Anthony S Kim

⑈0030884818⑈ ⑆071923284⑆ 87659⑈15848⑈

↑ DETACH HERE ↑ ↑ DETACH HERE ↑ ↑ DETACH HERE ↑ ↑ DETACH HERE ↑

COUNTY OF LOS ANGELES REMITTANCE ADVICE

PAYEE NAME	PAYEE NUMBER	HANDLING CODE
JOYCE ALTMAN INTERPRETERS	WC1423BV239	

PAYMENT REFERENCE NUMBER	DISB CAT	ISSUE DATE	AMOUNT	WARRANT NUMBER
SWR-EB-WCB00040688	416	09/27/2021	$862.50	0030884818

20000801472
05/03/2008Invoice
#
04/11/2010 THRU
04/12/2010
M11 Lien Settlement
862.50

862.50
16570837 *272221 *EBARBAGALL *HG999
For more information, please contact: Sedgwick Claims Mgmt-B 877-324-0710

NOT NEGOTIABLE NOT NEGOTIABLE NOT NEGOTIABLE

For more information about this payment, please contact
YOUR THIRD PARTY ADMINISTRATOR

Sept is Kinship Care Month. Call the caregiver WarmLine at (877)323-7165 or visit https://dcfs.lacounty.gov/caregivers/

NOT NEGOTIABLE NOT NEGOTIABLE NOT NEGOTIABLE

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 63438

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
SCIH-039658

BILL TO:
SEDGWICK CLAIMS (LEXINGT14522)
W. C. DEPARTMENT
ATTN: LORAN JONES
P.O. BOX 14522
LEXINGTON, KY 40512

Case: vs IHSS
Date Of Injury: 5/16/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/24/14	EMG TESTING	-& NCV BY DR GROSS @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
11/05/14	INITIAL EXAM	-DR AHMAD @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
11/04/14	PR2/REEVAL	-DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
03/05/15	PR2-RE/EVAL	-W/ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/04/15	INITIAL EXAM	-DR MILLMAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
03/17/15	INITIAL EXAM	-DR YAGHOBBIAN @ ACS*	230.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
03/27/15	PR2/REEVAL	-DR ATAMIAN @ ACS*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
04/08/15	PR2/REEVAL	-DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
01/02/15	PR2/REEVAL	-DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/05/15	PR2/REEVAL	-DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
05/06/15	PR2/REEVAL	-DR J. MILLMAN @ ACS*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
01/23/15	INITIAL EXAM	-DR MASSIHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
01/26/15	PR2/REEVAL	-DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
02/17/15	INITIAL EXAM	-DR MENDELSOHN @ ADVANCE CARE	230.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/27/15	PR2/REEVAL	-DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	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 63438

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
SCIH-039658

BILL TO:
SEDGWICK CLAIMS (LEXINGT14522)
W. C. DEPARTMENT
ATTN: LORAN JONES
P.O. BOX 14522
LEXINGTON, KY 40512

Case: vs IHSS
Date Of Injury: 5/16/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/26/15	FOLLOW-UP	-W/ ACUPUNCT HAN @ ACS*	180.00
/ /	INTERPRETER:	CESAR TERAN # 500150	0.00
06/03/15	PR2/REEVAL	-DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/09/15	PR2/REEVAL	-DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
07/14/15	PR2/REEVAL	-DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JENNIFER MONOTTA # 101254	0.00
07/15/15	PR2/REEVAL	-DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
07/28/15	P AND S	-DR YAGHOOBIAN @ ADVANCE CARE	230.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
08/18/15	PR2/REEVAL	-DR DORIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
02/06/17	LIEN FIL FEE	LIEN FILING FEE	150.00
05/14/18	PENALTIES	FOR DATE OF SERVICE 11/05/14	34.50
05/24/21	INTEREST	FOR DATE OF SERVICE 11/05/14	163.34
05/14/18	PENALTIES	FOR DATE OF SERVICE 03/04/15	34.50
05/24/21	INTEREST	FOR DATE OF SERVICE 03/04/15	161.16
05/14/18	PENALTIES	FOR DATE OF SERVICE 03/17/15	34.50
05/24/21	INTEREST	FOR DATE OF SERVICE 03/17/15	160.58
05/14/18	PENALTIES	FOR DATE OF SERVICE 01/23/15	34.50
05/24/21	INTEREST	FOR DATE OF SERVICE 01/23/15	154.57
05/14/18	PENALTIES	FOR DATE OF SERVICE 02/17/15	34.50
05/24/21	INTEREST	FOR DATE OF SERVICE 02/17/15	153.19
05/14/18	PENALTIES	FOR DATE OF SERVICE 07/28/15	34.50
05/24/21	INTEREST	FOR DATE OF SERVICE 07/28/15	150.15
09/16/21	PMT BY CHECK	DOS 9/7/21* # 69-666739	-3500.00
09/21/21	BLCE OFF SET	BALANCE OFF SET	-2029.99

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 63438

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
SCIH-039658

BILL TO:
SEDGWICK CLAIMS (LEXINGT14522)
W. C. DEPARTMENT
ATTN: LORAN JONES
P.O. BOX 14522
LEXINGTON, KY 40512

Case: vs IHSS
Date Of Injury: 5/16/14

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.

STATE OF CALIFORNIA

69-666739

H THE TREASURER OF THE STATE WILL PAY OUT OF THE

FUND NO.	FUND NAME
0001	GENERAL FUND

IDENTIFICATION NO.

5180

MO.	DAY	YR.
09	16	2021

90-1342/1211

69666739

DOLLARS	CENTS
$****3500	.00

TO: 666739

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

Betty T. Yee

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

FORM CD-85(1/99) CONTROLLERS WARRANT

⑆121134231⑆ 69666739 2⑈

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

69-666739

ISSUE DATE: 09/16/2021
CLAIM NUMBER: SCIH-039658
CLAIMANT NAME:
DATE OF INJURY: 05-16-2014
PAY DESCRIPTION: SNGL MEDBILL LUMP STLMNT
PERIOD FROM - PERIOD TO: 09-07-2021 - 09-07-2021

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	75124

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30181455621

BILL TO:
SEDGWICK CLAIMS (LEXINGT14522)
W. C. DEPARTMENT
ATTN: JILL MEREDITH
P.O. BOX 14522
LEXINGTON, KY 40512

Case: vs SUN HILL PROPERT/MERRITT HOSPI
Date Of Injury: 11/18/18

DOS	SERVICE	DESCRIPTION	AMOUNT
12/11/18	INITIAL EXAM	DR ARBI MIRZAIANS @ PRS*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ #500341	0.00
02/28/19	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR CHRISTINE ABGARYAN	150.00
/ /	-	@ PHYS REHAB SVCS* INITIAL	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/05/19	PR2/REEVAL	DR MIRZAIANS @ PRS*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/23/19	PR2/REEVAL	DR ABGARAYAN @ PHYS REHAB*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
07/09/19	PR2/REEVAL	DR ABGARAYAN @ PHYS REHAB*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
08/13/19	PR2/REEVAL	DR ABGARYAN @ PHYS REHAB*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
09/24/19	PR2/REEVAL	DR ABGARYAN @ PRS*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
11/05/19	PR2/REEVAL	DR ABGARYAN @ PRS*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 10124	0.00
01/15/21	LIEN FIL FEE	LIEN FILING FEE	150.00
07/06/21	PENALTIES	FOR DATE OF SERVICE 12/11/18	34.50
07/06/21	INTEREST	FOR DATE OF SERVICE 12/11/18	58.62
07/06/21	PENALTIES	FOR DATE OF SERVICE 02/28/19	22.50
07/06/21	INTEREST	FOR DATE OF SERVICE 02/28/19	38.23
07/06/21	PENALTIES	FOR DATE OF SERVICE 03/05/19	27.00
07/06/21	INTEREST	FOR DATE OF SERVICE 03/05/19	45.88
07/06/21	PENALTIES	FOR DATE OF SERVICE 05/23/19	27.00
07/06/21	INTEREST	FOR DATE OF SERVICE 05/23/19	43.27
07/06/21	PENALTIES	FOR DATE OF SERVICE 07/09/19	27.00
07/06/21	INTEREST	FOR DATE OF SERVICE 07/09/19	40.15
07/06/21	PENALTIES	FOR DATE OF SERVICE 08/13/19	27.00
07/06/21	INTEREST	FOR DATE OF SERVICE 08/13/19	40.15

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 75124

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30181455621

BILL TO:
SEDGWICK CLAIMS (LEXINGT14522)
W. C. DEPARTMENT
ATTN: JILL MEREDITH
P.O. BOX 14522
LEXINGTON, KY 40512

Case: vs SUN HILL PROPERT/MERRITT HOSPI
Date Of Injury: 11/18/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/06/21	PENALTIES	FOR DATE OF SERVICE 09/24/19	27.00
07/06/21	INTEREST	FOR DATE OF SERVICE 09/24/19	36.13
07/06/21	PENALTIES	FOR DATE OF SERVICE 11/05/19	27.00
07/06/21	INTEREST	FOR DATE OF SERVICE 11/05/19	33.57
08/05/21	PMT BY CHECK	DOS 8/5/21* # 5673056013 BROADSPIRE	-481.80
08/30/21	PMT BY CHECK	DOS 7/29/21* =# 124852582 SEDWICK	-978.20
09/08/21	BLCE OFF SET	BALANCE OFF SET	-705.00

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
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	08/05/2021
Check Amount	:	$481.80
Check Number	:	5673056013

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

PAID
AUG 09 2021

75124-79511

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
189006051-001	05/20/2019 $481.80		
CF WC Brea		Felicia F. Negrete	657-233-8388
All Other WC Medical	$481.80	FULL & FINAL	08/05/2021-08/05/2021

Please Fold on Perforation Before Tearing

M

Sedgwick Claims Management Services, Inc
P O Box 14522
Lexington, KY 40512-4497

0003540-0010075 0106 001 333370 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
08/30/2021	978.20	124852582
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
632 Sedgwick Claims Management Services, Inc		01 of 01

75124

Claimant Name		Loss Date	Claim Number
		11/18/2018	30181455621-0001
Amt Paid:	978.20	Description: Interpreter	
Amt Billed:	2,165.00	Invoice:	ICN:6840-12737
Dates:	07/29/2021 - 07/29/2021	Comment:	

SVK.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
Sun Hill Properties Inc
Issued on Behalf of Safety National
Safety National Casualty Corporation

ORIGIN 6326840 Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 08/30/2021

124852582

62-22
311

PAY: ******NINE HUNDRED SEVENTY EIGHT AND 20/100 DOLLARS

$978.20

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Bob Blankenship

MEMO: MP

Sun Hill Properties Inc DBA Hi, Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈124852582⑈ ⑆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#
09/17/21 75359

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
6799166

BILL TO:
SEDGWICK CLAIMS (LEXINGT14522)
W. C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX 14522
LEXINGTON, KY 40512

Case: vs UNIVERSAL PLASTIC MOLD
Date Of Injury: 6/28/18

DOS	SERVICE	DESCRIPTION	AMOUNT
02/01/19	INITIAL EXAM	DR ZAREENA KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/12/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/07/19	PR2/REEVAL	DR FARAH AMERI @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/23/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/11/19	PR2/REEVAL	DR ZAREENA KHAN @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/05/20	P AND S	DR ZAREENA KHAN @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/10/21	LIEN FIL FEE	LIEN FILING FEE	150.00
09/13/21	PMT BY CHECK	DOS 2/1/19* =# 88228333	-1130.00
09/17/21	BLCE OFF SET	BALANCE OFF SET	-150.00

BALANCE 0.00

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

Sedgwick Claims Management Services, Inc
PO Box 14522
Lexington, KY 40512-4497

0001022-0004397 0106 001 339186 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
09/13/2021	1,130.00	88228333
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
527 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name		Loss Date	Claim Number
		06/28/2018	6799166
Amt Paid: 1,130.00	Description:	Interpreter	
Amt Billed: 1,280.00	Invoice:		ICN:2316-39624
Dates: 02/01/2019 - 02/01/2019	Comment:		

SWK.RM.SDM.00.NP

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

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

Sedgwick Claims Management Services, Inc
On behalf of Discover Re
Travelers Property Casualty Company of A

ORIGIN 5272316 Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/13/2021

88228333
62-22
311

PAY: ******ONE THOUSAND ONE HUNDRED THIRTY AND 00/100 DOLLARS

$1,130.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Bob Blankenship

MEMO: MP

Discover Re, Principal
Sedgwick Claims Management Services, Inc., Agent By:

1137323870

⑈88228333⑈ ⑆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#
09/08/21 75901

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30181381387-001; 30181378

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

Case: vs ARAKELIAN ENTERPRISES
Date Of Injury: 8/1/17; 11/9/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/07/19	FOLLOW-UP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/14/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/29/19	PR2/REEVAL	DR MAGGIE PEZSHKIAN @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
05/15/19	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETESMANI CALDERON # 100897	0.00
08/06/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/13/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/14/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	EDUARDO REYES # 004539	0.00
08/12/19	FOLLOW UP	PHYSICAL TX W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/26/19	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/27/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
09/05/19	PMT BY CHECK	DOS 5/7/19- 8/6/19* =# 94423834	-90.00
09/13/19	PR2/REEVAL	DR HUSSAIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/01/19	FOLLOW-UP	W/ACUPUNCT SOONHO PARK @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/07/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
10/09/19	F/U PHYSIO	THERAPY W/DR PEZESKHIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	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 75901

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30181381387-001; 30181378

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

Case: vs ARAKELIAN ENTERPRISES
Date Of Injury: 8/1/17; 11/9/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/25/19	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	HILDA VILLAGRAN # 010201	0.00
10/23/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER M. RAMOS # 101254	0.00
11/14/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
12/06/19	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500341	0.00
02/04/20	PR2/REEVAL	DR RUSSMAN/PEZESHKIAN @ 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
02/28/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
03/03/20	SHOCK WAVE	THERAPY W/DR LEON TCHAKALIAN/ RUSSMAN @ FMR* #1	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/06/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
03/19/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/27/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/10/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/28/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/01/20	PMT BY CHECK	DOS 3/27/20* =# 107317749	-90.00
04/30/20	PR2/REEVAL	DR MOHAMED HASSANIN @ 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#
09/08/21 75901

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30181381387-001; 30181378

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

Case: vs ARAKELIAN ENTERPRISES
Date Of Injury: 8/1/17; 11/9/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/27/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/09/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/23/20	PMT BY CHECK	DOS 6/9/20* =# 107318084	-90.00
09/08/20	LIEN FIL FEE	LIEN FILING FEE	150.00
11/20/20	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
11/20/20	RMB IBR FEE	DOS 3/27/20 # 107468081	-180.00
11/20/20	PMT BY CHECK	DOS 3/27/20 # 107468081	-90.00
09/01/21	PMT BY CHECK	DOS 8/10/21* =# 115702279	-4500.00
09/08/21	BLCE OFF SET	BALANCE OFF SET	-240.00

BALANCE 0.00

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

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

0003013-0011025 0106 001 822559 SWR

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
09/05/2019	90.00	94423834
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

PAID
SEP 09 2019

75901

Claimant Name		Loss Date	Claim Number
		08/01/2017	30181381387-0001
Amt Paid: 18.00	Description:	Interpreter	
Amt Billed: 180.00	Invoice:	5312019082809388	ICN:4027-32762
Dates: 05/07/2019 - 05/07/2019	Comment:		
		08/01/2017	30181381387-0001
Amt Paid: 18.00	Description:	Interpreter	
Amt Billed: 180.00	Invoice:	5312019082809388	ICN:4027-32762
Dates: 05/14/2019 - 05/14/2019	Comment:		
		08/01/2017	30181381387-0001
Amt Paid: 18.00	Description:	Interpreter	
Amt Billed: 180.00	Invoice:	5312019082809388	ICN:4027-32762
Dates: 05/29/2019 - 05/29/2019	Comment:		
		08/01/2017	30181381387-0001
Amt Paid: 18.00	Description:	Interpreter	
Amt Billed: 180.00	Invoice:	5312019082809388	ICN:4027-32762
Dates: 05/15/2019 - 05/15/2019	Comment:		
		08/01/2017	30181381387-0001
Amt Paid: 18.00	Description:	Interpreter	
Amt Billed: 180.00	Invoice:	5312019082809388	ICN:4027-32762
Dates: 08/06/2019 - 08/06/2019	Comment:		

SWK.RM.STD.00.NP

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

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

Sedgwick CMS As Agent For
Arakelian Enterprises, Inc.
XL Insurance America, Inc.

ORIGIN 6004027
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/05/2019

94423834
62-22
311

PAY: ******NINETY AND 00/100 DOLLARS

$90.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

639808769

Bob Blankenship

MEMO: MP

ARAKELIAN ENTERPRISES, INC., Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈94423834⑈ ⑆031100225⑆ 2079950059703⑈

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

0006699-0020055 0106 001 892214 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
06/01/2020	90.00	107317749
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

75901

Claimant Name		Loss Date	Claim Number
		11/09/2017	30181378720-0001
Amt Paid: 90.00	Description:	Interpreter	
Amt Billed: 180.00	Invoice.	5312020052718399	ICN:4027-35831
Dates: 03/27/2020 - 03/27/2020	Comment:		

PAID
JUN 04 2020

SWK RM STD 00 NP

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

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

Sedgwick CMS As Agent For
Arakelian Enterprises Inc
XL Insurance America, Inc.

ORIGIN 6004027

Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 06/01/2020

107317749

62-22
311

PAY: ******NINETY AND 00/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

$90.00

Bob Hawkenshyre

MEMO MP

ARAKELIAN ENTERPRISES, INC , Principal
Sedgwick Claims Management Services, Inc., Agent By

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

0006685-0020121 0106 001 906324 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
07/23/2020	90.00	107318084
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

75901

Claimant Name		Loss Date	Claim Number
		11/09/2017	30181378720-0001
Amt Paid: 90.00	Description:	Interpreter	
Amt Billed: 180.00	Invoice:	5312020072041364	ICN:4027-36401
Dates: 06/09/2020 - 06/09/2020	Comment:		

RECEIVED

BY: .....

PAID
JUL 27 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

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

Sedgwick CMS As Agent For
Arakelian Enterprises, Inc.
XL Insurance America, Inc.

ORIGIN 6004027
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 07/23/2020

107318084

62-22
311

PAY: ******NINETY AND 00/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

$90.00

Bob Blankenship

MEMO: MP

ARAKELIAN ENTERPRISES, INC., Principal
Sedgwick Claims Management Services, Inc., Agent By:

833774432

⑈107318084⑈ ⑆311100325⑆ 3078000000⑈

M

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

0003983-0014931 0106 001 940937 SWK

DATE	CHECK AMOUNT	CHECK NUMBER
11/20/2020	270.00	107468081
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

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

RECEIVED
NOV 23 2020
BY:

75901

Claimant Name		Loss Date	Claim Number
		11/09/2017	30181378720-0001
Amt Paid: 270.00	Description:		
Amt Billed: 270.00	Invoice:	216122	ICN:301813787200001
Dates: 03/27/2020 - 03/27/2020	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 Claims Management Services, Inc
P O Box 14440
Lexington, KY 40512-4440

DATE	CHECK AMOUNT	CHECK NUMBER
09/01/2021	4,500.00	115702279

PAYEE	TAX ID
JOYCE ALTMAN INTERPR	*****6713

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

0000110-0000495 BAFN 001 334314

JOYCE ALTMAN INTERPR
PO BOX 4168
TUSTIN CA 92781

75901

Claimant Name			Loss Date	Claim Number
			11/09/2017	30181378720-0001
Amt Paid:	4,500.00	Description:	Interpreter	
Amt Billed:	4,740.00	Invoice:	5320210814024967	ICN:4027-41136
Dates:	08/10/2021 - 08/10/2021	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 CMS As Agent For
Arakelian Enterprises, Inc.
XL Insurance America, Inc.

