2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
67461	9/17/15 - 8/25/16	5/24/18	$ 563.00	Depo prep, Depo review, Board Appear. (WCAB LBO), P&I's & Costs	$ 156.50	00938266	11/6/15	Amtrust (ANA UBI)
					$ 156.50	00994450	1/4/16	
					$ 93.50	01050531	2/18/16	
					$ 156.50	01784751	7/11/17	
					$ 500.00	02295815	5/18/18	
			TOTAL AMT PAID =>		**$ 1,063.00**			
72633	9/14/2017	6/19/18	$ 250.00	C&R Reading, P&I's & Costs	$ 90.00	DA78840163	11/7/17	Chubb
					$ 400.00	DA79893399	6/14/18	
			TOTAL AMT PAID =>		**$ 490.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
66814	7/28/15 - 4/27/16	5/3/18	$563.00	Depo prep, Depo review, Board Appear. (WCAB LBO), P&I's & Costs	$ 406.50	00910579	10/8/15	Amtrust (ANA UBI)
					$ 156.50	01833365	8/4/17	
					$ 1,500.00	02261147	4/30/18	
			TOTAL AMT PAID =>		**$ 2,063.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
71723	5/4/17 - 6/13/17	4/10/18	$406.50	Board Appear. (WCAB LBO), C&R Reading, P&I's & Costs	$ 406.50	01703931	11/27/17	Amtrust (Wesco)
					$ 1,500.00	01891134	4/3/18	
			TOTAL AMT PAID =>		**$ 1,906.50**			
65470	3/31/15 - 6/19/17	3/12/18	$719.50	Depo prep, Depo review, 2 Board Appear's (WCAB LBO), P&I's & Costs	$ 156.50	00715009	9/10/15	Amtrust (Wesco)
					$ 250.00	00718301	9/15/15	
					$ 313.00	01621618	9/27/17	
					$ 1,500.00	01853262	3/7/18	
			TOTAL AMT PAID =>		**$ 2,219.50**			
68633	3/3/16	12/21/17	$ 156.50	Board Appear. (WCAB POM), P&I's & Costs	$1,115.00	01733907	12/15/17	Amtrust (Wesco)
			TOTAL AMT PAID =>		**$1,115.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
68796	3/10/16 - 9/20/16	7/31/17	$563.00	Depo prep, Depo review, Board Appear. (WCAB AHM), P&I's + Costs & Sanc	$ 156.50	00106412	5/17/16	Amtrust (Sequoia)
					$ 250.00	00109857	6/22/16	
					$ 156.50	00137760	5/25/17	
					$ 35.81	00140190	6/29/17	
					$ 168.50	00142633	7/28/17	
			TOTAL AMT PAID =>		**$ 767.31**			
68797	3/9/16 - 8/11/17	1/23/18	$813.00	Depo prep, Depo review, Board Appear. (WCAB AHM), C&R Reading, P&I's & Costs	$ 336.50	00143427	8/8/17	Amtrust (Sequoia)
					$ 90.00	00146368	9/18/17	
					$ 1,150.00	00153665	1/18/18	
			TOTAL AMT PAID =>		**$ 1,576.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
73038	12/18/13 - 6/30/16	1/30/18	$ 7,700.00	Diagn studies (EMG/NCV Test), 4 Initial's, 25 PR-2's, 4 f/u chiro tx's, 6 f/u acup's, Lien file fee & P&I's	$ 8,185.92	$ 25,406.00	1/25/18	Amtrust (Republic Underwriters)
			TOTAL AMT PAID =>		**$ 8,185.92**			
42398	2/4/11 - 1/17/17	6/12/18	$ 5,983.40	Depo prep, Depo review, 2 Initial's, Diagn studies (EMG/NCV Test), 8 PR-2's, Psych Test, Psych Eval.,P&S, 7 Board Appear. (WCAB LBO), Lien Act. Fee, P&I's & Costs	$406.50	0100537927	6/10/11	Amtrust (Majestic)
					$ 380.00	00025538	10/13/11	
					$ 7,726.00	00325307	6/7/18	
			TOTAL AMT PAID =>		**$ 8,512.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
68284	1/19/16 - 4/10/17	5/17/18	$876.00	2 Depo prep's, Depo review, 2 Board Appear. (WCAB LBO), P&I's & Costs & Sanc.	$ 563.00	02172378	5/9/16	Amtrust (Technology)
					$ 313.00	02792579	5/4/17	
					$ 103.53	02971274	8/17/17	
					$ 156.50	02971273	8/17/17	
					$ 2,500.00	03407332	5/14/18	
			TOTAL AMT PAID =>		**$ 3,636.03**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
67610	9/29/15 - 4/10/17	9/18/17	$ 876.00	Depo Prep, Depo Review, 3 Board appear's (WCAB LBO), P&I's & Costs & Sanc.	$ 406.50	01057433	2/24/16	Amtrust (ANA UBI)
					$ 156.50	00054087	8/4/16	
					$ 313.00	01803608	7/20/17	
					$ 1,400.00	01899688	9/13/17	
			TOTAL AMT PAID =>		**$ 2,276.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
66056	5/14/15 - 7/7/16	6/27/17	$563.00	Depo Prep, Depo Review, 2 Board Appear's (WCAB LBO), P&I's & Costs & Sanc.	$ 250.00	00828749	7/16/15	Amtrust (ANA UBI)
					$ 156.50	00827346	7/15/15	
					$ 313.00	01627422	3/29/17	
					$ 1,125.00	01761994	6/22/17	
			TOTAL AMT PAID =>		**$ 1,844.50**			
66427	6/22/15 - 11/30/16	6/27/17	$ 813.00	Board Appear. (WCAB LBO), Depo Prep, Depo Review, C&R Reading, P&I's & Costs & Sanc.	$ 813.00	02581823	1/5/17	Amtrust (Technology)
					$ 2,050.00	02879242	6/23/17	
			TOTAL AMT PAID =>		**$ 2,863.00**			
72298	7/20/17	5/30/18	$ 156.50	Board Appear. (WCAB POM), P&I's & Costs	$ 156.50	DA79204820	1/22/18	CHUBB
					$ 600.00	DA79806114	5/25/18	
			TOTAL AMT PAID =>		**$ 756.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
68822	3/14/16 - 3/1/17	5/29/18	$ 469.50	3 Board Appear's (WCAB POM), P&I's & Costs	$ 156.50	FE49954818	5/2/16	ESIS
					$ 156.50	FE61708381	2/2/18	
					$ 156.50	FE62098365	5/2/18	
					$ 1,256.00	FE62195866	5/23/18	
			TOTAL AMT PAID =>		**$ 1,725.50**			
69518	5/25/16	11/21/17	$ 156.50	Board Appear. (WCAB POM), P&I's & Costs	$ 90.00	DA76418438	7/13/16	Chubb (ACE Property)
					$ 66.50	DA78607801	9/21/17	
					$ 750.00	DA78886181	11/14/17	
			TOTAL AMT PAID =>		**$ 906.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
61098	3/12/14 - 2/23/16	11/21/17	$ 469.50	3 Board Appear's (WCAB LBO), P&I's & Costs	$ 156.50	DA71965936	5/9/14	Chubb (ACE Property)
					$ 156.50	DA72014469	5/20/14	
					$ 156.50	DA78177219	6/22/17	
					$ 47.74	DA78387750	8/4/17	
					$ 1,365.53	DA78884630	11/14/17	
			TOTAL AMT PAID =>		**$ 1,882.77**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
54233	7/25/12 - 6/27/17	1/2/18	$ 2,102.00	3 Depo Prep's, 3 Depo Review's, 5 Board Appear's (WCAB LBO), Lien Act Fee, P&I's & Costs.	$ 156.50	FE44524863	9/6/12	ESIS
					$ 250.00	FE44612463	10/2/12	
					$ 156.50	FE44883592	12/10/12	
					$ 250.00	FE45074165	1/29/13	
					$ 426.50	FE60454386	4/19/17	
					$ 2,433.37	FE61538743	12/26/17	
			TOTAL AMT PAID =>		**$ 3,672.87**			
64334	11/26/14	1/2/18	$ 250.00	C&R Reading, P&I's & Costs	$ 250.00	DA74825337	9/11/15	Chubb (ACE Property)
					$ 57.98	DA78639749	9/26/17	
					$ 1,100.00	DA79070163	12/26/17	
			TOTAL AMT PAID =>		**$ 1,407.98**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
69928	7/7/16 - 10/25/16	10/23/17	$ 313.00	2 Board Appear's (WCAB POM), P&I's & Costs	$ 90.00	DA76654219	8/26/16	Chubb (ACE Property)
					$ 66.50	DA77708171	3/21/17	
					$ 156.50	DA77708010	3/21/17	
					$ 875.00	DA78756593	10/18/17	
			TOTAL AMT PAID =>		**$ 1,188.00**			
52907	5/8/12 - 12/1/16	8/22/17	$ 1,815.00	2 Depo prep's, Depo review, 8 Board Appear's, P&I's & Costs & Sanc.	$ 156.50	DA67906074	6/21/12	Chubb (ACE Property)
					$ 626.00	DA70457192	8/14/13	
					$ 313.00	DA72656235	9/4/14	
					$ 250.00	DA72962943	10/28/14	
					$ 374.16	DA76791665	9/22/16	
					$ 156.60	DA77891096	4/26/17	
					$ 1,222.07	DA78453272	8/17/17	
			TOTAL AMT PAID =>		**$ 3,098.33**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
64919	2/23/15 - 9/25/15	10/13/17	$ 313.00	Board Appear. (WCAB LBO), Stipulation, P&I's & Costs & Sanc.	$ 156.50	DA73857331	4/3/15	Chubb (ACE Property)
					$ 203.25	DA77349433	1/10/17	
					$ 1,100.45	DA78705989	10/9/17	
			TOTAL AMT PAID =>		**$ 1,460.20**			
65449 - 72605	3/12/15 - 9/20/16	10/10/17	$ 813.00	Depo Prep, Depo Review, C&R Reading, Board Appear (WCAB LBO), P&I's & Costs & Sanc.	$ 406.50	47978	6/4/15	American Claims (Zurich American) & Amtrust (ANA UBI)
					$ 156.50	60046	9/26/16	
					$ 90.00	60838	10/31/16	
					$ 350.00	01939167	10/6/17	
			TOTAL AMT PAID =>		**$ 1,003.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
63877	8/22/14 - 5/31/16	7/6/17	$ 4,766.00	4 Initials, P&S, 13 PR-2's, 2 Depo Prep's, Depo Review, 2 Board Appear's (WCAB LBO), C&R Reading, Lien File Fee, P&I's & Costs & Sanc.	$ 7,500.00	383815	6/30/17	American Claims (Everest National)
			TOTAL AMT PAID =>		**$ 7,500.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
70154	8/10/16 - 11/8/16	10/13/17	$ 313.00	2 Board Appear's (WCAB POM), P&I's & Costs & Sanc.	$ 156.50	912054	1/9/17	Alaska National
					$ 1,000.00	972174	10/10/17	
			TOTAL AMT PAID =>		**$ 1,156.50**			
34073	5/13/09 - 6/10/10	2/26/18	$ 3,146.25	3 Initial's, 8 PR-2's, Diagn studies (NCV Test), 2 FCE Test, Shock Wave Tx, P&S (2hrs 45min), Lien Act Fee, P&I's & Costs	$ 790.00	386350	8/14/09	Alaska National
					$ 180.00	402206	11/11/09	
					$ 2,765.00	2765.00	2/22/18	
			TOTAL AMT PAID =>		**$ 3,735.00**			
71223	2/1/17	8/8/17	$ 156.50	Board Appear. (WCAB POM), P&I's & Costs & Sanc.	$ 156.50	0001051405	6/27/17	Califronia Insurance
					$ 26.39	0000014922	7/6/17	
					$ 400.00	0000014987	8/3/17	
			TOTAL AMT PAID =>		**$ 582.89**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
58762	4/16/13 - 11/10/15	7/7/17	$ 719.50	3 Board Appear's, C&R Reading, P&I's & Costs & Sanc.	$ 156.50	0000490286	7/11/13	Califronia Insurance
					$ 250.00	0000560927	4/4/14	
					$ 156.50	0001045456	6/12/17	
					$ 156.50	0001045457	6/12/17	
					$ 840.00	0001054622	7/5/17	
			TOTAL AMT PAID =>		**$ 1,559.50**			
69923	7/6/16 - 10/12/17	11/6/17	$ 719.50	Depo prep, Depo review, 2 Board Appear's (WCAB LBO) & P&I's	$ 563.00	01512006	1/18/17	Amtrust (ANA UBI)
					$ 239.64	01980286	11/2/17	
			TOTAL AMT PAID =>		**$ 802.64**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
52248	3/19/12 - 7/25/17	5/17/18	$ 2,222.75	Initial, Initial (3hr 10min), PR-2, FCE Test, 6 Board Appear. (WCAB LBO), Depo Review, Lien Act. Fee, P&I's & Costs	$ 2,439.69	3578	1/10/17	Athens (Orora North America)
					$ 156.50	3950	4/25/17	
					$ 156.50	4008	5/24/17	
					$ 194.10	4387	10/18/17	
					$ 0.74	4447	11/10/17	
					$ 1,500.00	5186	5/14/18	
			TOTAL AMT PAID =>		$ 4,447.53			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
69570	6/3/16 - 2/8/17	7/31/17	$ 563.00	Depo prep, Depo review, Board Appear. (WCAB LBO), P&I's & Costs & Sanc.	$ 563.00	42771	6/8/17	Athens
					$ 1,602.47	44879	8/4/17	
			TOTAL AMT PAID =>		**$ 2,165.47**			
66471	7/13/15 - 4/17/17	3/26/18	$ 719.50	Depo prep, Depo review, 2 Board Appear's (WCAB LBO), P&I's & Costs	$ 156.50	1220757	9/14/15	Argonaut
					$ 250.00	1221014	10/1/15	
					$ 313.00	1227527	9/22/17	
					$ 1,600.00	1228447	3/21/18	
			TOTAL AMT PAID =>		**$ 2,319.50**			
70235	8/25/16	7/10/18	$ 156.50	Board Appear. (WCAB POM), P&I's & Costs	$ 156.50	0931320691	7/5/17	Chubb & Esis
					$ 400.00	FE62382278	7/3/18	
			TOTAL AMT PAID =>		**$ 556.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
58566	4/18/13 - 12/4/14	10/9/17	$ 969.50	Depo Prep, Depo Review, 2 Board Appear.'s (WCAB LBO), C&R Reading, P&I's & Costs & Sanc.	$ 719.50	40158907	1/19/15	Tristar & Athens (Imperium Insurance)
					$ 250.00	2441	6/22/16	
					$ 2,000.00	14854	10/2/17	
			TOTAL AMT PAID =>		**$ 2,969.50**			
37792	6/22/10 - 4/11/17	7/19/17	$ 1,733.00	Initial, 2 PR-2's, P&S, Depo Review, 2 Board Appear's (WCAB LBO), C&R Reading, Lien Act. Fee, P&I's & Costs & Sanc.	$ 3,000.00	16179	7/14/17	Athens
			TOTAL AMT PAID =>		**$ 3,000.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
33602	4/11/09 - 7/18/11	4/10/18	$ 456.50	2 MRI's, Board Appear. (WCAB LBO), Lien Act. Fee, P&I's & Costs	$ 336.50	2151821	12/18/14	Berkshire (Redwood Fire & Casualty)
					$ 163.47	2168904	8/10/15	
					$ 1,500.00	2355376	4/4/18	
			TOTAL AMT PAID =>		**$ 1,999.97**			
70602	10/12/16	9/5/17	$ 156.50	Board Appear.(WCAB POM), P&I & Costs & Sanc.	$ 156.50		7/5/17	Broadspire
					$ 750.00	6530880690	8/31/17	
			TOTAL AMT PAID =>		**$ 906.50**			
67759	10/26/15 - 11/15/16	9/1/17	$ 876.00	3 Board Appear's (WCAB LBO), Depo Prep, Depo Review, P&I's & Costs & Sanc.	$ 563.00	5637540636	12/28/15	Broadspire
					$ 156.50	5640921405	8/15/16	
					$ 187.08	5645168874	5/16/17	
					$ 1,000.00	5646678766	8/28/17	
			TOTAL AMT PAID =>		**$ 1,906.58**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
66448	7/9/15 - 9/20/17	10/3/17	$ 1,532.50	2 Depo Prep's, 2 Depo Review's, 3 Board Appear's (WCAB LBO), C&R Reading, P&I's & Costs & Sanc.	$ 3,150.00	6530900577	9/29/17	Broadspire
			TOTAL AMT PAID =>		**$ 3,150.00**			
69492	5/25/16	2/8/18	$ 156.50	Board Appear. (WCAB POM), P&I's & Costs	$ 156.50	0496412	7/28/17	Broadspire (Oak River)
					$ 850.00	0517581	2/6/18	
			TOTAL AMT PAID =>		**$ 1,006.50**			
65788	4/24/15 - 3/24/16	2/26/18	$ 875.85	Depo prep, Depo review, 2 Board Appear's (WCAB LBO), P&I's & Costs & Sanc.	$ 406.50	5635189881	7/7/15	Broadspire
					$ 156.50	5638327812	2/22/16	
					$ 156.60	5647132107	9/12/17	
					$ 207.00	5647157703	9/14/17	
					$ 645.00	5649785262	2/22/18	
			TOTAL AMT PAID =>		**$ 1,571.60**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
69568	5/31/16 - 7/28/16	3/12/18	$ 313.00	2 Board Appear's (WCAB LBO), P&I's & Costs	$ 1,900.00	5650011531	3/8/18	Broadspire
			TOTAL AMT PAID =>		**$ 1,900.00**			
65145	2/13/15 - 3/24/15	1/15/18	$ 406.50	Depo Prep, Depo Review, Board Appear. (WCAB LBO), P&I's & Costs	$ 563.00	5641579206	9/27/16	Broadspire
					$ 898.00	5649028407	1/9/18	
			TOTAL AMT PAID =>		**$ 1,461.00**			
65308	1/8/15 - 4/1/15	12/11/17	$ 3,140.00	3 Initial's, 6 PR-2's, Initial acup., 5 f/u acups., F.C.E., chiro tx, Lien fil fee + P&I's	$ 4,500.00	2300806141	12/5/17	Broadspire
			TOTAL AMT PAID =>		**$ 4,500.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
64578	6/24/14 - 9/21/16	10/31/17	$ 2,139.00	Initial, Initial phys tx, F.C.E., 4 PR-2's, Initial acup., Depo prep, Depo review, 2 Board appears (WCAB RIV), Lien fil fee, P&I's + Cost & Sanc.	$ 156.50	2300597503	11/4/16	Broadspire
					$ 250.00	2300673602	3/28/17	
					$ 2,500.00	2300785667	10/25/17	
			TOTAL AMT PAID =>		**$ 2,906.50**			
71765	5/1/17	4/17/18	$ 156.50	Board appear. (WCAB Pom), P&I's + Costs	$ 90.00	2174771	7/6/17	Broadspire
					$ 66.50	5647855446	10/30/17	
					$ 750.00	5650549722	4/10/18	
			TOTAL AMT PAID =>		**$ 906.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
70972	12/21/16	4/24/18	$ 156.50	Board appear. (WCAB Pom), P&I's + Costs	$ 165.00	5647461984	10/2/17	Broadspire
					$ 165.00	5647686822	10/16/17	
					$ 650.00	5650665264	4/17/18	
			TOTAL AMT PAID =>		**$ 980.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
65442	3/10/15 - 11/24/15	1/17/18	$ 876.00	Depo prep, Depo review, 3 Board appears. (WCB LBO), P&I's + Costs	$ 563.00	5636790297	11/2/15	Broadspire
					$ 313.00	5638864545	3/25/16	
					$ 49.95	5640368364	7/8/16	
					$ 79.59	5648106213	11/10/17	
					$ 1,119.00	5649076134	1/11/18	
			TOTAL AMT PAID =>		**$ 2,124.54**			
67935	11/12/15 - 3/21/17	12/27/17	$ 649.50	PR-2, 3 Board appears. (WCAB Pom) P&I's + Costs	$ 649.50	5647137732	9/12/17	Broadspire
					$ 120.35	567950144	10/31/17	
					$ 700.00	5648737446	12/19/17	
			TOTAL AMT PAID =>		**$ 1,469.85**			
66821	8/4/15 - 8/1/17	12/20/17	$ 1,189.00	5 Board appears (WCAB LBO), Depo prep, Depo review, P&I's + Costs	$ 876.00	6530887339	9/11/17	Broadspire
					$ 313.00	6530936467	11/20/17	
					$ 1,773.26	6530953517	12/15/17	
			TOTAL AMT PAID =>		**$ 2,962.26**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
69315	4/11/16	2/26/18	$ 156.50	Board appear. (WCAB Pom), P&I's + Costs	$ 202.96	32336968	9/8/17	Chartis/AIG
					$ 800.00	32765740	2/16/18	
			TOTAL AMT PAID =>		**$ 1,002.96**			
59784/67871	9/26/13 - 10/12/17	2/16/18	$ 1,282.50	Depo prep, Depo review, 4 Board appears. (WCAB LBO), C&R reading, P&I's + Costs	$ 156.50	891A84621307	12/26/13	Chartis/AIG & Travelers
					$ 250.00	891A84727750	1/29/14	
					$ 313.00	29705046	12/16/15	
					$ 156.50	30917245	8/10/16	
					$ 250.00	3251625	11/15/17	
					$ 53.21	891A89002266	1/25/18	
					$ 156.50	891A89002267	1/25/18	
					$ 610.00	32739720	2/7/18	
					$ 610.00	891A89046489	2/9/18	
			TOTAL AMT PAID =>		**$ 2,555.71**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
65100	3/18/15 - 5/27/16	1/2/18	$ 406.50	Depo prep, C&R reading, P&I's + Costs	$ 406.50	31760241	3/8/17	Chartis/AIG
					$ 1,217.09	32625065	12/23/17	
			TOTAL AMT PAID =>		**$ 1,623.59**			
70809	11/9/16	11/21/17	$ 156.50	Board appear. (WCAB VNO), P&I's + Costs	$ 156.50	32148649	7/7/17	Chartis/AIG
					$ 550.00	32527698	11/17/17	
			TOTAL AMT PAID =>		**$ 706.50**			
30328	4/21/08 - 3/17/10	10/3/17	$ 1,026.50	2 Initials, Board appear. (WCAB VNO), P&S, Line fil fee, P&I's + Costs & Sanc.	$ 246.50	32290803	8/23/17	Chartis/AIG
					$ 3,346.38	32386251	9/27/17	
			TOTAL AMT PAID =>		**$ 3,592.88**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
44906	5/13/11 - 6/5/17	9/19/17	$ 5,577.00	Initial, Initial acup., F.C.E., 7 PR-2's, Initial Pysch.(3 hrs), 2 f/u acups., 2 P&S's, Board appear. Full day (WCAB LBO), 4 1/2 day Board appears. (WCAB LBO), 2 Depo preps, 2 Depo reviews, 3 C&R reading (2of 3 addendums), Lien fil fee, P&I's + Cost & Sanc.	$ 313.00	30883009	8/3/15	Chartis/AIG
					$ 656.50	32077713	6/14/17	
					$ 500.00	32143245	7/6/17	
					$ 665.00	32270931	8/16/17	
					$ 7,335.00	32344757	9/12/17	
			TOTAL AMT PAID =>		**$ 9,469.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
63151	6/24/14 - 6/29/15	9/5/17	$ 3,280.00	2 Initials, 7 PR-2's, 2 F.C.E.'s, 3 Phys txs, f/u chiro tx., 5 f/u acups., Lien fil fee + P&I's	$ 90.00	27877777	2/7/15	Chartis/AIG
					$ 970.00	28054913	3/4/15	
					$ 150.00	28081813	3/7/15	
					$ 270.00	28938804	7/29/15	
					$ 156.50	30499265	5/20/16	
					$ 1,877.28	32303174	8/26/17	
			TOTAL AMT PAID =>		**$ 3,513.78**			
66412	6/25/15 - 11/2/15	7/14/17	$ 719.50	2 Board appears. (WCAB LBO), Depo prep, Depo review, P&I's + Costs & Sanc.	$ 90.00	29720521	12/18/15	Chartis/AIG
					$ 493.00	31997736	5/18/17	
					$ 1,700.00	32155409	7/8/17	
			TOTAL AMT PAID =>		**$ 2,283.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
63969	10/15/14 - 2/1/17	6/30/17	$ 1,219.50	2 Board appears. (WCAB LBO), Depo prep, 2 Depo reviews, C&R reading, P&I's + Costs & Sanc.	$ 156.50	29598106	11/25/14	Chartis/AIG
					$ 165.00	30927645	8/12/16	
					$ 165.00	30927646	8/12/16	
					$ 156.50	31501486	12/28/16	
					$ 156.50	31501487	12/28/16	
					$ 428.50	31965461	5/9/17	
					$ 1,100.00	32108246	6/23/17	
			TOTAL AMT PAID =>		**$ 2,328.00**			
66344	6/16/15 - 7/5/16	1/8/18	$ 4,880.00	3 Initials, Intial pysch eval., 22 PR-2's, Lien fil fee, P&I's + Cost & Sanc.	$ 6,000.00	32643533	1/3/18	Chartis/AIG
			TOTAL AMT PAID =>		**$ 6,000.00**			
68582	2/16/16 - 4/12/16	8/15/17	$ 970.00	Initial, F.C.E., Initial acup., 2 f/u chiro txs, PR-2, Lien fil fee + P&I's	$ 1,100.00	32250783	8/9/17	Chartis/AIG
			TOTAL AMT PAID =>		**$ 1,100.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
67845	11/12/15 - 9/26/16	7/17/17	$ 719.50	2 Depo preps, Depo reviews, Board appear. (WCAB LBO), P&I's + Cost & Sanc.	$ 847.50	2595040	4/5/17	CHUBB
					$ 545.37	2786190	7/12/17	
			TOTAL AMT PAID =>		**$ 1,392.87**			
62946	7/28/14 - 8/11/15	5/16/18	$ 1,439.00	2 Depo preps, 2 Depo reviews, 4 Board appears. (WCAB LBO), P&I's + Cost & Sanc.	$ 1,282.50	2469709	2/1/17	CHUBB
					$ 2,191.69	3413128	5/11/18	
			TOTAL AMT PAID =>		**$ 3,474.19**			
60065	10/10/13 - 8/23/16	3/8/18	$ 1,442.50	Depo prep, Depo review, PR-2, P&S, 4 Board appears (WCAB LBO), Lien fil fee, P&I's + Costs	$ 313.00	670831	8/12/14	CHUBB
					$ 1,129.50	2492100	2/13/17	
					$ 2,250.00	3265182	3/5/18	
			TOTAL AMT PAID =>		**$ 3,692.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
67609	9/24/2015 - 7/12/17	11/2/17	$ 969.50	2 Depo preps, Depo review, Board appear. (WCAB LBO), C&R reading, P&I's + Costs	$ 969.50	144634117	8/18/17	CCMSI
					$ 247.01	515850807	10/11/17	
					$ 727.99	144634878	10/30/17	
			TOTAL AMT PAID =>		**$ 1,944.50**			
71309	2/23/17 - 6/5/17	4/24/18	$ 656.50	Board appear. (WCAB AHM), 2 C&R reading, P&I's + Cost & Sanc.	$ 156.56	3081016	4/4/17	CompWest
					$ 90.00	3085837	5/3/17	
					$ 992.00	100243520	4/17/18	
			TOTAL AMT PAID =>		**$ 1,238.56**			
64858	1/16/15 - 1/30/17	8/15/17	$ 1,032.50	Depo prep, Depo review, 4 Board appears. (WCAB LBO), P&I's + Cost & Sanc.	$ 939.00	37452	4/14/17	Corvel
					$ 156.50	37550	5/12/17	
					$ 1,409.00	38108	8/11/17	
			TOTAL AMT PAID =>		**$ 2,504.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
67489	9/21/15 - 10/3/17	1/30/18	$ 563.00	Depo prep, Depo review, Board appear. (WCAB LBO), P&I's + Costs	$ 313.00	8122259	4/24/17	Corvel
					$ 93.50	8153994	5/30/17	
					$ 720.00	8367147	1/26/18	
			TOTAL AMT PAID =>		**$ 1,126.50**			
64938	2/27/15 - 6/28/16	5/7/18	$ 563.00	Depo prep, Depo review, Board appear. (WCAB LBO), P&I's + Costs	$ 156.50	7434103	6/4/15	Corvel
					$ 250.00	7434097	6/5/15	
					$ 156.50	8299099	11/9/17	
					$ 46.95	8342835	12/28/17	
					$ 825.00	8455529	5/3/18	
			TOTAL AMT PAID =>		**$ 1,434.95**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
68173/68260	1/8/16 - 5/15/17	12/15/17	$ 947.66	Depo prep, Depo review, 4 Board appear. (WCAB AHM), P&I's + Costs	$ 180.00	7692883	3/15/16	Corvel & SCIF
					$ 383.00	7932971	12/29/16	
					$ 156.50	CE833676	2/8/17	
					$ 156.50	CE839719	4/19/17	
					$ 156.00	8200515	7/20/17	
					$ 156.00	8231544	8/23/17	
					$ 156.50	CE-854751	10/18/17	
					$ 750.00	8325656	12/11/17	
			TOTAL AMT PAID =>		**$ 2,094.50**			
70425	9/28/16	11/3/17	$ 156.50	Board appear. (WCAB Pom), P&I's + Costs	$ 192.26	011362656	7/3/17	Disney Worldwide Svc.
					$ 600.00	011483893	11/1/17	
			TOTAL AMT PAID =>		**$ 792.26**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
70739	11/2/16 - 11/29/16	6/1/18	$ 406.50	Depo review, Board appear. (WCAB LAO), P&I's + Costs	$ 156.50	240808591	5/31/17	Employers
					$ 250.00	240844692	8/22/17	
					$ 95.40	240858204	9/26/17	
					$ 600.00	12224553	5/25/18	
			TOTAL AMT PAID =>		**$ 1,101.90**			
67796	11/3/15 - 7/3/17	5/9/18	$ 563.00	Depo prep, Depo review, Board appear. (WCAB LBO), P&I's + Costs	$ 90.00	250455604	1/29/16	Employers
					$ 90.00	250455895	1/29/16	
					$ 199.56	250625160	8/21/17	
					$ 2,500.00	12138729	5/22/18	
			TOTAL AMT PAID =>		**$ 2,879.56**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
68850	3/22/16 - 6/14/16	3/20/18	$ 876.00	3 Board appears. (WCAB LBO), Depo prep, Depo review, P&I's + Costs	$ 90.00	2406929498	5/6/16	Employers
					$ 223.00	240636130	5/20/16	
					$ 156.50	240649024	6/23/16	
					$ 180.00	240656221	7/11/16	
					$ 66.50	240675876	8/23/16	
					$ 700.00	11050968	3/16/18	
			TOTAL AMT PAID =>		**$ 1,416.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
68720	3/1/16 - 5/26/16	2/8/18	$ 563.00	Board Appear. (WCAB LBO), Depo Prep, Depo Review, P&I's & Costs & Sanc.	$ 563.00	9622597	12/12/17	Employers
					$ 1,289.89	10415629	2/5/18	
			TOTAL AMT PAID =>		**$ 1,852.89**			
71733	5/9/17 - 7/25/17	12/27/17	$ 313.00	2 Board appears. (WCAB Pom), P&I's + Costs	$ 156.50	270129118	6/29/17	Employers
					$ 156.50	9012939	11/1/17	
					$ 500.00	9704359	12/19/17	
			TOTAL AMT PAID =>		**$ 813.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
71877	4/13/17	12/27/17	$ 156.50	Board appear. (WCAB POM)	$ 156.50	240865774	10/12/17	Employers
					$ 550.00	9704543	12/19/17	
			TOTAL AMT PAID =>		**$ 706.50**			
68780	3/7/16 - 4/28/16	10/5/17	$ 406.50	Depo prep, Depo review, P&I's + Costs	$ 90.00	250485119	5/11/16	Employers
					$ 650.00	250637938	10/3/17	
			TOTAL AMT PAID =>		**$ 740.00**			
71075	1/9/17	10/12/17	$ 156.50	Board appear. (WCAB Pom), P&I's + Costs	$ 156.50	270135392	7/25/17	Employers
					$ 156.50	270133934	7/19/17	
					$ 600.00	270154230	10/10/17	
			TOTAL AMT PAID =>		**$ 913.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
68011	10/22/15 - 4/11/16	8/7/17	$ 313.00	2 Board appears. (WCAB LBO), P&I's + Cost & Sanc.	$ 90.00	240577198	1/18/16	Employers
					$ 90.00	240639138	5/26/16	
					$ 133.00	240789374	4/19/17	
					$ 27.02	240791244	4/21/17	
					$ 850.00	240836430	8/3/17	
			TOTAL AMT PAID =>		**$ 1,190.02**			
59359	7/16/13 - 4/6/16	2/26/18	$ 969.50	Depo prep, Depo review, Board appear. (WCAB LBO), C&R reading, P&I's + Costs	$ 406.50	8814431084	9/19/13	Farmers
					$ 156.50	8815647090	12/2/15	
					$ 360.00	8815924103	6/16/16	
					$ 61.35	8816557253	9/26/17	
					$ 29.90	8816577485	10/11/17	
					$ 1,100.00	8816743112	2/23/18	
			TOTAL AMT PAID =>		**$ 2,114.25**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
59404	7/31/13 - 9/20/15	2/12/18	$ 313.00	2 Board appears. (WCAB LBO), P&I'S + Costs	$ 156.50	8814433033	9/20/13	Farmers
					$ 156.50	8816227728	1/24/17	
					$ 950.00	8816721488	2/6/18	
			TOTAL AMT PAID =>		**$ 1,263.00**			
68979	3/30/16 - 9/20/16	12/21/17	$ 563.00	Depo prep, Depo review, Board appear. (WCAB LBO) P&I's + Costs	$ 563.00	8816305856	3/20/17	Farmers
					$ 1,237.00	8816659621	12/15/17	
			TOTAL AMT PAID =>		**$ 1,800.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
71744	5/3/17	12/15/17	$ 156.50	Board appear. (WCAB LBO), P&I's + Costs	$ 156.50	8816527900	9/1/17	Farmers
					$ 1,100.00	8816652525	12/11/17	
			TOTAL AMT PAID =>		**$ 1,256.50**			
68137	1/4/16 - 3/8/16	11/6/17	$ 469.50	3 Board appears. (WCAB POM), P&I's + Costs	$ 313.00	8815779778	3/7/16	Farmers
					$ 156.50	8815985388	7/29/16	
					$ 500.00	8816607532	11/2/17	
			TOTAL AMT PAID =>		**$ 969.50**			
58266	2/26/13 - 5/5/14	8/30/17	$ 569.50	3 Board appears. (WCAB LBO), P&I's + Costs & Sanc.	$ 270.00	8814840584	6/10/14	Farmers
					$ 199.50	8815684533	12/28/15	
					$ 72.85	8815749076	2/11/16	
					$ 156.50	8816157210	12/5/16	
					$ 1,500.00	8816539401	9/13/17	
			TOTAL AMT PAID =>		**$ 2,198.85**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
69878	6/28/16	1/8/18	$ 495.00	Surgery (5.5 hrs) + P&I's	$ 645.20	0033667151	1/3/18	Allianz (Fireman's Fund)
			TOTAL AMT PAID =>		**$ 645.20**			
32881	1/19/09 - 4/1/10	8/22/17	$ 1,412.75	Initial, Initial Pysch eval (4hrs 19mins), P&S pysch eval (2.5hrs), Depo prep, P&I's + Cost & Sanc.	$ 406.50	2617900	2/28/11	FirstComp/Markel
					$ 2,750.00	70142407	8/16/17	
			TOTAL AMT PAID =>		**$ 3,156.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
45893	6/17/11 - 11/30/17	7/9/18	$ 2,721.50	4 Diagn studies (3MRI's & 1 Sleep study), Depo prep, Depo review, 10 Board appears. (WCAB LBO), Lien fil fee, P&I's + Costs	$ 2,252.00	0139686717	8/31/17	Gallagher Bassett
					$ 3,000.00	0147026822	7/2/18	
			TOTAL AMT PAID =>		**$ 5,252.00**			
61985	8/16/12 - 12/5/16	8/8/17	$ 4,133.50	Initial (2.5hrs), Initial phys tx., 7 f/u PR-2'S, 6 f/u Phys txs., 5 f/u acups., Depo prep, Depo review, 3 Board appears. (WCAB LBO), Lien fil fee, P&I's + Costs & Sanc.	$ 8,413.54	0138916464	8/1/17	Gallagher Bassett
			TOTAL AMT PAID =>		**$ 8,413.54**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
66416	6/26/15 - 2/21/17	8/8/17	$ 813.00	Depo prep, Depo review, Board appear. (WCAB LBO), C&R reading, P&I's + Costs & Sanc.	$ 156.50	0121164500	8/20/15	Gallagher Bassett
					$ 250.00	0121452549	9/2/15	
					$ 156.50	0134333859	1/27/17	
					$ 250.00	0137712715	6/13/17	
					$ 250.00	0138061680	6/27/17	
					$ 500.00	0138974336	8/3/17	
			TOTAL AMT PAID =>		**$ 1,563.00**			
68627	2/26/16 - 12/14/16	9/11/17	$ 719.50	Depo prep, Depo review, 2 Board appears. (WCAB LBO), P&I's + Cost & Sanc.	$ 156.50	0127935288	5/13/16	Gallagher Bassett
					$ 250.00	0130888885	9/9/16	
					$ 156.50	0132193686	11/2/16	
					$ 156.50	0137094285	5/18/17	
					$ 580.00	0139797486	9/6/17	
			TOTAL AMT PAID =>		**$ 1,299.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
42379	2/9/11 - 1/12/15	10/3/17	$ 3,909.00	Initial, Initial (3hr 20min), 10 PR-2's, Depo Prep, Depo Review, 3 Board Appear's (WCAB LBO), 2 C&R Reading's, Lien Act. Fee, P&I & Costs & Sanc.	$ 2,579.00	0096048827	9/6/12	Gallagher Bassett
					$ 90.00	0108648768	4/3/14	
					$ 156.50	0108648769	4/3/14	
					$ 700.00	0111239463	7/22/14	
					$ 563.00	0137401989	5/31/17	
					$ 1,500.00	0140349268	9/28/17	
			TOTAL AMT PAID =>		**$ 5,588.50**			
67025	8/18/15 - 7/25/16	10/5/17	$ 563.00	Depo Prep,Depo Review, Board Appear. (WCAB LBO), P&I & Costs	$ 563.00	0135965040	4/4/17	Gallagher Bassett
					$ 1,000.00	014024406	9/30/17	
			TOTAL AMT PAID =>		**$ 1,563.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
35436	10/1/09 - 1/17/18	2/14/18	$ 1,439.00	Depo Prep, Depo Review, 5 Board Appear's (WCAB LBO), C&R Reading, P&I & Costs	$ 406.50	1001676900	12/11/09	Gallagher Bassett
					$ 469.50	0132450063	11/11/16	
					$ 201.36	0133415751	12/19/16	
					$ 932.50	0140975481	10/23/17	
					$ 250.00	0143543338	2/9/18	
			TOTAL AMT PAID =>		**$ 2,259.86**			
65742	4/20/15 - 7/5/17	11/16/17	$ 719.50	Depo Prep, Depo Review, 2 Board Appear's (WCAB LBO), P&I's & Costs	$ 156.50	0138316720	7/7/17	Gallagher Bassett
					$ 563.00	0138316718	7/7/17	
					$ 1,296.97	0141598021	11/17/17	
			TOTAL AMT PAID =>		**$ 2,016.47**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
70753	11/7/16 - 1/9/17	1/22/18	$ 313.00	2 Board Appear's (WCAB POM), P&I's & Costs	$ 156.50	0133495149	12/22/16	Gallagher Bassett
					$ 195.07	0141253327	11/3/17	
					$ 455.00	0142994557	1/18/18	
			TOTAL AMT PAID =>		**$ 806.57**			
43366	3/23/11 - 4/24/12	1/19/18	$ 4,280.00	3 Initial's, 16 PR-2's, P&S, FCE Test, Lien Act. Fee & P&I's	$ 7,848.17	0142867111	1/12/18	Gallagher Bassett
			TOTAL AMT PAID =>		**$ 7,848.17**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
67279	7/27/15 - 11/2/15	3/19/18	$ 1,920.00	2 Initial's, Initial Acup., 5 PR-2's, f/u acup., Lien File Fee & P&I's	$ 2,212.86	0144260116	3/12/18	Gallagher Bassett
			TOTAL AMT PAID =>		**$ 2,212.86**			
71073	1/9/17 - 9/20/17	4/4/18	$ 719.50	2 Board Appear's (WCAB LBO), Depo Prep, Depo Review, P&I's & Costs	$ 156.50	0135409707	3/14/17	Gallagher Bassett
					$ 406.50	0141121715	10/30/17	
					$ 156.50	0141496568	11/14/17	
					$ 1,500.00	0144614444	3/26/18	
			TOTAL AMT PAID =>		**$ 2,219.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
72780	10/16/17	4/10/18	$ 156.50	Board Appear. (WCAB POM), P&I & cOSTS	$ 546.00	0144887409	4/5/18	Gallagher Bassett
			TOTAL AMT PAID =>		**$ 546.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
67148	8/31/15 - 6/23/16	8/8/17	$ 563.00	Depo Prep, Depo Review, Board Appear. (WCAB LBO), P&I & Costs & Sanc.	$ 156.50	009143225	11/10/15	Guard
					$ 406.50	009251288	4/17/17	
					$ 750.00	009274928	8/2/17	
			TOTAL AMT PAID =>		**$ 1,313.00**			
72895	11/17/17	6/5/18	$ 250.00	C&R Reading, P&I's & Costs	$ 250.00	009503388	5/4/18	Guard
					$ 600.00	009514408	5/31/18	
			TOTAL AMT PAID =>		**$ 850.00**			
41382	12/29/10 - 3/14/13	11/27/17	$ 1,459.50	2 Initial's, PR-2's, Depo Prep, Depo Review, Lien Act. Fee, P&I & Costs	$ 2,600.47	009296742	11/9/17	Guard
					$ 1,100.00	009299319	11/20/17	
			TOTAL AMT PAID =>		**$ 3,700.47**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
60611	12/16/13 - 9/14/16	10/16/17	$ 1,032.50	4 Board Appear's (WCAB LBO), Depo Prep, Depo Review, P&I's & Costs.	$ 313.00	009061286	5/5/14	Guard
					$ 719.50	009362178	4/21/17	
					$ 2,000.00	009424868	10/12/17	
			TOTAL AMT PAID =>		**$ 3,032.50**			
66208	4/20/15 - 10/27/16	5/1/18	$ 2,396.50	2 Initial's, Initial Acup., 5 PR-2's, Depo Prep, Depo Review, C&R Reading, Lien File Fee, P&I & Costs	$ 922.50	1266543384	11/30/16	The Hartford
					$ 2,325.29	1287339638	4/23/18	
					$ 1,474.00	1287339620	4/23/18	
			TOTAL AMT PAID =>		**$ 4,721.79**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
35588	10/5/09 - 8/1/16	11/27/17	$ 563.00	Depo Prep, Depo Review, Board Appear. (WCAB LBO), P&I & Costs	$ 406.50	1269105744	1/31/17	The Hartford
					$ 156.60	1278613471	9/12/17	
					$ 2,150.00	1286223920	3/26/18	
			TOTAL AMT PAID =>		**$ 2,713.10**			
71597	4/13/2017	2/6/18	$ 156.50	Board Appear. (WCAB POM), P&I & Costs	$ 19.70	1286340058	1/18/18	The Hartford
					$ 156.50	1283640040	1/18/18	
					$ 450.00	1284056503	1/30/18	
			TOTAL AMT PAID =>		**$ 626.20**			
70216	8/18/16 - 11/17/16	12/21/17	$ 313.00	2 Board Appear's (WCAB POM), P&I's & Costs	$ 156.50	1263336825	9/15/16	The Hartford
					$ 156.50	1275469671	6/27/17	
					$ 725.00	1282563750	12/20/17	
			TOTAL AMT PAID =>		**$ 1,038.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
71409	11/3/14 - 8/23/17	11/20/17	$ 2,759.50	Initial, 3 PR-2's, 2 FCE's, 2 f/u chiro tx's, Initial acup., f/u acup., P&S, 2 Board Appear's (WCAB AHM), Depo Prep, Depo Review, Lien File Fee, P&I's & Costs	$ 3,700.00	1281107131	11/13/17	The Hartford
			TOTAL AMT PAID =>		**$ 3,700.00**			
61560	4/24/14 - 11/23/15	10/31/17	$ 1,126.00	Depo Prep, Depo Review, C&R Reading, 3 Board Appear's (WCAB LBO), P&I's & Costs	$ 313.00	1225134161	7/3/14	The Hartford
					$ 210.00	1226974309	8/7/14	
					$ 313.00	1241178429	5/20/15	
					$ 210.00	1251054501	12/21/15	
					$ 80.00	1280302658	10/24/17	
					$ 920.00	1280302666	10/24/17	
			TOTAL AMT PAID =>		**$ 2,046.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
64305	11/12/14 - 11/30/15	9/12/17	$ 719.50	2 Depo Prep's, Depo Review, Board Appear. (WCAB LBO), P&I & Costs & Sanc.	$ 156.50	1235547981	1/27/15	The Hartford
					$ 210.00	1235670430	1/29/15	
					$ 353.00	1276314442	7/18/17	
					$ 5.41	1276374879	7/19/17	
					$ 1,224.95	1278379053	9/6/17	
			TOTAL AMT PAID =>		**$ 1,949.86**			
64856	1/15/15 - 4/10/17	8/8/17	$ 719.50	Depo Prep, Depo Review, 2 Board Appear's (WCAB LBO), P&I's	$ 563.00	1269896504	2/17/17	The Hartford
					$ 156.50	1272569055	4/20/17	
					$ 1,290.00	1276905564	8/1/17	
			TOTAL AMT PAID =>		**$ 2,009.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
65453	3/17/15 - 1/12/17	8/31/17	$ 1,376.00	2 Depo Prep's, 2 Depo Review's, 2 Board Appear's (WCAB LBO), C&R Reading, P&I's & Costs & Sanc.	$ 1,219.50	1271489244	3/27/17	The Hartford
					$ 2,131.77	1277795215	8/22/17	
			TOTAL AMT PAID =>		**$ 3,351.27**			
71515	3/29/17	4/2/18	$ 156.50	Board Appear. (WCAB AHM), P&I & Costs & Sanc.	$ 189.15	1208	12/15/17	LWP Claims
					$ 1.88	1260	1/18/18	
					$ 550.00	1337	3/29/18	
			TOTAL AMT PAID =>		**$ 741.03**			
68836	3/21/16	3/19/18	$ 156.50	Board Appear. (WCAB POM), P&I & Costs	$ 156.50	87508007	9/14/17	Marriott Claims SVCS
					$ 650.00	87572641	3/12/18	
			TOTAL AMT PAID =>		**$ 806.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
67480	9/17/15 - 10/20/16	7/7/17	$ 1,282.50	2 Depo Prep's, Depo Review's, 2 Board Appear's (WCAB LBO), C&R Reading, P&I's & Costs & Sancs.	$ 563.00	87283062	1/1/16	Marriott Claims SVCS
					$ 250.00	87291114	1/25/16	
					$ 156.50	87291115	1/25/16	
					$ 313.00	87458593	5/1/17	
					$ 142.39	87470126	6/1/17	
					$ 1,000.00	87481698	6/30/17	
			TOTAL AMT PAID =>		**$ 2,424.89**			
31033	7/7/08 - 7/31/17	12/28/17	$ 1,602.00	Depo Prep, Depo Review, 6 Board Appear's (WCAB LBO), Lien Act. Fee, P&I's & Costs	$ 2,634.35	011243	10/25/17	Murphy & Beane
					$ 370.16	011250	11/17/17	
					$ 1,100.00	011259	12/22/17	
			TOTAL AMT PAID =>		**$ 4,104.51**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
72606	9/11/17 - 9/15/17	5/1/18	$ 406.50	Board Appear. (WCAB LBO), C&R Reading, P&I's & Costs	$ 406.00	000042306	1/5/18	National Liability
					$ 700.00	000047627	4/25/18	
			TOTAL AMT PAID =>		**$ 1,106.00**			
70717	10/11/16 - 4/25/17	12/13/17	$ 1,773.00	Initial, 6 PR-2's, 2 Board Appear's (WCAB POM), Lien File Fee, P&I & Costs	$ 156.50	3000440200	5/23/17	Republic Indemnity
					$ 2,300.00	3000471160	12/8/17	
			TOTAL AMT PAID =>		**$ 2,456.50**			
69876	6/23/2016		$ 156.50	Board Appear. (WCAB POM), P&I & Costs	$ 156.50	0000029257	9/29/17	York
					$ 43.60	0000029798	10/24/17	
					$ 700.00	0000030026	11/3/17	
			TOTAL AMT PAID =>		**$ 900.10**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
69772	6/27/16 - 6/8/17	1/29/18	$ 719.50	3 Board Appear's (WCAB VAN NUYS), P&I & Costs	$ 719.50	1892723	10/5/17	ICW
					$ 176.50	1974850	12/8/17	
					$ 775.00	2027557	1/22/18	
			TOTAL AMT PAID =>		**$ 1,671.00**			
65460	3/24/15 - 4/27/15	9/19/17	$ 656.50	Depo Prep, Depo Review, C&R Reading, P&I & Costs & Sanc.	$ 656.50	1503349	11/14/16	ICW
					$ 1,500.00	1862473	9/12/17	
			TOTAL AMT PAID =>		**$ 2,156.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
69067 - 71909	4/5/16 - 9/21/16	4/17/18	$ 626.00	4 Board Appear's (WCAB POM), P&I's & Costs	$ 156.50	3146756	5/4/16	Intercare & Zurich
					$ 156.50	3156080	6/23/16	
					$ 403.35	1101465807	12/8/17	
					$ 3.65	1101549927	2/26/18	
					$ 1,050.00	3241034	4/13/18	
			TOTAL AMT PAID =>		**$ 1,770.00**			
67422	9/16/15 - 12/21/17	5/29/18	$ 719.50	Depo Prep, Depo Review, 2 Board Appear's (WCAB LBO), P&I's & Costs	$ 313.00	3236972	2/26/18	Intercare
					$ 156.50	3239187	4/2/18	
					$ 2,000.00	3243877	5/23/18	
			TOTAL AMT PAID =>		**$ 2,469.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
68635	2/29/2016	10/31/17	$ 156.50	Board Appear (WCAB POM), P&I & Costs	$ 90.00	00000003318	4/8/16	Matrix
					$ 500.00	0000005306	10/26/17	
			TOTAL AMT PAID =>		**$ 590.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
69340	5/5/16 - 3/21/18	4/2/18	$ 478.00	3 Board Appear's (WCAB POM), P&I's & Costs	$ 156.50	67007	6/13/16	York
					$ 156.50	71273	12/5/17	
					$ 156.50	71280	12/7/17	
					$ 750.00	71379	12/22/17	
					$ 165.00	71865	3/28/18	
			TOTAL AMT PAID =>		**$ 1,384.50**			
70061	7/20/16	1/31/18	$ 156.50	Board Appear. (WCAB LBO), P&I & Costs	$ 975.00	500891	1/29/18	York
			TOTAL AMT PAID =>		**$ 975.00**			
70056	7/21/2016	8/28/17	$ 156.50	Board Appear. (WCAB AHM), P&I & Costs & Sanc.	$ 156.50	02335875	7/17/17	Liberty Mutual
					$ 390.00	02410171	8/22/17	
			TOTAL AMT PAID =>		**$ 546.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
49076	10/11/2011	8/29/17	$ 156.50	Depo Prep, P&I & Costs & Sanc.	$ 650.00	02412708	8/23/17	Liberty Mutual
			TOTAL AMT PAID =>		**$ 650.00**			
69883	6/27/16	9/19/17	$ 156.50	Board Appear. (WCAB POM), P&I & Costs	$ 156.50	87594943	8/2/17	Liberty Mutual
					$ 830.00	87615601	9/12/17	
			TOTAL AMT PAID =>		**$ 986.50**			
71304	2/16/17	3/21/95	$ 156.50	Board Appear. (WCAB POM), P&I & Costs	$ 950.00	0031039960	1/16/18	Liberty Mutual
			TOTAL AMT PAID =>		**$ 950.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
54093	7/18/12 - 12/3/12	3/13/18	$ 313.00	2 Board Appear. (WCAB LBO), P&I's, Costs & Lien Act. Fee	$ 1,350.00	02810245	3/9/18	Liberty Mutual
			TOTAL AMT PAID =>		**$ 1,350.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
69894	6/29/2016	10/9/17	$ 156.50	Board Appear. (WCAB POM), P&I & Costs & Sanc.	$ 795.00	CU-364363	10/4/17	SCIF
			TOTAL AMT PAID =>		**$ 795.00**			
68821	3/10/16	8/28/17	$ 156.50	Board Appear. (WCAB POM), P&I & Costs & Sanc.	$ 90.00	CU-283486	4/25/16	SCIF
					$ 650.00	CU-359340	8/23/17	
			TOTAL AMT PAID =>		**$ 740.00**			
67927	11/30/15 - 3/13/17	10/16/17	$ 876.00	Depo Prep, Depo Review, 2 Board Appear.'s (WCAB LBO), P&I's & Costs	$ 1,750.00	0079923942	10/13/17	Sedgwick
			TOTAL AMT PAID =>		**$ 1,750.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
70075	8/4/1+	12/18/17	$ 156.50	Board Appear. (WCAB POM), P&I & Costs	$ 520.00	74664223	12/14/17	Sedgwick
			TOTAL AMT PAID =>		**$ 520.00**			
69889	6/27/16	11/13/17	$ 156.50	Board Appear. (WCAB POM), P&I & Costs	$ 156.50	0072002856	5/11/17	Sedgwick
					$ 375.00	0074663939	11/7/17	
			TOTAL AMT PAID =>		**$ 531.50**			
68505	2/18/16	12/26/17	$ 156.50	Board Appear. (WCAB POM), P&I & Costs	$ 560.00	891A88910105	12/18/17	Travelers
			TOTAL AMT PAID =>		**$ 560.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
69898	6/30/16 - 6/20/17	1/17/18	$ 313.00	2 Board Appear's (WCAB POM), P&I's & Costs	$ 1,150.00	896d 90410991	1/10/18	Travelers
			TOTAL AMT PAID =>		**$ 1,150.00**			
70432	9/27/2016	8/23/17	$ 156.50	Board Appear. (WCAB POM), P&I & Cost & Sanc.	$ 1,075.00	896D89797190	8/18/17	Travelers
			TOTAL AMT PAID =>		**$ 1,075.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
69321	4/28/16 - 6/20/16	9/5/17	$ 313.00	2 Board Appear's (WCAB POM), P&I's & Costs & Sanc.	$ 1,000.00	896D 89859609	9/1/17	Travelers
			TOTAL AMT PAID =>		**$ 1,000.00**			
50046	11/3/11 - 7/19/12	9/5/17	$ 819.50	Depo Prep, Depo Review, 2 Board Appear's (WCAB LBO), Lien Act. Fee, P&I's & Costs & Sanc.	$ 406.50	164382	1/26/12	Zenith
					$ 850.00	569779	8/18/17	
			TOTAL AMT PAID =>		**$ 1,256.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
68626	2/23/16	12/8/17	$ 156.50	Board Appear. (WCAB POM), P&I & Costs	$ 156.50	580912	8/11/17	Zenith
					$ 46.40	588215	10/11/17	
					$ 675.00	588215	12/6/17	
			TOTAL AMT PAID =>		**$ 877.90**			
69707	6/1/16	11/6/17	$ 156.50	Board Appear. (WCAB POM), P&I & Costs	$ 750.00	1101425643	11/1/17	Zurich
			TOTAL AMT PAID =>		**$ 750.00**			
69888	6/27/16 - 3/2/17	11/14/17	$ 313.00	2 Board Appear's (WCAB POM), P&I's & Costs	$ 1,000.00	1101456751	11/30/17	Zurich
			TOTAL AMT PAID =>		**$ 1,000.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Last Payments recieved within date range June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
57841	1/31/13	3/5/18	$ 156.50	Board Appear. (WCAB LBO), P&I & Costs	$ 156.50	CP-867901	7/10/15	SCIF
					$ 1,164.01	CP-006286	3/1/18	
			TOTAL AMT PAID =>		**$ 1,320.51**			

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/24/18 67461

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1937972

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

Case: vs Y T H FOODS
Date Of Injury: 6/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/17/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	ROSA M. ARROYO # 300714	0.00
10/16/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/06/15	PMT BY CHECK	DOS 9/17/15 # 00938266	-156.50
01/04/16	PMT BY CHECK	DOS 9/17/15-10/16/15* =# 00994450	-156.50
02/18/16	PMT BY CHECK	DOS 9/17/15-1/4/16* # 01050531	-93.50
08/25/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/06/17	PENALTIES	FOR DATE OF SERVICE 10/16/15	14.03
02/18/16	INTEREST	FOR DATE OF SERVICE 10/16/15	4.12
07/06/17	PENALTIES	FOR DATE OF SERVICE 8/25/16	23.48
07/11/17	INTEREST	FOR DATE OF SERVICE 8/25/16	16.57
07/11/17	PMT BY CHECK	DOS 8/25/16* # 01784751	-156.50
05/22/18	COSTS	ADD'L COSTS AWARDED	441.80
05/18/18	PMT BY CHECK	DOS 5/16/18* # 02295815	-500.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
00938266
1937972-1
SWC1077269

DATE	AMOUNT
11/6/2015	$156.50

PAY One Hundred Fifty-Six and 50/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

Mail To

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

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈00938266⑈ ⑆021309379⑆ 790262463⑈

PAID NOV 10 2015

Check Number	00938266
Claim Number:	1937972-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1077269/Y.T.H. Foods Co. (A Corp)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	7/16/2015
Location:	
Examiner Code:	16106

Amount:	$156.50
Dates of Service:	9/17/2015-9/17/2015
Explanation:	Invoice # 67461 ✓
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

on behalf of Security National Insurance Company
AmTrust North America
P.O. Box 4026
Concord, CA 94524
858-385-4040

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
00994450
1937972-1
SWC1077269

DATE	AMOUNT
1/4/2016	$156.50

PAY One Hundred Fifty-Six and 50/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 90 DAYS

Mail To

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00994450⑈ ⑆021309379⑆ 790262463⑈

PAID JAN 11 2016

Explanation Of Bill Review

Check Number	00994450	ANA UBI Claims	on behalf of Security National Insurance Company
Claim Number:	1937972-1		AmTrust North America
Regulatory ID:			P.O. Box 4026
Bill Number:	8402157		Concord, CA 94524
Invoice Number:	FP1-MSCA-267487		858-385-4040
Policy / Insured:	SWC1077269/Y.T.H. Foods Co. (A Corp)		
Claimant Name:			
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC		
Loss Date:	7/16/2015	FP1-MSCA-267487	
Location:			
Examiner Code:	161vo		
Network/PPO Network:			

67461

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
9/17/2015	99911	INTERPRETING SERVICES	1.00	156.50	0.00	0.00	156.50	
10/16/2015	99911	INTERPRETING SERVICES	1.00	250.00	250.00	0.00	0.00	G5, XDU
				406.50	250.00	0.00	156.50	

G5 - THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.; XDU - DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.;

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual providers agreement with the preferred provider organization. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING WITH OPTUM AT HTTPS://WCC.INGENIX.COM AND CHOOSE REQUEST AN ACCOUNT

Reconsiderations and or appeals need to be submitted to the carrier listed above and to Mitchell International 14295 Midway Road Suite 300, Addison, Tx 75001

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE CALL Mitchell International AT 888-380-5616.

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01050531
1937972-1
SWC1077269

DATE	AMOUNT
2/18/2016	$93.50

PAY Ninety-Three and 50/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

Mail To

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

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈01050531⑈ ⑆021309379⑆ 790262463⑈

Check Number	01050531
Claim Number:	1937972-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1077269/Y.T.H. Foods Co. (A Corp)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	7/16/2015
Location:	
Examiner Code:	npatterman

PAID FEB 23 2016

Amount:	$93.50
Dates of Service:	9/17/2015-1/4/2016
Explanation:	Invoice# 67461
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

on behalf of Security National Insurance Company
AmTrust North America
P.O. Box 4026
Concord, CA 94524
858-385-4040

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01784751
1937972-1
SWC1077269

DATE	AMOUNT
7/11/2017	$156.50

One Hundred Fifty-Six and 50/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈01784751⑈ ⑆021309379⑆ 790262463⑈

Check Number	01784751
Claim Number:	1937972-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1077269/Y.T.H. Foods Co. (A Corp)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	7/16/2015
Location:	
Examiner Code:	npatterman

RECEIVED
JUL 14 2017

Amount:	$156.50
Dates of Service:	8/25/2016-8/25/2016
Explanation:	Services of 8 25 2016
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

ANA UBI Claims on behalf of Security National Insurance Company
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
858-385-4040

VOID VOID VOID VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02295815
1937972-1
SWC1077269

DATE	AMOUNT
5/18/2018	$500.00

Five Hundred and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈02295815⑈ ⑆021309379⑆ 790262463⑈

Check Number	02295815
Claim Number:	1937972-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1077269/Y.T.H. Foods Co. (A Corp)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	7/16/2015
Location:	
Examiner Code:	npatterman

MAY 22 2018

Amount:	$500.00
Dates of Service:	5/16/2018-5/16/2018
Explanation:	
Category:	M22 - Settlement/multi bills/amt in dispute
Placement:	2 - Medical
Transaction Type:	

ANA UBI Claims
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101

858-385-4040

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/19/18	72633

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
494C3961408

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: ROSETTE KIRONDE
P.O. BOX # 6569
SCRANTON, PA 18505

Case: KOOSHAREM DBA SELECT STAFFING
Date Of Injury: 5/30/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/14/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/07/17	PMT BY CHECK	DOS 9/14/17* # DA78840163	-90.00
03/02/18	PENALTIES	FOR DATE OF SERVICE 9/14/17	24.00
03/02/18	INTEREST	FOR DATE OF SERVICE 9/14/17	6.81
06/06/18	COSTS	ADD'L COSTS AWARDED	209.19
06/14/18	PMT BY CHECK	DOS 2/5/18* # DA79893399	-400.00

BALANCE 0.00

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

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

201711060173

Electronic Service Requested

DATE: 11/07/17
CHECK NO: **DA78840163**

STATEMENT

CHUBB

MIXED AADC 926
501 1.0394 MB 0.420
JOYCE ALTMAN INTERPRETERS, INC. 112
PO BOX 4165
TUSTIN, CA 92781-4165

CHUBB
ACE Property and Casualty Insurance Company

FILE ID	DOLLARS
494C3961408	$ 90.00

* **NOT NEGOTIABLE** *
INVOICE # 72633
AGENCY CLAIM # 201407081015478244864 7

FOR
SERVICES FROM 09/14/17 THRU 09/14/17 PAT.#72633

CLAIMANT

DATE OF EVENT
05/30/14

72633 ~1

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

NOV 13 2017

EM-BOA18B **DETACH THIS PORTION BEFORE CASHING**
FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS ■ A BLUE BACKGROUND AND MICROPRINTING IN THE BORDER

CHUBB
CHUBB
ACE Property and Casualty Insurance Company
64-1278/611 GA
DATE: 11/07/17
DA78840163

FILE ID 494C3961408
Bank of America
PLEASE DEPOSIT or CASH WITHIN 90 DAYS

Pay Ninety Dollars
$ *****$90.00*

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

FOR
SERVICES FROM 09/14/17 THRU 09/14/17
POLICY HOLDER
KOOSHAREM LLC

CLAIM OFFICE
WOODLAND HILLS WC
CLAIMANT

SPECIAL HANDLING
00

CHUBB
AUTHORIZED SIGNATURE

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

⑈DA78840163⑈ ⑆061112788⑆ 003299786402⑈

UY131/5

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

201806130159

Electronic Service Requested

DATE: 06/14/18
CHECK NO: **DA79893399**

STATEMENT

MIXED AADC 926
726 0.5738 MB 0.421
JOYCE ALTMAN INTERPRETERS INC 129
PO BOX 4165
TUSTIN, CA 92781-4165

CHUBB

CHUBB
ACE Property and Casualty Insurance Company

FILE ID	DOLLARS
494C3961408	$ 400.00

* **NOT NEGOTIABLE** *
INVOICE # XXXXX1402
AGENCY CLAIM #~~201407081015~~4782448647

FOR
SERVICES FROM 02/05/18 THRU 02/05/18 PAT.#XXXXX1402
CLAIMANT

DATE OF EVENT
05/30/14

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

PAID
JUN 19 2018
BY: .....

1 OF 2 F
ENV 726

M-BOA18B

DETACH THIS PORTION BEFORE CASHING

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

CHUBB
CHUBB
ACE Property and Casualty Insurance Company

64-1278/611 GA
DATE: 06/14/18
DA79893399

FILE ID
494C3961408

Bank of America

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

Pay Four Hundred Dollars

$ *****$400.00*

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

FOR
SERVICES FROM 02/05/18 THRU 02/05/18
POLICY HOLDER
KOOSHAREM LLC

CLAIM OFFICE
WOODLAND HILLS WC
CLAIMANT

SPECIAL HANDLING
00

CHUBB
AUTHORIZED SIGNATURE

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

⑈DA79893399⑈ ⑆061112788⑆ 00329978640 2⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/03/18 66814

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1842220

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

Case: vs ROLLING GREENS NURSERY
Date Of Injury: 3/12/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/28/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/28/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/08/15	PMT BY CHECK	DOS 7/28/15-8/28/15* # 00910579	-406.50
04/27/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/25/17	PENALTIES	FOR DATE OF SERVICE 4/27/16	23.48
08/04/17	INTEREST	FOR DATE OF SERVICE 4/27/16	23.13
08/04/17	PMT BY CHECK	DOS 4/27/16* # 01833365	-156.50
09/05/17	PMT BY CHECK	DOS 7/25/17-8/4/17* # 01882673	-46.61
04/24/18	COSTS	ADD'L COSTS AWARDED	1500.00
04/30/18	PMT BY CHECK	DOS 7/28/15-4/27/16* # 02261147	-1500.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01833365
1842220-1
SWC1054593

DATE	AMOUNT
8/4/2017	$156.50

One Hundred Fifty-Six and 50/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈01833365⑈ ⑆021309379⑆ 79026263⑈

Check Number	01833365
Claim Number:	1842220-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1054593/Rolling Greens Nursery, Inc. (A Corp.)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	3/12/2015
Location:	CA -
Examiner Code:	21764

Amount:	$156.50	ANA UBI Claims
Dates of Service:	4/27/2016-4/27/2016	AmTrust North America
Explanation:	Inv 66814	P.O. Box 89404
Category:	E10 - Interpreter	Cleveland, OH 44101
Placement:	4 - Expense	844-601-7760
Transaction Type:		

AUG 08 2017

VOID VOID VOID VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02261147
1842220-1
SWC1054593

DATE	AMOUNT
4/30/2018	$1,500.00

One Thousand Five Hundred and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈02261147⑈ ⑆021309379⑆ 79026263⑈

Check Number	02261147
Claim Number:	1842220-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1054593/Rolling Greens Nursery, Inc. (A Corp.)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	3/12/2015
Location:	CA -
Examiner Code:	21764

PAID
MAY 03 2018

Amount:	$1,500.00
Dates of Service:	7/28/2015-4/27/2016
Explanation:	Lien Payment
Category:	M22 - Settlement/multi bills/amt in dispute
Placement:	2 - Medical
Transaction Type:	

ANA UBI Claims on behalf of Security National Insurance Company
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101

844-601-7760

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/10/18 71723

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2343454; 10547953

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

Case: vs LGO PASADENA LLC
Date Of Injury: 7/8/16;1/1/14-8/9/16

DOS	SERVICE	DESCRIPTION	AMOUNT
05/04/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/13/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/27/17	PENALTIES	FOR DATE OF SERVICE 5/4/17	23.48
11/27/17	INTEREST	FOR DATE OF SERVICE 5/4/17	10.95
12/27/17	PENALTIES	FOR DATE OF SERVICE 6/13/17	37.50
11/27/17	INTEREST	FOR DATE OF SERVICE 6/13/17	14.73
11/27/17	PMT BY CHECK	DOS 5/4/17-6/13/17* # 01703931	-406.50
03/28/18	COSTS	ADD'L COSTS AWARDED	1413.34
04/03/18	PMT BY CHECK	DOS 5/4/17-6/13/17* # 01891134	-1500.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01703931
2343454-1
WWC3207735

DATE	AMOUNT
11/27/2017	$406.50

Four Hundred Six and 50/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈01703931⑈ ⑆021309379⑆ 601894744⑈

Check Number	01703931
Claim Number:	2343454-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WWC3207735/LGO Hospitality
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	7/8/2016
Location:	
Examiner Code:	24426

NOV

Amount:	$406.50
Dates of Service:	5/4/2017-6/13/2017
Explanation:	ORDER ALLOWING COSTS FOR INTERPRETER SERVICES TO JOYCE ALTMAN INTERPRETERS
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

WESCO INSURANCE CO (Claims Funding) 1148
AmTrust North America
P. O. Box 89404

Cleveland, OH 44101
626-915-1951

VOID VOID VOID VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01891134
2343454-1
~~WWC3207735~~

DATE	AMOUNT
4/3/2018	$1,500.00

One Thousand Five Hundred and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈01891134⑈ ⑆021309379⑆ 601894744⑈

Check Number	01891134
Claim Number:	2343454-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WWC3207735/LGO Hospitality
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	7/8/2016
Location:	CA 85018 -
Examiner Code:	28761

APR 10 2018

Amount:	$1,500.00
Dates of Service:	5/4/2017-6/13/2017
Explanation:	
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

WESCO INSURANCE CO (Claims Funding) 1148
AmTrust North America
P. O. Box 89404
Cleveland, OH 44101
626-915-1951

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/12/18	65470

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
1406935-1

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

Case: vs RESOURCE LLC
Date Of Injury: 8/30/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/31/15	LEGAL_PREP	DEPO PREP @ L/O TOBIN LUCKS 65478	156.50
/ /	INTERPRETER:	CARMEN GONZALEZ # 49448683	0.00
05/04/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/10/15	PMT BY CHECK	DOS 03/31/15-03/31/15* # 00715009	-156.50
09/15/15	PMT BY CHECK	DOS 05/04/15-05/04/15* # 00718301	-250.00
09/12/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/19/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
09/07/17	PENALTIES	FOR DATE OF SERVICE 3/31/15	23.48
09/10/15	INTEREST	FOR DATE OF SERVICE 3/31/15	6.85
09/07/17	PENALTIES	FOR DATE OF SERVICE 5/4/15	37.50
09/15/15	INTEREST	FOR DATE OF SERVICE 5/4/15	10.87
09/15/15	PENALTIES	FOR DATE OF SERVICE 9/12/16	23.48
09/27/17	INTEREST	FOR DATE OF SERVICE 9/12/16	19.33
09/07/17	PENALTIES	FOR DATE OF SERVICE 6/19/17	23.48
09/27/17	INTEREST	FOR DATE OF SERVICE 6/19/17	5.57
09/27/17	PMT BY CHECK	DOS 9/12/16-6/19/17* # 01621618	-313.00
02/26/18	COSTS	ADD'L COSTS AWARDED	1349.44
03/07/18	PMT BY CHECK	DOS 2/26/18* # 01853262	-1500.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/12/18	65470

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
1406935-1

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

Case: vs RESOURCE LLC
Date Of Injury: 8/30/14

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.	00715009
	1406935-1
	WWC3085574
DATE	AMOUNT
9/10/2015	$156.50

PAY One Hundred Fifty-Six and 50/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

Mail To

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

SIGNATURE HAS A COLORED BACKGROUND - MICR CLAIMS MICROPRINTING

⑈00715009⑈ ⑆021309379⑆ 601894744⑈

M

Check Number	00715009
Claim Number:	1406935-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WWC3085574/Resource Employment Solutions, LLC
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	8/30/2014
Location:	
Examiner Code:	gcastaneda

Amount:	$156.50
Dates of Service:	3/31/2015-3/31/2015
Explanation:	INV#65470
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

WESCO INSURANCE CO (Claims Funding) 1148 on behalf of Wesco Insurance Company
PO Box 740042
Atlanta, GA 30374-0042

888-239-3909

PAID

BY: .....

VOID VOID VOID

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01621618
1406935-1
WWC3085574

DATE	AMOUNT
9/27/2017	$313.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈01621618⑈ ⑆021309379⑆ 601894744⑈

Check Number	01621618
Claim Number:	1406935-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WWC3085574/Resource Employment Solutions, LLC
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	8/30/2014
Location:	
Examiner Code:	24246

OCT 02 2017

Amount:	$313.00
Dates of Service:	9/12/2016-6/19/2017
Explanation:	Issued pymt for interpreting svcs
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

WESCO INSURANCE CO (Claims Funding) 1148
AmTrust North America
P O Box 89404
Cleveland, OH 44101
702-688-5019

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01853262
1406935-1
WWC3085574

DATE	AMOUNT
3/7/2018	$1,500.00

One Thousand Five Hundred and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 90 DAYS

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

⑈01853262⑈ ⑆021309379⑆ 601894744⑈

MAR 12 2018

Explanation Of Bill Review

Check Number	01853262	WESCO INSURANCE CO (Claims Funding) 1148
Claim Number:	1406935-1	AmTrust North America
Regulatory ID:		P O Box 89404
Bill Number:	12849160	Cleveland, OH 44101
Invoice Number:	FP1-MWCA-180326 / 1406935-1	212-655-2000
Policy / Insured:	WWC3085574/Resource Employment Solutions, LLC	
Claimant Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC	
Loss Date:	8/30/2014	FP1-MWCA-180326
Location:		
Examiner Code:	jturner	
Network/PPO Network:		

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
2/26/2018	MDO10	PAYMENT BY ORDER	1.00	2500.00	1000.00	0.00	1500.00	G5, G67, 375, 96
				2500.00	1000.00	0.00	1500.00	

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.; 375 - PLEASE SEE SPECIAL *NOTE* BELOW.; 961 - ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.;

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual providers agreement with the preferred provider organization. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING WITH OPTUM AT HTTPS://WCC.INGENIX.COM AND CHOOSE REQUEST AN ACCOUNT

Reconsiderations or appeals need to be submitted to the carrier listed above.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE CALL Mitchell International AT 800-732-0153.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/21/17 68633

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
1664758

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

Case: vs KJS CLOTHING INC
Date Of Injury: 1/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/03/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
10/11/17	PENALTIES	FOR DATE OF SERVICE 03/03/16	23.48
12/27/17	INTEREST	FOR DATE OF SERVICE 03/03/16	32.74
12/05/17	COSTS	ADD'L COSTS AWARDED	902.28
12/15/17	PMT BY CHECK	DOS 9/23/14-12/13/17* # 01733907	-1115.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01733907
1405945-1
~~WWC3078192~~

DATE	AMOUNT
12/15/2017	$1,115.00

VOID VOID VOID

One Thousand One Hundred Fifteen and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈01733907⑈ ⑆021309379⑆ 601894744⑈

Check Number	01733907
Claim Number:	1405945-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WWC3078192/KJS Clothing Inc (a corp)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	9/3/2014
Location:	UNKNOWN UNKNOWN CA 99999 -
Examiner Code:	jturner

PAID
DEC 21 2017

Amount:	$1,115.00
Dates of Service:	9/23/2014-12/13/2017
Explanation:	Full & Final All DOS
Category:	M22 - Settlement/multi bills/amt in dispute
Placement:	2 - Medical
Transaction Type:	

WESCO INSURANCE CO (Claims Funding) 1148
AmTrust North America
P O Box 89404

Cleveland, OH 44101

212-655-2000

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/31/17 68796

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
1841297

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

Case: vs LUNAR FEAST INC BODHI VEGGIE C
Date Of Injury: 4/27/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/10/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
04/14/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
05/17/16	PMT BY CHECK	DOS 3/10/16-3/10/16* # 00106412	-156.50
06/22/16	PMT BY CHECK	DOS 4/14/16* # 00109857	-250.00
09/20/16	LEGAL_WCAB	MSC @ WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
05/16/17	PENALTIES	FOR DATE OF SERVICE 9/20/16	23.48
05/25/17	INTEREST	FOR DATE OF SERVICE 9/20/16	12.77
05/25/17	PMT BY CHECK	DOS 5/8/17* # 00137760	-156.50
06/29/17	PMT BY CHECK	DOS 3/10/16-5/25/17* # 00140190	-35.81
07/28/17	PMT BY CHECK	DOS 7/13/17* # 00142633	-168.50
08/16/17	COSTS & SANC	COST & SANCTIONS	168.06

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

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

SEQUOIA INSURANCE COMPANY
P.O. BOX 740042
ATLANTA, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
00106412
1841297-1
QWC1009298

DATE	AMOUNT
5/17/2016	$156.50

PAY One Hundred Fifty-Six and 50/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

Mail To

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

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00106412⑈ ⑆021000021⑆ 226733883⑈

Check Number	00106412
Claim Number:	1841297-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	QWC1009298/Lunar Feast, Inc. (A Corp.)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	4/27/2015
Location:	
Examiner Code:	mcampbell

PAID
MAY 23 2016
BY: .....