ORIGIN 6004027 Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/01/2021

115702279

62-22
311

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

$4,500.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Bob Blankenship

MEMO: MP

ARAKELIAN ENTERPRISES, INC., Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈115702279⑈ ⑆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 76409

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30192202184-0001

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

Case: vs US BLANKS LLS
Date Of Injury: 6/1/17- 3/26/19

DOS	SERVICE	DESCRIPTION	AMOUNT
07/15/19	INITIAL EXAM	DR CHRISTINE ABGARYAN @ PHYS REHAB SVCS* (2.5HRS)	287.50
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/21/19	PR2/REEVAL	DR CHRISTINE ABGARYAN @ PRS*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/16/19	PR2/REEVAL	DR ABGARAYAN @ PRS*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
10/18/19	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR ABGARYAN @ PRS*	150.00
/ /	INTERPRETER:	MARIO RODRIGUEZ # 500279	0.00
11/27/19	FOLLOW UP	PHYS TX W/DR MIRZAIANS @ PRS*	90.00
/ /	INTERPRETER:	DANYA SCHWARTZ # 500316	0.00
05/21/21	LIEN FIL FEE	LIEN FILING FEE	150.00
09/27/21	PMT BY CHECK	DOS 7/15/19* =# 116702573	-900.00
09/29/21	BLCE OFF SET	BALANCE OFF SET	-137.50

BALANCE 0.00

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

M

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

0000053-0000273 BAFN 001 343562

JOYCE ALTMAN INTERPR
PO BOX 4168
TUSTIN CA 92781

DATE	CHECK AMOUNT	CHECK NUMBER
09/27/2021	900.00	116702573
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
		03/06/2019	30192202184-0001
Amt Paid: 900.00	Description:	Interpreter	
Amt Billed: 1,037.50	Invoice:	5320210920018897	ICN:5201-13747923
Dates: 07/15/2019 - 07/15/2019	Comment:		

SWK.RM.SDM.00.NP

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

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

Sedgwick as Agent for Everest National Insurance Co - CA1
Everest National Insurance

ORIGIN 6005201

Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/27/2021

116702573

62-22
311

PAY: ******NINE HUNDRED AND 00/100 DOLLARS

$900.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Bob Blankenship

MEMO: MP

Everest National Insurance Co, Principal
Sedgwick Claims Management Services, Inc., Agent By:

114806749

⑈116702573⑈ ⑆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#
09/07/21 77483

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30204225859-0001,30204225

BILL TO:
SEDGWICK CLAIMS (LEX-14154)
W. C. DEPARTMENT
ATTN: SAMATHA BERINGER
P.O. BOX 14154
LEXINGTON, KY 40512

Case: vs INSPERITY
Date Of Injury: 6/1/19, 9/3/19

DOS	SERVICE	DESCRIPTION	AMOUNT
12/10/19	INITIAL EXAM	DR MAGGIE PEZESHKIAN/MARINA RUSSMAN @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/10/20	INITIAL ACUP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/13/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/17/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/24/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/27/20	PR2/REEVAL	W/DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/04/20	INIT PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/11/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
02/13/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/18/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/24/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/10/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/23/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/06/20	PMT BY CHECK	DOS 12/10/19-2/24/20* =# 99658019	-990.00
03/24/20	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#
09/07/21	77483

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30204225859-0001,30204225

BILL TO:
SEDGWICK CLAIMS (LEX-14154)
W. C. DEPARTMENT
ATTN: SAMATHA BERINGER
P.O. BOX 14154
LEXINGTON, KY 40512

Case: vs INSPERITY
Date Of Injury: 6/1/19, 9/3/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/26/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/25/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/31/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/30/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/01/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/02/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
05/28/20	PMT BY CHECK	DOS 3/24/20* =# 99976695	-90.00
04/21/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	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:	CARLOS TORRES # 301694	0.00
06/03/20	PMT BY CHECK	DOS 3/25/20* =# 99977300	-90.00
05/06/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 03693	0.00
06/15/20	PMT BY CHECK	DOS 4/21/20* =# 100936560	-90.00
04/26/21	LIEN FIL FEE	LIEN FILING FEE	150.00
09/01/21	PMT BY CHECK	DOS 12/10/19* =# 110603424	-3110.00
09/07/21	BLCE OFF SET	BALANCE OFF SET	-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#
09/07/21 77483

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

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30204225859-0001,30204225

BILL TO:
SEDGWICK CLAIMS (LEX-14154)
W. C. DEPARTMENT
ATTN: SAMATHA BERINGER
P.O. BOX 14154
LEXINGTON, KY 40512

Case: vs INSPERITY
Date Of Injury: 6/1/19, 9/3/19

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.

Sedgwick Claims Management Services, Inc
PO Box 14154
Lexington, KY 40512-4154

0004249-0014425 0106 001 886598 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
05/06/2020	3,150.00	99658019

PAYEE	TAX ID
JOYCE ALTMAN INTERPR	*****6713

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services, Inc	01 of 03

Claimant Name	Loss Date	Claim Number
Amt Paid: 90.00 Amt Billed: 230.00 Dates: 10/22/2019 - 10/22/2019	09/27/2019 Description: Interpreter Invoice: 5312020042918102 Comment:	30193753016-0001 ICN:4039-314556
Amt Paid: 90.00 Amt Billed: 230.00 Dates: 10/25/2019 - 10/25/2019	09/27/2019 Description: Interpreter Invoice: 5312020042918102 Comment:	30193753016-0001 ICN.4039-314556
Amt Paid: 90.00 Amt Billed: 180.00 Dates: 11/01/2019 - 11/01/2019	09/27/2019 Description: Interpreter Invoice: 5312020042918102 Comment:	30193753016-0001 ICN:4039-314556
Amt Paid: 90.00 Amt Billed: 180.00 Dates: 11/08/2019 - 11/08/2019	09/27/2019 Description: Interpreter Invoice: 5312020042918102 Comment:	30193753016-0001 ICN.4039-314556
Amt Paid: 90.00 Amt Billed: 180.00 Dates: 11/22/2019 - 11/22/2019	09/27/2019 Description: Interpreter Invoice: 5312020042918102 Comment:	30193753016-0001 ICN.4039-314556
Amt Paid: 90.00 Amt Billed: 90.00 Dates: 12/02/2019 - 12/02/2019	09/27/2019 Description: Interpreter Invoice: 5312020042918102 Comment:	30193753016-0001 ICN 4039-314556
Amt Paid: 90.00	09/27/2019 Description: Interpreter	30193753016-0001

#77483

SWK RM STD 00 NP

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

Sedgwick as Agent for Insperity Services
LP - ACE
ACE American Insurance Company

ORIGIN 6004039
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 05/06/2020

99658019

62-22
311

PAY: ***** THREE THOUSAND ONE HUNDRED FIFTY AND 00/100 DOLLARS

$3,150.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Bob Blankenship

MEMO

ACE, Principal
Sedgwick Claims Management Services, Inc , Agent By

791983350

EXPLANATION OF BILL REVIEW

sedgwick

PAYOR: Sedgwick Claims Management Services, Inc		RECEIVED BY VENDOR: 04/29/2020	DATE OF INJURY: 09/03/2019
BILL ID(ICN): 4039-314890		PROCESSED BY VENDOR: 05/04/2020	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): 5120200429034725R000	PRESCRIPTION (RX) NUMBER: 0	
	EMPLOYER NAME: Insperity Services, L.P.	CARRIER NAME: ACE American Insurance Company	
TREATING PROVIDER: JOYCE ALTMAN INTERPRETERS INC	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: 12/10/2019 - 02/24/2020	EMPLOYER CONTRACT NUMBER: 4039	PATIENT ACCOUNT NUMBER: 77483	
PROVIDER NPI	TPA CLAIM NUMBER: 30204225977-0001	TPA TRANSACTION # (MBDCN): 5312020050401194	
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
12/10/2019	120	0	T1013	230.00	140.00	0.00	0.00	90.00	0	0
Description of Service SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN Reason Codes G1,601										
01/10/2020	120	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										
01/13/2020	120	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										
01/17/2020	120	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										
01/24/2020	120	0	T1013	180.00	9C 00	0.00	0 00	90 00	0	0
Description of Service SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN Reason Codes G1,601										
01/27/2020	120	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										
02/04/2020	120	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										

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) 260-4802 (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

EXPLANATION OF BILL REVIEW 77483

PAYOR	DATE OF INJURY	CARRIER NAME
Sedgwick Claims Management Services, Inc	09/03/2019	ACE American Insurance Company
INJURED NAME (LAST FIRST MI)		TPA CLAIM NUMBER 30204225977-0001

Date of Service	Paid Units	Billed Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance	Days Supply	EAPG Code
Reason Codes G1,601										
02/11/2020	120	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										
02/13/2020	120	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										
02/18/2020	120	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										
02/24/2020	120	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										

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

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 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 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. 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 provider's agreement with the preferred provider organization.

Totals.	2,030.00	1,040.00	0.00	0.00	990.00

* Date Received by Sedgwick: 04/29/2020
* Date of Review 05/04/2020
* Payment Date: 05/06/2020
* Diagnostic Group Code N/A
* Payment Method Paper Check
* Check Number 99658019
* Payment Status Code: 1

Sedgwick Claims Management Services, Inc
PO Box 14154
Lexington, KY 40512-4154

0000099-0000497 BAFN 001 891765

JOYCE ALTMAN INTERPR
PO BOX 4168
TUSTIN CA 92781

DATE	CHECK AMOUNT	CHECK NUMBER
05/28/2020	90.00	99976695
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

77485

Claimant Name		Loss Date	Claim Number
		09/03/2019	30204225977-0001
Amt Paid:	90.00	Description: Interpreter	
Amt Billed:	180.00	Invoice: 5312020052708564	ICN:4039-317671
Dates:	03/24/2020 - 03/24/2020	Comment:	

RECEIVED
JUN 01 2020
BY: .....

PAID
JUN 01 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

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: 05/28/2020

99976695

62-22
311

PAY: ******NINETY AND 00/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

$90.00

802489054

Bob Blankenship

MEMO .....

MP

ACE, Principal
Sedgwick Claims Management Services, Inc , Agent By:

⑈99997CCBC⑈ ⑆031100775⑆ 7000000000

Sedgwick Claims Management Services, Inc
PO Box 14154
Lexington, KY 40512-4154

DATE	CHECK AMOUNT	CHECK NUMBER
06/03/2020	90.00	99977300
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

0004906-0019193 0106 001 893223

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

77483

Claimant Name		Loss Date	Claim Number
		06/01/2019	30204225859-0001
Amt Paid: 90.00	Description:	Interpreter	
Amt Billed. 180.00	Invoice	5312020060126166	ICN 4039-318309
Dates: 03/25/2020 - 03/25/2020	Comment:		

RECEIVED
JUN 08 2020

BY: .....

PAID
JUN 08 2020

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

SWK.RM.STD.00 NP

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: 06/03/2020

99977300
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.

805719139

Sedgwick Claims Management Services, Inc
PO Box 14154
Lexington, KY 40512-4154

0003622-0014237 0106 001 896362

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
06/15/2020	180.00	100936560
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
Different Applicant	09/27/2019	30193753016-0001
Amt Paid: 90.00 Amt Billed: 180.00 Dates: 04/03/2020 - 04/03/2020	Description: Interpreter Invoice: 5312020061103007 Comment:	ICN:4039-319402
77483	06/01/2019	30204225859-0001
Amt Paid: 90.00 Amt Billed: 180.00 Dates: 04/21/2020 - 04/21/2020	Description: Interpreter Invoice: 5312020061103650 Comment:	ICN:4039-319467

ENTERED
JUN 22 2020
BY: .....

PAID
JUN 24 2020
BY: .....

SWK RM.STD.00.NP

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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: 06/15/2020

100936560
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

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

811480125

M

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

0004249-0012111 0106 001 334651 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
09/01/2021	3,110.00	110603424
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

77483

Claimant Name		Loss Date	Claim Number
		06/01/2019	30204225859-0001
Amt Paid: 3,110.00	Description:	Doctor	
Amt Billed: 4,520.00	Invoice:		ICN:4039-385044
Dates: 12/10/2019 - 12/10/2019	Comment:		

SWK.RM.SDM.00.NP

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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: 09/01/2021

110603424

62-22
311

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

$3,110.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Bob Blankenship

MEMO: MP

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

⑈110603424⑈ ⑆031100225⑆ 207995005970 3⑈

11290 19032

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 77939

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
301925548950001

BILL TO:
SEDGWICK CLAIMS (LEXING-14015)
W. C. DEPARTMENT
ATTN: BRIAN AMENDE
P.O. BOX 14015
LEXINGTON, KY 40512

Case: vs HAPPY DAY CLEANERS
Date Of Injury: 5/5/12

DOS	SERVICE	DESCRIPTION	AMOUNT
01/23/13	PR2/REEVAL	DR JACKSON SCOTT @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
03/05/13	PR2/REEVAL	DR JACKSON SCOTT*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/02/13	PR2/REEVAL	DR JACKSON-SCOTT*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/30/13	PR2/REEVAL	DR JACKSON-SCOTT @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/08/13	INITIAL EXAM	DR MISSIRIAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
06/13/13	PR2/REEVAL	DR JACKSON-SCOTT @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/23/13	PR2/REEVAL	DR JACKSON-SCOTT @ ACS*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
09/18/13	INITIAL EXAM	DR HAMADA @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/16/13	INITIAL EXAM	W/ACUPUNCTURIST REBECCA McLEAN @ ACS*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/06/14	PR2-RE/EVAL	W/ACUPUNCTURIST R. MCLEAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/13/14	PR2/REEVAL	DR JACKSON-SCOTT @ ACS*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/17/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	LESLIE RIVERA # 500259	0.00
01/20/14	PR2-RE/EVAL	W/ACUPUNCTURIST R. MCLEAN*	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#
09/08/21 77939

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
301925548950001

BILL TO:
SEDGWICK CLAIMS (LEXING-14015)
W. C. DEPARTMENT
ATTN: BRIAN AMENDE
P.O. BOX 14015
LEXINGTON, KY 40512

Case: vs HAPPY DAY CLEANERS
Date Of Injury: 5/5/12

DOS	SERVICE	DESCRIPTION	AMOUNT
01/27/14	PR2-RE/EVAL	W/ACUPUNCTURIST R. MCLEAN*	180.00
/ /	INTERPRETER:	LESLIE RIVERA # 500259	0.00
02/03/14	PR2-RE/EVAL	W/ACUPUNCTURIST R. MCLEAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/10/14	PR2/REEVAL	DR JACKSON-SCOTT @ ACS*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/24/14	PR2-RE/EVAL	W/ACUPUNCTURIST R. MCLEAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/10/14	INITIAL EXAM	DR SCHILLING/TOM CHASE @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/17/14	PR2-RE/EVAL	W/ACUPUNCTURIST R. MCLEAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/31/14	PR2-RE/EVAL	W/ACUPUNCTURIST R. MCLEAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/07/14	PR2-RE/EVAL	W/ACUPUNCTURIST R. MCLEAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/11/14	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	MARION HIRSCH # 101035	0.00
03/03/14	PR2-RE/EVAL	W/ACUPUNCTURIST R. MCLEAN @ ACS*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/14/15	LIEN FIL FEE	LIEN FILING FEE	150.00
09/01/21	PMT BY CHECK	DOS 1/23/13* =# 76165167	-4000.00
09/08/21	BLCE OFF SET	BALANCE OFF SET	-510.00

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 77939

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
301925548950001

BILL TO:
SEDGWICK CLAIMS (LEXING-14015)
W. C. DEPARTMENT
ATTN: BRIAN AMENDE
P.O. BOX 14015
LEXINGTON, KY 40512

Case: vs HAPPY DAY CLEANERS
Date Of Injury: 5/5/12

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.

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

0007160-0019179 0106 001 334314 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
09/01/2021	4,000.00	76165167
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

77939

Claimant Name		Loss Date	Claim Number
		12/13/2005	30192554895-0001
Amt Paid: 4,000.00	Description:	Interpreter	
Amt Billed: 4,518.58	Invoice:	5320210824030644	ICN:5201-13736599
Dates: 01/23/2013 - 01/23/2013	Comment:		

SWK.RM.SDM.00.NP

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Sedgwick as Agent for Everest National Insurance Co - 60 NIA
Everest National Insurance

ORIGIN 6005201 Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/01/2021

76165167

62-22
311

PAY: ******FOUR THOUSAND AND 00/100 DOLLARS

$4,000.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Bob Blankenship

MEMO: MP

Everest National Insurance Co, Principal
Sedgwick Claims Management Services, Inc., Agent By:

1127387475

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 79285

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
C0225A5730-0001-01

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W. C. DEPARTMENT
ATTN: SHAWNA BENYA
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case: vs SPS TECHNOLOGIES LLC/PB FASTEN
Date Of Injury: CT 5/1/05-7/13/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/26/20	INITIAL EXAM	DR ZAREENA KHAN @ AMERI CHIRO (2.5 HRS)	225.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/28/20	INITL CHIRO	TREATMENT W/DR FARAH AMERI @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/23/20	INITIAL ACUP	W/ ACUPUNCT BRUCE BAPTIE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/07/20	PR2/REEVAL	DR ZAREENA KHAN @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/30/20	FOLLOW-UP	W/ ACUPUNCT BAPTIE @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/15/21	PR2/REEVAL	DR ZAREENA KHAN @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/15/21	FOLLOW-UP	W/ ACUPUNCT BAPTIE @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/24/21	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/09/21	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/21/21	P AND S	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/10/21	LIEN FIL FEE	LIEN FILING FEE	150.00
09/22/21	PMT BY CHECK	DOS 9/7/21* =# 117307448	-1000.00
09/24/21	BLCE OFF SET	BALANCE OFF SET	-995.00

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	79285

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
C0225A5730-0001-01

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W. C. DEPARTMENT
ATTN: SHAWNA BENYA
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case: vs SPS TECHNOLOGIES LLC/PB FASTEN
Date Of Injury: CT 5/1/05-7/13/19

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.

M

Sedgwick Claims Management Services, Inc
P O Box 14433
Lexington, KY 40512-4433

0002356-0009189 0106 001 342200 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
09/22/2021	1,000.00	117307448
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
225 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name		Loss Date	Claim Number
		07/13/2019	C0225B2048-0001-01
Amt Paid: 1,000.00	Description:	Interpreter	
Amt Billed: 1,995.00	Invoice:	5320210908039619	ICN:2258-226113
Dates: 09/07/2021 - 09/07/2021	Comment:		

SWK.RM.SDM.00.NP

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Precision Castparts Corporation
ACE American Insurance Company

ORIGIN 2252258
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/22/2021

117307448

62-22
311

PAY: ******ONE THOUSAND AND 00/100 DOLLARS

$1,000.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Bob Blankenship

MEMO: MP

Precision Castparts Corporation, Principal
Sedgwick Claims Management Services, Inc., Agent By:

1145308806

⑈117307448⑈ ⑆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#
09/13/21 76443

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
55C499756

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

Case: vs FLEXSTEEL INDUSTRIES INC
Date Of Injury: 5/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
07/15/19	INITL CHIRO	& PHYSICAL THERAPY W/DR CHRISTINE HA @	90.00
/ /	-	SIDHU CHIRO*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/17/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/22/19	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, F/U CHIRO & PHYS THERAPY	230.00
/ /	-	W/DR HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/24/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/31/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/29/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/05/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/12/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/14/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/19/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & 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#
09/13/21 76443

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
55C499756

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

Case: vs FLEXSTEEL INDUSTRIES INC
Date Of Injury: 5/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/21/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/26/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/28/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/04/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
09/11/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/16/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/23/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/18/19	F/U CHIRO TX	CHIRO TX & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/25/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/09/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00

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W. C. DEPARTMENT
ATTN: NATHAN MATULEWICZ
P.O. BOX 8032
STEVENS POINT, WI 54481

Case: -- vs FLEXSTEEL INDUSTRIES INC
Date Of Injury: 5/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
09/30/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/07/19	PMT BY CHECK	DOS 7/15/19-9/4/19* =# 49110193	-1350.00
10/08/19	PMT BY CHECK	DODS 9/11/19* =# 49111109	-90.00
10/02/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/07/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/17/19	PMT BY CHECK	DOS 9/18/19* =# 49136485	-90.00
10/17/19	PMT BY CHECK	DOS 9/23/19* =# 49136649	-90.00
10/14/19	PMT BY CHECK	DOS 9/16/19* =# 49125160	-90.00
10/09/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/21/19	PMT BY CHECK	DOS 9/6/19-9/9/19* =# 49143615	-180.00
10/21/19	PMT BY CHECK	DOS 9/25/19* =# 49143627	-90.00
10/23/19	PMT BY CHECK	DOS 9/30/19* =# 49148584	-90.00
10/14/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/30/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/28/19	PMT BY CHECK	DOS 10/2/19* =# 49162102	-90.00
10/30/19	PMT BY CHECK	DOS 10/7/19* =# 49168131	-90.00
10/21/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/23/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00

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SENTRY INSURANCE (WI-8032)
W. C. DEPARTMENT
ATTN: NATHAN MATULEWICZ
P.O. BOX 8032
STEVENS POINT, WI 54481

Case: vs FLEXSTEEL INDUSTRIES INC
Date Of Injury: 5/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/28/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/01/19	PMT BY CHECK	DOS 10/9/19* =# 49175340	-90.00
11/05/19	PMT BY CHECK	DOS 10/14/19* =# 49182595	-90.00
11/04/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
11/16/19	PMT BY CHECK	DOS 10/21/19* =# 49212779	-90.00
11/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/20/19	PMT BY CHECK	DOS 10/23/19-10/23/19* # 49223427	-90.00
11/18/19	PMT BY CHECK	DOS 10/30/19* =# 49215598	-90.00
11/13/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/22/19	PMT BY CHECK	DOS 10/28/19* =# 49232030	-90.00
11/18/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/27/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/20/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/25/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/11/19	PMT BY CHECK	DOS 11/4/19* =# 49267775	-90.00
12/09/19	PMT BY CHECK	DOS 11/6/19* =# 49267712	-90.00
12/11/19	PMT BY CHECK	DOS 11/13/19* =# 49275888	-90.00
12/19/19	PMT BY CHECK	DOS 11/18/19-11/27/19* =# 49296731	-180.00
12/04/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00

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ATTN: NATHAN MATULEWICZ
P.O. BOX 8032
STEVENS POINT, WI 54481

Case: vs FLEXSTEEL INDUSTRIES INC
Date Of Injury: 5/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
12/09/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/31/19	PMT BY CHECK	DOS 11/20/19* =# 49320059	-90.00
01/02/20	PMT BY CHECK	DOS 11/25/19* =# 49322583	-90.00
12/11/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/16/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/18/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/06/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
01/08/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/28/20	PMT BY CHECK	DOS 12/4/19* =# 49383525	-90.00
01/15/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/05/20	PMT BY CHECK	DOS 12/11/19* =# 49404483	-90.00
01/20/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/10/20	PMT BY CHECK	DOS 12/18/19* =# 49415642	-90.00
01/22/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
01/27/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/29/20	FOLLOW-UP	W/ ACUPUNCT CHIO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/25/20	PMT BY CHECK	DOS 1/6/20* =# 49454951	-90.00
02/03/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/26/20	PMT BY CHECK	DOS 1/8/20* =# 49459045	-90.00

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SENTRY INSURANCE (WI-8032)
W. C. DEPARTMENT
ATTN: NATHAN MATULEWICZ
P.O. BOX 8032
STEVENS POINT, WI 54481

Case: vs FLEXSTEEL INDUSTRIES INC
Date Of Injury: 5/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
02/05/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/10/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/12/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/09/20	PMT BY CHECK	DOS 1/22/20* =# 49487180	-90.00
03/06/20	PMT BY CHECK	DOS 1/20/20* =# 49484198	-90.00
03/12/20	PMT BY CHECK	DOS 12/16/19* =# 49497761	-90.00
03/11/20	PMT BY CHECK	DOS 1/27/20* =# 49494201	-90.00
03/18/20	PMT BY CHECK	DOS 1/29/20* =# 49512786	-90.00
02/17/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/24/20	PMT BY CHECK	DOS 2/3/20* =# 49524945	-90.00
03/26/20	PMT BY CHECK	DOS 2/5/20* =# 49532681	-90.00
03/30/20	PMT BY CHECK	DOS 2/12/20* =# 49539136	-90.00
03/30/20	PMT BY CHECK	DOS 2/10/20* =# 49539151	-90.00
02/24/20	FOLLOW-UP	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
04/07/20	PMT BY CHECK	DOS 2/17/20* =# 49558483	-90.00
04/15/20	PMT BY CHECK	DOS 1/15/20* =# 49577064	-90.00
04/20/20	PMT BY CHECK	DOS 2/26/20* =# 49586398	-90.00
04/16/20	PMT BY CHECK	DOS 2/24/20* =# 49580029	-90.00
03/04/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/09/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/11/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00

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Case: __ vs FLEXSTEEL INDUSTRIES INC
Date Of Injury: 5/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/16/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
05/05/20	PMT BY CHECK	DOS 3/4/20* =# 49616175	-90.00
05/19/20	PMT BY CHECK	DOS 3/16/20* =# 49643378	-90.00
05/18/20	PMT BY CHECK	DOS 3/11/20* =# 49640700	-90.00
06/22/20	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
06/22/20	RMB IBR FEE	DOS 10/14/19 # 49706250	-180.00
06/22/20	PMT BY CHECK	DOS 10/14/19 # 49706250	-90.00
06/22/20	PMT BY CHECK	DOS 10/21/19 # 49706249	-90.00
06/22/20	PMT BY CHECK	DOS 10/23/19 # 49706183	-90.00
06/22/20	PMT BY CHECK	DOS 10/28/19 # 49706182	-90.00
06/22/20	PMT BY CHECK	DOS 10/30/19 # 49706181	-90.00
06/22/20	PMT BY CHECK	DOS 11/4/19 # 49706180	-90.00
06/22/20	PMT BY CHECK	DOS 11/20/19 # 49706179	-90.00
06/22/20	PMT BY CHECK	DOS 11/25/19 # 49706178	-90.00
06/08/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/15/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
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
07/21/20	PMT BY CHECK	DOS 6/15/20* =# 49765390	-90.00
07/23/20	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
07/23/20	RMB IBR FEE	DOS 12/16/19 # 49771991	-180.00
07/23/20	PMT BY CHECK	DOS 12/16/19 # 49771991	-90.00
07/23/20	PMT BY CHECK	DOS 12/18/19 # 49771989	-90.00
07/13/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/29/20	PMT BY CHECK	DOS 6/29/20* =# 49783580	-90.00

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Case: vs FLEXSTEEL INDUSTRIES INC
Date Of Injury: 5/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
07/24/20	PMT BY CHECK	DOS 12/11/19 # 49771986	-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 MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA 003693	0.00
08/06/20	PMT BY CHECK	DOS 7/6/20* =# 49801987	-90.00
08/14/20	PMT BY CHECK	DOS 7/13/20* =# 49820179	-180.00
08/25/20	PMT BY CHECK	DOS 7/20/20* =# 49840460	-90.00
09/01/20	PMT BY CHECK	DOS 7/27/20* =# 49857013	-90.00
09/21/20	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
09/21/20	RMB IBR FEE	DOS 1/20/20 # 49897205	-180.00
09/21/20	PMT BY CHECK	DOS 1/20/20 # 49897205	-90.00
09/21/20	PMT BY CHECK	DOS 1/27/20 # 49897474	-90.00
09/21/20	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
09/21/20	RMB IBR FEE	DOS 1/29/20 # 49897348	-180.00
09/21/20	PMT BY CHECK	DOS 1/29/20 # 49897348	-90.00
09/21/20	PMT BY CHECK	DOS 2/3/20 # 49897412	-90.00
09/21/20	PMT BY CHECK	DOS 2/5/20 # 49897207	-90.00
10/21/20	PMT BY CHECK	DOS 1/22/20* # 49966147	-90.00
11/04/20	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
11/04/20	RMB IBR FEE	DOS 3/11/20 # 49998602	-180.00
11/04/20	PMT BY CHECK	DOS 3/11/20 # 49998602	-90.00
11/10/20	PMT BY CHECK	DOS 2/17/20 # 50011350	-90.00
11/10/20	PEN & INT	PEN & INT 2/17/20	54.00
11/10/20	PMT BY CHECK	DOS 2/17/20 # 50011350	-54.00
11/10/20	PMT BY CHECK	DOS 2/12/20 # 50011351	-90.00
11/10/20	PMT BY CHECK	DOS 2/10/20 # 50011352	-90.00
11/10/20	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
11/10/20	RMB IBR FEE	DOS 1/15/20 # 50011353	-180.00
11/10/20	PMT BY CHECK	DOS 1/15/20 # 50011353	-90.00
11/10/20	PMT BY CHECK	DOS 2/26/20 # 50011354	-90.00

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Case: ___ vs FLEXSTEEL INDUSTRIES INC
Date Of Injury: 5/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
11/10/20	PEN & INT	PEN & INT 2/26/20	45.00
11/10/20	PMT BY CHECK	DOS 2/26/20 # 50011354	-45.00
11/10/20	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
11/10/20	RMB IBR FEE	DOS 2/24/20-3/4/20 # 50011355	-180.00
11/10/20	PMT BY CHECK	DOS 2/24/20-3/4/20 # 50011355	-180.00
11/25/20	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
11/25/20	RMB IBR FEE	DOS 3/16/20 # 50046307	-180.00
11/25/20	PMT BY CHECK	DOS 3/16/20 # 50046307	-90.00
11/03/20	MISC_	IBR ORD ENFORCE-WRITING COSTS	112.50
11/25/20	PMT BY CHECK	IBR ORD ENFORCE-WRITING COSTS	-112.50
12/03/20	PMT BY CHECK	DOS 7/27/20* =# 50061753	-90.00
02/05/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
02/05/21	RMB IBR FEE	DOS 7/6/20-7/20/20 # 50201208	-180.00
02/05/21	PMT BY CHECK	DOS 7/6/20 # 50201208 # 50201208	-90.00
02/05/21	PMT BY CHECK	DOS 7/20/21* =# 50201207	-90.00
02/05/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
02/05/21	RMB IBR FEE	DOS 6/15/20-6/29/20 # 50201215	-180.00
02/05/21	PMT BY CHECK	DOS 6/15/20 # 50201215	-90.00
02/05/21	PMT BY CHECK	DOS 6/29/20 # 50201214	-90.00
07/07/21	LIEN FIL FEE	LIEN FILING FEE	150.00
09/02/21	PMT BY CHECK	DOS 7/15/19* =# 50668080	-3290.00
09/13/21	BLCE OFF SET	BALANCE OFF SET	-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	76443

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
55C499756

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

Case: vs FLEXSTEEL INDUSTRIES INC
Date Of Injury: 5/15/19

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.

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49110193

0000061

Sentry

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

ICN: 01CA-450488
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
071519 THRU 071519
ACCT#76443 — (

PAID
OCT 16 2019
BY .....

REFERENCE NO.: 112437345
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$****1,350.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000061 19280 N AC 0 191007105303.9400 00270200443523926061927814165 65 55C499756

656B ▼ Detach Here ▼ (10/1

Sentry CLAIM ACCOUNT No. 49110193

56-392 412 WELLS FARGO BANK, N.A.

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	10/07/19

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$****1,350.00

ONE THOUSAND THREE HUNDRED FIFTY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Julie Ehresman

⑈49110193⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): **49110193**
Payment Date (Mail Date): **10/08/19**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
10/07/2019
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-450488**	Service Dates **07/15/2019** - **07/15/2019**	**09/23/2019**	**2,570.00**	**1350.00**

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
07/15/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **120**	**0**	**90.00** **90.00**	**0.00**	**90.00**		
07/17/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **120**	**0**	**90.00** **90.00**	**0.00**	**90.00**		
07/22/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **120**	**0**	**230.00** **90.00**	**140.00**	**90.00**	**G1**	**1**
07/24/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **120**	**0**	**180.00** **90.00**	**90.00**	**90.00**	**G1**	**1**
07/29/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **120**	**0**	**180.00** **90.00**	**90.00**	**90.00**	**G1**	**1**
07/31/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **120**	**0**	**180.00** **90.00**	**90.00**	**90.00**	**G1**	**1**
08/05/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **120**	**0**	**180.00** **90.00**	**90.00**	**90.00**	**G1**	**1**
08/06/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **120**	**0**	**180.00** **90.00**	**90.00**	**90.00**	**G1**	**1**
08/12/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **120**	**0**	**180.00** **90.00**	**90.00**	**90.00**	**G1**	**1**

Payment ID Number (Check No.): **49110193**
Payment Date (Mail Date): **10/08/19**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-450488**	Service Dates **07/15/2019** - **07/15/2019**	**09/23/2019**	**2,570.00**	**1350.00**

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
08/14/2019			**INTERPRETER OTHER 15**	**120**	**0**	**180.00**	**90.00**	**90.00**	**G1**	**1**
	Q00014			**120**		**90.00**				
08/19/2019			**INTERPRETER OTHER 15**	**120**	**0**	**180.00**	**90.00**	**90.00**	**G1**	**1**
	Q00014			**120**		**90.00**				
08/21/2019			**INTERPRETER OTHER 15**	**120**	**0**	**180.00**	**90.00**	**90.00**	**G1**	**1**
	Q00014			**120**		**90.00**				
08/26/2019			**INTERPRETER OTHER 15**	**120**	**0**	**180.00**	**90.00**	**90.00**	**G1**	**1**
	Q00014			**120**		**90.00**				
08/28/2019			**INTERPRETER OTHER 15**	**120**	**0**	**180.00**	**90.00**	**90.00**	**G1**	**1**
	Q00014			**120**		**90.00**				
09/04/2019			**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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49111109

0000096

Sentry

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

ICN: 01CA-450978
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
071519 THRU 071519
ACCT#76443

PAID
OCT 16 2019
BY:

REFERENCE NO.: 112442520
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

I 00001 0000096 19281 N AC 0 191008103222.9400 00270200443524133964927814165 65 55C499756

656B ▼ Detach Here ▼ (10/1

Sentry CLAIM ACCOUNT No. 49111109

WELLS FARGO BANK, N.A.

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	10/08/19

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

[redacted]

⑈49111109⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): **49111109**
Payment Date (Mail Date): **10/09/19**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
10/08/2019
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443** Payment Status Code: **1** Payer Bill Id: **01CA-450978**	Bill Frequency Type: DRG Code: Service Dates **07/15/2019** - **07/15/2019**	Date Bill Received	Total Charge	Payment
		09/27/2019	**2,750.00**	**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
07/15/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **0**	**120**	**90.00** **0.00**	**90.00**	**0.00**	**G56**	**1**
07/17/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **0**	**120**	**90.00** **0.00**	**90.00**	**0.00**	**G56**	**1**
07/22/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **0**	**120**	**230.00** **0.00**	**230.00**	**0.00**	**G56**	**1**
07/24/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **0**	**120**	**180.00** **0.00**	**180.00**	**0.00**	**G56**	**1**
07/29/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **0**	**120**	**180.00** **0.00**	**180.00**	**0.00**	**G56**	**1**
07/31/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **0**	**120**	**180.00** **0.00**	**180.00**	**0.00**	**G56**	**1**
08/05/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **0**	**120**	**180.00** **0.00**	**180.00**	**0.00**	**G56**	**1**
08/06/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **0**	**120**	**180.00** **0.00**	**180.00**	**0.00**	**G56**	**1**
08/12/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **0**	**120**	**180.00** **0.00**	**180.00**	**0.00**	**G56**	**1**

Payment ID Number (Check No.): **49111109**
Payment Date (Mail Date): **10/09/19**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-450978**	Service Dates **07/15/2019** - **07/15/2019**	**09/27/2019**	**2,750.00**	**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
08/14/2019			INTERPRETER OTHER 15	120	120	180.00	180.00	0.00	G56	1
	Q00014			0		0.00				
08/19/2019			INTERPRETER OTHER 15	120	120	180.00	180.00	0.00	G56	1
	Q00014			0		0.00				
08/21/2019			INTERPRETER OTHER 15	120	120	180.00	180.00	0.00	G56	1
	Q00014			0		0.00				
08/26/2019			INTERPRETER OTHER 15	120	120	180.00	180.00	0.00	G56	1
	Q00014			0		0.00				
08/28/2019			INTERPRETER OTHER 15	120	120	180.00	180.00	0.00	G56	1
	Q00014			0		0.00				
09/04/2019			INTERPRETER OTHER 15	120	120	180.00	180.00	0.00	G56	1
	Q00014			0		0.00				
09/11/2019			INTERPRETER OTHER 15	120	0	180.00	90.00	90.00	G1	2
	Q00014			120		90.00				

REASON FOR REDUCTION OR DENIAL:

1	224	A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
2	A90	WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1
	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.
	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.

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49136485

0000063

Sentry

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

OCT 2 2019

ICN: 01CA-455007
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
071519 THRU 071519
ACCT#76443

REFERENCE NO.: 112469867
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000063 19290 N AC 0 191017103732.9400 00270200443525580445927814165 65 55C499756

)-656B ▼ Detach Here ▼ (10/13)

Sentry CLAIM ACCOUNT No. 49136485

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	10/17/19

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Bkarski

⑈49136485⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): **49136485**
Payment Date (Mail Date): **10/18/19**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
10/17/2019
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443** Payment Status Code: **1** Payer Bill Id: **01CA-455007**	Bill Frequency Type: DRG Code: Service Dates **07/15/2019** - **07/15/2019**	Date Bill Received	Total Charge	Payment
		10/10/2019	**3,200.00**	**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
07/15/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **0**	**120**	**90.00** **0.00**	**90.00**	**0.00**	**G56**	**1**
07/17/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **0**	**120**	**90.00** **0.00**	**90.00**	**0.00**	**G56**	**1**
07/22/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **0**	**120**	**230.00** **0.00**	**230.00**	**0.00**	**G56**	**1**
07/24/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **0**	**120**	**180.00** **0.00**	**180.00**	**0.00**	**G56**	**1**
07/29/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **0**	**120**	**180.00** **0.00**	**180.00**	**0.00**	**G56**	**1**
07/31/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **0**	**120**	**180.00** **0.00**	**180.00**	**0.00**	**G56**	**1**
08/05/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **0**	**120**	**180.00** **0.00**	**180.00**	**0.00**	**G56**	**1**
08/06/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **0**	**120**	**180.00** **0.00**	**180.00**	**0.00**	**G56**	**1**
08/12/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **0**	**120**	**180.00** **0.00**	**180.00**	**0.00**	**G56**	**1**

Payment ID Number (Check No.): **49136485**
Payment Date (Mail Date): **10/18/19**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
10/17/2019
Page
2

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-455007**	Service Dates **07/15/2019** - **07/15/2019**	**10/10/2019**	**3,200.00**	**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
08/14/2019	Q00014		INTERPRETER OTHER 15	120 0	120	180.00 0.00	180.00	0.00	G56	1
08/19/2019	Q00014		INTERPRETER OTHER 15	120 0	120	180.00 0.00	180.00	0.00	G56	1
08/21/2019	Q00014		INTERPRETER OTHER 15	120 0	120	180.00 0.00	180.00	0.00	G56	1
08/26/2019	Q00014		INTERPRETER OTHER 15	120 0	120	180.00 0.00	180.00	0.00	G56	1
08/28/2019	Q00014		INTERPRETER OTHER 15	120 0	120	180.00 0.00	180.00	0.00	G56	1
09/04/2019	Q00014		INTERPRETER OTHER 15	120 0	120	180.00 0.00	180.00	0.00	G56	1
09/11/2019	Q00014		INTERPRETER OTHER 15	120 0	120	180.00 0.00	180.00	0.00	G56	1
09/16/2019	Q00014		INTERPRETER OTHER 15	120 0	120	180.00 0.00	180.00	0.00	G56	1
09/18/2019	Q00014		INTERPRETER OTHER 15	120 120	0	90.00 90.00	0.00	90.00		
09/23/2019	Q00014		INTERPRETER OTHER 15	120 0	120	180.00 0.00	180.00	0.00	G56	1

REASON FOR REDUCTION OR DENIAL:

1	224	A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
	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.

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49136649

0000227

Sentry

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

ICN: 01CA-454542
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
071519 THRU 071519
ACCT#76443

OCT 2 2019

REFERENCE NO.: 112469713
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000227 19290 N AC 0 191017105808.9400

00270200443525590278927814165 65

55C499756

0-656B

▼ Detach Here ▼

(10/13)

Sentry

CLAIM ACCOUNT

No. 49136649

56-382
412

WELLS FARGO BANK, N.A.