Amount:	$156.50
Dates of Service:	3/10/2016-3/10/2016
Explanation:	INV#68796
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

SEQUOIA INSURANCE COMPANY on behalf of Sequoia Insurance Company
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
844-601-7760

SEQUOIA INSURANCE COMPANY
P.O. BOX 740042
ATLANTA, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
00109857
1841297-1
QWC1009298

DATE	AMOUNT
6/22/2016	$250.00

PAY Two Hundred Fifty and 0/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

Mail To

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

VOID AFTER 90 DAYS

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00109857⑈ ⑆021000021⑆ 226733883⑈

Check Number	00109857
Claim Number:	1841297-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	QWC1009298/Lunar Feast, Inc. (A Corp.)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	4/27/2015
Location:	
Examiner Code:	mcampbell

PAID JUN 27 2016

Amount:	$250.00
Dates of Service:	4/14/2016-4/14/2016
Explanation:	68796
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

SEQUOIA INSURANCE COMPANY on behalf of Sequoia Insurance Company
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
~~844-601-7760~~

MR

SEQUOIA INSURANCE COMPANY
P.O. BOX 740042
ATLANTA, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
00137760
1841297-1
QWC1009298

DATE	AMOUNT
5/25/2017	$156.50

One Hundred Fifty-Six and 50/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 90 DAYS

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

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00137760⑈ ⑆021000021⑆ 226733883⑈

Explanation Of Bill Review

Check Number	00137760	SEQUOIA INSURANCE COMPANY
Claim Number:	1841297-1	AmTrust North America
Regulatory ID:		P.O. Box 89404
Bill Number:	10886378	Cleveland, OH 44101
Invoice Number:	FP1-MQCA-69854	844-601-7760
Policy / Insured:	QWC1009298/Lunar Feast, Inc. (A Corp.)	
Claimant Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC	
Loss Date:	4/27/2015 FP1-MQCA-69854	
Location:		#68796
Examiner Code:	paquino	
Network/PPO Network:		

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
5/8/2017	MDS21	SETTLEMENT FOR DISPUTE	1.00	156.50	0.00	0.00	156.50	
				156.50	0.00	0.00	156.50	

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Reconsiderations or appeals need to be submitted to the carrier listed above.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE CALL Mitchell International AT 800-732-0153.

SEQUOIA INSURANCE COMPANY
P.O. BOX 740042
ATLANTA, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.	
00140190	
1841297-1	
QWC1009298	
DATE	AMOUNT
6/29/2017	$35.81

Thirty-Five and 81/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈00140190⑈ ⑆021000021⑆ 226733883⑈

Check Number	00140190
Claim Number:	1841297-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	QWC1009298/Lunar Feast, Inc. (A Corp.)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	4/27/2015
Location:	
Examiner Code:	paquino

FAXED
JUL 06 2017

Amount:	$35.81
Dates of Service:	3/10/2016-5/25/2017
Explanation:	Inv 68796
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

SEQUOIA INSURANCE COMPANY
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
844-601-7760

SEQUOIA INSURANCE COMPANY
P.O. BOX 740042
ATLANTA, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.	00142633
	1841297-1
	OWC1009298
DATE	AMOUNT
7/28/2017	$168.50

One Hundred Sixty-Eight and 50/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 90 DAYS

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

SIGNATURE HAS A COLORED BACKGROUND · BORDER CONTAINS MICROPRINTING

⑈00142633⑈ ⑆021000021⑆ 226733883⑈

Explanation Of Bill Review

Check Number	00142633
Claim Number:	1841297-1
Regulatory ID:	
Bill Number:	12040090
Invoice Number:	FP1-MQCA-72801
Policy / Insured:	OWC1009298/Lunar Feast, Inc. (A Corp.)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC
Loss Date:	4/27/2015
Location:	
Examiner Code:	paquino
Network/PPO Network:	

SEQUOIA INSURANCE COMPANY
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
844-601-7760

FP1-MQCA-72801

JUL 31 2017

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
7/13/2017	MDO10	PAYMENT BY ORDER	1.00	578.00	409.50	0.00	168.50	G5, G67, 375, 96
				578.00	409.50	0.00	168.50	

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.; 375 - PLEASE SEE SPECIAL *NOTE* BELOW.; 961 - ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.;

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual providers agreement with the preferred provider organization. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING WITH OPTUM AT HTTPS://WCC.INGENIX.COM AND CHOOSE REQUEST AN ACCOUNT

Reconsiderations or appeals need to be submitted to the carrier listed above.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE CALL Mitchell International AT 800-732-0153.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/23/18	68797

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
1895578

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

Case: JR vs MARIA C RUSSI DBA PEPE S MEX.
Date Of Injury: 5/14/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/09/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA EUGENIA PACO - CORTEZ # 100533	0.00
04/19/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/26/17	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
08/08/17	PMT BY CHECK	DOS 3/9/16-6/26/17* # 00143427	-336.50
08/11/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIO B. VALDEZ # 301322	0.00
09/18/17	PMT BY CHECK	DOS 3/9/16-8/11/17* # 00146368	-90.00
09/25/17	PENALTIES	FOR DATE OF SERVICE 3/9/16	23.48
08/08/17	INTEREST	FOR DATE OF SERVICE 3/9/16	24.75
01/11/18	INTEREST	FOR DATE OF SERVICE 3/9/16	13.79
09/25/17	PENALTIES	FOR DATE OF SERVICE 4/19/16	37.50
08/08/17	INTEREST	FOR DATE OF SERVICE 4/19/16	36.08
01/11/18	INTEREST	FOR DATE OF SERVICE 4/19/16	30.95
10/31/17	PENALTIES	FOR DATE OF SERVICE 8/11/17	28.50
01/11/18	INTEREST	FOR DATE OF SERVICE 8/11/17	8.37
01/11/18	COSTS	ADD'L COSTS AWARDED	560.08
01/18/18	PMT BY CHECK	DOS 1/11/18* # 00153665	-1150.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/23/18	68797

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
1895578

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

Case: JR vs MARIA C RUSSI DBA PEPE S MEX.
Date Of Injury: 5/14/15

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

SEQUOIA INSURANCE COMPANY
P.O. BOX 740042
ATLANTA, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
00143427
1895578-1
QWC1010979

DATE	AMOUNT
8/8/2017	$336.50

Three Hundred Thirty Six and 50/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00143427⑈ ⑆021000021⑆ 226733883⑈

AUG 11 2017

Check Number	00143427
Claim Number:	1895578-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	QWC1010979/Maria C Russi (An Individual)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	5/14/2015
Location:	
Examiner Code:	24076

68797-1

Amount:	$336.50
Dates of Service:	3/9/2016-6/26/2017
Explanation:	GONZALEZ SERVICES
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

SEQUOIA INSURANCE COMPANY
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
858-385-4040

VOID VOID VOID

SEQUOIA INSURANCE COMPANY
P.O. BOX 740042
ATLANTA, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
00146368
1895578-1
QWC1010979

DATE	AMOUNT
9/18/2017	$90.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈00146368⑈ ⑆021000021⑆ 226733883⑈

Check Number	00146368
Claim Number:	1895578-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	QWC1010979/Maria C Russi (An Individual)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	5/14/2015
Location:	
Examiner Code:	24076

SEP 2 2 2017

Amount:	$90.00
Dates of Service:	3/9/2016-8/11/2017
Explanation:	Invoice 68797 ✓
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

SEQUOIA INSURANCE COMPANY
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
858-385-4040

VOID VOID VOID

SEQUOIA INSURANCE COMPANY
P.O. BOX 740042
ATLANTA, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
00153665
1895578-1
OWC1010979

DATE	AMOUNT
1/18/2018	$1,150.00

One Thousand One Hundred Fifty and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 90 DAYS

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

⑈00153665⑈ ⑆021000021⑆ 226733883⑈

Explanation Of Bill Review

Check Number	00153665	SEQUOIA INSURANCE COMPANY
Claim Number:	1895578-1	AmTrust North America
Regulatory ID:		P.O. Box 89404
Bill Number:	12672731	Cleveland, OH 44101
Invoice Number:	FP1-MQCA-78877 / 1895578-1	858-385-4040
Policy / Insured:	OWC1010979/Maria C Russi (An Individual)	
Claimant Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC	
Loss Date:	5/14/2015 FP1-MQCA-78877	
Location:		
Examiner Code:	24076	
Network/PPO Network:		

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
1/11/2018	MDO10	PAYMENT BY ORDER	1.00	1677.00	527.00	0.00	1150.00	G5, G67, 375, 96
				1677.00	527.00	0.00	1150.00	

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.; 375 - PLEASE SEE SPECIAL *NOTE* BELOW.; 961 - ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.;

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Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/30/18 73038

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2372826-1

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

Case: vs TURBO WHOLESALE TIRES
Date Of Injury: 8/31/12; CT 4/29/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/18/13	EMG TESTING	& NCV BY DR RAPABAR: U/E @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
12/19/13	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	LESLIE RIVERA # 500259	0.00
12/24/13	PR2/REEVAL	DR MIRZABEIGI @ ACS* AMENDED	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/21/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/31/14	INITIAL EXAM	DR SELBY @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	BOSCO BOKSH # 301275	0.00
01/30/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500297	0.00
02/18/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/28/14	PR2/REEVAL	DR G. WILLIAMS @ ACS*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/06/14	PR2/REEVAL	DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
03/27/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
03/28/14	PR2/REEVAL	DR SELBY @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/15/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/24/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
05/13/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/28/14	F/U CHIRO TX	CHIRO TX W/DR JOSEPY BAHAN @ ACS*	90.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/30/18 73038

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2372826-1

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

Case: vs TURBO WHOLESALE TIRES
Date Of Injury: 8/31/12; CT 4/29/13

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/02/14	PR2/REEVAL	DR GHODS @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/09/14	F/U CHIRO TX	CHIRO TREATMENT W/DR GHODS @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/15/14	F/U CHIRO TX	CHIRO TREATMENT W/DR BAHAN @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
07/18/14	PR2-RE/EVAL	W/ACUPUNCTURIST PARK @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LESLIE MELTON # 500259	0.00
07/08/14	PR2/REEVAL	DR GHODS @ ADVANCE CARE* DOI: CT 4/29/13	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
07/24/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
07/31/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
07/29/14	F/U CHIRO TX	CHIRO TREATMENT W/ DR BAHAN @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/05/14	PR2/REEVAL	DR WADE @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301321	0.00
08/22/14	PR2-RE/EVAL	W/ACUPUNCT HAN/BUKUM @ ACS*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/15/14	PR2-RE/EVAL	W/ACUPUNCT JANG/HAN @ ACS*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/05/14	INITIAL EXAM	DR MASSIHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/02/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/30/18 73038

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2372826-1

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

Case: vs TURBO WHOLESALE TIRES
Date Of Injury: 8/31/12; CT 4/29/13

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
10/23/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
10/24/14	PR2-RE/EVAL	W/ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
10/28/14	PR2/REEVAL	DR WADE @ ACS*	180.00
/ /	INTERPRETER:	DIANA CHUY DEL OLMO # 301577	0.00
11/20/14	PR2/REEVAL	DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/12/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
01/07/15	INITIAL EXAM	DR FONSECA @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
01/08/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
01/30/15	PR2/REEVAL	DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
02/12/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
08/13/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/30/15	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/16/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/21/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ EPC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/13/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/30/16	PR2/REEVAL	DR BROWN/MALIN @ EPC*	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 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/30/18 73038

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2372826-1

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

Case: vs TURBO WHOLESALE TIRES
Date Of Injury: 8/31/12; CT 4/29/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/28/17	LIEN FIL FEE	LIEN FILING FEE	150.00
01/10/18	PENALTIES	FOR DATE OF SERVICE 12/19/13	34.50
01/10/18	INTEREST	FOR DATE OF SERVICE 12/19/13	97.18
01/10/18	PENALTIES	FOR DATE OF SERVICE 01/31/14	34.50
01/10/18	INTEREST	FOR DATE OF SERVICE 01/31/14	97.18
01/10/18	PENALTIES	FOR DATE OF SERVICE 09/05/14	34.50
01/10/18	INTEREST	FOR DATE OF SERVICE 09/05/14	85.73
01/10/18	PENALTIES	FOR DATE OF SERVICE 01/07/15	34.50
01/10/18	INTEREST	FOR DATE OF SERVICE 01/07/15	67.83
01/25/18	PMT BY CHECK	DOS 8/31/12-1/17/18* # 00025406 AMTRUST	-8185.92

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

REPUBLIC UNDERWRITERS INSURANCE COMPANY
P.O. BOX 740042
ATLANTA, GA 30374-0042

JPMorgan Chase Bank, N
Syracuse, NY
50-937/213

CHECK NO.
00025406
2372826-1
ATW 000507-00

DATE	AMOUNT
1/25/2018	$8,185.92

Eight Thousand One Hundred Eighty-Five and 92/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈00025406⑈ ⑆021309379⑆ 856110882⑈

PAID
JAN 30 2018

Check Number	00025406
Claim Number:	2372826-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	ATW 000507-00/Turbo Wholesale Tire, Inc. (A Corp)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	8/31/2012
Location:	Los Angeles
Examiner Code:	24833

F. F.
ERok

73038-60532

Amount:	$8,185.92
Dates of Service:	8/31/2012-1/17/2018
Explanation:	Full & Final All DOS RE:
Category:	M26 - Order / multi bills / amt in dispute
Placement:	2 - Medical
Transaction Type:	

REPUBLIC UNDERWRITERS INSURANCE COMPANY
AmTrust North America
P O Box 89404

Cleveland, OH 44101
212-655-2000

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/12/18	42398

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
812948

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

Case: vs THRIFTY TREE TRIMMING SERVICES
Date Of Injury: 9/14/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/04/11	DEPO PREP	@ THE L/O OF SAMUELSEN & GONZALEZ (VOL I)	156.50
/ /	INTERPRETER:	VIRGINIA DE CABRERA # 100591	0.00
03/03/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/10/11	PMT BY CHECK	DOS 2/4/11 AND 3/3/11 # 0100537927	-406.50
07/19/11	INITIAL EXAM	-DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	OHANNA JORDAN # 100793	0.00
08/19/11	EMG TESTING	-& NCV BY DR SCHILLING: U/E*	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
10/06/11	PR2/REEVAL	-DR YOON @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
10/13/11	PMT BY CHECK	DOS 2/4/11-8/19/11 # 0025538	-380.00
11/17/11	PR2/REEVAL	-DR YOON @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MAYRA CHIRCO # 500029	0.00
12/12/11	WCAB LB	EXPEDITED HEARING	156.50
12/20/11	INITIAL EXAM	-DR SHAMLOU @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/05/12	PR2/REEVAL	-DR YOON* JESUS CASTILLO # 500358	180.00
01/19/12	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR SALKELD (3.5H)	262.50
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/23/12	PR2/REEVAL	-DR YOON* JESUS CASTILLO # 500358	180.00
02/27/12	INITIAL EXAM	-DR SALKELD: PSYCH EVAL. @ ADVANCED CARE*	230.00
/ /	INTERPRETER:	JESUS ALEJANDRO CASTILLO # 500358	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/12/18 42398

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
812948

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

Case: vs THRIFTY TREE TRIMMING SERVICES
Date Of Injury: 9/14/10

DOS	SERVICE	DESCRIPTION	AMOUNT
04/12/12	PR2/REEVAL	-DR YOON* JESUS CASTILLO # 500358	180.00
05/24/12	PR2/REEVAL	-DR YOON* JESUS CASTILLO # 500358	180.00
06/28/12	PR2/REEVAL	-DR YOON* JESUS CASTILLO # 500358	180.00
08/09/12	PR2/REEVAL	-DR YOON* JOSE LUGO # 500049	180.00
11/01/12	P AND S	DR YOON* JESUS CASTILLO # 500358	230.00
10/29/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
09/16/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/16/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
07/06/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/12/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/14/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/17/17	PENALTIES	FOR DATE OF SERVICE 12/12/11	23.48
05/08/18	INTEREST	FOR DATE OF SERVICE 12/12/11	114.25
01/17/17	PENALTIES	FOR DATE OF SERVICE 12/20/11	34.50
05/08/18	INTEREST	FOR DATE OF SERVICE 12/20/11	167.47
01/17/17	PENALTIES	FOR DATE OF SERVICE 02/27/12	34.50
05/08/18	INTEREST	FOR DATE OF SERVICE 02/27/12	162.83
01/17/17	PENALTIES	FOR DATE OF SERVICE 11/01/12	34.50
05/08/18	INTEREST	FOR DATE OF SERVICE 11/01/12	141.31
01/17/17	PENALTIES	FOR DATE OF SERVICE 10/29/14	23.48
05/08/18	INTEREST	FOR DATE OF SERVICE 10/29/14	62.33
01/17/17	PENALTIES	FOR DATE OF SERVICE 09/16/15	23.48
05/08/18	INTEREST	FOR DATE OF SERVICE 09/16/15	47.24

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/12/18	42398

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
812948

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

Case: vs THRIFTY TREE TRIMMING SERVICES
Date Of Injury: 9/14/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/17/17	PENALTIES	FOR DATE OF SERVICE 07/06/16	23.48
05/08/18	INTEREST	FOR DATE OF SERVICE 07/06/16	32.30
01/17/17	PENALTIES	FOR DATE OF SERVICE 09/12/16	23.48
05/08/18	INTEREST	FOR DATE OF SERVICE 09/12/16	29.34
01/17/17	PENALTIES	FOR DATE OF SERVICE 11/14/16	23.48
05/08/18	INTEREST	FOR DATE OF SERVICE 11/14/16	26.43
01/17/17	LEGAL_WCAB	TRIAL @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/02/17	PENALTIES	FOR DATE OF SERVICE 10/06/11	27.00
05/08/18	INTEREST	FOR DATE OF SERVICE 10/06/11	136.45
08/02/17	PENALTIES	FOR DATE OF SERVICE 11/17/11	27.00
05/08/18	INTEREST	FOR DATE OF SERVICE 11/17/11	132.42
08/02/17	PENALTIES	FOR DATE OF SERVICE 01/05/12	27.00
05/08/18	INTEREST	FOR DATE OF SERVICE 01/05/12	130.44
08/02/17	PENALTIES	FOR DATE OF SERVICE 01/19/12	39.38
05/08/18	INTEREST	FOR DATE OF SERVICE 01/19/12	189.23
08/02/17	PENALTIES	FOR DATE OF SERVICE 02/23/12	27.00
05/08/18	INTEREST	FOR DATE OF SERVICE 02/23/12	127.43
08/02/17	PENALTIES	FOR DATE OF SERVICE 04/12/12	27.00
05/08/18	INTEREST	FOR DATE OF SERVICE 04/12/12	124.26
08/02/17	PENALTIES	FOR DATE OF SERVICE 05/24/12	27.00
05/08/18	INTEREST	FOR DATE OF SERVICE 05/24/12	122.27
08/02/17	PENALTIES	FOR DATE OF SERVICE 06/28/12	27.00
05/08/18	INTEREST	FOR DATE OF SERVICE 06/28/12	120.51
08/02/17	PENALTIES	FOR DATE OF SERVICE 08/09/12	27.00
05/08/18	INTEREST	FOR DATE OF SERVICE 08/09/12	116.37
05/08/18	PENALTIES	FOR DATE OF SERVICE 01/17/17	23.48
05/08/18	INTEREST	FOR DATE OF SERVICE 01/17/17	22.98
05/08/18	COSTS	ADD'L COSTS AWARDED	1608.90
06/07/18	PMT BY CHECK	DOS 5/8/18* # 00325307	-7726.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/12/18	42398

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
812948

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

Case: vs THRIFTY TREE TRIMMING SERVICES
Date Of Injury: 9/14/10

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. ** THIS SERVES AS DEMAND FOR PAYMENT **

JOYCE ALTMAN INTERPRETERS

P.O. BOX 4165

TUSTIN, CA 92781

June 10,2011

RE:

D.O.I.

Claim Number 83866

Payment	Period Covered	Date of Service	Amount	Invoice/Chart Number	Payment Type
44	02/04/11	03/03/11	00/00/00 406.50	42398	Interpreter Fees

Check Amount: $406.50

42398

If you have any questions, please address them to the undersigned.

Sincerely,

CHRISTINE MILLER
Senior Claims Examiner
(800) 432-2107

PAID
JUN 14 2011
BY:

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

MAJESTIC INSURANCE

P O Box 2359, San Francisco, CA 94126-2359

WELLS FARGO BANK, N. A.
115 Hospital Drive
Van Wert, OH. 45891

0100537927

VOID

VOID AFTER 180 DAYS

Date of Check	Claim Number	Date of Injury	Payment From	Payment Thru
06/10/11	83866	09/14/10	02/04/11	03/03/11

Claimant	Payment Type
	Interpreter Fees

56-382
412

041203824

Amount
$406.50

PAY EXACTLY Four Hundred Six DOLLARS and 50/100 CENTS

TO THE ORDER OF

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

David E Wilson

⑈0100537927⑈ ⑆041203824⑆ 9600031468⑈

THIS CHECK IS VOID WITHOUT A BLUE & BORDERED BACKGROUND

Amtrust North America, Inc.

P.O. Box 740042
Atlanta, GA 30374-0042

JP Morgan/Chase Bank
Syracuse, NY

CHECK NO.
00025538
812948-1
C200906933-02

DATE	AMOUNT
10/13/2011	$380.00

PAY Three Hundred Eighty and 0/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

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

VOID AFTER 90 DAYS

⑈00025538⑈ ⑆021000021⑆ 937442523⑈

PAID

BY:----------

Check Number	00025538
Claim Number:	812948-1
Bill Number:	0
Invoice Number:	76-H-49219-0
Policy / Insured:	C200906933-02/THRIFTY TREE SERVICE INC.
SSN / Employee Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	9/14/2010
Location:	
Examiner Code:	cmiller2

#42398

Amount:	$380.00
Dates of Service:	2/4/2011-8/19/2011
Explanation:	invoice 42398
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

VOID VOID VOID

AMTRUST NORTH AMERICA, INC.
P.O. BOX 740042
ATLANTA, GA 30374-0042

JP Morgan/Chase Bank
Syracuse, NY

CHECK NO.
00325307
812948-1
C20090693302

DATE	AMOUNT
6/7/2018	$7,726.00

Seven Thousand Seven Hundred Twenty-Six and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈00325307⑈ ⑆021000021⑆ 937442523⑈

Check Number	00325307
Claim Number:	812948-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	C20090693302/THRIFTY TREE SERVICE INC.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	9/14/2010
Location:	
Examiner Code:	28851

PAID
JUN 12 2018

Amount:	$7,726.00
Dates of Service:	5/8/2018-5/8/2018
Explanation:	Lien Settlement Check
Category:	M22 - Settlement/multi bills/amt in dispute
Placement:	2 - Medical
Transaction Type:	

AMTRUST NORTH AMERICA, INC.
AmTrust North America
P O Box 89404
Cleveland, OH 44101

702-688-5019

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/17/18	68284

EAMS#(s):

SS #
DOB :
Terms: 60 days
Claim #(s):
1926274

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

Case: vs TEQUILA JACK
Date Of Injury: 5/30/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/19/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/18/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/30/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/09/16	PMT BY CHECK	DOS 1/19/16-3/30/16* # 02172378	-563.00
12/28/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI (VOL II)	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/10/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
05/04/17	PMT BY CHECK	DOS 12/28/16-4/10/17* # 02792579	-313.00
07/28/17	PENALTIES	FOR DATE OF SERVICE 1/19/16	23.48
05/09/16	INTEREST	FOR DATE OF SERVICE 1/19/16	5.37
07/28/17	PENALTIES	FOR DATE OF SERVICE 2/18/16	37.50
05/09/16	INTEREST	FOR DATE OF SERVICE 2/18/16	7.09
07/28/17	PENALTIES	FOR DATE OF SERVICE 12/28/16	23.48
05/04/17	INTEREST	FOR DATE OF SERVICE 12/18/16	6.61
08/17/17	PMT BY CHECK	DOS 1/19/16-5/4/17* # 02971274	-103.53
08/17/17	COSTS & SANC	MONIES CREDITED TOWARD COSTS	156.50
08/17/17	PMT BY CHECK	DOS 1/19/16-12/28/16* # 02971273	-156.50
05/07/18	COSTS	ADD'L COSTS AWARDED	2500.00
05/14/18	PMT BY CHECK	DOS 1/19/16* # 03407332	-2500.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/17/18	68284

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
1926274

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

Case: vs TEQUILA JACK
Date Of Injury: 5/30/15

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02172378
1926274-1
TWC3425588

DATE	AMOUNT
5/9/2016	$563.00

PAY Five Hundred Sixty-Three and 0/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

Mail To

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

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈02172378⑈ ⑆021309379⑆ 6018775 33⑈

PAID MAY 16 2016

Check Number	02172378
Claim Number:	1926274-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3425588/Tequila Jacks, Inc. (A Corp)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	5/30/2015
Location:	
Examiner Code:	ropp

Amount:	$563.00
Dates of Service:	1/19/2016-3/30/2016
Explanation:	INV#:68284
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

TECHNOLOGY INSURANCE CO (Claims Funding) 1085
on behalf of Technology Insurance Company, Inc.
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
844-601-7760

MP

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02792579
1926274-1
TWC3425588

DATE	AMOUNT
5/4/2017	$313.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈02792579⑈ ⑆021309379⑆ 601877533⑈

Check Number	02792579
Claim Number:	1926274-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3425588/Tequila Jacks, Inc. (A Corp)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	5/30/2015
Location:	
Examiner Code:	23060

MAY 09 2017

Amount:	$313.00
Dates of Service:	12/28/2016-4/10/2017
Explanation:	INV 68284
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

TECHNOLOGY INSURANCE CO (Claims Funding) 1085
AmTrust North America
P. O. Box 89404
Cleveland, OH 44101
626-915-1951

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02971274
1926274-1
TWC3425588

DATE	AMOUNT
8/17/2017	$103.53

One Hundred Three and 53/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈02971274⑈ ⑆021309379⑆ 601877533⑈

Check Number	02971274
Claim Number:	1926274-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3425588/Tequila Jacks, Inc. (A Corp)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	5/30/2015
Location:	
Examiner Code:	23060

AUG 2 2 2017

Amount:	$103.53
Dates of Service:	1/19/2016-5/4/2017
Explanation:	INVOICE 68284
Category:	E8 - Copy Work
Placement:	4 - Expense
Transaction Type:	

TECHNOLOGY INSURANCE CO (Claims Funding) 1085
AmTrust North America
P. O. Box 89404
Cleveland, OH 44101
626-915-1951

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02971273
1926274-1
TWC3425588

DATE	AMOUNT
8/17/2017	$156.50

One Hundred Fifty-Six and 50/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈02971273⑈ ⑆021309379⑆ 601877533⑈

Check Number	02971273
Claim Number:	1926274-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3425588/Tequila Jacks, Inc. (A Corp)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	5/30/2015
Location:	
Examiner Code:	23060

AUG 24 2017

Amount:	$156.50
Dates of Service:	1/19/2016-12/28/2016
Explanation:	Inv 68284
Category:	E8 - Copy Work
Placement:	4 - Expense
Transaction Type:	

TECHNOLOGY INSURANCE CO (Claims Funding) 1085
AmTrust North America
P. O. Box 89404
Cleveland, OH 44101
626-915-1951

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03407332
1926274-1
TWC3425588

DATE	AMOUNT
5/14/2018	$2,500.00

Two Thousand Five Hundred and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈03407332⑈ ⑆021309379⑆ 601877533⑈

Check Number	03407332
Claim Number:	1926274-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3425588/Tequila Jacks, Inc. (A Corp)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	5/30/2015
Location:	
Examiner Code:	28761

MAY 17 2018

Amount:	$2,500.00
Dates of Service:	1/19/2016-1/19/2016
Explanation:	
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

TECHNOLOGY INSURANCE CO (Claims Funding) 1085
AmTrust North America
P. O. Box 89404
Cleveland, OH 44101
626-915-1951

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/18/17 67610

EAMS#(s)

SS #
DOB :
Terms: 60 days
Claim #(s):
1945029; 1942469

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

Case: vs CHERRY HILL ENTERPRISES
Date Of Injury: 8/1/04; 8/14-7/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/29/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/29/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/24/16	PMT BY CHECK	DOS 9/29/15-10/29/15* # 01057433	-406.50
07/11/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/04/16	PMT BY CHECK	DOS 7/11/16* # 00054087	-156.50
02/27/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/10/17	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
07/06/17	PENALTIES	FOR DATE OF SERVICE 9/29/15	23.48
02/24/16	INTEREST	FOR DATE OF SERVICE 9/29/15	7.59
07/06/17	PENALTIES	FOR DATE OF SERVICE 10/29/15	37.50
02/24/16	INTEREST	FOR DATE OF SERVICE 10/29/15	9.77
07/06/17	PENALTIES	FOR DATE OF SERVICE 2/27/17	23.48
07/20/17	INTEREST	FOR DATE OF SERVICE 2/27/17	7.89
07/06/17	PENALTIES	FOR DATE OF SERVICE 4/10/17	23.48
07/20/17	INTEREST	FOR DATE OF SERVICE 4/10/17	5.47
07/20/17	PMT BY CHECK	DOS 2/27/17-4/10/17* # 01803608	-313.00
08/24/17	COSTS & SANC	COSTS & SANC	1261.34
09/13/17	PMT BY CHECK	DOS 8/24/17* # 01899688	-1400.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/18/17	67610

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
1945029; 1942469

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

Case: vs CHERRY HILL ENTERPRISES
Date Of Injury: 8/1/04; 8/14-7/15

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01057433
1942469-1
SWC1054656

DATE	AMOUNT
2/24/2016	$406.50

PAY Four Hundred Six and 50/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

Mail To

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

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈01057433⑈ ⑆021309379⑆ 79026246 3⑈

PAID FEB 29 2016

Check Number	01057433
Claim Number:	1942469-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1054656/Cherry Hill Enterprises, LLC dba Cherry Hill Auto Wash & Detailing
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	7/20/2015
Location:	
Examiner Code:	npatterman

Amount:	$406.50
Dates of Service:	9/29/2015-10/29/2015
Explanation:	Invoice# 67610
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

on behalf of Security National Insurance Company
AmTrust North America
P.O. Box 4026
Concord, CA 94524
858-385-4040

MR

AMTRUST NORTH AMERICA, INC.
TGCTC
P.O. BOX 740042
ATLANTA, GA 30374-0042

JP MORGAN CHASE
NY
50-937/213

CHECK NO.
00054087
1945029-1
WCC00411000

DATE	AMOUNT
8/4/2016	$156.50

PAY One Hundred Fifty-Six and 50/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

Mail To

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

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈00054087⑈ ⑆021000021⑆ 687791835⑈

Check Number	00054087
Claim Number:	1945029-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WCC00411000 /CHERRY HILL ENTERPRISES, LLC
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	8/1/2014
Location:	
Examiner Code:	npatterman

Amount:	$156.50
Dates of Service:	7/11/2016-7/11/2016
Explanation:	INV#:67610
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

AMTRUST NORTH AMERICA, INC. on behalf of
PRESERVER INSURANCE COMPANY
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
858-385-4040

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

JP Morgan Chase
Syracuse, NY
50-9377213

CHECK NO.
01803608
1942469-1
SWC1054656

DATE	AMOUNT
7/20/2017	$313.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈01803608⑈ ⑆021309379⑆ 79026 2463⑈

JUL 25 2017

Check Number	01803608
Claim Number:	1942469-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1054656/Cherry Hill Enterprises, LLC dba Cherry Hill Auto Wash & Detailing
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	7/20/2015
Location:	
Examiner Code:	24076

Amount:	$313.00
Dates of Service:	2/27/2017-4/10/2017
Explanation:	DAMIAN SERVICES 02 27 17-04 10 17
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

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

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01899688
1942469-1
SWC1054656
DATE / AMOUNT
9/13/2017 / $1,400.00

One Thousand Four Hundred and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 90 DAYS

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

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈01899688⑈ ⑆021309379⑆ 79026 2463⑈

SEP 18 2017

Explanation Of Bill Review

Check Number	01899688
Claim Number:	1942469-1
Regulatory ID:	
Bill Number:	12225551
Invoice Number:	FP1-MSCA-668681 / 1942469-1
Policy / Insured:	SWC1054656/Cherry Hill Enterprises, LLC dba Cherry Hill Auto Wash & Detailing
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC
Loss Date:	7/20/2015
Location:	
Examiner Code:	24076
Network/PPO Network:	

ANA UBI Claims on behalf of Security National Insurance Company
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
858-385-4040

FP1-MSCA-668681

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
8/24/2017	MDO10	PAYMENT BY ORDER	1.00	1400.00	0.00	0.00	1400.00	
				1400.00	0.00	0.00	1400.00	

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual providers agreement with the preferred provider organization. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING WITH OPTUM AT HTTPS://WCC.INGENIX.COM AND CHOOSE REQUEST AN ACCOUNT

Reconsiderations or appeals need to be submitted to the carrier listed above.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE CALL Mitchell International AT 800-732-0153.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/27/17 66056

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
1652701

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

Case: vs DEREK BEDELL ENTERP THE HOME
Date Of Injury: 10/8/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/14/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARTHA HASSAN # 01430180	0.00
06/15/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/16/15	PMT BY CHECK	DOS 6/15/15* # 00828749	-250.00
07/15/15	PMT BY CHECK	DOS 5/14/15* # 00827346	-156.50
03/07/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/07/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 66056	0.00
03/20/17	PENALTIES	FOR DATE OF SERVICE 3/7/16	23.48
03/29/17	INTEREST	FOR DATE OF SERVICE 3/7/16	19.62
03/20/17	PENALTIES	FOR DATE OF SERVICE 7/7/16	23.48
03/29/17	INTEREST	FOR DATE OF SERVICE 7/7/16	13.31
03/29/17	PMT BY CHECK	DOS 3/7/16-7/7/16* # 01627422	-313.00
06/12/17	COSTS & SANC	COSTS & SANC	1045.11
06/22/17	PMT BY CHECK	DOS 6/12/17* # 01761991	-1125.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

VOID VOID VOID

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01627422
1652701-1
SWC1036753

DATE	AMOUNT
3/29/2017	$313.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈01627422⑈ ⑆021309379⑆ 790262463⑈

RECEIVED
APR 03 2017

Check Number	01627422
Claim Number:	1652701-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1036753/DEREK BEDELL ENTERPRISES (A CORPORATION)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	10/8/2014
Location:	
Examiner Code:	rtovar

Amount:	$313.00
Dates of Service:	3/7/2016-7/7/2016
Explanation:	Interpreter bill
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

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

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

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01761991
1652701-1
SWC1036753

DATE	AMOUNT
6/22/2017	$1,125.00

One Thousand One Hundred Twenty-Five and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 90 DAYS

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

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈01761991⑈ ⑆021309379⑆ 790262463⑈

PAID
JUN 27 2017

BY: .....

Explanation Of Bill Review

Check Number	01761991	ANA UBI Claims
Claim Number:	1652701-1	AmTrust North America
Regulatory ID:		P.O. Box 89404
Bill Number:	11915441	Cleveland, OH 44101
Invoice Number:	FP1-MSCA-626905	858-385-4040
Policy / Insured:	SWC1036753/DEREK BEDELL ENTERPRISES (A CORPORATION)	
Claimant Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC	
Loss Date:	10/8/2014	FP1-MSCA-626905
Location:		
Examiner Code:	rtovar	
Network/PPO Network:		

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
6/12/2017	MDO10	PAYMENT BY ORDER	1.00	1125.00	0.00	0.00	1125.00	
				1125.00	0.00	0.00	1125.00	

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual providers agreement with the preferred provider organization. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING WITH OPTUM AT HTTPS://WCC.INGENIX.COM AND CHOOSE REQUEST AN ACCOUNT

Reconsiderations or appeals need to be submitted to the carrier listed above.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE CALL Mitchell International AT 800-732-0153.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/27/17	66427

EAMS#(s):

SS #
DOB
Terms: 60 days
Claim #(s):
1693596

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

Case: _ vs PASSION FOODS/ SHARKEYS
Date Of Injury: 1/14/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/22/15	LEGAL_WCAB	EXP. HEARING @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/30/15	LEGAL_PREP	DEPO PREP @ L/O LAUGHIN, FALBO & LEVY	156.50
/ /	INTERPRETER:	CARMEN GONZALEZ # 49448683	0.00
07/29/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/30/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
12/28/16	PENALTIES	FOR DATE OF SERVICE 6/22/15	23.48
01/05/17	INTEREST	FOR DATE OF SERVICE 6/22/15	27.51
12/28/16	PENALTIES	FOR DATE OF SERVICE 6/30/15	23.48
01/05/17	INTEREST	FOR DATE OF SERVICE 6/30/15	27.51
12/28/16	PENALTIES	FOR DATE OF SERVICE 7/29/15	37.50
01/05/17	INTEREST	FOR DATE OF SERVICE 7/29/15	41.90
01/05/17	PMT BY CHECK	DOS 6/22/15-11/30/16* # 02581823	-813.00
06/13/17	COSTS & SANC	COSTS & SANC	1868.62
06/23/17	PMT BY CHECK	DOS 6/22/15-11/30/16* # 02879242	-2050.00
		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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02581823
1693596-1
TWC3427006

DATE	AMOUNT
1/5/2017	$813.00

Eight Hundred Thirteen and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

SIGNATURE HAS A COLORED BACKGROUND & BORDER CONTAINS MICROPRINTING

⑈02581823⑈ ⑆021309379⑆ 601877533⑈

Check Number	02581823
Claim Number:	1693596-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3427006/Schwarz & Kern Home, Inc. (a Corp)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	1/7/2015
Location:	
Examiner Code:	lsaldano

F.F.
PAID
JAN 13 2017
BY: .....

Amount:	$813.00
Dates of Service:	6/22/2015-11/30/2016
Explanation:	66427
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

TECHNOLOGY INSURANCE CO (Claims Funding) 1085
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
844-601-7760

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

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02879242
1693596-1
TWC3427006

DATE	AMOUNT
6/23/2017	$2,050.00

Two Thousand Fifty and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈02879242⑈ ⑆021309379⑆ 601877533⑈

660427

Check Number	02879242
Claim Number:	1693596-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3427006/Schwarz & Kern Home, Inc. (a Corp)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	1/7/2015
Location:	
Examiner Code:	lsaldano

PAID
JUN 27 2017
BY: .....

Amount:	$2,050.00 ✓
Dates of Service:	6/22/2015-11/30/2016
Explanation:	Interpreters Fee Full Satisfaction Payment OL ✓ BB for DOS:06/22/15 to 11/30/16
Category:	E7 - Late Fee / Penalty
Placement:	4 - Expense
Transaction Type:	

TECHNOLOGY INSURANCE CO (Claims Funding) 1085
AmTrust North America
P.O. Box 89404

Cleveland, OH 44101
844-601-7760

MP

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/30/18 72298

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
877C3382049

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: MATT TJOSTOLVSON
P.O. BOX 6569
SCRANTON, PA 18505

Case: vs FULL STEAM STAFFING, LLC
Date Of Injury: 10/26/16

DOS	SERVICE	DESCRIPTION	AMOUNT
07/20/17	LEGAL_WCAB	STATUS CONF. @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
01/19/18	PENALTIES	FOR DATE OF SERVICE 7/20/17	23.48
01/22/18	INTEREST	FOR DATE OF SERVICE 7/20/17	6.51
01/22/18	PMT BY CHECK	DOS 7/20/17* # DA79204820	-156.50
04/30/18	COSTS	ADD'L COSTS AWARDED	570.01
05/25/18	PMT BY CHECK	DOS 4/30/18* # DA79806114	-600.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

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

DATE 01/22/18
CHECK NO. **DA79204820**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company

CHUBB

5900A11DA 00 00485 DA79204820

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

FILE ID: 877C3382049
DOLLARS: $********156.50

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201610251234256557019 3

FOR
07/20/17 THRU 07/20/17 5811 INTERP FEES

CLAIMANT

DATE OF EVENT
10/21/16

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

PAID
JAN 29 2018

A18B (07/2016)

DETACH THIS PORTION BEFORE CASHING

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

CHUBB

Chubb
ACE Property and Casualty Insurance Company

64-1278
611

DATE 01/22/18

DA79204820

E ID
77C3382049

CWA1190118000010050 8

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

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

Y TO
E
DER
JOYCE ALTMAN INTERPRETERS
P O BOX 4165
TUSTIN CA 92781-4165

$********156.50

R
7/20/17 THRU 07/20/17 5811 IN
ERP FEES

CLAIM OFFICE
PORTLAND WC

LICYHOLDER
ULL STEAM STAFFING, LLC.

CLAIMANT

DATE OF EVENT
10/21/16

CHUBB
AUTHORIZED SIGNATURE

Bank of America

NBS-1GS-11

⑈6179204820⑈ ⑆061112788⑆ 00329978640 2⑈

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

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

DATE 05/25/18
CHECK NO. **DA79806114**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company

CHUBB

5900A11DA 00 00588 DA79806114

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

FILE ID
877C3382049

DOLLARS
$********600.00

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201610251234256557019 3

FOR
04/30/18 THRU 04/30/18 S&O INTERP
CLAIMANT

DATE OF EVENT
10/21/16

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

MAY 29 2018

A18B (07/2016)

DETACH THIS PORTION BEFORE CASHING

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

CHUBB

Chubb
ACE Property and Casualty Insurance Company

64-1278
611

DATE
05/25/18

DA79806114

ID
77C3382049

CWA1240518000100628

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

Pay ****SIX HUNDRED DOLLARS AND 00 CENTS****

$********600.00

Y TO JOYCE ALTMAN INTERPRETERS
E P O BOX 4165
DER TUSTIN CA 92781-4165

4/30/18 THRU 04/30/18 S&O INT
RP

CLAIM OFFICE
PORTLAND WC

ICYHOLDER
JLL STEAM STAFFING, LLC.

CLAIMANT

DATE OF EVENT
10/21/16

CHUBB
AUTHORIZED SIGNATURE

Bank of America

S-1GS-11

⑈6179806114⑈ ⑆061112788⑆ 003299786402⑈

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

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/29/18 68822

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
7A134943012834; 7A1349430

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: TONEY MICHAEL
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs SCHNEIDER ELECTRIC
Date Of Injury: 6/30/14; 10/31/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/14/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
05/02/16	PMT BY CHECK	DOS 3/14/16* # FE49954818	-156.50
05/16/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
03/01/17	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
01/24/18	PENALTIES	FOR DATE OF SERVICE 5/16/16	23.48
02/02/18	INTEREST	FOR DATE OF SERVICE 5/16/16	30.42
01/24/18	PENALTIES	FOR DATE OF SERVICE 3/1/17	23.48
05/02/18	INTEREST	FOR DATE OF SERVICE 3/1/17	20.31
02/02/18	PMT BY CHECK	DOS 1/10/18* # FE61708381	-156.50
05/02/18	PMT BY CHECK	DOS 3/1/17* # FE62098365	-156.50
05/17/18	COSTS	ADD'L COSTS AWARDED	1158.31
05/23/18	PMT BY CHECK	DOS 5/17/18* # FE2195866	-1256.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

PDWLDMCD-000837-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 05/02/16

CHECK NO. **FE49954818**

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00136 FE49954818
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
7A13494301283

DOLLARS
$********156.50

* NOT NEGOTIABLE *

Invoice # 68822
Agency Claim # 201411041547512380 2812

FOR
03/14/16 THRU 03/14/16 68822

CLAIMANT

DATE OF EVENT
06/30/14

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

PDWLDMCD-000837-01-01-00

6

PAID MAY 05 2016

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

[redacted]

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

DATE 02/02/18
CHECK NO. **FE61708381**

STATEMENT

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

5900H1IFE 00 00072 FE61708381

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

FILE ID: 7A13494301283
DOLLARS: $********156.50

*** NOT NEGOTIABLE ***

Invoice # ORDER
Agency Claim # 201411041547512380 2812

FOR
01/10/18 THRU 01/10/18 ORDER FOR INTE
CLAIMANT

DATE OF EVENT
06/30/14

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

FEB 06 2018

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 02/02/18

FE61708381

FILE ID
7A13494301283

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

CWH1010218000010235

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

TO THE ER OF
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

$********156.50

/10/18 THRU 01/10/18 ORDER F OR
TE

CLAIM OFFICE
INTAKE CLAIMS F

IT
NEIDER ELECTRIC

CLAIMANT

DATE OF EVENT
06/30/14

AUTHORIZED SIGNATURE

Bank of America

S-1GS-11

⑈4361708381⑈ ⑆061112788⑆ 0032997864 10⑈

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

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

DATE 05/02/18
CHECK NO. **FE62098365**

STATEMENT

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

5900H1IFE 00 00039 FE62098365

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

FILE ID
7A13494301283

DOLLARS
$********156.50

*** NOT NEGOTIABLE ***

Invoice # 300628
Agency Claim # 201411041547512380 2812

FOR
03/01/17 THRU 03/01/17 MSC @ WCAB

CLAIMANT

DATE OF EVENT
06/30/14

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

68822

MAY 07 2018

A42A (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.

aid by ESIS, Inc. on behalf of
he AIG Insurance Companies

64-1278
611

DATE
05/02/18

FE62098365

FILE ID
7A13494301283

PLEASE DEPOSIT
or CASH
WITHIN 90 DAYS

CWH1010518000010201

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

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

$********156.50

3/01/17 THRU 03/01/17 MSC @ W CAB

CLAIM OFFICE
INTAKE CLAIMS F

NT
HNEIDER ELECTRIC

CLAIMANT

DATE OF EVENT
06/30/14

AUTHORIZED SIGNATURE

Bank of America

S-1GS-11

⑈436209836 5⑈ ⑆061112788⑆ 0032997864 10⑈

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 05/23/18
CHECK NO. **FE62195866**

STATEMENT

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

5900H1IFE 00 00052 FE62195866

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

FILE ID	DOLLARS
7A13494301283	$******1,256.00

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201411041547512380281 2

FOR
05/17/18 THRU 05/17/18 STIP & ORDER
CLAIMANT

DATE OF EVENT
06/30/14

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

MAY 2 3 2018

)A42A (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.

aid by ESIS, Inc. on behalf of
he AIG Insurance Companies

64-1278
611

DATE 05/23/18

FE62195866

VOID VOID VOID

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/21/17 69518

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
345C6843408

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: SHEILA COWN
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs REAL TIME STAFFING
Date Of Injury: 5/15/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/25/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
07/13/16	PMT BY CHECK	DOS 5/25/16* # DA76418438	-90.00
09/21/17	PMT BY CHECK	DOS 5/25/16* # DA78607801	-66.50
09/26/17	PENALTIES	FOR DATE OF SERVICE 5/25/16	9.98
09/21/17	INTEREST	FOR DATE OF SERVICE 5/25/16	9.99
10/17/17	COSTS	ADD'L COSTS AWARDED	730.03
11/14/17	PMT BY CHECK	DOS 5/25/16* # DA7886181	-750.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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ACE PROPERTY AND CASUALTY INSURANCE COMPANY
PO BOX 6569
SCRANTON, PA 18505-6569

[redacted]

201607120164

Electronic Service Requested

DATE: 07/13/16

CHECK NO: **DA76418438**

STATEMENT

1 OF 5 F

ENV 431

MIXED AADC 926
431 1.0394 MB 0.416

JOYCE ALTMAN INTERPRETERS INC 113
PO BOX 4165
TUSTIN, CA 92781-4165

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

FILE ID	DOLLARS
345C6843408	$ 90.00

*** NOT NEGOTIABLE ***

INVOICE # 69518

AGENCY CLAIM # 201605191133495819229 1

FOR

SERVICES FROM 05/25/16 THRU 05/25/16 PAT.#69518

CLAIMANT

DATE OF EVENT
05/15/14

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

M-P04188 DETACH THIS PORTION BEFORE CASHING

[redacted]

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

Electronic Service Requested

MIXED AADC 926
561 1.0660 MB 0.420
JOYCE ALTMAN INTERPRETERS INC 121
PO BOX 4165
TUSTIN, CA 92781-4165

DATE: 09/21/17
CHECK NO: **DA78607801**

STATEMENT

CHUBB

CHUBB
ACE Property and Casualty Insurance Company

FILE ID	DOLLARS
345C6843408	$ 66.50

* **NOT NEGOTIABLE** *
INVOICE # 69518
AGENCY CLAIM # 20160519113349581922 91

FOR
SERVICES FROM 05/25/16 THRU 05/25/16 PAT.#69518

CLAIMANT

DATE OF EVENT
05/15/14

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

4

SEP 25 2017

EM-BOA18B

DETACH THIS PORTION BEFORE CASHING

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

CHUBB

CHUBB
ACE Property and Casualty Insurance Company

64-1278/611 GA

DATE: 09/21/17

DA78607801

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

FILE ID
345C6843408

Bank of America

Pay Sixty Six & 50/100 Dollars

$ *****$66.50*

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

FOR
SERVICES FROM 05/25/16 THRU 05/25/16
POLICY HOLDER
KOOSHAREM LLC

CLAIM OFFICE
WOODLAND HILLS WC
CLAIMANT

SPECIAL HANDLING
00

CHUBB

AUTHORIZED SIGNATURE

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

⑈678607801⑈ ⑆061112788⑆ 00329978640 2⑈

3 OF 5 F

ENV 561

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

DATE 11/14/17
CHECK NO. **DA78886181**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company

CHUBB

5900A11DA 00 00431 DA78886181

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

FILE ID 345C6843408

DOLLARS $********750.00

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201605191133495819229l

FOR
05/25/16 THRU 05/25/16 F & F

CLAIMANT

DATE OF EVENT
05/15/14

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

NOV 2 1 2017

MR

8B (07/2016)

DETACH THIS PORTION BEFORE CASHING

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

CHUBB

Chubb
ACE Property and Casualty Insurance Company

64-1278
611

DATE 11/14/17

DA78886181

5C6843408

CWA1131117600140432

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

Y **SEVEN HUNDRED FIFTY DOLLARS AND 00 CENTS**

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

$********750.00

'25/16 THRU 05/25/16 F & F

CLAIM OFFICE
WOODLAND HILLS WC

YHOLDER
)SHAREM LLC

CLAIMANT

DATE OF EVENT
05/15/14

CHUBB

AUTHORIZED SIGNATURE

Bank of America

3S-1GS-11

⑈617888618⑈ ⑆061112788⑆ 00329978640 2⑈

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

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/21/17	61098

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
345C6103658

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: CARMELA BOYLEN
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs SELECT STAFFING
Date Of Injury: 10/9/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/14	WCAB LB	TRIAL	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301564	0.00
04/21/14	WCAB LB	EXPEDITED HEARING	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/09/14	PMT BY CHECK	DOS 3/12/14* # DA71965936	-156.50
05/20/14	PMT BY CHECK	DOS 4/21/14* # DA72014469	-156.50
02/23/16	LEGAL WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/14/16	PENALTIES	FOR DATE OF SERVICE 02/23/16	23.48
06/22/17	INTEREST	FOR DATE OF SERVICE 02/23/16	24.26
06/22/17	PMT BY CHECK	DOS 2/23/16* # DA78177219	-156.50
08/04/17	PMT BY CHECK	DOS 2/23/16* # DA78387750	-47.74
11/01/17	COSTS	ADD'L COSTS AWARDED	1365.53
11/14/17	PMT BY CHECK	DOS 3/12/14-2/23/16* # DA78884630	-1365.53

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

PDWLDMCD-003106-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 05/09/14

CHECK NO. **DA71965936**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 01263 DA71965936
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C6103658

DOLLARS
$********156.50

*** NOT NEGOTIABLE ***

FOR
03/12/14 THRU 03/12/14 WCAB LA

61098

CLAIMANT

DATE OF EVENT
10/09/08

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

PDWLDMCD-003106-01-01-00

PAID MAY 12 2014

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

PDWLDMCD-002497-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 05/20/14

CHECK NO. **DA72014469**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 00004 DA72014469
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C6103658

DOLLARS
$********313.00
156 50

* NOT NEGOTIABLE *
= 156 50

FOR
03/12/14 THRU 04/21/14 61098

CLAIMANT

DATE OF EVENT
10/09/08

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

PAID MAY 28 2014

PDWLDMCD-002497-01-01-00

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

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

DATE 06/22/17
CHECK NO. **DA78177219**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company

CHUBB

5900A11DA 00 00485 DA78177219

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

FILE ID
345C6103658

DOLLARS
$********156.50

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 200810171545511962968 8

FOR
02/23/16 THRU 02/23/16 ADJ8499851

CLAIMANT

DATE OF EVENT
10/09/08

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

PAID
JUN 27 2017
BY: .....

18B (07/2016)

DETACH THIS PORTION BEFORE CASHING

[redacted]

PDWLDMCD-001617-01-01-00

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

DATE 08/04/17
CHECK NO. **DA78387750**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company

CHUBB

5900A11DA 00 00484 DA78387750

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

FILE ID
345C6103658

DOLLARS
$*********47.74

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 200810171545511962968 8

FOR
02/23/16 THRU 02/23/16 LATE PAYMENT- INTERP

CLAIMANT

DATE OF EVENT
10/09/08

61098

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

AUG 08 2017

MR

3OA18B (07/2016)

DETACH THIS PORTION BEFORE CASHING

[redacted]

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

DATE 11/14/17
CHECK NO. **DA78884630**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company

CHUBB

5900A11DA 00 00235 DA78884630

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

FILE ID: 345C6103658
DOLLARS: $******1,365.53

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 200810171545511962968 8

FOR
03/12/14 THRU 02/23/16 F & F
CLAIMANT

DATE OF EVENT
10/09/08

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

4

NOV 2 1 2017

8B (07/2016)

DETACH THIS PORTION BEFORE CASHING

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

CHUBB

Chubb
ACE Property and Casualty Insurance Company

64-1278
611

DATE 11/14/17

DA78884630

5C6103658

CWA1131117000140236

PLEASE DEPOSIT OR CASH WITHIN 90 DAYS

Y **ONE THOUSAND THREE HUNDRED SIXTY FIVE DOLLARS AND 53 CENTS**

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

$******1,365.53

'12/14 THRU 02/23/16 F & F

CLAIM OFFICE
WOODLAND HILLS WC

YHOLDER
)SHAREM CORPORATION

CLAIMANT

DATE OF EVENT
10/09/08

CHUBB
AUTHORIZED SIGNATURE

Bank of America

S-1GS-11

⑈6178884630⑈ ⑆061112788⑆ 003299786402⑈

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

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/02/18 54233

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
62404941556720

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: JESENIA SOSA
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs NORTHGATE GONZALEZ MARKET
Date Of Injury: 9/19/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/25/12	DEPO PREP	@ THE L/O OF GLENN & SILVER	156.50
/ /	INTERPRETER:	LAURA GIOVANNINI # 100312	0.00
09/06/12	PMT BY CHECK	DOS 7/25/12 # FE44524863	-156.50
08/22/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/02/12	PMT BY CHECK	DOS 8/22/12 # FE44612463	-250.00
10/22/12	DEPO PREP	@ THE L/O OF GLENN & SILVERII VOL II	156.50
/ /	INTERPRETER:	GERARDO WOLFF # 100024	0.00
12/10/12	PMT BY CHECK	DOS 10/22/12 # FE44883592	-156.50
12/28/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/29/13	PMT BY CHECK	DOS 12/28/12 # FE45074165	-250.00
10/14/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
12/02/13	DEPO PREP	@ THE L/O OF GLENN SILVERII VOL III	156.50
/ /	INTERPRETER:	CARMEN LERMA # 100698	0.00
05/27/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL. III	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/19/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
05/05/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/17/16	PENALTIES	FOR DATE OF SERVICE 05/27/14	37.50
12/13/17	INTEREST	FOR DATE OF SERVICE 05/27/14	100.98
08/17/16	PENALTIES	FOR DATE OF SERVICE 05/05/16	23.48
04/19/17	INTEREST	FOR DATE OF SERVICE 05/05/16	17.65
08/22/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/02/18 54233

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
62404941556720

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: JESENIA SOSA
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs NORTHGATE GONZALEZ MARKET
Date Of Injury: 9/19/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/07/17	PENALTIES	FOR DATE OF SERVICE 10/14/13	23.48
12/13/17	INTEREST	FOR DATE OF SERVICE 10/14/13	75.10
04/07/17	PENALTIES	FOR DATE OF SERVICE 12/2/13	23.48
12/13/17	INTEREST	FOR DATE OF SERVICE 12/2/13	73.22
04/07/17	PENALTIES	FOR DATE OF SERVICE 8/22/16	23.48
04/19/17	INTEREST	FOR DATE OF SERVICE 8/22/16	12.47
04/19/17	PMT BY CHECK	DOS 11/19/15-3/2/17* # FE60454386	-426.50
12/13/17	INTEREST	FOR DATE OF SERVICE 05/05/16	12.49
07/13/17	PENALTIES	FOR DATE OF SERVICE 03/02/17	9.98
10/03/17	INTEREST	FOR DATE OF SERVICE 03/02/17	6.14
06/27/17	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/03/17	PENALTIES	FOR DATE OF SERVICE 6/27/17	23.48
12/13/17	INTEREST	FOR DATE OF SERVICE 6/27/17	7.94
12/13/17	COSTS	ADD'L COSTS AWARDED	1100.00
12/26/17	PMT BY CHECK	DOS 12/8/12* # FE61538743	-2433.37

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.



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

DATE 09/06/12

CHECK NO. **FE44524863**

STATEMENT **ESIS**

An Insurance Services Company
ESIS, Inc.

5900C13FE 00 00479 FE44524863
JOYCE ALTMAN INTERPRETERS,INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
6240494155672

DOLLARS
$********156.50

* NOT NEGOTIABLE *

FOR
07/25/12 THRU 07/25/12 54233

CLAIMANT

DATE OF EVENT
09/19/10

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

PDWLDMCD-001443-01-01-00

PAID
SEP 10 2012
BY:

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

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

DATE 10/02/12

CHECK NO. **FE44612463**

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00721 FE44612463
JOYCE ALTMAN INTERPRETERS,INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
6240494155672

DOLLARS
$********250.00

* NOT NEGOTIABLE *

FOR
08/22/12 THRU 08/22/12 54233

CLAIMANT

DATE OF EVENT
09/19/10

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

PAID
OCT 05 2012
BY:

PDMLDMCD-002252-01-01-00

BOA10B - (07/2009)

DETACH THIS PORTION BEFORE CASHING

PDWLDMCD-003953-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 12/10/12

CHECK NO. **FE44883592**

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 01453 FE44883592
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781

FILE ID
6240494155672

DOLLARS
$********156.50

* NOT NEGOTIABLE *

FOR
10/22/12 THRU 10/22/12 54233

CLAIMANT

DATE OF EVENT
09/19/10

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

PDWLDMCD-003953-01-01-00

PAID JAN 10 2013

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

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

DATE 01/29/13

CHECK NO. **FE45074165**

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00934 FE45074165
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
6240494155672

DOLLARS
$********250.00

* NOT NEGOTIABLE *

FOR
12/28/12 THRU 12/28/12 54233

CLAIMANT

DATE OF EVENT
09/19/10

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

PDWLDMCD-002421-01-01-00

PAID FEB 04 2013

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

P709202800B

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

201704180165

Electronic Service Requested

DATE: 04/19/17
CHECK NO: **FE60454386**

STATEMENT

SINGLE PIECE

463 1.0394 SP 0.500

JOYCE ALTMAN INTERPRETERS INC 2
PO BOX 4165
TUSTIN, CA 92781-4165

ESIS®

FILE ID	DOLLARS
6240494155672	$ 426.50

* **NOT NEGOTIABLE** *

INVOICE # 54233

AGENCY CLAIM # 201202171058028741320 4

FOR

SERVICES FROM 11/19/15 THRU 03/02/17 PAT.#54233

CLAIMANT

DATE OF EVENT
09/19/10

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

PAID
APR 24 2017
BY: .....

EM-BOA10B

DETACH THIS PORTION BEFORE CASHING

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

ESIS®

64-1278/611 GA

DATE: 04/19/17

FE60454386

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

Bank of America

FILE ID 6240494155672

$ *****$426.50*

Pay Four Hundred Twenty Six & 50/100 Dollars

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

CLAIMANT

CLIENT
NORTHGATE GONZALEZ

DATE OF EVENT
09/19/10

SERVICES FROM 11/19/15 THRU 03/02/17 PAT.#54233

CLAIM OFFICE
INTAKE CLAIMS F

AUTHORIZED SIGNATURE

3531806

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

⑈4360454386⑈ ⑆061112788⑆ 0032997864 10⑈

P709202800B

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

Forwarding Service Requested

SINGLE PIECE
911 1.3461 SP 0.500

JOYCE ALTMAN INTERPRETERS 140
PO BOX 4165
TUSTIN, CA 92781-4165

DATE: 12/26/17
CHECK NO: **FE61538743**

STATEMENT

ESIS®

5 OF 6 F
ENV 911

FILE ID	DOLLARS
6240494155672	$ 2,433.37

* **NOT NEGOTIABLE** *
INVOICE # XXXXX4729
AGENCY CLAIM # 201202171058028741320 4

FOR
SERVICES FROM 12/08/12 THRU 12/08/12 PAT.#XXXXX472

CLAIMANT

DATE OF EVENT
09/19/10

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

DEC 2 2018

EM-BOA10B

DETACH THIS PORTION BEFORE CASHING

[redacted]

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/02/18 64334

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
C345C6274730

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: JERRY GRANT
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs REAL TIME STAFFING/SELECT STAF
Date Of Injury: 5/23/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/26/14	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/10/15	PENALTIES	FOR DATE OF SERVICE 11/26/14	37.50
09/11/15	INTEREST	FOR DATE OF SERVICE 11/26/14	20.48
09/11/15	PMT BY CHECK	DOS 11/26/14-11/26/14* # DA74825337	-250.00
09/26/17	PMT BY CHECK	DOS 11/26/14-9/11/15* # DA78639749	-57.98
12/14/17	COSTS	ADD'L COSTS AWARDED	1100.00
12/26/17	PMT BY CHECK	DOS 12/14/17* # DA79070163	-1100.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 09/11/15

CHECK NO. **DA74825337**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 00503 DA74825337
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C6274730

DOLLARS
$********250.00

*** NOT NEGOTIABLE ***

FOR
11/26/14 THRU 11/26/14 ADJ8973207

CLAIMANT

DATE OF EVENT
05/23/13

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

PAID

BY: .....

#64334

PDMLDMCD-001745-01-01-00

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

[redacted]



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

DATE 09/26/17
CHECK NO. **DA78639749**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company

CHUBB

5900A11DA 00 00290 DA78639749

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

FILE ID
345C6274730

DOLLARS
$*********57.98

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201307111039585296 7985

FOR
11/26/14 THRU 09/11/15 C & R TRANSLATION
CLAIMANT

DATE OF EVENT
05/23/13

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

OCT 0 3 2017

DA18B (07/2016)

DETACH THIS PORTION BEFORE CASHING

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

CHUBB

Chubb
ACE Property and Casualty Insurance Company

64-1278
611

DATE 09/26/17

DA78639749

E ID
345C6274730

CWA1250917000014031 3

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

Pay **FIFTY SEVEN DOLLARS AND 98 CENTS**

Y TO
E
DER
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

$*********57.98

R
1/26/14 THRU 09/11/15 C & R T
ANSLATION

CLAIM OFFICE
WOODLAND HILLS WC

ICYHOLDER
OSHAREM LLC

DATE OF EVENT
05/23/13

CHUBB

AUTHORIZED SIGNATURE

Bank of America

BS-1GS-11

⑈DA78639749⑈ ⑆061112788⑆ 0032997864021⑈

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

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

201712220161

Electronic Service Requested

MIXED AADC 926
488 0.5738 MB 0.420

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

109

DATE: 12/26/17
CHECK NO: **DA79070163**

STATEMENT

CHUBB

CHUBB
ACE Property and Casualty Insurance Company

FILE ID	DOLLARS
345C6274730	$ 1,100.00

* **NOT NEGOTIABLE** *
INVOICE # XXXXX2632
AGENCY CLAIM # 201307111039585296 7985

FOR
SERVICES FROM 12/14/17 THRU 12/14/17 PAT.#XXXXX2632

CLAIMANT

DATE OF EVENT
05/23/13

luestion with regard to this payment should be referred to your agent or the Customer Service Unit f the Claim Office whose address appears above.

DEC 0 8 2017

M-BOA18B

DETACH THIS PORTION BEFORE CASHING

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

CHUBB
CHUBB
ACE Property and Casualty Insurance Company
64-1278/611 GA
DATE: 12/26/17
DA79070163

FILE ID
345C6274730

Bank of America

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

Pay One Thousand One Hundred Dollars

$ *****$1,100.00*

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

FOR
SERVICES FROM 12/14/17 THRU 12/14/17
POLICY HOLDER
KOOSHAREM LLC

CLAIM OFFICE
WOODLAND HILLS WC
CLAIMANT

SPECIAL HANDLING
00

CHUBB

AUTHORIZED SIGNATURE

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

⑈DA79070163⑈ ⑆061112788⑆ 00329978640 2⑈

1 OF 2 F

ENV 488

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/23/17 69928

EAMS#(s):

SS #
DOB :
Terms: 60 days
Claim #(s):
494C3993055

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: JULIA CARTER
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs GCA SERVICE DBA ACME BLDG MAIN
Date Of Injury: 7/3/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/07/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
08/26/16	PMT BY CHECK	DOS 7/7/16* # DA76654219	-90.00
10/25/16	LEGAL_WCAB	EXPEDITED HEARING @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
02/27/17	PENALTIES	FOR DATE OF SERVICE 7/7/16	9.98
03/21/17	INTEREST	FOR DATE OF SERVICE 7/7/16	5.09
02/27/17	PENALTIES	FOR DATE OF SERVICE 10/25/16	23.48
03/21/17	INTEREST	FOR DATE OF SERVICE 10/25/16	7.84
03/21/17	PMT BY CHECK	DOS 7/7/16* # DA77708171	-66.50
03/21/17	PMT BY CHECK	DOS 10/25/16* # DA77708010	-156.50
10/05/17	COSTS	ADD'L COSTS AWARDED	828.61
10/18/17	PMT BY CHECK	DOS 10/5/17* # DA78756593	-875.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

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

[redacted]

201608250148

Electronic Service Requested

DATE: 08/26/16

CHECK NO: **DA76654219**

1 OF 4 F

ENV 437

STATEMENT

MIXED AADC 926
437 0.8765 MB 0.416

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165
96

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

FILE ID	DOLLARS
494C3993055	$ 90.00

69928-1

* **NOT NEGOTIABLE** *

INVOICE # 69928

AGENCY CLAIM # 201407241213071466 1204

FOR

SERVICES FROM 07/07/16 THRU 07/07/16 PAT.#69928

CLAIMANT

DATE OF EVENT
07/02/14

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

1-BOA18B

DETACH THIS PORTION BEFORE CASHING

[redacted]

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

DATE 03/21/17
CHECK NO. **DA77708171**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company

CHUBB

5900A11DA 00 00399 DA77708171

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

FILE ID
494C3993055

DOLLARS
$*********66.50

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201407241213071466 1204

FOR
07/07/16 THRU 07/07/16
CLAIMANT

DATE OF EVENT
07/02/14

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

PDMLDMCD-001481-01-01-00

MAR 27 2017

BOA18B (07/2016)

DETACH THIS PORTION BEFORE CASHING

[redacted]

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

DATE 03/21/17
CHECK NO. **DA77708010**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company

CHUBB

5900A11DA 00 00376 DA77708010

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

FILE ID
494C3993055

DOLLARS
$********156.50

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201407241213071466 1204

FOR
10/25/16 THRU 10/25/16 EXPIDITED HEARING

CLAIMANT

DATE OF EVENT
07/02/14

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

MAR 27 2017

PDWLDMCD-001458-01-01-00

BOA18B (07/2016)

DETACH THIS PORTION BEFORE CASHING

[redacted]

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

DATE 10/18/17
CHECK NO. **DA78756593**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company CHUBB

5900A11DA 00 00408 DA78756593

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

FILE ID
494C3993055

DOLLARS
$********875.00

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 20140724121307146612O4

FOR
10/05/17 THRU 10/05/17
CLAIMANT

DATE OF EVENT
07/02/14

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

Paid
OCT 2017

OA18B (07/2016)

DETACH THIS PORTION BEFORE CASHING

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

CHUBB

Chubb
ACE Property and Casualty Insurance Company

64-1278
611

DATE
10/18/17

DA78756593

LE ID
494C3993055

CWA11710170000140409

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

Pay **EIGHT HUNDRED SEVENTY FIVE DOLLARS AND 00 CENTS**

'AY TO 'HE 'RDER
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

$********875.00

OR
10/05/17 THRU 10/05/17

CLAIM OFFICE
WOODLAND HILLS WC

OLICYHOLDER
GCA SERVICES GROUP, INC.

CLAIMANT

DATE OF EVENT
07/02/14

CHUBB
AUTHORIZED SIGNATURE

NBS-1GS-11

Bank of America

⑈DA78756593⑈ ⑆121201182⑆ 0037299782⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/22/17 52907

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
345C6205265

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: LISA CRADDOCK
P.O. BOX 6569
SCRANTON, PA 18505

Case: vs SELECT STAFFING
Date Of Injury: 12/16/11

DOS	SERVICE	DESCRIPTION	AMOUNT
05/08/12	DEPO PREP	@ THE L/O OF STOCKWELL & HARRIS	156.50
/ /	INTERPRETER:	REBECCA GUZMAN FRANCO #100704	0.00
06/21/12	PMT BY CHECK	DOS 5/8/12 # DA67906074	-156.50
10/11/12	WCAB LB	STATUS CONFERENCE - JOYCE ALTMAN # 300624	156.50
04/11/13	DEPO PREP	@ THE L/O OF STOCKWELL HARRIS WOOLVERTON VOL II	156.50
/ /	INTERPRETER:	MARIO BASURTO VALDEZ # 301322	0.00
04/25/13	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
07/11/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
08/14/13	PMT BY CHECK	DOS 5/8/12-7/11/13 # DA70457192	-626.00
02/27/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
07/31/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
09/04/14	PMT BY CHECK	DOS 2/27/14-7/31/14* # DA72656235	-313.00
09/05/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL. II	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
10/28/14	PMT BY CHECK	DOS 9/5/14* # DA72962943	-250.00
03/28/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/14/13	PENALTIES	FOR DATE OF SERVICE 04/25/13	23.48
08/14/13	INTEREST	FOR DATE OF SERVICE 04/25/13	5.52
09/04/14	PENALTIES	FOR DATE OF SERVICE 02/27/14	23.48
09/04/14	INTEREST	FOR DATE OF SERVICE 02/27/14	8.68
08/15/16	LEGAL_WCAB	STATUS CONFERNECE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/22/16	PMT BY CHECK	DOS 8/14/13-8/15/16* # DA76791665	-374.16

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/22/17 52907

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
345C6205265

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: LISA CRADDOCK
P.O. BOX 6569
SCRANTON, PA 18505

Case: vs SELECT STAFFING
Date Of Injury: 12/16/11

DOS	SERVICE	DESCRIPTION	AMOUNT
12/01/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/17/17	PENALTIES	FOR DATE OF SERVICE 10/11/12	23.48
08/14/13	INTEREST	FOR DATE OF SERVICE 10/11/12	5.52
04/17/17	PENALTIES	FOR DATE OF SERVICE 4/11/13	23.48
08/14/13	INTEREST	FOR DATE OF SERVICE 4/11/13	5.52
04/17/17	PENALTIES	FOR DATE OF SERVICE 3/28/16	23.48
09/22/16	INTEREST	FOR DATE OF SERVICE 3/28/16	9.62
04/17/17	PENALTIES	FOR DATE OF SERVICE 12/1/16	23.48
04/26/17	INTEREST	FOR DATE OF SERVICE 12/1/16	7.59
04/26/17	PMT BY CHECK	DOS 4/10/17* # DA77891096	-156.60
08/08/17	COSTS & SANC	COSTS & SANC	1100.00
08/17/17	PMT BY CHECK	DOS 12/1/16* # DA78453272	-1222.07

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 06/21/12

CHECK NO. **DA67906074**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 00654 DA67906074
JOYCE ALTMAN INTERPRETERS,INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C6205265

DOLLARS
$********156.50

*** NOT NEGOTIABLE ***

FOR
05/08/12 THRU 05/08/12 52907

CLAIMANT

DATE OF EVENT
12/16/11

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

PDMLDMCD-003186-01-01-00

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 08/14/13

CHECK NO. **DA70457192**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 01077 DA70457192
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C6205265

DOLLARS
$********626.00

*** NOT NEGOTIABLE ***

FOR
05/08/12 THRU 07/11/13 52907

CLAIMANT

DATE OF EVENT
12/16/11

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

RECEIVED JUL 10 2013

PDMLDMCD-002843-01-01-00

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 09/04/14

CHECK NO. **DA72656235**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 00003 DA72656235
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C6205265

DOLLARS
$********313.00

PAID SEP 09 2014

* NOT NEGOTIABLE *

FOR
02/27/14 THRU 07/31/14 52907

CLAIMANT

DATE OF EVENT
12/16/11

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

PDWLDMCD-001606-01-01-00

HR

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

[redacted]

PDWLDMCD-001492-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 10/28/14

CHECK NO. **DA72962943**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 00519 DA72962943
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C6205265

DOLLARS
$********250.00

* NOT NEGOTIABLE *

PAID OCT 31 2014

FOR
09/05/14 THRU 09/05/14 52907

CLAIMANT

DATE OF EVENT
12/16/11

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

PDWLDMCD-001492-01-01-00

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

[redacted]

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

DATE 09/22/16

CHECK NO. **DA76791665**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 00403 DA76791665
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C6205265

DOLLARS
$********374.16

*** NOT NEGOTIABLE ***

FOR
08/14/13 THRU 08/15/16 52907

Invoice #
Agency Claim # 201202081813198518627 4

CLAIMANT

DATE OF EVENT
12/16/11

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

PDWLDMCD-002025-01-01-00

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

[redacted]

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

DATE 04/26/17
CHECK NO. **DA77891096**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company

CHUBB

5900A11DA 00 00396 DA77891096

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

FILE ID: 345C6205265
DOLLARS: $********156.60

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201202081813198518627 4

FOR
04/10/17 THRU 04/10/17 ORDER 5811 COSTS

CLAIMANT

DATE OF EVENT
12/16/11

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

PAID
MAY 01 2017
BY: .....