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	10/17/19

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Ekdahl

⑈49136649⑈ ⑆041203824⑆ 960003168 1⑈

Payment ID Number (Check No.): **49136649**
Payment Date (Mail Date): **10/18/19**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
10/16/2019
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443** Payment Status Code: **1** Payer Bill Id: **01CA-454542**	Bill Frequency Type: DRG Code: Service Dates **07/15/2019** - **07/15/2019**	Date Bill Received	Total Charge	Payment
		10/07/2019	**3,110.00**	**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
07/15/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **0**	**120**	**90.00** **0.00**	**90.00**	**0.00**	**G56**	**1**
07/17/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **0**	**120**	**90.00** **0.00**	**90.00**	**0.00**	**G56**	**1**
07/22/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **0**	**120**	**230.00** **0.00**	**230.00**	**0.00**	**G56**	**1**
07/24/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **0**	**120**	**180.00** **0.00**	**180.00**	**0.00**	**G56**	**1**
07/29/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **0**	**120**	**180.00** **0.00**	**180.00**	**0.00**	**G56**	**1**
07/31/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **0**	**120**	**180.00** **0.00**	**180.00**	**0.00**	**G56**	**1**
08/05/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **0**	**120**	**180.00** **0.00**	**180.00**	**0.00**	**G56**	**1**
08/06/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **0**	**120**	**180.00** **0.00**	**180.00**	**0.00**	**G56**	**1**
08/12/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **0**	**120**	**180.00** **0.00**	**180.00**	**0.00**	**G56**	**1**

Payment ID Number (Check No.): **49136649**
Payment Date (Mail Date): **10/18/19**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
10/16/2019
Page
2

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-454542**	Service Dates **07/15/2019** - **07/15/2019**	**10/07/2019**	**3,110.00**	**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
08/14/2019	Q00014		INTERPRETER OTHER 15	120 0	120	180.00 0.00	180.00	0.00	G56	1
08/19/2019	Q00014		INTERPRETER OTHER 15	120 0	120	180.00 0.00	180.00	0.00	G56	1
08/21/2019	Q00014		INTERPRETER OTHER 15	120 0	120	180.00 0.00	180.00	0.00	G56	1
08/26/2019	Q00014		INTERPRETER OTHER 15	120 0	120	180.00 0.00	180.00	0.00	G56	1
08/28/2019	Q00014		INTERPRETER OTHER 15	120 0	120	180.00 0.00	180.00	0.00	G56	1
09/04/2019	Q00014		INTERPRETER OTHER 15	120 0	120	180.00 0.00	180.00	0.00	G56	1
09/11/2019	Q00014		INTERPRETER OTHER 15	120 0	120	180.00 0.00	180.00	0.00	G56	1
09/16/2019	Q00014		INTERPRETER OTHER 15	120 0	120	180.00 0.00	180.00	0.00	G56	1
09/23/2019	Q00014		INTERPRETER OTHER 15	120 120	0	180.00 90.00	90.00	90.00	G1	2

REASON FOR REDUCTION OR DENIAL:

1	224	A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
2	A90	WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1
	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.
	G1	THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49125160

0000049

Sentry

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

ICN: 01CA-452977
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
091619 THRU 091619
ACCT#76443

OCT 2 2019

REFERENCE NO.: 112457235
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000049 19287 N AC 0 191014103309.9400 00270200443525022182927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/13)

Sentry CLAIM ACCOUNT

No. 49125160

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

VOID VOID VOID VOID

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	10/14/19

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Dale Bkaoski

⑈49125160⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): **49125160**
Payment Date (Mail Date): **10/15/19**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
10/14/2019
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443** Payment Status Code: **1** Payer Bill Id: **01CA-452977**	Bill Frequency Type: DRG Code: Service Dates **09/16/2019** - **09/16/2019**	Date Bill Received	Total Charge	Payment
		10/04/2019	**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
09/16/2019	**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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49143615

0000042

Sentry

RECEIVED
OCT 29 2019
BY:

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

ICN: 01CA-456083
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
090619 THRU 090619
ACCT#76443

REFERENCE NO.: 112477558
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$******180.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000042 19294 N AC 0 191021105536.9400 00270200443526252571927814165 65 55C499756

0-656B ▼ Detach Here ▼ (10/13)

Sentry CLAIM ACCOUNT

No. 49143615

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	10/21/19

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$******180.00

ONE HUNDRED EIGHTY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

David Ekrassh

⑈49143615⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): **49143615**
Payment Date (Mail Date): **10/22/19**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
10/21/2019

Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-456083**	Service Dates **09/06/2019** - **09/06/2019**	**10/15/2019**	**360.00**	**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
09/06/2019			**INTERPRETER OTHER 15**	**8**	**0**	**180.00**	**90.00**	**• 90.00**	**G1**	**1**
	Q00014			**8**		**90.00**				
09/09/2019			**INTERPRETER OTHER 15**	**8**	**0**	**180.00**	**90.00**	**• 90.00**	**G1**	**1**
	Q00014			**8**		**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

Please retain for your records. No. 49143627

0000054

Sentry®

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

PAID
OCT 29 2019
BY.....

ICN: 01CA-456007
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
071519 THRU 071519
ACCT#76443

REFERENCE NO.: 112476975
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000054 19294 N AC 0 191021103607.9400 00270200443526240938927814165 65 55C499756

D-656B ▼ Detach Here ▼ (10/13)

Sentry® CLAIM ACCOUNT

No. 49143627

56-389
412 WELLS FARGO BANK, N.A.

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	10/21/19

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Ekroos

⑈49143627⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): **49143627**
Payment Date (Mail Date): **10/22/19**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
10/21/2019

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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:
ALTMAN INTERPRETERS INC JOYCE

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-456007**	Service Dates **07/15/2019** - **07/15/2019**	**10/15/2019**	**3,380.00**	**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
07/15/2019	Q00014		INTERPRETER OTHER 15	8 0	8	90.00 0.00	90.00	0.00	G56	1
07/17/2019	Q00014		INTERPRETER OTHER 15	8 0	8	90.00 0.00	90.00	0.00	G56	1
07/22/2019	Q00014		INTERPRETER OTHER 15	8 0	8	230.00 0.00	230.00	0.00	G56	1
07/24/2019	Q00014		INTERPRETER OTHER 15	8 0	8	180.00 0.00	180.00	0.00	G56	1
07/29/2019	Q00014		INTERPRETER OTHER 15	8 0	8	180.00 0.00	180.00	0.00	G56	1
07/31/2019	Q00014		INTERPRETER OTHER 15	8 0	8	180.00 0.00	180.00	0.00	G56	1
08/05/2019	Q00014		INTERPRETER OTHER 15	8 0	8	180.00 0.00	180.00	0.00	G56	1
08/06/2019	Q00014		INTERPRETER OTHER 15	8 0	8	180.00 0.00	180.00	0.00	G56	1
08/12/2019	Q00014		INTERPRETER OTHER 15	8 0	8	180.00 0.00	180.00	0.00	G56	1

Payment ID Number (Check No.): **49143627**
Payment Date (Mail Date): **10/22/19**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
10/21/2019
Page
2

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-456007**	Service Dates **07/15/2019** - **07/15/2019**	**10/15/2019**	**3,380.00**	**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
08/14/2019	Q00014		INTERPRETER OTHER 15	8 0	8	180.00 0.00	180.00	0.00	G56	1
08/19/2019	Q00014		INTERPRETER OTHER 15	8 0	8	180.00 0.00	180.00	0.00	G56	1
08/21/2019	Q00014		INTERPRETER OTHER 15	8 0	8	180.00 0.00	180.00	0.00	G56	1
08/26/2019	Q00014		INTERPRETER OTHER 15	8 0	8	180.00 0.00	180.00	0.00	G56	1
08/28/2019	Q00014		INTERPRETER OTHER 15	8 0	8	180.00 0.00	180.00	0.00	G56	1
09/04/2019	Q00014		INTERPRETER OTHER 15	8 0	8	180.00 0.00	180.00	0.00	G56	1
09/11/2019	Q00014		INTERPRETER OTHER 15	8 0	8	180.00 0.00	180.00	0.00	G56	1
09/16/2019	Q00014		INTERPRETER OTHER 15	8 0	8	180.00 0.00	180.00	0.00	G56	1
09/18/2019	Q00014		INTERPRETER OTHER 15	8 0	8	90.00 0.00	90.00	0.00	G56	1
09/23/2019	Q00014		INTERPRETER OTHER 15	8 0	8	180.00 0.00	180.00	0.00	G56	1
09/25/2019	Q00014		INTERPRETER OTHER 15	8 8	0	180.00 90.00	90.00	• 90.00	G1	2

REASON FOR REDUCTION OR DENIAL:

1	224	A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
2	A90	WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1
	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.
	G1	THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49148584

0000037

Sentry®

PAID
OCT 29 2019
BY:

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

ICN: 01CA-457131
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
093019 THRU 093019
ACCT#76443

REFERENCE NO.: 112485703
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000037 19296 N AC 0 191023115652.9400 00270200443526624584927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/1:

Sentry®

CLAIM ACCOUNT

VOID VOID VOID VOID

No. 49148584

58-382 / 412 WELLS FARGO BANK, N.A.

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	10/23/19

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Dale Ekkosh

⑈49148584⑈ ⑆041203824⑆ 9600031684⑈

Payment ID Number (Check No.): **49148584**
Payment Date (Mail Date): **10/24/19**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
10/23/2019
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-457131**	Service Dates **09/30/2019** - **09/30/2019**	**10/19/2019**	**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
09/30/2019			**INTERPRETER OTHER 15**	**8**	**0**	**180.00**	**90.00**	**90.00**	**G1**	**1**
	Q00014			**8**		**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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49162102

0000079

Sentry

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

ICN: 01CA-458631
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
100219 THRU 100219
ACCT#76443

PAID
NOV 05 2019

REFERENCE NO.: 112496429
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

I 00001 0000079 19301 N AC 0 191028103209.9400 00270200443527314159927814165 65 55C499756

!0-656B ▼ Detach Here ▼ (10/13)

Sentry CLAIM ACCOUNT

No. 49162102

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	10/28/19

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Ekkosko

⑈49162102⑈ ⑆041203824⑆ 960003168⑈

Payment ID Number (Check No.): **49162102**
Payment Date (Mail Date): **10/29/19**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
10/28/2019
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-458631**	Service Dates **10/02/2019** - **10/02/2019**	**10/24/2019**	**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
10/02/2019			**INTERPRETER OTHER 15**	**8**	**0**	**180.00**	**90.00**	**90.00**	**G1**	**1**
	Q00014			**8**		**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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49168131

0000053

Sentry

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

ICN: 01CA-460256
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
100719 THRU 100719
ACCT#76443

PAID
NOV 05 2019
BY.

REFERENCE NO.: 112505515
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000053 19303 N AC 0 191030102336.9400 00270200443527666453927814165 65 55C499756

0-656B ▼ Detach Here ▼ (10/13)

Sentry

CLAIM ACCOUNT

No. 49168131

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	10/30/19

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Nila Ekroose

⑈49168131⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): **49168131**
Payment Date (Mail Date): **10/31/19**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
10/30/2019

Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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:
ALTMAN JOYCE

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-460256**	Service Dates **10/07/2019** - **10/07/2019**	**10/28/2019**	**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
10/07/2019			**INTERPRETER OTHER 15**	**8**	**0**	**180.00**	**90.00**	**90.00**	**G1**	**1**
	Q00014			**8**		**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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49175340

0000035

Sentry

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

PAID
NOV 08 2019
BY. .....

ICN: 01CA-461179
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
100919 THRU 100919
ACCT#76443

REFERENCE NO.: 112511399
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000035 19305 N AC 0 191101102430.9400 00270200443528167406927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/

Sentry CLAIM ACCOUNT

No. 49175340

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	11/01/19

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Dale Ekarius

⑈49175340⑈ ⑆041203824⑆ 960003168810⑈

Payment ID Number (Check No.): **49175340**
Payment Date (Mail Date): **11/04/19**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
11/01/2019
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-461179**	Service Dates **10/09/2019** - **10/09/2019**	**10/31/2019**	**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
10/09/2019	**Q00014**		**INTERPRETER OTHER 15**	**8** **8**	**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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49182595

0000088

Sentry

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

ICN: 01CA-462268
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
101419 THRU 101419
ACCT#76443

PAID
NOV 12 2019
BY.....

REFERENCE NO.: 112518789
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000088 19309 N AC 0 191105111249.9400 00270200443528723855927814165 65 55C499756

0-656B ▼ Detach Here ▼ (10/13)

Sentry CLAIM ACCOUNT No. 49182595

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	11/05/19

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

⑈49182595⑈ ⑆041203824⑆ 960003168 1⑈

Payment ID Number (Check No.): **49182595**
Payment Date (Mail Date): **11/06/19**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
11/05/2019
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-462268**	Service Dates **10/14/2019** - **10/14/2019**	**11/04/2019**	**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
10/14/2019			**INTERPRETER OTHER 15**	**8**	**0**	**180.00**	**90.00**	**90.00**	**G1**	**1**
	Q00014			**8**		**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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49212779

0000078

Sentry®

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

ICN: 01CA-465904
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
102119 THRU 102119
ACCT#76443

PAID
NOV 23 2019
BY. .....

REFERENCE NO.: 112549021
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000078 19319 N AC 0 191115104551.9400 00270200443530520357927814165 65 55C499756

0-656B ▼ Detach Here ▼ (10/13)

Sentry®

CLAIM ACCOUNT

No. 49212779

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

VOID VOID VOID VOID VOID VOID VOID VOID

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	11/15/19

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Eckrosh

⑈49212779⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): **49212779**
Payment Date (Mail Date): **11/18/19**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
11/15/2019

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-465904**	Service Dates **10/21/2019** - **10/21/2019**	**11/12/2019**	**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
10/21/2019			**INTERPRETER OTHER 15**	**8**	**0**	**180.00**	**90.00**	**90.00**	**G1**	**1**
	Q00014			**8**		**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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49223427

0000127

Sentry

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

ICN: 01CA-467455
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
102319 THRU 102319
ACCT#76443

PAID
NOV 25 2019
BY.

REFERENCE NO.: 112562627
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000127 19324 N AC 0 191121001147.9400 00270200443531205007927B1416565 55C499756

20-656B ▼ Detach Here ▼ (10/1

Sentry CLAIM ACCOUNT No. 49223427

56-302/412 WELLS FARGO BANK, N.A.

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	11/20/19

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Eikassho

⑈4922342 7⑈ ⑆041203824⑆ 960003168 1⑈

Payment ID Number (Check No.): **49223427**
Payment Date (Mail Date): **11/21/19**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
11/20/2019
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-467455**	Service Dates **10/23/2019** - **10/23/2019**	**11/16/2019**	**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
10/23/2019	**Q00014**		**INTERPRETER OTHER 15**	**8** **8**	**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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49215598

0000242

Sentry®

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

ICN: 01CA-465873
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
101419 THRU 101419
ACCT#76443

REFERENCE NO.: 112551379
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000242 19322 N AC 0 191118104820.9400 00270200443530783047927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/1

Sentry®

CLAIM ACCOUNT

No. 49215598

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

VOID VOID VOID VOID VOID

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	11/18/19

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Bikowski

⑈49215598⑈ ⑆041203824⑆ 960003168 1⑈

Payment ID Number (Check No.): **49215598**
Payment Date (Mail Date): **11/19/19**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
11/18/2019
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-465873**	Service Dates **10/14/2019** - **10/14/2019**	**11/11/2019**	**360.00**	**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
10/14/2019			**INTERPRETER OTHER 15**	**8**	**8**	**180.00**	**180.00**	**0.00**	**G56**	**1**
	Q00014			**0**		**0.00**				
10/30/2019			**INTERPRETER OTHER 15**	**8**	**0**	**180.00**	**90.00**	**90.00**	**G1**	**2**
	Q00014			**8**		**90.00**				

REASON FOR REDUCTION OR DENIAL:

1	**224**	**A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.**
2	**A90**	**WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1**
	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.**
	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.

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49232030

0000056

Sentry®

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

ICN: 01CA-468739
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
102819 THRU 102819
ACCT#76443

PAID
DEC 03 2019
BY: .....

REFERENCE NO.: 112570437
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000056 19326 N AC 0 191122102814.9400

00270200443531682046927814165 65

55C499756

(10/13)

20-656B

▼ Detach Here ▼

Payment ID Number (Check No.): **49232030**
Payment Date (Mail Date): **11/25/19**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
11/22/2019
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-468739**	Service Dates **10/28/2019** - **10/28/2019**	**11/18/2019**	**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
10/28/2019			**INTERPRETER OTHER 15**	**8**	**0**	**180.00** ✓	**90.00**	**90.00**	**G1**	**1**
	Q00014			**8**		**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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49267775

0000137

Sentry

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

ICN: 01CA-473978
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
110419 THRU 110419
ACCT#76443

PAID
DEC 17 2019

REFERENCE NO.: 112608919
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000137 19343 N AC 0 191209103039.9400 00270200443534139732927814165 65 55C499756

I-656B

▼ Detach Here ▼

(10/

Sentry

CLAIM ACCOUNT

No. 49267775

56-392
412 WELLS FARGO BANK, N.A.

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	12/09/19

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

[redacted]

⑈49267775⑈ ⑆[illegible]⑆ [illegible]

Payment ID Number (Check No.): **49267775**
Payment Date (Mail Date): **12/10/19**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
12/07/2019

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-473978**	Service Dates **11/04/2019** - **11/04/2019**	**11/29/2019**	**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
11/04/2019			**INTERPRETER OTHER 15**	**8**	**0**	**180.00**	**90.00**	**90.00**	**G1**	**1**
	Q00014			**8**		**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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49267712

0000074

Sentry

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

3

ICN: 01CA-474143
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
110619 THRU 110619
ACCT#76443

PAID
DEC 17 2019
BY.

REFERENCE NO.: 112609744
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000074 19343 N AC 0 1912091111136.9400 00270200443534158496927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10

Sentry CLAIM ACCOUNT

No. 49267712

56-382 WELLS FARGO BANK, N.A.
812

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	12/09/19

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Non-Negotiable

⑈1 0 3 C 7 7 1 3⑈ ⑆0L 1 2 0 3 8 2 L⑆ 9 8 0 0 0 3 1 6 8 8 1⑈

Payment ID Number (Check No.): **49267712**
Payment Date (Mail Date): **12/10/19**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
12/09/2019
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-474143**	Service Dates **11/06/2019** - **11/06/2019**	**12/02/2019**	**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
11/06/2019			**INTERPRETER OTHER 15**	**8**	**0**	**180.00**	**90.00**	**90.00**	**G1**	**1**
	Q00014			**8**		**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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49275888

0000035

Sentry

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

PAID
DEC 17 2019
BY. .....

ICN: 01CA-475457
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
111319 THRU 111319
ACCT#76443 ✓

REFERENCE NO.: 112620216
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000035 19345 N AC 0 191211105720.9400 00270200443534550374927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10

Sentry CLAIM ACCOUNT

No. 49275888

56-389 WELLS FARGO BANK N.A.
412

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	12/11/19

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Void Without Signature

Payment ID Number (Check No.): **49275888**
Payment Date (Mail Date): **12/12/19**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
12/11/2019

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-475457**	Service Dates **11/13/2019** - **11/13/2019**	**12/07/2019**	**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
11/13/2019			**INTERPRETER OTHER 15**	**8**	**0**	**180.00**	**90.00**	**90.00**	**G1**	**1**
	Q00014			**8**		**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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49296731

0000183

Sentry

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

ICN: 01CA-477853
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
111819 THRU 111819
ACCT#76443

PAID
JAN 0 2 2020
PW.

REFERENCE NO.: 112641022
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$******180.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000183 19353 N AC 0 191219105143.9400 00270200443535837997927814165 65 55C499756

I-656B

▼ Detach Here ▼

(10/13)

Sentry

CLAIM ACCOUNT

VOID VOID VOID VOID

No. 49296731

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	12/19/19
PAYMENT COVERS			AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443			$******180.00

ONE HUNDRED EIGHTY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Bikowski

⑈49296731⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): **49296731**
Payment Date (Mail Date): **12/20/19**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
12/19/2019
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-477853**	Service Dates **11/18/2019** - **11/18/2019**	**12/13/2019**	**360.00**	**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
11/18/2019			**INTERPRETER OTHER 15**	**8**	**0**	**180.00**	**90.00**	**90.00**	**G1**	**1**
	Q00014			**8**		**90.00**				
11/27/2019			**INTERPRETER OTHER 15**	**8**	**0**	**180.00**	**90.00**	**90.00**	**G1**	**1**
	Q00014			**8**		**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

Please retain for your records. No. 49320059

0000145

Sentry

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

ICN: 01CA-481271
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
112019 THRU 112019
ACCT#76443 ✓ —1

PAID
JAN 07 2020

REFERENCE NO.: 112666708
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000145 19365 N AC 0 191231084948.9400 00270200443537546970927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/12

Sentry CLAIM ACCOUNT

VOID VOID VOID VOID

No. 49320059

50-382 412 WELLS FARGO BANK, N.A.

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	12/31/19

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Bkassh

⑈4932005 9⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): **49320059**
Payment Date (Mail Date): **01/02/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
12/31/2019
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-481271**	Service Dates **11/20/2019** - **11/20/2019**	**12/16/2019**	**360.00**	**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
11/20/2019			**INTERPRETER OTHER 15**	**8**	**0**	**180.00**	**90.00**	**90.00**	**G1**	**1**
	Q00014			**8**		**90.00**				
11/27/2019			**INTERPRETER OTHER 15**	**8**	**8**	**180.00**	**180.00**	**0.00**	**G56**	**2**
	Q00014			**0**		**0.00**				

REASON FOR REDUCTION OR DENIAL:

1	**A90**	**WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1**
2	**224**	**A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.**
	G1	**THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.**
	G56	**THIS APPEARS TO BE A DUPLICATE CHARGE FOR A BILL PREVIOUSLY REVIEWED, OR THIS APPEARS TO BE A "BALANCE FORWARD BILL" CONTAINING A DUPLICATE CHARGE AND BILLING FOR A NEW SERVICE.**

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.

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49322583

0000032

Sentry

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

ICN: 01CA-482354
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
112019 THRU 112019
ACCT#76443

PAID
JAN 07 2020
BY .....

REFERENCE NO.: 112673385
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000032 20002 N AC 0 200102112913.9400 00270200443537823287927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/13

Sentry CLAIM ACCOUNT

VOID VOID VOID VOID

No. 49322583

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	01/02/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Bkowski

⑈49322583⑈ ⑆041203824⑆ 960003168 1⑈

Payment ID Number (Check No.): **49322583**
Payment Date (Mail Date): **01/03/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
01/02/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-482354**	Service Dates **11/20/2019** - **11/20/2019**	**12/21/2019**	**360.00**	**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
11/20/2019			**INTERPRETER OTHER 15**	**8**	**8**	**180.00**	**180.00**	**0.00**	**G56**	**1**
	Q00014			**0**		**0.00**				
11/25/2019			**INTERPRETER OTHER 15**	**8**	**0**	**180.00**	**90.00**	**90.00**	**G1**	**2**
	Q00014			**8**		**90.00**				

REASON FOR REDUCTION OR DENIAL:

1	**224**	**A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.**
2	**A90**	**WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1**
	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.**
	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.

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49383525

0000449

Sentry

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

FEB 0 4 2020

ICN: 01CA-489423
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
120419 THRU 120419
ACCT#76443

REFERENCE NO.: 112738190
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000449 20028 N AC 0 200128102539.9400 00270200443542187348927814165 65 55C499756

-656B ▼ Detach Here ▼ (10/1

Sentry CLAIM ACCOUNT

No. 49383525

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

VOID VOID VOID VOID VOID

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	01/28/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Void If Presented

Payment ID Number (Check No.): **49383525**
Payment Date (Mail Date): **01/29/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
01/28/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-489423**	Service Dates **12/04/2019** - **12/04/2019**	**01/11/2020**	**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
12/04/2019			**INTERPRETER OTHER 15**	**8**	**0**	**180.00**	**90.00**	**90.00**	**G1**	**1**
	Q00014			**8**		**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:

Reconsideration previously paid $0.00

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

Please retain for your records. No. 49404483

0000045

Sentry

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

ICN: 01CA-493861
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
121119 THRU 121119
ACCT#76443

PAID
FEB 1 2020
BY

FEB 1 2 2020

REFERENCE NO.: 112762329
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000045 20036 N AC 0 200205111602.9400 00270200443543744967927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/1

Sentry CLAIM ACCOUNT

No. 49404483

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

VOID VOID VOID VOID

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	02/05/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Bikowski

⑈49404483⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): **49404483**
Payment Date (Mail Date): **02/06/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
02/05/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-493861**	Service Dates **12/11/2019** - **12/11/2019**	**01/21/2020**	**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
12/11/2019			**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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49415642

0000040

Sentry

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

PAID
FEB 19 2020
BY: .....

ICN: 01CA-495233
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
121819 THRU 121819
ACCT#76443

REFERENCE NO.: 112775210
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000040 20041 N AC 0 200210104116.9400

00270200443544484455927814165 65

55C499756

0-656B

▼ Detach Here ▼

(10/13)

Sentry

CLAIM ACCOUNT

VOID VOID VOID VOID

No. 49415642

56-382
412

WELLS FARGO BANK, N.A.

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	02/10/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Bikaske

⑈49415642⑈ ⑆041203824⑆ 960003168⑈

Payment ID Number (Check No.): **49415642**
Payment Date (Mail Date): **02/11/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
02/10/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443** Payment Status Code: **1** Payer Bill Id: **01CA-495233**	Bill Frequency Type: DRG Code: Service Dates **12/18/2019** - **12/18/2019**	Date Bill Received	Total Charge	Payment
		01/27/2020	**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
12/18/2019	**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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49454951

0000105

Sentry

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

ICN: 01CA-500878
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
010620 THRU 010620
ACCT#76443

PAID
MAR 0 2 2020

REFERENCE NO.: 112817767
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000105 20056 N AC 0 200225112521.9400 00270200443547070646927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/13

Sentry

CLAIM ACCOUNT

VOID VOID VOID VOID

No. 49454951

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	02/25/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Dale Bakaski

⑈49454951⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): **49454951**
Payment Date (Mail Date): **02/26/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
02/25/2020

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

Patient Name
I

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443** Payment Status Code: **1** Payer Bill Id: **01CA-500878**	Bill Frequency Type: DRG Code: Service Dates **01/06/2020** - **01/06/2020**	Date Bill Received	Total Charge	Payment
		02/08/2020	**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
01/06/2020	**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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49459045

0000068

Sentry®

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

PAID
MAR 04 2020
BY: .....

ICN: 01CA-501301
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
010820 THRU 010820
ACCT#76443

REFERENCE NO.: 112820697
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

MAR 04 2020

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000068 20057 N AC 0 200226111200.9400 00270200443547287854927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/13

Sentry®

CLAIM ACCOUNT

VOID VOID VOID VOID

No. 49459045

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	02/26/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Bakaske

⑈49459045⑈ ⑆041203824⑆ 960003168 1⑈

Payment ID Number (Check No.): **49459045**
Payment Date (Mail Date): **02/27/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
02/26/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443** Payment Status Code: **1** Payer Bill Id: **01CA-501301**	Bill Frequency Type: DRG Code: Service Dates **01/08/2020** - **01/08/2020**	Date Bill Received	Total Charge	Payment
		02/10/2020	**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
01/08/2020			**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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49487180

0000015

Sentry

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

PAID
MAR 17 2020
By .....

PAID
MAR 2020
By .....

ICN: 01CA-505434
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
012220 THRU 012220
ACCT#76443

REFERENCE NO.: 112852243
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

MAK

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000015 20069 N AC 0 200309102321.9400 00270200443549322170927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/13

VOID VOID VOID VOID VOID VOID

Sentry CLAIM ACCOUNT No. 49487180

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	03/09/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Dale Bikasshi

⑈49487180⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): **49487180**
Payment Date (Mail Date): **03/10/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
03/09/2020
Page
1

Date of Injury
05/15/2019

Patient Name

Claim Number
55C499756

Street Address

Employer ID (Policy No.)
90153430100181

City State Zip Code

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-505434**	Service Dates **01/22/2020** - **01/22/2020**	**02/27/2020**	**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
01/22/2020	**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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49484198

0000035

Sentry

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

ICN: 01CA-504950
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
012020 THRU 012020
ACCT#76443

PAID
MAR 17 2020
BY: .....

REFERENCE NO.: 112847393
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

MAR 16 2020

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000035 20066 N AC 0 200306101815.9400 00270200443549042757927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/1

VOID VOID VOID VOID

Sentry CLAIM ACCOUNT No. 49484198

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	03/06/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Dale Bikowski

⑈49484198⑈ ⑆041203824⑆ 960003168 1⑈

Payment ID Number (Check No.): **49484198**
Payment Date (Mail Date): **03/09/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
03/06/2020

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-504950**	Service Dates **01/20/2020** - **01/20/2020**	**02/24/2020**	**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
01/20/2020			**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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49497761

0000271

Sentry

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

ICN: 01CA-506428
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
121119 THRU 121119
ACCT#76443

MAR 18 2020

REFERENCE NO.: 112865572
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000271 20072 N AC 0 200313000309.9400 00270200443549950794927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/13

Sentry CLAIM ACCOUNT

VOID VOID VOID VOID

No. 49497761

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	03/12/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Eikenbush

⑈49497761⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): **49497761**
Payment Date (Mail Date): **03/13/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
03/12/2020

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-506428**	Service Dates **12/11/2019** - **12/11/2019**	**03/07/2020**	**360.00**	**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
12/11/2019			**INTERPRETER OTHER 15**	**120**	**120**	**180.00**	**180.00**	**0.00**	**G56**	**1**
	Q00014			**0**		**0.00**				
12/16/2019			**INTERPRETER OTHER 15**	**120**	**0**	**180.00**	**90.00**	**90.00**	**G1**	**2**
	Q00014			**120**		**90.00**				

REASON FOR REDUCTION OR DENIAL:

1	**224**	**A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.**
2	**A90**	**WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1**
	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.**
	G1	**THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.**

Comments:

Reconsideration previously paid 0.00

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.

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49494201

0000056

Sentry®

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

ICN: 01CA-506813
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
012720 THRU 012720
ACCT#76443

PAID
MAR 18 2020

MAR 18 2020

REFERENCE NO.: 112859972
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000056 20071 N AC 0 200311111435.9400 00270200443549725145927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/1

VOID VOID VOID VOID

Sentry®

CLAIM ACCOUNT

No. 49494201

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	03/11/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Bikowski

⑈49494201⑈ ⑆041203824⑆ 960003168 1⑈

Payment ID Number (Check No.): **49494201**
Payment Date (Mail Date): **03/12/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
03/11/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443** Payment Status Code: **1** Payer Bill Id: **01CA-506813**	Bill Frequency Type: DRG Code: Service Dates **01/27/2020** - **01/27/2020**	Date Bill Received	Total Charge	Payment
		03/02/2020	**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
01/27/2020	**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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49512786

0000119

Sentry®

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

ICN: 01CA-508924
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
012920 THRU 012920
ACCT#76443

PAID
MAR 23 2020

EFT .....

RECEIVED
MAR 23 2020

REFERENCE NO.: 112879376
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000119 20078 N AC 0 200318105104.9400 00270200443550865958927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/13

VOID VOID VOID VOID VOID

Sentry®

CLAIM ACCOUNT

No. 49512786

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	03/18/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Dale Bikowski

⑈49512786⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): **49512786**
Payment Date (Mail Date): **03/19/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
03/18/2020

Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-508924**	Service Dates **01/29/2020** - **01/29/2020**	**03/05/2020**	**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
01/29/2020	**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.

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NOTES:

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TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49524945

0000081

Sentry®

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

ICN: 01CA-510890
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
020320 THRU 020320
ACCT#76443

PAID
MAR 31 2020

MAR 31 2020

REFERENCE NO.: 112893637
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000081 20084 N AC 0 2003241040249400 00270200443551809070927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/1

Sentry®

VOID VOID VOID VOID

No. 49524945

CLAIM ACCOUNT

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	03/24/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Bikowski

⑈49524945⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): **49524945**
Payment Date (Mail Date): **03/25/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
03/24/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443** Payment Status Code: **1** Payer Bill Id: **01CA-510890**	Bill Frequency Type: DRG Code: Service Dates **02/03/2020** - **02/03/2020**	Date Bill Received	Total Charge	Payment
		03/10/2020	**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
02/03/2020	**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.

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NOTES:

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TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49532681

0000031

Sentry

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

ICN: 01CA-511985
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
020520 THRU 020520
ACCT#76443

MAR 3 1 2020

PAID
MAR 31 2020

REFERENCE NO.: 112902951
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000031 20086 N AC 0 200326105730.9400 00270200443552183342927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/13

Sentry

CLAIM ACCOUNT

No. 49532681

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

VOID VOID VOID VOID

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	03/26/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Bikowski

⑈49532681⑈ ⑆041203824⑆ 960003168⑈

Payment ID Number (Check No.): **49532681**
Payment Date (Mail Date): **03/27/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
03/26/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID.(Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443** Payment Status Code: **1** Payer Bill Id: **01CA-511985**	Bill Frequency Type: DRG Code: Service Dates **02/05/2020** - **02/05/2020**	Date Bill Received	Total Charge	Payment
		03/16/2020	**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
02/05/2020	**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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX. 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49539136

0000041

Sentry

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

ICN: 01CA-512745
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
021220 THRU 021220
ACCT#76443

REFERENCE NO.: 112908686
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000041 20090 N AC 0 200330101957.9400 00270200443552738022927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/1

Sentry

CLAIM ACCOUNT

No. 49539136

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	03/30/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Dale Bikaszko

Number (Check No): **49539136**
e (Mail Date) **03/31/20**
thod: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
03/30/2020
Page
1

er

(Policy No.)
)181

ime
_ INDUSTRIES,

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 ALTM

Rendering Provider ID:

ers Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
atus Code: **1**	DRG Code:			
d: **01CA-512745**	Service Dates **02/12/2020** - **02/12/2020**	**03/23/2020**	**180.00**	**90.00**

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
		INTERPRETER OTHER 15	**120**	**0**	**180.00**	**90.00**	**90.00**	**G1**	**1**
Q00014			**120**		**90.00**				

OR REDUCTION OR DENIAL:

\90 WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1

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

Billing:

d 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 Sentry's Workers' Compensation Payer ID - J1417 and the patient's claim number with bill submissions.

Prescription Medicine Bills: Sentry and its affiliated companies partners with Optum Pharmacy Benefits Management Program to process pharmacy and/or prescription medicine invoices electronically. The Optum Payer ID is BIN 004261 and the PCN is CAL.

nation related to electronic billing can be found on our website www sentry com under the For Medical Providers section.

erwise 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.

TS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX. 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49539151

0000056

Sentry

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

ICN: 01CA-512716
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
021020 THRU 021020
ACCT#76443

REFERENCE NO.: 112908657
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000056 20090 N AC 0 200330104350.9400 00270200443552751302927814165 65 55C499756

20-656B

▼ Detach Here ▼

(10/13

Sentry

CLAIM ACCOUNT

No. 49539151

56-382
412 WELLS FARGO BANK, N A

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	03/30/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Bikasshi

ent ID Number (Check No): **49539151**
ent Date (Mail Date): **03/31/20**
ent Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
03/30/2020
Page
1

Injury
:019

Patient Name

Provider Name
JOYCE ALTMAN INTERPRETERS INC

Number
)756

Street Address

Street Address
PO BOX 4165

er ID (Policy No)
30100181

City

State Zip Code

City
TUSTIN

State
CA

Zip Code
92781

er Name
TEEL INDUSTRIES,

Social Security Number
***-

Fein Number
330956713

Rendering Provider Name:
JOYCE ALTMAN INTERPRETERS INC JOYCE ALTM

Rendering Provider ID:

bmitters Id: **76443** nt Status Code: **1** Bill Id: **01CA-512716**	Bill Frequency Type. DRG Code. Service Dates **02/10/2020** - **02/10/2020**	Date Bill Received	Total Charge	Payment
		03/21/2020	**180.00**	**90.00**

	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
)20	**Q00014**		**INTERPRETER OTHER 15**	**120** **120**	**0**	**180.00** **90.00**	**90.00**	**90.00**	**G1**	**1**

N FOR REDUCTION OR DENIAL:

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.**

nts:

ic Billing:

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 e Sentry's Workers' Compensation Payer ID - J1417 and the patient's claim number with bill submissions.

:y/Prescription Medicine Bills: Sentry and its affiliated companies partners with Optum Pharmacy Benefits Management Program to process pharmacy and/or prescription medicine invoices d electronically. The Optum Payer ID is BIN 004261 and the PCN is CAL.

ormation related to electronic billing can be found on our website www sentry.com under the For Medical Providers section.

therwise 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.

MITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX. 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49558483

0000081

Sentry

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

ICN: 01CA-515911
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
021720 THRU 021720
ACCT#76443

REFERENCE NO.: 112930777
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000081 20098 N AC 0 200407103924 9400 00270200443554067927927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/1

Sentry

CLAIM ACCOUNT

No. 49558483

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	04/07/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Payment ID Number (Check No): **49558483**
Payment Date (Mail Date). **04/08/20**
Payment Method **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
04/07/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID

Bill Submitters Id: **76443** Payment Status Code: **1** Payer Bill Id: **01CA-515911**	Bill Frequency Type: DRG Code: Service Dates **02/17/2020** - **02/17/2020**	Date Bill Received	Total Charge	Payment
		04/06/2020	**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
02/17/2020	**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.

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 Section 4603 5 and 5307 1

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX. 8032
STEVE:IS POINT, WI 54481

Please retain for your records. No. 49577064

0000354

Sentry®

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

ICN: 01CA-517890
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
011520 THRU 011520
ACCT#76443

REFERENCE NO.: 112951461
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000354 20106 N AC 0 200415103301 9400 00270200443555261411927814165 65 55C499756

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No. 49577064

Sentry®

CLAIM ACCOUNT

58-382
412

WELLS FARGO BANK, N A

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	04/15/20
PAYMENT COVERS: SEE CHECKSTUB FOR DETAIL ACCT#76443			AMOUNT: $*******90.00

NINETY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Dale Bukowski

Payment ID Number (Check No) **49577064**
Payment Date (Mail Date): **04/16/20**
Payment Method **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
04/14/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID

Bill Submitters Id: **76443**	Bill Frequency Type	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code			
Payer Bill Id **01CA-517890**	Service Dates **01/15/2020** - **01/15/2020**	**04/13/2020**	**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
01/15/2020			**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:

Reconsideration previously paid 0 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

Please retain for your records. No. 49586398

0000046

Sentry®

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

ICN: 01CA-519422
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
022620 THRU 022620
ACCT#76443

REFERENCE NO.: 112962531
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000046 20111 N AC 0 200420101719 9400 00270200443556097279927814165 65 55C499756

356B

▼ Detach Here ▼

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Sentry®

CLAIM ACCOUNT

No. 49586398

56-382
412

WELLS FARGO BANK, N A

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	04/20/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Brandt

Payment ID Number (Check No): **49586398**
Payment Date (Mail Date): **04/21/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
04/20/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-519422**	Service Dates **02/26/2020** - **02/26/2020**	**04/17/2020**	**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
02/26/2020			**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

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49580029

0000044

Sentry®

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

ICN: 01CA-518855
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
022420 THRU 022420
ACCT#76443

REFERENCE NO.: 112955623
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

0000044 AC 0 200416102838 9400 0027020044355545267692781416565 55C499756

▼ Detach Here ▼ (10/13)

Sentry®

CLAIM ACCOUNT

No. 49580029

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	04/16/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

AY
O
HE

JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Bukowski

Payment ID Number (Check No): **49580029**
Payment Date (Mail Date): **04/17/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
04/16/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-518855**	Service Dates **02/24/2020** - **02/24/2020**	**04/16/2020**	**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
02/24/2020	**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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49616175

0000153

Sentry

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

ICN: 01CA-524049
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
030420 THRU 030420
ACCT#76443 ✓

REFERENCE NO.: 112994273
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000153 20126 N AC 0 200505104342.9400 00270200443558395567927814165 65 55C499756

656B ▼ Detach Here ▼ (10/1

Sentry

CLAIM ACCOUNT

No. 49616175

56-382
412 WELLS FARGO BANK, N A

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	05/05/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Void - Bkrosh

Payment ID Number (Check No): **49616175**
Payment Date (Mail Date). **05/06/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
05/05/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No)
00153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID.

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-524049**	Service Dates **03/04/2020** - **03/04/2020**	**05/02/2020**	**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
03/04/2020	**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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX. 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49643378

0000095

Sentry

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

PAID
MAY 27 2020
BY: .....

ICN: 01CA-527991
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
031620 THRU 031620
ACCT#76443

RECEIVED
MAY 26 2020
BY: .....

REFERENCE NO.: 113024648
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000095 20140 N AC 0 200519103709 9400 00270200443560453482927B1416565 55C499756

20-656B

▼ Detach Here ▼

(10/1

Sentry

CLAIM ACCOUNT

No. 49643378

56-382
412 WELLS FARGO BANK, N A

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	05/19/20
PAYMENT COVERS: SEE CHECKSTUB FOR DETAIL ACCT#76443			AMOUNT: $*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Sale Bukowski

Payment ID Number (Check No): **49643378**
Payment Date (Mail Date): **05/20/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
05/19/2020
Page
1

Date of Injury
05/15/2019

Patient Name

Claim Number
55C499756

Street Address

Employer ID (Policy No)
90153430100181

City State Zip Code

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id. **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code.			
Payer Bill Id: **01CA-527991**	Service Dates **03/16/2020** - **03/16/2020**	**05/16/2020**	**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
03/16/2020	**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.

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 Section 4603 5 and 5307.1

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX. 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49640700

0000068

Sentry

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

ICN: 01CA-527542
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
031120 THRU 031120
ACCT#76443

PAID
MAY 27 2020
BY: .....