PDMLDMCD-001585-01-01-00

BOA18B (07/2016)

DETACH THIS PORTION BEFORE CASHING

[redacted]

EDWBDMCD-0020392-01-01-00

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

DATE 08/17/17
CHECK NO. **DA78453272**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company

CHUBB

5900A11DA 00 00514 DA78453272

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

FILE ID: 345C6205265
DOLLARS: $******1,222.07

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201202081813198518627 4

FOR
12/01/16 THRU 12/01/16 STIPS & ORDER

CLAIMANT

DATE OF EVENT
12/16/11

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

AUG 2 2 2017

BOA18B (07/2016)

DETACH THIS PORTION BEFORE CASHING

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

CHUBB

Chubb
ACE Property and Casualty Insurance Company

64-1278
611

DATE 08/17/17

DA78453272

FILE ID
345C6205265

CWA1169817900160515

PLEASE DEPOSIT OR CASH WITHIN 90 DAYS

Pay ****ONE THOUSAND TWO HUNDRED TWENTY TWO DOLLARS AND 07 CENTS****

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

$******1,222.07

FOR
12/01/16 THRU 12/01/16 STIPS & ORDER

CLAIM OFFICE
WOODLAND HILLS WC

POLICYHOLDER
KOOSHAREM LLC

CLAIMANT

DATE OF EVENT
12/16/11

CHUBB

AUTHORIZED SIGNATURE

Bank of America

NBS-1GS-11

⑈617845327 2⑈ ⑆061112788⑆ 00329978640 2⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/13/17 64919

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
C494C1687800

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: OSIRIS ESTRADA
P.O. BOX 6569
SCRANTON, PA 18505

Case: vs VALLLEY CREST
Date Of Injury: 7/28/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
04/03/15	PMT BY CHECK	DOS 2/23/15* # DA 73857331	-156.50
09/25/15	LEGAL_MISC	STIPULATION @ L/O MICHELLE GAVRIEL	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/29/16	PENALTIES	FOR DATE OF SERVICE 9/25/15	23.48
01/10/17	INTEREST	FOR DATE OF SERVICE 9/25/15	23.72
01/10/17	PMT BY CHECK	DOS 9/25/15* # DA77349433	-203.25
09/19/17	COSTS & SANC	COSTS & SANC	1100.00
10/09/17	PMT BY CHECK	DOS 2/23/15-9/25/15* # DA78705989	-1100.45

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

PDWLDMCD-001452-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 04/03/15

CHECK NO. **DA73857331**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 00082 DA73857331
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C1680800

DOLLARS
$********156.50

* NOT NEGOTIABLE *

FOR
02/23/15 THRU 02/23/15 64919

CLAIMANT

DATE OF EVENT
07/28/10

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

PDWLDMCD-001452-01-01-00

PAID
APR 10 2015
BY: Ø

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

[redacted]

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

DATE 01/10/17
CHECK NO. **DA77349433**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company

CHUBB

5900A11DA 00 00520 DA77349433

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

FILE ID
494C1680800

DOLLARS
$********203.25

*** NOT NEGOTIABLE ***

64919

Invoice #
Agency Claim # 201008022005346090733 6

FOR
09/25/15 THRU 09/25/15 F/F
CLAIMANT

DATE OF EVENT
07/28/10

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

PAID
JAN 13 2017
BY: .....

BOA18B (07/2016)

DETACH THIS PORTION BEFORE CASHING

[redacted]

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

DATE 10/09/17
CHECK NO. **DA78705989**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company

CHUBB

5900A11DA 00 00419 DA78705989

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

FILE ID
494C1680800

DOLLARS
$******1,100.45

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201008022005346090733 6

FOR
02/23/15 THRU 09/25/15 F/F

CLAIMANT

DATE OF EVENT
07/28/10

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

PAID
OCT 13 2017

A18B (07/2016)

DETACH THIS PORTION BEFORE CASHING

MR

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

CHUBB

Chubb
ACE Property and Casualty Insurance Company

64-1278
611

DATE
10/09/17

DA78705989

ID:
94C1680800

CWA1061017000010045 5

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

ay **ONE THOUSAND ONE HUNDRED DOLLARS AND 45 CENTS**

Y TO JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
DER TUSTIN CA 92781-4165

$******1,100.45

2/23/15 THRU 09/25/15 F/F

CLAIM OFFICE
WOODLAND HILLS WC

ICYHOLDER
ALLEYCREST COMPANIES

CLAIMANT

DATE OF EVENT
07/28/10

CHUBB

AUTHORIZED SIGNATURE

Bank of America

BS-1GS-11

⑈DA78705989⑈ ⑆061112788⑆ 0032997864021⑈

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

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/18/17 72605

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
1684088;1684094

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

Case: vs GENERAL CONTAINER CORP
Date Of Injury: 4/1/13; 7/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/27/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/04/15	PMT BY CHECK	DOS 3/12/15-4/27/15* # 47978	-406.50
08/29/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/26/16	PMT BY CHECK	DOS 8/29/16* =# 60046	-156.50
09/20/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/31/16	PMT BY CHECK	DOS 9/20/16* =# 60838	-90.00
06/23/17	PENALTIES	FOR DATE OF SERVICE 9/20/16	24.00
09/28/17	INTEREST	FOR DATE OF SERVICE 9/20/16	18.95
09/28/17	COSTS & SANC	COSTS & SANCT	147.05
10/06/17	PMT BY CHECK	DOS 9/28/17* # 01939167 AMTRUST	-350.00

BALANCE 0.00

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

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/10/17 65449

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
17003151

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

Case: vs GENERAL CONTAINER CORP
Date Of Injury: 4/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/27/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/04/15	PMT BY CHECK	DOS 3/12/15-4/27/15* # 47978	-406.50
08/29/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/26/16	PMT BY CHECK	DOS 8/29/16* =# 60046	-156.50
09/20/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/31/16	PMT BY CHECK	DOS 9/20/16* =# 60838	-90.00
06/23/17	PENALTIES	FOR DATE OF SERVICE 9/20/16	24.00
09/28/17	INTEREST	FOR DATE OF SERVICE 9/20/16	18.95
09/28/17	COSTS & SANC	COSTS & SANC	147.05
10/06/17	PMT BY CHECK	DOS 9/28/17* # 01939167 AMTRUST	-350.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Zurich-American Insurance Group
American Claims Management
P.O. Box [illegible]
San Diego, CA 92186
For Questions Please Call (888)-799-2919

VOID VOID VOID

[illegible]-3582
1222
US Bank
474[illegible] Executive Drive
San [illegible]iego, CA 92121

CHECK NO. 47978

DATE
06/04/2015

California Workers' Compensation Payment

$**********406.50

Pay Four Hundred Six Dollars And 50/100

VOID AFTER 90 DAYS

TO THE ORDER OF

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈000004 7978⑈ ⑆122235821⑆ [illegible]56121 6⑈

Payee: Joyce Altman Interpreters Inc

Check Number: 47978

IRS/SSN: XX-XXX6713

Check Date: 06/04/2015

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
17003151		04/[illegible]/2013	Interpreter Fees - Depo / WCAB Only	03/12/20[illegible]	04/27/2015	05/22/2015	65449	406.50

PAID JUN 0 7 2015

REORDER 901 • U.S. PATENT NO. 5538280, 5575508, 5641103, 5785353, 5944364 [illegible]

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

VOID VOID VOID

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

CHECK NO. 60046

DATE
09/26/2016

California Workers' Compensation Payment

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

Pay One Hundred Fifty Six Dollars And 50/100

TO THE ORDER OF VOID VOID

VOID AFTER 90 DAYS

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

VOID

⑈000060046⑈ ⑆122235821⑆ 153495561216⑈

EXPLANATION OF REVIEW

Payer: Zurich-American Insurance Group
P.O. Box 85251
San Diego, CA 92186
FEIN: 36-4233459

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

Pmt Method: CK# 60046
Pmt Date: 09/26/2016
Pay Sts Code: 1

Review Date: 09/22/2016
NPI/License #: 9999999999
Jurisdiction: California
PPO Name:
PPO ID #:
ICD9 Codes: T14.9

Document #: CCS0000877766-01
Patent Name:
Patient SSN:
Patient DOB:
Patient Acct #: 65449
Employer Name: General Container Corporation
Rend. Provider: Joyce Altman Interpreters Inc

Claim #: 17003151
Rec. Date: 09/15/2016
Accident Date: 04/01/2013
Bill Type: RB
DRG Code:
Employer ID: WC965912100
Rendering NPI: 0000000000

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
8/29/2016	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	156.50	0.00	0.00	156.50	
				Totals:			156.50	0.00	0.00	156.50	

ORDER 901 - U.S. PATENT NO. 5538290, 5575509, 5641183, 5785353, 5984364, 6030000

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

VOID VOID VOID

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

CHECK NO. 60838

DATE
10/31/2016

California Workers' Compensation Payment

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

Pay Ninety Dollars And 00/100

TO THE ORDER OF VOID VOID

VOID AFTER 90 DAYS

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

PAID NOV 03 2016

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

VOID

⑈0000060838⑈ ⑆122235821⑆ 153495561216⑈

EXPLANATION OF REVIEW

Payer: Zurich-American Insurance Group
P.O. Box 85251
San Diego, CA 92186
FEIN: 36-4233459

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

Pmt Method: CK# 60838
Pmt Date: 10/31/2016
Pay Sts Code: 1

Review Date: 10/26/2016
NPI/License #: 9999999999
Jurisdiction: California
PPO Name:
PPO ID #:
ICD9 Codes: T14.9

Document #: CCS0000891910-01
Patent Name:
Patient SSN:
Patient DOB:
Patient Acct #: 65449
Employer Name: General Container Corporation
Rend. Provider: Joyce Altman Interpreters Inc

Claim #: 17003151
Rec. Date: 10/11/2016
Accident Date: 04/01/2013
Bill Type: RB
DRG Code:
Employer ID: WC965912100
Rendering NPI: 0000000000

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
9/20/2016	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	250.00	160.00	0.00	90.00	G1
				Totals:			250.00	160.00	0.00	90.00	

Reason Code Description

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

FORM 801 - U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5964364, 6030000

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01939167
1671924-1
SWC1029590

DATE	AMOUNT
10/6/2017	$350.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 90 DAYS

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

⑈01939167⑈ ⑆021309379⑆ 790262463⑈

Explanation Of Bill Review

Check Number	01939167
Claim Number:	1671924-1
Regulatory ID:	
Bill Number:	12308875
Invoice Number:	FP1-MSCA-685770
Policy / Insured:	SWC1029590/General Container Corporation
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC
Loss Date:	5/1/2014 FP1-MSCA-685770
Location:	
Examiner Code:	jturner
Network/PPO Network:	

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

F. F.
CA
65449 - 72605

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
9/28/2017	MDO10	PAYMENT BY ORDER	1.00	350.00	0.00	0.00	350.00	
				350.00	0.00	0.00	350.00	

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual providers agreement with the preferred provider organization. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING WITH OPTUM AT HTTPS://WCC.INGENIX.COM AND CHOOSE REQUEST AN ACCOUNT

Reconsiderations or appeals need to be submitted to the carrier listed above.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE CALL Mitchell International AT 800-732-0153.

FAX OCT 11 2017

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/06/17 63877

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
08016107; 08019933

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

Case: vs ACCURATE CONSTRUCTION CONSULTA
Date Of Injury: 6/19/14; 6/18/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/22/14	INITIAL EXAM	-DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
09/11/14	INITIAL EXAM	-DR WADE @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/22/14	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
10/06/14	PR2/REEVAL	-DR WADE @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/27/14	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
11/03/14	PR2/REEVAL	-DR BROWN/DR SCHILLING @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/05/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/30/15	LEGAL_PREP	DEPO PREP @ L/O KEGEL, TOBIN, TRUCE	156.50
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
11/25/14	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/23/15	PR2/REEVAL	-DR J. MILLMAN @ ACS*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
04/13/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/24/15	INITIAL EXAM	-DR YAGOOBIAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	TANIA CRAWFORD # 101330	0.00
04/06/15	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
04/20/15	PR2/REEVAL	-DR AHDAB @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
01/09/15	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/06/17 63877

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
08016107; 08019933

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

Case: vs ACCURATE CONSTRUCTION CONSULTA
Date Of Injury: 6/19/14; 6/18/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/12/15	PR2/REEVAL	-DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ROBERT PETERS # 500233	0.00
05/15/15	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/23/15	INITIAL EXAM	-DR SAMIH @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	TANIA CRAWFOR # 101330	0.00
02/24/15	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/15/15	PR2/REEVAL	-DR AHDAB SAMIH @ ACS*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
06/26/15	P AND S	-DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/26/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/29/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/31/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA PINEDA # 301721	0.00
07/22/16	LIEN FIL FEE	LIEN FILING FEE	150.00
07/28/16	PENALTIES	FOR DATE OF SERVICE 03/05/15	23.48
06/21/17	INTEREST	FOR DATE OF SERVICE 03/05/15	41.47
07/28/16	PENALTIES	FOR DATE OF SERVICE 03/30/15	23.48
06/21/17	INTEREST	FOR DATE OF SERVICE 03/30/15	40.09
07/28/16	PENALTIES	FOR DATE OF SERVICE 04/13/15	37.50
06/21/17	INTEREST	FOR DATE OF SERVICE 04/13/15	62.15
07/28/16	PENALTIES	FOR DATE OF SERVICE 10/26/15	23.48
06/21/17	INTEREST	FOR DATE OF SERVICE 10/26/15	30.72
07/28/16	PENALTIES	FOR DATE OF SERVICE 02/29/16	23.48
06/21/17	INTEREST	FOR DATE OF SERVICE 02/29/16	24.16

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/06/17 63877

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
08016107; 08019933

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

Case: vs ACCURATE CONSTRUCTION CONSULTA
Date Of Injury: 6/19/14; 6/18/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/28/16	PENALTIES	FOR DATE OF SERVICE 05/31/16	37.50
06/21/17	INTEREST	FOR DATE OF SERVICE 05/31/16	31.35
06/21/17	PENALTIES	FOR DATE OF SERVICE 08/22/14	34.50
06/21/17	INTEREST	FOR DATE OF SERVICE 08/22/14	62.97
06/21/17	PENALTIES	FOR DATE OF SERVICE 09/11/14	34.50
06/21/17	INTEREST	FOR DATE OF SERVICE 09/11/14	62.97
06/21/17	PENALTIES	FOR DATE OF SERVICE 09/22/14	27.00
06/21/17	INTEREST	FOR DATE OF SERVICE 09/22/14	49.28
06/21/17	PENALTIES	FOR DATE OF SERVICE 10/06/14	27.00
06/21/17	INTEREST	FOR DATE OF SERVICE 10/06/14	49.28
06/21/17	PENALTIES	FOR DATE OF SERVICE 10/27/14	27.00
06/21/17	INTEREST	FOR DATE OF SERVICE 10/27/14	49.17
06/21/17	PENALTIES	FOR DATE OF SERVICE 11/03/14	27.00
06/21/17	INTEREST	FOR DATE OF SERVICE 11/03/14	48.77
06/21/17	PENALTIES	FOR DATE OF SERVICE 11/25/14	27.00
06/21/17	INTEREST	FOR DATE OF SERVICE 11/25/14	45.26
06/21/17	PENALTIES	FOR DATE OF SERVICE 03/23/15	27.00
06/21/17	INTEREST	FOR DATE OF SERVICE 03/23/15	44.80
06/21/17	PENALTIES	FOR DATE OF SERVICE 03/24/15	34.50
06/21/17	INTEREST	FOR DATE OF SERVICE 03/24/15	56.89
06/21/17	PENALTIES	FOR DATE OF SERVICE 04/06/15	27.00
06/21/17	INTEREST	FOR DATE OF SERVICE 04/06/15	44.41
06/21/17	PENALTIES	FOR DATE OF SERVICE 04/20/15	27.00
06/21/17	INTEREST	FOR DATE OF SERVICE 04/20/15	42.70
06/21/17	PENALTIES	FOR DATE OF SERVICE 01/09/15	27.00
06/21/17	INTEREST	FOR DATE OF SERVICE 01/09/15	41.29
06/21/17	PENALTIES	FOR DATE OF SERVICE 01/12/15	27.00
06/21/17	INTEREST	FOR DATE OF SERVICE 01/12/15	41.23
06/21/17	PENALTIES	FOR DATE OF SERVICE 05/15/15	27.00
06/21/17	INTEREST	FOR DATE OF SERVICE 05/15/15	40.89
06/21/17	PENALTIES	FOR DATE OF SERVICE 02/23/15	34.50

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/06/17 63877

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
08016107; 08019933

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

Case: vs ACCURATE CONSTRUCTION CONSULTA
Date Of Injury: 6/19/14; 6/18/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/21/17	INTEREST	FOR DATE OF SERVICE 02/23/15	50.51
06/21/17	PENALTIES	FOR DATE OF SERVICE 02/24/15	27.00
06/21/17	INTEREST	FOR DATE OF SERVICE 02/24/15	39.24
06/21/17	PENALTIES	FOR DATE OF SERVICE 06/15/15	27.00
06/21/17	INTEREST	FOR DATE OF SERVICE 06/15/15	38.45
06/21/17	PENALTIES	FOR DATE OF SERVICE 06/26/15	34.50
06/21/17	INTEREST	FOR DATE OF SERVICE 06/26/15	48.70
06/21/17	COSTS & SANC	COSTS & SANC	954.83
06/30/17	PMT BY CHECK	DOS 5/31/16* # 383815	-7500.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

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

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

CHECK NO. 383815

DATE
06/30/2017

$**********7,500.00

VOID AFTER 90 DAYS

California Workers' Compensation Payment

Pay Seven Thousand Five Hundred Dollars And 00/100
TO THE ORDER OF

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈0000383815⑈ ⑆122235821⑆ 153495464635⑈

Payee: Joyce Altman Interpreters Inc

IRS/SSN:

Check Number: 383815

Check Date: 06/30/2017

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
08016107		06/19/2014	Lien Payment - Medical	08/22/2014	05/31/2016	06/23/2017	63877	7,500.00

F. F.
CA

PAID
JUL 06 2017
BY: .....

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/13/17 70154

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
GR293-00

BILL TO:
ALASKA NATIONAL INS. (W.C.)
W. C. DEPARTMENT
ATTN: JESUS PENA
100 PRINGLE AVE., STE 460
WALNUT CREEK, CA 94596

Case: vs COMMAND PACKING
Date Of Injury: CT 5/27/14 - 5/27/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/10/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
11/08/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
01/19/17	PMT BY CHECK	DOS 11/8/16* =# 912054	-156.50
09/26/17	PENALTIES	FOR DATE OF SERVICE 8/10/16	23.48
09/26/17	INTEREST	FOR DATE OF SERVICE 8/10/16	20.22
10/13/17	COSTS & SANC	COSTS & SANC	799.80
10/10/17	PMT BY CHECK	DOS 9/26/17* # 972174	-1000.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

ALASKA NATIONAL INSURANCE COMPANY
100 Pringle Avenue, Suite 460, Walnut Creek, CA 94596
(415) 248-5030

1-9-17

CHECK NUMBER	912054
TAX ID #	33-0956713

CLAIM NO. POLICY NO.	CLAIMANT ACCIDENT DATE	INSURED REASON FOR PAYMENT 70154-1	AMOUNT PAY TYPE
GR293-00 15A WD 09520	05/27/2015	GRAND PACKAGING, INC. DOS:08/10/16 CPT/HCPCS: T1013 EOB Attached Acct#: 70154	0.00 MINTRP
GR293-00 15A WD 09520	05/27/2015	GRAND PACKAGING, INC. DOS:11/08/16 CPT/HCPCS: T1013 EOB Attached Acct#: 70154	156.50 MINTRP

PAID
JAN 13 2017
BY: .....

PLEASE DETACH AND RETAIN FOR YOUR RECORDS

CHECK AMOUNT **156.50**

[redacted]

ALASKA NATIONAL INSURANCE COMPANY
100 Pringle Avenue, Suite 460, Walnut Creek, CA 94596
(415) 248-5030

WELLS FARGO BANK ALASKA, N.A.

972174

89-5/1252

CLAIM #	DATE	CHECK AMOUNT
00 GR293-00	10/10/2017	*******$1,000.00

PAY *One Thousand And 00/100 US Dollars*

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

AMOUNTS OVER $5000 REQUIRE TWO SIGNATURES

THE FACE OF THIS DOCUMENT CONTAINS VARIABLE SHADES OF BLUE AND RED ON WHITE PAPER • VOID IF SIMULATED WATERMARK OF ALASKA NATIONAL LOGO DOES NOT APPEAR ON BACK

⑈00972174⑈ ⑆121000248⑆ 405000294⑈

ALASKA NATIONAL INSURANCE COMPANY
100 Pringle Avenue, Suite 460, Walnut Creek, CA 94596
(415) 248-5030

CHECK NUMBER	972174
TAX ID #	33-0956713

CLAIM NO. POLICY NO.	CLAIMANT ACCIDENT DATE	INSURED REASON FOR PAYMENT	AMOUNT PAY TYPE
GR293-00 15A WD 09520	05/27/2015	GRAND PACKAGING, INC. stipulation & order to pay Lien claimant dated 09/26/17	1,000.00 MINTRP

PAID
OCT 13 2017

MR

PLEASE DETACH AND RETAIN FOR YOUR RECORDS

CHECK AMOUNT 1,000.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/26/18 34073

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
CV923

BILL TO:
ALASKA NATIONAL INS. (W.C.)
W. C. DEPARTMENT
ATTN: TERESA PERKINSON
100 PRINGLE AVE., STE 460
WALNUT CREEK, CA 94596

Case: vs MORDERN PARKING INC.
Date Of Injury: 5/4/09

DOS	SERVICE	DESCRIPTION	AMOUNT
05/13/09	INITIAL EXAM	DR BOYER @ PAIN RELIEF CTR*	230.00
06/26/09	PR2/REEVAL	DR BOYER @ PAIN RELIEF CTR*	180.00
06/25/09	NCV	DIAGNOSTIC STUDY INTERP: L/E @ PAIN RELIEF CTR*	150.00
07/20/09	INITIAL EXAM	DR ZARRINI @ PAIN RELIEF CTR*	230.00
08/14/09	PMT BY CHECK	DOS 5/13/09 THRU 6/25/09 # 386350	-790.00
08/26/09	PR2/REEVAL	DR BOYER @ PAIN RELIEF CTR*	180.00
10/16/09	PR2/REEVAL	DR BOYER @ PAIN RELIEF CTR*	180.00
11/11/09	PMT BY CHECK	DODS 8/26/09 # 402206	-180.00
11/19/09	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ PAIN RELIEF CTR*	150.00
12/02/09	PR2/REEVAL	DR BOYER @ PAIN RELIEF CTR*	180.00
01/18/10	PR2/REEVAL	DR BOYER* MARTHA BECERRA # 500198	180.00
02/22/10	INITIAL EXAM	DR KHAN* ODALYS DOMINGUEZ # 500014	230.00
03/02/10	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL*	150.00
/ /	INTERPRETER:	ANGELA THIELEN # 500092	0.00
03/01/10	PR2/REEVAL	DR BOYER* AUGUSTO SALAZAR # 500286	180.00
05/05/10	PR2/REEVAL	DR BOYER* ALBERTO VILLAGOMEZ # 500341	180.00
05/18/10	SHOCK WAVE	THERAPY* CLARA BONILLA # 500320	150.00
05/12/10	PR2/REEVAL	DR ZARRINI* CLARA BONILLA # 500320	180.00
06/10/10	P AND S	-DR TERRENCE: PSYCH EVAL (2 HRS 45 MINS)	316.25
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
08/21/14	PENALTIES	FOR DATE OF SERVICE 02/22/10	34.50

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/26/18 34073

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
CV923

BILL TO:
ALASKA NATIONAL INS. (W.C.)
W. C. DEPARTMENT
ATTN: TERESA PERKINSON
100 PRINGLE AVE., STE 460
WALNUT CREEK, CA 94596

Case: vs MORDERN PARKING INC.
Date Of Injury: 5/4/09

DOS	SERVICE	DESCRIPTION	AMOUNT
02/01/18	INTEREST	FOR DATE OF SERVICE 02/22/10	210.08
08/26/10	PENALTIES	FOR DATE OF SERVICE 06/10/10	47.44
02/01/18	INTEREST	FOR DATE OF SERVICE 06/10/10	210.08
12/14/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
02/01/18	COSTS	ADD'L COSTS AWARDED	86.65
02/22/18	PMT BY CHECK	DOS 2/1/18* # 104698	-2765.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

ALASKA NATIONAL INSURANCE COMPANY
P.O. BOX 193970, SAN FRANCISCO, CA 94119-3970
(415) 248-5030

8/14/09

CHECK NUMBER	386350
TAX ID #	33-0956713

CLAIM NO. POLICY NO.	CLAIMANT ACCIDENT DATE	INSURED REASON FOR PAYMENT	AMOUNT PAY TYPE
CV923-00 09D WD 31639	05/04/2009	MODERN PARKING, INC. #34073 DOS 051309; 062509; 062609 & 072009	790.00 M-OTHR

PAID

PLEASE DETACH AND RETAIN FOR YOUR RECORDS

CHECK AMOUNT: 790.00

ALASKA NATIONAL INSURANCE COMPANY
P.O. BOX 193970, SAN FRANCISCO, CA 94119-3970
(415) 248-5030

11/11/09

CHECK NUMBER	402206
TAX ID #	33-0956713

CLAIM NO. POLICY NO.	CLAIMANT ACCIDENT DATE	INSURED REASON FOR PAYMENT	AMOUNT PAY TYPE
CV923-00 09D WD 31639	05/04/2009	MODERN PARKING, INC. #34073 DOS 082609	180.00 M-OTHR

PAID

CHECK AMOUNT: 180.00

PLEASE DETACH AND RETAIN FOR YOUR RECORDS

ALASKA NATIONAL INSURANCE COMPANY
100 Pringle Avenue, Suite 460, Walnut Creek, CA 94596-7327
(415) 248-5030

WELLS FARGO BANK ALASKA, N.A.

104698

89-5/1252

CLAIM #	DATE	CHECK AMOUNT
00 CV923-00	02/22/2018	*******$2,765.00

PAY *Two Thousand Seven Hundred And Sixty Five And 00/100 US Dollars*

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

AMOUNTS OVER $5000 REQUIRE TWO SIGNATURES

Dana A Faustin

THE FACE OF THIS DOCUMENT CONTAINS VARIABLE SHADES OF BLUE AND RED ON WHITE PAPER • VOID IF SIMULATED WATERMARK OF ALASKA NATIONAL LOGO DOES NOT APPEAR ON BACK

⑈00104698⑈ ⑆121000248⑆ 405000294⑈

ALASKA NATIONAL INSURANCE COMPANY
100 Pringle Avenue, Suite 460, Walnut Creek, CA 94596-7327
(415) 248-5030

CHECK NUMBER	104698
TAX ID #	33-0956713

CLAIM NO. POLICY NO.	CLAIMANT ACCIDENT DATE	INSURED REASON FOR PAYMENT	AMOUNT PAY TYPE
CV923-00 09D WD 31639	05/04/2009	MODERN PARKING, INC. PER STIPULATION AND ORDER TO PAY LIEN CLAIMANT. 34073 ADJ6798337	2,765.00 MLIEN

F. F.
OK
WC

FILED
FEB 26 2018

PLEASE DETACH AND RETAIN FOR YOUR RECORDS

CHECK AMOUNT 2,765.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/08/17 71223

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
82289; 118674

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

Case: vs LA GOLONDRINA INC
Date Of Injury: 6/13/14; 2/14-2/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/01/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
06/23/17	PENALTIES	FOR DATE OF SERVICE 2/1/17	23.48
06/27/17	INTEREST	FOR DATE OF SERVICE 2/1/17	6.76
06/27/17	PMT BY CHECK	DOS 2/1/17* # 0001051405	-156.50
07/06/17	PMT BY CHECK	DOS 6/23/17* # 0000014922	-26.39
08/01/17	COSTS & SANC	COSTS & SANC	396.15
08/03/17	PMT BY CHECK	DOS 8/1/17* # 0000014987	-400.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

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

Indemnity Payment

Check Date:	06/27/17
Service Begining:	02/01/17
Service Ending:	02/01/17

Claimant Name	Date Of Birth	Date Of Injury	Claim #
[redacted]	[redacted]	02/12/15	118674

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
71223	02/01/17-02/01/17	156.50	N/A	N/A	156.50

Messages

PAID
JUL 06 2017
BY: .....

[redacted]

REMOVE DOCUMENT ALONG THIS PERFORATION

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

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

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

0001051405

Date: 06/27/17

Pay ONE HUNDRED FIFTY SIX AND .50 DOLLARS********** $ 156.50

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

VOID AFTER 60 DAYS

Amy Robb

RRD SECURITY MARK™ ◆ RRD SECURITY MARK™ ◆ RRD SECURITY

⑈0001051405⑈ ⑆122000496⑆ 7000168038⑈

Joyce Altman Interpreters, Inc
P. O. Box 4165
Tustin, CA 92781-4165

CHECK DATE 07/06/2017
VENDOR CODE JOY6713

Inv. Date	Invoice No.	Description	Invoice Amt
07/05/2017	JOY6713 1707	Claim #118674	26.39

Total Check Amount: $ 26.39

ORIGINAL CHECK HAS A COLORED BACKGROUND PRINTED ON CHEMICAL REACTIVE PAPER - SEE BACK FOR DETAILS

California Insurance Company
PO Box 3646
Omaha, NE 68103-0646

Security National Bank
Omaha, NE
27-84
1040

CHECK NUMBER 0000014922
CHECK DATE 07/06/2017

$**********26.39

PAY TWENTY SIX DOLLARS & 39/100

VOID AFTER 90 DAYS

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

PAID
JUL 11 2017

BY: .....

"0000014922" :104000841: "1000967 1"

Joyce Altman Interpreters, Inc
P. O. Box 4165
Tustin, CA 92781-4165

CHECK DATE 08/03/2017
VENDOR CODE JOY6713

Inv. Date	Invoice No.	Description	Invoice Amt
08/01/2017	JOY6713 1708 118674	Late Pymt Settle Agreement	400.00

RECEIVED
AUG 08 2017

Total Check Amount: $ 400.00

ORIGINAL CHECK HAS A COLORED BACKGROUND PRINTED ON CHEMICAL REACTIVE PAPER - SEE BACK FOR DETAILS

California Insurance Company
PO Box 3646
Omaha, NE 68103-0646

Security National Bank
Omaha, NE
27-84
1040

CHECK NUMBER
0000014987
CHECK DATE
08/03/2017

VOID VOID VOID VOID VOID

$*********400.00

PAY FOUR HUNDRED DOLLARS & 00/100

VOID AFTER 90 DAYS

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

Amy Chan

50-295956

⑈0000014987⑈ ⑆104000841⑆ ⑈1000967⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/07/17 58762

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
54995

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

Case: vs A AND I STEEL FABRICATORS
Date Of Injury: 2/1/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/16/13	WCAB LB	EXPEDITED HEARING	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301514	0.00
07/11/13	PMT BY CHECK	DOS 4/16/13 # 0000490286	-156.50
12/23/13	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/05/14	PENALTIES	FOR DATE OF SERVICE 12/23/13	37.50
04/04/14	INTEREST	FOR DATE OF SERVICE 12/23/13	7.80
04/04/14	PMT BY CHECK	DOS 12/23/13* # 0000560927	-250.00
09/10/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/10/15	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/07/17	PENALTIES	FOR DATE OF SERVICE 9/10/15	23.48
06/12/17	INTEREST	FOR DATE OF SERVICE 9/10/15	31.95
06/07/17	PENALTIES	FOR DATE OF SERVICE 11/10/15	23.48
06/12/17	INTEREST	FOR DATE OF SERVICE 11/10/15	29.44
06/12/17	PMT BY CHECK	DOS 9/10/15* # 0001045456	-156.50
06/12/17	PMT BY CHECK	DOS 11/10/15* # 0001045457	-156.50
06/22/17	COSTS & SANC	COSTS & SANC	686.35
07/05/17	PMT BY CHECK	DOS 4/16/13-1/10/15* # 0001054622	-840.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/07/17	58762

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
54995

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

Case: vs A AND I STEEL FABRICATORS
Date Of Injury: 2/1/12

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

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

Expense Payment

Check Date:	07/11/13
Service Begining:	04/16/13
Service Ending:	04/16/13

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	N/A	02/01/12	54995

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
58762	04/16/13-04/16/13	156.50	N/A	N/A	156.50

Messages # 0000490286

PAID JUL 15 2013

[redacted]

REMOVE DOCUMENT ALONG THIS PERFORATION

[redacted]

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

Expense Payment

Check Date:	04/04/14
Service Begining:	12/23/13
Service Ending:	12/23/13

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	N/A	02/01/12	54995

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
58762	12/23/13-12/23/13	250.00	N/A	N/A	250.00

Messages

PAID APR 08 2014

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

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

0000560927

Date: 04/04/14

Pay TWO HUNDRED FIFTY AND 00 DOLLARS $ 250.00

to the Joyce Altman Interpreters Inc

VOID AFTER 60 DAYS

MOORE SECURITY MARK™ ● MOORE SECURITY MARK™ ● MOORE

P.O. Box 3804
Omaha, NE 68103

Indemnity Payment

Check Date:	06/12/17
Service Begining:	09/10/15
Service Ending:	09/10/15

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	N/A	02/01/12	54995

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
58762	09/10/15-09/10/15	156.50	N/A	N/A	156.50

Messages

JUN 15 2017

REMOVE DOCUMENT ALONG THIS PERFORATION

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

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

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

0001045456

Date: 06/12/17

ONE HUNDRED FIFTY SIX AND .50 DOLLARS********** $ 156.50

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

RRU SECURITY MARK™ ▪ RRU SECURITY MARK™ ▪ RRD SECURITY

⑈0001045456⑈ ⑆122000496⑆ 7000168038⑈

P.O. Box 3804
Omaha, NE 68103

Indemnity Payment

Check Date:	06/12/17
Service Begining:	11/10/15
Service Ending:	11/10/15

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	N/A	02/01/12	54995

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
58762	11/10/15-11/10/15	156.50	N/A	N/A	156.50

Messages

JUN 15 2017

REMOVE DOCUMENT ALONG THIS PERFORATION

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

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

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

0001045457

Date: 06/12/17

Pay ONE HUNDRED FIFTY SIX AND .50 DOLLARS********** $ 156.50

To the Order Of
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Amy C Robb

FRD SECURITY MARK™ ● FRD SECURITY MARK™ ● FRD SECURITY

⑆000104545 7⑈ ⑆122000496⑆ 7000168038⑈

CALIFORNIA INSURANCE COMPANY
P.O. Box 3804
Omaha, NE 68103

Medical Payment

Check Date:	07/05/17
Service Begining:	04/16/13
Service Ending:	11/10/15

Claimant Name	Date Of Birth	Date Of Injury	Claim #
		02/01/12	54995

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
ADJ8559152	04/16/13-11/10/15	840.00	840.00	0.00	840.00

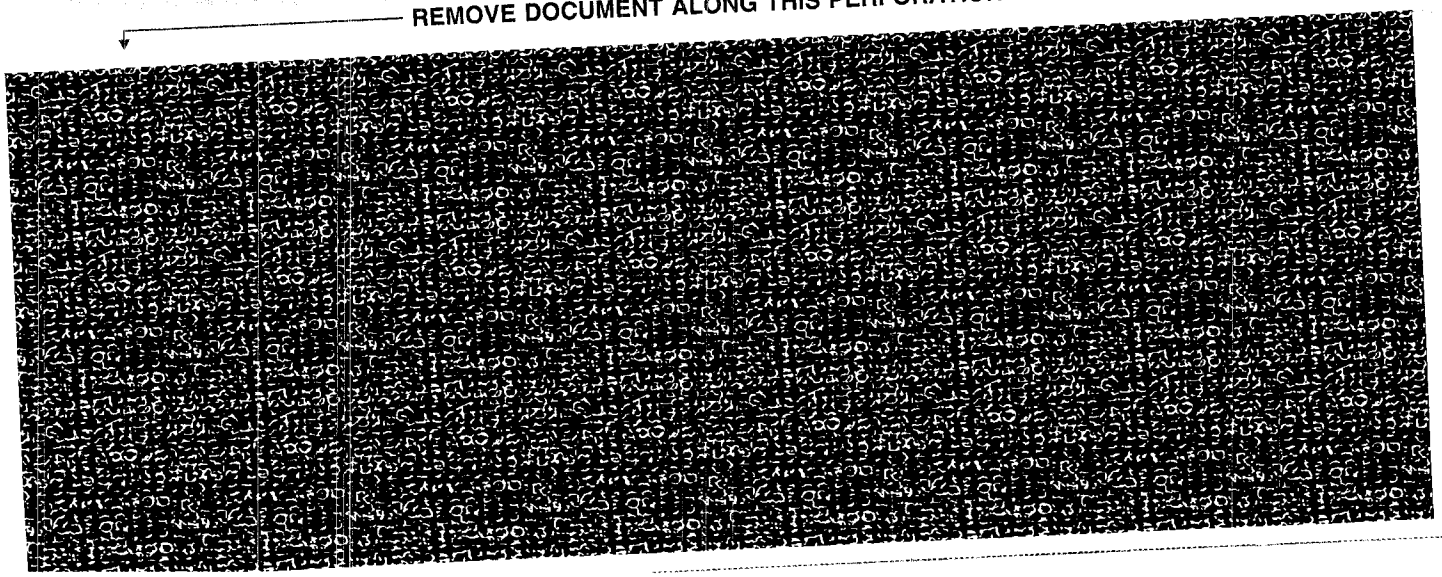
Messages #0001054622

PAID
JUL 07 2017
BY: .....

MR

Total	840.00

REMOVE DOCUMENT ALONG THIS PERFORATION



Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/06/17 69923

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2157690-1

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

Case: VS CSLC STAFFING AFFLUENT STAFFIN
Date Of Injury: 3/11/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/06/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIO VALDEZ # 301322	0.00
07/29/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
12/15/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/18/17	PMT BY CHECK	DOS 7/6/16-12/15/16* # 1512006	-563.00
01/18/17	PENALTIES	FOR DATE OF SERVICE 7/6/16	23.48
01/18/17	INTEREST	FOR DATE OF SERVICE 7/6/16	8.53
01/18/17	PENALTIES	FOR DATE OF SERVICE 7/29/16	37.50
01/18/17	INTEREST	FOR DATE OF SERVICE 7/29/16	13.63
10/12/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/02/17	PMT BY CHECK	DOS 7/6/16-10/12/17* # 01980286	-239.64

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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ANA UBI Claims
PO BOX 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01512006
2157690-1
SWC1066899

DATE	AMOUNT
1/18/2017	$563.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈01512006⑈ ⑆021309379⑆ 790262463⑈

Check Number	01512006
Claim Number:	2157690-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1066899/Vensure HR, Inc. LCF CSLC STAFFING, INC.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	3/11/2015
Location:	
Examiner Code:	glopez2

Amount:	$563.00
Dates of Service:	7/6/2016-12/15/2016
Explanation:	69923
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

ANA UBI Claims
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
844-601-7760

MR

PAID
JAN 23 2017

BY: .....

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

VOID VOID VOID VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01980286
2157690-1
SWC1066899

DATE	AMOUNT
11/2/2017	$239.64

Two Hundred Thirty-Nine and 64/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈01980286⑈ ⑆021309379⑆ 790262463⑈

Check Number	01980286
Claim Number:	2157690-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1066899/CSLC STAFFING, INC.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	3/11/2015
Location:	
Examiner Code:	glopez2

NOV 06 2017

Amount:	$239.64
Dates of Service:	7/6/2016-10/12/2017
Explanation:	INV 69923
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

ANA UBI Claims
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
844-601-7760

UK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/17/18 52248

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
186297530

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

Case: vs CORRU KRAFT A DIVISION OF AMCO
Date Of Injury: 1/25/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/19/12	INITIAL EXAM	DR RAHIMIAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/04/12	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ AMERI CHIRO*	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/11/12	PR2/REEVAL	DR ZARGARAFF @ AMERI CHIRO*	180.00
06/15/12	INITIAL EXAM	DR CARRERA: PSYCH EVAL (3HRS 10MINS)	373.75
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/07/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (FULL DAY) AMENDED	500.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/03/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/01/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/06/15	PENALTIES	FOR DATE OF SERVICE 11/7/12	75.00
01/10/17	INTEREST	FOR DATE OF SERVICE 11/7/12	241.18
11/06/15	PENALTIES	FOR DATE OF SERVICE 2/3/14	23.48
01/10/17	INTEREST	FOR DATE OF SERVICE 2/3//4	53.45
11/06/15	PENALTIES	FOR DATE OF SERVICE 6/1/15	23.48
01/10/17	INTEREST	FOR DATE OF SERVICE 6/1/15	29.83
11/24/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
12/19/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/10/17	PMT BY CHECK	DOS 3/19/12-12/19/16* # 3578	-2439.69
04/05/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/25/17	PMT BY CHECK	DOS 4/5/17* # 3950	-156.50
05/10/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/17/18	52248

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
186297530

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

Case: vs CORRU KRAFT A DIVISION OF AMCO
Date Of Injury: 1/25/10

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CAMREN GUZMAN # 100585	0.00
05/24/17	PMT BY CHECK	DOS 5/10/17* # 4008	-156.50
07/25/17	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/03/17	PENALTIES	FOR DATE OF SERVICE 7/25/17	23.48
10/18/17	INTEREST	FOR DATE OF SERVICE 7/25/17	4.88
10/18/17	PMT BY CHECK	DOS 4/25/17* # 4387	-194.10
11/10/17	PMT BY CHECK	DOS 3/19/12-10/18/17* # 4447	-0.74
05/03/18	COSTS	ADD'L COSTS AWARDED	1500.00
05/14/18	PMT BY CHECK	DOS 3/19/12-7/25/17* # 5186	-1500.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

WELLS FARGO BANK, N.A.

Orora North America

11-24/121
1210(8)

CHECK NO: 3578

DATE: 1/10/2017

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

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT

*******$2,439.69

CLAIMANT:
CLAIM NO: 186297530
PAY *Two Thousand Four Hundred And Thirty Nine And 69/100 US Dollars*

PAYABLE TO
Joyce Altman Interpreters, Inc.
Po Box 4165
Tustin CA 92781-4165

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTIN

⑈00003578⑈ ⑆121000248⑆ 4819935966⑈

Payee: Joyce Altman Interpreters, **TIN/SSN:** XX-XXX6713

Check Amount: 2439.69

Check Number: 3578

Check Date: 1/10/2017

Claim Number	Employer	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Date	Invoice #	Amount
186297530	Orora North America		1/25/2010	Legal Interpreter	3/19/2012	12/19/201	1/1/1900		2,439.69

Comments: PAYMENT FOR ALL DOS, & P&I, INCLUDED.

PAID
JAN 12 2017

BY: .....

WELLS FARGO BANK, N.A.

11-24/121
1210(8)

CHECK NO: 3950

DATE: 4/25/2017

Orora North America

VOID VOID VOID VOID VOID

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

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT

*********$156.50

CLAIMANT:
CLAIM NO: 186297530
PAY *One Hundred And Fifty Six And 50/100 US Dollars*

PAYABLE TO Joyce Altman Interpreters, Inc.
Po Box 4165
Tustin CA 92781-4165

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTIN

⑈00003950⑈ ⑆121000248⑆ 4819935966⑈

Payee: Joyce Altman Interpreters, **TIN/SSN:** XX-XXX6713

Check Number: 3950

Check Amount: 156.50

Check Date: 4/25/2017

Claim Number	Employer	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Date	Invoice #	Amount
186297530	Orora North America		L 1/25/2010	Legal Interpreter	4/5/2017	4/5/2017	1/1/1900		156.50

Comments: PAYMENT FOR DOS 4-05-17, ISSUED ON 4-25-17.

S2248

PAID
MAY 01 2017

WELLS FARGO BANK, N.A.

Orora North America

11-24/121
1210(8)

CHECK NO: 4008

DATE: 5/24/2017

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

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT

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

CLAIMANT:
CLAIM NO: 186297530
PAY *One Hundred And Fifty Six And 50/100 US Dollars*

PAYABLE TO
Joyce Altman Interpreters, Inc.
Po Box 4165
Tustin CA 92781-4165

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00004008⑈ ⑆121000248⑆ 4819935966⑈

Payee: Joyce Altman Interpreters, **TIN/SSN:** XX-XXX6713

Check Amount: 156.50

Check Number: 4008

Check Date: 5/24/2017

Claim Number	Employer	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Date	Invoice #	Amount
86297530	Orora North America			Legal Interpreter	5/10/2017	5/10/2017	1/1/1900		156.50

Comments: MSC WCAB LONG BEACH

52248

MAY 31 2017

WELLS FARGO BANK, N.A.

Orora North America

11-24/121
1210(8)

CHECK NO: 4387

DATE: 10/18/2017

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

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT

CLAIMANT:

CLAIM NO: 186297530

**********$194.10

PAY *One Hundred And Ninety Four And 10/100 US Dollars*

PAYABLE TO JOYCE ALTMAN INTERPRETING
P.O. Box 4165
Tustin CA 92781

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTIN

⑈00004387⑈ ⑆121000248⑆ 4819935966⑈

Payee: JOYCE ALTMAN **TIN/SSN:** XX-XXX6713 **Check Number:** 4387

Check Amount: 194.10 **Check Date:** 10/18/2017

Claim Number	Employer	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Date	Invoice #	Amount
186297530	Orora North America		1/25/2010	Legal Interpreter	7/25/2017	7/25/2017	1/1/1900		194.10

Comments: PAYMENT FOR INTERPRETING SERVICES FOR DOS: 7-25-17

OCT 23 2017

WELLS FARGO BANK, N.A.

Orora North America

11-24/121
1210(8)

CHECK NO: 4447

DATE: 11/10/2017

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

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT

**********$0.74

CLAIMANT:
CLAIM NO: 186297530
PAY *74/100 US Dollars*

PAYABLE TO Joyce Altman Interpreters, Inc.
Po Box 4165
Tustin CA 92781-4165

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00004447⑈ ⑆121000248⑆ 4819935966⑈

Payee: Joyce Altman Interpreters, **TIN/SSN:** XX-XXX6713

Check Amount: 0.74

Check Number: 4447

Check Date: 11/10/2017

Claim Number	Employer	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Date	Invoice #	Amount
186297530	Orora North America		1/25/2010	Legal Interpreter	3/19/2012	10/18/201	1/1/1900	52248	0.74

Comments: BALANCE

NOV 15 2017

WELLS FARGO BANK, N.A.

Orora North America

11-24/121
1210(8)

CHECK NO: 5186

DATE: 5/14/2018

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

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT

*******$1,500.00

CLAIMANT:
CLAIM NO: 186297530
PAY *One Thousand Five Hundred And 00/100 US Dollars*

PAYABLE TO
JOYCE ALTMAN INTERPRETING
P.O. Box 4165
Tustin CA 92781

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND · BORDER CONTAINS MICROPRINTING

⑈00005186⑈ ⑆121000248⑆ 4819935966⑈

Payee: JOYCE ALTMAN **TIN/SSN:** XX-XXX6713 **Check Number:** 5186

Check Amount: 1500.00 **Check Date:** 5/14/2018

Claim Number	Employer	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Date	Invoice #	Amount
186297530	Orora North America		/25/2010	Medical Interpreter	3/19/2012	7/25/2017	1/1/1900		1,500.00

Comments: LIEN ORDER DATED 5-3-18

MAY 17 2018

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/31/17 69570

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
15012136

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

Case: vs AMERICAN APPAREL USA
Date Of Injury: 8/24/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/03/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
07/05/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
02/08/17	LEGAL_WCAB	TRIAL @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/19/17	PENALTIES	FOR DATE OF SERVICE 6/3/16	23.48
06/08/17	INTEREST	FOR DATE OF SERVICE 6/3/16	18.29
05/19/17	PENALTIES	FOR DATE OF SERVICE 7/22/16	37.50
06/08/17	INTEREST	FOR DATE OF SERVICE 7/22/16	26.86
05/19/17	PENALTIES	FOR DATE OF SERVICE 2/8/17	23.48
06/08/17	INTEREST	FOR DATE OF SERVICE 2/8/17	6.56
06/08/17	PMT BY CHECK	DOS 6/3/16* # 42771	-563.00
07/19/17	COSTS & SANC	COSTS & SANC	1466.30
08/04/17	PMT BY CHECK	DOS 7/19/17* # 44879	-1602.47

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

American Apparel

California Bank of Commerce

11-24/175
1210(8)

CHECK NO: 42771

DATE: 6/8/2017

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

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT

*********$563.00

CLAIMANT:
CLAIM NO: 15012136
PAY *Five Hundred And Sixty Three And 00/100 US Dollars*

PAYABLE TO Joyce Altman Interpreters, Inc.
Po Box 4165
Tustin CA 92781-4165

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈0004277⑈ ⑆121144696⑆ 1060904⑈

Provider Bill Detail

Payer: American Apparel
Provider Patient Account #: 69570

Check Number: 42771
Check Date: 6/8/2017

Claim Number: 15012136
Claimant Name:
SSN:
Date of Birth:
State of Jurisdiction: California

Date Received: 2/15/2017
Date Reviewed: 6/1/2017
Date of Injury: 8/24/2015
Document Number: 69570
Employer: American Apparel

Examiner: mtorres
Bill Type:
Pay Code: 32400
From: 6/3/2016
Through: 2/8/2017

ICD9 Codes:

Date	Code	Mod	Description	Qty	Billed	BR Red	PPO Red	Other	Allowed	Reason
6/3/2016	99199	00 00 00	UNLISTED SPECIAL SERV/REPORT	1.00	563.00	0.00	0.00	0.00	563.00	G1
			Totals:		563.00	0.00	0.00	0.00	563.00	

Reduction Reason Codes:

Code:	Description:
G1	

Notices:

For reconsideration of denied or reduced payment, please respond in writing to the contact information below and include 1) What specifically you wish to reconsider, 2) a copy of this Review Analysis, and 3) supporting documentation. Should you have further questions, you may contact:

Athens
PO Box 4029, Concord, CA 94524
Phone:
Fax:
Email:

JUN 13 2017

California Bank of Commerce

American Apparel

11-24/175
1210(8)

CHECK NO: 44879

DATE: 8/4/2017

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

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT

*******$1,602.47

CLAIMANT:
CLAIM NO: 15012136
PAY *One Thousand Six Hundred And Two And 47/100 US Dollars*

PAYABLE TO
Joyce Altman Interpreters, Inc.
Po Box 4165
Tustin CA 92781-4165

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00044879⑈ ⑆121144696⑆ 1060904⑈

Payee: Joyce Altman Interpreters, **TIN/SSN:**

Check Amount: 1602.47

Check Number: 44879

Check Date: 8/4/2017

Claim Number	Employer	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Date	Invoice #	Amount
15012136	American Apparel		8/24/2015	Med Penalty - Athens	7/19/2017	7/19/2017	1/1/1900		1,602.47

AUG 08 2017

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/26/18 66471

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
12W292205

BILL TO:
ARGONAUT INSURANCE (TX-469010)
W. C. DEPARTMENT
ATTN: CAROLE FISHBACK
P.O. BOX # 469010
SAN ANTONIO, TX 78246

Case: vs GALLERIE CLEANERS
Date Of Injury: 5/4/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/13/15	LEGAL_PREP	DEPO PREP @ L/O TOBIN LUCKS	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/25/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/14/15	PMT BY CHECK	DOS 07/13/15-07/13/15* # 1220757	-156.50
10/01/15	PMT BY CHECK	DOS1 8/25/15* # 1221014	-250.00
04/17/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/15/17	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/07/17	PENALTIES	FOR DATE OF SERVICE 4/17/17	23.48
09/22/17	INTEREST	FOR DATE OF SERVICE 4/17/17	6.61
09/07/17	PENALTIES	FOR DATE OF SERVICE 6/15/17	23.48
09/22/17	INTEREST	FOR DATE OF SERVICE 6/15/17	4.68
09/22/17	PMT BY CHECK	DOS 4/17/17-6/15/17* =# 1227527	-313.00
03/12/18	COSTS	ADD'L COSTS AWARDED	1541.75
03/21/18	PMT BY CHECK	DOS 3/12/18* # 1228447	-1600.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Argonaut Great Central Insurance Company
On Behalf Of: ARGONAUT INSURANCE CO.
Handled By:
Contact Number:(877)769-5953

JPMorgan Chase Bank, N.A.
Dallas, TX

Check Number: **1220757**

Source: GCIS-WC

88-88
1113

Policy/Certificate: WC 9307083-04
Insured: YOUNG KYU CHUN

Period Covered: 07/13/2015-07/13/2015
Adjuster: CENCLF

Claim Number: 12-W-292205-01
Date of Loss: 05/04/2015
Claimant:

Date 09/14/2015
Void After 180 Days

PAY One Hundred Fifty-Six Dollars And Fifty Cents**

Amount $156.50

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Becky L Kenyon
AUTHORIZED REPRESENTATIVE

PAYEE ADDRESS P O BOX 4165
TUSTIN, CA 92781-4165

HEAT SENSITIVE
RUB AREA TO VERIFY

FOR LEGAL EXPENSE FOR DEFENSE

⑈0001220757⑈ ⑆111300880⑆ 707700233⑈

DETACH BEFORE CASHING (Retain stub for your records.)

ay To: JOYCE ALTMAN INTERPRETERS INC

66471

ayer: Argonaut Great Central Insurance Company

or: LEGAL EXPENSE FOR DEFENSE
heck Number: 1220757
sued: 09/14/2015

Contact Number:(877)769-5953

laim Number / pe Pay	Claimant Name / Pymt Desc	Adjuster	Invoice	Paid Amt	Billed Amt / FEIN/SSNO	Policy/Certificate / Insured Name	Dt of Loss	Period Covered / Treaty Name
-W-292205-01			66471	156.50	156.50	WC 9307083 04	05/04/2015	07/13/2015-07/13/2015
LD		CENCLF				YOUNG KYU CHUN		
		Total		156.50	156.50			

PAID

BY: .....

Mail To: **JOYCE ALTMAN INTERPRETERS INC**
P O BOX 4165
TUSTIN CA 92781-4165

Argonaut Great Central Insurance Company
On Behalf Of: ARGONAUT INSURANCE CO.
Handled By:
Contact Number:(877)769-5953

JPMorgan Chase Bank, N.A.
Dallas, TX

Check Number: **1221014**

Source: GCIS-WC

88-88
1113

Policy/Certificate: WC 9307083-04
Insured: YOUNG KYU CHUN

Period Covered: 07/13/2015-09/14/2015
Adjuster: CENCLF

Claim Number: 12-W-292205-01
Date of Loss: 05/04/2015
Claimant:

Date: 10/01/2015
Void After 180 Days

PAY: **Two Hundred Fifty Dollars And Zero Cents****

Amount: $250.00

PAY TO THE ORDER OF: **JOYCE ALTMAN INTERPRETERS INC**

Becky L Kenyon
AUTHORIZED REPRESENTATIVE

PAYEE ADDRESS: P O BOX 4165
TUSTIN, CA 92781-4165

FOR: COURT COSTS

HEAT SENSITIVE
RUB AREA TO VERIFY

⑈0001221014⑈ ⑆111300880⑆ 707700233⑈

DETACH BEFORE CASHING (Retain stub for your records.)

Pay To: **JOYCE ALTMAN INTERPRETERS INC**

Payer: **Argonaut Great Central Insurance Company**

66471

For: **COURT COSTS**
Check Number: **1221014**
Issued: **10/01/2015**

Contact Number:(877)769-5953

Claim Number / Type Pay	Claimant Name / Pymt Desc	Adjuster	Invoice	Paid Amt	Billed Amt / FEIN/SSNO	Policy/Certificate / Insured Name	Dt of Loss	Period Covered / Treaty Name
12-W-292205-01			66471	250.00	250.00	WC 9307083 04	05/04/2015	07/13/2015-09/14/2015
CC		CENCLF				YOUNG KYU CHUN		
		Total		250.00	250.00			

PAID OCT 08 2015

Mail To: **JOYCE ALTMAN INTERPRETERS INC**
P O BOX 4165
TUSTIN CA 92781-4165

Argonaut Great Central Insurance Company
On Behalf Of: ARGONAUT INSURANCE CO.
Handled By:
Contact Number:(877)769-5953

JPMorgan Chase Bank, N.A.
Dallas, TX

Policy/Certificate: WC 9307083-04
Insured: YOUNG KYU CHUN

Period Covered: 04/17/2017-06/15/2017
Adjuster: CENCLF

88-88
1113

Check Number: **1227527**

Source: GCIS-WC

Claim Number: 12-W-292205-01
Date of Loss: 05/04/2015
Claimant:

Date 09/22/2017
Void After 180 Days

Amount $313.00

PAY **Three Hundred Thirteen Dollars And Zero Cents****

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

AUTHORIZED REPRESENTATIVE

PAYEE ADDRESS P O BOX 4165
TUSTIN, CA 92781-4165

FOR EXPENSE OTHER

HEAT SENSITIVE RUB AREA TO VERIFY

⑈0001227527⑈ ⑆111300880⑆ 707700233⑈

DETACH BEFORE CASHING (Retain stub for your records.)

ay To: **JOYCE ALTMAN INTERPRETERS INC**

ayer: **Argonaut Great Central Insurance Company**

or: **EXPENSE OTHER**
heck Number: **1227527**
sued: **09/22/2017**

Contact Number:(877)769-5953

aim Number / pe Pay	Claimant Name / Pymt Desc	Adjuster	Invoice	Paid Amt	Billed Amt / FEIN/SSNO	Policy/Certificate / Insured Name	Dt of Loss	Period Covered / Treaty Name
-W-292205-01			66471	313.00	313.00	WC 9307083 04	05/04/2015	04/17/2017-06/15/2017
EO		CENCLF				YOUNG KYU CHUN		
		Total		313.00	313.00			

SEP 28 2017

Mail To: **JOYCE ALTMAN INTERPRETERS INC**
P O BOX 4165
TUSTIN CA 92781-4165

Argonaut Great Central Insurance Company
On Behalf Of: ARGONAUT INSURANCE CO.
Handled By:
Contact Number:(877)769-5953

JPMorgan Chase Bank, N.A.
Dallas, TX

Check Number: **1228447**

Policy/Certificate: WC 9307083-04
Insured: YOUNG KYU CHUN

88-88
1113

Source: GCIS-WC

Claim Number: 12-W-292205-01
Date of Loss: 05/04/2015
Claimant:

Period Covered: 03/12/2018-03/12/2018
Adjuster: CENCLF

Date 03/21/2018
Void After 180 Days

PAY **One Thousand Six Hundred Dollars And Zero Cents****

Amount $1,600.00

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

AUTHORIZED REPRESENTATIVE

PAYEE ADDRESS P O BOX 4165
TUSTIN, CA 92781-4165

FOR FULL/FINAL LIEN RESOLUTION

HEAT SENSITIVE RUB AREA TO VERIFY

⑈0001228447⑈ ⑆111300880⑆ 707700233⑈

DETACH BEFORE CASHING (Retain stub for your records.)

ay To: **JOYCE ALTMAN INTERPRETERS INC**

ayer: **Argonaut Great Central Insurance Company**

MAR 26 2018

or: **FULL/FINAL LIEN RESOLUTION**
heck Number: **1228447**
:sued: **03/21/2018**

Contact Number:(877)769-5953

aim Number / ype Pay	Claimant Name / Pymt Desc	Invoice / Adjuster	Paid Amt	Billed Amt / FEIN/SSNO	Policy/Certificate / Insured Name	DI of Loss	Period Covered / Treaty Name
:W-292205-01			1,600.00	1,600.00	WC 9307083 04	05/04/2015	03/12/2018-03/12/2018
MO		CENCLF			YOUNG KYU CHUN		
		Total	1,600.00	1,600.00			

Mail To: **JOYCE ALTMAN INTERPRETERS INC**
P O BOX 4165
TUSTIN CA 92781-4165

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/10/18 70235

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
6121780407032

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: VICKEY MCALLAM
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs AVI AZEROU & SANDRA AZEROUAL
Date Of Injury: 10/21/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/25/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
07/05/17	PMT BY CHECK	DOS 8/25/16* # 0931320691	-156.50
07/05/17	PENALTIES	FOR DATE OF SERVICE 8/25/16	23.48
07/05/17	INTEREST	FOR DATE OF SERVICE 8/25/16	14.10
06/18/18	COSTS	ADD'L COSTS AWARDED	362.42
07/03/18	PMT BY CHECK	DOS 6/18/18* # FE62382278	-400.00

BALANCE 0.00

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

.y 5, 2017

Personal Risk Services

CHECK NUMBER: **0931320691**

IE: Joyce Altman Interpreters, Inc

70235

IM	CLAIMANT	SERVICE DATES	AMOUNT
)93993		08/25/2016-08/25/2016	$156.50
1* interpreting 8/25/16 hearing		Account: Interpreting 8/25/16	

RECEIVED
JUL 10 2017
BY: .....

CHUBB

Personal Risk Services
Bankers Standard Insurance Company
One Progress Point Parkway
O'Fallon, MO 63368

BANK of AMERICA

NOT VALID AFTER SIX MONTHS

		CHECK NUMBER
51-44/119 CT	July 5, 2017	0931320691

PAY
One hundred fifty-six and 50/100 dollars

$156.50

PAY TO THE ORDER OF
Joyce Altman Interpreters, Inc

0931320691
Joyce Altman Interpreters, Inc
PO Box 4165
Tustin,CA,US,927814165

CHUBB

⑈0931320691⑈ ⑆011900445⑆ 224001030⑈

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

DATE 07/03/18
CHECK NO. **FE62382278**

STATEMENT

ESIS®

5900C13FE 00 00533 FE62382278

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

FILE ID
6121780407032

DOLLARS
$********400.00

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201511061252087820938 6

FOR
06/18/18 THRU 06/18/18 FINAL SETTLEMT

CLAIMANT

DATE OF EVENT
10/02/15

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

PAID
JUL 10 2018

DA10B (07/2016)

DETACH THIS PORTION BEFORE CASHING

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/09/17 58566

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
7190223461

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

Case: vs KINGDOM EXPRESS INC
Date Of Injury: 4/30/10

DOS	SERVICE	DESCRIPTION	AMOUNT
04/18/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
05/14/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/03/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/29/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
01/19/15	PMT BY CHECK	DOS 4/18/13-10/29/14* # 401580907	-719.50
12/04/14	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI (ADDENDUM)	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/16/16	PENALTIES	FOR DATE OF SERVICE 4/18/13	23.48
01/19/15	INTEREST	FOR DATE OF SERVICE 4/18/13	30.52
06/16/16	PENALTIES	FOR DATE OF SERVICE 5/14/13	37.50
01/19/15	INTEREST	FOR DATE OF SERVICE 5/14/13	47.89
06/16/16	PENALTIES	FOR DATE OF SERVICE 9/3/14	23.48
01/19/15	INTEREST	FOR DATE OF SERVICE 9/3/14	5.62
06/16/16	PENALTIES	FOR DATE OF SERVICE 12/4/14	37.50
06/22/16	INTEREST	FOR DATE OF SERVICE 12/4/14	35.60
06/22/16	PMT BY CHECK	DOS 12/4/14* # 2441	-250.00
03/02/17	PENALTIES	FOR DATE OF SERVICE 10/29/14	23.48
01/19/15	INTEREST	FOR DATE OF SERVICE 10/29/14	3.90
09/07/17	COSTS & SANC	COSTS & SANC	1731.03
10/02/17	PMT BY CHECK	DOS 4/30/10-9/7/17* # 14854	-2000.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/09/17	58566

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
7190223461

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

Case: vs KINGDOM EXPRESS INC
Date Of Injury: 4/30/10

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

TRISTAR
RISK MANAGEMENT

TRISTAR RISK MANAGEMENT
PO Box 2805
Clinton, IA 52733-2805

PAID JAN 26 2015

Joyce Altman Interpreters, Inc
PO Box 4165
Tustin CA 92781-4165

4
722

We are pleased to present you with this check. Should you have any questions concerning this check, Please contact:

Name	Janet Van Acker	**Telephone#**	714-543-0700:1462
Check#	40158907	**Claim Number**	7190223461
Check Date	01/19/2015	**Date of Loss**	04/30/2010
Check amount	$ 719.50	**Claimant**	
Invoice	0085512506TMC	**Client/Insured**	KINGDOM EXPRESS, INC.
Services/period	**From** 04/18/2013	**To**	10/29/2014
Payee	JOYCE ALTMAN INTERPRETERS, INC		

58566

For

[redacted]

Imperium Insurance Company
HIIG

WELLS FARGO BANK, N.A.

11-24/121
1210(8)

CHECK NO: 2441

DATE: 6/22/2016

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

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT

CLAIMANT:

CLAIM NO: 7190223461

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

PAY *Two Hundred And Fifty And 00/100 US Dollars*

PAYABLE TO
Joyce Altman Interpreters, Inc.
Po Box 4165
Tustin CA 92781-4165

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈0000 2441⑈ ⑆121000248⑆ 4433900735⑈

Provider Bill Detail

Payer: KINGDOM EXPRESS, INC.
Provider Patient Account #: 58566

Check Number: 2441
Check Date: 6/22/2016

Claim Number: 7190223461
Claimant Name:
SSN:
Date of Birth:
State of Jurisdiction: California

Date Received: 6/10/2016
Date Reviewed: 6/13/2016
Date of Injury: 4/30/2010
Document Number: N350-16-000644
Employer: KINGDOM EXPRESS, INC.

Examiner: ahiggins
Bill Type:
Pay Code: 32400
From: 12/4/2014
Through: 12/4/2014

ICD9 Codes:

58566-1

Date	Code	Mod	Description	Qty	Billed	BR Red	PPO Red	Other	Allowed	Reason
12/4/2014	99199	00 00 00		16.00	250.00	0.00	0.00	0.00	250.00	I010
			Totals:		250.00	0.00	0.00	0.00	250.00	

Reduction Reason Codes:

Code:	Description:
I010	

Notices:

PAID JUN 24 2016

For reconsideration of denied or reduced payment, please respond in writing to the contact information below and include 1) What specifically you wish to reconsider, 2) a copy of this Review Analysis, and 3) supporting documentation. Should you have further questions, you may contact:

Peregrin
3021 Citrus Circle, Suite 270, Walnut Creek, CA 94598
Phone: (925) 938-3030
Fax:
Email:

WELLS FARGO BANK, N.A.

11-24/121
1210(8)

CHECK NO: 14854

DATE: 10/2/2017

Imperium Insurance Company
HIIG

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

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT

*******$2,000.00

CLAIMANT:
CLAIM NO: 7190223461
PAY *Two Thousand And 00/100 US Dollars*

PAYABLE TO
Joyce Altman Interpreters, Inc.
Po Box 4165
Tustin CA 92781-4165

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈000014854⑈ ⑆121000248⑆ 4433900735⑈

Payee: Joyce Altman Interpreters, **TIN/SSN:** XX-XXX6713

Check Number: 14854

Check Amount: 2000.00

Check Date: 10/2/2017

Claim Number	Employer	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Date	Invoice #	Amount
7190223461	KINGDOM EXPRESS, INC.		4/30/2010	Lien Order -Disputed	4/30/2010	9/7/2017	1/1/1900	58566	2,000.00

F.F.

CA

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/19/17 37792

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
434033

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

Case: vs PRESBYTERIAN HOSPITAL
Date Of Injury: 5/12/10

DOS	SERVICE	DESCRIPTION	AMOUNT
06/22/10	INITIAL EXAM	DR RAHIMIAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/24/10	PR2/REEVAL	DR RAHIMIAN* MARIA BARBOSA # 500267	180.00
10/12/10	PR2/REEVAL	DR RAHIMIAN* MARIA BARBOSA # 500267	180.00
12/14/10	P AND S	DR RAHIMIAN* VINCENT MEJIA # 500309	230.00
03/30/11	PENALTIES	FOR DATE OF SERVICE 06/22/10	34.50
07/11/17	INTEREST	FOR DATE OF SERVICE 06/22/10	183.05
03/30/11	PENALTIES	FOR DATE OF SERVICE 12/14/10	34.50
07/11/17	INTEREST	FOR DATE OF SERVICE 12/14/10	173.70
08/16/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
01/27/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/01/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/24/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
05/04/17	PENALTIES	FOR DATE OF SERVICE 8/16/11	37.50
07/11/17	INTEREST	FOR DATE OF SERVICE 8/16/11	170.29
05/04/17	PENALTIES	FOR DATE OF SERVICE 1/27/15	23.48
07/11/17	INTEREST	FOR DATE OF SERVICE 1/27/15	43.14
05/04/17	PENALTIES	FOR DATE OF SERVICE 10/1/15	23.48
07/11/17	INTEREST	FOR DATE OF SERVICE 10/1/15	32.79
04/11/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
06/06/17	PENALTIES	FOR DATE OF SERVICE 08/24/10	27.00
07/11/17	INTEREST	FOR DATE OF SERVICE 08/24/10	143.14
06/06/17	PENALTIES	FOR DATE OF SERVICE 10/12/10	27.00
07/11/17	INTEREST	FOR DATE OF SERVICE 10/12/10	140.42

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/19/17	37792

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
434033

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

Case: vs PRESBYTERIAN HOSPITAL
Date Of Injury: 5/12/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/11/17	PENALTIES	FOR DATE OF SERVICE 04/11/17	37.50
07/11/17	INTEREST	FOR DATE OF SERVICE 04/11/17	6.38
07/14/17	PMT BY CHECK	DOS 7/11/17* # 16179	-3000.00
09/08/17	COSTS & SANC	COSTS	129.13

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

PIH Health Hospital

California Bank of Commerce

11-24
1210(8)

CHECK NO: 16179

DATE: 7/14/2017

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

CLAIMANT:
CLAIM NO: 434033
PAY *Three Thousand And 00/100 US Dollars*

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT
*******$3,000.00

PAYABLE TO JOYCE ALTMAN INTERPRETING
P.O. Box 4165
Tustin CA 92781

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈000161 79⑈ ⑆121144696⑆ 1068048⑈

Payee: JOYCE ALTMAN TIN/SSN: .

Check Amount: 3000.00

Check Number: 16179

Check Date: 7/14/2017

Claim Number	Employer	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Date	Invoice #	Amount
434033	PIH Health Hospital		5/12/2010	Medical Lien	7/11/2017	7/11/2017	1/1/1900		3,000.00

Comments: lien order

RECEIVED
JUL 19 2017

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/10/18	33602

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
44011962

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

Case: vs PRORIDE INC.
Date Of Injury: 10/2/08

DOS	SERVICE	DESCRIPTION	AMOUNT
04/11/09	MRI	-REF BY DR KADABA: C/S, L/S, RT SHOULDER & WRIST*	150.00
04/25/09	MRI	REF BY DR KADABA: LT KNEE @ CALIF IMAGING*	150.00
03/23/15	PENALTIES	FOR DATE OF SERVICE 4/11/09	22.50
12/18/14	INTEREST	FOR DATE OF SERVICE 4/11/09 FOR LATE PYMT	98.54
03/23/15	PENALTIES	FOR DATE OF SERVICE 4/25/09	22.50
12/18/14	INTEREST	FOR DATE OF SERVICE 4/25/09 FOR LATE PYMT	97.88
07/18/11	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/19/14	PENALTIES	FOR DATE OF SERVICE 07/18/11	23.48
12/18/14	INTEREST	FOR DATE OF SERVICE 07/18/11	62.23
12/18/14	PMT BY CHECK	DOS 4/11/09 * # 2151821	-90.00
12/18/14	PMT BY CHECK	DOS 7/18/11 * # 2151821	-156.50
12/18/14	PMT BY CHECK	DOS 4/25/09 * # 2151821	-90.00
08/10/15	PMT BY CHECK	P&I & LOSS ALLOCATED EXPE* =# 2168904	-163.47
12/07/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
03/22/18	INTEREST	FOR DATE OF SERVICE 04/11/09 FOR PARTIAL PYMT	61.53
03/22/18	INTEREST	FOR DATE OF SERVICE 04/25/09 FOR PARTIAL PYMT	61.27
03/22/18	COSTS	ADD'L COSTS AWARDED	993.54
04/04/18	PMT BY CHECK	DOS 4/11/09-7/18/11* # 2355376	-1500.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/10/18	33602

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
44011962

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

Case: vs PRORIDE INC.
Date Of Injury: 10/2/08

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

33602

Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date: 12/18/2014
Check Number: 2151821
Check Amount: $336.50

FMMT1T

OZ 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
P.O. BOX 4165
TUSTIN, CA 927814165

Osr5a
00091

PAID DEC 22 2014

Payment Summary

Claim #	Claimant	Date of Injury, Invoice #	Payment Type	From	Through	Total Payment
44011962		10/02/2008	Interpreter Fees -	04/11/2009	04/11/2009	$90.00
44011962		10/02/2008	Interpreter Fees -	07/18/2011	07/18/2011	$156.50
44011962		10/02/2008	Interpreter Fees -	04/25/2009	04/25/2009	$90.00

91-91
4014

[redacted]

Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 08/10/2015
Check Number : 2168904
Check Amount : $163.47

2UTV19

OZ 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
P.O. BOX 4165
TUSTIN, CA 927814165

x6e5a
00121

Payment Summary

Claim #	Claimant	Date of Injury / Invoice #	Payment Type	From	Through	Total Amount
44011962		10/02/2008	Penalty & Interest	04/25/2009	04/25/2009	$62.93
44011962		10/02/2008	Loss Allocated Expe	07/18/2011	07/18/2011	$37.46
44011962		10/02/2008	Penalty & Interest	04/11/2009	04/11/2009	$63.08

33602

PAID

BY: .....

121-121
4014

[redacted]

Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/04/2018
Check Number : 2355376
Check Amount : $1,500.00

6P5623

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

8s15a
00148

APR 10 2018

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
44011962		10/02/2008		Legal Fees, Other	04/11/2009	07/18/2011	$1,500.00

014

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/05/17 70602

EAMS#(s):
ADJ:
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
188075826

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

Case: vs ADECCO DBA KINGS HAWAIIAN BAKE
Date Of Injury: 11/12/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/12/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
07/06/17	PENALTIES	FOR DATE OF SERVICE 10/12/16	23.48
07/05/17	INTEREST	FOR DATE OF SERVICE 10/12/16	12.43
07/05/17	PMT BY CHECK	DOS 10/12/16* # 6530841248	-156.50
08/29/17	COSTS & SANC	COSTS & SANC	714.09
08/31/17	PMT BY CHECK	DOS 8/30/17* # 6530880690	-750.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	07/05/2017
Check Amount	:	$156.50
Check Number	:	6530841248

JOYCE ALTMAN INTERPETING
PO BOX 4165
TUSTIN CA 92781-4165

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description Check Memo	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
188075826-001	11/12/2014 $156.50		
WC BREA Professional Service Interpreting at WCAB, #70602	$156.50	Sue M. Parkinson 70602	559-436-8074 10/12/2016-10/12/2016

PAID
JUL 10 2017
BY: .....

Please Fold on Perforation Before Tearing

[redacted]

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	08/31/2017
Check Amount	:	$750.00
Check Number	:	6530880690

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

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
188075826-001	11/12/2014 $750.00		
WC BREA		Sue M. Parkinson	559-436-8074
Professional Service	$750.00	Full and Final	
Full and Final Satisfaction of Lien.			08/30/2017-08/30/2017

SEP 05 2017

Please Fold on Perforation Before Tearing

VOID VOID VOID

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

ON BEHALF OF: AIG
INSURER: INSURANCE COMPANY STATE OF PENN

Check Date : 08/31/2017

PAY TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS, INC.

Amount: *** Seven Hundred Fifty and 00/100 Dollars ***

Claim #: 188075826-001

Claim Check Number
6530880690
BANK OF AMERICA N.A.
401 EAST LAS OLAS BLVD
FT. LAUDERDALE FL 33301-2033

64-1278
611
3299111676

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

Amount
********* **$750.00***

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

By

⑈6530880690⑈ ⑆061112788⑆ 329 911 1676⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/01/17	67759

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
186623669;188106064

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

Case: vs TNT PLASTIC MOLDING
Date Of Injury: 10/12/13;CT 9/11/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/26/15	LEGAL_WCAB	EXP. HEARING @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/16/15	LEGAL_PREP	DEPO PREP @ L/O FLOYD, SKEREN	156.50
/ /	INTERPRETER:	CARMEN GONZALEZ # 49448683	0.00
12/08/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL II	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/28/15	PMT BY CHECK	DOS 10/26/15-12/8/15* # 5637540636	-563.00
07/21/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/15/16	PMT BY CHECK	DOS 7/21/16* # 5640921405	-156.50
11/15/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/18/17	PENALTIES	FOR DATE OF SERVICE 12/15/16	23.48
05/16/17	INTEREST	FOR DATE OF SERVICE 12/15/16	9.57
05/16/17	PMT BY CHECK	DOS 12/15/16* # 5645168874	-187.08
08/18/17	COSTS & SANC	COSTS & SANC	997.53
08/28/17	PMT BY CHECK	DOS 10/26/15-12/15/16* # 5646878766	-1000.00
		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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Broadspire
A CRAWFORD COMPANY
P O BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	12/28/2015
Check Amount	:	$563.00
Check Number	:	5637540636

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

PAID JAN 04 2016

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186623669-001 WC BREA Professional Service	10/12/2013 $563.00 $563.00	Donna E. Giza 67759	 12/14/2015 10/26/2015-12/08/2015

Please Fold on Perforation Before Tearing

[redacted]

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	08/15/2016
Check Amount	:	$156.50
Check Number	:	5640921405

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186623669-001 WC BREA Professional Service	10/12/2013 $156.50 $156.50	Donna E. Giza 67759	760-367-7194 07/21/2016-07/21/2016

Please Fold on Perforation Before Tearing

[redacted]

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	05/16/2017
Check Amount	:	$187.08
Check Number	:	5645168874

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

MAY 22 2017

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186623669-001	10/12/2013 $187.08		
WC BREA Lump Sum Remarriage	 $187.08	Adriana X. Garcia FULL & FINAL	714-989-4903 12/15/2016-12/15/2016

Please Fold on Perforation Before Tearing

[redacted]

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	08/28/2017
Check Amount	:	$1000.00
Check Number	:	5646878766

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description Check Memo	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186623669-001	10/12/2013 $1000.00		
WC BREA Professional Service full and final satisfaction of lien and all dates of services	$1000.00	Adriana X. Garcia	714-989-4903 10/26/2015-12/15/2016

SEP 01 2017

Please Fold on Perforation Before Tearing

VOID VOID VOID

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/03/17 66448

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
186848940

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

Case: vs ADECCO
Date Of Injury: CT 2/22/13-10/7/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/09/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/28/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/02/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
12/01/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL II	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/16/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/14/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
06/29/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
09/14/17	PENALTIES	FOR DATE OF SERVICE 7/9/15	23.48
09/20/17	INTEREST	FOR DATE OF SERVICE 7/9/15	40.09
09/14/17	PENALTIES	FOR DATE OF SERVICE 7/28/15	37.50
09/20/17	INTEREST	FOR DATE OF SERVICE 7/28/15	62.15
09/14/17	PENALTIES	FOR DATE OF SERVICE 11/2/15	23.48
09/20/17	INTEREST	FOR DATE OF SERVICE 11/2/15	34.91
09/14/17	PENALTIES	FOR DATE OF SERVICE 12/1/15	37.50
09/20/17	INTEREST	FOR DATE OF SERVICE 12/1/15	53.40
09/14/17	PENALTIES	FOR DATE OF SERVICE 12/16/15	23.48
09/20/17	INTEREST	FOR DATE OF SERVICE 12/16/15	32.69
09/14/17	PENALTIES	FOR DATE OF SERVICE 6/14/17	23.48
09/20/17	INTEREST	FOR DATE OF SERVICE 6/14/17	4.39
09/14/17	PENALTIES	FOR DATE OF SERVICE 6/29/17	37.50
09/20/17	INTEREST	FOR DATE OF SERVICE 6/29/17	6.93
09/20/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/03/17 66448

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):

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

Case: vs ADECCO
Date Of Injury: CT 2/22/13-10/7/13

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/20/17	COSTS & SANC	COSTS & SANC	1176.52
09/29/17	PMT BY CHECK	DOS 9/21/17* # 6530900577 BROADSPIRE	-3150.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	09/29/2017
Check Amount	:	$3150.00
Check Number	:	6530900577

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description Check Memo	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186848940-001 WC BREA Lump Sum Settlement, Medical Settlement per STIP dated 9/21/17	10/07/2013 $3150.00 $3150.00	Tawnee M. Vega FULL/FINAL	916-850-8185 09/21/2017-09/21/2017

Please Fold on Perforation Before Tearing

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

Claim Check Number
6530900577
BANK OF AMERICA N.A.
401 EAST LAS OLAS BLVD
FT. LAUDERDALE FL 33301-2033

64-1278
611
3299111676

ON BEHALF OF: AIG
INSURER: INSURANCE COMPANY STATE OF PENN

Void if not presented for payment within 180 days after the date of issue

Check Date : 09/29/2017	Amount ******* $3150.00*

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.

Amount *** Three Thousand One Hundred Fifty and 00/100 Dollars **********

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

By

Claim #: 186848940-001

⑈6530900577⑈ ⑆061112788⑆ 329 911 1676⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/08/18 69492

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
22029856

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

Case: vs CALIFORNIA SAUSAGE INC
Date Of Injury: CT 11/15/14-11/15/15

DOS	SERVICE	DESCRIPTION	AMOUNT
05/25/16	LEGAL_WCAB	EXPEDITED HEARING @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
07/25/17	PENALTIES	FOR DATE OF SERVICE 5/25/16	23.48
07/28/17	INTEREST	FOR DATE OF SERVICE 5/25/16	20.76
07/28/17	PMT BY CHECK	DOS 5/25/16* # 0496412	-156.50
01/24/18	COSTS	ADD'L COSTS AWARDED	805.76
02/06/18	PMT BY CHECK	DOS 1/24/18* # 0517581	-850.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 07/28/2017
Check Number : 0496412
Check Amount : $156.50

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00012

02 01 **RETURN SERVICE REQUESTED**
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

Payment Summary

Claim #	Claimant	Date of Injury Invoice #	Payment Type	From	Through	Total Payment
22029856		11/15/2015	Interpreter Fees -	05/25/2016	05/25/2016	$156.50

JUL 3 1 2017

[redacted]

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 02/06/2018
Check Number : 0517581
Check Amount : $1.569.50

S4H52A

OZ 01
zde5a
00023

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

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22029856		11/15/2015		Lien Payment - Medi	01/24/2018	01/24/2018	$850.00
22032970		07/31/2015	73152	Interpreter Fees -	09/28/2016	09/28/2016	$156.50
22032970		07/31/2015	73152	Interpreter Fees -	03/28/2017	03/28/2017	$156.50
22032970		07/31/2015	73152	Interpreter Fees -	11/28/2017	11/28/2017	$156.50
22032970		07/31/2015	73152	Interpreter Fees -	05/02/2017	05/02/2017	$250.00

PAID
FEB 08 2018

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/26/18 65788

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
186920240-001

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

Case: vs MOLA
Date Of Injury: 10/7/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/24/15	LEGAL_PREP	DEPO PREP @ L/O WILSON, ELSER MOSKOWITZ	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/18/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/07/15	PMT BY CHECK	DOS 4/24/15-5/18/15* # 5635189881	-406.50
01/25/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/22/16	PMT BY CHECK	DOS 1/25/16 # 5638327812	-156.50
03/24/16	LEGAL_WCAB	TRIAL @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/07/17	PENALTIES	FOR DATE OF SERVICE 3/24/16	23.48
09/12/17	INTEREST	FOR DATE OF SERVICE 3/24/16	27.27
09/12/17	PMT BY CHECK	DOS 3/24/16* # 5647132107	-156.60
09/21/17	COSTS & SANC	MONIES CREDITED TOWARDS COSTS	156.35
09/14/17	PMT BY CHECK	DOS 4/24/15-9/7/17* # 5647157703	-207.00
02/06/18	COSTS	ADD'L COSTS AWARDED	645.00
02/22/18	PMT BY CHECK	DOS 1/31/18* # 5649785262	-645.00
		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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Broadspire
A CRAWFORD COMPANY

P O BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	07/07/2015
Check Amount	:	$406.50
Check Number	:	5635189881

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

PAID JUL 13 2015

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186920240-001 WC BREA Professional Service	10/07/2014 $406.50 $406.50	Mary-Ellen E. Smith 65788	714-784-6509 04/24/2015-05/18/2015

Please Fold on Perforation Before Tearing

[redacted]

Broadspire
A CRAWFORD COMPANY
P O BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	02/22/2016
Check Amount	:	$156.50
Check Number	:	5638327812

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186920240-001	10/07/2014 $156.50		
WC BREA Professional Service	$156.50	Sandra S. Contreras 65788	714-989-4903 02/05/2016 01/25/2016-01/25/2016

PAID FEB 26 '16

Please Fold on Perforation Before Tearing

[redacted]

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	09/12/2017
Check Amount	:	$156.60
Check Number	:	5647132107

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

65788

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
186920240-001 WC BREA Professional Service WCAB 3/24/16	10/07/2014 $156.60 $156.60	Liz E. Nelson-Douglas	951-432-7514 03/24/2016-03/24/2016

SEP 15 2017

Please Fold on Perforation Before Tearing

[redacted]

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	09/14/2017
Check Amount	:	$207.00
Check Number	:	5647157703

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description Check Memo	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186920240-001	10/07/2014 $207.00		
WC BREA Professional Service Interpreting services for legal	$207.00	Liz E. Nelson-Douglas	951-432-7514 04/24/2015-09/07/2017

SEP 2 2 2017

Please Fold on Perforation Before Tearing

VOID VOID VOID

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

ON BEHALF OF: SAMSUNG FIRE AND MARINE
INSURER: SAMSUNG FIRE AND MARINE INSURANCE COMPANY

Check Date : 09/14/2017

PAY TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS, INC.

Amount: *** Two Hundred Seven and 00/100 Dollars ***

Claim Check Number
5647157703
SUNTRUST
SUNTRUST BANK ATLANTA
SUNTRUST BANK NORTHWEST GA

64-79
611
8800600242

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

Void if not presented for payment within 180 days after the date of issue

Amount
********* $207.00*

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

By

Claim #: 186920240-001

⑈5647157703⑈ ⑆061100790⑆ 8800600242⑈

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	02/22/2018
Check Amount	:	$645.00
Check Number	:	5649785262

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

Claim Number / Claimant Name / Contact Info: Adjusting Office / Transaction Description / Check Memo	Date of Loss / Amount / Transaction Amount	Adjuster Name / Invoice#	Adjuster Phone# / Invoice Date / Service Dates
186920240-001	10/07/2014 $645.00		
BP WC Brea		Liz E. Nelson-Douglas	951-432-7514
WC Penalties within Broadspire Control	$645.00	Stip 1/31/18	
SII per Stip dated 1/31/18; CL#1869020240; Maura Sandra Cortez			01/31/2018-01/31/2018

PAID
FEB 26 2018

Please Fold on Perforation Before Tearing

VOID VOID VOID

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/12/18 69568

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
188057625

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

Case: vs SUSHI BOY INC
Date Of Injury: 1/1/14 - 7/4/15

DOS	SERVICE	DESCRIPTION	AMOUNT
05/31/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/28/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/17/18	PENALTIES	FOR DATE OF SERVICE 5/31/16	23.48
02/27/18	INTEREST	FOR DATE OF SERVICE 5/31/16	30.37
01/17/18	PENALTIES	FOR DATE OF SERVICE 7/28/16	23.48
02/27/18	INTEREST	FOR DATE OF SERVICE 7/28/16	28.01
02/27/18	COSTS	ADD'L COSTS AWARDED	1481.66
03/08/18	PMT BY CHECK	DOS 2/22/18* # 5650011531	-1900.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

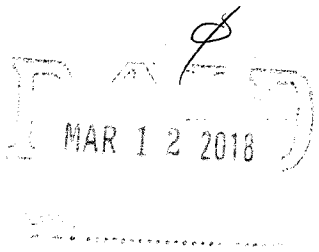
Broadspire®
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	03/08/2018
Check Amount	:	$1900.00
Check Number	:	5650011531

JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN CA 92781-4165

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description Check Memo	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
188057625-001	07/04/2015 $1900.00		
KM Fresno		Jodi J. Henggeler	714-989-4443
Professional Service	$1900.00		
FULL & FINAL SATISFACTION FOR ALL DATES OF SERVICE			02/22/2018-02/22/2018



Please Fold on Perforation Before Tearing

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/15/18	65145

EAMS#(s):

SS #
DOB :
Terms: 60 days
Claim #(s):
186878188-001

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

Case: 99 CENT ONLY STORES
Date Of Injury: 10/11/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/13/15	LEGAL_PREP	DEPO PREP @ L/O ADELSON, TESTAN & BRUNDO	156.50
/ /	INTERPRETER:	DANIEL TRIGUEROS # 36815481	0.00
03/26/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/24/15	LEGAL_WCAB	EXP. HEARING @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/27/16	PMT BY CHECK	DOS 2/13/15-3/24/15* # 5641579206	-563.00
04/04/17	PENALTIES	FOR DATE OF SERVICE 02/13/15	23.48
09/27/16	INTEREST	FOR DATE OF SERVICE 02/13/15	27.81
04/04/17	PENALTIES	FOR DATE OF SERVICE 03/26/15	37.50
09/27/16	INTEREST	FOR DATE OF SERVICE 03/26/15	43.01
04/04/17	PENALTIES	FOR DATE OF SERVICE 03/24/15	23.48
09/27/16	INTEREST	FOR DATE OF SERVICE 03/24/15	25.49
01/09/18	PMT BY CHECK	DOS 1/8/18* # 5649028407	-898.00
01/18/18	COSTS	ADD'L COSTS AWARDED	717.23

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	09/27/2016
Check Amount	:	$563.00
Check Number	:	5641579206

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186878188-001	10/11/2014 $563.00	Jennifer L. Mclaughlin	714-989-4416
WC BREA Professional Service	$563.00	65145	02/13/2015-03/24/2015

Please Fold on Perforation Before Tearing

[redacted]

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	01/09/2018
Check Amount	:	$898.00
Check Number	:	5649028407

JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN CA 92781-4165

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description Check Memo	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186878188-001	10/11/2014 $898.00		
WC BREA Lump Sum Settlement, Medical Full and Final	$898.00	Lisa M. Banuelos Full and Final	714-989-4907 01/08/2018-01/08/2018

JAN 15 2018

Please Fold on Perforation Before Tearing

VOID VOID VOID

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

Claim Check Number
5649028407
SUNTRUST
SUNTRUST BANK ATLANTA
SUNTRUST BANK NORTHWEST GA

64-79
611
8800800242

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

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

Check Date : 01/09/2018

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETING

Amount: ********* $898.00*

Amount **** Eight Hundred Ninety Eight and 00/100 Dollars ****

JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN CA 92781-4165

By

Claim #: 186878188-001

⑈5649028407⑈ ⑆061100790⑆ 8800800242⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/11/17 65308

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
186898956

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

Case: vs HAYNES BUILDING SERVICE
Date Of Injury: 11/26/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/04/15	FOLLOW-UP	W/ ACUPUNCT RHEE @ ADVANCE CARE* DOI: 11/24/14	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
03/09/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE* DOI: 8/14 - 11/14	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/11/15	PR2-RE/EVAL	W/ACUPUNCT RHEE @ ACS* DOI: 11/24/14	180.00
/ /	INTERPRETER:	ELISA LOPEZ # 003693	0.00
03/18/15	FOLLOW-UP	W/ ACUPUNCT RHEE @ ACS* DOI: 11/24/14	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/19/15	PR2/REEVAL	DR SCHILLING @ ADVANCE CARE* DOI: 11/24/14	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
03/25/15	FOLLOW-UP	W/ACUPUNCT RHEE @ ACS* DOI: 11/24/14	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
03/27/15	PR2/REEVAL	DR RAMESHNI @ ACS* DOI: 8/14 - 11/14	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
04/01/15	FOLLOW-UP	W/ ACUPUNCT RHEE @ ACS* DOI: 11/24/14	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/15/14	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE* DOI: 11/24/14	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/22/14	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE* DOI: 8/14 - 11/14	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
12/23/14	CHIRO TX	CHIRO TREATMENT W/DR GHODS @	90.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/11/17 65308

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
186898956

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

Case: vs HAYNES BUILDING SERVICE
Date Of Injury: 11/26/14

DOS	SERVICE	DESCRIPTION	AMOUNT
		ACS* (INITIAL)	
/ /	INTERPRETER:	PATY PAREDES NAVA # 101026	0.00
01/08/15	INITIAL EXAM	DR ALI AHMAD @ ACS* DOI: 11/24/14	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/06/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE* DOI:CT8/14-11/26/14	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/20/15	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ACS W/DR CONNELY*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320 (INITIAL)	0.00
01/26/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/05/15	PR2/REEVAL	DR SCHILLING @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/25/15	INITIAL EXAM	ACUPUNCTURE RHEE @ ACS* DOI: 11/24/14	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/15/16	LIEN FIL FEE	LIEN FILING FEE	150.00
06/27/17	PENALTIES	FOR DATE OF SERVICE 03/04/15	27.00
11/28/17	INTEREST	FOR DATE OF SERVICE 03/04/15	52.35
06/27/17	PENALTIES	FOR DATE OF SERVICE 03/09/15	27.00
11/28/17	INTEREST	FOR DATE OF SERVICE 03/09/15	52.35
06/27/17	PENALTIES	FOR DATE OF SERVICE 03/11/15	27.00
11/28/17	INTEREST	FOR DATE OF SERVICE 03/11/15	52.35
06/27/17	PENALTIES	FOR DATE OF SERVICE 03/18/15	27.00
11/28/17	INTEREST	FOR DATE OF SERVICE 03/18/15	52.35
06/27/17	PENALTIES	FOR DATE OF SERVICE 03/19/15	27.00
11/28/17	INTEREST	FOR DATE OF SERVICE 03/19/15	52.35
06/27/17	PENALTIES	FOR DATE OF SERVICE 03/25/15	27.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/11/17 65308

EAMS#(s)

SS #
DOB :
Terms: 60 days
Claim #(s):
186898956

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

Case: vs HAYNES BUILDING SERVICE
Date Of Injury: 11/26/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/28/17	INTEREST	FOR DATE OF SERVICE 03/25/15	52.35
06/27/17	PENALTIES	FOR DATE OF SERVICE 03/27/15	27.00
11/28/17	INTEREST	FOR DATE OF SERVICE 03/27/15	52.35
06/27/17	PENALTIES	FOR DATE OF SERVICE 04/01/15	27.00
11/28/17	INTEREST	FOR DATE OF SERVICE 04/01/15	52.35
06/27/17	PENALTIES	FOR DATE OF SERVICE 12/15/14	34.50
11/28/17	INTEREST	FOR DATE OF SERVICE 12/15/14	65.94
06/27/17	PENALTIES	FOR DATE OF SERVICE 12/22/14	34.50
11/28/17	INTEREST	FOR DATE OF SERVICE 12/22/14	65.22
06/27/17	PENALTIES	FOR DATE OF SERVICE 12/23/14	13.50
11/28/17	INTEREST	FOR DATE OF SERVICE 12/23/14	25.41
06/27/17	PENALTIES	FOR DATE OF SERVICE 01/08/15	34.50
11/28/17	INTEREST	FOR DATE OF SERVICE 01/08/15	64.64
06/27/17	PENALTIES	FOR DATE OF SERVICE 02/06/15	27.00
11/28/17	INTEREST	FOR DATE OF SERVICE 02/06/15	50.42
06/27/17	PENALTIES	FOR DATE OF SERVICE 01/20/15	22.50
11/28/17	INTEREST	FOR DATE OF SERVICE 01/20/15	41.54
06/27/17	PENALTIES	FOR DATE OF SERVICE 01/26/15	27.00
11/28/17	INTEREST	FOR DATE OF SERVICE 01/26/15	49.79
06/27/17	PENALTIES	FOR DATE OF SERVICE 02/05/15	27.00
11/28/17	INTEREST	FOR DATE OF SERVICE 02/05/15	49.57
06/27/17	PENALTIES	FOR DATE OF SERVICE 02/25/15	34.50
11/28/17	INTEREST	FOR DATE OF SERVICE 02/25/15	61.74
12/05/17	PMT BY CHECK	DOS 11/28/17* # 2300806141	-4500.00
12/11/17	BLCE OFF SET	BALANCE OFF SET	-154.07

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/11/17 65308

EAMS#(s)

SS #
DOB :
Terms: 60 days
Claim #(s):
186898956

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

Case: vs HAYNES BUILDING SERVICE
Date Of Injury: 11/26/14

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	12/05/2017
Check Amount	:	$4500.00
Check Number	:	2300806141

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

65308

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
186898956-001	11/26/2014 $4500.00		
WC BREA		Nancy N. Adam	714-989-4451
Lump Sum Settlement, Medical	$4500.00	FULL & FINAL	11/28/2017-11/28/2017

CA OK

PAID

Please Fold on Perforation Before Tearing

VOID VOID VOID

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

ON BEHALF OF: XL INSURANCE COMPANY
INSURER: XL SPECIALTY INSURANCE CO

Check Date : 12/05/2017

PAY TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS, INC.

Amount: *** Four Thousand Five Hundred and 00/100 Dollars ***

Claim #: 186898956-001

Claim Check Number
2300806141
BANK OF AMERICA
600 PEACHTREE ST NE
13TH FLOOR
ATLANTA GA 30308

64-1278 / 611 GA

3359329961

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

Amount
******* **$4500.00***

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

By

⑈2300806141⑈ ⑆061112788⑆ 335 932 9961⑈

HC

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/31/17 64578

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
186788362

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

Case: vs GOLDEN WEST HOMES DBA CALIFORN
Date Of Injury: 6/5/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/24/14	INITIAL EXAM	-DR JOHNSON/TRUJILLO @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/09/14	PT INITIAL	-PHYSICAL THERAPY W/DR HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/04/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/17/14	F.C.E. TEST	-FUNCTIONAL CAPACITY EVAL @ SIDHU W/DR SADAGHI*	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267 FINAL	0.00
07/29/14	PR2/REEVAL	DR JOHNSON/P.A. TRUJILLO @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/19/14	PR2/REEVAL	DR JOHNSON/TRUJILLO P.A. @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/01/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (AM)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/01/14	INITIAL EXAM	-ACUPUNCTURE W/J. BERTOLINI @ SIDHU CHIRO* (PM)	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/04/14	PR2/REEVAL	-DR D.JOHNSON/TRUJILLO, P.A @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/17/14	PR2/REEVAL	DR JOHNSON/TRUJILLO P.A. @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/22/15	LEGAL_WCAB	MSC @ WCAB RIV	156.50

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/31/17 64578

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
186788362

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

Case: vs GOLDEN WEST HOMES DBA CALIFORN
Date Of Injury: 6/5/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	DORIS PEREZ # 01415380	0.00
09/21/16	LEGAL_WCAB	MSC @ WCAB RIVERSIDE	156.50
/ /	INTERPRETER:	DORIS C. PEREZ # 014153-80	0.00
11/04/16	PMT BY CHECK	DOS 9/21/16* # 2300597503 BROADSPIRE	-156.50
03/14/17	LIEN FIL FEE	LIEN FILING FEE	150.00
03/16/17	PENALTIES	FOR DATE OF SERVICE 9/4/14	23.48
10/24/17	INTEREST	FOR DATE OF SERVICE 9/4/14	54.19
03/16/17	PENALTIES	FOR DATE OF SERVICE 10/1/14	37.50
03/28/17	INTEREST	FOR DATE OF SERVICE 10/1/14	84.41
03/16/17	PENALTIES	FOR DATE OF SERVICE 7/22/15	23.48
10/24/17	INTEREST	FOR DATE OF SERVICE 7/22/15	41.57
03/28/17	PMT BY CHECK	DOS 10/1/14-10/1/15* # 2300673602 BROADSP	-250.00
08/28/17	PENALTIES	FOR DATE OF SERVICE 06/24/14	34.50
10/24/17	INTEREST	FOR DATE OF SERVICE 06/24/14	79.64
08/28/17	PENALTIES	FOR DATE OF SERVICE 07/09/14	13.50
10/24/17	INTEREST	FOR DATE OF SERVICE 07/09/17	31.16
08/28/17	PENALTIES	FOR DATE OF SERVICE 10/01/14	34.50
10/24/17	INTEREST	FOR DATE OF SERVICE 10/01/14	75.58
10/25/17	PMT BY CHECK	DOS 10/24/17* # 2300785667 BROADSPIRE	-2500.00
10/25/17	COSTS	ADD'L COSTS AWARDED	83.49

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/31/17	64578

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
186788362

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

Case: vs GOLDEN WEST HOMES DBA CALIFORN
Date Of Injury: 6/5/14

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	11/04/2016
Check Amount	:	$156.50
Check Number	:	2300597503

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186788362-001 WC BREA Professional Service	06/05/2014 $156.50 $156.50	Maryellen E. Smith 64578	714-784-6509 09/21/2016-09/21/2016

Please Fold on Perforation Before Tearing

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	03/28/2017
Check Amount	:	$250.00
Check Number	:	2300673602

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186788362-001	06/05/2014 $250.00		
WC BREA Professional Service	$250.00	Maryellen E. Smith	714-485-2458 10/01/2014-10/01/2015

MAR 0 3 2017

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Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	10/25/2017
Check Amount	:	$2500.00
Check Number	:	2300785667

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description Check Memo	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186788362-001	06/05/2014 $2500.00		
WC BREA All Other WC Medical STIP & ORDER/LIEN ADJ9530711 (ALL DATES OF SERVICE)	$2500.00	Maryellen E. Smith	714-485-2458 10/24/2017-10/24/2017

OCT 31 2017

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Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/17/18 71765

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
188452503-0001

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

Case: vs 99 CENTS ONLY STORES LLC
Date Of Injury: CT 4/1/16 - 12/24/16

DOS	SERVICE	DESCRIPTION	AMOUNT
05/01/17	LEGAL_WCAB	EXP. HEARING @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
07/06/17	PMT BY CHECK	DOS 5/1/17* # 2174771	-90.00
09/11/17	PENALTIES	FOR DATE OF SERVICE 5/1/17	9.98
10/30/17	INTEREST	FOR DATE OF SERVICE 5/1/17	3.35
10/30/17	PMT BY CHECK	DOS 5/1/17* # 5647855446	-66.50
04/05/18	COSTS	ADD'L COSTS AWARDED	736.67
04/10/18	PMT BY CHECK	DOS 4/5/18* # 5650549722	-750.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

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

71765-1

0001064-0003327 0106 001 633409 BSP

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

Broadspire®
A CRAWFORD COMPANY

RECEIVED
JUL 10 2017

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

Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
188452503-001	9060734953	228130795 BSP0001002	07/06/2017	$90.00	2174771

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

14.71.1.3.39

[redacted]

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	10/30/2017
Check Amount	:	$66.50
Check Number	:	5647855446

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

71765

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
188452503-001	12/24/2016 $66.50		
WC BREA All Other WC Medical	$66.50	Maria C. Armas Partial Pymnt	714-989-4902 05/01/2017-05/01/2017

NOV 0 2 2017

Please Fold on Perforation Before Tearing

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	04/10/2018
Check Amount	:	$750.00
Check Number	:	5650549722

JOYCE ALTMAN INTERPETING
PO BOX 4165
TUSTIN CA 92781-4165

APR 17 2018

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
188452503-001	12/24/2016 $750.00		
BP WC Brea			714-989-4902
Lump Sum Settlement, Medical	$750.00	FULL & FINAL	
FULL & FINAL SATISFACTION OF LIEN FOR ALL DATES OF SERVICE			04/05/2018-04/05/2018

Please Fold on Perforation Before Tearing

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/24/18 70972

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
188043685

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

Case: vs BONERTS FOODS
Date Of Injury: 10/15/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/21/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
10/02/17	PENALTIES	FOR DATE OF SERVICE 12/21/16	23.48
10/02/17	INTEREST	FOR DATE OF SERVICE 12/21/16	13.71
10/02/17	PMT BY CHECK	DOS 8/22/17* # 5647461984	-165.00
10/23/17	COSTS	MONIES CREDITED TOWARDS COSTS	136.31
10/16/17	PMT BY CHECK	DOS 12/21/16* # 5647686822	-165.00
04/04/18	COSTS	ADD'L COSTS AWARDED	650.00
04/17/18	PMT BY CHECK	DOS 4/4/18* # 5650665264	-650.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	10/02/2017
Check Amount	:	$165.00
Check Number	:	5647461984

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description Check Memo	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
188043685-001 WC BREA Interpreter Per Order dated 8/22/17	10/15/2014 $165.00 $165.00	Adriana X. Garcia Per order	714-989-4903 08/22/2017-08/22/2017

OCT 05 2017

Please Fold on Perforation Before Tearing

[redacted]

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	10/16/2017
Check Amount	:	$165.00
Check Number	:	5647686822

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

Claim Number / Claimant Name / Contact Info: Adjusting Office / Transaction Description / Check Memo	Date of Loss / Amount / Transaction Amount	Adjuster Name / Invoice#	Adjuster Phone# / Invoice Date / Service Dates
188043685-001	10/15/2014 $165.00		
WC BREA		Adriana X. Garcia	714-989-4903
Interpreter	$165.00		12/21/2016-12/21/2016

OCT 24 2017

Please Fold on Perforation Before Tearing

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

ON BEHALF OF: SAMSUNG FIRE AND MARINE
INSURER: SAMSUNG FIRE AND MARINE INSURANCE COMPANY

Check Date : 10/16/2017

PAY TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS, INC.

Amount: *** One Hundred Sixty Five and 00/100 Dollars ***

Claim #: 188043685-001

Claim Check Number
5647686822
SUNTRUST
SUNTRUST BANK ATLANTA
SUNTRUST BANK NORTHWEST GA

84-79
611
8800600242

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

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

Amount
********* $165.00*

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

By

⑈5647686822⑈ ⑆061100790⑆ 8800600242⑈

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	04/17/2018
Check Amount	:	$650.00
Check Number	:	5650665264

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description Check Memo	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
188043685-001	10/15/2014 $650.00		
BP WC Brea All Other WC Medical Lien Settlement 04/04/18	$650.00	Saul S. Ruvalcaba	714-989-4415 04/04/2018-04/04/2018

Please Fold on Perforation Before Tearing

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

ON BEHALF OF: SAMSUNG FIRE AND MARINE
INSURER: SAMSUNG FIRE AND MARINE INSURANCE COMPANY

Check Date : 04/17/2018

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.

Amount *** Six Hundred Fifty and 00/100 Dollars **********

Claim #: 188043685-001

Claim Check Number
5650665264
SUNTRUST
SUNTRUST BANK ATLANTA
SUNTRUST BANK NORTHWEST
GA

64-79
611
8800600242

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

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

Amount
********** $650.00*

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

By

⑈5650665264⑈ ⑆061100790⑆ 8800600242⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/17/18 65442

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
186887382-001

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

Case: vs TNT PLASTIC MOLDING
Date Of Injury: 11/6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/10/15	LEGAL_PREP	DEPO PREP @L/O WESTON HERZONG WENDEROFF	156.50
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
04/07/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/31/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/08/15	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/02/15	PMT BY CHECK	DOS 3/10/15-8/31/15* # 5636790297	-563.00
11/24/15	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
01/29/16	PENALTIES	FOR DATE OF SERVICE 3/10/15	23.48
11/02/15	INTEREST	FOR DATE OF SERVICE 3/10/15	9.57
01/29/16	PENALTIES	FOR DATE OF SERVICE 4/7/15	37.50
11/02/15	INTEREST	FOR DATE OF SERVICE 4/7/15	15.28
02/01/16	PENALTIES	FOR DATE OF SERVICE 10/8/15	23.48
03/25/16	INTEREST	FOR DATE OF SERVICE 10/8/15	8.92
02/01/16	PENALTIES	FOR DATE OF SERVICE 11/24/15	23.48
03/25/16	INTEREST	FOR DATE OF SERVICE 11/24/15	6.66
03/25/16	PMT BY CHECK	DOS 10/8/15-11/24/15* # 5638864545	-313.00
07/18/16	PMT BY CHECK	DOS 2/19/16* # 5640368364	-49.95
11/10/17	PMT BY CHECK	DOS 3/4/15-11/24/15* # 5648106213	-79.59
01/09/18	COSTS	ADD'L COSTS AWARDED	1100.17
01/11/18	PMT BY CHECK	DOS 1/9/18* # 5649076134	-1119.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/17/18	65442

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
186887382-001

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

Case: vs TNT PLASTIC MOLDING
Date of Injury: 11/6/14

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Broadspire
A CRAWFORD COMPANY

P O BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	11/02/2015
Check Amount	:	$563.00
Check Number	:	5636790297

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186887382-001	11/06/2014 $563.00		
WC BREA Professional Service	$563.00	Donna E. Giza 65442	09/03/2015 03/10/2015-08/31/2015

PAID NOV 09 2015

Please Fold on Perforation Before Tearing

[redacted]

Broadspire
A CRAWFORD COMPANY

P O BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	03/25/2016
Check Amount	:	$313.00
Check Number	:	5638864545

JAI INC 2002
PO BOX 4165
TUSTIN CA 92781-4165

65442

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186887382-001 [redacted] WC BREA Interpreter	11/06/2014 $313.00 $313.00	Erica E. Crisafulli	714-989-4418 10/08/2015-11/24/2015

FF pet 5811

Please Fold on Perforation Before Tearing

Broadspire
A CRAWFORD COMPANY

P O BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	07/08/2016
Check Amount	:	$49.95
Check Number	:	5640368364

JAI INC 2002
PO BOX 4165
TUSTIN CA 92781-4165

PAID JUL 12 2016

68442-1

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186887382-001	11/06/2014 $49.95		
WC BREA Professional Service	$49.95	Erica E. Crisafulli	714-989-4418 02/19/2016-02/19/2016

Please Fold on Perforation Before Tearing

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	11/10/2017
Check Amount	:	$79.59
Check Number	:	5648106213

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description Check Memo	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186887382-001	11/06/2014 $79.59		
WC BREA Professional Service	$79.59	Erica E. Crisafulli	714-989-4418 03/04/2015-11/24/2015

NOV 15 2017

Please Fold on Perforation Before Tearing

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

ON BEHALF OF: SAMSUNG FIRE AND MARINE
INSURER: SAMSUNG FIRE AND MARINE INSURANCE COMPANY

Check Date : 11/10/2017

PAY TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS, INC.

Amount: *** Seventy Nine and 59/100 Dollars **********

Claim #: 186887382-001

Claim Check Number
5648106213
SUNTRUST
SUNTRUST BANK ATLANTA
SUNTRUST BANK NORTHWEST GA

64-79
611
8800600242

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

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

Amount
********** $79.59*

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

By

⑈5648106213⑈ ⑆061100790⑆ 8800600242⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/27/17 67935

EAMS#(s):

SS #
DOB :
Terms: 60 days
Claim #(s):
188005510-001

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

Case: A vs JEAN MART INC.
Date Of Injury: 6/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/12/15	PR2/REEVAL	DR KATTAR @ GARFIELD MEDICAL GROUP*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
06/23/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	CARLOS ARIAS # 301574	0.00
08/08/16	LEGAL_WCAB	TRIAL @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
03/21/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
09/12/17	PMT BY CHECK	DOS 11/12/15-3/21/17* # 5647137732	-649.50
09/12/17	PENALTIES	FOR DATE OF SERVICE 06/23/16	23.48
09/12/17	INTEREST	FOR DATE OF SERVICE 06/23/16	20.22
09/12/17	PENALTIES	FOR DATE OF SERVICE 08/08/16	23.48
09/12/17	INTEREST	FOR DATE OF SERVICE 08/08/16	20.22
09/12/17	PENALTIES	FOR DATE OF SERVICE 03/21/17	23.48
09/12/17	INTEREST	FOR DATE OF SERVICE 03/21/17	9.47
10/31/17	PMT BY CHECK	DOS 10/31/17* # 5647950144	-120.35
12/13/17	COSTS	ADD'L COSTS AWARDED	700.00
12/19/17	PMT BY CHECK	DOS 12/12/17* # 5648737446	-700.00
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	01/11/2018
Check Amount	:	$1119.00
Check Number	:	5649076134

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

Claim Number / Claimant Name / Contact Info: Adjusting Office / Transaction Description / Check Memo	Date of Loss / Amount / Transaction Amount	Adjuster Name / Invoice#	Adjuster Phone# / Invoice Date / Service Dates
186887382-001	11/06/2014 $1119.00		
WC BREA		Erica E. Crisafulli	714-989-4443
Professional Service	$1119.00		01/09/2018-01/09/2018
full and final satisaction of lien and all dates of services			

Please Fold on Perforation Before Tearing

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

ON BEHALF OF: SAMSUNG FIRE AND MARINE
INSURER: SAMSUNG FIRE AND MARINE INSURANCE COMPANY

Check Date 01/11/2018

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.

Amount *** One Thousand One Hundred Nineteen and 00/100 Dollars

Claim #: 186887382-001

Claim Check Number
5649076134
SUNTRUST
SUNTRUST BANK ATLANTA
SUNTRUST BANK NORTHWEST GA

64-79
611
8800600242

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

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

Amount
******* $1119.00*

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

By

⑈5649076134⑈ ⑆061100790⑆ 8800600242⑈

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	09/12/2017
Check Amount	:	$649.50
Check Number	:	5647137732

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

Claim Number / Claimant Name / Contact Info: Adjusting Office / Transaction Description / Check Memo	Date of Loss / Amount / Transaction Amount	Adjuster Name / Invoice#	Adjuster Phone# / Invoice Date / Service Dates
188005510-001 WC BREA Professional Service FULL & FINAL	06/01/2014 $649.50 $649.50	Adriana X. Garcia FULL & FINAL	714-989-4903 11/12/2015-03/21/2017

SEP 15 2017

Please Fold on Perforation Before Tearing

VOID VOID VOID

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

Claim Check Number
5647137732
SUNTRUST
SUNTRUST BANK ATLANTA
SUNTRUST BANK NORTHWEST GA

84-79
611
8800600242

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

Void if not presented for payment within 180 days after the date of issue

ON BEHALF OF: SAMSUNG FIRE AND MARINE
INSURER: SAMSUNG FIRE AND MARINE INSURANCE COMPANY

Check Date : 09/12/2017

PAY TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS, INC.

Amount: ********** $649.50*

Amount: ** Six Hundred Forty Nine and 50/100 Dollars **********

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

By

Claim #: 188005510-001

⑈5647137732⑈ ⑆061100790⑆ 8800600242⑈

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	10/31/2017
Check Amount	:	$120.35
Check Number	:	5647950144

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

Claim Number / Claimant Name / Contact Info: Adjusting Office / Transaction Description / Check Memo	Date of Loss / Amount / Transaction Amount	Adjuster Name / Invoice#	Adjuster Phone# / Invoice Date / Service Dates
188005510-001	06/01/2014 $120.35		
WC BREA		Adriana X. Garcia	714-989-4903
All Other WC Medical	$120.35		
FULL & FINAL SATISFACTION FOR ALL DATES OF SERVICE AND P&I			10/31/2017-10/31/2017

NOV 03 2017

Please Fold on Perforation Before Tearing

VOID VOID VOID

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

ON BEHALF OF: SAMSUNG FIRE AND MARINE
INSURER: SAMSUNG FIRE AND MARINE INSURANCE COMPANY

Check Date : 10/31/2017

PAY TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS, INC.

Amount: *** One Hundred Twenty and 35/100 Dollars ***

Claim Check Number
5647950144
SUNTRUST
SUNTRUST BANK ATLANTA
SUNTRUST BANK NORTHWEST
GA

64-79
611
8800600242

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

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

Amount
********* $120.35*

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

By

Claim #: 188005510-001

VOID VOID VOID

⑈5647950144⑈ ⑆061100790⑆ 8800600242⑈

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	12/19/2017
Check Amount	:	$700.00
Check Number	:	5648737446

JOYCE ALTMAN INTERPETING
P.O. BOX 4165
TUSTIN CA 92781-4165

67935

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
188005510-001 WC BREA Professional Service IN FULL & FINAL SATISFACTION OF LIEN ANY AND ALL DOS.	06/01/2014 $700.00 $700.00	Adriana X. Garcia FULL & FINAL	714-989-4903 12/12/2017-12/12/2017

PAID
DEC 27 2017

Please Fold on Perforation Before Tearing

MP

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/20/17 66821

EAMS#(s).

SS # :
DOB :
Terms: 60 days
Claim #(s):
186972314; 186972331

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

Case: 's ADECCO
Date Of Injury: 1/14/14; 11/15/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/04/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/14/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/12/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/10/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/04/16	PENALTIES	FOR DATE OF SERVICE 08/04/15	23.48
09/11/17	INTEREST	FOR DATE OF SERVICE 08/04/15	37.42
01/04/16	PENALTIES	FOR DATE OF SERVICE 10/14/15	23.48
09/11/17	INTEREST	FOR DATE OF SERVICE 10/14/15	35.16
01/04/16	PENALTIES	FOR DATE OF SERVICE 11/12/15	23.48
09/11/17	INTEREST	FOR DATE OF SERVICE 11/12/15	33.92
03/04/16	PENALTIES	FOR DATE OF SERVICE 12/10/15	37.50
09/11/17	INTEREST	FOR DATE OF SERVICE 12/10/15	51.12
01/11/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/14/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
08/10/17	PENALTIES	FOR DATE OF SERVICE 01/11/17	23.48
09/11/17	INTEREST	FOR DATE OF SERVICE 01/11/17	12.57
08/01/17	LEGAL_WCAB	TRIAL @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/11/17	PMT BY CHECK	DOS 8/4/15-1/11/17* # 6530887339	-876.00
09/18/17	PENALTIES	FOR DATE OF SERVICE 06/14/17	23.48
11/20/17	INTEREST	FOR DATE OF SERVICE 06/14/17	7.40
11/02/17	PENALTIES	FOR DATE OF SERVICE 08/01/17	23.48
11/20/17	INTEREST	FOR DATE OF SERVICE 08/01/17	6.06
11/20/17	PMT BY CHECK	DOS 6/14/17-8/1/17*	-313.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/20/17 66821

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
186972314; 186972331

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

Case: vs ADECCO
Date Of Injury: 1/14/14; 11/15/14

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 6530936467	
12/14/17	COSTS	ADD'L COSTS AWARDED	1411.23
12/15/17	PMT BY CHECK	DOS 1/14/15-12/14/17*	-1773.26
		# 6530953517	

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	09/11/2017
Check Amount	:	$876.00
Check Number	:	6530887339

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

SEP 14 2017

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
186972314-001	01/14/2015 $876.00		
		Sue M. Parkinson	559-436-8074
Professional Service Payment of Order ADJ9810690 and ADJ9810598.	$876.00	Order.	08/04/2015-01/11/2017

Please Fold on Perforation Before Tearing

[redacted]

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	11/20/2017
Check Amount	:	$313.00
Check Number	:	6530936467

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description Check Memo	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186972314-001	01/14/2015 $313.00	Sue M. Parkinson	559-436-8074
Professional Service Payment of Order ADJ9810598, ADJ9810690.	$313.00		06/14/2017-08/01/2017

NOV 27 2017

Please Fold on Perforation Before Tearing

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

ON BEHALF OF: AIG
INSURER: INSURANCE COMPANY STATE OF PENN

Claim Check Number
6530936467
BANK OF AMERICA N.A.
401 EAST LAS OLAS BLVD
FT. LAUDERDALE FL 33301-2033

64-1278
611
3299111676

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

Check Date : 11/20/2017

PAY TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS, INC.

Amount: **********$313.00*

**** Three Hundred Thirteen and 00/100 Dollars ****

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

By

Claim #: 186972314-001

⑈6530936467⑈ ⑆061112788⑆ 329 911 1676⑈

Broadspire®
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	12/15/2017
Check Amount	:	$1773.26
Check Number	:	6530953517

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

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
186972314-001 WC BREA Lump Sum Settlement, Medical Full and Final Satisfaction of Lien.	01/14/2015 $1773.26 $1773.26	Sue M. Parkinson Full and Final	559-436-8074 01/14/2015-12/14/2017

RECEIVED
DEC 20 2017

Please Fold on Perforation Before Tearing

Broadspire®
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

ON BEHALF OF: AIG
INSURER: INSURANCE COMPANY STATE OF PENN

Check Date : 12/15/2017

PAY TO THE ORDER OF: JOYCE ALTMAN INTERPRETING

Amount: *** One Thousand Seven Hundred Seventy Three and 26/100 Dollars ***

Claim #: 186972314-001

Claim Check Number
6530953517
BANK OF AMERICA N.A.
401 EAST LAS OLAS BLVD
FT. LAUDERDALE FL 33301-2033

64-1278
611
3299111676

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

Amount
******* $1773.26*

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

By

⑈6530953517⑈ ⑆061112788⑆ 329 911 1676⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/26/18 69315

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
710921837

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: SHANNON WOSMAN
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs ILM GROUP INC FOR FOREVER 21
Date Of Injury: 5/13/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/11/16	LEGAL WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
08/14/17	PENALTIES	FOR DATE OF SERVICE 4/11/16	23.48
09/08/17	INTEREST	FOR DATE OF SERVICE 4/11/16	24.21
09/08/17	PMT BY CHECK	DOS 4/11/16* # 32336968	-202.96
02/05/18	COSTS	ADD'L COSTS AWARDED	798.77
02/16/18	PMT BY CHECK	DOS 5/13/14-2/5/18* # 32765740	-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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

P4000028001

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201709081609

Electronic Service Requested

ENV 2115 1 OF 1

MIXED AADC 926
2115 0.3820 MB 0.420

JOYCE ALTMAN INTERPRETERS INC 152
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 32336968
RFP No.: 423553
Check Date: 09/08/2017
Check Amount: 202.96
Insured: ILM EMPLOYMENT GROUP, INC.

Claimant:

SEP 1 2 2017

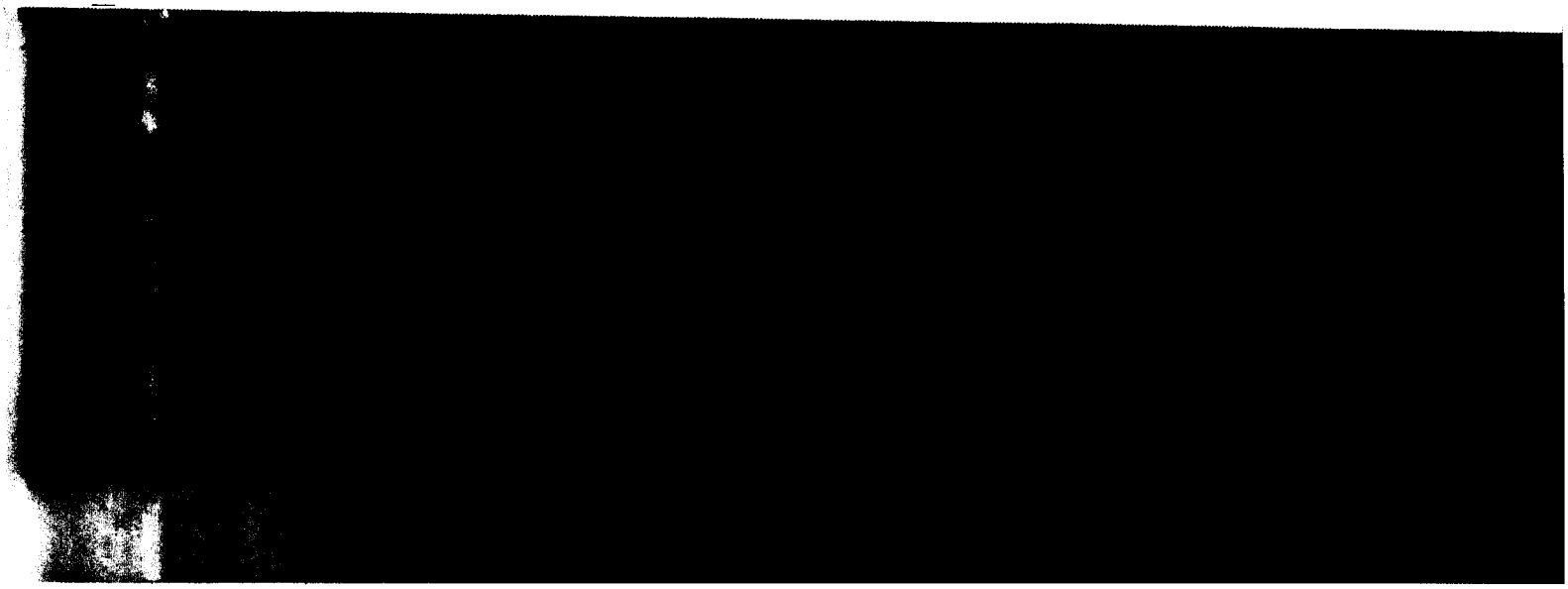
Claim Office: 710
Insuring Company: COMMERCE AND INDUSTRY INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000001613325	00921837	001	05/13/2014	MED	C	202.96
					Total Amount	202.96

Reason for Payment
041116-041116 6

Use File # 710/00921837 on all correspondence for prompt processing.
For check information call: 877-802-5246



American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201802160135

Electronic Service Requested

1 OF 3 F

ENV 28305

ALL FOR AADC 926
28305 0.7648 AB 0.405
JOYCE ALTMAN INTERPRETERS INC 256
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 32765740
RFP No.: 543362
Check Date: 02/16/2018
Check Amount: 800.00
Insured: ILM EMPLOYMENT GROUP, INC.

Claimant:

Claim Office: 710
Insuring Company: COMMERCE AND INDUSTRY INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000001613325	00921837	001	05/13/2014	MED	C	800.00
					Total Amount	800.00

Reason for Payment
051314-020518 F

PAID
FEB 26 2018

Use File # 710/00921837 on all correspondence for prompt processing.
For check information call: 877-802-5246

HR

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

COMMERCE AND INDUSTRY INSURANCE CO.

50-937/213

Claim No: 00921837 Policy No.: 000001613325
Reason for Payment 051314-020518 F

**********Eight Hundred Dollars***

CHECK No. 32765740
RFP No. 00543362
DATE 02/16/2018

AMOUNT PAID
*******$800.00

Void after 90 Days

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

JPMORGAN CHASE BANK, N.A.
SYRACUSE, NY 13206

David W. Jones
AUTHORIZED SIGNATURE

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

⑈32765740⑈ ⑆021309379⑆ 7864205394⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/20/18 70826

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
710-934785

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: AMANDA LINTZ
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs JONES LUMBER COMPANY
Date Of Injury: 7/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
04/07/11	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
05/12/11	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
06/15/11	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/20/11	PR2/REEVAL	DR KATTAR* AUGUSTO SALAZAR # 500286	180.00
08/01/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/22/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (VOL I)	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
08/24/11	PR2/REEVAL	DR KATTAR* CAROL FRANKEL	180.00
09/28/11	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
11/02/11	PR2/REEVAL	DR KATTAR* JOSE LUGO # 500049	180.00
12/07/11	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
01/19/12	P AND S	DR KATTAR (2.5 H) JASON RAMIREZ # 500371	287.50
04/03/13	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
07/30/13	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/20/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/30/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
11/16/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/16/18 67871

EAMS#(s):
ADJ
SS # :
DOB :
Terms: 60 days
Claim #(s):
710904645

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: KIM LEWIS
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs PROFESSIONAL BLDG. MAINTENANCE
Date Of Injury: 4/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
09/26/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/24/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
12/26/13	PMT BY CHECK	DOS 9/26/13 # 891A 84621307	-156.50
01/29/14	PMT BY CHECK	DOS 10/24/13* # 891A 84727750	-250.00
03/06/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
06/05/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
12/16/15	PMT BY CHECK	DOS 3/6/14-6/5/14* # 29705046 AIG/CHART	-313.00
03/10/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/12/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/10/16	PMT BY CHECK	DOS 7/12/16* =# 30917245 AIG/CHARTIS	-156.50
10/12/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
10/24/17	PENALTIES	FOR DATE OF SERVICE 03/06/14	23.48
12/16/15	INTEREST	FOR DATE OF SERVICE 03/06/14	31.41
10/24/17	PENALTIES	FOR DATE OF SERVICE 06/05/14	23.48
12/16/15	INTEREST	FOR DATE OF SERVICE 06/05/14	26.43
10/25/17	PENALTIES	FOR DATE OF SERVICE 03/10/16	23.48
01/25/18	INTEREST	FOR DATE OF SERVICE 03/10/16	34.22
11/15/17	PMT BY CHECK	DOS 10/12/17* =# 32521625 CHARTIS	-250.00
01/25/18	PMT BY CHECK	DOS 3/10/16* # 891A 89002266 TRAVELERS	-53.21
01/25/18	PMT BY CHECK	DOS 3/10/16* # 891A 89002267 TRAVELERS	-156.50

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/16/18 67871

EAMS#(s):

SS # :
DOB
Terms: 60 days
Claim #(s):
710904645

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: KIM LEWIS
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs PROFESSIONAL BLDG. MAINTENANCE
Date Of Injury: 4/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/07/18	PMT BY CHECK	DOS 2/1/18* # 32739720 CHARTIS	-610.00
02/09/18	PMT BY CHECK	DOS 2/1/18* # 891A 89046489 TRAVELERS	-610.00
02/16/18	COSTS	ADD'L COSTS AWARDED	1110.71

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/14/18 59784

EAMS#(s):

SS # :
DOB
Terms: 60 days
Claim #(s):
EWJ0884

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs PROFESSIONAL BLDG. MAINTENANCE
Date Of Injury: CT 7/12 - 4/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
09/26/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/24/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
12/26/13	PMT BY CHECK	DOS 9/26/13 # 891A 84621307	-156.50
01/29/14	PMT BY CHECK	DOS 10/24/13* # 891A 84727750	-250.00
03/06/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
06/05/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
12/16/15	PMT BY CHECK	DOS 3/6/14-6/5/14* # 29705046 AIG/CHART	-313.00
03/10/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/12/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/10/16	PMT BY CHECK	DOS 7/12/16* =# 30917245 AIG/CHARTIS	-156.50
10/12/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
10/24/17	PENALTIES	FOR DATE OF SERVICE 03/06/14	23.48
12/16/15	INTEREST	FOR DATE OF SERVICE 03/06/14	31.41
10/24/17	PENALTIES	FOR DATE OF SERVICE 06/05/14	23.48
12/16/15	INTEREST	FOR DATE OF SERVICE 06/05/14	26.43
10/25/17	PENALTIES	FOR DATE OF SERVICE 03/10/16	23.48
01/25/18	INTEREST	FOR DATE OF SERVICE 03/10/16	34.22
11/15/17	PMT BY CHECK	DOS 10/12/17* =# 32521625 CHARTIS	-250.00
01/25/18	PMT BY CHECK	DOS 3/10/16* # 891A 89002266 TRAVELERS	-53.21
01/25/18	PMT BY CHECK	DOS 3/10/16* # 891A 89002267 TRAVELERS	-156.50

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/14/18 59784

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
EWJ0884

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: [redacted] vs PROFESSIONAL BLDG. MAINTENANCE
Date Of Injury: CT 7/12 - 4/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/07/18	PMT BY CHECK	DOS 2/1/18* # 32739720 CHARTIS	-610.00
02/09/18	PMT BY CHECK	DOS 2/1/18* # 891A 89046489 TRAVELERS	-610.00
02/16/18	COSTS	ADD'L COSTS AWARDED	1110.71

BALANCE 0.00

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

016621

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA08252

891A 84621307

TRAVELERS

DATE: 12/26/13
LOSS DATE: 12/31/12
FILE NUMBER: 152 CB EWJ0859 P

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

EMPLOYEE

ACCOUNT NAME:
S&S MANAGEMENT INC

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 09/26/2013

TOTAL PAID: $156.50
TAX INFO: 330956713547893 9Y
PAY MISC: 59784
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID JAN 06 2013

FOR ADDITIONAL INFORMATION, CONTACT: TIANNA D PAYNE AT (909)612-3105

360008368
DETACH CHECK

DETACH CHECK

018306

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA09089

891A 84727750

TRAVELERS

DATE: 01/29/14
LOSS DATE: 12/31/12
FILE NUMBER: 152 CB EWJ0859 P

EMPLOYEE

ACCOUNT NAME:
S&S MANAGEMENT INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 10/24/2013

TOTAL PAID: $250.00
TAX INFO: 330956713547893 9Y
PAY MISC: 59784
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

I PAID FEB 10 2014

FOR ADDITIONAL INFORMATION, CONTACT: TIANNA D PAYNE AT (909)612-3105

029009216
DETACH CHECK

UNSUMM-111311
OVRFLWS2-121205
DETACH CHECK

20151216[illegible]

[illegible]merica[illegible] [illegible]tional Group, Inc.
[illegible] Box 2[illegible]
[illegible]awnee [illegible], KS 66225

[illegible]ectronic [illegible]ry[illegible]e Requested

MIXED AADC 926

1713 1.092 MB 0.436

JOYCE ALTMAN INTERPRETERS INC 139
PO BOX [illegible]165
TUSTIN, CA [illegible]2781-4165

5 OF 5 F

ENV 1713

Check No.: 29705046
RFP No.: 326299
Check Date: 12/16/2015
Check Amount: 313.00
Insured: WORLDWIDE SOURCING GROUP INC
Claimant:

Claim Office: 710
Insuring Company: THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

Payee Name: JOYCE ALTMAN INTERPRETERS INC

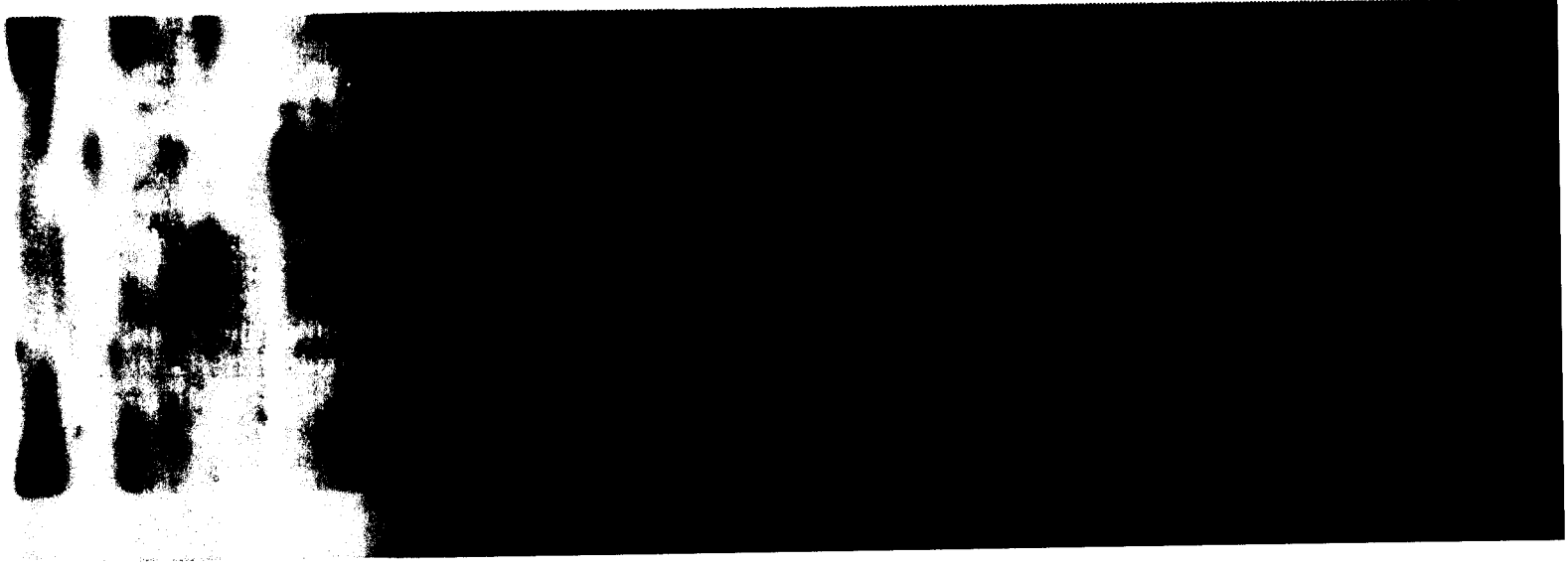
PAID DEC 23 2015

67871
59784

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
00002[illegible]390	00904645	001	04/01/2013	MED	O	313.00
				Total Amount		313.00

Reason for Payment
INTE[illegible]0614,060514

Use File # 710/00904645 on all correspondence for prompt processing.
For check information call: 877-802-5246



P40000280

20160810620

American International Group, Inc.
PO Box 2550
Shawnee Mission, KS 66225

Electronic Service Requested

SINGLE PIECE

4 1.2556 SP 0.675

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

ENV 4 5 OF 6 F

Check No.: 30917245
RFP No.: 822193
Check Date: 08/10/2016
Check Amount: 156.50
Insured: WORLDWIDE SOURCING GROUP INC
Claimant:

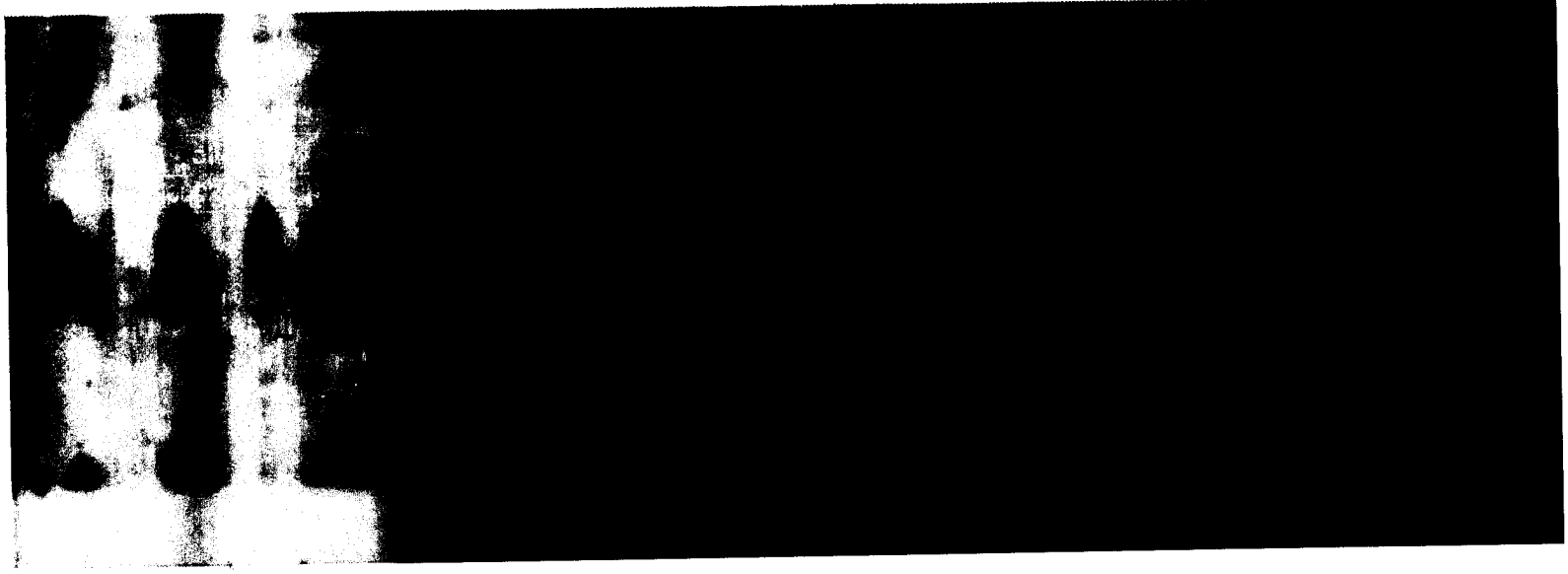
Claim Office: 710
Insuring Company: THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

Payee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000025052390	00904645	001	04/01/2013	MED	O	156.50
				Total Amount		156.50

Reason for Payment √59784-1
ORG: 313.00 ACT: 67871 031016-071216
-1

Use File # 710/00904645 on all correspondence for prompt processing.
For check information call: 877-802-5246



erican I ational Group, Inc.
Box 25
wnee M KS 66225

ctronic ervi e Requested

MIXED AADC 926
5646 2-210 MB 0.420
JOYCE AL MA INTERPRETERS INC 136
O BOX 4 KS
USTIN 2781-4165

Page 1 of 3

Check No.: 32521625
RFP No.: 477580
Check Date: 11/15/2017
Check Amount: 250.00
Insured: WORLDWIDE SOURCING GROUP INC
Claimant:

Claim Office: 710
Insuring Company: THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

Payee Name: JOYCE ALTMAN INTERPRETERS

ENV 5646 3 OF 10 F

NOV 2 1 2017

MP

Po	Claim No.	Symbol	Date of Loss	Type	Status	Amount
0000 390	00904645	001	04/01/2013	MED	O	250.00
					Total Amount	250.00

eason ayment
RG: 5 ACT: 67871 031016-101217

Use File # 710/00904645 on all correspondence for prompt processing.
For check information call: 877-802-5246

ITY S, THE FACE OF THIS DOCUMENT CONTAINS ■ A BLUE BACKGROUND AND MICROPRINTING IN THE BORDER

SUR OMPANY OF THE STATE OF PENNSYLVANIA

50-937/213

No.: 5 Policy No.: 000025052390
n for t: ORG: 563.00 ACT: 67871 031016-101217
****** w fundred Fifty Dollars***

CHECK No. 32521625
RFP No. 00477580
DATE 11/15/2017
AMOUNT PAID
Void after 90 Days ******$250.00

Pa JOYC ALTMAN INTERPRETERS INC
T(E PO B X 4165
OF TUST N
CA, 781

JI GAN CH E B K, N.A
RACUS 6

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

AUTHORIZED SIGNATURE

2521625 ⑆021309379⑆ 7864205391

019416

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA09654

891A 89002266

TRAVELERS

DATE: 01/25/18
LOSS DATE: 12/31/12
FILE NUMBER: 152 CB EWJ0859 P

EMPLOYEE

ACCOUNT NAME:
S&S MANAGEMENT INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Penalty Against Tic

SERVICE DATE: 3/10/2016

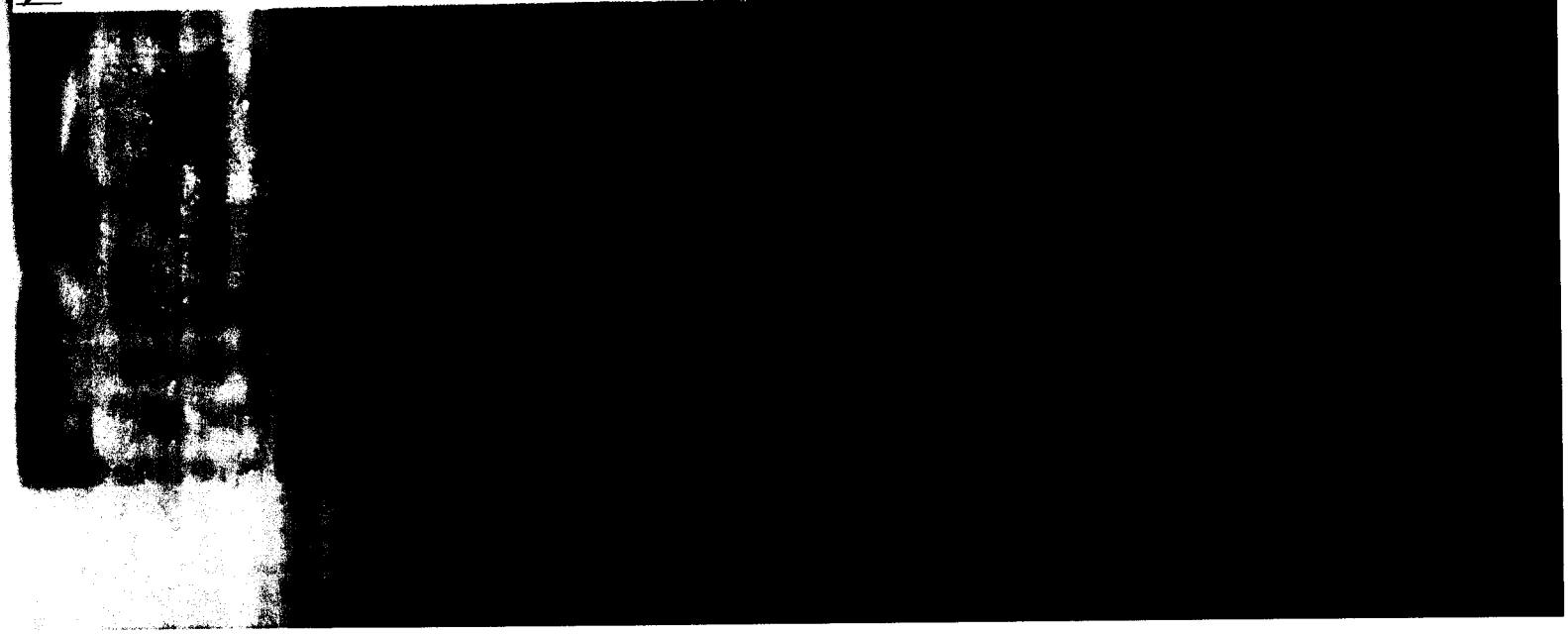
TOTAL PAID: $53.21
TAX INFO: 330956713 Y C
PAY MISC: SELF-IMPOSED PENALTIES & INTE
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
JAN 29 2018

FOR ADDITIONAL INFORMATION, CONTACT: NATASHA L COLBY AT (909)612-3091

025009761
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK



019417

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

891A 89002267

TRAVELERS

DATE: 01/25/18
LOSS DATE: 12/31/12
FILE NUMBER: 152 CB EWJ0859 P

EMPLOYEE

ACCOUNT NAME:
S&S MANAGEMENT INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 3/10/2016

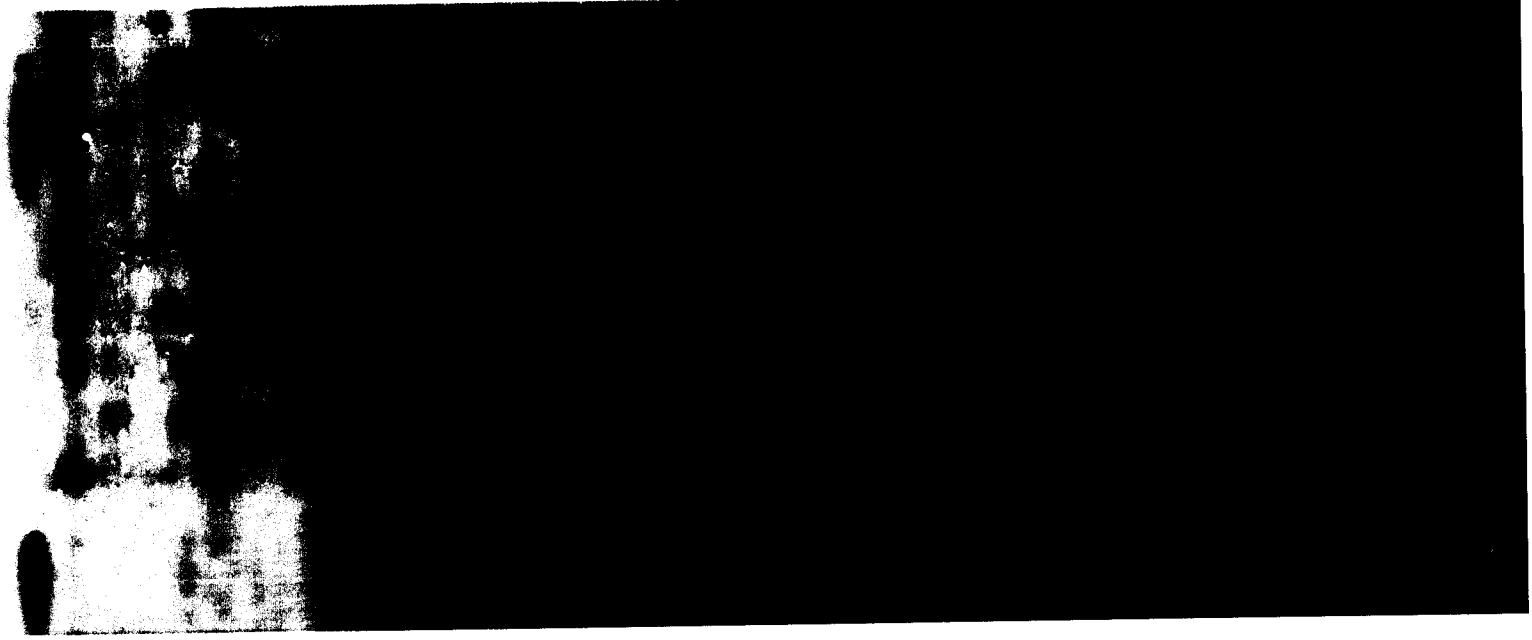
TOTAL PAID: $156.50
TAX INFO: 330956713 Y C
PAY MISC: INTERPRETING AT WCAB STATUS C
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
JAN 29 2018
BY: .....