PAID
MAY 26 2020
BY: .....

REFERENCE NO.: 113021714
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000068 20139 N AC 0 200518102153.9400 00270200443560261332927814165 65 55C499756

20-656B

▼ Detach Here ▼

(10/

Sentry

CLAIM ACCOUNT

No. 49640700

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	05/18/20
PAYMENT COVERS: SEE CHECKSTUB FOR DETAIL ACCT#76443			AMOUNT: $*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Bikasshi

Payment ID Number (Check No). **49640700**
Payment Date (Mail Date): **05/19/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
05/18/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id. **01CA-527542**	Service Dates **03/11/2020** - **03/11/2020**	**05/14/2020**	**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
03/11/2020	**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.

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 Section 4603.5 and 5307 1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49706250

0000107

Sentry

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

ICN: 01CA-537843
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
101419 THRU 101419
ACCT#76443
RECONSIDERATION PREVIOUSLY PAID 90.00

PAID
JUL 01 2020
BY.

REFERENCE NO.: 113096883
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$******270.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000107 20174 N AC 0 200622101733 9400

00270200443565647973927814165 65 55C499756

20-656B

▼ Detach Here ▼

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Sentry

CLAIM ACCOUNT

No. 49706250

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	06/22/20
PAYMENT COVERS			AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443			$******270.00

TWO HUNDRED SEVENTY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Bikowski

Payment ID Number (Check No.): **49706250**
Payment Date (Mail Date): **06/23/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
06/22/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443** Payment Status Code. **1** Payer Bill Id: **01CA-537843**	Bill Frequency Type: DRG Code: Service Dates **10/14/2019** - **10/14/2019**	Date Bill Received	Total Charge	Payment
		06/19/2020	**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
10/14/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **120**	**0**	**180.00** **180.00**	**0.00**	**180.00**		
10/14/2019	**99199**		**UNLISTED SPECIAL SERV**	**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

CPT 99199 $180.00 reflects review cost

Per IBR Case Number CB20-0000381, pay additional $90.00 for date of service 10-14-2019

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

BP CLAIMS WC WEST
PO BOX. 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49706249

0000106

Sentry

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

ICN: 01CA-537844
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
102119 THRU 102119
ACCT#76443
RECONSIDERATION. PREVIOUSLY PAID $90.00

PAID
JUL 01 2020
BY: .....

REFERENCE NO.: 113096837
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000106 20174 N AC 0 200622101754.9400 00270200443565648433927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/

Sentry

CLAIM ACCOUNT

No. 49706249

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	06/22/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Bikowski

Payment ID Number (Check No.): **49706249**
Payment Date (Mail Date): **06/23/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
06/22/2020
Page
1

Date of Injury
05/15/2019

Patient Name

Claim Number
55C499756

Street Address

Employer ID (Policy No.)
90153430100181

City | State | Zip Code

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443** Payment Status Code: **1** Payer Bill Id: **01CA-537844**	Bill Frequency Type: DRG Code: Service Dates **10/21/2019 - 10/21/2019**	Date Bill Received	Total Charge	Payment
		06/19/2020	**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
10/21/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **120**	**0**	**180.00** **180.00**	**0.00**	**180.00**		

Comments:

Reconsideration. Previously paid $90.00

Per IBR Case Number CB20-0000381, pay additional $90.00 for date of service 10-21-2019

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.

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 Section 4603.5 and 5307.1.
TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49706183

0000040

Sentry

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

PAID
JUL 01 2020
BY .....

ICN: 01CA-538009
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
102319 THRU 102319
ACCT#76443
RECONSIDERATION. PREVIOUSLY PAID $90.00

REFERENCE NO.: 113096876
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000040 20174 N AC 0 200622101558 9400 00270200443565646000927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/1

Sentry CLAIM ACCOUNT

No. 49706183

56-382/412 WELLS FARGO BANK, N A

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	06/22/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Void Without Signature

Payment ID Number (Check No): **49706183**
Payment Date (Mail Date). **06/23/20**
Payment Method **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
06/22/2020

Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443** Payment Status Code: **1** Payer Bill Id: **01CA-538009**	Bill Frequency Type. DRG Code. Service Dates **10/23/2019** - **10/23/2019**	Date Bill Received	Total Charge	Payment
		06/19/2020	**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
10/23/2019	**Q00014**		**INTERPRETER OTHER 15**	**120**	**0**	**180.00**	**0.00**	**180.00**		
Comments:				**120**		**180.00**				

Reconsideration Previously paid $90.00

Per IBR Case Number CB20-0000381, pay additional $90.00 for date of service 10-23-2019

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.

NOTES:

Jnless 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.

'IME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO, BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49706182

0000039

Sentry®

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

PAID
JUL 01 2020
BY .....

ICN: 01CA-538010
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
102819 THRU 102819
ACCT#76443
ADDITIONAL PAYMENT, PREVIOUSLY PAID $90.

REFERENCE NO.: 113096493
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000039 20174 N AC 0 200622102212.9400 00270200443565654695927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/

Sentry®

CLAIM ACCOUNT

No. 49706182

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	06/22/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Bakkestad

Payment ID Number (Check No.): **49706182**
Payment Date (Mail Date). **06/23/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
06/22/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID

Bill Submitters Id: **76443** Payment Status Code: **1** Payer Bill Id: **01CA-538010**	Bill Frequency Type: DRG Code: Service Dates **10/28/2019** - **10/28/2019**	Date Bill Received	Total Charge	Payment
		06/19/2020	**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
10/28/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **120**	**0**	**180.00** **180.00**	**0.00**	**180.00**		

Comments:

Reconsideration. Previously paid $90.00

Per IBR Case Number CB20-0000381, pay additional $90.00 for date of service 10-28-2019

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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49706181

0000038

Sentry®

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

PAID
JUL 01 2020

ICN: 01CA-538011
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
103019 THRU 103019
ACCT#76443
RECONSIDERATION. PREVIOUSLY PAID $90.00

REFERENCE NO.: 113096863
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

55C499756

1 00001 0000038 20174 N AC 0 200622102212.9400

00270200443565654702927814165 65

(10/1

▼ Detach Here ▼

20-656B

No. 49706181

Sentry®

CLAIM ACCOUNT

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	06/22/20
PAYMENT COVERS SEE CHECKSTUB FOR DETAIL ACCT#76443			AMOUNT $*******90.00

NINETY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Julie Erickson

Payment ID Number (Check No.): **49706181**
Payment Date (Mail Date): **06/23/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
06/22/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443** Payment Status Code: **1** Payer Bill Id **01CA-538011**	Bill Frequency Type: DRG Code: Service Dates **10/30/2019** - **10/30/2019**	Date Bill Received	Total Charge	Payment
		06/19/2020	**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
10/30/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **120**	**0**	**180.00** **180.00**	**0.00**	**180.00**		

Comments:

Reconsideration. Previously paid $90.00

Per IBR Case Number CB20-0000381, pay additional $90.00 for date of service 10-30-2019

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.

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 Section 4603 5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No.49706180

0000037

Sentry®

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

PAID
JUL 01 2020
BY.....

ICN: 01CA-538012
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
110419 THRU 110419
ACCT#76443
RECONSIDERATION. PREVIOUSLY PAID $180.00

REFERENCE NO.: 113096856
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000037 20174 N AC 0 200622101858.9400

00270200443565649764927814165 65

55C499756

(10/

20-656B

▼ Detach Here ▼

No.49706180

Sentry®

CLAIM ACCOUNT

56-382
412

WELLS FARGO BANK, N.A.

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	06/22/20
PAYMENT COVERS SEE CHECKSTUB FOR DETAIL ACCT#76443			AMOUNT $*******90.00

NINETY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Void Without Signature

Payment ID Number (Check No.): **49706180**
Payment Date (Mail Date): **06/23/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
06/22/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID.

Bill Submitters Id. **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:	**06/19/2020**	**180.00**	**180.00**
Payer Bill Id: **01CA-538012**	Service Dates **11/04/2019** - **11/04/2019**			

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
11/04/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **120**	**0**	**180.00** **180.00**	**0.00**	**180.00**		

Comments:

Reconsideration. Previously paid $90.00

Per IBR Case Number CB20-0000381, pay additional $90 00 for date of service 11-4-2019

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.

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TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49706179

0000036

Sentry

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

PAID
JUL 01 2020
BY.....

ICN: 01CA-538013
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
112019 THRU 112019
ACCT#76443
RECONSIDERATION. PREVIOUSLY PAID $90.00

REFERENCE NO.: 113096834
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000036 20174 N AC 0 200622101757.9400 00270200443565648489927814165 65 55C499756

20-656B

▼ Detach Here ▼

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Sentry

CLAIM ACCOUNT

No. 49706179

56-382
412 WELLS FARGO BANK, N.A

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	06/22/20
PAYMENT COVERS			AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443			$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Brasseur

Payment ID Number (Check No.). **49706179**
Payment Date (Mail Date): **06/23/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
06/22/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-538013**	Service Dates **11/20/2019** - **11/20/2019**	**06/19/2020**	**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
11/20/2019			**INTERPRETER OTHER 15**	**120**	**0**	**180.00**	**0.00**	**180.00**		
	Q00014			**120**		**180.00**				

Comments:

Reconsideration. Previously paid $90.00

Per IBR Case Number CB20-0000381, pay additional $90.00 for date of service 11-20-2019

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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX. 8032
STEVENS POINT, WI 54481

Please retain for your records. No.49706178

0000035

Sentry

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

PAID
JUL 01 2020
BY: .....

ICN: 01CA-538014
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
112519 THRU 112519
ACCT#76443
RECONSIDERATION. PREVIOUSLY PAID $90.00

REFERENCE NO.: 113096886
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000035 20174 N AC 0 200622102057.9400 00270200443565652979927814165 65 55C499756

20-656B

▼ Detach Here ▼

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Sentry

CLAIM ACCOUNT

No.49706178

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	06/22/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Bikowski

Payment ID Number (Check No): **49706178**
Payment Date (Mail Date): **06/23/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
06/22/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443** Payment Status Code. **1** Payer Bill Id: **01CA-538014**	Bill Frequency Type: DRG Code: Service Dates **11/25/2019** - **11/25/2019**	Date Bill Received	Total Charge	Payment
		06/19/2020	**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
11/25/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **120**	**0**	**180.00** **180.00**	**0.00**	**180.00**		

Comments:

Reconsideration. Previously paid $90.00

Per IBR Case Number CB20-0000381, pay additional $90.00 for date of service 11-25-2019

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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49765390

0000109

Sentry

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

ICN: 01CA-547986
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
061520 THRU 061520
ACCT#76443

PAID
JUL 28 2020
BY .....

REFERENCE NO.: 113162602
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

I 00001 0000109 20203 N AC 0 200721102850.9400

00270200443570001563927814165 65

55C499756

)-656B

▼ Detach Here ▼

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Sentry CLAIM ACCOUNT

VOID VOID VOID VOID

No. 49765390

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	07/21/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Bikowski

"49765390" :041203A2L1: 9E000315E1"

Payment ID Number (Check No.): **49765390**
Payment Date (Mail Date): **07/22/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
07/21/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-547986**	Service Dates **06/15/2020** - **06/15/2020**	**07/16/2020**	**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
06/15/2020			**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.

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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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49771991

0000053

Sentry®

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

ICN: 01CA-549247
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
121119 THRU 121119
ACCT#76443
ADDITIONAL PAYMENT, PREVIOUSLY PAID $90.00

PAID
JUL 29 2020
BY: .....

REFERENCE NO.: 113172157
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$******270.00

7/23/20

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000053 20205 N AC 0 200723103250.9400 00270200443570335371927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/13)

[redacted]

Payment ID Number (Check No.): **49771991**
Payment Date (Mail Date): **07/24/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
07/23/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

Patient Name

Street Address
1760 N DATE AVE

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-549247**	Service Dates **12/11/2019** - **12/11/2019**	**07/16/2020**	**540.00**	**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
12/11/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **0**	**120**	**180.00** **0.00**	**180.00**	**0.00**	**G56**	**1**
12/16/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **120**	**0**	**180.00** **180.00**	**0.00**	**180.00**		
12/16/2019	**99199**		**UNLISTED SPECIAL SERV**	**1** **1**	**0**	**180.00** **180.00**	**0.00**	**180.00**	**G5**	**2**

REASON FOR REDUCTION OR DENIAL:

1	**224**	**A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.**
2	**D13**	**REIMBURSEMENT OF INDEPENDENT BILL REVIEW (IBR) FILING FEE.**
	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.**
	G5	**THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.**

Comments:

Reconsideration previously paid $90.00

99199 reflects filing fee review cost for IBR Case #CB20-0000526

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49771989

0000051

Sentry®

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

ICN: 01CA-549255
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
121819 THRU 121819
ACCT#76443
ADDITIONAL PAYMENT, PREVIOUSLY PAID $90.00

PAID
JUL 29 2020
BY.....

REFERENCE NO.: 113172149
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

7/23/20

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000051 20205 N AC 0 200723103217.9400 00270200443570334693927 81416565 55C499756

20-656B ▼ Detach Here ▼ (10/13)

[redacted]

Payment ID Number (Check No.): **49771989**
Payment Date (Mail Date): **07/24/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
07/23/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-549255**	Service Dates **12/18/2019** - **12/18/2019**	**07/15/2020**	**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
12/18/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **120**	**0**	**180.00** **180.00**	**0.00**	**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.

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NOTES:

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TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49783580

0000056

Sentry

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

ICN: 01CA-551335
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
062920 THRU 062920
ACCT#76443

PAID
[illegible] 2020
BY: .....

RECEIVED
AUG 03 2020
BY: .....

REFERENCE NO.: 113183998
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000056 20211 N AC 0 200729103000.9400 00270200443571155566927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/13

VOID VOID VOID VOID

Sentry CLAIM ACCOUNT No. 49783580

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	07/29/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Bakaoski

⑈49783580⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): **49783580**
Payment Date (Mail Date): **07/30/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
07/29/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443** Payment Status Code: **1** Payer Bill Id: **01CA-551335**	Bill Frequency Type: DRG Code: Service Dates **06/29/2020** - **06/29/2020**	Date Bill Received	Total Charge	Payment
		07/27/2020	**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
06/29/2020	**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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records.

No. 49771986

0000048

Sentry®

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

PAID
AUG 0 1 2020
BY: .....

ICN: 01CA-549272
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
121119 THRU 121119
ACCT#76443
ADDITIONAL PAYMENT, PREVIOUSLY PAID $90.00

REFERENCE NO.: 113172059
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000048 20205 N AC 0 200723102834.9400

00270200443570330188927 81416565

55C499756

20-656B

▼ Detach Here ▼

(10/13

Payment ID Number (Check No.): **49771986**
Payment Date (Mail Date): **07/24/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
07/23/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443** Payment Status Code: **1** Payer Bill Id: **01CA-549272**	Bill Frequency Type: DRG Code: Service Dates **12/11/2019** - **12/11/2019**	Date Bill Received	Total Charge	Payment
		07/15/2020	**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
12/11/2019	**Q00014**		**INTERPRETER OTHER 15**	**120** **120**	**0**	**180.00** **180.00**	**0.00**	**180.00**		

Comments:

RECONSIDERATION PREVIOUSLY PAID $90

Paying additional per Determination for IBR Case #CB20-0000526

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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49801987

0000020

Sentry®

RECEIVED AUG 14 2020

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

76443

ICN: 01CA-553950
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
070620 THRU 070620
ACCT#SANCHEZ

REFERENCE NO.: 113205612
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00 8/6/20
#49801987

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#SANCHEZ

I 00001 0000020 20219 N AC 0 200806102030.9400

00270200443572336264927814165 65

55C499756

20-656B

▼ Detach Here ▼

(10/13)

Payment ID Number (Check No.): **49801987**
Payment Date (Mail Date): **08/07/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
08/06/2020

Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 JOYCE ALTMAN I

Rendering Provider ID:

Bill Submitters Id: **Sanchez**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-553950**	Service Dates **07/06/2020** - **07/06/2020**	**08/01/2020**	**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
07/06/2020			**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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49820179

0000079

M

Sentry®

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

ICN: 01CA-556711
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
071320 THRU 071320
ACCT#76443

PAID
AUG 24 2020
BY: .....

REFERENCE NO.: 113224240
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$******180.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000079 20227 N AC 0 200814102038.9400 00270200443573495479927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/13)

VOID VOID VOID VOID VOID

Sentry®

CLAIM ACCOUNT

No. 49820179

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	08/14/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$******180.00

ONE HUNDRED EIGHTY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Dale Bakaski

⑈49820179⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): **49820179**
Payment Date (Mail Date): **08/17/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
08/14/2020

Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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:

Rendering Provider ID:

Bill Submitters Id: **76443** Payment Status Code: **1** Payer Bill Id: **01CA-556711**	Bill Frequency Type: DRG Code: Service Dates **07/13/2020** - **07/13/2020**	Date Bill Received	Total Charge	Payment
		08/08/2020	**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
07/13/2020	**WC020**		**FLAT FEE SET OF RECORDS**	**120** **120**	**0**	**180.00** **180.00**	**0.00**	**180.00**		

Comments:

Invoice Number: 76443

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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49840460

0000048

Sentry

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

ICN: 01CA-559914
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
072020 THRU 072020
ACCT#76443

RECEIVED
AUG 31 2020
BY:

PAID
SEP 01 2020
BY:

REFERENCE NO.: 113247815
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000048 70238 N AC 0 200825102803 9400 00270200443574823697927814165 65 55C499756

)-656R ▼ Detach Here ▼ (10/1

Sentry

CLAIM ACCOUNT

No. 49840460

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	08/25/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Dale Bukowski

Payment ID Number (Check No.). **49840460**
Payment Date (Mail Date) **08/26/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
08/25/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443** Payment Status Code: **1** Payer Bill Id: **01CA-559914**	Bill Frequency Type: DRG Code. Service Dates **07/20/2020** - **07/20/2020**	Date Bill Received	Total Charge	Payment
		08/17/2020	**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
07/20/2020	**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.

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 Section 4603 5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49857013

0000038

Sentry

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

ICN: 01CA-562333
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
072720 THRU 072720
ACCT#76443

PAID
SEP 09 2020
BY. .....

SEP 08 2020
BY. .....

REFERENCE NO.: 113266415
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000038 20245 N AC 0 200901102300.9400 00270200443575766422927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/1

Sentry CLAIM ACCOUNT

VOID VOID VOID VOID VOID VOID

No. 49857013

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	09/01/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Bkowski

⑈49857013⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): **49857013**
Payment Date (Mail Date): **09/02/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
09/01/2020
Page
1

Date of Injury
05/15/2019

Patient Name

Claim Number
55C499756

Street Address

Employer ID (Policy No.)
90153430100181

City State Zip Code

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443** Payment Status Code: **1** Payer Bill Id: **01CA-562333**	Bill Frequency Type: DRG Code: Service Dates **07/27/2020** - **07/27/2020**	Date Bill Received	Total Charge	Payment
		08/22/2020	**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
07/27/2020	**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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49897205

0000141

Sentry®

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

ICN: 01CA-568221
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
012020 THRU 012020
ACCT#76443
RECONSIDERATION. PREVIOUSLY PAID $90.00CPT Q00014 $180.00 REFLECTS
REVIEW COST

PAID
SEP 30 2020
BY .....

REFERENCE NO.: 113311744
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$******270.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000141 20265 N AC 0 200921102608.9400

00270200443578413643927814165 65 55C499756

20-656B

▼ Detach Here ▼

(10/13)

Sentry®

CLAIM ACCOUNT

No. 49897205

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	09/21/20
PAYMENT COVERS			AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443			$******270.00

TWO HUNDRED SEVENTY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Brasseur

Date Processed
09/21/2020

Page
1

Payment ID Number (Check No): 49897205
Payment Date (Mail Date) 09/22/20
Payment Method: Paper Check

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date of Injury
05/15/2019

Patient Name

Claim Number
55C499756

Street Address

Employer ID (Policy No.)
90153430100181

City

State Zip Code

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID.

Bill Submitters Id: 76443 Payment Status Code: 1 Payer Bill Id: 01CA-568221	Bill Frequency Type. DRG Code: Service Dates 01/20/2020 - 01/20/2020	Date Bill Received	Total Charge	Payment
		09/11/2020	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
01/20/2020	Q00014		INTERPRETER OTHER 15	120 120	0	180.00 180.00	0.00	180.00	G1	1
01/20/2020	Q00014		INTERPRETER OTHER 15	1 1	0	180.00 180.00	0.00	180.00	G5	2

REASON FOR REDUCTION OR DENIAL:

1	A90	WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1
2	D13	REIMBURSEMENT OF INDEPENDENT BILL REVIEW (IBR) FILING FEE.
	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.