FOR ADDITIONAL INFORMATION, CONTACT: NATASHA L COLBY AT (909)612-3091

0009762
DETACH CHECK

UNSUMM-111211
OVRPUNS2-121295
DETACH CHECK



P4000028001

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201802070138

Electronic Service Requested

ENV 15974 1 OF 2 F

ALL FOR AADC 926
15974 0.5738 AB 0.405

JOYCE ALTMAN INTERPRETERS INC 191
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 32739720
RFP No.: 536681
Check Date: 02/07/2018
Check Amount: 610.00
Insured: WORLDWIDE SOURCING GROUP INC
Claimant:

Claim Office: 710
Insuring Company: THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

Payee Name: JOYCE ALTMAN INTERPRETERS INC

FEB 13 2018

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000025052390	00904645	001	04/01/2013	MED	O	610.00
					Total Amount	610.00

Reason for Payment
FULL AND FINAL SETTLEMENT PER STIP 2/1/18

Use File # 710/00904645 on all correspondence for prompt processing.
For check information call: 877-802-5246

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

THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

50-937/213

Claim No: 00904645 Policy No.: 000025052390
Reason for Payment FULL AND FINAL SETTLEMENT PER STIP 2/1/18

***********Six Hundred Ten Dollars*****

CHECK No.	32739720
RFP No.	00536681
DATE	02/07/2018
AMOUNT PAID	
********$610.00	

Void after 90 Days

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

JPMORGAN CHASE BANK, N.A.
SYRACUSE, NY 13206

AUTHORIZED SIGNATURE

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

⑈32739720⑈ ⑆021309379⑆ 7864205390⑈

009070

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SE01920

891A 89046489

TRAVELERS

DATE: 02/09/18
LOSS DATE: 12/31/12
FILE NUMBER: 152 CB EWJ0859 P
REFERENCE #: 1018260928SW
EMPLOYEE

ACCOUNT NAME:
S&S MANAGEMENT INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 02/01/18

TOTAL PAID: $610.00
TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID

FOR ADDITIONAL INFORMATION, CONTACT: NATASHA L COLBY AT (909)612-3091

040019639
DETACH CHECK

UNSHMM-111311
CVAP-UNS2-121295
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/02/18 65100

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
710815689

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: KRISTEN HALDEMAN
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs V&L PRODUCE
Date Of Injury: 2/14/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/18/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/27/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
03/10/17	PENALTIES	FOR DATE OF SERVICE 3/18/15	23.48
03/08/17	INTEREST	FOR DATE OF SERVICE 3/18/15	32.64
03/10/17	PENALTIES	FOR DATE OF SERVICE 5/27/16	37.50
03/08/17	INTEREST	FOR DATE OF SERVICE 5/27/16	23.47
03/08/17	PMT BY CHECK	DOS 3/18/15-5/27/16* # 31760241	-406.50
12/11/17	COSTS	ADD'L COSTS AWARDED	1100.00
12/23/17	PMT BY CHECK	DOS 12/11/17* # 32625065	-1217.09

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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P4000028001

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201703080130

Electronic Service Requested

ALL FOR AADC 926
13601 0.7130 AB 0.400

JOYCE ALTMAN INTERPRETERS INC 163
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 13601 1 OF 3 F

Check No.: 31760241
RFP No.: 212733
Check Date: 03/08/2017
Check Amount: 406.50
Insured: V & L PRODUCE, INC.

Claimant:

Claim Office: 710
Insuring Company: NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH
Payee Name: JOYCE ALTMAN INTERPRETERS INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000000999417	00815689	001	02/14/2012	EXP	C	406.50

Total Amount 406.50

Reason for Payment
031815-052716

Use File # 710/00815689 on all correspondence for prompt processing.
For check information call: 877-802-5246

000028001

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201712260170

Electronic Service Requested

1 OF 3 F

ENV 12506

ALL FOR AADC 926
12506 0.7648 AB 0.400

JOYCE ALTMAN INTERPRETERS INC 123
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 32625065
RFP No.: 505401
Check Date: 12/23/2017
Check Amount: 1,217.09
Insured: V & L PRODUCE, INC.

Claimant:

Claim Office: 710
Insuring Company: NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH
Payee Name: JOYCE ALTMAN INTERPRETERS INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000000999417	00815689	001	02/14/2012	EXP	C	1,217.09

Total Amount 1,217.09

Reason for Payment
PER ORDER 121117-121117

DEC 0 2 2018
DEC 2018

Use File # 710/00815689 on all correspondence for prompt processing.
For check information call: 877-802-5246

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

NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH 50-937/213

Claim No: 00815689 Policy No.: 000000999417
Reason for Payment PER ORDER 121117-121117

CHECK No. 32625065
RFP No. 00505401
DATE 12/23/2017

*********One Thousand Two Hundred Seventeen & 09/100 Dollars***

AMOUNT PAID
*******1,217.09

Void after 90 Days

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

AUTHORIZED SIGNATURE

JPMORGAN CHASE BANK, N.A.
SYRACUSE, NY 13206

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

⑈32625065⑈ ⑆021309379⑆ 7864205394⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/21/17 70809

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
710636099

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: ROBERTA KJORLIEN
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs MILLER DISTRIBUTION
Date Of Injury: 8/7/08

DOS	SERVICE	DESCRIPTION	AMOUNT
11/09/16	LEGAL_WCAB	TRIAL @ WCAB VAN NUYS	156.50
/ /	INTERPRETER:	MANUEL DE LA TORRE # 100549	0.00
06/23/17	PENALTIES	FOR DATE OF SERVICE 11/9/16	23.48
07/07/17	INTEREST	FOR DATE OF SERVICE 11/9/16	12.67
07/07/17	PMT BY CHECK	DOS 11/9/16* # 32148649	-156.50
11/01/17	COSTS	ADD'L COSTS AWARDED	513.85
11/17/17	PMT BY CHECK	DOS 11/16/15* # 32527698	-550.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

P400002800I

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201707070134

Electronic Service Requested

ALL FOR AADC 926
15318 0.8765 AB 0.400

JOYCE ALTMAN INTERPRETERS INC 120
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 15318 1 OF 4 F

Check No.: 32148649
RFP No.: 362007
Check Date: 07/07/2017
Check Amount: 156.50
Insured: ADP TOTALSOURCE CO XXII, INC.
Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

RECEIVED
JUL 14 2017

70809

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000004366553	00636099	001	08/07/2008	MED	C	156.50
					Total Amount	156.50

Reason for Payment
110916-110916

Use File # 710/00636099 on all correspondence for prompt processing.
For check information call: 877-802-5246

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201711171611

Electronic Service Requested

MIXED AADC 926
1697 0.3820 MB 0.420

JOYCE ALTMAN INTERPRETERS INC 148
PO BOX 4165
TUSTIN, CA 92781-4165

1 OF 1

ENV 1697

Check No.: 32527698
RFP No.: 480895
Check Date: 11/17/2017
Check Amount: 550.00
Insured: ADP TOTALSOURCE CO XXII, INC.
Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

NOV 2 1 2017

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000004366553	00636099	001	08/07/2008	MED	C	550.00
				Total Amount		550.00

Reason for Payment
111615-111615

Use File # 710/00636099 on all correspondence for prompt processing.
For check information call: 877-802-5246

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

AMERICAN HOME ASSURANCE COMPANY

50-937/213

Claim No: 00636099 Policy No.: 000004366553
Reason for Payment 111615-111615

*********Five Hundred Fifty Dollars***

CHECK No. 32527698
RFP No. 00480895
DATE 11/17/2017

AMOUNT PAID
*******$550.00

Void after 90 Days

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

JPMORGAN CHASE BANK, N.A.
SYRACUSE, NY 13206

AUTHORIZED SIGNATURE

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

⑈32527698⑈ ⑆021309379⑆ 7864205394⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/03/17 30328

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
710501128

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: CHRIS MELCHOR
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs OLYMPIC SECURITY SVCS.
Date Of Injury: 4/22/08

DOS	SERVICE	DESCRIPTION	AMOUNT
04/21/08	INITIAL EXAM	DR VAZQUEZ*	230.00
06/04/09	INITIAL EXAM	DR AMERI @ AMERI CHIRO*	230.00
12/01/09	WCAB VNO	MSC	156.50
12/14/09	PR2/REEVAL	DR ZAGARAFF @ AMERI CHIRO*	180.00
03/11/10	PENALTIES	FOR DATE OF SERVICE 04/21/08	34.50
09/19/17	INTEREST	FOR DATE OF SERVICE 04/21/08	205.30
03/11/10	PENALTIES	FOR DATE OF SERVICE 06/04/09	34.50
09/19/17	INTEREST	FOR DATE OF SERVICE 06/04/09	205.30
03/11/10	PENALTIES	FOR DATE OF SERVICE 12/01/09	23.48
08/23/17	INTEREST	FOR DATE OF SERVICE 12/01/09	138.36
03/17/10	P AND S	DR ZARGARAFF* JESUS CASTILLO # 500358	230.00
08/13/10	PENALTIES	FOR DATE OF SERVICE 03/17/10	34.50
08/23/17	INTEREST	FOR DATE OF SERVICE 03/17/10	187.47
12/01/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
08/23/17	PMT BY CHECK	DOS 12/1/09-3/17/10* =# 32290803	-246.50
09/19/17	INTEREST	FOR DATE OF SERVICE 03/17/10	115.30
09/19/17	PENALTIES	FOR DATE OF SERVICE 12/14/09	27.00
09/19/17	INTEREST	FOR DATE OF SERVICE 12/14/09	160.67
09/19/17	COSTS & SANC	COSTS & SANC	1300.00
09/27/17	PMT BY CHECK	DOS 9/19/17* # 32386251	-3346.38

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/03/17	30328

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
710501128

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: CHRIS MELCHOR
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs OLYMPIC SECURITY SVCS.
Date Of Injury: 4/22/08

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201708230132

Electronic Service Requested

ALL FOR AADC 926
20988 0.7130 AB 0.400

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

210

ENV 20988 * 1 OF 3 F

Check No.: 32290803
RFP No.: 409561
Check Date: 08/23/2017
Check Amount: 246.50
Insured: OLYMPIC SECURITY SERVICES INC
Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000005314245	00501128	001	02/08/2008	MED	C	246.50
					Total Amount	246.50

Reason for Payment
ORG: 1026.50 ACT: 30328 042108-031710

Use File # 710/00501128 on all correspondence for prompt processing.
For check information call: 877-802-5246

AUG 29 2017

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

AMERICAN HOME ASSURANCE COMPANY

50-937/213

Claim No.: 00501128 Policy No.: 000005314245
Reason for Payment: ORG: 1026.50 ACT: 30328 042108-031710

CHECK No. 32290803
RFP No. 00409561
DATE 08/23/2017

**********Two Hundred Forty Six & 50/100 Dollars*****

AMOUNT PAID
*******$246.50

Void after 90 Days

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

JPMORGAN CHASE BANK, N.A
SYRACUSE, NY 13206

AUTHORIZED SIGNATURE

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

⑈32290803⑈ ⑆021309379⑆ 7864205 39⑈

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201709270137

Electronic Service Requested

ENV 25122 1 OF 4 F

ALL FOR AADC 926
25122 0.8765 AB 0.400

JOYCE ALTMAN INTERPRETERS INC 216
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 32386251
RFP No.: 439242
Check Date: 09/27/2017
Check Amount: 3,346.38
Insured: OLYMPIC SECURITY SERVICES INC
Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000005314245	00501128	001	02/08/2008	MED	C	3,346.38
					Total Amount	3,346.38

Reason for Payment
FULL/ FINAL PER ORDER.

Use File # 710/00501128 on all correspondence for prompt processing.
For check information call: 877-802-5246

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

AMERICAN HOME ASSURANCE COMPANY

50-937/213

Claim No: 00501128 Policy No.: 000005314245
Reason for Payment FULL/ FINAL PER ORDER.

***********Three Thousand Three Hundred Forty Six & 38/100 Dollars*****

CHECK No.	32386251
RFP No.	00439242
DATE	09/27/2017
AMOUNT PAID	*******$3,346.38

Void after 90 Days

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

JPMORGAN CHASE BANK, N.A.
SYRACUSE, NY 13206

AUTHORIZED SIGNATURE

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

⑈32386251⑈ ⑆021309379⑆ 7864205 39⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/19/17 44906

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
710764074

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: PATRICIA FRIEDERANG
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: . vs MEDI-PEDIC BEDDING CO.
Date Of Injury: 5/10/10

DOS	SERVICE	DESCRIPTION	AMOUNT
05/13/11	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ AMERI CHIRO (3 hrs)	225.00
/ /	INTERPRETER:	SANDRA TALACON # 100802	0.00
05/05/11	INITIAL EXAM	DR RAHIMIAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
06/13/11	INITIAL EXAM	W/ ACUPUNCTURIST LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/14/11	PR2/REEVAL	DR RAHIMIAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
08/08/11	PR2/REEVAL	W/ ACUPUCNTURIST LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/09/11	PR2/REEVAL	DR RAHIMIAN* SANDRA TALANCON # 100802	180.00
09/23/11	PR2/REEVAL	W/ ACUPUNCTURIST LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/30/11	INITIAL EXAM	DR CARRERA:PSYCH EVAL. @ AMERI CHIRO (3 HRS)	345.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
11/07/11	PR2/REEVAL	DR RAHIMIAN* SANDRA TALANCON # 100802	180.00
11/11/11	PR2/REEVAL	DR CARRERA* CLARA BONILLA # 500320	180.00
12/07/11	WCAB LB	PRIORITY CONFERENCE (FULL DAY)	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
12/16/11	P AND S	DR CARRERA: PSYCH EVAL @ AMERI CHIRO (3 HRS)	345.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/19/17 44906

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
710764074

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: PATRICIA FRIEDERANG
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs MEDI-PEDIC BEDDING CO.
Date Of Injury: 5/10/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/22/11	P AND S	DR RAHIMIAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALACON # 100802	0.00
12/21/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
02/21/12	WCAB LB	TRIAL - CARMEN GUZMAN #100585	156.50
02/20/12	PR2/REEVAL	DR RAHIMIAN*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/11/12	PR2/REEVAL	DR PERSHEN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/06/12	PR2/REEVAL	DR PERSHEN* SANDRA TALANCON # 100802	180.00
09/16/13	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/31/15	PENALTIES	FOR DATE OF SERVICE 05/13/11	33.75
08/30/17	INTEREST	FOR DATE OF SERVICE 05/13/11	153.12
03/31/15	PENALTIES	FOR DATE OF SERVICE 05/05/11	34.50
08/30/17	INTEREST	FOR DATE OF SERVICE 05/05/11	156.53
03/31/15	PENALTIES	FOR DATE OF SERVICE 06/13/11	34.50
08/30/17	INTEREST	FOR DATE OF SERVICE 06/13/11	156.53
03/31/15	PENALTIES	FOR DATE OF SERVICE 06/14/11	27.00
08/30/17	INTEREST	FOR DATE OF SERVICE 06/14/11	122.50
03/31/15	PENALTIES	FOR DATE OF SERVICE 08/08/11	27.00
08/30/17	INTEREST	FOR DATE OF SERVICE 08/08/11	122.50
03/31/15	PENALTIES	FOR DATE OF SERVICE 08/09/11	27.00
08/30/17	INTEREST	FOR DATE OF SERVICE 08/09/11	122.50
03/31/15	PENALTIES	FOR DATE OF SERVICE 09/23/11	27.00
08/30/17	INTEREST	FOR DATE OF SERVICE 09/23/11	122.50
03/31/15	PENALTIES	FOR DATE OF SERVICE 09/30/11	51.75
08/30/17	INTEREST	FOR DATE OF SERVICE 09/30/11	234.79
03/31/15	PENALTIES	FOR DATE OF SERVICE 11/07/11	27.00
08/30/17	INTEREST	FOR DATE OF SERVICE 11/07/11	121.02

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/19/17 44906

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
710764074

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: PATRICIA FRIEDERANG
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs MEDI-PEDIC BEDDING CO.
Date Of Injury: 5/10/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/31/15	PENALTIES	FOR DATE OF SERVICE 11/11/11	27.00
08/30/17	INTEREST	FOR DATE OF SERVICE 11/11/11	120.12
03/31/15	PENALTIES	FOR DATE OF SERVICE 12/07/11	46.95
08/30/17	INTEREST	FOR DATE OF SERVICE 12/07/11	205.62
03/31/15	PENALTIES	FOR DATE OF SERVICE 12/16/11	51.75
08/16/17	INTEREST	FOR DATE OF SERVICE 12/16/11	224.57
03/31/15	PENALTIES	FOR DATE OF SERVICE 12/22/11	34.50
08/16/17	INTEREST	FOR DATE OF SERVICE 12/22/11	149.50
03/31/15	PENALTIES	FOR DATE OF SERVICE 12/21/11	23.48
08/30/17	INTEREST	FOR DATE OF SERVICE 12/21/11	102.36
03/31/15	PENALTIES	FOR DATE OF SERVICE 02/21/12	23.48
08/30/17	INTEREST	FOR DATE OF SERVICE 02/21/12	99.75
03/31/15	PENALTIES	FOR DATE OF SERVICE 02/20/12	27.00
08/30/17	INTEREST	FOR DATE OF SERVICE 02/20/12	114.62
03/31/15	PENALTIES	FOR DATE OF SERVICE 04/11/12	27.00
08/30/17	INTEREST	FOR DATE OF SERVICE 04/11/12	110.65
03/31/15	PENALTIES	FOR DATE OF SERVICE 06/06/12	27.00
08/16/17	INTEREST	FOR DATE OF SERVICE 06/06/12	107.47
03/31/15	PENALTIES	FOR DATE OF SERVICE 09/16/13	23.48
08/30/17	INTEREST	FOR DATE OF SERVICE 09/16/13	70.66
11/20/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
04/07/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/23/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
08/03/16	PMT BY CHECK	DOS 4/7/16-6/23/16* =# 30883009	-313.00
09/08/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL II	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/19/17 44906

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
710764074

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: PATRICIA FRIEDERANG
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs MEDI-PEDIC BEDDING CO.
Date Of Injury: 5/10/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/06/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/02/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO CORTEZ # 100533	0.00
05/24/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI (ADDENDUM)	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566 DOI: BOTH	0.00
06/05/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI (ADDENDUM)	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721 DOI: BOTH	0.00
06/14/17	PMT BY CHECK	DOS 9/8/16-5/2/17* =# 32077713	-656.50
07/06/17	PMT BY CHECK	DOS 5/24/17-6/5/17* =# 32143245	-500.00
07/11/17	PENALTIES	FOR DATE OF SERVICE 04/07/16	23.48
08/03/16	INTEREST	FOR DATE OF SERVICE 04/07/16	6.41
07/11/17	PENALTIES	FOR DATE OF SERVICE 09/08/16	37.50
06/14/17	INTEREST	FOR DATE OF SERVICE 09/08/16	21.98
07/11/17	PENALTIES	FOR DATE OF SERVICE 02/06/17	23.48
06/14/17	INTEREST	FOR DATE OF SERVICE 02/06/17	7.15
08/16/17	PMT BY CHECK	DOS 12/16/11-12/22/11* =# 32270931 CHARTIS	-665.00
08/30/17	INTEREST	FOR DATE OF SERVICE 06/06/12	54.13
08/30/17	COSTS & SANC	COSTS & SANC	499.92
09/12/17	PMT BY CHECK	DOS 5/13/11* # 32344757 CHARTIS	-7335.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/19/17 44906

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
710764074

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: PATRICIA FRIEDERANG
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs MEDI-PEDIC BEDDING CO.
Date Of Injury: 5/10/10

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

P4800028000

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201608031609

Electronic Service Requested

MIXED AADC 926
2378 0.5486 MB 0.416

JOYCE ALTMAN INTERPRETERS INC 143
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 30883009
RFP No.: 811232
Check Date: 08/03/2016
Check Amount: 313.00
Insured: MEDIC-PEDIC BEDDING CO

Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

44906 -1

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000005446150	00764074	001	05/10/2010	MED	O	313.00

Total Amount 313.00

Reason for Payment
ORG: 313.00 ACT: 44906 040716-062316

Use File # 710/00764074 on all correspondence for prompt processing.
For check information call: 877-802-5246

[redacted]

1 OF 2 F ENV 2378

P4000028000

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201706140136

Electronic Service Requested

ALL FOR AADC 926
8642 0.9028 AB 0.400

JOYCE ALTMAN INTERPRETERS INC 73
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 8642 1 OF 4 F

Check No.: 32077713
RFP No.: 336699
Check Date: 06/14/2017
Check Amount: 656.50
Insured: MEDIC-PEDIC BEDDING CO

Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID
JUN 19 2017
BY .....

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000005446150	00764074	001	05/10/2010	MED	O	656.50

Total Amount 656.50

Reason for Payment
ORG: 969.50 ACT: 44906 040716-050217

Use File # 710/00764074 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028000

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201707061611

Electronic Service Requested

MIXED AADC 926
1487 0.5486 MB 0.420

JOYCE ALTMAN INTERPRETERS INC 136
PO BOX 4165
TUSTIN, CA 92781-4165

1 OF 2 F
ENV 1487

Check No.: 32143245
RFP No.: 358769
Check Date: 07/06/2017
Check Amount: 500.00
Insured: MEDIC-PEDIC BEDDING CO

Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000005446150	00764074	001	05/10/2010	MED	O	500.00

Total Amount 500.00

Reason for Payment <1
ORG: 1469.50 ACT: 44906 040716-060517

71963
Use File # 710/00764074 on all correspondence for prompt processing.
For check information call: 877-802-5246

FAXED
JUL 10 2017
BY: .....

[redacted]

P400002800

20170816393O

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

Electronic Service Requested

MIXED AADC 926
2433 2.2081 MB 0.420
JOYCE ALTMAN INTERPRETERS INC 61
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 32270931
RFP No.: 402598
Check Date: 08/16/2017
Check Amount: 665.00
Insured: MEDIC-PEDIC BEDDING CO

Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

AUG 2 1 2017

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000005446150	00764074	001	05/10/2010	MED	O	665.00
					Total Amount	665.00

Reason for Payment
ORG: 4007.50 ACT: 44906 050511-091613

Use File # 710/00764074 on all correspondence for prompt processing.
For check information call: 877-802-5246

[redacted]

ENV 2433 8 OF 11 F

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

Electronic Service Requested

MIXED AADC 926
6368 1.7220 MB 0.420
JOYCE ALTMAN INTERPRETERS INC 137
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 6368 7 OF 8 F

Check No.: 32344757
RFP No.: 426422
Check Date: 09/12/2017
Check Amount: 7,335.00
Insured: MEDIC-PEDIC BEDDING CO

Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

SEP 18 2017

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000005446150	00764074	001	05/10/2010	MED	O	7,335.00
					Total Amount	7,335.00

Reason for Payment
ORG: 7335.00 ACT: 710764074 051311-051311

Use File # 710/00764074 on all correspondence for prompt processing.
For check information call: 877-802-5246

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

GRANITE STATE INSURANCE COMPANY 50-937/213

Claim No.: 00764074 Policy No.: 000005446150
Reason for Payment: ORG: 7335.00 ACT: 710764074 051311-051311

***********Seven Thousand Three Hundred Thirty Five Dollars*****

CHECK No. 32344757
RFP No. 00426422
DATE 09/12/2017

AMOUNT PAID
*********$7,335.00**

Void after 90 Days

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

JPMORGAN CHASE BANK, N.A
SYRACUSE, NY 13206

AUTHORIZED SIGNATURE

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

⑈32344757⑈ ⑆021309379⑆ 7864205390⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/05/17 63151

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
710920913

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: JENNIFER TORRES
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs TITAN PERSONNEL INC.
Date Of Injury: 5/23/14; 5/7/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/24/14	INITIAL EXAM	DR JOHNSON /TRUJILLO @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/29/14	PR2/REEVAL	DR JOHNSON/ TRUJILLO P.A. @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/11/14	INITIAL EXAM	DR HA & INITIAL PHYSICAL THERAPY @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/13/14	PT PR-2	PHYSICAL THERAPY W/DR HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/26/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ SIDHU - INITIAL*	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/08/14	PT PR-2	PHYSICAL THERAPY W/DR HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/10/14	PT PR-2	PHYSICAL THERAPY W/DR HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/22/14	F/U CHIRO TX	CHIRO TREATMENT @ SIDHU W/DR HA*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/23/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR SADEGHI @ SIDHU*	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267 (FINAL)	0.00
02/07/15	PMT BY CHECK	DOS 9/22/14* =# 27877777	-90.00
10/30/14	PR2/REEVAL	DR JOHNSON/ MIRZABEIGI @ SIDHU CHIRO*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/05/17 63151

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
710920913

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: JENNIFER TORRES
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs TITAN PERSONNEL INC.
Date Of Injury: 5/23/14; 5/7/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/10/14	FOLLOW-UP	W/ ACUPUNCT BERTOLINO & F/U PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/12/14	FOLLOW-UP	W/ ACUPUNCT BERTOLINO & F/U PHSY TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/04/15	PMT BY CHECK	DOS 6/24/14-9/8/14* =# 28054913	-970.00
03/07/15	PMT BY CHECK	DOS 10/23/14* =# 28081813	-150.00
11/19/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/26/14	PR2/REEVAL	DR HA @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
11/20/14	PR2/REEVAL	DR JOHNSON/D. FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/17/14	PR2/REEVAL	DR JOHNSON/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/20/15	PR2/REEVAL	DR JOHNSON @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	PATY PAREDES-NAVA # 101026	0.00
02/17/15	PR2/REEVAL	DR JOHNSON/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/26/15	PR2-RE/EVAL	W/ACUPUNCT M. CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/29/15	FOLLOW-UP	W/ ACUPUNCT M. CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
07/29/15	PMT BY CHECK	DOS 06/24/14-11/26/14* # 28938804	-270.00
05/20/16	PMT BY CHECK	DOS 10/8/15-10/8/15* # 30499265	-156.50
12/01/16	LIEN FIL FEE	LIEN FILING FEE	150.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/05/17 63151

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
710920913

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: JENNIFER TORRES
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs TITAN PERSONNEL INC.
Date Of Injury: 5/23/14; 5/7/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/22/17	PENALTIES	FOR DATE OF SERVICE 06/24/14	34.50
08/22/17	INTEREST	FOR DATE OF SERVICE 06/24/14	7.39
08/22/17	PENALTIES	FOR DATE OF SERVICE 08/11/14	34.50
08/22/17	INTEREST	FOR DATE OF SERVICE 08/11/14	7.39
08/26/17	PMT BY CHECK	DOS 8/22/17* # 32303174	-1877.28

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

P400002B000

AMERICAN INTERNATIONAL GROUP - (LMS)
P.O. Box 9918
Amarillo, TX 79105-5918

20150209160G

Electronic Service Requested

MIXED AADC 926
3989 1.0926 MB 0.432

JOYCE ALTMAN INTERPRETERS INC 168
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 3989 1 OF 5 F

Check No.: 27877777
RFP No.: 570460
Check Date: 02/07/2015
Check Amount: 90.00
Insured: TITAN PERSONNEL INC.

Claimant:

Claim Office: 710
Insuring Company: COMMERCE AND INDUSTRY INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS

63151

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000004322001	00920913	01	05/23/2014	MED	O	90.00
					Total Amount	90.00

Reason for Payment
ORG: 1150.00 ACT: N/A 062414-092214

Use File # 710/00920913 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID [illegible]

P4000028000

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201503044006

Electronic Service Requested

SINGLE PIECE

62 2.0736 SP 0.900

JOYCE ALTMAN INTERPRETERS INC 1
PO BOX 4165
TUSTIN, CA 92781-4165

1 OF 10 F

ENV 62

Check No.: 28054913
RFP No.: 649593
Check Date: 03/04/2015
Check Amount: 970.00
Insured: TITAN PERSONNEL INC.

Claimant:

Claim Office: 710
Insuring Company: COMMERCE AND INDUSTRY INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID MAR 10 2015

63151

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000004322001	00920913	01	05/23/2014	MED	O	970.00
					Total Amount	970.00

Reason for Payment
ORG: 970.00 ACT: N/A 062414-090814

Use File # 710/00920913 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028000

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201503091612

Electronic Service Requested

MIXED AADC 926
3190 0.7389 MB 0.432

JOYCE ALTMAN INTERPRETERS INC 155
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 3190 1 OF 3 F

Check No.: 28081813
RFP No.: 660074
Check Date: 03/07/2015
Check Amount: 150.00
Insured: TITAN PERSONNEL INC.

Claimant:

Claim Office: 710
Insuring Company: COMMERCE AND INDUSTRY INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID MAR 11 2015

63151

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000004322001	00920913	01	05/23/2014	MED	O	150.00
				Total Amount		150.00

Reason for Payment
ORG: 1300.00 ACT: N/A 062414-102314

Use File # 710/00920913 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028000

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201507291608

43151

Electronic Service Requested

MIXED AADC 926
2032 1.0926 MB 0.436

JOYCE ALTMAN INTERPRETERS INC 136
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 2032 1 OF 5 F

Check No.: 28938804
RFP No.: 014584
Check Date: 07/29/2015
Check Amount: 270.00
Insured: TITAN PERSONNEL INC.

Claimant:

Claim Office: 710
Insuring Company: COMMERCE AND INDUSTRY INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID
AUG

BY: .....

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000004322001	00920913	001	05/23/2014	MED	O	270.00

Total Amount 270.00

Reason for Payment
ORG: 2380.00 ACT: NONE 062414-112614

Use File # 710/00920913 on all correspondence for prompt processing.
For check information call: 877-802-5246

[redacted]

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

Electronic Service Requested

MIXED AADC 926
1650 1.0926 MB 0.416

JOYCE ALTMAN INTERPRETERS INC 125
PO BOX 4165
TUSTIN, CA 92781-4165

5 OF 5 F
ENV 1650

Check No.: 30499265
RFP No.: 648650
Check Date: 05/20/2016
Check Amount: 156.50
Insured: TITAN PERSONNEL INC.

Claimant:

PAID
MAY 23 2016

BY: .....

Claim Office: 710
Insuring Company: COMMERCE AND INDUSTRY INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000004322001	00920913	001	05/23/2014	MED	O	156.50
					Total Amount	156.50

Reason for Payment
100815-100815

63151

Use File # 710/00920913 on all correspondence for prompt processing.
For check information call: 877-802-5246

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

63151

Electronic Service Requested

MIXED ADC 926
1506 5.2771 MB 1.797
JOYCE ALTMAN INTERPRETERS INC 85
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 1506 7 OF 28 F

Check No.: 32303174
RFP No.: 412235
Check Date: 08/26/2017
Check Amount: 1,877.28
Insured: TITAN PERSONNEL INC.

Claimant:

Claim Office: 710
Insuring Company: COMMERCE AND INDUSTRY INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000004322001	00920913	001	05/23/2014	MED	O	1,877.28
					Total Amount	1,877.28

Reason for Payment
FULL AND FINAL

F. F. OK
KDJ

Use File # 710/00920913 on all correspondence for prompt processing.
For check information call: 877-802-5246

SEP 05 2017

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

COMMERCE AND INDUSTRY INSURANCE CO. 50-937/213

Claim No: 00920913 Policy No.: 000004322001
Reason for Payment FULL AND FINAL

***********One Thousand Eight Hundred Seventy Seven & 28/100 Dollars*****

CHECK No.	32303174
RFP No.	00412235
DATE	08/26/2017
AMOUNT PAID	
	*******$1,877.28

Void after 90 Days

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

JPMORGAN CHASE BANK, N.A.
SYRACUSE, NY 13206

AUTHORIZED SIGNATURE

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

⑈32303174⑈ ⑆021309379⑆ 7864205391⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/14/17 66412

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
710943551

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: LIEN UNIT
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs MORLEY BUILDERS
Date Of Injury: 1/30/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/25/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	ROSA MARIA ARROYO # 300714	0.00
07/20/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/31/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/02/15	LEGAL_WCAB	PRIORITY CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/18/15	PMT BY CHECK	DOS 11/2/15* =# 29720521	-90.00
04/26/17	PENALTIES	FOR DATE OF SERVICE 6/25/15	23.48
05/18/17	INTEREST	FOR DATE OF SERVICE 6/25/15	34.07
04/26/17	PENALTIES	FOR DATE OF SERVICE 7/20/15	23.48
05/18/17	INTEREST	FOR DATE OF SERVICE 7/20/15	33.09
04/26/17	PENALTIES	FOR DATE OF SERVICE 7/31/15	37.50
05/18/17	INTEREST	FOR DATE OF SERVICE 7/31/15	52.38
04/26/17	PENALTIES	FOR DATE OF SERVICE 11/2/15	9.98
05/18/17	INTEREST	FOR DATE OF SERVICE 11/2/15	23.32
05/18/17	PMT BY CHECK	DOS 6/25/15-11/2/15* # 31997736	-493.00
06/26/17	INTEREST	FOR DATE OF SERVICE 6/25/15	15.30
06/26/17	INTEREST	FOR DATE OF SERVICE 7/31/15	35.49
06/26/17	COSTS & SANC	COSTS & SANC	1275.41
07/08/17	PMT BY CHECK	DOS 6/25/15-11/02/15* # 32155409	-1700.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/14/17	66412

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
710943551

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: LIEN UNIT
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs MORLEY BUILDERS
Date Of Injury: 1/30/14

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

P400002R000

201512181610

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

Electronic Service Requested

MIXED AADC 926
1454 1.0926 MB 0.436
JOYCE ALTMAN INTERPRETERS INC 131
PO BOX 4165
TUSTIN, CA 92781-4165

3 OF 5 F

ENV 1454

Check No.: 29720521
RFP No.: 329573
Check Date: 12/18/2015
Check Amount: 90.00
Insured: MORLEY BUILDERS, INC.

Claimant:

Claim Office: 710
Insuring Company: NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH
Payee Name: JOYCE ALTMAN INTERPRETERS

PAID DEC 21 2015

66412

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000048250441	00943551	001	01/30/2014	MED	O	90.00
					Total Amount	90.00

Reason for Payment
ORG: 156.50 ACT: NA 110215-110215

Use File # 710/00943551 on all correspondence for prompt processing.
For check information call: 877-802-5246

P400002B001

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201705181609

Electronic Service Requested

ENV 4047 1 OF 1

MIXED AADC 926
4047 0.3820 MB 0.420

JOYCE ALTMAN INTERPRETERS INC 167
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 31997736
RFP No.: 304671
Check Date: 05/18/2017
Check Amount: 493.00
Insured: MORLEY BUILDERS, INC.

Claimant:

Claim Office: 710
Insuring Company: NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH
Payee Name: JOYCE ALTMAN INTERPRETERS INC

MAY 24 2017

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000048250441	00943551	001	01/30/2014	MED	C	493.00
					Total Amount	493.00

Reason for Payment
062515-110215 R

Use File # 710/00943551 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028001

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201707100177

Electronic Service Requested

ALL FOR AADC 926
6846 0.7130 AB 0.400

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

69

1 OF 3 F

ENV 6846

Check No.: 32155409
RFP No.: 362993
Check Date: 07/08/2017
Check Amount: 1,700.00
Insured: MORLEY BUILDERS, INC.

Claimant: -

Claim Office: 710
Insuring Company: NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH
Payee Name: JOYCE ALTMAN INTERPRETERS INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000048250441	00943551	001	01/30/2014	MED	C	1,700.00
				Total Amount		1,700.00

Reason for Payment
062515-110215 A

Use File # 710/00943551 on all correspondence for prompt processing.
For check information call: 877-802-5246

MP

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/30/17 63969

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
710919928

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: LIEN UNIT
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs LIQUID VITAMINS INC
Date Of Injury: 9/19/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/15/14	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUMZAN # 100585	0.00
10/20/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/25/15	PMT BY CHECK	DOS 10/20/15* # 29598106	-156.50
06/07/16	LEGAL_PREP	DEPO PREP @ L/O MULLEN & FILIPPI VOL II	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
06/14/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL I	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
07/19/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL. II	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/12/16	PMT BY CHECK	DOS 6/7/16* # 30927645	-156.50
08/12/16	PMT BY CHECK	DOS 6/14/16* # 30927646	-165.00
12/28/16	PMT BY CHECK	DOS 10/15/14* # 31501486	-156.50
12/28/16	PMT BY CHECK	DOS 7/19/16* # 31501487	-156.50
02/01/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
04/26/17	PENALTIES	FOR DATE OF SERVICE 10/15/14	23.48
12/28/16	INTEREST	FOR DATE OF SERVICE 10/15/14	40.68
04/26/17	PENALTIES	FOR DATE OF SERVICE 6/14/16	12.75
05/09/17	INTEREST	FOR DATE OF SERVICE 6/14/16	9.08
04/26/17	PENALTIES	FOR DATE OF SERVICE 7/19/16	37.50
04/26/17	INTEREST	FOR DATE OF SERVICE 7/19/16	12.76
05/09/17	INTEREST	FOR DATE OF SERVICE 7/19/16	8.66
04/26/17	PENALTIES	FOR DATE OF SERVICE 2/1/17	37.50
05/09/17	INTEREST	FOR DATE OF SERVICE 2/1/17	8.59
05/09/17	PMT BY CHECK	DOS 6/14/16-2/1/17* # 31965461	-428.50

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/30/17 63969

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
710919928

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: LIEN UNIT
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs LIQUID VITAMINS INC
Date Of Injury: 9/19/12

DOS	SERVICE	DESCRIPTION	AMOUNT
06/14/17	COSTS & SANC	COSTS & SANC	909.00
06/23/17	PMT BY CHECK	DOS 10/15/14-2/9/17* # 32108246	-1100.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

P4000028000

201511254006

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

Electronic Service Requested

SINGLE PIECE

68 1.5596 SP 0.705

JOYCE ALTMAN INTERPRETERS INC 1
PO BOX 4165
TUSTIN, CA 92781-4165

3 OF 7 F

ENV 68

Check No.: 29598106
RFP No.: 283022
Check Date: 11/25/2015
Check Amount: 156.50
Insured: LIQUID VITAMINS, INC.

Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID NOV 30 2015

63969

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000006575133	00919928	001	09/19/2012	MED	O	156.50
					Total Amount	156.50

Reason for Payment
ORG: 156.50 ACT: N/A 102015-102015

Use File # 710/00919928 on all correspondence for prompt processing.
For check information call: 877-802-5246

P40X0028001

20160812161

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

Electronic Service Requested

3 OF 4 F

ENV 1037

MIXED AADC 926
1037 0.9291 MB 0.416

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

115

Check No.: 30927645
RFP No.: 826939
Check Date: 08/12/2016
Check Amount: 156.50
Insured: LIQUID VITAMINS, INC.

Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

63969-1

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000006575133	00919928	001	09/19/2012	MED	O	156.50
					Total Amount	156.50

Reason for Payment
060716-060716 D

Use File # 710/00919928 on all correspondence for prompt processing.
For check information call: 877-802-5246

P-000028001

20160812161

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

Electronic Service Requested

MIXED AADC 926
1037 0.9291 MB 0.416

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

115

4 OF 4 F

ENV 1037

Check No.: 30927646
RFP No.: 826959
Check Date: 08/12/2016
Check Amount: 165.00
Insured: LIQUID VITAMINS, INC.

Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

63969-1

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000006575133	00919928	001	09/19/2012	MED	O	165.00
					Total Amount	165.00

Reason for Payment
061416-061416 L

Use File # 710/00919928 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028001

20161228161613

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

Electronic Service Requested

MIXED AADC 926
909 0.9291 MB 0.416

JOYCE ALTMAN INTERPRETERS INC 109
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 909 3 OF 4 F

Check No.: 31501486
RFP No.: 059628
Check Date: 12/28/2016
Check Amount: 156.50
Insured: LIQUID VITAMINS, INC.

Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID
JAN 0 3 2017
BY: .....

63969-1

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000006575133	00919928	001	09/19/2012	MED	O	156.50
					Total Amount	156.50

Reason for Payment
101514-101514

Use File # 710/00919928 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028001

20161228161 3

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

Electronic Service Requested

MIXED AADC 926
909 0.9291 MB 0.416

JOYCE ALTMAN INTERPRETERS INC 109
PO BOX 4165
TUSTIN, CA 92781-4165

4 OF 4 F

ENV 909

Check No.: 31501487
RFP No.: 059657
Check Date: 12/28/2016
Check Amount: 156.50
Insured: LIQUID VITAMINS, INC.

Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID
JAN 0 3 2017

BY: .....

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000006575133	00919928	001	09/19/2012	MED	O	156.50

Total Amount 156.50

Reason for Payment
071916-071916

Use File # 710/00919928 on all correspondence for prompt processing.
For check information call: 877-802-5246

[redacted]

P4000028001

20170509150

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

Electronic Service Requested

MAY 15 2017

3 OF 3 F

ENV 9372

ALL FOR AADC 926
9372 0.7389 AB 0.400

JOYCE ALTMAN INTERPRETERS INC 116
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 31965461
RFP No.: 294551
Check Date: 05/09/2017
Check Amount: 428.50
Insured: LIQUID VITAMINS, INC.

Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000006575133	00919928	001	09/19/2012	EXP	C	428.50
					Total Amount	428.50

Reason for Payment
061416-020117

Use File # 710/00919928 on all correspondence for prompt processing.
For check information call: 877-802-5246

[redacted]

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

20170623O112

Electronic Service Requested

ALL FOR AADC 926
12578 0.5738 AB 0.400

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

125

FNV 12578 1 OF 2

Check No.: 32108246
RFP No.: 347516
Check Date: 06/23/2017
Check Amount: 1,100.00
Insured: LIQUID VITAMINS, INC.

Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000006575133	00919928	001	09/19/2012	EXP	C	1,100.00
					Total Amount	1,100.00

Reason for Payment
101514-020917 P

PAID
JUN 30 2017
BY.....

Use File # 710/00919928 on all correspondence for prompt processing.
For check information call: 877-802-5246

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/08/18	66344

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
710951997

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: LUCAS LI
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: [redacted] vs PREMIER PERSONNEL RESOURCE
Date Of Injury: 2/4/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/16/15	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
07/01/15	INITIAL EXAM	DR BHARATWAL @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/28/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/05/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/08/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/09/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
10/13/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
10/14/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/11/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/18/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE* (TRANSFER OF CARE)	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/09/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/22/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/15/16	INITIAL EXAM	PSYCH EVAL W/DR P. SALKELD @ ACS*	230.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
01/26/16	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 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/08/18 66344

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
710951997

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: LUCAS LI
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs PREMIER PERSONNEL RESOURCE
Date Of Injury: 2/4/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/16	PR2/REEVAL	DR RAMESHNI @ ENHANCED PRECISION CARE* EPC	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/24/16	PR2/REEVAL	DR BHARATWAL @ ENHANCED PRECISION CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/04/16	INITIAL EXAM	DR A. MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/23/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	TANIA CRAWFORD # 101330	0.00
03/29/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/01/16	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500358	0.00
04/27/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/03/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/01/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/03/16	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA PINEDA # 301721	0.00
06/07/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/05/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
08/18/17	LIEN FIL FEE	LIEN FILING FEE	150.00
12/27/17	PENALTIES	FOR DATE OF SERVICE 06/16/15	34.50
12/27/17	INTEREST	FOR DATE OF SERVICE 06/16/15	62.25
12/27/17	PENALTIES	FOR DATE OF SERVICE 07/01/15	34.50
12/27/17	INTEREST	FOR DATE OF SERVICE 07/01/15	62.25

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/08/18	66344

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
710951997

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: LUCAS LI
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs PREMIER PERSONNEL RESOURCE
Date of Injury: 2/4/15

DOS	SERVICE	DESCRIPTION	AMOUNT
12/27/17	PENALTIES	FOR DATE OF SERVICE 07/28/15	27.00
12/27/17	INTEREST	FOR DATE OF SERVICE 07/28/15	48.72
12/27/17	PENALTIES	FOR DATE OF SERVICE 08/05/15	27.00
12/27/17	INTEREST	FOR DATE OF SERVICE 08/05/15	48.27
12/27/17	PENALTIES	FOR DATE OF SERVICE 09/08/15	27.00
12/27/17	INTEREST	FOR DATE OF SERVICE 09/08/15	48.04
12/27/17	PENALTIES	FOR DATE OF SERVICE 09/09/15	27.00
12/27/17	INTEREST	FOR DATE OF SERVICE 09/09/15	47.87
12/27/17	PENALTIES	FOR DATE OF SERVICE 10/13/15	27.00
12/27/17	INTEREST	FOR DATE OF SERVICE 10/13/15	46.11
12/27/17	PENALTIES	FOR DATE OF SERVICE 10/14/15	27.00
12/27/17	INTEREST	FOR DATE OF SERVICE 10/14/15	45.88
12/27/17	PENALTIES	FOR DATE OF SERVICE 11/11/15	27.00
12/27/17	INTEREST	FOR DATE OF SERVICE 11/11/15	44.07
12/27/17	PENALTIES	FOR DATE OF SERVICE 11/18/15	27.00
12/27/17	INTEREST	FOR DATE OF SERVICE 11/18/15	43.95
12/27/17	PENALTIES	FOR DATE OF SERVICE 12/09/15	27.00
12/27/17	INTEREST	FOR DATE OF SERVICE 12/09/15	43.16
12/17/17	PENALTIES	FOR DATE OF SERVICE 12/22/15	27.00
12/27/17	INTEREST	FOR DATE OF SERVICE 12/22/15	42.02
12/27/17	PENALTIES	FOR DATE OF SERVICE 01/15/16	34.50
12/27/17	INTEREST	FOR DATE OF SERVICE 01/15/16	51.74
12/27/17	PENALTIES	FOR DATE OF SERVICE 01/26/16	27.00
12/27/17	INTEREST	FOR DATE OF SERVICE 01/26/16	39.98
12/27/17	PENALTIES	FOR DATE OF SERVICE 02/23/16	27.00
12/27/17	INTEREST	FOR DATE OF SERVICE 02/23/16	38.39
12/27/17	PENALTIES	FOR DATE OF SERVICE 02/24/16	27.00
12/27/17	INTEREST	FOR DATE OF SERVICE 02/24/16	38.39
12/27/17	PENALTIES	FOR DATE OF SERVICE 03/04/16	34.50
12/27/17	INTEREST	FOR DATE OF SERVICE 03/04/16	48.26
12/27/17	PENALTIES	FOR DATE OF SERVICE 03/23/16	27.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/08/18 66344

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
710951997

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: LUCAS LI
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs PREMIER PERSONNEL RESOURCE
Date Of Injury: 2/4/15

DOS	SERVICE	DESCRIPTION	AMOUNT
12/27/17	INTEREST	FOR DATE OF SERVICE 03/23/16	36.47
12/27/17	PENALTIES	FOR DATE OF SERVICE 03/29/16	27.00
12/27/17	INTEREST	FOR DATE OF SERVICE 03/29/16	36.13
12/27/17	PENALTIES	FOR DATE OF SERVICE 04/01/16	27.00
12/27/17	INTEREST	FOR DATE OF SERVICE 04/01/16	35.96
12/17/17	PENALTIES	FOR DATE OF SERVICE 04/27/16	27.00
12/27/17	INTEREST	FOR DATE OF SERVICE 04/27/16	34.20
12/27/17	PENALTIES	FOR DATE OF SERVICE 05/03/16	27.00
12/27/17	INTEREST	FOR DATE OF SERVICE 05/03/16	33.63
12/27/17	PENALTIES	FOR DATE OF SERVICE 06/01/16	27.00
12/27/17	INTEREST	FOR DATE OF SERVICE 06/01/16	33.63
12/27/17	PENALTIES	FOR DATE OF SERVICE 06/03/16	27.00
12/27/17	INTEREST	FOR DATE OF SERVICE 06/03/16	32.16
12/27/17	PENALTIES	FOR DATE OF SERVICE 06/07/16	27.00
12/27/17	INTEREST	FOR DATE OF SERVICE 06/07/16	32.04
12/27/17	PENALTIES	FOR DATE OF SERVICE 07/05/16	27.00
12/27/17	INTEREST	FOR DATE OF SERVICE 07/05/16	30.57
01/03/18	PMT BY CHECK	DOS 12/28/17* # 32643533	-6000.00
01/08/18	BLCE OFF SET	BALANCE OFF SET	-866.14

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201801031608

Electronic Service Requested

MIXED AADC 926
3185 0.3820 MB 0.420

JOYCE ALTMAN INTERPRETERS INC 164
PO BOX 4165
TUSTIN, CA 92781-4165

1 OF 1

ENV 3185

Check No.: 32643533
RFP No.: 512553
Check Date: 01/03/2018
Check Amount: 6,000.00
Insured: PREMIER STAFFING MANAGEMENT IN
Claimant:

Claim Office: 710
Insuring Company: COMMERCE AND INDUSTRY INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS INC

JAN 08 2018

66344

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000004321738	00951997	001	02/04/2015	MED	C	6,000.00

Total Amount 6,000.00

Reason for Payment
122817-122817

F.F.
CA ok

Use File # 710/00951997 on all correspondence for prompt processing.
For check information call: 877-802-5246

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

COMMERCE AND INDUSTRY INSURANCE CO.

50-937/213

Claim No: 00951997 Policy No.: 000004321738
Reason for Payment 122817-122817

*********Six Thousand Dollars***

CHECK No.	32643533
RFP No.	00512553
DATE	01/03/2018
AMOUNT PAID	
*******	6,000.00

Void after 90 Days

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

JPMORGAN CHASE BANK, N.A.
SYRACUSE, NY 13206

AUTHORIZED SIGNATURE

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

⑈32643533⑈ ⑆021309379⑆ 7864205394⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/15/17 68582

FAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
710881552

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: NICOLE ARMIJO
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs CAITAC GARMENT PROCESSING
Date Of Injury: CT 5/21/13 - 12/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/16/16	INITIAL EXAM	DR BUU @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/22/16	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR RODRIGUEZ @ AMERI*	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/08/16	F/U CHIRO TX	CHIRO TREATMENT W/DR BUU @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/22/16	INITIAL ACUP	W/ ACUPUNCT ALEX LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/24/16	PR2/REEVAL	DR BUU @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/12/16	F/U CHIRO TX	CHIRO TREATMENT W/DR BUU @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/05/17	PENALTIES	FOR DATE OF SERVICE 2/16/16	34.50
07/13/17	INTEREST	FOR DATE OF SERVICE 2/16/16	33.91
06/05/17	PENALTIES	FOR DATE OF SERVICE 2/22/16	22.50
06/05/17	INTEREST	FOR DATE OF SERVICE 2/22/16	20.32
06/05/17	PENALTIES	FOR DATE OF SERVICE 3/8/16	13.50
06/05/17	INTEREST	FOR DATE OF SERVICE 3/8/16	12.19
06/05/17	PENALTIES	FOR DATE OF SERVICE 3/22/16	34.50
06/05/17	INTEREST	FOR DATE OF SERVICE 3/22/16	31.16
06/05/17	PENALTIES	FOR DATE OF SERVICE 3/24/16	27.00
06/05/17	INTEREST	FOR DATE OF SERVICE 3/24/16	24.39
06/05/17	PENALTIES	FOR DATE OF SERVICE 4/12/16	13.50
06/05/17	INTEREST	FOR DATE OF SERVICE 4/12/16	11.77
06/08/17	LIEN FIL FEE	LIEN FILING FEE	150.00
08/09/17	PMT BY CHECK	DOS 2/16/16-4/12/16* =# 32250783	-1100.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/15/17	68582

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
710881552

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: NICOLE ARMIJO
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs CAITAC GARMENT PROCESSING
Date Of Injury: CT 5/21/13 - 12/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/15/17	BLCE OFF SET	BALANCE OFF SET	-299.24

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

P4000028000

20170809013

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

Electronic Service Requested

ALL FOR AADC 926
6114 0.9028 AB 0.400
JOYCE ALTMAN INTERPRETERS INC 56
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 6114 3 OF 4 F

Check No.: 32250783
RFP No.: 396758
Check Date: 08/09/2017
Check Amount: 1,100.00
Insured: CAITAC GARMENT PROCESSING INC
Claimant:

Claim Office: 710
Insuring Company: NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH
Payee Name: JOYCE ALTMAN INTERPRETERS

68582

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000015684205	00881552	001	05/21/2013	MED	O	1,100.00
					Total Amount	1,100.00

Reason for Payment
ORG: 1399.24 ACT: 710881552 021616-041216

F.F.
ER

Use File # 710/00881552 on all correspondence for prompt processing.
For check information call: 877-802-5246

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/17/17 67845

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
047515023917; 04751502391

BILL TO:
CHUBB GROUP OF INS. CO. (LA)
W. C. DEPARTMENT
ATTN: LINDA RAVENELLE
P.O. BOX 30850
LOS ANGELES, CA 90030

Case: _____ vs SPEC TOOL CO.
Date Of Injury: 1/8/15; 5/14/15

DOS	SERVICE	DESCRIPTION	AMOUNT
11/12/15	LEGAL_PREP	DEPO PREP @ L/O BAGBY,GAJADOS & ZACHARY	156.50
/ /	INTERPRETER:	SANDRA MOTALTO # 100754	0.00
12/08/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/12/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/26/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
03/13/17	PENALTIES	FOR DATE OF SERVICE 11/12/15	23.48
04/05/17	INTEREST	FOR DATE OF SERVICE 11/12/15	24.85
03/13/17	PENALTIES	FOR DATE OF SERVICE 12/8/15	37.50
04/05/17	INTEREST	FOR DATE OF SERVICE 12/8/15	39.70
03/13/17	PENALTIES	FOR DATE OF SERVICE 4/12/16	23.48
04/05/17	INTEREST	FOR DATE OF SERVICE 4/12/16	18.15
03/13/17	PENALTIES	FOR DATE OF SERVICE 9/26/16	23.48
04/05/17	INTEREST	FOR DATE OF SERVICE 9/26/16	9.86
04/05/17	PMT BY CHECK	DOS 3/22/17* # 2595040	-847.50
06/06/17	COSTS & SANC	COSTS & SANC	472.87
07/12/17	PMT BY CHECK	DOS 6/16/17* # 2786190	-545.37

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/17/17	67845

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
047515023917; 04751502391

BILL TO:
CHUBB GROUP OF INS. CO. (LA)
W. C. DEPARTMENT
ATTN: LINDA RAVENELLE
P.O. BOX 30850
LOS ANGELES, CA 90030

Case: vs SPEC TOOL CO.
Date Of Injury: 1/8/15; 5/14/15

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

CHUBB

CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 3rd Floor
Los Angeles, CA 90071-2427

Payment Summary

Claim Ref #: 047515023910
Policy: 000071735482
Occurence: 000006
Date of Loss: 05/14/2015
SSN#/TIN#: XXXXXXXXXX
Payee: JOYCE ALTMAN INTERPRETERS

Page: 1 of 1
Check Number: 2595040
Print Date: 04/06/2017
Issue Date: 04/05/2017

Insured: Spec Tool Company

DATE	CLAIMANT	DESCRIPTION	AMOUNT
		Translator	847.50

APR 10 201

CHECK TOTAL: 847.50

Comments: ORDER TO PAY 5813 (TRANSLATOR), DTD 3/22/17. ES

Claim Representative: LINDA RAVENELLE

Phone: (925)598-6031

[redacted]

CHUBB®

CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 3rd Floor
Los Angeles, CA 90071-2427

Payment Summary

Claim Ref #: 047515023910
Policy: 000071735482
Occurence: 000006
Date of Loss: 05/14/2015
SSN#/TIN#: XXXXXXXXXX
Payee: JOYCE ALTMAN INTERPRETERS

Page: 1 of 1
Check Number: 2786190
Print Date: 07/13/2017
Issue Date: 07/12/2017

Insured: Spec Tool Company

DATE	CLAIMANT	DESCRIPTION	AMOUNT
		Translator	545.37

RECEIVED
JUL 17 2017

MR

CHECK TOTAL: 545.37

Comments: Per Lien Agreement - Full & Final - Edwin Calderas

Claim Representative: Pho

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/16/18 62946

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
040514007536

BILL TO:
CHUBB GROUP OF INS. CO. (LA)
W. C. DEPARTMENT
ATTN: SUSAN PERSON
P.O. BOX 30850
LOS ANGELES, CA 90030

Case: vs LINDA STIREEN
Date Of Injury: 1/1/11 - 12/24/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/28/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
10/16/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/06/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/10/14	DEPO PREP	@ THE L/O OF SCHWARTZ AND CHAUHAN (VOL. II)	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/29/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL. II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/29/15	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/11/15	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/01/17	PMT BY CHECK	DOS 7/28/14-8/111/15* # 2469709	-1282.50
02/17/17	PENALTIES	FOR DATE OF SERVICE 07/28/14	23.48
02/01/17	INTEREST	FOR DATE OF SERVICE 07/28/14	43.69
02/17/17	PENALTIES	FOR DATE OF SERVICE 10/16/14	23.48
02/01/17	INTEREST	FOR DATE OF SERVICE 10/16/14	41.42
02/17/17	PENALTIES	FOR DATE OF SERVICE 11/06/14	37.50
02/01/17	INTEREST	FOR DATE OF SERVICE 11/06/14	65.38
02/17/17	PENALTIES	FOR DATE OF SERVICE 11/10/14	23.48
02/01/17	INTEREST	FOR DATE OF SERVICE 11/10/14	40.78
02/17/17	PENALTIES	FOR DATE OF SERVICE 12/29/14	37.50
02/01/17	INTEREST	FOR DATE OF SERVICE 12/29/14	60.10
02/17/17	PENALTIES	FOR DATE OF SERVICE 06/29/15	23.48
02/01/17	INTEREST	FOR DATE OF SERVICE 06/29/15	29.19
02/17/17	PENALTIES	FOR DATE OF SERVICE 08/11/15	23.48
02/01/17	INTEREST	FOR DATE OF SERVICE 08/11/15	26.87

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/16/18 62946

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
040514007536

BILL TO:
CHUBB GROUP OF INS. CO. (LA)
W. C. DEPARTMENT
ATTN: SUSAN PERSON
P.O. BOX 30850
LOS ANGELES, CA 90030

Case: vs LINDA STIREEN
Date Of Injury: 1/1/11 - 12/24/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/12/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/15/18	PENALTIES	FOR DATE OF SERVICE 06/12/17	23.48
04/30/18	INTEREST	FOR DATE OF SERVICE 06/12/17	15.53
05/15/18	COSTS	ADD'L COSTS AWARDED	1496.35
05/11/18	PMT BY CHECK	DOS 4/30/18* # 3413128	-2191.69

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

CHUBB

CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 3rd Floor
Los Angeles, CA 90071-2427

62946

Payment Summary

Claim Ref #: 040514007536
Policy: 001337299107
Occurence: 000002
Date of Loss: 12/24/2013
SSN#/TIN#: XXXXXXXXXX
Payee: JOYCE ALTMAN INTERPRETERS

Page: 1 of 1
Check Number: 2469709
Print Date: 02/02/2017
Issue Date: 02/01/2017

Insured: Bijan & Linda Broukhim

DATE	CLAIMANT	DESCRIPTION	AMOUNT
07/28/2014-08/15/2015		Translator	1,282.50

FILED
FEB 06 2017
BY: .....

CHECK TOTAL: 1,282.50

Comments: INV # 62946 DOS 7/28/14 - 8/11/15 INV DTD 8/27/15 ES

Claim Representative: ERIC MARSHALL

Phone: (213)612-0880

CHUBB

CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 3rd Floor
Los Angeles, CA 90071-2427

Payment Summary

Claim Ref #: 040514007536
Policy: 001337299107
Occurence: 000002
Date of Loss: 12/24/2013
SSN#/TIN#: XXXXXXXXXX
Payee: JOYCE ALTMAN INTERPRETERS

Page: 1 of 1
Check Number: 3413128
Print Date: 05/11/2018
Issue Date: 05/11/2018

Insured: Bijan & Linda Broukhim

DATE	CLAIMANT	DESCRIPTION	AMOUNT
		Orthopedic	2,191.69

MAY 15 2018

CHECK TOTAL: 2,191.69

Comments: Lien Resolution - Full & Final

Claim Representative: _____ Phone _____

THE ORIGINAL DOCUMENT HAS A WHITE REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW. DO NOT CASH IF NOT PRESENT.

CHUBB

FEDERAL INSURANCE COMPANY
2603 CAMINO RAMON, SUITE 300
SAN RAMON, CA 94583-9136

Claim Ref #: 040514007536

Check Number 3413128
Date 05/11/2018

64-1278
0611

BANK OF AMERICA
ATLANTA, GA

PAY Two Thousand One Hundred Ninety One Dollars And 69/100 ¢

$***2,191.69

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Joyce Altman Interpreters
PO BOX 4165
Tustin, CA 92781-4165

CHUBB
AUTHORIZED SIGNATURE

IN SETTLEMENT OF LIEN OR

⑈003413128⑈ ⑆061112788⑆ 33598⑉69800⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/08/18	60065

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
047513020517

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: PAUL PAN
P.O. BOX 42065
PHOENIX, AZ 85080

Case: vs AMBIANCE APPAREL
Date Of Injury: 3/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/10/13	DEPO PREP	@ THE L/O OF SCHWRTZ & GALE	156.50
/ /	INTERPRETER:	TERESA WILSON # 100535	0.00
11/14/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/30/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
08/12/14	PMT BY CHECK	DOS 10/10/13-6/30/14* # 670831	-313.00
07/11/14	P AND S	-DR RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
03/16/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/05/14	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/07/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/23/16	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/04/16	LIEN FIL FEE	LIEN FILING FEE	150.00
11/16/16	PENALTIES	FOR DATE OF SERVICE 11/14/13	37.50
02/14/17	INTEREST	FOR DATE OF SERVICE 11/14/13	77.11
11/16/16	PENALTIES	FOR DATE OF SERVICE 3/16/15	23.48
02/14/17	INTEREST	FOR DATE OF SERVICE 3/16/15	33.78
11/16/16	PENALTIES	FOR DATE OF SERVICE 7/7/16	23.48
02/14/17	INTEREST	FOR DATE OF SERVICE 7/7/16	11.19
11/16/16	PENALTIES	FOR DATE OF SERVICE 8/23/16	23.48
02/14/17	INTEREST	FOR DATE OF SERVICE 8/23/16	9.32
02/22/17	PENALTIES	FOR DATE OF SERVICE 7/11/14	34.50
02/14/17	INTEREST	FOR DATE OF SERVICE 7/11/14	65.29
02/22/17	PENALTIES	FOR DATE OF SERVICE 12/05/14	27.00
02/14/17	INTEREST	FOR DATE OF SERVICE 12/05/14	37.54
02/14/17	PMT BY CHECK	DOS 2/13/17* # 2492100	-1129.50

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/08/18 60065

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
047513020517

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: PAUL PAN
P.O. BOX 42065
PHOENIX, AZ 85080

Case: vs AMBIANCE APPAREL
Date Of Injury: 3/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/27/18	COSTS	ADD'L COSTS AWARDED	1696.33
03/05/18	PMT BY CHECK	DOS 2/27/18* # 3265182	-2250.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 3rd Floor
Los Angeles, CA 90071-2427

Payment Summary

Claim Ref #: 047513020517
Policy: 000071740829
Occurence: 000002
Date of Loss: 03/01/2013
SSN#/TIN#: XXXXXXXXXX
Payee: JOYCE ALTMAN INTERPRETERS

Page: 1 of 1
Check Number: 670831
Print Date: 08/12/2014
Issue Date: 08/12/2014

Insured: Ambiance Usa, Inc.

DATE	CLAIMANT	DESCRIPTION		AMOUNT
10/10/2013-10/10/2013		Translator	PAID AUG 15 2014	156.50
06/30/2014-06/30/2014		Translator		156.50

CHECK TOTAL: 313.00

Comments: inv# 60065 dos: 10/10/2013 & 06/30/2014 (13)

Claim Representative: PAUL PAN

Phone: (213)612-5478

CHUBB

CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 3rd Floor
Los Angeles, CA 90071-2427

Payment Summary

Claim Ref #: 047513020517
Policy: 000071740829
Occurence: 000002
Date of Loss: 03/01/2013
SSN#/TIN#: XXXXXXXXXX
Payee: JOYCE ALTMAN INTERPRETERS

Page: 1 of 1
Check Number: 2492100
Print Date: 02/14/2017
Issue Date: 02/13/2017

Insured: Ambiance Usa, Inc.

DATE	CLAIMANT	DESCRIPTION	AMOUNT
02/13/2017- 02/13/2017		Translator	1,129.50

PAID
FEB 16 2017

CHECK TOTAL: 1,129.50

Comments: Balance on #60065 per 11/4/16 less filing fee and P&I - Sepulveda, Ricardo

Claim Representative: PAUL PAN

Phone: (213)612-5478

[redacted]

CHUBB®

CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 3rd Floor
Los Angeles, CA 90071-2427

Payment Summary

Claim Ref #: 047513020517
Policy: 000071740829
Occurence: 000002
Date of Loss: 03/01/2013
SSN#/TIN#: XXXXXXXXXX
Payee: JOYCE ALTMAN INTERPRETERS

Page: 1 of 1
Check Number: 3265182
Print Date: 03/06/2018
Issue Date: 03/05/2018

Insured: Ambiance Usa, Inc.

DATE	CLAIMANT	DESCRIPTION	AMOUNT
		Translator	2,250.00

PAID
MAR 08 2018

MR

CHECK TOTAL: 2,250.00

Comments: FULL/ FINAL LIEN SATISFACTION OF STIP & ODR TO PAY LIEN FOR ALL DATES OF SERVICE; STIP/ODR DTD 2/

Claim Representative: PAUL PAN Phone: (213)612-5478

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/02/17 67609

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
14D48G217009

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

Case: STAR FISHERIES/STRATEGIC
Date Of Injury: *5/24/14; 5/14-7/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/24/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
10/19/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/17/15	LEGAL_WCAB	EXP. HEARING @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/18/16	LEGAL_PREP	DEPO PREP @ L/O SION & ASSO. VOL. II	156.50
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
07/12/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/18/17	PMT BY CHECK	DOS 9/24-15-7/12/17* # 144634117	-969.50
09/19/17	PENALTIES	FOR DATE OF SERVICE 9/24/15	23.48
08/18/17	INTEREST	FOR DATE OF SERVICE 9/24/15	34.27
09/19/17	PENALTIES	FOR DATE OF SERVICE 10/19/15	37.50
08/18/17	INTEREST	FOR DATE OF SERVICE 10/19/15	53.96
09/19/17	PENALTIES	FOR DATE OF SERVICE 11/17/15	23.48
08/18/17	INTEREST	FOR DATE OF SERVICE 11/17/15	32.25
09/19/17	PENALTIES	FOR DATE OF SERVICE 8/18/16	23.48
08/18/17	INTEREST	FOR DATE OF SERVICE 8/18/16	18.59
10/11/17	PMT BY CHECK	DOS 9/24/15* # 2089742	-247.01
10/30/17	COSTS	ADD'L COSTS AWARDED	727.99
10/30/17	PMT BY CHECK	DOS 10/30/17* # 144634878	-727.99

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/02/17	67609

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
14D48G217009

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

Case: vs STAR FISHERIES/STRATEGIC
Date Of Injury: *5/24/14; 5/14-7/15

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

CCMSI obo Strategic Outsourcing, Inc. - Captive
2 East Main St., Suite 208
Danville, IL 61832

Bank of America
CHICAGO, IL 60603

2-3/710 IL

Check Number 144634117

MR

Date: 08/18/2017
Batch #: 301487918

Amount

$****969.50

Amount: NINE HUNDRED SIXTY-NINE AND 50 / 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

Rodney J. Golden

⑈0144634117⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
67609	05/24/2014	14D48G217009	969.50	0.00	969.50	67609 DS 9/24/2015- 7/12/2017	TATRIM

AUG 2 1 2017

tch #: 301487918
Check Number 144634117

Check Amount $****969.50

Loc:CA5892 CA WILMINGTON LOC

HR

Strategic Outsourcing, Inc. Captive
2 East Main Street Suite 208
Danville, IL 61832

0000335-0000803 0106 001 655114 CCM

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

CCMSI

The document you are holding is a payment for services provided. The attached check and Explanation of Payment(s) is sent to you by CCMSI on behalf of Strategic Outsourcing, Inc. Captive, who has partnered with VPay® to process their payments. If you have questions regarding VPay®, please contact us at 1-855-893-2656. If you have questions regarding the payment amount or benefit calculation, please contact CCMSI at 1-844-750-0955 or at paymentstatus@ccmsi.com.

CCMSI Transaction ID:	515850807
SE Transaction ID:	262150579
	CCM0001341
Date:	10/11/2017
Amount:	$247.01
Claimant Name:	
Invoice Number:	67609 (-$0.00)
Date of Service:	OS: 09/24/2015 to 09/24/2015 Comment: 67609 DS 09/24/15
Check Number:	✓2089742
Claim Number:	✓14D48G217009

OCT 17 2017

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

[redacted]

CCMSI obo Strategic Outsourcing, Inc. - Captive
2 East Main St., Suite 208
Danville, IL 61832

Bank of America
CHICAGO, IL 60603

2-3/710 IL

Check Number 144634878

Date: 10/30/2017
Batch #: 301626568

Amount

$****727.99

Amount: SEVEN HUNDRED TWENTY-SEVEN AND 99 / 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

⑈0144634878⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
05/24/2014		4D48G217009	727.99	0.00	727.99	Sanction and Cost	

NOV 0 2 2017

h #: 301626568
heck Number 144634878

Check Amount $****727.99

Loc:CA5892 CA WILMINGTON LOC

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/24/18 71309

EAMS#(s):

Ss # :
DOB :
Terms: 60 days
Claim #(s):
51489

BILL TO:
COMPWEST INS. (LASING-MI)
W. C. DEPARTMENT
ATTN: SANDRA SNEED
P.O. BOX 40799
LANSING, MI 48901

Case: . vs MAGNOLIA REHAB & NURSING
Date Of Injury: 2/4/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/17	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
03/24/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
04/04/17	PMT BY CHECK	DOS 2/23/17* # 3081016	-156.56
05/03/17	PMT BY CHECK	DOS 3/24/17* # 3085837	-90.00
06/05/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI (ADDENDUM)	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
04/16/18	PENALTIES	FOR DATE OF SERVICE 03/24/17	24.00
04/16/18	INTEREST	FOR DATE OF SERVICE 03/24/17	18.90
04/16/18	PENALTIES	FOR DATE OF SERVICE 06/05/17	37.55
04/16/18	INTEREST	FOR DATE OF SERVICE 06/05/17	24.18
04/17/18	COSTS	ADD'L COSTS AWARDED	477.43
04/17/18	PMT BY CHECK	DOS 2/23/17-6/5/17* # 100243520	-992.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

DR0814

EXPLANATION OF MEDICAL BENEFITS

817

CompWest Insurance Company
PO Box 40799
Lansing, MI 48901

Check Date: 04/04/2017
Chk #: 3081016
Check Amount: 156.56

000149 R3N1SAA
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

APR 07 2017

Group:	CompWest Insurance Company			PmtID:	3081016
Employer:	Californian Magnolia Convalescent Hospit			Invoice #:	71309
Employer Address:	8133 Magnolia Ave Riverside CA 92504-0000			Bill Recvd:	
Employer ID:	CA005006650-002			Review Date:	
Injured Worker:				Print Date:	2017-04-04
SSN:				Recon Date:	
DOB:					
Dates of Svc:	2017-02-23 - 2017-02-23			License#:	
Pat Acct#:				Payment Status Code:	Issued
Claim#:	0000051489	DOI:	2015-02-04	Bill Frequency Type:	
Prov ID#:					
Diagnosis:				Group / Insurer:	
Comments:				Carrier TIN:	201117107
PPO Name:				CompWest Insurance Company	
PPO ID:				PO Box 40799	
Provider:				Lansing, MI 48901	
Rendering Provider:					
Rendering Provider ID:					
DRG:					

Service	Modifiers	POS	Diag CD	Billed	MRA Reduct	Netwrk Red	Payment

PLEASE DETACH BEFORE DEPOSITING CHECK

DR0814

EXPLANATION OF MEDICAL BENEFITS

677

CompWest Insurance Company
PO Box 40799
Lansing, MI 48901

Check Date: 05/03/2017
Chk #: 3085837
Check Amount: 90.00

000124 R3N1SAA
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

Group:	CompWest Insurance Company		
Employer:	Californian Magnolia Convalescent Hospit	PmtID:	3085837
Employer Address:	8133 Magnolia Ave Riverside CA 92504-0000	Invoice #:	71309
Employer ID:	CA005006650-002	Bill Recvd:	
Injured Worker:		Review Date:	
SSN:	XXX-XX	Print Date:	2017-05-03
DOB:		Recon Date:	
Dates of Svc:	2017-03-24 - 2017-03-24	License#:	
Pat Acct#:		Payment Status Code:	Issued
Claim#:	0000051489 DOI: 2015-02-04	Bill Frequency Type:	
Prov ID#:			
Diagnosis:		Group / Insurer:	
Comments:		Carrier TIN:	201117107
PPO Name:		CompWest Insurance Company PO Box 40799 Lansing, MI 48901	
PPO ID:			
Provider:			
Rendering Provider:			
Rendering Provider ID:			
DRG:			

Service	Modifiers	POS	Diag CD	Billed	MRA Reduct	Netwrk Red	Payment

MAY 09 2017

PLEASE DETACH BEFORE DEPOSITING CHECK

CompWest
Part of the AF Group

PO Box 40790
Lansing, MI 48901-7990
CompWestInsurance.com

CHECK DATE : 04/17/2018
CHECK NUMBER : 100243520

Payable To: **Joyce Altman Interpreters, Inc.**
P.O. Box 4165
Tustin, CA 92781-4165

EMPLOYEE NAME / CLAIM NO.	FROM DATE / COMMENT	THRU DATE	MBR NUMBER	INVOICE NUMBER	AMOUNT
0000051489	02/23/2017 Claim 0000051489	06/05/2017			$992.00
				TOTAL	$992.00

Questions may be directed to us at : 888-266-7937
Check Number : 100243520

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/15/17 64858

FAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
14-17454

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

Case: vs COMMUNITY DEVELOPMENT COMMISS.
Date Or Injury: 8/4/14

DOS	SERVICE	DESCRIPTION	AMOUNT
01/16/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/05/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/16/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/06/15	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/25/16	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/30/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/07/17	PENALTIES	FOR DATE OF SERVICE 1/16/15	23.48
04/14/17	INTEREST	FOR DATE OF SERVICE 1/16/15	36.88
04/07/17	PENALTIES	FOR DATE OF SERVICE 3/5/15	37.50
04/14/17	INTEREST	FOR DATE OF SERVICE 3/5/15	58.92
04/07/17	PENALTIES	FOR DATE OF SERVICE 3/16/15	23.48
04/14/17	INTEREST	FOR DATE OF SERVICE 3/16/15	36.69
04/07/17	PENALTIES	FOR DATE OF SERVICE 7/6/15	23.48
04/14/17	INTEREST	FOR DATE OF SERVICE 7/6/15	32.54
04/07/17	PENALTIES	FOR DATE OF SERVICE 2/25/16	23.48
04/14/17	INTEREST	FOR DATE OF SERVICE 2/25/16	20.86
04/07/17	PENALTIES	FOR DATE OF SERVICE 1/30/17	23.48
05/12/17	INTEREST	FOR DATE OF SERVICE 1/30/17	5.87
04/14/17	PMT BY CHECK	DOS 1/16/15-1/30/17* # 37452	-939.00
07/31/17	INTEREST	FOR DATE OF SERVICE 03/5/15	25.22
05/12/17	PMT BY CHECK	DOS 1/30/17* =# 37550	-156.60
08/15/17	COSTS & SANC	COSTS & SANC	1100.22
08/11/17	PMT BY CHECK	DOS 7/31/17* # 38108	-1409.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/15/17	64858

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
14-17454

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

Case: vs COMMUNITY DEVELOPMENT COMMISS.
Date Of Injury: 8/4/14

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

CORVEL ENTERPRISE COMP, INC.
COMMUNITY DEVELOPMENT COMMISSION
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

bankcode=CDC
16-66
1220

CHECK NUMBER	CHECK DATE
37452	04/14/17

VOID VOID VOID

PAY EXACTLY: *Nine hundred thirty nine and 00/100 Dollars*

*******$939.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

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

BANK OF AMERICA

Richard Schweppe

⑈000003745 2⑈ ⑆122000661⑆ 06004⑈80103⑈

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CORVEL

DETACH HEF

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
0690-WC-15-0500030	08/04/2014		01/16/2015	01/30/2017	objection to $93.50 as unreasonable	*******$939.00

PAID
APR 18 2017
BY.....

CORVEL ENTERPRISE COMP, INC.
COMMUNITY DEVELOPMENT COMMISSION
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= CDC 16-66 / 1220

CHECK NUMBER	CHECK DATE
37550	05/12/17

Claim#: 0690-WC-15-0500030

PAY EXACTLY: *One hundred fifty six and 60/100 Dollars*

*******$156.60

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

BANK OF AMERICA

Richard Schweppe

⑈0000037550⑈ ⑆122000661⑆ 06004⑈80103⑈

MAY 16 2017

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CORVEL
Explanation of Review

Business Unit: Co Dev Com - HM-THE GROWING EXP
700 W Main St
Alhambra, CA 91801

Employer
Patient:

Patient DOB: XXX-XX-

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 6/11392347 - 1
Reprice: CA, 92781
Billed Date: 04/21/2017
Business Rcvd: 04/27/2017
MBR Rcvd: 04/27/2017
MBR Date: 05/09/2017
Date Approved: 05/09/2017
DOS From - To: 01/16/2015 - 04/20/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Arroyo, Chartina
Vendor #:
PIN:

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

Claim #: 0690-WC-15-0500030
Processor Initials: CA
DOI: 08/04/2014
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
01/16/15	T1013 R1 , G56, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$156.50		1	$156.50	$0.00
	Original bill [9027224.6]								
03/05/15	T1013 R1 , G56, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$250.00		1	$250.00	$0.00
	Original bill [9027224.6]								
03/16/15	T1013 R1 , G56, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$156.50		1	$156.50	$0.00
	Original bill [9027224.6]								

VOID VOID VOID

CORVEL ENTERPRISE COMP, INC.
COMMUNITY DEVELOPMENT COMMISSION
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

bankcode=CDC
15-66
1220

CHECK NUMBER	CHECK DATE
38108	08/11/17

******$1,409.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY EXACTLY: *One thousand four hundred nine and 00/100 Dollars*

PAY TO THE ORDER OF

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

Richard Schweppe

BANK OF AMERICA

⑈00000 38108⑈ ⑆122000661⑆ 06004⑈80103⑈

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CORVEL

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
0690-WC-15-0500030	08/04/2014 1		07/31/2017	07/31/2017	Per order ADJ9712345	******$1,409.00

AUG 15 2017

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/30/18 67489

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
BB-15-001919

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: WENDY RODRIGUEZ
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BBSI/MORRELLS ELECTRO PLATING
Date Of Injury: 5/11/15; 4/25/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/21/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/13/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/24/17	PMT BY CHECK	DOS 9/21/15-10/13/15* # 8122259	-313.00
04/24/17	PENALTIES	FOR DATE OF SERVICE 9/21/15	23.48
04/24/17	INTEREST	FOR DATE OF SERVICE 9/21/15	28.55
04/24/17	PENALTIES	FOR DATE OF SERVICE 10/13/15	37.50
05/30/17	INTEREST	FOR DATE OF SERVICE 10/13/15	47.65
05/30/17	PMT BY CHECK	DOS 9/21-15-10/13/15* # 8153994	-93.50
10/03/17	LEGAL_WCAB	TRIAL @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/26/18	PENALTIES	FOR DATE OF SERVICE 10/3/17	23.48
01/26/18	INTEREST	FOR DATE OF SERVICE 10/3/17	6.31
01/26/18	COSTS	ADD'L COSTS AWARDED	396.53
01/26/18	PMT BY CHECK	DOS 1/26/18* # 8367147	-720.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

VOID VOID VOID
VOID VOID VOID

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

CORVEL

bankcode=BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8122259	04/24/17

*******$313.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

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

PAY TO THE ORDER OF

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

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈00081222598⑈ ⑆121000248⑆ 4121 514012⑈

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CORVEL

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
BB-15-001919	05/11/2015		09/21/2015	10/13/2015	Inv# 67489	*******$313.00

PAID
APR 28 2017
BY: .....

VOID VOID VOID

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

CORVEL

bankcode=BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8153994	05/30/17

********$93.50

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY EXACTLY: *Ninety three and 50/100 Dollars*

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

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

"0008153994" :121000248: 4121 514012"

ETACH HERE

CORVEL

DETACH HERE

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
BB-15-001919	05/11/2015		09/21/2015	10/13/2015	Per Order LC 5811 Dtd 4/13/17 ($313 paid	********$93.50

JUN 05 2017

VOID VOID VOID

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

CORVEL

bankcode=BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8367147	01/26/18

PAY EXACTLY: *Seven hundred twenty and 00/100 Dollars*

*******$720.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

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

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008367147⑈ ⑆121000248⑆ 4121 5140 12⑈

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DETACH HERE

CORVEL

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
BB-15-001919	05/11/2015		01/26/2018	01/26/2018	Full and Final 67489	*******$720.00

F. F.
AM

PAID
JAN 30 2018

BY: .....

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/07/18 64938

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
BB-14-004845

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: DIANA ZIMMERMAN
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SERVICES
Date Of Injury: 12/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/27/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/24/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATICIA HAYES # 100761	0.00
06/04/15	PMT BY CHECK	DOS 2/27/15* # 7434103	-156.50
06/04/15	PMT BY CHECK	DOS 3/24/15* # 7434097	-250.00
06/28/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/09/17	PMT BY CHECK	DOS 6/28/16* # 8299099	-156.50
11/17/17	PENALTIES	FOR DATE OF SERVICE 6/28/16	23.48
11/09/17	INTEREST	FOR DATE OF SERVICE 6/28/16	25.20
12/28/17	PMT BY CHECK	DOS 6/28/16* # 8342835	-46.95
04/18/18	COSTS	ADD'L COSTS AWARDED	823.27
05/03/18	PMT BY CHECK	DOS 5/2/18* # 8455529	-825.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

VOID VOID VOID

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

CORVEL

Bank Code: BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
7434103	06/04/15

Claim#: BB-14-004845

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

*******$156.50

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

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

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈0007434103⑈ ⑆121000248⑆ 4121 514012⑈

TACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: BURRTEC VICTORVILLE, ONTARIO-8
17000 Abbey Ln
Victorville, CA 92394

Employer
Patient:

PAID JUN 07 2015

Patient DOB:

LOB: Workers' Compensation
Site/Bill #: 48/2421354 - 1
Reprice: CA, 92781
Billed Date: 04/14/2015
Business Rcvd: 04/24/2015
MBR Rcvd: 04/24/2015
MBR Date: 06/03/2015
Date Approved: 06/03/2015
DOS From - To: 02/27/2015 - 02/27/2015

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 1876
Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 64938
Provider Tax Id: 33-0956713

Claim #: BB-14-004845
Processor Initials: DZ
DOI: 12/01/2014
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
02/27/15	T1013 08	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$156.50		1	$0.00	$156.50
Sub-Totals for Bill: 2421354					**$156.50**			**$0.00**	**$156.50**

Totals for Bill:2421354 **$156.50**

Line Item Reason Codes and Descriptions
08 Los Angeles County Deposition Half day

VOID VOID VOID

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

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
7434097	06/04/15

Claim#: BB-14-004845

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

*******$250.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0007434097⑈ ⑆121000248⑆ 4121 514012⑈

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DETACH HERE

CORVEL

Explanation of Review

Business Unit: BURRTEC VICTORVILLE, ONTARIO-8
17000 Abbey Ln
Victorville, CA 92394

Employer
Patient:

PAID JUN 07 2015

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/2430352 - 1
Reprice: CA, 92780
Billed Date: 04/20/2015
Business Rcvd: 04/30/2015
MBR Rcvd: 04/30/2015
MBR Date: 06/03/2015
Date Approved: 06/03/2015
DOS From - To: 02/27/2015 - 03/24/2015

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 1876

Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 64938
Provider Tax Id: 33-0956713

Claim #: BB-14-004845
Processor Initials: DZ
DOI: 12/01/2014
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
02/27/15	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$156.50		1	$156.50	$0.00
	Original bill [2421354.48]								
03/24/15	T1013 08	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$250.00		1	$0.00	$250.00
	Patricia Hayes #100761								
Sub-Totals for Bill: 2430352					**$406.50**			**$156.50**	**$250.00**
Totals for Bill:2430352									**$250.00**

Line Item Reason Codes and Descriptions
08 Los Angeles County Deposition Half day
R1 Duplicate Billing

Line Item Reason Codes and Descriptions

VOID VOID VOID
VOID VOID VOID

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

CORVEL

bankcode=BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8299099	11/09/17

********$156.50

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

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

PAY TO THE ORDER OF

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

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈0008299099⑈ ⑆121000248⑆ 4121 514012⑈

DETACH HERE

CORVEL

DETACH HERE

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
BB-14-004845	12/01/2014		06/28/2016	06/28/2016	64938	********$156.50

NOV 15 2017

VOID VOID VOID

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

CORVEL

bankcode=BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8342835	12/28/17

********$46.95

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY EXACTLY: *Forty six and 95/100 Dollars*

PAY TO THE ORDER OF

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

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008342835⑈ ⑆121000248⑆ 4121 514012⑈

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DETACH HERE

CORVEL

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
BB-14-004845	12/01/2014		06/28/2016	06/28/2016	Increase add on for late payment	********$46.95

64938

DEC 0 9 2018

VOID VOID VOID
VOID VOID VOID

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

CORVEL

bankcode=BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8455529	05/03/18

*******$825.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY EXACTLY: *Eight hundred twenty five and 00/100 Dollars*

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

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈00084555 29⑈ ⑆121000248⑆ 4121 5140 12⑈

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CORVEL

DETACH HERE

Claim No	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
BB-14-004845	12/01/2014		05/02/2018	05/02/2018	full and final	*******$825.00

FILED
MAY 07 2018

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/15/17	68260

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06162376

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

Case: vs BBSI/JNR CONFECTION SPECIALTY
Date Of Injury: 1/1/13 - 10/14/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/08/16	LEGAL_PREP	DEPO PREP @ L/O KEGEL, TOBIN & TRUCE	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/03/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/15/16	PMT BY CHECK	DOS 1/8/16-2/3/16* =# 7692883 CORVEL /BBSI	-180.00
11/07/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
12/29/16	PMT BY CHECK	DOS 1/8/16-11/7/16* =# 7932971 CORVEL	-383.00
01/23/17	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
02/08/17	PMT BY CHECK	DOS 1/23/17* # CE-833676 SCIF	-156.50
03/27/17	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	VERA RUTH DARLING # 301418	0.00
04/19/17	PMT BY CHECK	DOS 3/27/17* # CE-839719 SCIF	-156.50
05/15/17	LEGAL_WCAB	TRIAL @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
07/20/17	PMT BY CHECK	DOS 5/15/17* # 8200515 CORVEL	-156.00
08/23/17	COSTS	MONIES CREDITED TOWARD COSTS (AMENDED)	156.00
08/23/17	PMT BY CHECK	DOS 1/23/17* # 8231544 CORVEL	-156.50
08/31/17	PENALTIES	FOR DATE OF SERVICE 01/08/16	23.48
12/29/16	INTEREST	FOR DATE OF SERVICE 01/08/16	7.52
08/31/17	PENALTIES	FOR DATE OF SERVICE 02/03/16	37.50
12/29/16	INTEREST	FOR DATE OF SERVICE 02/03/16	16.84

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/15/17 68173

FAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
BB-15-004899

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: AMY MEDINA
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: [redacted] vs BBSI/JNR CONFECTION SPECIALTY
Date Of Injury: 1/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/08/16	LEGAL_PREP	DEPO PREP @ L/O KEGEL, TOBIN & TRUCE	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/03/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/15/16	PMT BY CHECK	DOS 1/8/16-2/3/16* =# 7692883 CORVEL/BBSI	-180.00
11/07/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
12/29/16	PMT BY CHECK	DOS 1/8/16-11/7/16* =# 7932971 CORVEL	-383.00
01/23/17	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
02/08/17	PMT BY CHECK	DOS 1/23/17* # CE-833676 SCIF	-156.50
03/27/17	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	VERA RUTH DARLING # 301418	0.00
04/19/17	PMT BY CHECK	DOS 3/27/17* # CE-839719 SCIF	-156.50
05/15/17	LEGAL_WCAB	TRIAL @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
07/20/17	PMT BY CHECK	DOS 5/15/17* # 8200515 CORVEL	-156.00
08/23/17	COSTS	MONIES CREDITED TOWARD COSTS (AMENDED)	156.00
08/23/17	PMT BY CHECK	DOS 1/23/17* # 8231544 CORVEL	-156.50
08/31/17	PENALTIES	FOR DATE OF SERVICE 01/08/16	23.48
12/29/16	INTEREST	FOR DATE OF SERVICE 01/08/16	7.52
08/31/17	PENALTIES	FOR DATE OF SERVICE 02/03/16	37.50
12/29/16	INTEREST	FOR DATE OF SERVICE 02/03/16	16.84

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/15/17 68173

FAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
BB-15-004899

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: AMY MEDINA
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BBSI/JNR CONFECTION SPECIALTY
Date Of Injury: 1/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/18/17	COSTS	MONIES CREDITED TOWARD COSTS	71.16
10/18/17	PMT BY CHECK	MONIES APPLIED TOWARDS P&I	-156.50
12/05/17	COSTS	ADD'L COSTS AWARDED	750.00
12/11/17	PMT BY CHECK	DOS 12/5/17* # 8325656 CORVEL	-750.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/15/17 68173

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
BB-15-004899

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: AMY MEDINA
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BBSI/JNR CONFECTION SPECIALTY
Date Of Injury: 1/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/18/17	COSTS	MONIES CREDITED TOWARD COSTS	71.16
10/18/17	PMT BY CHECK	MONIES APPLIED TOWARDS P&I # CE-854751 SCIF	-156.50
12/05/17	COSTS	ADD'L COSTS AWARDED	750.00
12/11/17	PMT BY CHECK	DOS 12/5/17* # 8325656 CORVEL	-750.00

BALANCE 0.00

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

VOID VOID VOID

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

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
7692883	03/15/16

Claim#: BB-15-004899

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS INC
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

Richard Schaeppi

⑈0007692883⑈ ⑆121000248⑆ 4121 514012⑈

ETACH HERE

DETACH HERE

CORVEL
Explanation of Review

Business Unit: FUNWAY SNACK FOODS, VALE-9033
6116 Walker Ave Unit B
Maywood, CA 90270

Employer
Patient:

Patient DOB:

MAR 18 201

LOB: Workers' Compensation
Site/Bill #: 48/2915737 - 1
Reprice: CA, 92781
Billed Date: 02/19/2016
Business Rcvd: 03/02/2016
MBR Rcvd: 03/02/2016
MBR Date: 03/14/2016
Date Approved: 03/14/2016
DOS From - To: 01/08/2016 - 02/03/2016

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 2881

Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 68173 68260
Provider Tax Id: 33-0956713

Claim #: BB-15-004899
Processor Initials: AM
DOI: 01/01/2015
RX Number:

Bill Comments
The documentation submitted does not indicate the city or county in which the service was rendered; Please submit the county and specific type of service for any additional amounts owed.

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
01/08/16	T1013 G1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$156.50		1	$66.50	$90.00
02/03/16	T1013 G1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$250.00		1	$160.00	$90.00
Sub-Totals for Bill: 2915737					**$406.50**			**$226.50**	**$180.00**

Totals for Bill:2915737 **$180.00**

Line Item Reason Codes and Descriptions

VOID VOID VOID

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

CORVEL

Bank Code: BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
7932971	12/29/16

Claim#: BB-15-004899

PAY EXACTLY: *Three hundred eighty three and 00/100 Dollars*

*******$383.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS INC
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0007932971⑈ ⑆121000248⑆ 4121 514012⑈

ETACH HERE

DETACH HERE

CORVEL

Explanation of Review

PAID
JAN 04 2017

Business Unit: FUNWAY SNACK FOODS, VALE-9033
6116 Walker Ave Unit B
Maywood, CA 90270

Employer
Patient:

Patient DOB:

LOB: Workers' Compensation
Site/Bill #: 48/2915737 - 2
Reprice: CA, 92781
Billed Date: 02/19/2016
Business Rcvd: 12/02/2016
MBR Rcvd: 12/02/2016
MBR Date: 12/28/2016
Date Approved: 12/28/2016
DOS From - To: 01/08/2016 - 02/03/2016

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 2881
Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 68173 ✓ 68760
Provider Tax Id: 33-0956713

Claim #: BB-15-004899
Processor Initials: AM
DOI: 01/01/2015
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
01/08/16	T1013 01, 506, G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$156.50		1	$0.00	$156.50
	Interpreter Gladys Reyna, cert# 301721								
02/03/16	T1013 01, 506, G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$250.00		1	$0.00	$250.00
	Interpreter Gladys Reyna, cert# 301721								
11/07/16	T1013 01, 524, G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$156.50		1	$0.00	$156.50
	Interpreter Laura Salas, cert# 100471								
Re-Evaluation Sub-Total:					**$563.00**			**$0.00**	**$563.00**
Entry error of proc code/billed amt/service date									$0.00

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CE-833676**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 02/08/17
Doc #: 031967011

Medical

68260 - 68173

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06146632		**Date of Injury:** 10/14/15		
SSN:	Employer name: FUNWAY SNACK FOODS				Employer ID: 0000009138003150				
1	SF1-SPCA-268185	01/23/17	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
				Total Allowances:					**$156.50**

PAID
FEB 10 2017
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"

[redacted]

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CE-839719**

Issue Date: 04/19/17
Doc #: 032183900

Medical

68260 - 68173

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
			Patient Name:		**Claim #:** 06146632		**Date of Injury:** 10/14/15		
SSN:		Employer name: FUNWAY SNACK FOODS			Employer ID: 0000009138003150				
1	SF1-SPCA-281259	03/27/17	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
				Total Allowances:					**$156.50**

PAID
APR 21 2017
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"

0134177703218390000 2

VOID VOID VOID

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

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8200515	07/20/17

Claim#: BB-15-004899

PAY EXACTLY: *One hundred fifty six and 00/100 Dollars*

*******$156.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

JUL 24 2017

Richard Schweppe

⑈0008200515⑈ ⑆121000248⑆ 4121 5140128⑈

:TACH HERE

DETACH HER

CORVEL

Explanation of Review

Business Unit: FUNWAY SNACK FOODS, VALE-9033
6116 Walker Ave Unit B
Maywood, CA 90270

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB:	Workers' Compensation
Site/Bill #:	48/3740612 - 1
Reprice:	CA, 92781
Billed Date:	05/15/2017
Business Rcvd:	06/01/2017
MBR Rcvd:	06/01/2017
MBR Date:	07/20/2017
Date Approved:	07/20/2017
DOS From - To:	01/08/2016 - 05/15/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 2881

Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 68173 -1 68260-1
Provider Tax Id: 33-0956713

Claim #: BB-15-004899
Processor Initials: AM
DOI: 01/01/2015
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
05/15/17	T1013 524	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$156.00		1	$0.00	$156.00
Sub-Totals for Bill: 3740612					**$156.00**			**$0.00**	**$156.00**

Totals for Bill:3740612 $156.00

Line Item Reason Codes and Descriptions
524 Recommended allowance per Insurer decision

VOID VOID VOID

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

CORVEL

Bank Codes: BBSEC
11-24
1210(8)

CHECK NUMBER: 8231544

CHECK DATE: 08/23/17

Claim#: BB-15-004899

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

*******$156.50

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈0008231544⑈ ⑆121000248⑆ 4121 5140 12⑈

ATCH HERE

DETACH HERE

CORVEL
Explanation of Review

Business Unit: FUNWAY SNACK FOODS, VALE-9033
6116 Walker Ave Unit B
Maywood, CA 90270

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/3854952 - 1
Reprice: CA, 92781
Billed Date: 07/25/2017
Business Rcvd: 07/31/2017
MBR Rcvd: 07/31/2017
MBR Date: 08/22/2017
Data Approved: 08/22/2017
DOS From - To: 01/23/2017 - 01/23/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 2881

Treating Provider:
Referring Physician:
Patient Control #: 68173 - 68260
Provider Tax Id: 33-0956713

Claim #: BB-15-004899
Processor Initials: AM
DOI: 01/01/2015
RX Number:

Vendor #:
PIN:

AUG 30 2017

Bill Comments
Interpreter Laura Salas. cert# 100471

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
01/23/17	T1013 01, G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$156.50		1	$0.00	$156.50
Sub-Totals for Bill: 3854952					$156.50			$0.00	$156.50

Charges not listed have been previously processed

$0.00

Totals for Bill:3854952

$156.50

Line Item Reason Codes and Descriptions
01 Certified /Registered Half day except LA or SD Co MV0 Market Value

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

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CE-854751**

Issue Date: 10/18/17
Doc #: 032726935

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 06146632		**Date of Injury:** 10/14/15		
SSN:	Employer name: FUNWAY SNACK FOODS				Employer ID: 0000009138003150				
1	SF1-SPCA-316510	05/15/17	999Q9	Interpreter Deposit-	1	156.50	.00	375 G5	156.50
				Total Allowances:					**$156.50**

PAID

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

VOID Medical NE

State Compensation Insurance Fund
Fresno District Office
PO BOX 65005
Fresno, CA 93650-5005

CE-854751
Union Bank
Los Angeles, California

90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
October 18, 2017	**$*******156.50**

Please negotiate at your local Union Bank Branch.

PAY ****One Hundred Fifty-Six and 50/100 Dollars****ONLY

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

⑈5203854751⑈ ⑆122241501⑆ ⑈9081001043⑈

VOID VOID VOID
VOID VOID VOID

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

CORVEL

bankcode=BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8325656	12/11/17

*******$750.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

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

PAY TO THE ORDER OF

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

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈00083256 56⑈ ⑆121000248⑆ 4121 5140 12⑈

ACH HERE

CORVEL

DETACH HERE

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
BB-15-004899	01/01/2015		12/05/2017	12/05/2017	per order approving award on 12/05/2017	*******$750.00

PAID

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/03/17 70425

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
1000-15-0440

BILL TO:
DISNEY WORLDWIDE INC.
W. C. DEPARTMENT
ATTN: SARA DRAKE
P.O. BOX# 3909
ANAHEIM, CA 92803

Case: vs DISNEY WORLDWIDE INC.
Date Of Injury: CT 12/8/13 - 12/8/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/28/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
06/07/17	PENALTIES	FOR DATE OF SERVICE 09/28/16	23.48
07/03/17	INTEREST	FOR DATE OF SERVICE 09/28/16	19.48
07/03/17	PMT BY CHECK	DOS 9/28/16-6/7/17* # 011362656	-192.26
10/31/17	COSTS	ADD'L COSTS AWARDED	592.80
11/01/17	PMT BY CHECK	DOS 10/31/17* # 011483893	-600.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

S2010

38655918 08

Disney Worldwide Services, Inc.

08 Special Handling-Anaheim, CA

VENDOR NUMBER: 1000479724

7-3-17

CHECK NUMBER: 011362656

DOCUMENT NUMBER	INVOICE NUMBER	P/O NUMBER	INVOICE DATE	GROSS AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
Paying agent for WD Parks & Resorts US,Inc						
5120606126	1541161	28670	07/03/2017	192.26	0.00	192.26
1000-15-0440092816060717						
Please visit our self service and accelerated cash site at https://disney.apexanalytix.com						
			TOTALS			192.26

PAID

JUL 06 2017

BY: .....

Disney Worldwide Services, Inc.

7042S

08 Special Handling-Anaheim, CA

ENDOR NUMBER: 1000479724

CHECK NUMBER: 011483893

MR

DOCUMENT NUMBER	INVOICE NUMBER	P/O NUMBER	INVOICE DATE	GROSS AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
Paying agent for WD Parks & Resorts US,Inc						
L21228069	1569791	28670	11/01/2017	600.00	0.00	600.00
1000-15-0440103117103117						
Please visit our self service and accelerated cash site at https://disney.apexanalytix.com						
			TOTALS			600.00

F.F.

SR ✓

DK

DK

VERIFY THE AUTHENTICITY OF THIS SECURE DOCUMENT - THIS DOCUMENT IS PRINTED IN GREEN

Disney Worldwide Services, Inc.
LAKE BUENA VISTA, FL 32830

62-20/311

011483893

DATE 11/01/2017

PAY

■ Six Hundred And No/100 Dollars

$600.00

VOID OVER $ 600.00
VOID AFTER 180 DAYS

TO THE ORDER OF:

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

Gary L Hansen

ibank N.A.
e Penn's Way
v Castle, DE 19720

⑈011483893⑈ ⑆031100209⑆ 3865591 8⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/01/18 70739

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2015285432; 2015277891

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

Case: vs DALJIT GHOTRA GONZALEZ MEAT MA
Date Of Injury: 9/27/15; 9/27/15

DOS	SERVICE	DESCRIPTION	AMOUNT
11/02/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/29/16	LEGAL_WCAB	EXPEDITED HEARING @ WCAB LA	156.50
/ /	INTERPRETER:	MARIA E. WILSON # 100363	0.00
04/19/17	PENALTIES	FOR DATE OF SERVICE 11/2/16	37.50
08/22/17	INTEREST	FOR DATE OF SERVICE 11/2/16	24.58
04/19/17	PENALTIES	FOR DATE OF SERVICE 11/29/16	23.48
05/31/17	INTEREST	FOR DATE OF SERVICE 11/29/16	13.07
05/31/17	PMT BY CHECK	DOS 11/2/16-4/19/17* # 240808591	-156.50
08/22/17	PMT BY CHECK	DOS 11/2/16-4/19/17* # 240844692	-250.00
09/26/17	PMT BY CHECK	DOS 11/2/16-8/16/17* # 240858204	-95.40
05/07/18	COSTS	ADD'L COSTS AWARDED	596.77
05/25/18	PMT BY CHECK	DOS 5/7/18* # 12224553	-600.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Preferred Insurance Company
PO BOX 32036 Lakeland, FL 33802-2036

Check Date: 05/31/2017
Check Number: 240808591
Total Billed: $486.65
Total Paid: $156.50

JUN 02 2017

70739-1

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2015285432		UN505304341773	11/02/2016	04/19/2017	486.65	156.50

The Explanation of Review (EOR) will be sent under separate cover.

EMPLOYERS®

Employers Preferred Insurance Company
PO BOX 32036 Lakeland, FL 33802-2036

WELLS FARGO BANK
240844692

56-382
412

DATE:08/22/2017

Pay Two Hundred Fifty Dollars And 00/100
TO THE ORDER OF:

AMOUNT
**********$250.00

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

Check Signature Required
VOID AFTER 6 MONTHS

⑈240844692⑈ ⑆041203824⑆ 9600127644⑈

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Preferred Insurance Company
PO BOX 32036 Lakeland, FL 33802-2036

AUG 24 2017

Check Date:	08/22/2017
Check Number:	240844692
Total Billed:	$4,596.65
Total Paid:	$250.00

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2015275433		UN505304542767	01/21/2016	08/03/2017	4,110.00	0.00 68330
2015285432	I	UN505304533784	11/02/2016	04/19/2017	486.65	250.00

The Explanation of Review (EOR) will be sent under separate cover.

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS

Employers Preferred Insurance Company
PO BOX 32036 Lakeland, FL 33802-2036

Check Date: 09/26/2017
Check Number: 240858204
Total Billed: $501.90
Total Paid: $95.40

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2015285432		UN505304574106	11/02/2016	08/16/2017	501.90	95.40

SEP 28 2017

The Explanation of Review (EOR) will be sent under separate cover.

Employers Preferred Insurance Company 505

Process Date: 05/18/2018
Control Number: 305040274
EOR Page 1 of 2
Rev/Aud: SS/JR

Payment Number: 240955709 **Payment Date: 05/23/2018**

Claim Number: 2015277891
Claimant:
Provider Tax ID: [illegible]
Provider Ref: BALDERAS
Provider License: CA99999

Vendor: 5628181#5628181
Geo Zip: 92781

PPO/OSR ID:
NPI Number:
Claimant SSN:
Date Of Injury: 09/27/2015
Claims Received Date: 05/17/2018

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 02

DOS	POS	Code	Mod	Service Description	Units	Charge	EBR/Ref	PPO/Ref	Other/Ref	Allowance	Reason
05/07/18	11	MDO10		FINAL ORDR/AWAI	1.000	730.00	130.00	0.00	0.00	600.00	G67,197, 6483
				TOTALS:		**730.00**	**130.00**	**0.00**	**0.00**	**600.00**	
				TOTAL RECOMMENDED ALLOWANCE:						**600.00**	

Rendering Provider Name: JOYCE ALTMAN INTERPRETERS INC.
Rendering Provider NPI:
FULL AND FINAL SETTLEMENT COVERS ANY AND ALL DATES OF SERVICES

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

2444-H-795300-0 4409292

372186660

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

EMPLOYERS®

America's small business insurance specialist®

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

JUN 0 1 2018

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	Client Reference ID	VP Trans ID	Date	Amount	Check Number
Multiple Claims	240955709	372186660 EIG0001001	05/25/2018	$600.00	12224553

EIG.OT

Notice: This document, including any attachment(s) is confidential, proprietary and intended solely for the above-named individual(s). If you are the intended recipient, your use of any confidential, proprietary or personal information may be restricted by federal and state privacy or other laws. Any unauthorized use of this communication by others is strictly prohibited and may be unlawful. If you have received this document in error, please (1) notify VPay immediately at (877) 399-5917 and provide the VP Trans ID shown (2) destroy this communication and all attached information.

EMPLOYERS provides workers compensation insurance through Employers Preferred Insurance Company, Employers Assurance Company, Employers Compensation Insurance Company and Employers Insurance Company of Nevada. EIG Services, Inc. (in California, dba EIG Insurance Services) is an affiliated agency and adjuster.
Form #: CL_VEN_0033_US Rev. 3/2017

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

EMPLOYERS
America's small business insurance specialist®

Employers Preferred Insurance Company
PO BOX 32036
Lakeland FL, 33802-2036

VPay
1-855-523-9634

METABANK
Sioux Falls, SD
72-7011/2739

12224553

05/25/2018

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

$600.00

SIX HUNDRED DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

372186660

MEMO

⑈12224553⑈ ⑆273970116⑆ 17000129916⑈

0000085-0000809

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/09/18 67796

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2015269901

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

Case: vs FAM
Date Of Injury: 6/11/15

DOS	SERVICE	DESCRIPTION	AMOUNT
11/03/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
12/11/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/29/16	PMT BY CHECK	DOS 11/3/15-12/11/15* # 250455604	-90.00
01/29/16	PMT BY CHECK	DOS 11/3/15* # 250455895	-90.00
07/03/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/24/17	PENALTIES	FOR DATE OF SERVICE 11/03/15	9.98
08/21/17	INTEREST	FOR DATE OF SERVICE 11/03/15	13.33
07/24/17	PENALTIES	FOR DATE OF SERVICE 12/11/15	24.00
08/21/17	INTEREST	FOR DATE OF SERVICE 12/11/15	31.96
08/21/17	PMT BY CHECK	DOS 11/3/15-7/3/17* # 250625160	-199.56
02/12/18	INTEREST	FOR DATE OF SERVICE 12/11/15	23.82
10/18/17	PENALTIES	FOR DATE OF SERVICE 7/3/17	13.50
05/08/18	INTEREST	FOR DATE OF SERVICE 7/3/17	7.49
05/08/18	COSTS	ADD'L COSTS AWARDED	2192.48
05/22/18	PMT BY CHECK	DOS 11/3/15-7/3/17* =# 12138729	-2500.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/09/18	67796

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2015269901

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

Case: vs FAM
Date Of Injury: 6/11/15

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Assurance Company
PO Box 71088 Charlotte, NC 28272-1088

PAID FEB 02 2016

Check Date: 01/29/2016
Check Number: 250455895
Total Billed: $156.50
Total Paid: $90.00

67796

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2015269901	V	UN506303023893	11/03/2015	11/03/2015	156.50	90.00

The Explanation of Review (EOR) will be sent under separate cover.

Page 1 of 1

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Assurance Company
PO Box 71088 Charlotte, NC 28272-1088

Check Date: 01/29/2016
Check Number: 250455604
Total Billed: $406.50
Total Paid: $90.00

67796

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2015269901		UN506303023916	11/03/2015	12/11/2015	406.50	90.00

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

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

Check Date: 08/21/2017
Check Number: 250625160
Total Billed: $563.00
Total Paid: $199.56

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2015269901		UN506304530115	11/03/2015	07/03/2017	563.00	199.56

The Explanation of Review (EOR) will be sent under separate cover.

Employers Assurance Company 506

Process Date: 05/17/2018
Control Number: 305037348
EOR Page 1 of 2
Rev/Aud: SS/JS

Payment Number: 250713075 **Payment Date: 05/21/2018**

Claim Number: 2015269901
Claimant:
Provider Tax ID: 330956713
Provider Ref: VAZQUEZ
Provider License: CA99999

Vendor: 5628181#5628181
Geo Zip: 92781

PPO/OSR ID:
NPI Number:
Claimant SSN:
Date Of Injury: 09/01/2014
Claims Received Date: 05/16/2018

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 02

DOS	POS	Code	Mod	Service Description	Units	Charge	SR/Req	PPO/Red	Other/Red	Allowance	Reasons
11/03/15	11	MDS21		LUM SUM/SINGLE	1.000	1,250.00	0.00	0.00	0.00	1,250.00	G67,197, 6483
07/03/17	11	MDS21		LUM SUM/SINGLE	1.000	1,250.00	0.00	0.00	0.00	1,250.00	G67,197, 6483
				TOTALS:		**2,500.00**	**0.00**	**0.00**	**0.00**	**2,500.00**	
				TOTAL RECOMMENDED ALLOWANCE:						**2,500.00**	

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

2444-H-795264-0 44403402

369876251

0001661-0004669

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0001661-0004667 0106 001 708086 EIG

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

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Claim ID	Client Reference ID	VP Trans ID	Date	Amount	Check Number
2015269901	250713075	369876251 EIG0001002	05/22/2018	$2500.00	12138729

EIG.OT

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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

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/20/18 68850

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2015277910

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

Case: vs PLATINUM MAINTENANCE GROUP
Date Of Injury: 9/13/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/22/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/12/16	LEGAL_WCAB	TRIAL @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/06/16	PMT BY CHECK	DOS 3/22/16* # 240629498	-90.00
04/29/16	LEGAL_PREP	DEPO PREP @ L/O TOBIN LUCKS	156.50
/ /	INTERPRETER:	SANDRA MONTALT # 100754	0.00
05/20/16	PMT BY CHECK	DOS 3/22/16-4/12/16* # 240636130	-223.00
05/27/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
06/14/16	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/23/16	PMT BY CHECK	DOS 3/22/16-4/29/16* # 240649024	-156.50
07/11/16	PMT BY CHECK	DOS 3/22/16-5/27/16* # 240656221	-180.00
08/23/16	PMT BY CHECK	DOS 3/22/16-6/14/16* # 240675876	-66.50
07/06/17	PENALTIES	FOR DATE OF SERVICE 5/27/16	10.50
03/08/18	INTEREST	FOR DATE OF SERVICE 5/27/16	14.56
07/06/17	PENALTIES	FOR DATE OF SERVICE 6/14/16	10.50
03/08/18	INTEREST	FOR DATE OF SERVICE 6/14/16	18.26
03/08/18	COSTS	ADD'L COSTS AWARDED	486.18
03/16/18	PMT BY CHECK	DOS 3/22/16-6/14/16* =# 11050968	-700.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/20/18	68850

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2015277910

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

Case: vs PLATINUM MAINTENANCE GROUP
Date Of Injury: 9/13/15

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Preferred Insurance Company
PO Box 71088 Charlotte, NC 28272-1088

688504

Check Date: 05/06/2016
Check Number: 240629498
Total Billed: $156.50
Total Paid: $90.00

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2015277910		UN505303298026	03/22/2016	03/22/2016	156.50	90.00

PAID MAY 09 2016

The Explanation of Review (EOR) will be sent under separate cover.

[redacted]

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Preferred Insurance Company
PO Box 71088 Charlotte, NC 28272-1088

Check Date: 05/20/2016
Check Number: 240636130
Total Billed: $313.00
Total Paid: $223.00

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2015277910		UN505303318843	03/22/2016	04/12/2016	313.00	223.00

68850

PAID
MAY 23 2016
BY: .....

The Explanation of Review (EOR) will be sent under separate cover.

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Preferred Insurance Company
PO Box 71088 Charlotte, NC 28272-1088

PAID JUN 27 2016

Check Date: 06/23/2016
Check Number: 240649024
Total Billed: $469.50
Total Paid: $156.50

68850 -1

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2015277910		UN505303398884	03/22/2016	04/29/2016	469.50	156.50

The Explanation of Review (EOR) will be sent under separate cover.

EMPLOYERS®

Employers Preferred Insurance Company
PO Box 71088 Charlotte, NC 28272-1088

WELLS FARGO BANK
240656221

56-382
412

DATE:07/11/2016

Pay One Hundred Eighty Dollars And 00/100
TO THE ORDER OF:

AMOUNT
**********$180.00

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

TWO SIGNATURES REQUIRED IF IN EXCESS OF $25,000
VOID AFTER 6 MONTHS

⑈240656221⑈ ⑆041203824⑆ 9600127644⑈

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Preferred Insurance Company
PO Box 71088 Charlotte, NC 28272-1088

68850

Check Date:	07/11/2016
Check Number:	240656221
Total Billed:	$719.50
Total Paid:	$180.00

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2015277910		UN505303426558	03/22/2016	05/27/2016	719.50	180.00

The Explanation of Review (EOR) will be sent under separate cover.

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

68850 - 1

Employers Preferred Insurance Company
PO BOX 32036 Lakeland, FL 33802-2036

Check Date: 08/23/2016
Check Number: 240675876
Total Billed: $876.00
Total Paid: $66.50

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2015277910		UN505303515252	03/22/2016	06/14/2016	876.00	66.50

The Explanation of Review (EOR) will be sent under separate cover.

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

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America's small business insurance specialist®

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

MAR 20 2018

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Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
2015277910	240929438	334576135 EIG0001001	03/16/2018	$700.00	11050968

EIG.OT

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Form #: CL_VEN_0033_US Rev. 3/2017

Employers Preferred Insurance Company 505

Process Date: 03/14/2018
Control Number: 304926910
EOR Page 1 of 2
Rev/Aud: SS/AD

Payment Number: 240929438 **Payment Date: 03/16/2018**

Claim Number: 2015277910
Claimant:
Provider Tax ID: [illegible] Vendor: 5628181#5628181
Provider Ref: TORRES Geo Zip: 92781
Provider License: CA99999

PPO/OSR ID:
NPI Number:
Claimant SSN:
Date Of Injury: 09/13/2015
Claims Received Date: 03/13/2018

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 02

DOS	POS	Code	Mod	Service Description	Units	Charge	PR/Req	PPO/Red	Other/Red	Allowance	Reasons
03/22/16	11	MDO10		FINAL ORDR/AWAI	1.000	350.00	0.00	0.00	0.00	350.00	G67,197, 6483
06/14/16	11	MDO10		FINAL ORDR/AWAI	1.000	350.00	0.00	0.00	0.00	350.00	G67,197, 6483
				TOTALS:		700.00	0.00	0.00	0.00	700.00	
				TOTAL RECOMMENDED ALLOWANCE:						700.00	

Rendering Provider Name: JOYCE ALTMAN INTERPRETERS INC.
Rendering Provider NPI:
FULL AND FINAL SETTLEMENT COVERS ANY AND ALL DATES OF SERVICES

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

2444-H-792625-0 44080747

334576135

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/08/18 68720

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2015278427

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

Case: s GUIDI MARCELLO
Date Of Injury: 8/31/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/01/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/02/16	LEGAL_PREP	DEPO PREP @ L/O SCHLOSSBERG & UMHOLTZ	156.50
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
05/26/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/12/17	PMT BY CHECK	DOS 3/1/16-5/26/16* =# 9622597	-563.00
12/19/17	PENALTIES	FOR DATE OF SERVICE 3/1/16	23.48
12/12/17	INTEREST	FOR DATE OF SERVICE 3/1/16	31.56
12/19/17	PENALTIES	FOR DATE OF SERVICE 5/2/16	23.48
12/12/17	INTEREST	FOR DATE OF SERVICE 5/2/16	29.29
12/19/17	PENALTIES	FOR DATE OF SERVICE 5/26/16	37.50
12/12/17	INTEREST	FOR DATE OF SERVICE 5/26/16	44.58
01/23/18	COSTS	ADD'L COSTS AWARDED	1100.00
02/05/18	PMT BY CHECK	DOS 2/23/18* # 10415629	-1289.89

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000129-0000400 0106 001 670286 EIG

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

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DEC 15 2017

68720

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Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
2015278427	250661060	287278331 EIG0001002	12/12/2017	$563.00	9622597

EIG.OT

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Form #: CL_VEN_0033_US Rev. 3/2017

Employers Assurance Company 506

Process Date: 12/07/2017
Control Number: 304751472
EOR Page 1 of 2
Rev/Aud: SS/JR

Payment Number: 250661060 **Payment Date: 12/12/2017**

Claim Number: 2015278427
Claimant:
Provider Tax ID:
Provider Ref: RAMIREZ
Provider License: CA99999

vendor: 5628181#5628181
Geo Zip: 92781

PPO/OSR ID:
NPI Number:
Claimant SSN:
Date Of Injury: 01/01/2013
Claims Received Date: 12/06/2017

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 02

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
03/01/16	11	MDS10		LUM SUM/MUL BIL	1.000	281.50	0.00	0.00	0.00	281.50	G67,197, 6483
05/26/16	11	MDS10		LUM SUM/MUL BIL	1.000	281.50	0.00	0.00	0.00	281.50	G67,197, 6483
				TOTALS:		563.00	0.00	0.00	0.00	563.00	
				TOTAL RECOMMENDED ALLOWANCE:						563.00	

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

2111-H-839567-0 43601729

287278331

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

EMPLOYERS®

America's small business insurance specialist®

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

FEB 08 2018

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Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
2015278427	250677836	312298589 EIG0001002	02/05/2018	$1289.89	10415629

EIG.OT

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Form #: CL_VEN_0033_US Rev. 3/2017

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/27/17 71733

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2014304461

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

Case: vs CARMEN'S MEXICAN FOOD
Date Of Injury: 6/29/13 - 6/29/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/09/17	LEGAL_WCAB	PRIORITY CONFERENCE @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
06/29/17	PMT BY CHECK	DOS 5/9/17* # 270129118	-156.50
07/25/17	LEGAL_WCAB	STATUS CONF @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
10/12/17	PENALTIES	FOR DATE OF SERVICE 7/25/17	23.48
11/01/17	INTEREST	FOR DATE OF SERVICE 7/25/17	5.57
11/01/17	PMT BY CHECK	DOS 7/25/17* =# 9012939	-156.50
12/05/17	COSTS	ADD'L COSTS AWARDED	470.95
12/19/17	PMT BY CHECK	DOS 12/5/17* # 9704359	-500.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Compensation Insurance Company
PO BOX 32036 Lakeland, FL 33802-2036

PAID
JUL 05 2017
BY: .....

Check Date: 06/29/2017
Check Number: 270129118
Total Billed: $156.50
Total Paid: $156.50

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2014304461		UN501304424577	05/09/2017	05/09/2017	156.50	156.50

71733

The Explanation of Review (EOR) will be sent under separate cover.

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000026-0000253 0716 001 659474 EIG

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

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America's small business insurance specialist®

NOV 06 2017

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, 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	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
Multiple Claims	270159880	269811061 EIG0001003	11/01/2017	$156.50	9012939

EIG.OT

Notice: This document, including any attachment(s) is confidential, proprietary and intended solely for the above-named individual(s). If you are the intended recipient, your use of any confidential, proprietary or personal information may be restricted by federal and state privacy or other laws. Any unauthorized use of this communication by others is strictly prohibited and may be unlawful. If you have received this document in error, please (1) notify VPay immediately at (877) 399-5917 and provide the SE Transaction ID shown (2) destroy this communication and all attached information.

EMPLOYERS provides workers compensation insurance through Employers Preferred Insurance Company, Employers Assurance Company, Employers Compensation Insurance Company and Employers Insurance Company of Nevada. EIG Services, Inc. (in California, dba EIG Insurance Services) is an affiliated agency and adjuster.
Form #: CL_VEN_0033_US Rev. 3/2017

Employers Compensation Insurance Company 501

Process Date: 10/26/2017
Control Number: 304676410
EOR Page 1 of 2
Rev/Aud: SS/MC

Payment Number: 2701598[redacted] Payment Date: 10/31/2017 12:00:00 AM

Claim Number: 2014304461
Claimant:
Provider Tax ID: 330956713 Vendor: 5628181#5628181
Provider Ref: 71733 Geo Zip: 90001
Provider License: 99999999

PPO/OSR ID:
NPI Number:
Claimant SSN:
Date Of Injury: 06/29/2013
Claims Received Date: 10/24/2017

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 02

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
05/09/17	11	99919		INTERPRETER SE	1.000	156.50	156.50	0.00	0.00	0.00	G1,G56,247, 4207,D1
07/25/17	11	99919		INTERPRETER SE	1.000	156.50	0.00	0.00	0.00	156.50	
			TOTALS:			**313.00**	**156.50**	**0.00**	**0.00**	**156.50**	
			TOTAL RECOMMENDED ALLOWANCE:							**156.50**	

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.
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

CARRIER EXPLANATION REASON CODE

247 -A PAYMENT OR DENIAL HAS ALREADY BEEN RECOMMENDED FOR THIS SERVICE.
4207 -THE 90-DAY PERIOD TO SUBMIT A REQUEST FOR SECOND REVIEW BEGAN WITH THE DATE OF THE FIRST REVIEW OF THIS SERVICE.
D1: Duplicate Control Number 304424577

2111-H-828924-0 43403912

269811061

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0001160-0003257 0106 001 671826 EIG

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

EMPLOYERS®

America's small business insurance specialist®

71733

DEC 27 2017

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Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
2014304461	270170410	290379018 EIG0001003	12/19/2017	$500.00	9704359

EIG.OT

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Form #: CL_VEN_0033_US Rev. 3/2017

MR

Employers Compensation Insurance Company 501

Process Date: 12/18/2017
Control Number: 304766172
EOR Page 1 of 2
Rev/Aud: SS/JS

Payment Number: 270170410 **Payment Date: 12/19/2017**

Claim Number: 2014304461
Claimant:
Provider Tax ID: 330956713 Vendor: 5628181#5628181 PPO/OSR ID:
Provider Ref: REYES Geo Zip: 92781 NPI Number:
Provider License: CA99999 Claimant SSN: XXX-XX-
Date Of Injury: 06/29/2013
Claims Received Date: 12/13/2017

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 02

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
12/05/17	11	MDO10		FINAL ORDR/AWAI	1.000	900.00	400.00	0.00	0.00	500.00	G67,197, 5076,6483
			TOTALS:			900.00	400.00	0.00	0.00	500.00	
			TOTAL RECOMMENDED ALLOWANCE:							500.00	

OK
SR
BB

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.
5076 -BYPASS NETWORK
6483 -FULL AND FINAL SETTLEMENT

2444-H-788815-0 43638639

290379018

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/27/17 71877

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2016311721

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

Case vs REFINED DENIM MANUFACTURING
Date Of Injury: 10/7/16

DOS	SERVICE	DESCRIPTION	AMOUNT
04/13/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
09/07/17	PENALTIES	FOR DATE OF SERVICE 4/13/17	23.48
10/12/17	INTEREST	FOR DATE OF SERVICE 4/13/17	7.20
10/12/17	PMT BY CHECK	DOS 4/13/17-9/7/17* =# 240865774	-156.50
12/07/17	COSTS	ADD'L COSTS AWARDED	519.32
12/19/17	PMT BY CHECK	DOS 12/6/17* # 9704543 EMPLOYERS	-550.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

EMPLOYERS®

Employers Preferred Insurance Company
PO BOX 32036 Lakeland, FL 33802-2036

WELLS FARGO BANK 56-382
240865774 412

DATE:10/12/2017

Pay Eleven Hundred Fifty Six Dollars And 50/100
TO THE ORDER OF:

AMOUNT
**********$1,156.50

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

Check Signature Required
VOID AFTER 6 MONTHS

⑈240865774⑈ ⑆041203824⑆ 9600127644⑈

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Preferred Insurance Company
PO BOX 32036 Lakeland, FL 33802-2036

OCT 17 2017

Check Date: 10/12/2017
Check Number: 240865774
Total Billed: $9,623.40
Total Paid: $1,156.50

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2015286867		UN505304647363	10/05/2017	10/05/2017	9,250.97	1,000.00
2016311721		UN505304621123	04/13/2017	09/07/2017	186.29	156.50
2016311721		UN505304646244	04/13/2017	09/21/2017	186.14	0.00

The Explanation of Review (EOR) will be sent under separate cover.

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

EMPLOYERS®

America's small business insurance specialist®

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

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Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
2016311721	240894319	290380216 EIG0001001	12/19/2017	$550.00	9704543

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Form #: CL_VEN_0033_US Rev. 3/2017

EIG-OT

Employers Preferred Insurance Company 505

Process Date: 12/18/2017
Control Number: 304770911
EOR Page 1 of 2
Rev/Aud: SS/JS

Payment Number: 240894319 **Payment Date: 12/19/2017**

Claim Number: 2016311721
Claimant:
Provider Tax ID: 330956713 Vendor: 5628181#5628181 NPI Number:
Provider Ref: DE JESUS Geo Zip: 92781 Claimant SSN:
Provider License: CA99999 Date Of Injury: 10/07/2016
Claims Received Date: 12/15/2017

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 02

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
12/06/17	11	MDS10		LUM SUM/MUL BIL	1.000	550.00	0.00	0.00	0.00	550.00	G67,197, 5076,6483
		TOTALS:				**550.00**	**0.00**	**0.00**	**0.00**	**550.00**	
		TOTAL RECOMMENDED ALLOWANCE:								**550.00**	

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

SR OK
BB

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.
5076 -BYPASS NETWORK
6483 -FULL AND FINAL SETTLEMENT

2444-H-788908-0 43652898

290380216

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/05/17 68780

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2015282429

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

Case: vs BAYSIDE APPAREL MANUFACTURING
Date Of Injury: CT 5/1/14 - 10/21/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/07/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA EUGENIA PACO - CORTEZ # 100533	0.00
04/28/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
05/11/16	PMT BY CHECK	DOS 3/7/16* # 250485119	-90.00
09/27/17	PENALTIES	FOR DATE OF SERVICE 3/7/16	9.98
09/27/17	INTEREST	FOR DATE OF SERVICE 3/7/16	11.54
09/27/17	PENALTIES	FOR DATE OF SERVICE 4/28/16	37.50
09/27/17	INTEREST	FOR DATE OF SERVICE 4/28/16	41.20
10/03/17	PMT BY CHECK	DOS 9/27/17* # 250637938	-650.00
10/16/17	COSTS	ADD'L COSTS AWARDED	233.28

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Assurance Company
PO Box 71088 Charlotte, NC 28272-1088

68780

PAID MAY 13 2016

Check Date: 05/11/2016
Check Number: 250485119
Total Billed: $156.50
Total Paid: $90.00

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2015282429		UN506303304842	03/07/2016	03/07/2016	156.50	90.00

13 2016

The Explanation of Review (EOR) will be sent under separate cover.

[redacted]

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

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

OCT 05 2017

Check Date: 10/03/2017
Check Number: 250637938
Total Billed: $650.00
Total Paid: $650.00

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2015282429		UN506304624736	09/27/2017	09/27/2017	650.00	650.00

The Explanation of Review (EOR) will be sent under separate cover.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/12/17 71075

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2014245864

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

Case: vs MOLINA AGRO CLUSTERS INC
Date Of Injury: 9/16/14

DOS	SERVICE	DESCRIPTION	AMOUNT
01/09/17	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
06/23/17	PENALTIES	FOR DATE OF SERVICE 1/9/17	23.48
06/23/17	INTEREST	FOR DATE OF SERVICE 1/9/17	7.64
07/19/17	PMT BY CHECK	DOS 1/9/17* # 270133934	-156.50
07/25/17	PMT BY CHECK	DOS 6/29/17* # 270135392	-156.50
07/25/17	COSTS & SANC	MONIES CREDITED TOWARD COST	125.38
09/27/17	COSTS & SANC	COSTS & SANC	600.00
10/10/17	PMT BY CHECK	DOS 9/27/17* # 270154230	-600.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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EMPLOYERS®

Employers Compensation Insurance Company
PO BOX 32036 Lakeland, FL 33802-2036

WELLS FARGO BANK 56-382
270135392 412

DATE:07/25/2017

Pay One Hundred Fifty Six Dollars And 50/100
TO THE ORDER OF:

AMOUNT
**********$156.50

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

TWO SIGNATURES REQUIRED IF IN EXCESS OF $25,000
VOID AFTER 6 MONTHS

⑈270135392⑈ ⑆041203824⑆ 963748151 7⑈

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Compensation Insurance Company
PO BOX 32036 Lakeland, FL 33802-2036

JUL 27 2017

Check Date:	07/25/2017
Check Number:	270135392
Total Billed:	$2,776.50
Total Paid:	$156.50

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2014245864		UN501304473796	06/29/2017	06/29/2017	156.50	156.50
2014316961		UN501304481365	03/15/2017	06/26/2017	1,220.00	0.00
2014316961		UN501304481875	03/15/2017	06/26/2017	1,400.00	0.00

The Explanation of Review (EOR) will be sent under separate cover.

DETACH AND RETAIN THIS STATEMENT
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EMPLOYERS®

Employers Compensation Insurance Company
PO BOX 32036 Lakeland, FL 33802-2036

Check Date: 07/19/2017
Check Number: 270133934
Total Billed: $4,782.24
Total Paid: $3,156.50

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2014245864		UN501304449870	01/09/2017	01/09/2017	187.62	156.50
2014252424		UN501304467130	01/17/2017	01/17/2017	4,594.62	3,000.00

RECEIVED
JUL 21 2017

The Explanation of Review (EOR) will be sent under separate cover.

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EMPLOYERS®

Employers Compensation Insurance Company
PO BOX 32036 Lakeland, FL 33802-2036

Check Date: 10/10/2017
Check Number: 270154230
Total Billed: $869.38
Total Paid: $600.00

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2014245864		UN501304642616	09/27/2017	09/27/2017	869.38	600.00

PAID
OCT 12 2017
BY: .....

The Explanation of Review (EOR) will be sent under separate cover.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/07/17 68011

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
215267674

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

Case: vs MAGIC DENIM WASH
Date Of Injury: 11/1/14 - 5/11/15

DOS	SERVICE	DESCRIPTION	AMOUNT
10/22/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOYCE C. ALTMAN # 300624	0.00
01/18/16	PMT BY CHECK	DOS 10/22/15* # 240577198 EMPLOYERS	-90.00
04/11/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/26/16	PMT BY CHECK	DOS 10/22/15-4/11/16* #240639138 EMPLOYERS	-90.00
04/24/17	PENALTIES	FOR DATE OF SERVICE 10/22/15	9.98
04/19/17	INTEREST	FOR DATE OF SERVICE 10/22/15	10.73
04/24/17	PENALTIES	FOR DATE OF SERVICE 4/11/16	9.98
04/19/17	INTEREST	FOR DATE OF SERVICE 4/11/16	8.00
04/19/17	PMT BY CHECK	DOS 10/22/15-4/11/16* # 240789374 EMPLOYER	-133.00
04/21/17	PMT BY CHECK	DOS 10/22/15-4/11/16* # 240791244 EMPLOYER	-27.02
07/28/17	COSTS & SANC	COSTS & SANC	838.33
08/03/17	PMT BY CHECK	DOS 7/28/17* # 240836430 EMPLOYERS	-850.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Preferred Insurance Company
PO Box 71088 Charlotte, NC 28272-1088

PAID JAN 20 2016

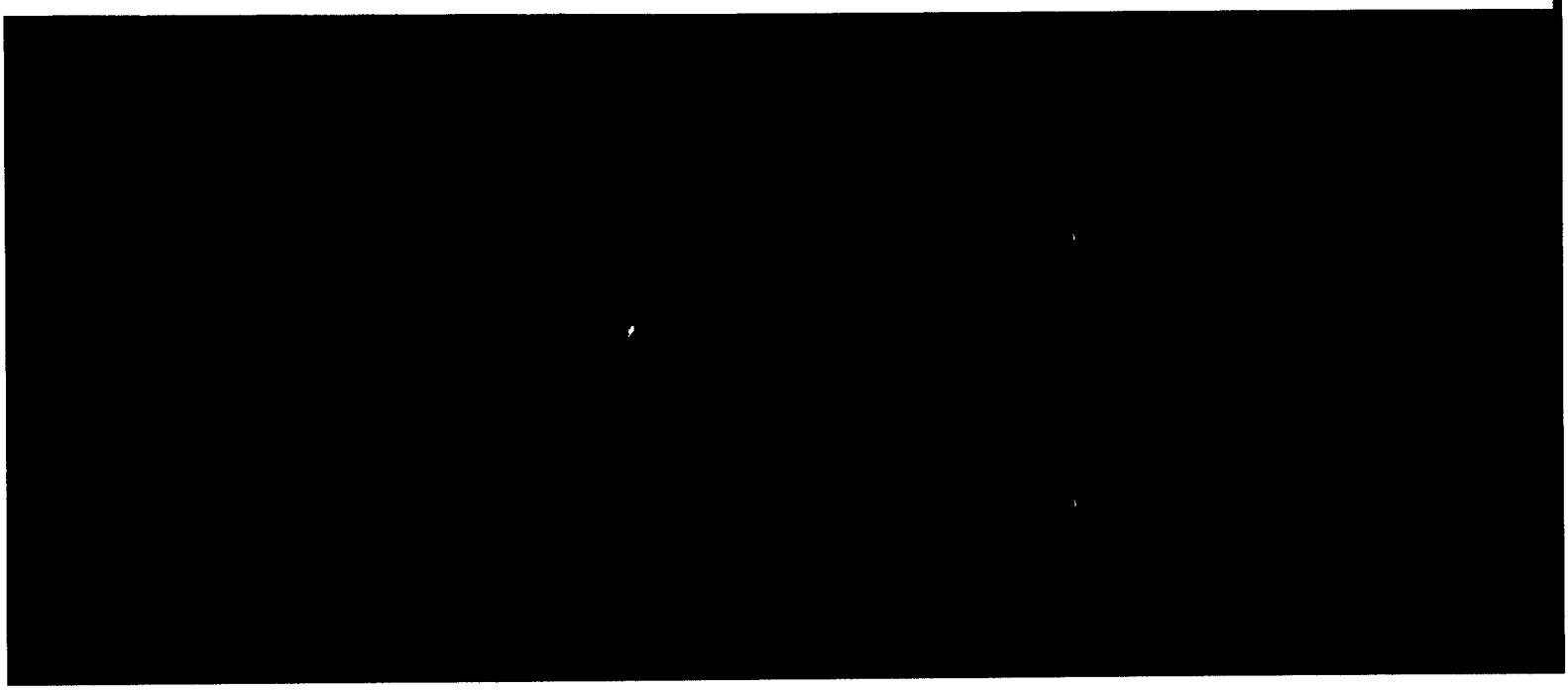
68011
67748

Check Date: 01/18/2016
Check Number: 240577198
Total Billed: $156.50
Total Paid: $90.00

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2015267674		UN505303019703	10/22/2015	10/22/2015	156.50	90.00

PAID JAN 20 2016

The Explanation of Review (EOR) will be sent under separate cover.



DETACH AND RETAIN THIS STATEMENT
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IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Preferred Insurance Company
PO Box 71088 Charlotte, NC 28272-1088

Check Date:	05/26/2016
Check Number:	240639138
Total Billed:	$313.00
Total Paid:	$90.00

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2015267674		UN505303314968	10/22/2015	04/11/2016	313.00	90.00

PAID MAY 31 2016

The Explanation of Review (EOR) will be sent under separate cover.

EMPLOYERS®

Employers Preferred Insurance Company
PO BOX 32036 Lakeland, FL 33802-2036

WELLS FARGO BANK
240789374

56-382
412

DATE:04/19/2017

Pay One Hundred Thirty Three Dollars And 00/100

AMOUNT

TO THE ORDER OF:

**********$133.00

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

TWO SIGNATURES REQUIRED IF IN EXCESS OF $25,000
VOID AFTER 6 MONTHS

⑈240789374⑈ ⑆041203824⑆ 9600127644⑈

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Preferred Insurance Company
PO BOX 32036 Lakeland, FL 33802-2036

Check Number: 240789374
Check Date: 04/19/2017

Claim Number: 2015267674
Injured Employee:

Billed Date: 06/02/2016
Service Period: 10/22/2015 through 04/11/2016
Invoice Number: 68011
Billed Amount: $133.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $133.00

Check Total: **$133.00**

PAID
APR 21 2017
BY: .....

EMPLOYERS®

Employers Preferred Insurance Company
PO BOX 32036 Lakeland, FL 33802-2036

WELLS FARGO BANK
240791244

56-382
412

DATE:04/21/2017

Pay Twenty Seven Dollars And 02/100
TO THE ORDER OF:

AMOUNT
**********$27.02

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

TWO SIGNATURES REQUIRED IF IN EXCESS OF $25,000
VOID AFTER 6 MONTHS

⑈240791244⑈ ⑆041203824⑆ 9600127644⑈

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Preferred Insurance Company
PO BOX 32036 Lakeland, FL 33802-2036

Check Number: 240791244
Check Date: 04/21/2017

Claim Number: 2015267674
Injured Employee:

Billed Date:	n/a		
Service Period:	10/22/2015 through 04/11/2016	Account Number:	n/a
Invoice Number:	n/a	Document Number:	n/a
Billed Amount:	$13.30	Paid Amount:	$13.30
Comments:	10% penalty on paid amount of $133.00		
Billed Date:	n/a		
Service Period:	10/22/2015 through 04/11/2016	Account Number:	n/a
Invoice Number:	n/a	Document Number:	n/a
Billed Amount:	$13.72	Paid Amount:	$13.72
Comments:	7% interest on paid amt $146.30_= 489 days		

Check Total: $27.02

PAID
APR 24 2017
BY: .....

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

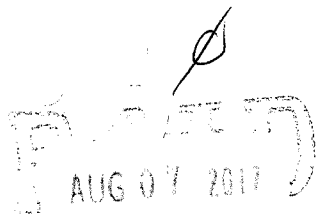
M.

EMPLOYERS®

Employers Preferred Insurance Company
PO BOX 32036 Lakeland, FL 33802-2036

Check Date: 08/03/2017
Check Number: 240836430
Total Billed: $850.00
Total Paid: $850.00

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2015267674		UN505304499008	10/22/2015	04/11/2016	850.00	850.00



The Explanation of Review (EOR) will be sent under separate cover.

MP

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/26/18 59359

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
WC10082564

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

Case: vs DRAMA 88
Date Of Injury: 11/16/12

DOS	SERVICE	DESCRIPTION	AMOUNT
07/16/13	DEPO PREP	@ THE L/O OF EARLY, MASLACH & O'SHEA	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
08/05/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/19/13	PMT BY CHECK	DOS 7/16/13-8/5/13 # 8814431084	-406.50
11/02/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/02/15	PMT BY CHECK	DOS 11/2/15* # 8815647090	-156.50
02/22/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
04/06/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
06/16/16	PMT BY CHECK	DOS 7/16/13-4/6/16* =# 8815924103	-360.00
09/10/17	PENALTIES	FOR DATE OF SERVICE 4/6/16	6.98
10/02/17	INTEREST	FOR DATE OF SERVICE 4/6/16	8.03
09/26/17	PMT BY CHECK	DOS12/22/16-4/6/16* # 8816557253	-61.35
10/02/17	PENALTIES	FOR DATE OF SERVICE 2/22/16	23.48
06/16/16	INTEREST	FOR DATE OF SERVICE 2/22/16	6.26
10/11/17	PMT BY CHECK	DOS 10/2/17-6/16/17* # 8816577485	-29.90
02/12/18	COSTS	ADD'L COSTS AWARDED	1100.00
02/23/18	PMT BY CHECK	DOS 7/16/13-4/6/16* # 8816743112	-1100.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/26/18	59359

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
WC10082564

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

Case: vs DRAMA 88
Date Of Injury: 11/16/12

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

September 19, 2013

MID-CENTURY INSURANCE COMPANY

Check Number: 8814431084
Date: 09/19/2013

Amount: $406.50******

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

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

PAID SEP 20 2013

Claimant/Patient:
Insured: DRAMA 88
Date of Loss: 11/16/2012
Claim Number: WC10082564
Correspondence Reference: FRBMMZN

Claim Representative: KRISTYN DECOURCEY
Office Phone Number: 6309074339

Additional Information:
59359 If there are questions regarding the cashing of this check, please contact the Claims Handler at the toll free telephone number provided or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
07/16/13 - 08/05/13	Interpreter	$406.50

01 01 000665 FRBMMZN1 CE0819P1 02 [1] 000727

MID-CENTURY INSURANCE COMPANY

Check Number: 8815647090
Date: 12/02/2015

Amount: $156.50******

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

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

PAID DEC 04 2015

S93 S9

Claimant/Patient:			
Insured:	DRAMA 88		
Date of Loss:	11/16/2012	Claim Representative:	Abigail Echanique
Claim Number:	WC10082564	Office Phone Number:	7143853818
Correspondence Reference:	0Y4MM4D0N	Applicable Coverage:	Workers' Compensation

Additional Information:
If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 274-0674 or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
07/16/13 - 11/02/15	Interpreter	$156.50

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

01 01 000573 0Y4MM4D0N1 CE1202P1 04 [ ] 000834

MID-CENTURY INSURANCE COMPANY

Check Number: 8815924103
Date: 06/16/2016

Amount: $360.00*****

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

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

JUN 21

-1

59359

Claimant/Patient:	
Insured:	DRAMA 88
Date of Loss:	11/16/2012
Claim Number:	WC10082564
Correspondence Reference:	9RB7448ZN

Claim Representative:	Abigail Echanique
Office Phone Number:	7143853818
Applicable Coverage:	Workers' Compensation

Additional Information:
If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 274-0674 or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
07/16/13 - 04/06/16	Interpreter	$360.00

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

01 01 000283 9RB7448ZN1 CE0617P1 04 [1 000459

MID-CENTURY INSURANCE COMPANY

Check Number: 8816557253
Date: 09/26/2017

Amount: $61.35*******

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

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

Claimant/Patient:			
Insured:	DRAMA 88		
Date of Loss:	11/16/2012	Claim Representative:	LUCAS MILLER
Claim Number:	WC10082564	Office Phone Number:	8185402250
Correspondence Reference:	VD1R6RM0N	Applicable Coverage:	Workers' Compensation

Additional Information:
If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
	Interpreter	$61.35

SEP 28 2017

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

[redacted]

01 01 000241 VD1R6RM0N1 CE0927P1 02 [ ] 000409

MID-CENTURY INSURANCE COMPANY

Check Number: 8816577485
Date: 10/11/2017

Amount: $29.90*******

01 01 000213 DS6B0ZN1 CE1012P1 02 [ ] 000357

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

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

Claimant/Patient:			
Insured:	DRAMA 88		
Date of Loss:	11/16/2012	Claim Representative:	LUCAS MILLER
Claim Number:	WC10082564	Office Phone Number:	8185402250
Correspondence Reference:	DS6B0ZN	Applicable Coverage:	Workers' Compensation

Additional Information:
Per judges order If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
	Interpreter	$29.90

OCT 16 2017

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

MID-CENTURY INSURANCE COMPANY

Check Number: 8816743112
Date: 02/23/2018

Amount: $1,100.00****

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

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

Claimant/Patient:			
Insured:	DRAMA 88		
Date of Loss:	11/16/2012	Claim Representative:	LUCAS MILLER
Claim Number:	WC10082564	Office Phone Number:	8185402250
Correspondence Reference:	2J483BRDN	Applicable Coverage:	Workers' Compensation

Additional Information:
If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
07/16/13 - 04/06/16	Medical - Claimant Legal Report	$1100.00

FEB 26 2018

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

FARMERS INSURANCE

62-20/311

MID-CENTURY INSURANCE COMPANY
Westlake
Farmers WC Imaging Center, P. O. Box 108843
Oklahoma City, OK 73101-8843

Claim # WC10082564

Check No. 8816743112
Date: 02/23/2018

Payable If Desired At Any Citibank

PAY One Thousand One Hundred Dollars And No Cents $1,100.00****

NOT GOOD AFTER SIX MONTHS

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

FARMERS INSURANCE

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

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

⑈8816743112⑈ ⑆031100209⑆ 3872438 9⑈

01 01 000640 2J483BRDN1 CE0223P1 04 [ ] 001197

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/12/18 59404

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
WC10083505

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

Case: vs AZTECA INTERNATIONAL
Date Of Injury: 10/08/12

DOS	SERVICE	DESCRIPTION	AMOUNT
07/31/13	WCAB SA	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	MARIA SEARS # 100795	0.00
09/20/13	PMT BY CHECK	DOS 7/31/13 # 8814433033	-156.50
08/27/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/19/17	PENALTIES	FOR DATE OF SERVICE 8/27/15	23.48
01/24/17	INTEREST	FOR DATE OF SERVICE 8/27/15	26.03
01/24/17	PMT BY CHECK	DOS 8/27/15* # 8816227728	-156.50
01/25/18	COSTS	ADD'L COSTS AWARDED	900.49
02/06/18	PMT BY CHECK	DOS 7/31/13-8/27/15* # 8816721488	-950.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

September 20, 2013

TRUCK INSURANCE EXCHANGE

Check Number: 8814433033
Date: 09/20/2013
Amount: $156.00******

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

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

PAID SEP 24 2013

Claimant/Patient:
Insured: AZTECA INTERNACIONAL
Date of Loss: 10/08/2012
Claim Number: WC10083505
Correspondence Reference: BPS44WN

Claim Representative: WILLIAM POPE
Office Phone Number: 8185402231

Additional Information:
59404 If there are questions regarding the cashing of this check, please contact the Claims Handler at the toll free telephone number provided or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
07/31/13 - 07/31/13	Communications	$156.00

TRUCK INSURANCE EXCHANGE

Check Number: 8816227728
Date: 01/24/2017

Amount: $156.50******

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

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

594104 - 1

Claimant/Patient:			
Insured:	AZTECA INTERNACIONAL		
Date of Loss:	10/08/2012	Claim Representative:	Yamille Welch
Claim Number:	WC10083505	Office Phone Number:	7143853725
Correspondence Reference:	0D$W8MHBN	Applicable Coverage:	Workers' Compensation

Additional Information:
If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 274-0674 or claims office at the address on the check.

From/To Dates	Benefit Type	Benefit Amount	Overpayment W/H	Net Amount
08/27/15 - 08/27/15	Other Specified Indemnity	$156.50		$156.50

TOTAL Benefits Paid To Date :

Other Specified Indemnity	$1087.75
Permanent Partial Disability	$3000.00
Temporary Partial Disability (Ex. TX)	$612.00
Claimant Attorney Fee - PD	$1650.00

PAID
FEB 01 2017

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

[redacted]

TRUCK INSURANCE EXCHANGE

Check Number: 8816721488
Date: 02/06/2018

Amount: $950.00******

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

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

Claimant/Patient:			
Insured:	AZTECA INTERNACIONAL		
Date of Loss:	10/08/2012	Claim Representative:	Angineh Esmaili
Claim Number:	WC10083505	Office Phone Number:	8185402254
Correspondence Reference:	R5BBTS40N	Applicable Coverage:	Workers' Compensation

Additional Information:
If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
07/31/13 - 08/27/15	Medical - Claimant Legal Report	$950.00

FEB 12 2018

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

FARMERS INSURANCE

62-20/311

TRUCK INSURANCE EXCHANGE
Westlake
Farmers WC Imaging Center, P. O. Box 108843
Oklahoma City, OK 73101-8843

Claim #: WC10083505

Check No. 8816721488
Date: 02/06/2018

Payable If Desired At Any Citibank

PAY Nine Hundred Fifty Dollars And No Cents $950.00******

NOT GOOD AFTER SIX MONTHS

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

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

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

⑈8816721488⑈ ⑆031100209⑆ 3872438 9⑈

01 01 000517 R5BBTS40N1 CE0206P1 04 [ ] 001016

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/21/17 68979

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
WC10119574

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

Case: vs MEDITERRANEAN MAISON
Date Of Injury: 8/3/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/30/16	LEGAL_PREP	DEPO PREP @ L/O WILLLIAMS ABREGO	156.50
/ /	INTERPRETER:	GABRIELA I. DAVIS # 100541	0.00
05/09/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/20/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/24/17	PENALTIES	FOR DATE OF SERVICE 3/30/16	23.48
03/20/17	INTEREST	FOR DATE OF SERVICE 3/30/16	17.75
03/24/17	PENALTIES	FOR DATE OF SERVICE 5/9/16	37.50
03/20/17	INTEREST	FOR DATE OF SERVICE 5/9/16	25.76
03/24/17	PENALTIES	FOR DATE OF SERVICE 9/20/16	23.48
03/20/17	INTEREST	FOR DATE OF SERVICE 9/20/16	9.07
03/20/17	PMT BY CHECK	DOS 3/20/16-9/20/16* # 8816305856	-563.00
12/15/17	PENALTIES_U	FOR UNPAID STLM'T 11/6/17	309.26
12/15/17	INTEREST_U	FOR UNPAID STLM'T 11/6/17	12.29
11/09/17	COSTS	ADD'L COSTS AWARDED	778.41
12/15/17	PMT BY CHECK	DOS 3/30/16-9/20/16* # 8816659621	-1237.00
		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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

MID-CENTURY INSURANCE COMPANY

Check Number: 8816305856
Date: 03/20/2017

Amount: $563.00******

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

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

Claimant/Patient:			
Insured:	MEDITERRANEAN MAISON INC.		
Date of Loss:	08/03/2015	Claim Representative:	Melissa Anderson
Claim Number:	WC10119574	Office Phone Number:	9259248327
Correspondence Reference:	9R$KMMY4N	Applicable Coverage:	Workers' Compensation

Additional Information:
If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 754-3260 or claims office at the address on the check.