Comments:

Reconsideration Previously paid $90 00

CPT Q00014 $180.00 reflects review cost

Per IBR Case Number CB20-0000684, pay additional $90.00 for date of service 1-20-2020

BP CLAIMS WC WEST
PO BOX. 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49897474

0000410

Sentry

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

ICN: 01CA-566767
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
012720 THRU 012720
ACCT#76443
RECONSIDERATION PREVIOUSLY PAID $90.00

PAID
SEP 3 0 2020

BY

REFERENCE NO.: 113312025
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000410 20265 N AC 0 200921102453.9400 00270200443578412054927814165 65 55C499756

20-656B

▼ Detach Here ▼

(10/1

Sentry

CLAIM ACCOUNT

No. 49897474

56-382
412 WELLS FARGO BANK, N A

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	09/21/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Bikasshi

BP CLAIMS WC WEST
PO BOX. 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49897348

0000284

Sentry

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

PAID
SEP 30 2020
BY .....

ICN: 01CA-567953
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
012920 THRU 012920
ACCT#76443
RECONSIDERATION. PREVIOUSLY PAID $90.00

REFERENCE NO.: 113312057
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$******270.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000284 20265 N AC 0 200921102304.9400 00270200443578409633927814165 65 55C499756

20-656B

▼ Detach Here ▼

(10/1

Sentry

CLAIM ACCOUNT

No. 49897348

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	09/21/20
PAYMENT COVERS			AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443			$******270.00

TWO HUNDRED SEVENTY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Bakowski

Payment ID Number (Check No.): **49897348**
Payment Date (Mail Date). **09/22/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
09/21/2020
Page
1

Date of Injury
05/15/2019

Patient Name

Claim Number
55C499756

Street Address

Employer ID (Policy No)
90153430100181

City State Zip Code

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443** Payment Status Code: **1** Payer Bill Id: **01CA-567953**	Bill Frequency Type: DRG Code Service Dates **01/29/2020** - **01/29/2020**	Date Bill Received	Total Charge	Payment
		09/14/2020	**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
01/29/2020	**Q00014**		**INTERPRETER OTHER 15**	**120** **120**	**0**	**180.00** **180.00**	**0.00**	**180.00**		
01/29/2020	**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

CPT Q00014 $180 00 reflects review cost

Per IBR Case Number CB20-0000765, pay additional $90 00 for date of service 1-29-2020

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.

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49897412

0000348

Sentry

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

ICN: 01CA-567742
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
020320 THRU 020320
ACCT#76443
RECONSIDERATION PREVIOUSLY PAID $90.00

PAID
SEP 3 0 2020

REFERENCE NO.: 113312050
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

I 00001 0000348 20265 N AC 0 200921102458.9400 00270200443578412139927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/1

Sentry CLAIM ACCOUNT

No. 49897412

56-382/412 WELLS FARGO BANK, N A

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	09/21/20
PAYMENT COVERS: SEE CHECKSTUB FOR DETAIL ACCT#76443			AMOUNT: $*******90.00

NINETY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Dale Bikaszki

Payment ID Number (Check No.): **49897412**
Payment Date (Mail Date): **09/22/20**
Payment Method. **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
09/21/2020

Page
1

Date of Injury
05/15/2019

Patient Name

Claim Number
55C499756

Street Address

Employer ID (Policy No.)
90153430100181

City

State

Zip Code

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443** Payment Status Code: **1** Payer Bill Id: **01CA-567742**	Bill Frequency Type: DRG Code: Service Dates **02/03/2020** - **02/03/2020**	Date Bill Received	Total Charge	Payment
		09/14/2020	**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
02/03/2020	**Q00014**		**INTERPRETER OTHER 15**	**120**	**0**	**180.00**	**0.00**	**180.00**		
Comments:				**120**		**180.00**				

Reconsideration. Previously paid $90 00

Per IBR Case Number CB20-0000765, pay additional $90.00 for date of service 2-3-2020

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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49897207

0000143

Sentry®

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

PAID
SEP 30 2020
BY.

ICN: 01CA-568209
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
020520 THRU 020520
ACCT#76443
RECONSIDERATION. PREVIOUSLY PAID $90.00

REFERENCE NO.: 113312054
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

I 00001 0000143 20265 N AC 0 200921103114.9400 00270200443578420614927814165 65 55C499756

20-656B

▼ Detach Here ▼

(10/13

Sentry®

CLAIM ACCOUNT

No. 49897207

56-382
412

WELLS FARGO BANK, N.A.

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	09/21/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Bikkasho

Payment ID Number (Check No.). **49897207**
Payment Date (Mail Date). **09/22/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
09/21/2020

Date of Injury
05/15/2019

Patient Name

Claim Number
55C499756

Street Address

Employer ID (Policy No.)
90153430100181

City

State

Zip Code

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443** Payment Status Code: **1** Payer Bill Id: **01CA-568209**	Bill Frequency Type: DRG Code Service Dates **02/05/2020** - **02/05/2020**	Date Bill Received	Total Charge	Payment
		09/14/2020	**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
02/05/2020	**Q00014**		**INTERPRETER OTHER 15**	**120**	**0**	**180.00**	**0.00**	**180.00**		
Comments:				**120**		**180.00**				

Reconsideration. Previously paid $90 00

Per IBR Case Number CB20-0000765, pay additional $90.00 for date of service 2-5-2020

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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49966147

0000021

Sentry®

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

ICN: 01CA-578349
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
012220 THRU 012220
ACCT#76443
ADDITIONAL PAYMENT, PREVIOUSLY PAID $90.00

PAID
OCT 30 2020

REFERENCE NO.: 113388620
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000021 20295 N AC 0 201021103138 9400

00270200443582782843927814165 65

55C499756

20-656B

▼ Detach Here ▼

(10/13)

Payment ID Number (Check No.): **49966147**
Payment Date (Mail Date) **10/22/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
10/21/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443** Payment Status Code: **1** Payer Bill Id: **01CA-578349**	Bill Frequency Type: DRG Code: Service Dates **01/22/2020** - **01/22/2020**	Date Bill Received	Total Charge	Payment
		10/20/2020	**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
01/22/2020	**Q00014**		**INTERPRETER OTHER 15**	**120** **120**	**0**	**180.00** **180.00**	**0.00**	**180.00**		

Comments:

Reconsideration previously paid $90.00

Per IBR case number CB20-0000684, pay additional $90.00 for date of service 1/22/2020

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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49998602

0000274

Sentry®

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

ICN: 01CA-582254
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
031120 THRU 031120
ACCT#76443
RECONSIDERATION PREVIOUSLY PAID $90.00

PAID
NOV 1 1 2020
BY: .....

REFERENCE NO.: 113423231
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$******270.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

55C499756

1 00001 0000274 20309 N AC 0 201104102600.9400

0027020044358464481402781416565

(10/

▼ Detach Here ▼

20-656B

No. 49998602

56-382
412

WELLS FARGO BANK, N A

Sentry®

CLAIM ACCOUNT

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	11/04/20
PAYMENT COVERS SEE CHECKSTUB FOR DETAIL ACCT#76443			AMOUNT $******270.00

TWO HUNDRED SEVENTY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Sale Bukowski

Payment ID Number (Check No.): **49998602**
Payment Date (Mail Date): **11/05/20**
Payment Method. **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
11/03/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443** Payment Status Code: **1** Payer Bill Id. **01CA-582254**	Bill Frequency Type: DRG Code: Service Dates **03/11/2020** - **03/11/2020**	Date Bill Received	Total Charge	Payment
		10/24/2020	**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
03/11/2020	**Q00014**		**INTERPRETER OTHER 15**	**120** **120**	**0**	**180.00** **180.00**	**0.00**	**180.00**		
03/11/2020	**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

Additional payment per IBR Case Number CB20-0001198

CPT Q00014 $180.00 reflects review cost

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

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 50011350

0000277

Sentry®

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

PAID
NOV 1 2020
BY. .....

ICN: 01CA-584013
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
021720 THRU 021720
ACCT#76443
ADDITIONAL PAYMENT, PREVIOUSLY PAID $90.00

REFERENCE NO.: 113438736
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$******144.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000277 20315 N AC 0 201110102228.9400 00270200443585388237927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/13)

Sentry®

CLAIM ACCOUNT

No. 50011350

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

VOID VOID VOID VOID

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	11/10/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$******144.00

ONE HUNDRED FORTY-FOUR AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Dale Bukowski

⑈50011350⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): **50011350**
Payment Date (Mail Date): **11/12/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
11/09/2020
Page
1

Date of Injury
05/15/2019

Patient Name

Claim Number
55C499756

Street Address

Employer ID (Policy No.)
90153430100181

City State Zip Code

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443** Payment Status Code: **1** Payer Bill Id: **01CA-584013**	Bill Frequency Type: DRG Code: Service Dates **02/17/2020** - **02/17/2020**	Date Bill Received	Total Charge	Payment
		11/06/2020	**234.00**	**234.00**

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
02/17/2020	**Q00014**		**INTERPRETER OTHER 15**	**120** **120**	**0**	**180.00** **180.00**	**0.00**	**180.00**		
02/17/2020	**Q00014**		**INTERPRETER OTHER 15**	**1** **1**	**0**	**54.00** **54.00**	**0.00**	**54.00**	**G81**	**1**

REASON FOR REDUCTION OR DENIAL:

1 **XDP** **PENALTY OR INTEREST PAYMENT BY PAYER.**

G81 **THIS BILL HAS BEEN PAID BEYOND THE TIME FRAME REQUIRED UNDER L.C. 4602.3. PER SECTION 7.2 (B) PENALTIES AND INTEREST ARE SELF-EXECUTING**

Comments:

Reconsideration previously paid $90.00

Additional payment of $90.00 per IBR Case Number CB20-0000812 date of service 2/17/2020

CPT Q00014 $54.00 reflects interest due

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.

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 50011351

0000278

Sentry

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

PAID
NOV 19 2020
BY:

ICN: 01CA-584012
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
021220 THRU 021220
ACCT#76443
ADDITIONAL PAYMENT, PREVIOUSLY PAID $90.00

REFERENCE NO.: 113438742
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

I 00001 0000278 20315 N AC 0 201110103008.9400 00270200443585397637927816565 55C499756

20-656B ▼ Detach Here ▼ (10/13)

VOID VOID VOID VOID

Sentry CLAIM ACCOUNT No. 50011351

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	11/10/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Dale Bikowski

⑈50011351⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): **50011351**
Payment Date (Mail Date): **11/12/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
11/09/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-584012**	Service Dates **02/12/2020** - **02/12/2020**	**11/06/2020**	**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
02/12/2020			**INTERPRETER OTHER 15**	**120**	**0**	**180.00**	**0.00**	**180.00**		
	Q00014			**120**		**180.00**				

Comments:

Reconsideration previously paid $90.00

Additional payment of $90.00 per IBR Case Number CB20-0000812 date of service 2/12/2020

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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 50011352

0000279

Sentry

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

PAID
NOV 19 2020
BY:.....

ICN: 01CA-584011
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
021020 THRU 021020
ACCT#76443
ADDITIONAL PAYMENT, PREVIOUSLY PAID $90.00

REFERENCE NO.: 113438745
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000279 20315 N AC 0 201110102853.9400 00270200443585396109927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/13)

VOID VOID VOID VOID

Sentry

CLAIM ACCOUNT

No. 50011352

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	11/10/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Dale Bikaoshi

⑈50011352⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): **50011352**
Payment Date (Mail Date): **11/12/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
11/09/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443** Payment Status Code: **1** Payer Bill Id: **01CA-584011**	Bill Frequency Type: DRG Code: Service Dates **02/10/2020** - **02/10/2020**	Date Bill Received	Total Charge	Payment
		11/06/2020	**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
02/10/2020	**Q00014**		**INTERPRETER OTHER 15**	**120** **120**	**0**	**180.00** **180.00**	**0.00**	**180.00**		

Comments:

Reconsideration previously paid $90.00

Additional payment of $90.00 per IBR Case Number CB20-0000812 date of service 2/10/2020

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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 50011353

0000280

Sentry

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

PAID
NOV 19 2020
BY.

ICN: 01CA-584010
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
011520 THRU 011520
ACCT#76443
ADDITIONAL PAYMENT, PREVIOUSLY PAID $9.00

REFERENCE NO.: 113438749
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$******270.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000280 20315 N AC 0 201110103259.9400 00270200443585401169927814165 65 55C499756

-656B ▼ Detach Here ▼ (10/13)

Sentry

CLAIM ACCOUNT

No. 50011353

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

VOID VOID VOID VOID

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	11/10/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$******270.00

TWO HUNDRED SEVENTY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Bikowski

⑈50011353⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): **50011353**
Payment Date (Mail Date): **11/12/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
11/09/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-584010**	Service Dates **01/15/2020** - **01/15/2020**	**11/06/2020**	**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
01/15/2020			**INTERPRETER OTHER 15**	**120**	**0**	**180.00**	**0.00**	**180.00**		
	Q00014			**120**		**180.00**				
01/15/2020			**INTERPRETER OTHER 15**	**1**	**0**	**180.00**	**0.00**	**180.00**	**G5**	**1**
	Q00014			**1**		**180.00**				

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 $9.00

Additional payment of $90.00 per IBR Case Number CB20-0000812 date of service 1/15/2020

CPT Q00014 $180.00 reflects review cost

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.

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 50011354

0000281

Sentry®

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

PAID
NOV 19 2020
BY:

ICN: 01CA-584004
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
022620 THRU 022620
ACCT#76443
RECONSIDERATION PREVIOUSLY PAID $90.00

REFERENCE NO.: 113438841
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$******135.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000281 20315 N AC 0 201110102920.9400

0027020044358539663792781416565

55C499756

20-656B

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(10/13)

Sentry®

CLAIM ACCOUNT

VOID VOID VOID VOID VOID

No. 50011354

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	11/10/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$******135.00

ONE HUNDRED THIRTY-FIVE AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Bikowski

⑈50011354⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): **50011354**
Payment Date (Mail Date): **11/12/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
11/09/2020

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443** Payment Status Code: **1** Payer Bill Id: **01CA-584004**	Bill Frequency Type: DRG Code: Service Dates **02/26/2020** - **02/26/2020**	Date Bill Received	Total Charge	Payment
		11/06/2020	**225.00**	**225.00**

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
02/26/2020			**INTERPRETER OTHER 15**	**120**	**0**	**180.00**	**0.00**	**180.00**		
	Q00014			**120**		**180.00**				
02/26/2020			**INTERPRETER OTHER 15**	**1**	**0**	**45.00**	**0.00**	**45.00**	**G81**	**1**
	Q00014			**1**		**45.00**				

REASON FOR REDUCTION OR DENIAL:

1 **XDP** **PENALTY OR INTEREST PAYMENT BY PAYER.**
G81 **THIS BILL HAS BEEN PAID BEYOND THE TIME FRAME REQUIRED UNDER L.C. 4602.3. PER SECTION 7.2 (B) PENALTIES AND INTEREST ARE SELF-EXECUTING**

Comments:

Reconsideration previously paid $90.00

Additional payment of $180.00 per IBR Case Number CB20-0000982 date of service 2/26/20

CPT Q00014 $45.00 reflects interest due

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.

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 50011355

0000282

Sentry

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

ICN: 01CA-584002
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
022420 THRU 022420
ACCT#76443
RECONSIDERATION PREVIOUSLY PAID $90.00

FAXED
NOV 19 2020
BY: .....

REFERENCE NO.: 113438827
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$******360.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000282 20315 N AC 0 201110103258.9400 00270200443585401164927814165 65 55C499756

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VOID VOID VOID VOID

Sentry CLAIM ACCOUNT

No. 50011355

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	11/10/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$******360.00

THREE HUNDRED SIXTY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Dale Bakowski

⑈50011355⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): **50011355**
Payment Date (Mail Date): **11/12/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
11/09/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-584002**	Service Dates **02/24/2020** - **02/24/2020**	**11/06/2020**	**540.00**	**450.00**

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
02/24/2020			**INTERPRETER OTHER 15**	**120**	**0**	**180.00**	**0.00**	**180.00**		
	Q00014			**120**		**180.00**				
03/04/2020			**INTERPRETER OTHER 15**	**120**	**0**	**180.00**	**90.00**	**90.00**	**G1**	**1**
	Q00014			**120**		**90.00**				
03/04/2020			**INTERPRETER OTHER 15**	**1**	**0**	**180.00**	**0.00**	**180.00**	**G5**	**2**
	Q00014			**1**		**180.00**				

REASON FOR REDUCTION OR DENIAL:

1	**A90**	**WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1**
2	**D13**	**REIMBURSEMENT OF INDEPENDENT BILL REVIEW (IBR) FILING FEE.**
	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.**

Comments:

Reconsideration previously paid $90.00

Additional payment of $180.00 per IBR Case Number CB20-0000982 dates of service 2/24/20 and 3/4/20

M

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 50046307

0000157

Sentry®

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

ICN: 01CA-589586
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
031620 THRU 031620
ACCT#76443
RECONSIDERATION PREVIOUSLY PAID $90.00

PAID DEC 04 2020

REFERENCE NO.: 113477643
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$******270.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000157 20330 N AC 0 201125103550.9400

00270200443587503997927814165 65

55C499756

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(10/13)

Sentry®

CLAIM ACCOUNT

No. 50046307

56-382
412

WELLS FARGO BANK, N.A.

VOID VOID VOID

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	11/25/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$******270.00

TWO HUNDRED SEVENTY AND NO/100 DOLLARS

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)
HE
RDER OF

JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Nate Bukoski

M

Payment ID Number (Check No.): **50046307**
Payment Date (Mail Date): **11/27/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

PAID DEC 04 2020

Date Processed
11/24/2020

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-589586**	Service Dates **03/16/2020** - **03/16/2020**	**11/23/2020**	**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
03/16/2020			**INTERPRETER OTHER 15**	**120**	**0**	**180.00**	**0.00**	**180.00**		
	Q00014			**120**		**180.00**				
03/16/2020			**INTERPRETER OTHER 15**	**1**	**0**	**180.00**	**0.00**	**180.00**	**G5**	**1**
	Q00014			**1**		**180.00**				

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 CB20-0001254, pay additional $90.00 for date of service 3-16-2020

CPT Q00014 $180.00 reflects review cost

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.

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 50047134

0000617

Sentry®

RECEIVED DEC 0 8 2020

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

#76443
INVOICE # ADJ12348582RESEARCHING AND DRAFTING PETITION AND LETTER

DEC 0 5 2020

REFERENCE NO.: 113476957
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$******112.50

THIS PAYMENT COVERS -- 110320 THRU 110320 ACCT#ADJ12348582

1 00001 0000617 20330 N A 0 201125102943.9400

00270200443587498314927814165 65

55C499756

(10/13

20-656B

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VOID VOID VOID VOID

No. 50047134

Sentry®

CLAIM ACCOUNT

56-382
412

WELLS FARGO BANK, N.A.

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	11/25/20
PAYMENT COVERS: 110320 THRU 110320 ACCT#ADJ12348582			AMOUNT: $******112.50

ONE HUNDRED TWELVE AND 50/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Sale Bukaeshi

⑈50047134⑈ ⑆041203824⑆ 960003168 6⑈

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 50061753

0000215

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Sentry®

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

ICN: 01CA-591503
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
072720 THRU 072720
ACCT#76443
RECONSIDERATION PREVIOUSLY PAID $90

RECEIVED DEC 11 2020

PAID
DEC 1 4 2020

BY: .....

REFERENCE NO.: 113494629
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000215 20338 N AC 0 201203104110.9400 00270200443588455187927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/13

Sentry®

CLAIM ACCOUNT

No. 50061753

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C499756	05/15/19	FLEXSTEEL INDUSTRIES, INC	12/03/20

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$*******90.00

NINETY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Dale Bukowski

⑈50061753⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): **50061753**
Payment Date (Mail Date): **12/04/20**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
12/02/2020
Page
1

Date of Injury
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 ALTM

Rendering Provider ID:

Bill Submitters Id: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-591503**	Service Dates **07/27/2020** - **07/27/2020**	**11/06/2020**	**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
07/27/2020	**Q00014**		**INTERPRETER OTHER 15**	**120** **120**	**0**	**180.00** **180.00**	**0.00**	**180.00**		

Comments:

RECONSIDERATION PREVIOUSLY PAID $90

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.

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 Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

M

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT WI 54481-8032

Please retain for your records. No. 50201208

0000065

Sentry

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

RECEIVED
FEB 19 2021

BY: .....