From/To Dates	Benefit Type	Benefit Amount	Overpayment W/H	Net Amount
03/30/16 - 09/20/16	Other Specified Indemnity	$563.00		$563.00

68979 ←1

TOTAL Benefits Paid To Date :

Other Specified Indemnity	$3050.00
Claimant Attorney Fee - PD	$1800.00

PAID
MAR 27 2017

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

MID-CENTURY INSURANCE COMPANY

Check Number: 8816659621
Date: 12/15/2017

Amount: $1,237.00****

01 01 000596 MS$F1S9ZN1 CE1218P1 02 [ ] 001034

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

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

Claimant/Patient:			
Insured:	MEDITERRANEAN MAISON INC.		
Date of Loss:	08/03/2015	Claim Representative:	LUCAS MILLER
Claim Number:	WC10119574	Office Phone Number:	8185402250
Correspondence Reference:	MS$F1S9ZN	Applicable Coverage:	Workers' Compensation

Additional Information:
If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
03/30/16 - 09/20/16	Medical - Claimant Legal Report	$1237.00

PAID
DEC 21 2017

PLEASE FOLD AND DETACH CHECK ON FOLD LINE BELOW

01 01 001034 MS$F1S9ZN1 CE1218P1 02[ ] 001034

FARMERS INSURANCE

Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

December 15, 2017

001034

JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/15/17 71744

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10128751

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

Case: vs ED COMMERCIAL CABINETS
Date Of Injury: 9/29/15

DOS	SERVICE	DESCRIPTION	AMOUNT
05/03/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/17/17	PENALTIES	FOR DATE OF SERVICE 05/03/17	23.48
09/01/17	INTEREST	FOR DATE OF SERVICE 05/03/17	4.93
09/01/17	PMT BY CHECK	DOS 5/3/17* # 8816527900	-156.50
10/23/17	PMT BY CHECK	DOS 9/1/17* # 8816592505	-28.41
11/15/17	COSTS	ADD'L COSTS AWARDED	1100.00
12/11/17	PMT BY CHECK	DOS 11/15/17* # 8816652525	-1100.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

MID-CENTURY INSURANCE COMPANY

Check Number: 8816527900
Date: 09/01/2017

Amount: $156.50******

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

To the order of
JOYCE ALTMAN INTERPRETERS
PO Box 1465
Tustin CA 92781

Claimant/Patient:			
Insured:	LEZAMA, EDUARDO		
Date of Loss:	10/06/2015	Claim Representative:	CYNTHIA RIVAS
Claim Number:	WC10119222	Office Phone Number:	8185402241
Correspondence Reference:	VJBK6RMRN	Applicable Coverage:	Workers' Compensation

Additional Information:
ORDER TO PAY 5811 DOS 5-3-17 If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

From/To Dates	Benefit Type	Benefit Amount	Overpayment W/H	Net Amount
05/03/17 - 05/03/17	Other Specified Indemnity	$156.50		$156.50

TOTAL Benefits Paid To Date :

Lump Sum Unscheduled Permanent Partial Disability	$4222.85
Other Specified Indemnity	$156.50
Unscheduled Permanent Partial Disability	$2527.15
Temporary Total Disability (Ex. TX)	$19066.45
Claimant Attorney Fee - PD	$2250.00

SEP 07 2017

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

[redacted]

01 01 000455 VJBK6RMRN1 CE0904P1 02 [ ] 000594

MID-CENTURY INSURANCE COMPANY

Check Number: 8816652525
Date: 12/11/2017

Amount: $1,100.00****

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

To the order of
JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin CA 92781

Claimant/Patient:
Insured: LEZAMA, EDUARDO
Date of Loss: 10/06/2015
Claim Number: WC10119222
Correspondence Reference: MR4R1RVDN
Claim Representative: LUCAS MILLER
Office Phone Number: 8185402250
Applicable Coverage: Workers' Compensation

Additional Information:
If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
11/15/17 - 11/15/17	Medical - Claimant Legal Report	$1100.00

PAID

01 01 000708 MR4R1RVDN1 CE1212P1 02 [ ] 001361

01 01 001361 MR4R1RVDN1 CE1212P1 02 [ ] 001361

FARMERS INSURANCE

Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

December 11, 2017

001361

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin CA 92781

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/06/17 68137

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
WC10116401

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

Case: vs SB GAS AND WASH MANAGEMENT INC
Date Of Injury: 8/5/14; 10/13 -10/14

DOS	SERVICE	DESCRIPTION	AMOUNT
01/04/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
02/09/16	LEGAL_WCAB	TRIAL @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
03/07/16	PMT BY CHECK	DOS 4/1/16-2/9/16* # 8815779778	-313.00
03/08/16	LEGAL_WCAB	TRIAL @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
07/13/16	PENALTIES	FOR DATE OF SERVICE 3/8/16	23.48
07/29/16	INTEREST	FOR DATE OF SERVICE 3/8/16	7.64
07/29/16	PMT BY CHECK	DOS 3/8/16* # 8815985388	-156.50
09/20/17	COSTS	ADD'L COSTS AWARDED	468.88
11/02/17	PMT BY CHECK	DOS 8/5/14-9/20/17* # 8816607532	-500.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

FARMERS INSURANCE

Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

March 7, 2016

01 01 00

01 01 000089 D1$D48S0N1 CE030792 02 [ ] 000174

MID-CENTURY INSURANCE COMPANY

Check Number: 8815779778
Date: 03/07/2016
Amount: $313.00******

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

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

68137

Claimant/Patient:			
Insured:	SB GAS AND WASH MANAGEMENT, INC.		
Date of Loss:	08/05/2014	Claim Representative:	JHOANNE KUHNLY
Claim Number:	WC10116401	Office Phone Number:	8085430415
Correspondence Reference:	D1$D48S0N	Applicable Coverage:	Workers' Compensation

Additional Information:
68137 DOS 1-4-16 TO 2-9-16 If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 754-3260 or claims office at the address on the check.

From/To Dates	Benefit Type	Benefit Amount	Overpayment W/H	Net Amount
01/04/16 - 02/09/16	Other Specified Indemnity	$313.00		$313.00

TOTAL Benefits Paid To Date :
Other Specified Indemnity $2330.00

PAID MAR 09 2016

PLEASE FOLD AND DETACH CHECK ON RI) INE BELOW

MID-CENTURY INSURANCE COMPANY

Check Number: 8815985388
Date: 07/29/2016

Amount: $156.50******

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

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

68137

Claimant/Patient:			
Insured:	SB GAS AND WASH MANAGEMENT, INC.		
Date of Loss:	08/05/2014	Claim Representative:	JHOANNE KUHNLY
Claim Number:	WC10116401	Office Phone Number:	8185402204
Correspondence Reference:	WB$PBMGBN	Applicable Coverage:	Workers' Compensation

Additional Information:
If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 754-3260 or claims office at the address on the check.

From/To Dates	Benefit Type	Benefit Amount	Overpayment W/H	Net Amount
03/08/16 - 03/08/16	Other Specified Indemnity	$156.50		$156.50

TOTAL Benefits Paid To Date :

	Other Specified Indemnity	$3046.50

3

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

[redacted]

01 01 000423 WB$PBMGBN1 CE0801P1 02 [ ] 000616

MID-CENTURY INSURANCE COMPANY

Check Number: 8816607532
Date: ~~11/02~~/2017

Amount: $500.00******

01 01 000278 VXB8$RJRN1 CE1103P1 02 [ ] 000426

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

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

Claimant/Patient:
Insured: SB GAS AND WASH MANAGEMENT, INC.
Date of Loss: 08/05/2014
Claim Number: WC10116401
~~Correspondence Reference: VXB8$RJRN~~
Claim Representative: Terri Westerman
Office Phone Number: 9259248315
~~Applicable Coverage: Workers' Compensation~~

Additional Information:
lien settlement If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 754-3260 or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
08/05/14 - 09/20/17	Interpreter	$500.00

NOV 06 2017

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

FARMERS INSURANCE

62-20/311

MID-CENTURY INSURANCE COMPANY
Westlake
Farmers WC Imaging Center, P. O. Box 108843
Oklahoma City, OK 73101-8843

Claim #: WC10116401

Check No. 8816607532

Date: 11/02/2017

Payable If Desired At Any Citibank

PAY Five Hundred Dollars And No Cents $500.00******

NOT GOOD AFTER SIX MONTHS

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

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

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

⑈8816607532⑈ ⑆031100209⑆ 3872438⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/30/17 58266

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
E2032025

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

Case: vs MAXIMUM EXHAUST CLEANING
Date Of Injury: 11/20/06

DOS	SERVICE	DESCRIPTION	AMOUNT
02/26/13	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/18/13	WCAB LB	TRIAL - CARMEN GUZMAN # 100585	156.50
05/05/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/10/14	PMT BY CHECK	DOS 2/26/13-5/5/14* =# 8814840584	-270.00
07/01/15	PENALTIES	FOR DATE OF SERVICE 2/26/13	23.48
12/28/15	INTEREST	FOR DATE OF SERVICE 2/26/13	48.91
07/01/15	PENALTIES	FOR DATE OF SERVICE 4/18/13	23.48
12/28/15	INTEREST	FOR DATE OF SERVICE 4/18/13	48.27
07/01/15	PENALTIES	FOR DATE OF SERVICE 5/5/14	23.48
12/28/15	INTEREST	FOR DATE OF SERVICE 5/5/14	30.18
12/28/15	PMT BY CHECK	DOS 2/26/13-5/5/14* # 8815684533	-199.50
02/11/16	PMT BY CHECK	DOS 2/26/13-12/28/15* # 8815749076	-72.85
11/14/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/05/16	PMT BY CHECK	DOS 11/14/16* # 8816157210	-156.50
08/29/17	COSTS & SANC	COSTS & SANC	1375.05
09/13/17	PMT BY CHECK	DOS 9/6/17* # 8816539401	-1500.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/30/17 58266

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
E2032025

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

Case: vs MAXIMUM EXHAUST CLEANING
Date Of Injury: 11/20/06

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

TRUCK INSURANCE EXCHANGE

Check Number: 8814840584
Date: 06/10/2014

Amount: $270.00******

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

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

58266

Claimant/Patient:
Insured: MAXIMUM EXHAUST CLEANING INC
Date of Loss: 01/24/2012
Claim Number: WC10072403
Correspondence Reference: 2C1PB8LMN

Claim Representative: Sandra Markle
Office Phone Number: 8185402229

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

Service From/To	Payment For	Paid Amount
02/26/13 - 05/05/14	Interpreter	$270.00

PAID JUN 11 2014

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

01 01 000586 2C1PB8LMN1 CE0610P1 04 [ ] 001140



Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

June 10, 2014

001140

JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

03 01 001140 2C7PBRLMN1 CE0810P104 [ ] 001140

TRUCK INSURANCE EXCHANGE

Check Number: 8815684533
Date: 12/28/2015

Amount: $199.50******

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

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

PAID JAN 04 2016

Claimant/Patient:
Insured: MAXIMUM EXHAUST CLEANING INC
Date of Loss: 01/24/2012
Claim Number: WC10072403
Correspondence Reference: QR15RMXZN

Claim Representative: Sandra Markle
Office Phone Number: 8185402229
Applicable Coverage: Workers' Compensation

Additional Information:
ADDITIONA ALLOWANCE PER LC 5811 If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
02/26/13 - 05/05/14	Interpreter	$199.50

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

01 01 000471 QR15RMXZN1 CE1228P2 02 [ ] 000396

FARMERS INSURANCE

Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

February 11, 2016

01 01 000824

01 01 000445 D6$5P85RN1 CE0212P1 02 [ ] 000824

TRUCK INSURANCE EXCHANGE

Check Number: 8815749076
Date: 02/11/2016

Amount: $72.85*******

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

58266

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

PAID FEB 17 2016

Claimant/Patient:			
Insured:	MAXIMUM EXHAUST CLEANING INC		
Date of Loss:	01/24/2012	Claim Representative:	Sandra Markle
Claim Number:	WC10072403	Office Phone Number:	8185402229
Correspondence Reference:	D6$5P85RN		

Additional Information:
PAYMENT IN FULL P&I If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
02/26/13 - 12/28/15	Communications	$72.85

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

TRUCK INSURANCE EXCHANGE

Check Number: 8816157210
Date: 12/05/2016

Amount: $156.50******

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

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

Claimant/Patient:			
Insured:	MAXIMUM EXHAUST CLEANING INC		
Date of Loss:	01/24/2012	Claim Representative:	Sandra Markle
Claim Number:	WC10072403	Office Phone Number:	8185402229
Correspondence Reference:	J61DRMTWN	Applicable Coverage:	Workers' Compensation

Additional Information:
INV# 100585 If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

From/To Dates	Benefit Type	Benefit Amount	Overpayment W/H	Net Amount
11/14/16 - 11/14/16	Other Specified Indemnity	$156.50		$156.50

TOTAL Benefits Paid To Date :

Other Specified Indemnity	$531.50
Permanent Partial Disability	$4188.75
Unscheduled Permanent Partial Disability	$5145.00
Temporary Total Disability (Ex. TX)	$55935.00

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

TRUCK INSURANCE EXCHANGE

Check Number: 8816539401
Date: 09/13/2017

Amount: $1,500.00****

01 01 0005698 4D$ZLS0RN1 CE0813P2 04 1 0000896

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

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

Claimant/Patient:
Insured: MAXIMUM EXHAUST CLEANING INC
Date of Loss: 01/24/2012
Claim Number: WC10072403
Correspondence Reference: 4D$ZLS0RN
Claim Representative: Jared Abrams
Office Phone Number: 8185402231
Applicable Coverage: Workers' Compensation

Additional Information:
If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
09/06/17 - 09/06/17	Medical - Claimant Legal Report	$1500.00

SEP 18 2017

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/08/18 69878

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
0512988811

BILL TO:
FIREMAN'S FUND (SACRAMENTO)
W. C. DEPARTMENT
ATTN: ELIZABETH GUTIERREZ
P.O. BOX 13340
SACRAMENTO, CA 95813

Case: vs PINNACLE PRECISION SHEET METAL
Date Of Injury: CT 4/1/09 - 4/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
06/28/16	SURGERY	DR KEVIN PELTON: LEFT KNEE @ MONROVIA HOSPITAL	495.00
/ /	INTERPRETER:	IRENE MORA # 101159 (5 HRS 30 MIN)	0.00
12/18/17	PENALTIES	FOR DATE OF SERVICE 6/28/16	74.25
12/18/17	INTEREST	FOR DATE OF SERVICE 6/28/16	75.95
01/03/18	PMT BY CHECK	DOS 6/28/16-12/18/17* # 0033667151	-645.20

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Allianz Global Corporate & Specialty
Attn: Claims/ATLAS
1 Progress Point Parkway
O'Fallon, MO 63368

Allianz

0100839 01 RE 0.420 **AUTO T3 0 7002 92781 -P00839

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

Claim No.	B005C12988811
HCO	780
Bank Number	B1
Issuing Co.	FFIC
Policy No.	WZC 80973758

Explanation For INV: 69878 12 18 17

E INTERPRETING SERVICES

Please contact our office (800) 870-8857 with questions concerning this payment or claim.
Any error in payee name, address or tax identification number should be reported immediately.

Representative Name ELIZABETH A GUTIERREZ Phone No. (916)852-4590

From 06/28/2016 Thru 12/18/2017 IRS# R330956713 Check Distribution M

Check Amount $645.20

Check No. 0033667151

Date of Loss 05/01/09

CRBASA

Detach And Retain For Your Records

Allianz

Allianz Global Corporate & Specialty
Attn: Claims/ATLAS
1 Progress Point Parkway
O'Fallon, MO 63368

62-20
311

Check No.	0033667151
Issue Date	01/03/18
Claim No.	B005C12988811
Insured	PINNACLE PRECISION SHEET METAL
Invoice No.	N/A
Date of Loss	05/01/09
Issuing Co.	FFIC

Six Hundred Forty-five and 20/100 Dollars

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

$645.20

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

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

For INV: 69878 12 18 17

E INTERPRETING SERVICES

⑈0033667151⑈ ⑆031100209⑆ 3891016 5⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/22/17 32881

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
ECA900045597

BILL TO:
FIRST COMP/MARKEL INS (OMAHA)
W. C. DEPARTMENT
ATTN: LUCY RAMOS
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs MEATCO PROVISIONS, INC.
Date Of Injury: 6/06 - 11/15/08

DOS	SERVICE	DESCRIPTION	AMOUNT
01/19/09	INITIAL EXAM	DR BOYER @ PAIN RELIEF CTR*	230.00
02/18/09	INITIAL EXAM	-DR TERRENCE: PSYCH EVAL @ (4 HRS 19 MIN)	488.75
05/14/09	DEPO PREP	@ THE L/O OF STOCKWELL & HARRIS	156.50
06/15/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
04/01/10	P AND S	-DR TERRENCE: PSYCH EVAL (2.5 HRS)	287.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
02/28/11	PMT BY CHECK	DOS 1/19/09 THRU 4/1/10 # 2617900	-406.50
07/01/14	PENALTIES	FOR DATE OF SERVICE 1/19/09	34.50
08/07/17	INTEREST	FOR DATE OF SERVICE 1/19/09	47.32
07/01/14	PENALTIES	FOR DATE OF SERVICE 2/18/09	73.31
08/07/17	INTEREST	FOR DATE OF SERVICE 2/18/09	100.56
07/01/14	PENALTIES	FOR DATE OF SERVICE 4/1/10	43.13
08/22/16	INTEREST	FOR DATE OF SERVICE 4/1/10	270.30
11/19/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
08/07/17	PENALTIES	FOR DATE OF SERVICE 05/14/09	23.48
08/07/17	INTEREST	FOR DATE OF SERVICE 05/14/09	148.17
08/07/17	PENALTIES	FOR DATE OF SERVICE 06/15/09	37.50
08/07/17	INTEREST	FOR DATE OF SERVICE 06/15/09	235.04
08/07/17	INTEREST	FOR DATE OF SERVICE 02/18/09	295.63
08/07/17	COSTS & SANC	COSTS & SANC	334.81
08/16/17	PMT BY CHECK	DOS 1/19/09-8/7/17* # 70142407	-2750.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/22/17	32881

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
ECA900045597

BILL TO:
FIRST COMP/MARKEL INS (OMAHA)
W. C. DEPARTMENT
ATTN: LUCY RAMOS
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs MEATCO PROVISIONS, INC.
Date Of Injury: 6/06 - 11/15/08

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

FIRST COMP
Insuring America's Small Business®
PO Box 3188
Omaha, NE 68103-0188

Claims Disbursement

Claim Number: ECA900045597
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 2617900
Check Date: 02/28/2011
Check Amount: 406.50

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WEN0033031
CLAIMS TYPE: EX EXPENSE TYPE: 10

PAID
MAR 08 2011
BY:.....

Invoice Number: 32881
Invoice Date: 01/24/2011

Service From: 01/19/2009 **Service To:** 04/01/2010

Claimant First Name:
Claimant Last Name:

Additional Information: 01/19/2009 04/01/2010

[redacted]



FIRST COMP
MARKEL Insuring America's Small Business®

PO Box 3188
Omaha, NE 68103-3188

Claims Disbursement

32881

CLAIM #: ECA900045597
PAYEE: JOYCE ALTMAN INTERPRETERS INC

CHECK NUMBER: 70142407
CHECK DATE: 08/16/2017
CHECK AMOUNT: $2,750.00

Check Information

CLAIMANT NAME:
POLICY #: WEN0033031-02
INVOICE #: Lien F & F
INVOICE DATE: 08/15/2017
BILL ID #: 3490019
BILL REVIEW ID #:
BENEFIT BEGIN: 01/19/2009
BENEFIT END: 08/07/2017
RESERVE TYPE: ME
SUB-RESERVE TYPE: Other

CHECK MEMO:

F-F.
WC

AUG 22 2017

Please contact our Customer Service Department at 1-888-500-3344 if you have any questions.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/09/18 45893

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
003372-000761-WC-01

BILL TO:
GALLAGHER BASSETT (SAN DIEGO)
W. C. DEPARTMENT
ATTN: SCOTT SCHROEDER
P.O. BOX # 85013
SAN DIEGO, CA 92186

Case: vs BONNIE BRAE CONVALESCENT HOSP.
Date Of Injury: 5/10/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/17/11	MRI	-REF BY DR KOMBERG: L/S, LT SHOULDER*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341 DOI: 5/8/11; 5/10/11	0.00
06/20/11	MRI	-REF BY DR KOMBERG: LT FOREAR & ELBOW*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741 DOI: 5/8/11; 5/10/11	0.00
06/22/11	MRI	-REF BY DR KOMBERG: BIL KNEES & C/S*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320 DOI: 5/11	0.00
07/12/11	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR SADIGHPOUR*	150.00
/ /	INTERPRETER:	RICARDO AINSLIE # 500159 DOI: 5/8/11; 5/10/11	0.00
10/31/11	WCAB LB	PRIORITY CONFERENCE DOI: 5/8/11; 5/10/11	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/23/12	DEPO PREP	@ THE L/O OF DENNIS FUSI DOI: 11/10 - 5/11	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/28/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP DOI: 11/10 - 5/11	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/06/14	WCAB LB	MSC - CARMEN GUZMAN # 100585 DOI: 5/10/11	156.50
07/08/14	WCAB LB	MSC - JOHANNA JORDAN # 301566 DOI: 5/10/11	156.50
09/17/14	WCAB LB	MSC - JOHANNA JORDAN # 301566 DOI: 5/10/11	156.50

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/09/18 45893

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
003372-000761-WC-01

BILL TO:
GALLAGHER BASSETT (SAN DIEGO)
W. C. DEPARTMENT
ATTN: SCOTT SCHROEDER
P.O. BOX # 85013
SAN DIEGO, CA 92186

Case: vs BONNIE BRAE CONVALESCENT HOSP.
Date Of Injury: 5/10/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/16	LIEN FIL FEE	LIEN FILING FEE	150.00
06/23/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH DOI: 5/10/11	156.50
/ /	INTERPRETER:	CARMEN GUMZAN # 100585	0.00
02/23/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH DOI: 5/10/11	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/11/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH DOI: 5/10/11	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/18/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH DOI: 5/10/11	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/31/17	PMT BY CHECK	DOS 6/17/11-4/11/17* # 0139686717	-2252.00
09/19/17	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/30/17	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/21/18	PENALTIES	FOR DATE OF SERVICE 10/31/11	23.48
08/31/17	INTEREST	FOR DATE OF SERVICE 10/31/11	100.84
03/21/18	PENALTIES	FOR DATE OF SERVICE 01/23/12	23.48
08/31/17	INTEREST	FOR DATE OF SERVICE 01/23/12	99.90
03/21/18	PENALTIES	FOR DATE OF SERVICE 02/28/12	37.50
08/31/17	INTEREST	FOR DATE OF SERVICE 02/28/12	157.14
03/21/18	PENALTIES	FOR DATE OF SERVICE 05/06/14	23.48
08/31/17	INTEREST	FOR DATE OF SERVICE 05/06/14	59.42
03/21/18	PENALTIES	FOR DATE OF SERVICE 07/08/14	23.48
08/31/17	INTEREST	FOR DATE OF SERVICE 07/08/14	55.67
03/21/18	PENALTIES	FOR DATE OF SERVICE 09/17/14	23.48
08/31/17	INTEREST	FOR DATE OF SERVICE 09/17/14	51.72

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/09/18 45893

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
003372-000761-WC-01

BILL TO:
GALLAGHER BASSETT (SAN DIEGO)
W. C. DEPARTMENT
ATTN: SCOTT SCHROEDER
P.O. BOX # 85013
SAN DIEGO, CA 92186

Case: vs BONNIE BRAE CONVALESCENT HOSP.
Date Of Injury: 5/10/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/21/18	PENALTIES	FOR DATE OF SERVICE 06/23/16	23.48
08/31/17	INTEREST	FOR DATE OF SERVICE 06/23/16	20.76
03/21/18	PENALTIES	FOR DATE OF SERVICE 02/23/17	23.48
08/31/17	INTEREST	FOR DATE OF SERVICE 02/23/17	8.97
03/21/18	PENALTIES	FOR DATE OF SERVICE 04/11/17	23.48
08/31/17	INTEREST	FOR DATE OF SERVICE 04/11/17	6.56
03/21/18	PENALTIES	FOR DATE OF SERVICE 07/18/17	23.48
07/02/18	INTEREST	FOR DATE OF SERVICE 07/18/17	16.57
03/21/18	PENALTIES	FOR DATE OF SERVICE 09/19/17	23.48
07/02/18	INTEREST	FOR DATE OF SERVICE 09/19/17	13.71
03/21/18	PENALTIES	FOR DATE OF SERVICE 11/30/17	23.48
07/02/18	INTEREST	FOR DATE OF SERVICE 11/30/17	10.01
05/21/18	PENALTIES	FOR DATE OF SERVICE 06/17/11	22.50
08/31/17	INTEREST	FOR DATE OF SERVICE 06/17/11	96.65
05/21/18	PENALTIES	FOR DATE OF SERVICE 06/20/11	22.50
08/31/17	INTEREST	FOR DATE OF SERVICE 06/20/11	96.65
05/21/18	PENALTIES	FOR DATE OF SERVICE 06/22/11	22.50
08/31/17	INTEREST	FOR DATE OF SERVICE 06/22/11	96.65
05/21/18	PENALTIES	FOR DATE OF SERVICE 07/12/11	22.50
08/31/17	INTEREST	FOR DATE OF SERVICE 07/12/11	96.65
07/02/18	COSTS	ADD'L COSTS AWARDED	1156.85
07/02/18	PMT BY CHECK	DOS 7/2/18* # 0147026822	-3000.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/09/18 45893

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
003372-000761-WC-01

BILL TO:
GALLAGHER BASSETT (SAN DIEGO)
W. C. DEPARTMENT
ATTN: SCOTT SCHROEDER
P.O. BOX # 85013
SAN DIEGO, CA 92186

Case: vs BONNIE BRAE CONVALESCENT HOSP.
Date Of Injury: 5/10/11

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. ** THIS SERVES AS DEMAND FOR PAYMENT **

GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

0101865 01 RE 0.420 **AUTO T5 2 1670 92781 -P01865

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

SEP 05 2017

DIRECT INQUIRIES TO:

PHONE: 1-866-855-0230
GALLAGHER BASSETT - CORON
P.O BOX 6900
CORONA CA 92880-2006

GALLAGHER BASSETT SERVICES INC FOR SPARTA INSURAN

CLAIM NO. 003372 000766 WC 01

CLAIMANT:

DESCRIPTION: INV #: 45893

DATE OF SERVICE: 17-Jun-2011 TO 11-Apr-2017

BRANCH NO. 170

ACC. DATE 08-May-2011

PAYMENT AMOUNT: $2,252.00

CHECK NO. 0139686717

VN. 0000068634

DATE: 31-Aug-2017

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0139686717 ATTACHED BELOW

MR

GALLAGHER BASSETT SERVICES INC FOR SPARTA INSURANCE COMPANY

CHECK NO. 0139686717

VN. 0000068634

CLAIM NO. 003372 000766 WC 01 (WK00946002) BRANCH NO.: 170

DATE: 08/31/2017

Two Thousand Two Hundred Fifty-two and 00/100 Dollars

62-20
311

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

$$$$$$$$$$2,252.00

NOT VALID AFTER 90 DAYS

Donna M. Kurte

AUTHORIZED SIGNATURE

Or Payable at
Citibank, FSB California

Citibank
Citibank N.A.
Processed by Citibank (Delaware)

⑈0139686717⑈ ⑆031100209⑆ 4007490 1⑈

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

0102826 01 RE 0.421 **AUTO T6 0 1628 92781 -P02828

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

PAID
JUL 09 2018

DIRECT INQUIRIES TO:

PHONE: 1-866-855-0230
GALLAGHER BASSETT - CORON
PO BOX 2934
CLINTON IA 52733-2934

GALLAGHER BASSETT SERVICES INC FOR SPARTA INSURAN

CLAIM NO. 003372 000766 WC 01

CLAIMANT:

DESCRIPTION: F&F LIEN RESOLUTION

DATE OF SERVICE: 02-Jul-2018 TO 02-Jul-2018

BRANCH NO. 170

ACC. DATE 08-May-2011

CHECK NO. 0147026822

VN. 0000069997

DATE: 02-Jul-2018

PAYMENT AMOUNT: $3,000.00

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0147026822 ATTACHED BELOW

GALLAGHER BASSETT SERVICES INC FOR SPARTA INSURANCE COMPANY

CLAIM NO. 003372 000766 WC 01 (WK00946002) BRANCH NO.: 170

CHECK NO. 0147026822

VN. 0000069997

DATE: 07/02/2018

Three 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

$$$$$$$$$$3,000.00

NOT VALID AFTER 90 DAYS

Donna M. Korte
AUTHORIZED SIGNATURE

Payable at
Citibank, FSB California

Citibank
Citibank N.A.
Processed by Citibank (Delaware)

⑈0147026822⑈ ⑆031100209⑆ 4007490 1⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/08/17 61985

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
004020088414WC01

BILL TO:
GALLAGHER BASSETT (CORONA)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 6900
CORONA, CA 92878-6900

Case: vs LITTLE SISTER OF THE POOR
Date Of Injury: 7/1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/16/12	INITIAL EXAM	@ COAST CITY MEDICAL GROUP (2H 30M)	287.50
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/28/12	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/11/12	PR2/REEVAL	@ CAOST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/27/12	PT INITIAL	PHYSICAL THERAPY W/DR LAZATIN @ CALIF IMAGING*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/18/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/09/12	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/18/12	PT PR-2	PHYSICAL THERAPY W/DR LAZATIN @ COAST CITY MED*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/29/12	PT PR-2	PHYSICAL THERAPY W/DR LAZATIN @ COAST CITY MED*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/04/12	PT PR-2	PHYSICAL THERAPY W/DR LAZATIN @ COAST CITY MED*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/06/12	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/19/12	PT PR-2	PHYSICAL THERAPY W/DR LAZATIN @ COAST CITY MED*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/20/12	PR2/REEVAL	W/ACUPUNCTURIST J. KIM*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/26/12	PT PR-2	PHYSICAL THERAPY W/DR LAZATIN	90.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/08/17	61985

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
004020088414WC01

BILL TO:
GALLAGHER BASSETT (CORONA)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 6900
CORONA, CA 92878-6900

Case: vs LITTLE SISTER OF THE POOR
Date Of Injury: 7/1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
		@ COAST CITY MED*	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/27/12	PR2/REEVAL	W/ACUPUNCTURIST J. KIM*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/04/12	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/11/12	PR2/REEVAL	W/ACUPUNCTURIST J. KIM @ COAST CITY MEDICAL*	180.00
/ /	INTERPRETER:	ALBETO VILLAGOMEZ # 500341	0.00
01/25/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/03/13	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/08/13	PT PR-2	PHYSICAL THERAPY W/DR LAZATIN @ COAST CITY MED*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/29/13	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/05/13	PR2/REEVAL	W/ACUPUNCTURIST J. KIM*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/26/13	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/12/13	PR2-RE/EVAL	W/ACUPUNCTURIST J. KIM*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/16/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
12/14/15	LIEN FIL FEE	LIEN FILING FEE	150.00
08/01/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/11/16	PENALTIES	FOR DATE OF SERVICE 10/18/12	23.48
07/24/17	INTEREST	FOR DATE OF SERVICE 10/18/12	85.25

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/08/17 61985

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
004020088414WC01

BILL TO:
GALLAGHER BASSETT (CORONA)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 6900
CORONA, CA 92878-6900

Case: [redacted] /s LITTLE SISTER OF THE POOR
Date Of Injury: 7/1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/11/16	PENALTIES	FOR DATE OF SERVICE 1/25/13	37.50
07/24/17	INTEREST	FOR DATE OF SERVICE 1/25/13	130.04
11/11/16	PENALTIES	FOR DATE OF SERVICE 10/16/14	23.48
07/24/17	INTEREST	FOR DATE OF SERVICE 10/16/14	49.95
11/11/16	PENALTIES	FOR DATE OF SERVICE 8/1/16	23.48
07/24/17	INTEREST	FOR DATE OF SERVICE 8/1/16	18.24
12/05/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/13/17	PENALTIES	FOR DATE OF SERVICE 12/5/16	23.48
07/24/17	INTEREST	FOR DATE OF SERVICE 12/5/16	11.93
07/24/17	PENALTIES	FOR DATE OF SERVICE 08/16/12	43.13
07/24/17	INTEREST	FOR DATE OF SERVICE 08/16/12	156.62
07/24/17	PENALTIES	FOR DATE OF SERVICE 08/28/12	27.00
07/24/17	INTEREST	FOR DATE OF SERVICE 08/28/12	98.06
07/24/17	PENALTIES	FOR DATE OF SERVICE 09/11/12	27.00
07/24/17	INTEREST	FOR DATE OF SERVICE 09/11/12	98.06
07/24/17	PENALTIES	FOR DATE OF SERVICE 09/27/12	13.50
07/24/17	INTEREST	FOR DATE OF SERVICE 09/27/12	49.03
07/24/17	PENALTIES	FOR DATE OF SERVICE 10/09/12	27.00
07/24/17	INTEREST	FOR DATE OF SERVICE 10/09/12	97.20
07/24/17	PENALTIES	FOR DATE OF SERVICE 10/18/12	13.50
07/24/17	INTEREST	FOR DATE OF SERVICE 10/18/12	48.29
07/24/17	PENALTIES	FOR DATE OF SERVICE 10/29/12	13.50
07/24/17	INTEREST	FOR DATE OF SERVICE 10/29/12	47.92
07/24/17	PENALTIES	FOR DATE OF SERVICE 10/04/12	13.50
07/24/17	INTEREST	FOR DATE OF SERVICE 10/04/12	47.92
07/24/17	PENALTIES	FOR DATE OF SERVICE 11/06/12	27.00
07/24/17	INTEREST	FOR DATE OF SERVICE 11/06/12	94.99
07/24/17	PENALTIES	FOR DATE OF SERVICE 11/19/12	13.50
07/24/17	INTEREST	FOR DATE OF SERVICE 11/19/12	47.41
07/24/17	PENALTIES	FOR DATE OF SERVICE 11/20/12	27.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/08/17 61985

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
004020088414WC01

BILL TO:
GALLAGHER BASSETT (CORONA)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 6900
CORONA, CA 92878-6900

Case: vs LITTLE SISTER OF THE POOR
Date Of Injury: 7/1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
07/24/17	INTEREST	FOR DATE OF SERVICE 11/20/12	94.71
07/24/17	PENALTIES	FOR DATE OF SERVICE 11/26/12	13.50
07/24/17	INTEREST	FOR DATE OF SERVICE 11/26/12	47.35
07/24/17	PENALTIES	FOR DATE OF SERVICE 11/27/12	27.00
07/24/17	INTEREST	FOR DATE OF SERVICE 11/27/12	94.71
07/24/17	PENALTIES	FOR DATE OF SERVICE 12/04/12	27.00
07/24/17	INTEREST	FOR DATE OF SERVICE 12/04/12	94.20
07/24/17	PENALTIES	FOR DATE OF SERVICE 12/11/12	27.00
07/24/17	INTEREST	FOR DATE OF SERVICE 12/11/12	94.03
07/24/17	PENALTIES	FOR DATE OF SERVICE 01/03/13	27.00
07/24/17	INTEREST	FOR DATE OF SERVICE 01/03/13	93.46
07/24/17	PENALTIES	FOR DATE OF SERVICE 01/08/13	13.50
07/24/17	INTEREST	FOR DATE OF SERVICE 01/08/13	46.53
07/24/17	PENALTIES	FOR DATE OF SERVICE 01/29/13	27.00
07/24/17	INTEREST	FOR DATE OF SERVICE 01/29/13	92.27
07/24/17	PENALTIES	FOR DATE OF SERVICE 02/05/13	27.00
07/24/17	INTEREST	FOR DATE OF SERVICE 02/05/13	91.93
07/24/17	PENALTIES	FOR DATE OF SERVICE 02/26/13	27.00
07/24/17	INTEREST	FOR DATE OF SERVICE 02/26/13	90.40
07/24/17	PENALTIES	FOR DATE OF SERVICE 03/12/13	27.00
07/24/17	INTEREST	FOR DATE OF SERVICE 03/12/13	89.49
07/24/17	COSTS & SANC	COSTS & SANC	1500.00
08/01/17	PMT BY CHECK	DOS 8/13/12-12/5/16* # 0138916464 GALLAGH	-8413.54

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/08/17	61985

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
004020088414WC01

BILL TO:
GALLAGHER BASSETT (CORONA)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 6900
CORONA, CA 92878-6900

Case: vs LITTLE SISTER OF THE POOR
Date Of Injury: 7/1/09

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

M

0101896 01 RE 0.420 **AUTO T5 2 1648 92781 -P01897

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

FF.
CA
55350
61985

AUG 08 2017

DIRECT INQUIRIES TO:

PHONE: 1-619-471-1219
GALLAGHER BASSETT-SAN DIE
P.O. BOX 85013
SAN DIEGO CA 92186-5013

RELIGIOUS AND CHARITABLE RISK POOLING TRUST OF T
OF THE CHRISTIAN SCHOOLS AND AFFILIATES

CLAIM NO. 004020 184875 WC 01

BRANCH NO. 187

CHECK NO. 0138916464

CLAIMANT:

ACC. DATE 23-Feb-2012

VN. 0000906702

DESCRIPTION: PER LIEN STIPULATION APPROVED 7/24/17 - FULL AND FINAL

DATE: 01-Aug-2017

DATE OF SERVICE: 16-Aug-2012 TO 05-Dec-2016

PAYMENT AMOUNT: $8,413.54

HR

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0138916464 ATTACHED BELOW

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/08/17 66416

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
003000316017WC01; 0030003

BILL TO:
GALLAGHER BASSETT (GOLD RIVER)
W. C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX 2290
GOLD RIVER, CA 95741

Case: vs WASTE MANAGEMENT
Date Of Injury: 11/13/14; 1/15/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/26/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI DOI: CT 1/1/15	156.50
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
08/06/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI DOI: 11/13/14	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/20/15	PMT BY CHECK	DOS 06/26/15-06/26/15* # 0121164500	-156.50
09/02/15	PMT BY CHECK	DOS 08/06/15-08/06/15* # 0121452549	-250.00
11/14/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH DOI: BOTH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
01/27/17	PMT BY CHECK	DOS 11/14/16* # 0134333859	-156.50
02/21/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI DOI: BOTH	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/13/17	PENALTIES	FOR DATE OF SERVICE 2/21/17	37.50
06/13/17	INTEREST	FOR DATE OF SERVICE 2/21/17	9.69
06/13/17	PMT BY CHECK	DOS 2/21/17* # 0137712715	-250.00
06/27/17	PMT BY CHECK	DOS 2/21/17-2/21/17* # 013806168*	-250.00
07/07/17	COSTS & SANC	COST	202.81
07/25/17	COSTS & SANC	COSTS & SANC	500.00
08/03/17	PMT BY CHECK	DOS 7/25/17* # 0138974336	-500.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/08/17 66416

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
0030003160l7WC01; 0030003

BILL TO:
GALLAGHER BASSETT (GOLD RIVER)
W. C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX 2290
GOLD RIVER, CA 95741

Case: vs WASTE MANAGEMENT
Date Of Injury: 11/13/14; 1/15/15

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

003000 PAGE 1 OF 1 004245

MDG2009 00004867 1 MB 0439 1

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

PAID

BY: .....

GALLAGHER BASSETT SERVICES INC
FOR WASTE MANAGEMENT, INC

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 003000 316017 WC 01 (6555)
CLAIMANT:
DESCRIPTION: INV#66416

DATES OF SERVICE: 26Jun15 **THRU** 26Jun15
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 13Nov14

NO.: 0121164500
VN: 0003208207
DATE: 20Aug15
AMOUNT: 156.50

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004867 005513 001 002

GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

003000 PAGE 1 OF 1 003752

PAID

BY: .....

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
GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 003000 316017 WC 01 (6555)
CLAIMANT:
DESCRIPTION: INVOICE # 66416

DATES OF SERVICE: 06Aug15 **THRU** 06Aug15
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 13Nov14

NO.: 0121452549
VN: 0003214654
DATE: 02Sep15
AMOUNT: 250.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004833 005442 002 003

GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

003000 PAGE 1 OF 1 010654

MDG2009 00008504 1 MB .423 1

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

PAID
FEB 02 2017
BY:

GALLAGHER BASSETT SERVICES INC
FOR WASTE MANAGEMENT, INC

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

66416

CLAIM NO.: 003000 316017 WC 01 (6555)
CLAIMANT:
DESCRIPTION:

BRANCH NO.: 094
ACC DATE: 13Nov14

NO.: 0134333859
VN: 0003435989
DATE: 27Jan17
AMOUNT: 156.50

DATES OF SERVICE: 14Nov16 **THRU** 14Nov16
BENEFIT PERIOD: **THRU**

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0008504 009295 001 001

GB-SACRAMENTO EAST
P.O. BOX 2290
GOLD RIVER CA 95741-2290

003000 PAGE 1 OF 1 007469

MDG2009 00005139 1 MB .423 1

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

JUN 19 2017

GALLAGHER BASSETT SERVICES INC
FOR WASTE MANAGEMENT, INC

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 003000 316017 WC 01 (6555)
CLAIMANT:
DESCRIPTION: FULL AND FINAL SETTLEMENT OF LIEN

DATES OF SERVICE: 21Feb17 **THRU** 21Feb17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 13Nov14

NO.: 0137712715
VN: 0003495132
DATE: 13Jun17
AMOUNT: 250.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005139 005944 001 001

GB-SACRAMENTO EAST
P.O. BOX 2290
GOLD RIVER CA 95741-2290

MDG2009 00005118 1 MB .423 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
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 003000 320271 WC 01 (6555)
CLAIMANT:
DESCRIPTION: ORDER APPROVING FEES

DATES OF SERVICE: 21Feb17 **THRU** 21Feb17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 15Jan15

NO.: 0138061680
VN: 0003501494
DATE: 27Jun17
AMOUNT: 250.00

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005118 005828 001 003

GB SACRAMENTO EAST
P.O. BOX 2290
GOLD RIVER CA 95741-2290

MDG2009 00005028 1 MB .423 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
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 003000 320271 WC 01 (6555)
CLAIMANT:
DESCRIPTION: ORDER TO PAY LIEN 5813

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

BRANCH NO.: 094
ACC DATE: 15Jan15

NO.: 0138974336
VN: 0003516872
DATE: 03Aug17
AMOUNT: 500.00

RECEIVED
AUG 08 2017

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005028 005752 001 002

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/11/17 68627

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
000714-054311-WC-01

BILL TO:
GALLAGHER BASSETT (CALABASAS)
W. C. DEPARTMENT
ATTN: CLAIRE COLLINS
P.O. BOX # 9875
CALABASAS, CA 91372

Case: vs WESTERN PACIFIC PULP AND PAPER
Date Of Injury: 8/14/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/24/16	LEGAL_PREP	DEPO PREP @ L/O TOBIN LUCKS	156.50
/ /	INTERPRETER:	SUSANA BARRON # 301481	0.00
04/05/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/13/16	PMT BY CHECK	DOS 2/24/16* # 0127935288	-156.50
09/09/16	PMT BY CHECK	DOS 4/5/16* # 0130888885	-250.00
10/10/16	LEGAL_WCAB	PRIORITY CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/02/16	PMT BY CHECK	DOS 10/10/16* # 0132193686	-156.50
12/14/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/22/17	PENALTIES	FOR DATE OF SERVICE 4/5/16	37.50
09/09/16	INTEREST	FOR DATE OF SERVICE 4/5/16	13.15
03/22/17	PENALTIES	FOR DATE OF SERVICE 12/14/16	23.48
05/18/17	INTEREST	FOR DATE OF SERVICE 12/14/16	8.04
05/18/17	PMT BY CHECK	DOS 12/14/16* # 0137094285	-156.50
09/06/17	COSTS & SANC	COSTS & SANC	497.83
09/06/17	PMT BY CHECK	DOS 2/24/16-12/14/16* # 0139797486	-580.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372-0875

000714 PAGE 1 OF 1 005374

P AID MAY 19 2016

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

GALLAGHER BASSETT SERVICES
ZURICH AMERICAN INS.

DIRECT CHECK INQUIRIES TO:
PHONE: 818-746-9925
GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372-0875

CLAIM NO.: 000714 054311 WC 01 (C55-CA-BBS)
CLAIMANT:
DESCRIPTION: INV# 68627

BRANCH NO.: 165
ACC DATE: 14Aug15

NO.: 0127935288
VN: 0001343302
DATE: 13May16
AMOUNT: 156.50

DATES OF SERVICE: 24Feb16 **THRU** 24Feb16
BENEFIT PERIOD: **THRU**

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0008078 009142 003 003

[redacted]

GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372-0875

000714 PAGE 1 OF 1 005469

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

GALLAGHER BASSETT SERVICES
ZURICH AMERICAN INS.

DIRECT CHECK INQUIRIES TO:
PHONE: 818-746-9925
GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372-0875

CLAIM NO.: 000714 054311 WC 01 (C55-CA-BBS)
CLAIMANT:
DESCRIPTION: INV # 68627

DATES OF SERVICE: 05Apr16 **THRU** 05Apr16
BENEFIT PERIOD: **THRU**

BRANCH NO.: 165
ACC DATE: 14Aug15

NO.: 0130888885
VN: 0001408237
DATE: 09Sep16
AMOUNT: 250.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0009172 009984 004 004

GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372-0875

000714 PAGE 1 OF 1 008216

MDG2009 00004881 1 MB 0419 1

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

6

PAID NOV 10 2016

PAID NOV 10

GALLAGHER BASSETT SERVICES
ZURICH AMERICAN INS.

DIRECT CHECK INQUIRIES TO:
PHONE: 818-746-9925
GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372-0875

CLAIM NO.: 000714 054311 WC 01 (C55-CA-BBS)
CLAIMANT:
DESCRIPTION: INV #: 68627

DATES OF SERVICE: 10Oct16 **THRU** 10Oct16
BENEFIT PERIOD: **THRU**

BRANCH NO.: 165
ACC DATE: 14Aug15

NO.: 0132193686
VN: 0001438296
DATE: 02Nov16
AMOUNT: 156.50

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004881 005544 001 001

GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372-0875

000714 PAGE 1 OF 1 003914

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

MAY 24 2017

GALLAGHER BASSETT SERVICES
ZURICH AMERICAN INS.

DIRECT CHECK INQUIRIES TO:
PHONE: 818-746-9925
GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372-0875

CLAIM NO.: 000714 054311 WC 01 (C55-CA-BBS) **BRANCH NO.:** 165 **NO.:** 0137094285

CLAIMANT: **ACC DATE:** 14Aug15 **VN:** 0001561704

DESCRIPTION: JOYCE ALTMAN STATUS CONF 12-14-16 INTERPRETATION SERVICES **DATE:** 18May17

DATES OF SERVICE: 14Dec16 **THRU** 14Dec16 **AMOUNT:** 156.50

BENEFIT PERIOD: **THRU**

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005016 005708 003 003

PO BOX 9875
CALABASAS CA 91372-0875

000714 PAGE 1 OF 1 009372

MDG2009 00005102 1 MB .423 1

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

GALLAGHER BASSETT SERVICES
ZURICH AMERICAN INS.

DIRECT CHECK INQUIRIES TO:
PHONE: 818-746-9925
GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372-0875

CLAIM NO.: 000714 054311 WC 01 (C55-CA-BBS)
CLAIMANT:
BRANCH NO.: 165
ACC DATE: 14Aug15
NO.: 0139797486
VN: 0001632468
DATE: 06Sep17
DESCRIPTION: JOYCE ALTMAN F/F SAT ALL ISSUES FOR DOS 2/2416 TO 12/14/16
DATES OF SERVICE: 24Feb16 **THRU** 14Dec16
BENEFIT PERIOD: **THRU**
AMOUNT: 580.00

SEP 1 1 2017

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005102 005847 001 001

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

ALLAGHER BASSETT SERVICES
JRICH AMERICAN INS.

CHECK NO. 0139797486 009372
VN: 0001632468
DATE: 06Sep17 62-26/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **580.00

LAIM NO.: 000714 054311 WC 01 (C55-CA-BBS) **BRANCH NO.:** 165
AY FIVE HUNDRED EIGHTY AND 00/100 DOLLARS**********
O THE RDER 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

⑈0139797486⑈ ⑆031100209⑆ 4007490 1⑈

VR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/03/17 42379

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
004973; 004972; 004971

BILL TO:
GALLAGHER BASSETT (ORANGE)
W. C. DEPARTMENT
ATTN: LIEN UNIT
P.O. BOX # 14260
ORANGE, CA 92863

Case: s ANGELICA CORPORATION
Date Of Injury: 3/4/10;1/1/08;1/3/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/09/11	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH (3 HRS 20 MINS)	402.50
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
03/23/11	PR2/REEVAL	DR KATTAR* ALBERTO VILLAGOMEZ # 500341	180.00
04/27/11	PR2/REEVAL	DR SAMAAN @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
05/17/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
06/01/11	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
06/30/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
07/06/11	PR2/REEVAL	DR KATTAR* ALBERTO VILLAGOMEZ # 500341	180.00
06/04/11	INITIAL EXAM	DR GALLONI @ WILLOW MED*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
08/10/11	PR2/REEVAL	DR KATTAR* JOSE LUGO # 500049	180.00
09/14/11	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
02/09/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
05/30/12	PENALTIES	FOR DATE OF SERVICE 2/9/11	60.38
05/30/12	INTEREST	FOR DATE OF SERVICE 2/9/11	62.90
05/30/12	PENALTIES	FOR DATE OF SERVICE 5/17/11	23.48
05/30/12	INTEREST	FOR DATE OF SERVICE 5/17/11	19.67
05/30/12	PENALTIES	FOR DATE OF SERVICE 6/30/11	37.50
05/30/12	INTEREST	FOR DATE OF SERVICE 6/30/11	27.96
05/30/12	PENALTIES	FOR DATE OF SERVICE 6/4/11	34.50
05/30/12	INTEREST	FOR DATE OF SERVICE 6/4/11	27.61
05/16/12	PR2/REEVAL	DR KATTAR*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/03/17	42379

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
004973; 004972; 004971

BILL TO:
GALLAGHER BASSETT (ORANGE)
W. C. DEPARTMENT
ATTN: LIEN UNIT
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs ANGELICA CORPORATION
Date Of Injury: 3/4/10;1/1/08;1/3/11

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
06/20/12	PR2/REEVAL	DR KATTAR* JOSE GERRY LUGO # 500049	180.00
09/06/12	PMT BY CHECK	DOS 2/9/11-6/20/12 # 0096048827	-2579.00
12/10/12	WCAB LB	STATUS CONFERENCE - JOHANNA JORDAN # 100793	156.50
03/05/14	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH* FUTURE MED	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
04/03/14	PMT BY CHECK	DOS 3/5/14- # 0108648768	-90.00
04/03/14	PMT BY CHECK	DOS 12/10/12* # 0108648769	-156.50
04/09/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/22/14	PMT BY CHECK	DOS 2/9/11-4/9/14* # 0111239463	-700.00
07/31/14	BLCE OFF SET	BALANCE OFF SET	-14.00
10/27/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
12/04/14	LEGAL_C&R	C&R READING @ WCAB LBO (ADDENDUM)	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/12/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/19/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
05/17/17	PENALTIES	FOR DATE OF SERVICE 10/27/14	23.48
05/31/17	INTEREST	FOR DATE OF SERVICE 10/27/14	47.29
05/17/17	PENALTIES	FOR DATE OF SERVICE 12/4/14	37.50
05/31/17	INTEREST	FOR DATE OF SERVICE 12/4/14	67.19
05/17/17	PENALTIES	FOR DATE OF SERVICE 1/12/15	23.48
05/31/17	INTEREST	FOR DATE OF SERVICE 1/12/15	41.12
05/31/17	PMT BY CHECK	DOS 10/27/14-1/12/15*	-563.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/03/17	42379

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
004973; 004972; 004971

BILL TO:
GALLAGHER BASSETT (ORANGE)
W. C. DEPARTMENT
ATTN: LIEN UNIT
P.O. BOX # 14260
ORANGE, CA 92863

Case: _____ vs ANGELICA CORPORATION
Date Of Injury: 3/4/10;1/1/08;1/3/11

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 0137401989	
09/25/17	COSTS & SANC	COSTS & SANC	1159.94
09/28/17	PMT BY CHECK	DOS 9/25/17* # 0140349268	-1500.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

GALLAGHER BASSETT - PHOENIX
P.O. BOX 10849
SCOTTSDALE AZ 85271

000690 PAGE 1 OF 1 004117

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

PAID
SEP 14 2012
BY:_____

GALLAGHER BASSETT SERVICES INC
ZURICH AMERICAN INS

DIRECT CHECK INQUIRIES TO:
PHONE: 800-231-3759
GALLAGHER BASSETT - PHOENIX
P.O. BOX 10849
SCOTTSDALE AZ 85271

CLAIM NO.: 000690 004972 WC 01 (8202)
CLAIMANT:
DESCRIPTION: 42379

BRANCH NO.: 007
ACC DATE: 03Jan11

NO.: 0096048827
VN: 0000213034
DATE: 06Sep12

DATES OF SERVICE: 06Sep2012 **THRU** 20-Jun-20
BENEFIT PERIOD: **THRU**

AMOUNT: 2579.00

**

[redacted]ETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004690 005313 002 002

GALLAGHER BASSETT - PHOENIX
P.O. BOX 10849
SCOTTSDALE AZ 85271

000690 PAGE 1 OF 1 003974

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

PAID APR 11 2014

GALLAGHER BASSETT SERVICES INC
ZURICH AMERICAN INS

DIRECT CHECK INQUIRIES TO:
PHONE: 800-231-3759
GALLAGHER BASSETT - PHOENIX
P.O. BOX 10849
SCOTTSDALE AZ 85271

CLAIM NO.: 000690 004972 WC 01 (8202)
CLAIMANT:
DESCRIPTION: INV#42379 DTD 3/28/14

BRANCH NO.: 007
ACC DATE: 03Jan11

NO.: 0108648768
VN: 0000255176
DATE: 03Apr14

DATES OF SERVICE: 05Mar14 **THRU** 05Mar14
BENEFIT PERIOD: **THRU**

AMOUNT: 90.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004694 005367 003 003

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

PAID APR 11 2014

GALLAGHER BASSETT SERVICES INC
ZURICH AMERICAN INS

DIRECT CHECK INQUIRIES TO:
PHONE: 800-231-3759
GALLAGHER BASSETT - PHOENIX
P.O. BOX 10849
SCOTTSDALE AZ 85271

CLAIM NO.: 000690 004972 WC 01 (8202)
CLAIMANT:
DESCRIPTION: INV#42379 DTD 3/28/14 WCAB

BRANCH NO.: 007
ACC DATE: 03Jan11

NO.: 0108648769
VN: 0000255175
DATE: 03Apr14

DATES OF SERVICE: 10Dec12 **THRU** 10Dec12
BENEFIT PERIOD: **THRU**

AMOUNT: 156.50

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004694 005366 002 003

GALLAGHER BASSETT - PHOENIX
P.O. BOX 10849
SCOTTSDALE AZ 85271

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

PAID JUL 31 2014

GALLAGHER BASSETT SERVICES INC
ZURICH AMERICAN INS

DIRECT CHECK INQUIRIES TO:
PHONE: 800-231-3759
GALLAGHER BASSETT - PHOENIX
P.O. BOX 10849
SCOTTSDALE AZ 85271

42379

CLAIM NO.: 000690 004972 WC 01 (8202)
CLAIMANT:
DESCRIPTION: FULL AND FINAL PER ORDER DATED 7/14/14

DATES OF SERVICE: 09Feb11 THRU 09Apr14
BENEFIT PERIOD: THRU

BRANCH NO.: 007
ACC DATE: 03Jan11

NO.: 0111239463
VN: 0000261917
DATE: 22Jul14

AMOUNT: 700.00

F.F. OK
NDT

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004512 005245 002 002

P.O. BOX 14260
ORANGE CA 92863-1260

000690 PAGE 1 OF 1 003780

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

JUN 06 2017

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS

DIRECT CHECK INQUIRIES TO:
PHONE: 800-297-0866
GALLAGHER BASSETT-LA/ORANGE CA
P.O. BOX 14260
ORANGE CA 92863-1260

CLAIM NO.: 000690 004973 WC 01 (8216)
CLAIMANT:
DESCRIPTION: PETITION FOR SANCTION COST 05/17/17

DATES OF SERVICE: 27Oct14 **THRU** 12Jan15
BENEFIT PERIOD: **THRU**

BRANCH NO.: 138
ACC DATE: 04Mar10

NO.: 0137401989
VN: 0000335203
DATE: 31May17

AMOUNT: 563.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005106 005880 002 002

[redacted]

GALLAGHER BASSETT-LA/ORANGE CA
P.O. BOX 14260
ORANGE CA 92863-1260

000690 PAGE 1 OF 1 008762

MDG2009 00004792 1 MB .423 1

JOYCE ALTMAN INTERPRETING
PO BOX #4165
TUSTIN CA 92781

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS

DIRECT CHECK INQUIRIES TO:
PHONE: 800-297-0866
GALLAGHER BASSETT-LA/ORANGE CA
P.O. BOX 14260
ORANGE CA 92863-1260

CLAIM NO.: 000690 004971 WC 01 (8202)
CLAIMANT:
DESCRIPTION: PER ORDER DATED 9/25/17

DATES OF SERVICE: THRU
BENEFIT PERIOD: THRU

BRANCH NO.: 138
ACC DATE: 01Jan08

NO.: 0140349268
VN: 0000341328
DATE: 28Sep17
AMOUNT: 1500.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004792 005525 001 001

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GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS

CHECK NO. 0140349268 008762
VN. 0000341328
DATE: 28Sep17 62-20/311

CLAIM NO.: 000690 004971 WC 01 (8202) BRANCH NO.: 138
PAY ONE THOUSAND FIVE HUNDRED AND 00/100 DOLLARS**********
TO THE ORDER OF JOYCE ALTMAN INTERPRETING
PO BOX #4165
TUSTIN CA 92781

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **1500.00

Donna M. Korte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0140349268⑈ ⑆031100209⑆ 4007490⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/05/17	67025

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
011260043715WC01

BILL TO:
GALLAGHER BASSETT (GOLD RIVER)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 2290
GOLD RIVER, CA 95741

Case: vs CITISTAFF SOLUTIONS
Date Of Injury: CT 5/19/13 - 5/19/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/18/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/10/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/25/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/05/17	PENALTIES	FOR DATE OF SERVICE 8/18/15	23.48
04/04/17	INTEREST	FOR DATE OF SERVICE 8/18/15	27.51
04/05/17	PENALTIES	FOR DATE OF SERVICE 9/10/15	37.50
04/04/17	INTEREST	FOR DATE OF SERVICE 9/10/15	43.95
04/05/17	PENALTIES	FOR DATE OF SERVICE 7/25/16	23.48
04/04/17	INTEREST	FOR DATE OF SERVICE 7/25/16	12.77
04/04/17	PMT BY CHECK	DOS 8/18/15-9/10/15* # 0135965040	-563.00
09/30/17	PMT BY CHECK	DOS 9/28/17* # 0140424406	-1000.00
10/05/17	COSTS	ADD'L COSTS AWARDED	831.31

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

GB-SACRAMENTO EAST
P.O. BOX 2290
GOLD RIVER CA 95741-2290

011260 PAGE 1 OF 1 003695

MDG2009 00005230 1 MB .423 1

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

APR 10 2017

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 011260 043715 WC 01 (4020150-13)
CLAIMANT:
DESCRIPTION: PER ORDER APPROVING DATED 3/22/17

DATES OF SERVICE: 18Aug15 **THRU** 10Sep15
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 19May15

NO.: 0135965040
VN: 0001345073
DATE: 04Apr17

AMOUNT: 563.00

[redacted]

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005230 006079 001 003

[redacted]

GB-SACR MENTO EAST
P.O. BOX 290
GOLD RIVER CA 95741-2290

011260 PAGE 1 OF 1 000549

MDG2009 00000182 1 SP .460 2
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

OCT 05 2017

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 011260 043715 WC 01 (4020150-13)
CLAIMANT:
DESCRIPTION: FULL & FINAL ATISFACTION OF LIEN

DATES OF SERVICE: 28Sep17 **THRU** 28Sep17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 19May15

NO.: 0140424406
VN: 0001503995
DATE: 30Sep17
AMOUNT: 1000.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0000182 000227 001 001

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GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

CHECK NO. 0140424406 000549
VN. 0001503995
DATE: 30Sep17 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **1000.00

CLAIM NO.: 011260 043715 WC 01 (4020150-13) **BRANCH NO.:** 094
PAY ONE THOUSAND 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

⑈0140424406⑈ ⑆031100209⑆ 4007490⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/14/18 35436

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
007420002172WC01

BILL TO:
GALLAGHER BASSETT (CALABASAS)
W. C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX # 9875
CALABASAS, CA 91372

Case: vs ALAMEDA CARE CENTER
Date Of Injury: 8/5/07

DOS	SERVICE	DESCRIPTION	AMOUNT
10/01/09	DEPO PREP	@ THE L/O OF NORMAN SCHALL & ASSOC.	156.50
10/30/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
12/11/09	PMT BY CHECK	DOS 10/1/09 # 1001676900	-406.50
09/16/13	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/03/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
05/04/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/11/16	PMT BY CHECK	DOS 10/27/16* # 0132450063	-469.50
11/11/16	PENALTIES	FOR DATE OF SERVICE 9/16/13	23.48
11/11/16	INTEREST	FOR DATE OF SERVICE 9/16/13	55.23
11/11/16	PENALTIES	FOR DATE OF SERVICE 3/3/14	23.48
11/11/16	INTEREST	FOR DATE OF SERVICE 3/3/14	47.93
11/11/16	PENALTIES	FOR DATE OF SERVICE 5/4/15	23.48
11/11/16	INTEREST	FOR DATE OF SERVICE 5/4/15	27.76
12/19/16	PMT BY CHECK	DOS 11/11/16* # 01334157515	-201.36
01/31/17	LEGAL_WCAB	EXPEDITED HEARING @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/25/17	PENALTIES	FOR DATE OF SERVICE 01/31/17	23.48
09/25/17	INTEREST	FOR DATE OF SERVICE 01/31/17	12.52
10/04/17	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/04/17	COSTS	ADD'L COSTS AWARDED	583.50
10/23/17	PMT BY CHECK	DOS 10/1/09-10/4/17* # 0140975481	-932.50
01/17/18	LEGAL_C&R	C&R READING/STIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
02/09/18	PMT BY CHECK	DOS 10/1/09-1/17/18* # 0143543338	-250.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/14/18	35436

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
007420002172WC01

BILL TO:
GALLAGHER BASSETT (CALABASAS)
W. C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX # 9875
CALABASAS, CA 91372

Case: vs ALAMEDA CARE CENTER
Date Of Injury: 8/5/07

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. ** THIS SERVES AS DEMAND FOR PAYMENT **

GAB ROBINS NORTH AMERICA, INC.
250 E. OLIVE AVENUE SUITE 202
BURBANK CA 91502

PHONE: (818)526-5600
FAX: (818)846-1153

0000899 01 MB **AUTO T3 3 6238 92781 CO2

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

DATE: 12/11/09

REQUISITION NO. 408390

PG 1 OF 1

VENDOR JOYCE ALTMAN INTERPRETERS, INC. FEDERAL ID 33-0956713

CLAIM INFORMATION

CLAIMANT NAME:
CLAIMANT SSN:
OCCURRENCE DATE 08/05/07
SERVICE FROM: 10/01/09
THRU: 10/30/09
EMPLOYER: ALAMEDA CARE CENTER

ACCOUNT:
GAB FILE NO.: 4873240648

PAYMENT INFORMATION

SVC DATE	INVOICE NUMBER	SERVICE CODE	FEE	REVIEW REDUCTION	CONTRACT REDUCTION	NET	REASON CODE
10/01/09	35436	MZ	406.50	.00	.00	406.50	

PAID

CHECK NO. 1001676900 NET CHECK TOTAL 406.50

PO BOX 4200
RANCHO CUCAMONGA CA 91729-4200

007420 PAGE 1 OF 1 003958

MDG2009 00003985 1 MB 0419 1

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

GALLAGHER BASSETT SERVICES INC
FOR LONGWOOD MGMT CORP

DIRECT CHECK INQUIRIES TO:
PHONE: 909-581-1919
GALLAGHER BASSETT-LA/ONTARIO
PO BOX 4200
RANCHO CUCAMONGA CA 91729-4200

CLAIM NO.: 007420 002172 WC 01 (52)
CLAIMANT:
DESCRIPTION: INTERPRETING

DATES OF SERVICE: 27Oct16 **THRU** 27Oct16
BENEFIT PERIOD: **THRU**

BRANCH NO.: 164
ACC DATE: 05Aug07

NO.: 0132450063
VN: 0000170609
DATE: 11Nov16

AMOUNT: 469.50

[redacted]

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003985 004764 001 002

GALLAGHER BASSETT-LA/ONTARIO
PO BOX 4200
RANCHO CUCAMONGA CA 91729-4200

0102219 01 RE 0.416 **AUTO T8 0 1744 92781 -P02221

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

DIRECT INQUIRIES TO:

PHONE: 1-909-581-1919
GALLAGHER BASSETT-LA/ONTA
PO BOX 4200
RANCHO CUCAMONGA CA 91729-4200

GALLAGHER BASSETT SERVICES INC FOR LONGWOOD MGMT

CLAIM NO. 007420 002172 WC 01

CLAIMANT:

DESCRIPTION: INV#35436

DATE OF SERVICE: 11-Nov-2016 TO 11-Nov-2016

BRANCH NO. 164

ACC. DATE 05-Aug-2007

PAYMENT AMOUNT: $201.36

CHECK NO. 0133415751

VN. 0000172292

DATE: 19-Dec-2016

RE0102219-0001_of_0002 1744-0002462 (G26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0133415751 ATTACHED BELOW

[redacted]

GALLAGHER BASSETT-LA/ONTARIO
PO BOX 4200
RANCHO CUCAMONGA CA 91729-4200

0101880 01 RE 0.420 **AUTO T5 2 1705 92781 -P01881

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

DIRECT INQUIRIES TO:

PHONE: 1-909-581-1919
GALLAGHER BASSETT-LA/ONTA
PO BOX 4200
RANCHO CUCAMONGA CA 91729-4200

OCT 30 2017

GALLAGHER BASSETT SERVICES INC FOR LONGWOOD MGMT

CLAIM NO. 007420 002172 WC 01

CLAIMANT:

DESCRIPTION: INTERPRETING LIEN

DATE OF SERVICE: 01-Oct-2009 TO 04-Oct-2017

BRANCH NO. 164

ACC. DATE 05-Aug-2007

CHECK NO. 0140975481

VN. 0000185229

DATE: 23-Oct-2017

PAYMENT AMOUNT: $932.50

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0140975481 ATTACHED BELOW

[redacted]

M

MDG2009 00008068 1 MB .424 1

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

FEB 14 2018

GALLAGHER BASSETT SERVICES INC
FOR LONGWOOD MGMT CORP

DIRECT CHECK INQUIRIES TO:
PHONE: 909-581-1919
GALLAGHER BASSETT-LA/ONTARIO
PO BOX 4200
RANCHO CUCAMONGA CA 91729-4200

CLAIM NO.: 007420 002172 WC 01 (52)
CLAIMANT:
DESCRIPTION: INV 35436

BRANCH NO.: 164
ACC DATE: 05Aug07

NO.: 0143543338
VN: 0000189789
DATE: 09Feb18

DATES OF SERVICE: 01Oct09 **THRU** 17Jan18
BENEFIT PERIOD: **THRU**

AMOUNT: 250.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0008068 009018 001 001

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

ALLAGHER BASSETT SERVICES INC
OR LONGWOOD MGMT CORP

CHECK NO. 0143543338 008872
VN. 0000189789
DATE: 09Feb18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **250.00

AIM NO.: 007420 002172 WC 01 (52) **BRANCH NO.:** 164
Y TWO HUNDRED FIFTY AND 00/100 DOLLARS**********

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

⑈0143543338⑈ ⑆031100209⑆ 4007490⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/16/17 65742

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
011260-039221-WC01

BILL TO:
GALLAGHER BASSETT (GOLD RIVER)
W. C. DEPARTMENT
ATTN: ANTHONY ANDERSON
P.O. BOX 2290
GOLD RIVER, CA 95741

Case: . vs CITISTAFF SOLUTIONS
Date Of Injury: 9/8/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/20/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/02/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/31/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/15/17	PENALTIES	FOR DATE OF SERVICE 04/20/15	23.48
07/07/17	INTEREST	FOR DATE OF SERVICE 04/20/15	37.28
06/15/17	PENALTIES	FOR DATE OF SERVICE 06/02/15	37.50
07/07/17	INTEREST	FOR DATE OF SERVICE 06/02/15	59.55
06/15/17	PENALTIES	FOR DATE OF SERVICE 08/31/16	23.48
07/07/17	INTEREST	FOR DATE OF SERVICE 08/31/16	15.68
07/05/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/07/17	PMT BY CHECK	DOS 7/5/17* # 0138316720	-156.50
07/07/17	PMT BY CHECK	DOS 7/5/17* # 0138316718	-563.00
11/15/17	COSTS	ADD'L COSTS AWARDED	1100.00
11/17/17	PMT BY CHECK	DOS 11/16/17* # 0141598021	-1296.97

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

MDG2009 00008185 1 MB .423 1

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

PAID
JUL 12 2017

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 011260 039221 WC 01 (4020150-04)
CLAIMANT:
DESCRIPTION: DOS 7/5/17

DATES OF SERVICE: 05Jul17 **THRU** 05Jul17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 08Sep14

NO.: 0138316720
VN: 0001425698
DATE: 07Jul17

AMOUNT: 156.50

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0008185 009133 001 002

[redacted]

P.O. BOX 2290
GOLD RIVER CA 95741-2290

011260 PAGE 1 OF 1 005164

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

RECEIVED
JUL 12 2017

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 011260 039221 WC 01 (4020150-04)
CLAIMANT:
DESCRIPTION: DOS 7/5/17

DATES OF SERVICE: 05Jul17 **THRU** 05Jul17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 08Sep14

NO.: 0138316718
VN: 0001425701
DATE: 07Jul17

AMOUNT: 563.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0008185 009134 002 002

GB-SACRAMENTO EAST
P.O. BOX 2290
GOLD RIVER CA 95741-2290

011260 PAGE 1 OF 1 005415

MDG2009 00008824 1 MB .423 1

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 011260 039221 WC 01 (4020150-04)
CLAIMANT:
DESCRIPTION: FULL AND FINAL PAYMENT FOR ALL CHARGES

DATES OF SERVICE: 16Nov17 **THRU** 16Nov17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 08Sep14

NO.: 0141598021
VN: 0001550552
DATE: 17Nov17
AMOUNT: 1296.97

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0008824 009862 001 001

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GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

CHECK NO. 0141598021 005415
VN. 0001550552
DATE: 17Nov17 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **1296.97

CLAIM NO.: 011260 039221 WC 01 (4020150-04) **BRANCH NO.:** 094
PAY ONE THOUSAND TWO HUNDRED NINETY-SIX AND 97/100 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

⑈0141598021⑈ ⑆031100209⑆ 4007490⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/22/18 70753

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
000-714051048WC-01

BILL TO:
GALLAGHER BASSETT (CALABASAS)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 9875
CALABASAS, CA 91372

Case: [redacted] vs READY PAC PRODUCE, INC.
Date Of Injury: 1/4/14 - 1/4/15

DOS	SERVICE	DESCRIPTION	AMOUNT
11/07/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
12/22/16	PMT BY CHECK	DOS 11/7/16* # 0133495149	-156.50
01/09/17	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
10/31/17	PENALTIES	FOR DATE OF SERVICE 1/9/17	23.48
11/03/17	INTEREST	FOR DATE OF SERVICE 1/9/17	15.09
11/03/17	PMT BY CHECK	DOS 1/9/17* # 0141253327	-195.07
12/20/17	COSTS	COSTS	455.00
01/18/18	PMT BY CHECK	DOS 11/6/16-1/9/17* # 0142994557	-455.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

PO BOX 9875
CALABASAS CA 91372-0875

000714 PAGE 1 OF 1 009721

MDG2009 00005519 1 MB 0419 1

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

GALLAGHER BASSETT SERVICES
ZURICH AMERICAN INS.

DIRECT CHECK INQUIRIES TO:
PHONE: 818-746-9925
GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372-0875

CLAIM NO.: 000714 051048 WC 01 (13035899)
CLAIMANT:
DESCRIPTION: INV # 70753

DATES OF SERVICE: 07Nov16 **THRU** 07Nov16
BENEFIT PERIOD: **THRU**

BRANCH NO.: 165
ACC DATE: 04Jan15

NO.: 0133495149
VN: 0001469811
DATE: 22Dec16

AMOUNT: 156.50

8

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005519 006318 001 001

PO BOX 9875
CALABASAS CA 91372-0875

000714 PAGE 1 OF 1 013592

MDG2009 00008573 1 MB .423 1

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

NOV 08 2017

GALLAGHER BASSETT SERVICES
ZURICH AMERICAN INS.

DIRECT CHECK INQUIRIES TO:
PHONE: 818-746-9925
GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372-0875

CLAIM NO.: 000714 051048 WC 01 (13035899)
CLAIMANT:
DESCRIPTION: INTERPRETER AT THE WCAB ON 01-09-17

BRANCH NO.: 165
ACC DATE: 04Jan15

NO.: 0141253327
VN: 0001669464
DATE: 03Nov17

DATES OF SERVICE: 09Jan17 **THRU** 09Jan17
BENEFIT PERIOD: **THRU**

AMOUNT: 195.07

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0008573 009464 001 001

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

GALLAGHER BASSETT SERVICES
ZURICH AMERICAN INS.