RECEIVED
FEB 19 2021

BY: .....

ICN: 01CA-615011
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
070620 THRU 070620
ACCT#SANCHEZ
RECONSIDERATION. PREVIOUSLY PAID $90.00

REFERENCE NO.: 113649935
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*********270.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#SANCHEZ

1 00001 0000065 21036 N AC 0 210205224618.9400 00270200443596464192927814165 65 55C499756

20-656B

▼ Detach Here ▼

(10/1

Sentry

CLAIM ACCOUNT

No. 50201208

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED	VOID AFTER ONE YEAR
55C499756	05/15/2019	FLEXSTEEL INDUSTRIES, INC	02/05/2021	
PAYMENT COVERS: SEE CHECKSTUB FOR DETAIL ACCT#SANCHEZ			AMOUNT: $*********270.00	

PAY TWO HUNDRED SEVENTY AND NO/100 DOLLARS

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE COMPANY

Dale Bakowski

Date Processed
02/05/2021

Page
1

EXPLANATION OF REVIEW

SENTRY INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Payment ID Number (Check No.): 50201208
Payment Date (Mail Date): 02/08/21
Payment Method: Paper Check

Date of Injuiry
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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 JOYCE ALTMAN INTERPRETERS

Rendering Provider ID:

Bill Submitters Id: **Sanchez**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:	**02/04/2021**	**360.00**	**360.00**
Payer Bill Id: **01CA-615011**	Service Dates: **07/06/2020 - 07/06/2020**			

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
07/06/2020	Q00014		INTERPRETER OTHER 15	120 120	0	180.00 180.00	0.00	180.00		
07/06/2020	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

CPT Q00014 $180.00 reflects review cost

Per IBR Case Number CB20-0001741, pay additional $90.00 for date of service 7/6/20

Electronic Billing:

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT WI 54481-8032

Please retain for your records. No. 50201207

0000064

Sentry

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

RECEIVED
FEB 19 2021
BY:.....

ICN: 01CA-615014
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
072020 THRU 072020
ACCT#76443
RECONSIDERATION. PREVIOUSLY PAID $90.00

RECEIVED
FEB 19 2021
BY:.....

REFERENCE NO.: 113649942
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$**********90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000064 21036 N AC 0 210205224005.9400 00270200443596462865927814165 65 55C499756

20-656B ▼ Detach Here ▼ (10/1

Sentry

CLAIM ACCOUNT

No. 50201207

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

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED	VOID AFTER ONE YEAR
55C499756	05/15/2019	FLEXSTEEL INDUSTRIES, INC	02/05/2021	

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76443	$**********90.00

PAY NINETY AND NO/100 DOLLARS

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE COMPANY

Dale Bakowski

Payment ID Number (Check No.): 50201207
Payment Date (Mail Date): 02/08/21
Payment Method: Paper Check

EXPLANATION OF REVIEW

SENTRY INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
02/05/2021

Date of Injuiry
05/15/2019

Patient Name

Claim Number
55C499756

Street Address

Employer ID (Policy No.)
90153430100181

City

State

Zip Code

Employer Name
FLEXSTEEL INDUSTRIES,

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: 76443 Payment Status Code: 1 Payer Bill Id: 01CA-615014	Bill Frequency Type: DRG Code: Service Dates: 07/20/2020 - 07/20/2020	Date Bill Received	Total Charge	Payment
		02/04/2021	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
07/20/2020	Q00014		INTERPRETER OTHER 15	120 120	0	180.00 180.00	0.00	180.00		

Comments:

Reconsideration. Previously paid $90.00

Per IBR Case Number CB20-0001741, pay additional $90.00 for date of service 7/20/20

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.

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 Section 4603.5 and 5307.1.

M

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT WI 54481-8032

Please retain for your records. No. 50201215

0000072

Sentry®

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

ICN: 01CA-614991
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
061520 THRU 061520
ACCT#76443
RECONSIDERATION. PREVIOUSLY PAID $90.00

REFERENCE NO.: 113649932
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*********270.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

1 00001 0000072 21036 N AC 0 210205223735.9400 00270200443596462218927814165 65 55C499756

0-656B

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(10/13)

No. 50201215

Sentry®

CLAIM ACCOUNT

50-182/412 WELLS FARGO BANK, N.A.

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED	VOID AFTER ONE YEAR
55C499756	05/15/2019	FLEXSTEEL INDUSTRIES, INC	02/05/2021	
PAYMENT COVERS SEE CHECKSTUB FOR DETAIL ACCT#76443			AMOUNT $*********270.00	

PAY **TWO HUNDRED SEVENTY AND NO/100 DOLLARS**

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE COMPANY

Dale Bukowski

Payment ID Number (Check No.): 50201215
Payment Date (Mail Date): 02/08/21
Payment Method: Paper Check

EXPLANATION OF REVIEW

SENTRY INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
02/05/2021

Date of Injuiry
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

Patient Name

Street Address

Citv 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: **76443**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:	**02/04/2021**	**360.00**	**360.00**
Payer Bill Id: **01CA-614991**	Service Dates: **06/15/2020 - 06/15/2020**			

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
06/15/2020	Q00014		INTERPRETER OTHER 15	120 120	0	180.00 180.00	0.00	180.00		
06/15/2020	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

CPT Q00014 $180.00 reflects review cost

Per IBR Case Number CB20-0001618, pay additional $90.00 for date of service 6/15/20

Electronic Billing:

No. 50201214

Please retain for your records.

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT WI 54481-8032

0000071

Sentry®

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

ICN: 01CA-614993
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
062920 THRU 062920
ACCT#76443
RECONSIDERATION. PREVIOUSLY PAID $90.00

REFERENCE NO.: 113649884
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$**********90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76443

00270200443596462869927814165 65

55C499756

1 00001 0000071 21036 N AC 0 210205224035.9400

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No. 50201214

56-382
412

WELLS FARGO BANK, N.A

20-656B

Sentry®

CLAIM ACCOUNT

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED	VOID AFTER ONE YEAR
55C499756	05/15/2019	FLEXSTEEL INDUSTRIES, INC	02/05/2021	
PAYMENT COVERS			AMOUNT	
SEE CHECKSTUB FOR DETAIL ACCT#76443			$**********90.00	

PAY NINETY AND NO/100 DOLLARS

SENTRY INSURANCE COMI

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Dale Bakowski

⑈0003168⑈

Date Processed
02/05/2021

Page
1

EXPLANATION OF REVIEW

SENTRY INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Payment ID Number (Check No.): 50201214
Payment Date (Mail Date): 02/08/21
Payment Method: Paper Check

Date of Injuiry
05/15/2019

Claim Number
55C499756

Employer ID (Policy No.)
90153430100181

Employer Name
FLEXSTEEL INDUSTRIES,

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: **76443** Payment Status Code: **1** Payer Bill Id: **01CA-614993**	Bill Frequency Type: DRG Code: Service Dates: **06/29/2020 - 06/29/2020**	Date Bill Received	Total Charge	Payment
		02/04/2021	**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
06/29/2020	**Q00014**		**INTERPRETER OTHER 15**	**120** **120**	**0**	**180.00** **180.00**	**0.00**	**180.00**		

Comments:

Reconsideration. Previously paid $90.00

Per IBR Case Number CB20-0001618, pay additional $90.00 for date of service 6/29/20

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.

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 Section 4603.5 and 5307.1.

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT WI 54481-8032

Please retain for your records. No. 50668080

0000010

Sentry®

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

ICN: 01CA-687924
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
071519 THRU 071519
ACCT#ADJ12348582

REFERENCE NO.: 114165676
EMPLOYEE/PATIENT:

CL NO. 55C499756
NOT NEGOTIABLE
$*******3,290.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#ADJ12348582

1 00001 0000010 21245 N AC 0 210903101202.9400 00270200443621870952927814165 65 55C499756

20-656B

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VOID VOID VOID VOID

Sentry®

CLAIM ACCOUNT

No. 50668080

56-382
412

WELLS FARGO BANK, N.A.

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED	VOID AFTER ONE YEAR
55C499756	05/15/2019	FLEXSTEEL INDUSTRIES, INC	09/02/2021	

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#ADJ12348582	$*******3,290.00

PAY **THREE THOUSAND TWO HUNDRED NINETY AND NO/100 DOLLARS**

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE COMPANY

Dale Bukowski

⑈50668080⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): 50668080
Payment Date (Mail Date): 09/03/21
Payment Method: Paper Check

EXPLANATION OF REVIEW

SENTRY INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
09/02/2021

Date of Injuiry
05/15/2019

Patient Name

Claim Number
55C499756

Street Address

Employer ID (Policy No.)
90153430100181

City

State Zip Code

Employer Name
FLEXSTEEL INDUSTRIES,

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: **ADJ12348582** Payment Status Code: **1** Payer Bill Id: **01CA-687924**	Bill Frequency Type: DRG Code: Service Dates: **07/15/2019 - 07/15/2019**	Date Bill Received	Total Charge	Payment
		08/27/2021	**3,290.00**	**3,290.00**

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
07/15/2019	MDS10		SETTLEMENT FOR DISPUTE	1 1	0	3,290.00 3,290.00	0.00	3,290.00	G67	1

REASON FOR REDUCTION OR DENIAL:

1	961	ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.
	G67	PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.

Comments:

FULL AND FINAL SETTLEMENT OF LIEN FOR ABRAAN SANCHEZ COVERING DATES OF SERVICE 7/15/19-7/27/20.

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.

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 56823

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
ESB8224

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

Case: vs VIDO ARTUKOVICH SON
Date Of Injury: 7/20/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/15/12	PR2/REEVAL	DR YOON @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/27/12	PR2/REEVAL	DR YOON* JESUS CASTILLO # 500358	180.00
01/24/13	PR2/REEVAL	DR YOON* JESUS CASTILLO # 500358	180.00
02/28/13	PR2/REEVAL	DR YOON @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/08/13	INITIAL EXAM	DR SHAMLOU @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/13/13	PR2/REEVAL	DR JACKSON-SCOTT @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/04/13	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/18/13	SPINAL DEC.	DR MENDOZA SPINAL DECOMPRESSI ADVANCE CARE*	90.00
/ /	INTERPRETER:	ODALYS DOMIGUEZ # 500014	0.00
05/09/13	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/20/13	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/03/13	PMT BY CHECK	DOS 11/15/12-4/4/13 # 896D 82521032	-1400.00
07/01/13	PMT BY CHECK	DOS 5/9/13-6/20/13 # 896D 82511572	-360.00
07/05/13	INITIAL EXAM	DR SELBY @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/01/13	PMT BY CHECK	DOS 7/5/13 # 896D 8251572	-230.00
08/08/13	PR2/REEVAL	DR NEGIN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	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 56823

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
ESB8224

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

Case: vs VIDO ARTUKOVICH SON
Date Of Injury: 7/20/12

DOS	SERVICE	DESCRIPTION	AMOUNT
07/01/13	PMT BY CHECK	DOS 8/8/13 # 896D 82511572	-180.00
09/12/13	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/17/13	PR2/REEVAL	DR RAMESHNI 2 ADVANCE CARE*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
07/01/13	PMT BY CHECK	DOS 9/12/13-10/17/13 # 896D 82511572	-360.00
11/21/13	PR2/REEVAL	DR RAMESHNI @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500320	0.00
01/09/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/06/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/06/14	PR2/REEVAL	DR RAMESHNI @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/26/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/15/14	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMUATION	150.00
/ /	-	W/DR NGUYEN @ ADVANCE CARE*	0.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
04/16/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/01/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/29/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/20/14	INITIAL EXAM	DR MENDELSON @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/26/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	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 56823

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
ESB8224

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

Case: vs VIDO ARTUKOVICH SON
Date Of Injury: 7/20/12

DOS	SERVICE	DESCRIPTION	AMOUNT
06/25/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/24/14	P AND S	DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/15/15	LIEN FIL FEE	LIEN FILING FEE	150.00
07/01/13	PMT BY CHECK	DOS 11/15/12-5/9/13* # 896D 82511572	-1760.00
09/24/21	PMT BY CHECK	DOS 9/16/21* # 896D 95667701	-800.00

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.

005573

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SB02721

896D 82521032

TRAVELERS

DATE: 07/03/13
LOSS DATE: 07/20/12
FILE NUMBER: 152 CB ESB8224 P

EMPLOYEE

ACCOUNT NAME:
VIDO ARTUKOVICH & SON, INC.

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 11/15/2012 TO: 04/04/2013

TOTAL PAID: $1400.00
TAX INFO: 3309567135478939Y
PAY MISC: 56823
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID JUL 08 2013

FOR ADDITIONAL INFORMATION, CONTACT: RANDY V OCEAN AT (909)612-3298

184012852
DETACH CHECK

UNSUMM-111311
UVAPUNS2-121295
DETACH CHECK

014881

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA07269

896D 82511572

TRAVELERS

DATE: 07/01/13
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

PAID JUL 08 2013

Our Customer Service Phone is 1-800-258-3710
Please contact us if you have any questions.

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
			$		
	152 CB ESB8224P	11/15/12 - 04/04/13	$ 1,310.00	56823	56823
	152 CB ESB8224P	11/15/12 - 05/09/13	$ 1,580.00	56823	
			= $2,890.00		
		Total Amount Paid	$*****		

182007392
DETACH CHECK

SUMM 111111
OVRPSUM2-021508

DETACH CHECK

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

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

TRAVELERS
P O BOX 6510
DIAMOND BAR CA 91765-8510

896D 82511572 02-20 311

DATE	ACCOUNT NUMBER	TIN NUMBER	FILE NUMBER
07/01/13	J99	330956713	SUMMARIZED

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

THREE THOUSAND ONE HUNDRED TWENTY AND 96/100 ---------- PAY: $*****3120.96

VOID

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

014881
SA07269

Maria Olivo
AUTHORIZED SIGNATURE

⑈82511572⑈ ⑆031100209⑆ 3862289 2⑈

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

SD04241

896D 95667701

M

TRAVELERS

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

DATE: 09/24/21
LOSS DATE: 07/20/12
FILE NUMBER: 152 CB ESB8224 P
REFERENCE #: 1029436364SW
EMPLOYEE

ACCOUNT NAME:
VIDO ARTUKOVICH & SON, INC.

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 09/16/21

TOTAL PAID: $800.00
TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: VIENNIA K GOOREY AT (909)612-3510

267013648
DETACH CHECK

UNSUMM -11131
OVRPUNS2-121295
DETACH CHECK

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

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

TRAVELERS
P O BOX 660055
DALLAS TX 75266-0055
(909)612-3510

896D 95667701 62-20 311

DATE	ACCOUNT NUMBER	FILE NUMBER
09/24/21	J99	152 CB ESB8224 P

EIGHT HUNDRED AND 00/100 ----------

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

PAY: $******800.00 VKY

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

020312
SD04241

Douglas K. Russell
AUTHORIZED SIGNATURE

VOID VOID VOID VOID VOID VOID

⑈95667701⑈ ⑆031100209⑆ 3862289 2⑈

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

*** INVOICE ***
Date NO#
09/08/21 62132

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
ERU7425; UVR8270

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: JAMES GIGLIO, KATIE RAMOS
P.O. BOX 660055
DALLAS, TX 75266

Case: vs VALUE MEATS DBA CHARLIES PRIDE
Date Of Injury: 5/24/12; 4/30/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/18/14	PR2/REEVAL	DR KAHN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
07/09/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
07/15/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR RODRIGUEZ @ AMERI*	150.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180 FINAL	0.00
10/01/14	P AND S	DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	IRENE MORA # 101169	0.00
06/10/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO* RET'D DUE TO FLARE UP	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/19/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/13/17	LIEN FIL FEE	LIEN FILING FEE	150.00
09/03/21	PMT BY CHECK	DOS 8/25/21* # 891A 92125086 TRAVELERS	-1100.00
09/08/21	BLCE OFF SET	BALANCE OFF SET	-150.00

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 TRAVELERS - TRAVELERS WORKERS C
TRAVELERS WORKERS COMP CLAIMS
PO BOX 660055
DALLAS TX 75266-0055
SE00024

891A 92125086

62132(64597)

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781

TRAVELERS

DATE: 09/03/21
LOSS DATE: 04/30/13
FILE NUMBER: 480 CB EVR8270 P
REFERENCE #: 1029295780SW
EMPLOYEE

ACCOUNT NAME:
VALUE MEATS, INC.

TRAVELERS CAS & SURETY COMPANY

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 08/25/21

TOTAL PAID: $1100.00
TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: CHRIS M. GRAY AT (916)638-6686

246015294
DETACH CHECK

UNSUMM -11131
OVRPUNS2-121295
DETACH CHECK

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

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

TRAVELERS
PO BOX 660055
DALLAS TX 75266-0055
(916)638-6686

891A 92125086 62-20/311

DATE	ACCOUNT NUMBER	FILE NUMBER
09/03/21	J99	480 CB EVR8270 P

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

ONE THOUSAND ONE HUNDRED AND 00/100 ---------- PAY: $****1,100.00 CMG

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

000104
SE00024

Douglas K. Russell
AUTHORIZED SIGNATURE

⑈92125086⑈ ⑆031100209⑆ 3862126 7⑈

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

*** INVOICE ***
Date NO#
09/13/21 73044

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
8043775

BILL TO:
YORK/SEDGWICK INS (14731)
W. C. DEPARTMENT
ATTN: LYNDSEY SLOAN
P.O. BOX 14731
LEXINGTON, KY 40512

Case: vs WALMART STORE 1914
Date Of Injury: 5/2/12 - 6/20/17

DOS	SERVICE	DESCRIPTION	AMOUNT
12/07/17	INITIAL EXAM	DR MICHAEL PRICE/JOE TRUJILLO @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/20/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, INITIAL CHIRO & PHYS THERAPY	230.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/22/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/27/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/03/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
01/04/18	PR2/REEVAL	DR RAFLA/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/05/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/10/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/17/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/19/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/26/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/29/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/12/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/31/18	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#
09/13/21 73044

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
8043775

BILL TO:
YORK/SEDGWICK INS (14731)
W. C. DEPARTMENT
ATTN: LYNDSEY SLOAN
P.O. BOX 14731
LEXINGTON, KY 40512

Case: vs WALMART STORE 1914
Date Of Injury: 5/2/12 - 6/20/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/01/18	PR2/REEVAL	DR FRIEDMAN/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA #003693	0.00
02/02/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
02/07/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/09/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/14/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/16/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/21/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/23/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/28/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/02/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/08/18	PR2/REEVAL	DR JOHN XIAO-JIANG QIAN/DAVE FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/09/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/14/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
03/16/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/21/18	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#
09/13/21 73044

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
8043775

BILL TO:
YORK/SEDGWICK INS (14731)
W. C. DEPARTMENT
ATTN: LYNDSEY SLOAN
P.O. BOX 14731
LEXINGTON, KY 40512

Case: vs WALMART STORE 1914
Date Of Injury: 5/2/12 - 6/20/17

DOS	SERVICE	DESCRIPTION	AMOUNT
04/12/18	PR2/REEVAL	DR JOHN QIAN/JOE TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/29/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/05/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/02/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/06/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA #500267	0.00
10/04/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/01/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/06/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/29/20	LIEN FIL FEE	LIEN FILING FEE	150.00
09/09/21	PMT BY CHECK	DOS 12/7/17-12/6/18* # 23029336	-6910.00
		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.

York Risk Services Group-Walmart
P.O. Box 14731
Lexington, KY 40512-4731

Claim Number:	8043775
Case No.:	
Check Amount:	$6,910.00
Check No.:	23029336
Claimant Name:	
Coverage:	
Invoice No.:	
Service/Indemnity From:	12/07/2017 Thru: 12/06/2018
Date:	
Vendor Tax ID No.:	330956713
Comments:	FULL AND FINAL SATISFACTION O LIEN FORALL DOS
Insurance Company:	on behalf of ACE American Insurance Company
Invoice Comments:	LIEN

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-1460

↓ DETACH AT PERFORATION ↓

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

York Risk Services Group-Walmart
P.O. Box 14731
Lexington, KY 40512-4731

Claim No.: 8043775
Claimant Name:
Store No.: 1914

Check No.: 23029336
Issue Date: 09/09/2021

Wells Fargo Bank, N.A.

66-156
531

PAY: Six Thousand Nine Hundred Ten Dollars And 00/100

$ 6,910.00

VOID AFTER 120 DAYS

To The Order Of **JOYCE ALTMAN INTERPRETERS INC**

Chief Financial Officer

⑈23029336⑈ ⑆053101561⑆ 2079900124769⑈