CHECK NO. 0141253327 013592
VN. 0001669464
DATE: 03Nov17 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **195.07

CLAIM NO.: 000714 051048 WC 01 (13035899) **BRANCH NO.:** 165
PAY ONE HUNDRED NINETY-FIVE AND 07/100 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

⑈0141253327⑈ ⑆031100209⑆ 4007490⑈

GB-LA/CALABASAS(CLOSED)
PO BOX 9875
CALABASAS CA 91372-0875

000714 PAGE 1 OF 1 003419

M

MDG2009 00004808 1 MB .423 1

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

70753

GALLAGHER BASSETT SERVICES
ZURICH AMERICAN INS.

DIRECT CHECK INQUIRIES TO:
PHONE: 818-746-9925
GB-LA/CALABASAS(CLOSED)
PO BOX 9875
CALABASAS CA 91372-0875

F.F.
NDJ

CLAIM NO.: 000714 051048 WC 01 (13035899)
CLAIMANT:
DESCRIPTION: FULL AND FINAL INCLUDING PI

BRANCH NO.: 165
ACC DATE: 04Jan15

NO.: 0142994557
VN: 0001715183
DATE: 18Jan18

DATES OF SERVICE: 06Nov16 **THRU** 09Jan17
BENEFIT PERIOD: **THRU**

AMOUNT: 455.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004808 005541 001 002

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

GALLAGHER BASSETT SERVICES
ZURICH AMERICAN INS.

CHECK NO. 0142994557 003419
VN. 0001715183
DATE: 18Jan18 62-20/311

CLAIM NO.: 000714 051048 WC 01 (13035899) **BRANCH NO.:** 165

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **455.00

PAY FOUR HUNDRED FIFTY-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

⑈0142994557⑈ ⑆031100209⑆ 40074901⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/19/18 43366

FAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
003000-261417WC01

BILL TO:
GALLAGHER BASSETT (GOLD RIVER)
W. C. DEPARTMENT
ATTN: MARY STARN
P.O. BOX 2290
GOLD RIVER, CA 95741

Case: vs WASTE MANAGEMENT
Date Of Injury: 9/3/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/23/11	INITIAL EXAM	DR YOON @ ADVANCE CARE* JOSE LUGO # 500049	230.00
04/26/11	PR2/REEVAL	DR YOON* TITO SILVA # 500272	180.00
05/24/11	PR2/REEVAL	DR YOON* JOSE LUGO # 500049	180.00
05/25/11	PR2/REEVAL	DR JOHNSON @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
06/21/11	PR2/REEVAL	DR YOON* JOSE LUGO # 500049	180.00
07/20/11	PR2/REEVAL	DR JOHNSON* JOSE LUGO # 500049	180.00
07/19/11	PR2/REEVAL	DR YOON* JOSE LUGO # 500049	180.00
07/18/11	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	MICHAEL BELTRAN # 500307	0.00
08/16/11	PR2/REEVAL	DR YOON* ROSA GREEN # 500292	180.00
08/26/11	INITIAL EXAM	DR SHAMLOU @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
09/07/11	PR2/REEVAL	DR RAFIZAD @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/17/11	PR2/REEVAL	DR SCHILLING @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
10/11/11	PR2/REEVAL	DR YOON* ROSA GREEN # 500292	180.00
11/22/11	PR2/REEVAL	DR YOON* JOSE LUGO # 500049	180.00
11/30/11	INITIAL EXAM	DR RAFIZAD @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/03/12	PR2/REEVAL	DR YOON* JOSE LUGO # 500049	180.00
01/31/12	PR2/REEVAL	DR YOON* FRANCISCO SOMOANO # 500263	180.00
02/07/12	PR2/REEVAL	DR SELBY* JOSE LUGO # 500049	180.00
03/06/12	PR2/REEVAL	DR SELBY* JOSE LUGO # 500049	180.00
02/16/12	INITIAL EXAM	DR BLUSH @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/19/18 43366

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
003000-261417WC01

BILL TO:
GALLAGHER BASSETT (GOLD RIVER)
W. C. DEPARTMENT
ATTN: MARY STARN
P.O. BOX 2290
GOLD RIVER, CA 95741

Case: vs WASTE MANAGEMENT
Date Of Injury: 9/3/09

DOS	SERVICE	DESCRIPTION	AMOUNT
04/24/12	P AND S	DR YOON @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
06/05/12	PR2/REEVAL	DR YOON* JOSE LUGO # 500049	180.00
11/16/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
01/10/18	PENALTIES	FOR DATE OF SERVICE 03/23/11	34.50
01/10/18	INTEREST	FOR DATE OF SERVICE 03/23/11	180.44
01/10/18	PENALTIES	FOR DATE OF SERVICE 04/26/11	27.00
01/10/18	INTEREST	FOR DATE OF SERVICE 04/26/11	141.21
01/10/18	PENALTIES	FOR DATE OF SERVICE 05/24/11	27.00
01/10/18	INTEREST	FOR DATE OF SERVICE 05/24/11	129.70
01/10/18	PENALTIES	FOR DATE OF SERVICE 05/25/11	27.00
01/10/18	INTEREST	FOR DATE OF SERVICE 05/25/11	129.70
01/10/18	PENALTIES	FOR DATE OF SERVICE 06/21/11	27.00
01/10/18	INTEREST	FOR DATE OF SERVICE 06/21/11	129.70
01/10/18	PENALTIES	FOR DATE OF SERVICE 07/20/11	27.00
01/10/18	INTEREST	FOR DATE OF SERVICE 07/20/11	129.70
01/10/18	PENALTIES	FOR DATE OF SERVICE 07/19/11	27.00
01/10/18	INTEREST	FOR DATE OF SERVICE 07/19/11	129.70
01/10/18	PENALTIES	FOR DATE OF SERVICE 07/18/11	22.50
01/10/18	INTEREST	FOR DATE OF SERVICE 07/18/11	108.08
01/10/18	PENALTIES	FOR DATE OF SERVICE 08/16/11	27.00
01/10/18	INTEREST	FOR DATE OF SERVICE 08/16/11	122.33
01/10/18	PENALTIES	FOR DATE OF SERVICE 08/26/11	34.50
01/10/18	INTEREST	FOR DATE OF SERVICE 08/26/11	156.31
01/10/18	PENALTIES	FOR DATE OF SERVICE 09/07/11	27.00
01/10/18	INTEREST	FOR DATE OF SERVICE 09/07/11	122.33
01/10/18	PENALTIES	FOR DATE OF SERVICE 10/17/11	27.00
01/10/18	INTEREST	FOR DATE OF SERVICE 10/17/11	129.47
01/10/18	PENALTIES	FOR DATE OF SERVICE 10/11/11	27.00
01/10/18	INTEREST	FOR DATE OF SERVICE 10/11/11	128.68
01/10/18	PENALTIES	FOR DATE OF SERVICE 11/22/11	27.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/19/18 43366

EAMS#(s):

SS # :
DOB
Terms: 60 days
Claim #(s):
003000-261417WC01

BILL TO:
GALLAGHER BASSETT (GOLD RIVER)
W. C. DEPARTMENT
ATTN: MARY STARN
P.O. BOX 2290
GOLD RIVER, CA 95741

Case: ; WASTE MANAGEMENT
Date of Injury: 9/3/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/10/18	INTEREST	FOR DATE OF SERVICE 11/22/11	127.66
01/10/18	PENALTIES	FOR DATE OF SERVICE 11/30/11	34.50
01/10/18	INTEREST	FOR DATE OF SERVICE 11/30/11	162.61
01/10/18	PENALTIES	FOR DATE OF SERVICE 01/03/12	27.00
01/10/18	INTEREST	FOR DATE OF SERVICE 01/03/12	124.99
01/10/18	PENALTIES	FOR DATE OF SERVICE 01/31/12	27.00
01/10/18	INTEREST	FOR DATE OF SERVICE 01/31/12	123.69
01/10/18	PENALTIES	FOR DATE OF SERVICE 02/07/12	27.00
01/10/18	INTEREST	FOR DATE OF SERVICE 02/07/12	122.90
01/10/18	PENALTIES	FOR DATE OF SERVICE 03/06/12	27.00
01/10/18	INTEREST	FOR DATE OF SERVICE 03/06/12	121.08
01/10/18	PENALTIES	FOR DATE OF SERVICE 02/16/12	34.50
01/10/18	INTEREST	FOR DATE OF SERVICE 02/16/12	154.13
01/10/18	PENALTIES	FOR DATE OF SERVICE 04/24/12	34.50
01/10/18	INTEREST	FOR DATE OF SERVICE 04/24/12	150.95
01/10/18	PENALTIES	FOR DATE OF SERVICE 06/05/12	27.00
01/10/18	INTEREST	FOR DATE OF SERVICE 06/05/12	115.81
01/12/18	PMT BY CHECK	DOS 1/12/18* # 0142867111	-7848.17

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

GB-SACRAMENTO EAST
P.O. BOX 2290
GOLD RIVER CA 95741-2290

003000 PAGE 1 OF 1 005581

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

JAN 19 2018

F.F.
CA
OK
43366

GALLAGHER BASSETT SERVICES INC
FOR WASTE MANAGEMENT, INC

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
P.O. BOX 2290
GOLD RIVER CA 95741-2290

**

CLAIM NO.: 003000 261417 WC 01 (6040)
CLAIMANT:
DESCRIPTION: FULL AND FINAL

DATES OF SERVICE: 12Jan18 **THRU** 12Jan18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 03Sep10

NO.: 0142867111
VN: 0003583046
DATE: 12Jan18
AMOUNT: 7848.17

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0010231 011235 002 002

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

GALLAGHER BASSETT SERVICES INC
FOR WASTE MANAGEMENT, INC

CHECK NO. 0142867111 005581
VN. 0003583046
DATE: 12Jan18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **7848.17

CLAIM NO.: 003000 261417 WC 01 (6040) **BRANCH NO.:** 094
PAY SEVEN THOUSAND EIGHT HUNDRED FORTY-EIGHT AND 17/100 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

⑈0142867111⑈ ⑆031100209⑆ 4007490⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/19/18 67279

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
001627-096367-WC01

BILL TO:
GALLAGHER BASSETT (LAG HILLS)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 30840
LAGUNA HILLS, CA 92654

Case: vs PROMPT STAFFING
Date Of Injury: 4/30/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/27/15	INITIAL EXAM	-DR RAMESHNI @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/06/15	INITIAL EXAM	-DR SCHILLING @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/14/15	INITIAL EXAM	-ACUPUNCTURE RHEE @ ACS*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA @ 003693	0.00
08/24/15	PR2/REEVAL	-DR RAMESHNI @ ACS*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/10/15	PR2/REEVAL	-DR SCHILLING/MALIN, PA @ ACS	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/28/15	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/08/15	PR2/REEVAL	-DR SCHILLING @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ROSARIO B. RIVAS # 500276	0.00
10/30/15	FOLLOW-UP	-W/ ACUPUNCT RHEE @ ACS*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/02/15	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/27/17	LIEN FIL FEE	LIEN FILING FEE	150.00
11/07/17	PENALTIES	FOR DATE OF SERVICE 07/27/15	34.50
03/19/18	INTEREST	FOR DATE OF SERVICE 07/27/15	63.12
11/07/17	PENALTIES	FOR DATE OF SERVICE 08/06/17	34.50
03/19/18	INTEREST	FOR DATE OF SERVICE 08/06/17	63.12
11/07/17	PENALTIES	FOR DATE OF SERVICE 08/14/17	34.50
03/19/18	INTEREST	FOR DATE OF SERVICE 08/14/17	63.12
03/12/18	PMT BY CHECK	DOS 7/27/15-3/19/18* # 0144260116	-2212.86

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/19/18 67279

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
001627-096367-WCO1

BILL TO:
GALLAGHER BASSETT (LAG HILLS)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 30840
LAGUNA HILLS, CA 92654

Case: [redacted] vs PROMPT STAFFING
Date Of Injury: 4/30/15

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

GALLAGHER BASSETT-LA/ALISO VIE
P.O. BOX 30840
LAGUNA HILLS CA 92654-0840

001627 PAGE 1 OF 1 004977

67279

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

MAR 16 2018

GALLAGHER BASSETT SERVICES INC
ZURICH AMERICAN INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: 949-458-0181
GALLAGHER BASSETT-LA/ALISO VIE
P.O. BOX 30840
LAGUNA HILLS CA 92654-0840

CLAIM NO.: 001627 096367 WC 01 (0088-6)
CLAIMANT:
DESCRIPTION: FULL AND FINAL PAYMENT

DATES OF SERVICE: 27Jul15 **THRU** 19Mar18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 174
ACC DATE: 30Apr15

NO.: 0144260116
VN: 0002502371
DATE: ~~12Mar18~~
AMOUNT: 2212.86

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004905 005764 002 002

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/04/18 71073

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
002097-008469-WC-01

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

Case: vs OMNI LOS ANGELES HOTEL
Date Of Injury: 2/26/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/09/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/14/17	PMT BY CHECK	DOS 1/9/17* # 0135409707	-156.50
05/18/17	LEGAL_PREP	DEPO PREP @ L/O FLOYD, SKEREN	156.50
/ /	INTERPRETER:	JUAN L. PEREZ # 100777	0.00
06/07/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/20/17	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
12/27/17	PENALTIES	FOR DATE OF SERVICE 05/18/17	23.48
10/30/17	INTEREST	FOR DATE OF SERVICE 05/18/17	8.48
12/27/17	PENALTIES	FOR DATE OF SERVICE 06/07/17	37.50
10/30/17	INTEREST	FOR DATE OF SERVICE 06/07/17	12.29
10/30/17	PMT BY CHECK	DOS 5/18/17-6/7/17* # 0141121715	-406.50
11/14/17	PMT BY CHECK	DOS 9/20/17* # 0141496568	-156.50
03/08/18	COSTS	ADD'L COSTS AWARDED	1418.25
03/26/18	PMT BY CHECK	DOS 3/8/18* # 01446144444	-1500.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

MDG2009 00004930 1 MB .423 1

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

GALLAGHER BASSETT SERVICES INC
FOR OMNI HOTELS

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

CLAIM NO.: 002097 008469 WC 01 (3180)
CLAIMANT:
DESCRIPTION: INV#71073

BRANCH NO.: 170
ACC DATE: 26Feb15

NO.: 0135409707
VN: 0000190476
DATE: 14Mar17

DATES OF SERVICE: 09Jan17 **THRU** 09Jan17
BENEFIT PERIOD: **THRU**

AMOUNT: 156.50

[redacted]

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004930 005731 001 001

[redacted]

P.O BOX 6900
CORONA CA 92880-2006

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

NOV 03 2017

GALLAGHER BASSETT SERVICES INC
FOR OMNI HOTELS

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

CLAIM NO.: 002097 008469 WC 01 (3180)
CLAIMANT:
DESCRIPTION: FULL/FINAL FOR ANY/ALL DOS
DATES OF SERVICE: 18May17 **THRU** 07Jun17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 26Feb15

NO.: 0141121715
VN: 0000206670
DATE: 30Oct17
AMOUNT: 406.50

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004879 005609 002 004

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

GALLAGHER BASSETT SERVICES INC
FOR OMNI HOTELS

CHECK NO. 0141121715 003654
VN. 0000206670
DATE: 30Oct17 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY:
$ **406.50

CLAIM NO.: 002097 008469 WC 01 (3180) **BRANCH NO.:** 170
PAY FOUR HUNDRED SIX AND 50/100 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

⑈0141121715⑈ ⑆031100209⑆ 4007490⑈

MR

P.O BOX 6900
CORONA CA 92880-2006

002097 PAGE 1 OF 1 008433

MDG2009 00005094 1 MB .423 1

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

GALLAGHER BASSETT SERVICES INC
FOR OMNI HOTELS

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

CLAIM NO.: 002097 008469 WC 01 (3180)
CLAIMANT:
DESCRIPTION: DUPLICATE INV # 71073, DOS 9/20/17

BRANCH NO.: 170
ACC DATE: 26Feb15

NO.: 0141496568
VN: 0000207639
DATE: 14Nov17

DATES OF SERVICE: 20Sep17 **THRU** 20Sep17
BENEFIT PERIOD: **THRU**

AMOUNT: 156.50

**

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DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005094 005945 001 001

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

ALLAGHER BASSETT SERVICES INC
OR OMNI HOTELS

CHECK NO. 0141496568 008433
VN. 0000207639
DATE: 14Nov17 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **156.50

AIM NO.: 002097 008469 WC 01 (3180) **BRANCH NO.:** 170
AY ONE HUNDRED FIFTY-SIX AND 50/100 DOLLARS**********

O 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

⑈0141496568⑈ ⑆031100209⑆ 4007490⑈

P.O BOX 6900
CORONA CA 92880-2006

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

GALLAGHER BASSETT SERVICES INC
FOR OMNI HOTELS

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

CLAIM NO.: 002097 008469 WC 01 (3180) **BRANCH NO.:** 170 **NO.:** 0144614444
CLAIMANT: **ACC DATE:** 26Feb15 **VN:** 0000214983
DESCRIPTION: PAYMENT TO JOYCE ALTMAN PER STIP & ORDER DATED 3/8/18. **DATE:** 26Mar18 **

DATES OF SERVICE: 08Mar18 **THRU** 08Mar18 **AMOUNT:** 1500.00
BENEFIT PERIOD: **THRU**

APR 04 2018

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004832 005544 003 003

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

ALLAGHER BASSETT SERVICES INC
OR OMNI HOTELS

CHECK NO. 0144614444 003383
VN. 0000214983
DATE: 26Mar18 62-20/311

VOID VOID VOID

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **1500.00

LAIM NO.: 002097 008469 WC 01 (3180) **BRANCH NO.:** 170
AY ONE THOUSAND FIVE HUNDRED AND 00/100 DOLLARS**********

O THE
RDER 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

⑈0144614444⑈ ⑆031100209⑆ 40074901⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/10/18	72780

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
011260-052408-WC-01

BILL TO:
GALLAGHER BASSETT (GOLD RIVER)
W. C. DEPARTMENT
ATTN: FRANK BERMUDEZ
P.O. BOX 2290
GOLD RIVER, CA 95741

Case: GUEVARRA vs CHARTWELL STAFFING SOLUTIONS
Date Of Injury: 4/27/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/16/17	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
01/26/18	PENALTIES	FOR DATE OF SERVICE 10/16/17	23.48
04/02/18	INTEREST	FOR DATE OF SERVICE 10/16/17	6.71
04/02/18	COSTS	ADD'L COSTS AWARDED	359.31
04/05/18	PMT BY CHECK	DOS 3/26/18* # 0144887409	-546.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

P.O. BOX 2290
GOLD RIVER CA 95741-2290

011260 PAGE 1 OF 1 006039

MDG2009 00005361 1 MB .424 1

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

4

APR 10 2018

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 011260 052408 WC 01 (131-106)
CLAIMANT:
DESCRIPTION: STIP & ORDER 3/26/2018

BRANCH NO.: 094
ACC DATE: 27Apr16

NO.: 0144887409
VN: 0001688221
DATE: 05Apr18

DATES OF SERVICE: 26Mar18 **THRU** 26Mar18
BENEFIT PERIOD: **THRU**

AMOUNT: 546.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005361 006098 001-001

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

CHECK NO. 0144887409 006039
VN. 0001688221
DATE: 05Apr18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **546.00

CLAIM NO.: 011260 052408 WC 01 (131-106) **BRANCH NO.:** 094
PAY FIVE HUNDRED FORTY-SIX 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

⑈0144887409⑈ ⑆031100209⑆ 4007490 1⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/08/17 67148

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
ADWC354867-001

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: ALEX STUTZMAN
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: s J&R AUTO GLASS
Date Of Injury: 4/10/13;CT 4/10-4/13

DOS	SERVICE	DESCRIPTION	AMOUNT
08/31/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIO VALDEZ # 301322	0.00
11/10/15	PMT BY CHECK	DOS 8/31/15* # 009143225	-156.50
12/15/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/23/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/15/17	PENALTIES	FOR DATE OF SERVICE 12/15/15	37.50
04/17/17	INTEREST	FOR DATE OF SERVICE 12/15/15	38.91
03/15/17	PENALTIES	FOR DATE OF SERVICE 6/12/16	23.48
04/17/17	INTEREST	FOR DATE OF SERVICE 6/12/16	15.04
04/17/17	PMT BY CHECK	DOS 12/15/15-6/23/16* # 009251288	-406.50
08/01/17	COSTS & SANC	COSTS & SANC	635.07
08/02/17	PMT BY CHECK	DOS 8/1/17* # 009274928	-750.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

41

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

67148

11/10/2015 330956713-0000 JOYCE ALTMAN INTERPRETERS INC
(E034) 156.50 ADWC354867-001 DOL:01/29/2013
Inv/Case#: GUA-GUCA-296147
:08/31/2015

PAID NOV 16 2015

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

AmGUARD Insurance Company

16 South River Street
Wilkes-Barre, PA 18703-0020

Wells Fargo Bank, N.A.

11-24
1210

009143225

VOID

DATE
11/10/2015

AMOUNT
********$156.50

⇨⇨⇨⇨⇨PAY ONLY $156.50
DOLLAR ONE FIVE SIX PERIOD FIVE ZERO

NOT VALID AFTER 180 DAYS
TWO SIGNATURES REQUIRED IF OVER $10000

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

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

VOID OVER $156.50

⑈009143225⑈ ⑆121000248⑆ 2000010102322⑈

009251288

152

PAID
APR 21 2017
BY:.....

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

04/17/2017 330956713-0000 JOYCE ALTMAN INTERPRETERS INC
:034) 406.50 ADWC354867-001 DOL:01/29/2013
Inv/Case#: GUA-GUCA-503711
:12/15/2015-06/23/2016

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

AmGUARD Insurance Company

16 South River Street
Wilkes-Barre, PA 18703-0020

Wells Fargo Bank, N.A.
11-24
1210

009251288

DATE 04/17/2017

AMOUNT ********$406.50

NOT VALID AFTER 180 DAYS
TWO SIGNATURES REQUIRED IF OVER $10000

⇨⇨⇨⇨⇨PAY ONLY $406.50
DOLLAR FOUR ZERO SIX PERIOD FIVE ZERO

■ FOUR HUNDRED SIX DOLLARS AND 50 CENTS**********

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

VOID OVER $406.50

⑈009251288⑈ ⑆121000248⑆ 2000519407927⑈

009274928

596

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Please see attached documentation.

AUG 08 2017

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

AmGUARD Insurance Company

16 South River Street
Wilkes-Barre, PA 18703-0020

Wells Fargo Bank, N.A.

11-24
1210

009274928

DATE
08/02/2017

AMOUNT
********$750.00

⇨⇨⇨⇨⇨PAY ONLY $750.00
DOLLAR SEVEN FIVE ZERO PERIOD ZERO ZERO

NOT VALID AFTER 180 DAYS
TWO SIGNATURES REQUIRED IF OVER $10000

■ SEVEN HUNDRED FIFTY DOLLARS AND 00 CENTS**********

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

VOID OVER $750.00

⑈009274928⑈ ⑆121000248⑆ 2000519407927⑈

Explanation of Review

BERKSHIRE HATHAWAY GUARD INSURANCE COMPANIES

Carrier

Carrier No:
Carrier: AMGUARD INSURANCE COMPANY
P.O. BOX A-H / 16 S. RIVER STREET
WILKES-BARRE, PA 18703-0020

Bill: GUA-GUCA-549176

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: A9999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS INC
External ID: 5386
Invoice Date: 07-21-2017

Claim Number: ADWC354867-001
DOI/DOL: 01-29-2013
External Claim Number: AD354867001

Payment Status Code: 1

Bill Details

Dates of Service: 01-29-2013
Post Date: 07-27-2017
Reviewer: TM/
Pay Auth: 0
Client Type of Bill: LIEN
Adjuster: ASTUTZMA

Bill ICD Version: 9
Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units	BR	Description	Network	NGD	Other	Explanation Code(s)	Allow.
1	01-29-2013	99	MDS10	A	750.00	1		SETTLEMENT FOR DISPUTE				G67, 961	750.00

Totals

Total Charges: 750.00
Recommended Allowance: 750.00

Messages

961 ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.
G67 PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.

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-072620170200

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/05/18	72895

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
PDWC662028-001

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: SHANEY RIVERS
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: , vs PDS RNB ENTERPRISES
Date Of Injury: 10/5/15

DOS	SERVICE	DESCRIPTION	AMOUNT
11/17/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
04/26/18	PENALTIES	FOR DATE OF SERVICE 11/17/17	37.50
05/03/18	INTEREST	FOR DATE OF SERVICE 11/17/17	8.98
05/04/18	PMT BY CHECK	DOS 11/17/17* # 009503388	-250.00
05/03/18	COSTS	ADD'L COSTS AWARDED	553.52
05/31/18	PMT BY CHECK	DOS 5/3/18* # 009514408	-600.00

BALANCE 0.00

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

009503388

MR

215

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

05/04/2018 330956713-0000 JOYCE ALTMAN INTERPRETERS INC
34) 250.00 PDWC662028-001 DOL:10/05/2015
Inv/Case#: 72895
:11/17/2017

MAY 07 2018

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

NorGUARD Insurance Company

16 South River Street
Wilkes-Barre, PA 18703-0020

Wells Fargo Bank, N.A.
11-24
1210

009503388

DATE 05/04/2018

AMOUNT ********$250.00

NOT VALID AFTER 180 DAYS
TWO SIGNATURES REQUIRED IF OVER $10000

⇨⇨⇨⇨⇨PAY ONLY $250.00
DOLLAR TWO FIVE ZERO PERIOD ZERO ZERO

■ TWO HUNDRED FIFTY DOLLARS AND 00 CENTS**********

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

VOID OVER $250.00

⑈009503388⑈ ⑆121000248⑆ 200051940911 6⑈

009514408

963

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Please see attached documentation.

JUN 05 2018

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

NorGUARD Insurance Company

16 South River Street
Wilkes-Barre, PA 18703-0020

Wells Fargo Bank, N.A.

11-24
1210

009514408

DATE 05/31/2018

AMOUNT ********$600.00

⇨⇨⇨⇨⇨PAY ONLY $600.00 DOLLAR SIX ZERO ZERO PERIOD ZERO ZERO

NOT VALID AFTER 180 DAYS
TWO SIGNATURES REQUIRED IF OVER $10000

■ SIX HUNDRED DOLLARS AND 00 CENTS**********

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

VOID OVER $600.00

⑈00951440⑈ ⑆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

Provider

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

Bill: GUA-GUCA-676605

Claimant ---

NPI:
Rendering NPI:
Tax ID: 33-0956713 **Type:** CL **Specialty (1):** AO
License: A9999999 **Specialty (2):** AO
Rendering Provider: JOYCE ALTMAN INTERPRETERS
External ID: 5386
Invoice Date: 05-05-2018
Patient Account: 72895

Claim Number: PDWC662028-001
DOI/DOI.: 10-05-2015
External Claim Number: PD662028001

Payment Status Code: 1

Bill Details

Dates of Service: 10-05-2015
Post Date: 05-22-2018

Reviewer: TM/DH
Pay Auth: 0
Client Type of Bill: LIEN
Adjuster: SRIVERS

Bill ICD Version: 10
Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units	BR	Description	Network	ONR	Other	Explanation Code(s)	Allow.
1	10-05-2015	99	MDS10	A	600.00	1		SETTLEMENT FOR DISPUTE				G67, 961	600.00

Totals

Total Charges: 600.00
Recommended Allowance: 600.00

Messages

961 ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.
G67 PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.

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-051020180128

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/27/17 41382

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
CIWC917601-001

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: TONYA COPELAND
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs CITY TILE AND STONE TILE INC
Date Of Injury: 12/8/08

DOS	SERVICE	DESCRIPTION	AMOUNT
12/29/10	INITIAL EXAM	DR ZARRINI @ PAIN RELIEF CTR*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
02/07/11	PR2/REEVAL	DR ZARRINI* RICARDO AINSLIE # 500159	180.00
08/09/11	INITIAL EXAM	DR BONIFACE @ PAIN RELIEF CT*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
07/12/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/13/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
01/14/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
03/14/13	WCAB LB	TRIAL - JOHANNA JORDAN # 301566	156.50
11/24/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
09/01/16	PENALTIES	FOR DATE OF SERVICE 12/29/10	34.50
10/30/16	INTEREST	FOR DATE OF SERVICE 12/29/10	171.09
09/01/16	PENALTIES	FOR DATE OF SERVICE 08/09/11	34.50
10/30/16	INTEREST	FOR DATE OF SERVICE 08/09/11	165.15
09/01/16	PENALTIES	FOR DATE OF SERVICE 07/12/12	23.48
10/30/17	INTEREST	FOR DATE OF SERVICE 07/12/12	95.86
09/01/16	PENALTIES	FOR DATE OF SERVICE 08/13/12	37.50
10/30/17	INTEREST	FOR DATE OF SERVICE 08/13/12	149.34
09/01/16	PENALTIES	FOR DATE OF SERVICE 01/14/13	23.48
10/30/17	INTEREST	FOR DATE OF SERVICE 01/14/13	139.10
09/01/16	PENALTIES	FOR DATE OF SERVICE 03/14/13	23.48
10/30/17	INTEREST	FOR DATE OF SERVICE 03/14/13	82.59
10/30/17	PENALTIES	FOR DATE OF SERVICE 02/07/11	27.00
10/30/17	INTEREST	FOR DATE OF SERVICE 02/07/11	133.90
11/09/17	COSTS	ADD'L COSTS AWARDED PER STIP & ORDER 10/30/17	1100.00
11/09/17	PMT BY CHECK	DOS 12/8/08* # 009296742	-2600.47

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/27/17 41382

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
CIWC917601-001

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: TONYA COPELAND
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs CITY TILE AND STONE TILE INC
Date Of Injury: 12/8/08

DOS	SERVICE	DESCRIPTION	AMOUNT
11/20/17	PMT BY CHECK	DOS 12/8/08* # 009299319	-1100.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

009299319

622

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

41382

Please see attached documentation.

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F.F.
CA

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

AmGUARD Insurance Company

16 South River Street
Wilkes-Barre, PA 18703-0020

Wells Fargo Bank, N.A.

11-24
1210

009299319

DATE
11/20/2017

AMOUNT
******$1,100.00

NOT VALID AFTER 180 DAYS
TWO SIGNATURES REQUIRED IF OVER $10000

⇨⇨⇨⇨⇨PAY ONLY $1,100.00
DOLLAR ONE COMMA ONE ZERO ZERO PERIOD ZERO ZERO

■ ONE THOUSAND ONE HUNDRED DOLLARS AND 00 CENTS**********

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

VOID OVER $1,100.00

⑈009299319⑈ ⑆121000248⑆ 2000519407927⑈

Explanation of Review

BERKSHIRE HATHAWAY GUARD INSURANCE COMPANIES

Carrier

Carrier No:
Carrier: AMGUARD INSURANCE COMPANY
P.O. BOX A-H / 16 S. RIVER STREET
WILKES-BARRE, PA 18703-0020

Bill: GUA-GUCA-589156

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: A9999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC
External ID: 5386
Invoice Date: 10-27-2017
Patient Account: 41382

Claim Number: CIWC917601-001
DOI/DOL: 12-08-2008
External Claim Number: CI917601001

Payment Status Code: 1

Bill Details

Dates of Service: 12-08-2008
Post Date: 11-07-2017

Reviewer: TM/
Pay Auth: 0
Client Type of Bill: LIEN
Adjuster: SBOZZO

Bill ICD Version: 9
Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description			Explanation Code(s)
				Charges	BR	Network	NGD	Other	Allow.
1	12-08-2008	11	MDS10	A	1	SETTLEMENT FOR DISPUTE			G67, 961
				2,600.47					2,600.47

Totals

Total Charges: 2,600.47
Recommended Allowance: 2,600.47

Messages

961 ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.
G67 PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.

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-110120170149

009296742

707

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Please see attached documentation.

NOV 15 2017

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

AmGUARD Insurance Company

16 South River Street
Wilkes-Barre, PA 18703-0020

Wells Fargo Bank, N.A.

11-24
1210

009296742

DATE
11/09/2017

AMOUNT
******$2,600.47

NOT VALID AFTER 180 DAYS
TWO SIGNATURES REQUIRED IF OVER $10000

⇨⇨⇨⇨⇨PAY ONLY $2,600.47
DOLLAR TWO COMMA SIX ZERO ZERO PERIOD FOUR SEVEN

■ TWO THOUSAND SIX HUNDRED DOLLARS AND 47 CENTS**********

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

VOID OVER $2,600.47

⑈009296742⑈ ⑆121000248⑆ 2000519407927⑈

Explanation of Review

BERKSHIRE HATHAWAY GUARD INSURANCE COMPANIES

Carrier

Carrier No:
Carrier: AMGUARD INSURANCE COMPANY
P.O. BOX A-H / 16 S. RIVER STREET
WILKES-BARRE, PA 18703-0020

Original Bill ID: GUA-GUCA-589156 **Bill:** GUA-GUCA-593465 **Re-evaluation**

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: A9999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC
External ID: 5386
Invoice Date: 10-27-2017
Patient Account: 41382

Claim Number: CIWC917601-001
DOI/DOL: 12-08-2008
External Claim Number: CI917601001

Payment Status Code: 1

Bill Details

Dates of Service: 12-08-2008
Post Date: 11-16-2017
Reviewer: TM/TM
Pay Auth: 4
Client Type of Bill: LIEN
Adjuster: SBOZZO

Bill ICD Version: 9
Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description			Explanation Code(s)
				Charges	BR	Network	NGD	Other	Allow.
1	12-08-2008	11	MDS10	A	1	SETTLEMENT FOR DISPUTE			G67, 961
				3,700.47					3,700.47

Totals

Total Charges:	3,700.47
Recommended Allowance:	3,700.47
Previous Recommended Allowance:	2,600.47
Add'l Recommendation For This Review:	1,100.00

Messages

961 ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.
G67 PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.

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-110120170149

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/16/17 60611

FAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
MIWC327169-001

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: JESSICA VALENTIN
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs MICHAELS VALLEY PLUMBING AND S
Date Of Injury: 10/12/12

DOS	SERVICE	DESCRIPTION	AMOUNT
12/16/13	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
03/13/14	DEPO PREP	@ THE L/O OF BRADFORD AND BARTHEL	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/05/14	PMT BY CHECK	DOS 12/16/13-3/13/14* # 009061286	-313.00
05/27/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/02/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/08/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/14/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/27/17	PENALTIES	FOR DATE OF SERVICE 12/16/13	23.48
05/05/14	INTEREST	FOR DATE OF SERVICE 12/16/13	3.65
03/27/17	PENALTIES	FOR DATE OF SERVICE 5/27/14	37.50
04/21/17	INTEREST	FOR DATE OF SERVICE 5/27/14	81.76
03/27/17	PENALTIES	FOR DATE OF SERVICE 3/2/15	23.48
04/21/17	INTEREST	FOR DATE OF SERVICE 3/2/15	38.95
03/27/17	PENALTIES	FOR DATE OF SERVICE 8/8/16	23.48
04/21/17	INTEREST	FOR DATE OF SERVICE 8/8/16	13.17
03/27/17	PENALTIES	FOR DATE OF SERVICE 9/14/16	23.48
04/21/17	INTEREST	FOR DATE OF SERVICE 9/14/16	11.49
04/21/17	PMT BY CHECK	DOS 3/27/17* # 009362178	-719.50
10/03/17	COSTS	ADD'L COSTS AWARDED	1719.56
10/12/17	PMT BY CHECK	DOS 10/11/12* # 009424868	-2000.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/16/17	60611

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
MIWC327169-001

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: JESSICA VALENTIN
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: _ vs MICHAELS VALLEY PLUMBING AND S
Date Of Injury: 10/12/12

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

364

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

60611

05/05/2014 330956713-0000 JOYCE ALTMAN INTERPRETERS, INC.
(E034) 313.00 MIWC348903-003 DOL:10/11/2012
Inv/Case#: GUA-GUCA-72429
:12/16/2013-03/13/2014

PAID MAY 09 2014

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

NorGUARD Insurance Company
A SUBSIDIARY OF GUARD INSURANCE GROUP
16 South River Street
Wilkes-Barre, PA 18703-0020

Wells Fargo Bank, N.A.
3-50
310

009061286

DATE 05/05/2014
AMOUNT ********$313.00

⇨⇨⇨⇨⇨PAY ONLY $313.00

NOT VALID AFTER 180 DAYS
TWO SIGNATURES REQUIRED IF OVER $10000

■ THREE HUNDRED THIRTEEN DOLLARS AND 00 CENTS**********

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

Sy Fogel

VOID OVER $313.00

⑈009061286⑈ ⑆121000248⑆ 2000519409116⑈

009362178

371

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

04/21/2017 330956713-0000 JOYCE ALTMAN INTERPRETERS INC
(E034) 719.50 MIWC348903-003 DOL:10/11/2012
Inv/Case#: GUA-GUCA-510886
:10/11/2012

PAID
APR 25 2017

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

NorGUARD Insurance Company

16 South River Street
Wilkes-Barre, PA 18703-0020

Wells Fargo Bank, N.A.

11-24
1210

009362178

VOID

DATE
04/21/2017

AMOUNT
********$719.50

⇨⇨⇨⇨⇨PAY ONLY $719.50
DOLLAR SEVEN ONE NINE PERIOD FIVE ZERO

NOT VALID AFTER 180 DAYS
TWO SIGNATURES REQUIRED IF OVER $10000

■ SEVEN HUNDRED NINTEEN DOLLARS AND 50 CENTS**********

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

VOID OVER $719.50

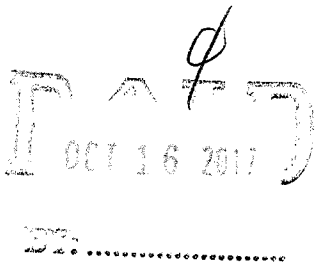
⑈009362178⑈ ⑆121000248⑆ 2000519409116⑈

009424868

797

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Please see attached documentation.



THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

NorGUARD Insurance Company

16 South River Street
Wilkes-Barre, PA 18703-0020

Wells Fargo Bank, N.A.

11-24
1210

009424868

DATE
10/12/2017

AMOUNT
******$2,000.00

⇨⇨⇨⇨⇨PAY ONLY $2,0000.00
DOLLAR TWO COMMA ZERO ZERO ZERO PERIOD ZERO ZERO

NOT VALID AFTER 180 DAYS
TWO SIGNATURES REQUIRED IF OVER $10000

■ TWO THOUSAND DOLLARS AND 00 CENTS**********

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

VOID OVER $2,000.00

⑈009424868⑈ ⑆121000248⑆ 2000519409116⑈

MP

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-578176

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: A9999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS INC
External ID: 5386
Invoice Date: 09-29-2017

Claim Number: M1WC348903-003
DOI/DOL: 10-11-2012
External Claim Number: M1348903003

Payment Status Code: 1

Bill Details

Dates of Service: 10-11-2012
Post Date: 10-10-2017

Reviewer: TM/
Pay Auth: 0
Client Type of Bill: LIEN
Adjuster: SBOZZO

Bill ICD Version: 9
Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Explanation Code(s)
				Charges	BR	Network NGD Other	Allow.
1	10-11-2012	99	MDS10	A	1	SETTLEMENT FOR DISPUTE	G67, 961
				2,000.00			2,000.00

Totals

Total Charges: 2,000.00
Recommended Allowance: **2,000.00**

Messages

961 ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.
G67 PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.

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-100420171131

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/01/18 66208

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
YMQC45958

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

Case: vs MEXUS PRODUCE
Date Of Injury: 8/26/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/20/15	INITIAL EXAM	-DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/01/15	INITIAL EXAM	-ACUPUNCTURE W/YOUN ME RHEE @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/02/15	INITIAL EXAM	-DR R. SCHILLING @ ACS*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/13/15	PR2/REEVAL	-DR HIGASHI/RAMESHNI @ ACS* (AMENDED)	180.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
08/05/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/01/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
08/24/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/03/15	PR2/REEVAL	-DR SCHILLING @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/05/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
03/14/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/27/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/30/16	PMT BY CHECK	DOS 4/20/15-10/27/16* # 126654338 4	-922.50
02/23/17	LIEN FIL FEE	LIEN FILING FEE	150.00
03/14/17	PENALTIES	FOR DATE OF SERVICE 08/05/15	23.48
04/04/18	INTEREST	FOR DATE OF SERVICE 08/05/15	46.55
03/14/17	PENALTIES	FOR DATE OF SERVICE 03/14/16	37.50
04/04/18	INTEREST	FOR DATE OF SERVICE 03/14/16	56.40

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/01/18 66208

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
YMQC45958

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

Case: , vs MEXUS PRODUCE
Date Of Injury: 8/26/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/14/17	PENALTIES	FOR DATE OF SERVICE 10/27/16	37.50
04/04/18	INTEREST	FOR DATE OF SERVICE 10/27/16	40.25
04/12/17	PENALTIES	FOR DATE OF SERVICE 04/20/15	34.50
11/30/16	INTEREST	FOR DATE OF SERVICE 04/20/15	32.90
04/12/17	PENALTIES	FOR DATE OF SERVICE 05/01/15	34.50
11/30/16	INTEREST	FOR DATE OF SERVICE 05/01/15	32.90
04/12/17	PENALTIES	FOR DATE OF SERVICE 07/02/15	34.50
11/30/16	INTEREST	FOR DATE OF SERVICE 07/02/15	32.90
04/12/17	PENALTIES	FOR DATE OF SERVICE 07/13/15	27.00
11/30/16	INTEREST	FOR DATE OF SERVICE 07/13/15	25.75
04/12/17	PENALTIES	FOR DATE OF SERVICE 06/01/15	27.00
11/30/16	INTEREST	FOR DATE OF SERVICE 06/01/15	25.75
04/04/18	INTEREST	FOR DATE OF SERVICE 06/01/15	37.92
04/12/17	PENALTIES	FOR DATE OF SERVICE 08/24/15	27.00
04/04/18	INTEREST	FOR DATE OF SERVICE 08/24/15	53.54
04/12/17	PENALTIES	FOR DATE OF SERVICE 09/03/15	27.00
04/04/18	INTEREST	FOR DATE OF SERVICE 09/03/15	52.69
04/12/17	PENALTIES	FOR DATE OF SERVICE 10/05/15	27.00
04/04/18	INTEREST	FOR DATE OF SERVICE 10/05/15	50.76
04/04/18	COSTS	ADD'L COSTS AWARDED	1500.00
04/23/18	PMT BY CHECK	DOS 4/4/18-4/5/18* # 128733963 8	-2325.29
04/23/18	PMT BY CHECK	DOS 4/4/18-4/5/18* # 128733962 0	-1474.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/01/18	66208

EAMS#(s

SS # :
DOB :
Terms: 60 days
Claim #(s):
YMQC45958

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

Case: vs MEXUS PRODUCE
Date Of Injury: 8/26/14

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222

MB 01 001832 15366 B 9 A

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

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
66208 —(08/26/2014	76WEG GG4401 YMQC 45958	MEXUS PRODUCE INC		$922.50
Nature of Benefits: Miscellaneous Medical		Nature of Payment: Payment Reason - Misc Medical	Service Dates 04/20/2015 10/27/2016	$922.50

Claim Handler: AMANDA LEISTEN
8664019222
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:
Interpreter Fees Reduced per CA CCR 9795.3

Issue Date	11/30/2016	Check Number	126654338 4	Total Check Amount	$922.50

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

112459755

[redacted]

M

THE HARTFORD

Centralized Workers Compensation Claim Center
PO Box 14267
Lexington KY 40512-4267
8664019222 x2304177

MB 01 000485 30086 B 2 C

000485 1/1

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

MAY 01 2018

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Page 1 of 2

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
08/26/2014	76WEG GG4401 YMQC 45958	MEXUS PRODUCE, INC		$2,325.29
Nature of Benefits: Penalty HIG/SRS Caused		Nature of Payment: Payment Reason - Penalty HIG Caused	Service Dates 04/04/2018 04/05/2018	$2,325.29

Claim Handler: SHERI ANGELLO
8664019222 x2304177
Centralized Workers Compensation Claim Center
PO Box 14267
Lexington, KY 40512-4267

Additional Comments:

Issue Date	04/23/2018 ✓	Check Number	128733963 8 ✓	Total Check Amount	$2,325.29 ✓

Please keep the above information for your records.

116483456

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

Centralized Workers Compensation Claim Center
PO Box 14267
Lexington, KY 40512-4267

VOID VOID VOID VOID VOID

56-1544
441

Check Number: 128733963 8

Issue Date: 04/23/2018

$******2,325.29**

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

Pay
TWO THOUSAND THREE HUNDRED TWENTY-FIVE DOLLARS AND 29/100

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

VOID VOID VOID VOID VOID

Authorized Signature

116483456

⑈128733963⑧⑈ ⑆044115443⑆ 63255973⑧⑈

THE HARTFORD

Centralized Workers Compensation Claim Center
PO Box 14267
Lexington KY 40512-4267
8664019222 x2304177

MB 01 000484 30086 B 2 C

000484 1/1

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

MAY 01 2018

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
08/26/2014	76WEG GG4401 YMQC 45958	MEXUS PRODUCE, INC		$1,474.00
Nature of Benefits: Doctor		Nature of Payment: Payment Reason - Doctor	Service Dates 04/04/2018 04/05/2018	$1,474.00

Claim Handler: SHERI ANGELLO
8664019222 x2304177
Centralized Workers Compensation Claim Center
PO Box 14267
Lexington, KY 40512-4267

Additional Comments:

Issue Date	04/23/2018	Check Number	128733962 0	Total Check Amount	$1,474.00

Please keep the above information for your records.

116483455

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: 128733962 0

Issue Date: 04/23/2018

$******1,474.00**

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

Pay
ONE THOUSAND FOUR HUNDRED SEVENTY-FOUR DOLLARS AND 00/100

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

Authorized Signature

116483455

⑈128733962⑈ ⑆044115443⑆ 632559738⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/02/18 65839

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
YMQ29105C; YM32917C

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

Case: vs BIG SAVER FOODS
Date Of Injury: 6/18/14; 8/27/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/07/15	LEGAL_PREP	DEPO PREP @ L/O WESTON , HERZOG, WENDEROFF	156.50
/ /	INTERPRETER:	SUSANA SARDAS # 100498	0.00
06/19/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/31/17	PMT BY CHECK	DOS 5/7/15-6/19/15* # 126910574 4	-406.50
02/17/17	PENALTIES	FOR DATE OF SERVICE 5/7/15	23.48
01/31/17	INTEREST	FOR DATE OF SERVICE 5/7/15	29.58
02/17/17	PENALTIES	FOR DATE OF SERVICE 6/19/15	37.50
01/31/17	INTEREST	FOR DATE OF SERVICE 6/19/15	47.34
07/26/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/12/17	PMT BY CHECK	DOS 7/26/17* # 127861347 1	-156.60
03/20/18	COSTS	ADD'L COSTS AWARDED	2012.20
03/26/18	PMT BY CHECK	DOS 5/7/15-7/26/17* # 128622392 0	-2150.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2303719

MB 01 004620 67417 B 18 E

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

PAID
FEB 06 2017
BY: .....

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
65839 06/18/2014	72WN S28800 YMQC 29105	UKAS BIG SAVER FOODS	$406.50

Nature of Benefits:	Nature of Payment:	Service Dates	
Miscellaneous Medical	Payment Reason - Misc Medical	05/07/2015 06/19/2015	$406.50

Claim Handler: JENNIFER GILHAM
8664019222 x2303719
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	01/31/2017	Check Number	126910574 4	Total Check Amount	$406.50

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

112879852

[redacted]

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2303719

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

SEP 18 2017

Attention: This remittance incorporates 1 claim payments

Special Handling RM

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
06/18/2014	72WN S28800 YMQC 29105	UKAS BIG SAVER FOODS	$156.60

Nature of Benefits:	Nature of Payment:	Service Dates	
Translation Services	Payment Reason - Translation Services	07/26/2017	07/26/2017

Amount Paid: $156.60

Claim Handler: JENNIFER GILHAM
8664019222 x2303719
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:
Payment for MSC at Long Beach (ADJ9617812 ADJ9618492)

Issue Date	09/12/2017	Check Number	127861347 1	Total Check Amount	$156.60

Please keep the above information for your records.

110860248

[redacted]

THE HARTFORD
Centralized Workers Compensation Claim Center
PO Box 14267
Lexington KY 40512-4267
8664019222 x2304177

MB 01 000747 07674 B 3 E

000747 1/1

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

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
06/18/2014	72WN S28800 YMQC 29105	UKAS BIG SAVER FOODS	$2,150.00

Nature of Benefits:	Nature of Payment:	Service Dates	
Penalty HIG/SRS Caused	Payment Reason - Penalty HIG Caused	05/07/2015 07/26/2017	$2,150.00

Claim Handler: SHERI ANGELLO
8664019222 x2304177
Centralized Workers Compensation Claim Center
PO Box 14267
Lexington, KY 40512-4267

Additional Comments:
ADJ9618492/ADJ9617812

APR 02 2018

Issue Date	03/26/2018	Check Number	128622392 0	Total Check Amount	$2,150.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

116308515

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/06/18	71597

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
Y67C02269;Y67C02271;YMQC3

BILL TO:
THE HARTFORD (LEXINGTON-14475)

ATTN: HILLARY STYLES
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs VIP CLEANER
Date Of Injury: 11/1/14; 5/17/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/13/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
01/23/18	PENALTIES	FOR DATE OF SERVICE 4/13/17	23.48
01/23/18	INTEREST	FOR DATE OF SERVICE 4/13/17	8.19
01/18/18	PMT BY CHECK	DOS 4/13/17* # 128364005 8	-19.70
01/18/18	PMT BY CHECK	DOS 4/13/17* # 128364004 0	-156.50
01/30/18	COSTS	ADD'L COSTS AWARDED	438.03
01/30/18	PMT BY CHECK	DOS 5/10/14* # 128405650 3	-450.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2304177

MB 01 001267 55865 B 5 C

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

PAID
JAN 29 2018

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
05/10/2014	72WEC DF8952 YMQC 38976	RAHE MANI INVESTMENTS INC DBA VIP CLEANSER		$19.70
Nature of Benefits: Penalty HIG/SRS Caused		Nature of Payment: Payment Reason - Penalty HIG Caused	Service Dates 04/13/2017 04/14/2017	$19.70

Claim Handler: SHERI ANGELLO
8664019222 x2304177
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	01/18/2018	Check Number	128364005 8	Total Check Amount	$19.70

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

11466476 5

[redacted]

THE HARTFORD
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2304177

MB 01 001266 55865 B 5 C

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

PAID
JAN 29 2018

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
05/10/2014	72WEC DF8952 YMQC 38976	RAHE MANI INVESTMENTS INC DBA VIP CLEANSER		$156.50
Nature of Benefits: Translation Services		Nature of Payment: Payment Reason - Translation Services	Service Dates 04/13/2017 04/14/2017	$156.50

Claim Handler: SHERI ANGELLO
8664019222 x2304177
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	01/18/2018	Check Number	128364004 0	Total Check Amount	$156.50

Please keep the above information for your records.

114664764

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2304177

MB 01 001313 65114 B 6 C

001313 1/1

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

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
05/10/2014	72WEC DF8952 YMQC 38976	RAHE MANI INVESTMENTS INC DBA VIP CLEANSER	$450.00

Nature of Benefits:	Nature of Payment:	Service Dates	Amount Paid
Translation Services	Payment Reason - Translation Services	05/10/2014 05/11/2014	$450.00

Claim Handler: SHERI ANGELLO
8664019222 x2304177
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

RECEIVED
FEB 06 2018

Issue Date	01/30/2018	Check Number	128405650 3	Total Check Amount	$450.00

HR

115004318

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/21/17 70216

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
Y67C13975

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

Case: vs CALIFORNIA POTTERY & TILE WORK
Date Of Injury: 7/31/14 - 7/31/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/18/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
09/15/16	PMT BY CHECK	DOS 8/18/16* # 126333682 5	-156.50
11/17/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
06/27/17	PMT BY CHECK	DOS 11/17/16* # 127546967 1	-156.50
11/30/17	PENALTIES	FOR DATE OF SERVICE 11/17/16	23.48
06/27/17	INTEREST	FOR DATE OF SERVICE 11/17/16	11.39
12/19/17	COSTS	ADD'L COSTS AWARDED	690.13
12/20/17	PMT BY CHECK	DOS 7/31/15-12/19/17* # 128256375 0	-725.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2303803

MB 01 001233 52195 B 6 D

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

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
07/31/2015	12WEC KZ3102 Y67C 13975	CALIFORNIA POTTERY		$156.50
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Payment Reason - Interpreter Fees at Hrng	Service Dates 08/18/2016 08/18/2016	$156.50

Claim Handler: PAIGE KRATZKE
8664019222 x2303803
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:
Invoice 70216

#70216

Issue Date	09/15/2016	Check Number	126333682 5	Total Check Amount	$156.50

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

107088695

[redacted]

THE HARTFORD
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2307971

MB 01 002156 86061 B 8 D

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

PAID
JUL 06 2017

70216

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
70216 07/31/2015	12WEC KZ3102 Y67C 13975	CALIFORNIA POTTERY		$156.50
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Payment Reason - Interpreter Fees at Hrng	Service Dates 11/17/2016 11/17/2016	$156.50

Claim Handler: ANNE FAULKNER
8664019222 x2307971
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	06/27/2017	Check Number	127546967 1	Total Check Amount	$156.50

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

114314219

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2307971

MB 01 001155 31712 B 5 A

001155 1/1

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

PAID
DEC 28 2017

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
07/31/2015	12WEC KZ3102 Y67C 13975	CALIFORNIA POTTERY		$725.00
Nature of Benefits: Translation Services		Nature of Payment: Payment Reason - Translation Services	Service Dates 07/31/2015 12/19/2017	$725.00

Claim Handler: ANNE FAULKNER
8664019222 x2307971
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:
FULL AND FINAL PAYMENT OK

Issue Date	12/20/2017	Check Number	128256375 0	Total Check Amount	$725.00 ✓

Please keep the above information for your records.

FOLD AT DOTTED LINE AND DETACH

HAR-100-2

117085149

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/20/17 71409

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
Y67C42879

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

Case: vs PLATIUM STAFFING/ACME FURNIT.
Date Of Injury: 10/5/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/03/14	INITIAL EXAM	DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/10/14	F.C.E. TEST	FUNCT CAPACITY EVAL @ AMERI W/DR RODRIGUEZ* INIT	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/13/14	INITIAL ACUP	W/ ACUPUNCT ALEX LEE @ AMERI*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/15/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/13/15	FOLLOW-UP	W/ ACUPUNCT LEE @ AMERI*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/13/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/13/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/21/15	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/23/15	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/24/15	F.C.E. TEST	FUNCT CAPACITY EVAL @ AMERI W/DR KHAN* FINAL	150.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/27/15	P AND S	DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/08/16	LIEN FIL FEE	LIEN FILING FEE	150.00
12/14/16	LEGAL_WCAB	PRIORITY COFERENCE @ WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
05/17/17	LEGAL_PREP	DEPO PREP @ L/O ADELSON, TESTAN & BRUNDO	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/20/17 71409

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
Y67C42879

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

Case: _____ vs PLATIUM STAFFING/ACME FURNIT.
Date Of Injury: 10/5/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/16/17	PENALTIES	FOR DATE OF SERVICE 12/14/16	23.48
11/08/17	INTEREST	FOR DATE OF SERVICE 12/14/16	16.91
06/22/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
08/23/17	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
10/11/17	PENALTIES	FOR DATE OF SERVICE 05/17/17	23.48
11/08/17	INTEREST	FOR DATE OF SERVICE 05/17/17	9.32
10/11/17	PENALTIES	FOR DATE OF SERVICE 06/22/17	37.50
11/08/17	INTEREST	FOR DATE OF SERVICE 06/22/17	10.24
11/08/17	PENALTIES	FOR DATE OF SERVICE 11/3/14	34.50
11/08/17	INTEREST	FOR DATE OF SERVICE 11/3/14	45.15
11/08/17	PENALTIES	FOR DATE OF SERVICE 11/13/14	34.50
11/08/17	INTEREST	FOR DATE OF SERVICE 11/13/14	45.15
11/08/17	PENALTIES	FOR DATE OF SERVICE 5/27/15	34.50
11/08/17	INTEREST	FOR DATE OF SERVICE 5/27/15	45.15
11/05/17	COSTS	ADD'L COSTS AWARDED	580.62
11/13/17	PMT BY CHECK	DOS 10/15/14-11/15/14* # 128110713 1 HARTFO	-3700.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

THE HARTFORD
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2304177

MB 01 000892 01432 B 4 D

000892 1/1

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

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
10/15/2014	57WE LQ9524 Y67C 42879	ACME FURNITURE INDUSTRY INC		$3,700.00
Nature of Benefits: Translation Services		Nature of Payment: Payment Reason - Translation Services	Service Dates 10/15/2014 11/15/2014	$3,700.00

Claim Handler: SHERI ANGELLO 8664019222 x2304177 Western Workers' Compensation Claim Center P.O. Box 14475 Lexington, KY 40512	Additional Comments:

Issue Date	11/13/2017	Check Number	128110713 1	Total Check Amount	$3,700.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

116171727

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/31/17 61560

EAMS#(s):

SS #
DOB
Terms: 60 days
Claim #(s):
YMQ18527C

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

Case: vs INTERGRATED TECHNOLOGY SYSTEM
Date Of Injury: 11/26/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/24/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/23/14	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
06/05/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/03/14	PMT BY CHECK	DOS 4/23/14-4/24/14* # 122513416 1	-313.00
08/07/14	PMT BY CHECK	DOS 6/5/14* # 122697430 9	-210.00
08/13/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
04/08/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
05/20/15	PMT BY CHECK	DOS 8/16/14-4/8/15* # 124117842 9	-313.00
11/23/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/21/15	PMT BY CHECK	DOS 4/24/15-11/23/15* # 125105450 1	-210.00
05/15/17	PENALTIES	FOR DATE OF SERVICE 6/5/14	6.00
10/11/17	INTEREST	FOR DATE OF SERVICE 6/5/14	15.35
05/15/17	PENALTIES	FOR DATE OF SERVICE 8/13/14	23.48
05/20/15	INTEREST	FOR DATE OF SERVICE 8/13/14	12.82
05/15/17	PENALTIES	FOR DATE OF SERVICE 11/23/15	6.00
10/11/17	INTEREST	FOR DATE OF SERVICE 11/23/15	8.73
10/11/17	COSTS	ADD'L COSTS AWARDED	847.62
10/24/17	PMT BY CHECK	DOS 10/11/17* # 128030265 8	-80.00
10/24/17	PMT BY CHECK	DOS 10/11/17* # 128030266 6	-920.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/31/17	61560

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
YMQ18527C

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

Case: vs INTERGRATED TECHNOLOGY SYSTEM
Date Of Injury: 11/26/13

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

THE HARTFORD

000710
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00715 *

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*200012 122513416

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
61560 11-26-13	72WEC DW2146 YMQC 18527	INTEGRATED TECHNOLOGY SYSTEM INC	$313.00

Nature of Benefits:	Nature of Payment:	Service Dates	
Interpreter Fees at Hearing	Source Payment	04-23-2014 04-24-2014	$313.00

Claim Handler: Jennifer Ing
866/401-9222
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:
PAID JUL 15 2014

Please keep the above information for your records.

1041861 22

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

56 -1544
441

Check Number: 122513416 1
Issue Date: 07-03-2014
Benefit Period: 04-23-2014 to 04-24-2014

$**********313.00

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

Pay

THREE HUNDRED THIRTEEN DOLLARS AND 00/100

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

Robert W Paine
Authorized Signature

CCL1 / 1 / 1 / 1

⑈122513416⑈ ⑆044115443⑆ 632559738⑈

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

THE HARTFORD

000534
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

0542 *400012 1226974309

Attention: This remittance incorporates 1 claim payments

PAID AUG 12 2014

Special Handling ID: RM 00

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
61560 11-26-13	72WEC DW2146 YMQC 18527	INTEGRATED TECHNOLOGY SYSTEM INC	$210.00

Nature of Benefits:	Nature of Payment:	Service Dates	
Interpreter Fees at Hearing	Source Payment	06-05-2014 06-05-2014	$210.00

Claim Handler: Jennifer Ing
866/401-9222
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Please keep the above information for your records.

104748081

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid

Nature of Benefits:	Nature of Payment:	Service Dates	

Claim Handler:	Additional Comments:

Issue Date	08-07-2014	Check Number	122697430 9	Total Amount of Check	$210.00

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.

ADVERTENCIA: Es necesario que usted le avise a su patrón o a su compañia de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por éste cheque, y antes de cambiar éste cheque. Si usted no sigue estos relamentos, Usted puede estar en violación de la ley y el castigo podria ser cárcel o prisión, una multa, y pérdida de beneficios.

NOT NEGOTIABLE

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

THE HARTFORD

000486
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00497

Attention: This remittance incorporates 1 claim payments

61560

Special Handling ID: RM 00

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
60560 11-26-13	72WEC DW2146 YMQC 18527	INTEGRATED TECHNOLOGY SYSTEM INC	$313.00

Nature of Benefits:	Nature of Payment:	Service Dates	
Interpreter Fees at Hearing	Source Payment	08-16-2014 04-08-2015	$313.00

Claim Handler: Jennifer Farnum
866/401-9222
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments: YMQ 18527

RECEIVED MAY 26 2015

Please keep the above information for your records.

400012 1241178429

109299002

4AR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

56-1544
441

Check Number: 1241178429
Issue Date: 05-20-2015
Benefit Period: 08-16-2014 to 04-08-2015

$**********313.00

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

VOID VOID VOID

Pay

THREE HUNDRED THIRTEEN DOLLARS AND 00/100

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

VOID

Authorized Signature

109299002

⑈1241178429⑈ ⑆[illegible]⑆ [illegible]⑈

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

THE HARTFORD

000595
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00616

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

000012 125105450

Explanation of Benefits

Page 1 of 2

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
61560 11-26-13	72WEC DW2146 YMQC 18527	INTEGRATED TECHNOLOGY SYSTEM INC	$210.00

Nature of Benefits:	Nature of Payment:	Service Dates	
Interpreter Fees at Hearing	Source Payment	04-24-2015 11-23-2015	$210.00

Claim Handler: Jennifer Farnum
866/401-9222
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments: ymq18527

PAID DEC 29 2015

Please keep the above information for your records.

108741441

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

56-1544
441

Check Number: 125105450 1
Issue Date: 12-21-2015
Benefit Period: 04-24-2015 to 11-23-2015

$**********210.00

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

Pay

TWO HUNDRED TEN DOLLARS AND 00/100

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

VOID VOID VOID

Authorized Signature

108741441

⑈125105450⑈ ⑆044115443⑆ 632559738⑈

THE HARTFORD
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2308177

MB 01 000892 85715 B 4 D

000892 1/1

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

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
11/26/2013	72WEC DW2146 YMQC 18527	INTEGRATED TECHNOLOGY SYSTEM INC	$80.00

Nature of Benefits:	Nature of Payment:	Service Dates	Amount Paid
Interpreter Fees at Hearing	Payment Reason - Interpreter Fees at Hrng	10/11/2017 10/11/2017	$80.00

Claim Handler: KASIE KELLAR
8664019222 x2308177
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:
check 2/2

Issue Date	10/24/2017	Check Number	128030265 8	Total Check Amount	$80.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

11563496

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2308177

MB 01 000893 85715 B 4 D

000893 1/1

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

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
11/26/2013	72WEC DW2146 YMQC 18527	INTEGRATED TECHNOLOGY SYSTEM INC		$920.00
Nature of Benefits: Penalty HIG/SRS Caused		Nature of Payment: Payment Reason - Penalty HIG Caused	Service Dates 10/11/2017 10/11/2017	$920.00

Claim Handler: KASIE KELLAR
8664019222 x2308177
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:
check 1/2

Issue Date	10/24/2017	Check Number	128030266 6	Total Check Amount	$920.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

11563496 7

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/12/17 64305

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
YMQ21388C

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

Case: vs SOUTH BAY DESIGNS
Date Of Injury: 2/1/10-1/3/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/12/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/23/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/27/15	PMT BY CHECK	DOS 11/12/14* # 123554798 1	-156.50
01/29/15	PMT BY CHECK	DOS 12/23/14* # 123567043 0	-210.00
08/06/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/30/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/07/17	PENALTIES	FOR DATE OF SERVICE 12/23/14	6.00
07/18/17	INTEREST	FOR DATE OF SERVICE 12/23/14	11.72
06/07/17	PENALTIES	FOR DATE OF SERVICE 8/6/15	23.48
07/18/17	INTEREST	FOR DATE OF SERVICE 8/6/15	35.70
06/07/17	PENALTIES	FOR DATE OF SERVICE 11/30/15	23.48
07/18/17	INTEREST	FOR DATE OF SERVICE 11/30/15	29.98
07/18/17	PMT BY CHECK	DOS 5/23/17* # 127631444 2	-353.00
07/19/17	PMT BY CHECK	DOS 5/23/17* # 127637487 9	-5.41
08/24/17	COSTS & SANC	COSTS & SANC	1100.00
09/06/17	PMT BY CHECK	DOS 12/19/13-12/19/14* # 127837905 3	-1224.95

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/12/17	64305

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
YMQ21388C

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

Case: vs SOUTH BAY DESIGNS
Date Of Injury: 2/1/10-1/3/14

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

THE HARTFORD

000539
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00556

Attention: This remittance incorporates 1 claim payments

PAID FEB 02 2015

Special Handling ID: RM 00

*200012 1235547981

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
64305 12-19-13	52WEC GA5817 YMQC 21388	DBA SOUTH BAY DESIGNS		$156.50
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Source Payment	Service Dates 11-12-2014 11-12-2014	$156.50

Claim Handler: Jennifer Farnum
866/401-9222
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Please keep the above information for your records.

108047690

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

56 -1544
441

Check Number: 123554798 1
Issue Date: 01-27-2015
Benefit Period: 11-12-2014 to 11-12-2014

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

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

Pay

ONE HUNDRED FIFTY-SIX DOLLARS AND 50/100

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

Authorized Signature

108047690

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

THE HARTFORD

000650
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00659

Attention: This remittance incorporates 1 claim payments

PAID FEB 03 2015

Special Handling ID: RM 00

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
64305 12-19-13	52WEC GA5817 YMQC 21388	JAVIER AMEZCUA DBA SOUTH BAY DESIGNS	$210.00

Nature of Benefits:	Nature of Payment:	Service Dates	Amount Paid
Interpreter Fees at Hearing	Source Payment	12-23-2014 12-23-2014	$210.00

Claim Handler: Jennifer Farnum
866/401-9222
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	01-29-2015	Check Number	1235670430	Total Amount of Check	$210.00

Please keep the above information for your records.

*200012 1235670430

108073432

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

[redacted]

THE HARTFORD
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2304177

002702 1/1

MB 01 002702 02942 B 10 E

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

JUL 25 2017

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
12/19/2013	52WEC GA5817 YMQC 21388	JAVIER AMEZCUA DBA SOUTH BAY DESIGNS	$353.00

Nature of Benefits:	Nature of Payment:	Service Dates		Amount Paid
Interpreter Fees at Hearing	Payment Reason - Interpreter Fees at Hrng	05/23/2017	05/23/2017	$353.00

Claim Handler: SHERI ANGELLO
8664019222 x2304177
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	07/18/2017	Check Number	127631444 2	Total Check Amount	$353.00

Please keep the above information for your records.

114447347

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

[redacted]

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2304177

MB 01 003229 03857 B 12 E

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

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
12/19/2013	52WEC GA5817 YMQC 21388	JAVIER AMEZCUA DBA SOUTH BAY DESIGNS		$5.41
Nature of Benefits: Penalty HIG/SRS Caused		Nature of Payment: Payment Reason - Penalty HIG Caused	Service Dates 05/23/2017 05/23/2017	$5.41

Claim Handler: SHERI ANGELLO
8664019222 x2304177
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:
10% Accrued Interest related to 5/23/2017 Order to pay $353

Issue Date	07/19/2017	Check Number	127637487 9	Total Check Amount	$5.41

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

114457558

[redacted]

THE HARTFORD
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2304177

MB 01 001188 43389 B 6 A

001188 1/1

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

SEP 12 2017

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
12/19/2013	52WEC GA5817 YMQC 21388	DBA SOUTH BAY DESIGNS	$1,224.95

Nature of Benefits:	Nature of Payment:	Service Dates	Amount
Doctor	Payment Reason - Doctor	12/19/2013 12/19/2014	$1,224.95

Claim Handler: SHERI ANGELLO
8664019222 x2304177
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	09/06/2017	Check Number	127837905 3	Total Check Amount	$1,224.95

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

1149132553

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/08/17 64856

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
YMQ11677C

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

Case: vs MISSION BEVERAGE COMPANY
Date Of Injury: 10/2/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/15/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/10/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/03/16	LEGAL_WCAB	EXP. HEARING @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/10/17	PENALTIES	FOR DATE OF SERVICE 1/15/15	23.48
02/17/17	INTEREST	FOR DATE OF SERVICE 1/15/15	34.12
02/10/17	PENALTIES	FOR DATE OF SERVICE 2/10/15	37.50
02/17/17	INTEREST	FOR DATE OF SERVICE 2/10/15	54.51
02/10/17	PENALTIES	FOR DATE OF SERVICE 11/03/16	23.48
02/17/17	INTEREST	FOR DATE OF SERVICE 11/03/16	5.92
02/17/17	PMT BY CHECK	DOS 1/15/15-11/3/16* # 126989650 4	-563.00
04/10/17	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/20/17	PMT BY CHECK	DOS 4/10/17* # 127256905 5	-156.50
08/01/17	COSTS & SANC	COSTS & SANC	1110.99
08/01/17	PMT BY CHECK	DOS 1/15/15-4/10/17* # 127690556 4	-1290.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2304213

MB 01 003534 81263 B 14 E

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

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
10/02/2013	72WN S17500 YMQC 11677	TOPA EQUITIES MISSION BEVERAGE	$563.00

Nature of Benefits:	Nature of Payment:	Service Dates		
Interpreter Fees at Hearing	Payment Reason - Interpreter Fees at Hrng,	01/15/2015	01/16/2015	$156.50
Interpreter Fees at Hearing	Interpreter Fees at Hrng, Interpreter Fees at	02/15/2015	02/15/2015	$250.00
Interpreter Fees at Hearing	Hrng	11/03/2016	11/03/2016	$156.50

Claim Handler: KEVIN BOYD
8664019222 x2304213
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:
full and final payment for DOS

Issue Date	02/17/2017	Check Number	126989650 4	Total Check Amount	$563.00

Please keep the above information for your records.

113280077

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

[redacted]

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2304213

MB 01 002047 32940 B 7 D

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

PAID
APR 28 2017

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
64856 10/02/2013	72WN S17500 YMQC 11677	TOPA EQUITIES MISSION BEVERAGE	$156.50

Nature of Benefits:	Nature of Payment:	Service Dates	
Interpreter Fees at Hearing	Payment Reason - Interpreter Fees at Hrng	04/10/2017 04/10/2017	$156.50

Claim Handler: KEVIN BOYD
8664019222 x2304213
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	04/20/2017	Check Number	127256905 5	Total Check Amount	$156.50

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

113582375

M



Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2304213

MB 01 002337 15127 B 11 A

002337 1/1

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

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
10/02/2013	72WN S17500 YMQC 11677	TOPA EQUITIES MISSION BEVERAGE		$1,290.00
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Payment Reason - Interpreter Fees at Hrng	Service Dates 01/15/2015 04/10/2017	$1,290.00

Claim Handler: KEVIN BOYD
8664019222 x2304213
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

AUG 08 2017

Issue Date	08/01/2017	Check Number	127690556 4	Total Check Amount	$1,290.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

1145418827

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/31/17 65453

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
YMQ36782C

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

Case: vs BETTER FOR YOU BREAKFAST INC.
Date Of Injury: 11/1/13-6/6/14;5/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/17/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/14/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
06/11/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI (VOL. II)	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/15/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI (VOL. II)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/25/16	LEGAL_WCAB	EXPEDITED HEARING @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/07/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/12/17	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/10/17	PENALTIES	FOR DATE OF SERVICE 3/17/15	23.48
03/27/17	INTEREST	FOR DATE OF SERVICE 3/17/15	34.66
03/10/17	PENALTIES	FOR DATE OF SERVICE 4/14/15	37.50
03/27/17	INTEREST	FOR DATE OF SERVICE 4/14/15	55.37
03/10/17	PENALTIES	FOR DATE OF SERVICE 6/11/15	23.48
03/27/17	INTEREST	FOR DATE OF SERVICE 6/11/15	32.59
03/10/17	PENALTIES	FOR DATE OF SERVICE 7/15/15	37.50
03/27/17	INTEREST	FOR DATE OF SERVICE 7/15/15	49.86
03/10/17	PENALTIES	FOR DATE OF SERVICE 4/25/16	23.48
03/27/17	INTEREST	FOR DATE OF SERVICE 4/25/16	16.72
03/10/17	PENALTIES	FOR DATE OF SERVICE 10/7/16	37.50
03/27/17	INTEREST	FOR DATE OF SERVICE 10/7/16	14.26
03/27/17	PMT BY CHECK	DOS 3/17/15-10/7/16* # 127148924 4	-1219.50
04/05/17	PENALTIES	FOR DATE OF SERVICE 1/12/17	23.48

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/31/17	65453

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
YMQ36782C

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

Case: vs BETTER FOR YOU BREAKFAST INC.
Date Of Injury: 11/1/13-6/6/14;5/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/21/17	INTEREST	FOR DATE OF SERVICE 1/12/17	11.24
08/22/17	PMT BY CHECK	DOS 8/21/17* # 1277795215	-2131.77
09/07/17	COSTS & SANC	COSTS	1554.15

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2309515

MB 01 001504 12412 B 6 D

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

APR 0 3 2017

65453

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
05/19/2014	72WEC GB2070 YMQC 29210	ROYAL DINING CATERING		$1,219.50
Nature of Benefits: Translation Services		Nature of Payment: Payment Reason - Translation Services	Service Dates 03/17/2015 10/07/2016	$1,219.50

Claim Handler: STEPHANIE STODDARD
8664019222 x2309515
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	03/27/2017	Check Number	127148924 4	Total Check Amount	$1,219.50

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

113678170

[redacted]

THE HARTFORD
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2309515

MB 01 001474 31715 B 7 E

001474 1/1

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

AUG 29 2017

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
05/19/2014	72WEC GB2070 YMQC 29210	ROYAL DINING CATERING		$2,131.77
Nature of Benefits: Translation Services		Nature of Payment: Payment Reason - Translation Services	Service Dates 08/21/2017 08/21/2017	$2,131.77

Claim Handler: STEPHANIE STODDARD
8664019222 x2309515
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	08/22/2017	Check Number	1277795215	Total Check Amount	$2,131.77

Please keep the above information for your records.

HAR-100-2

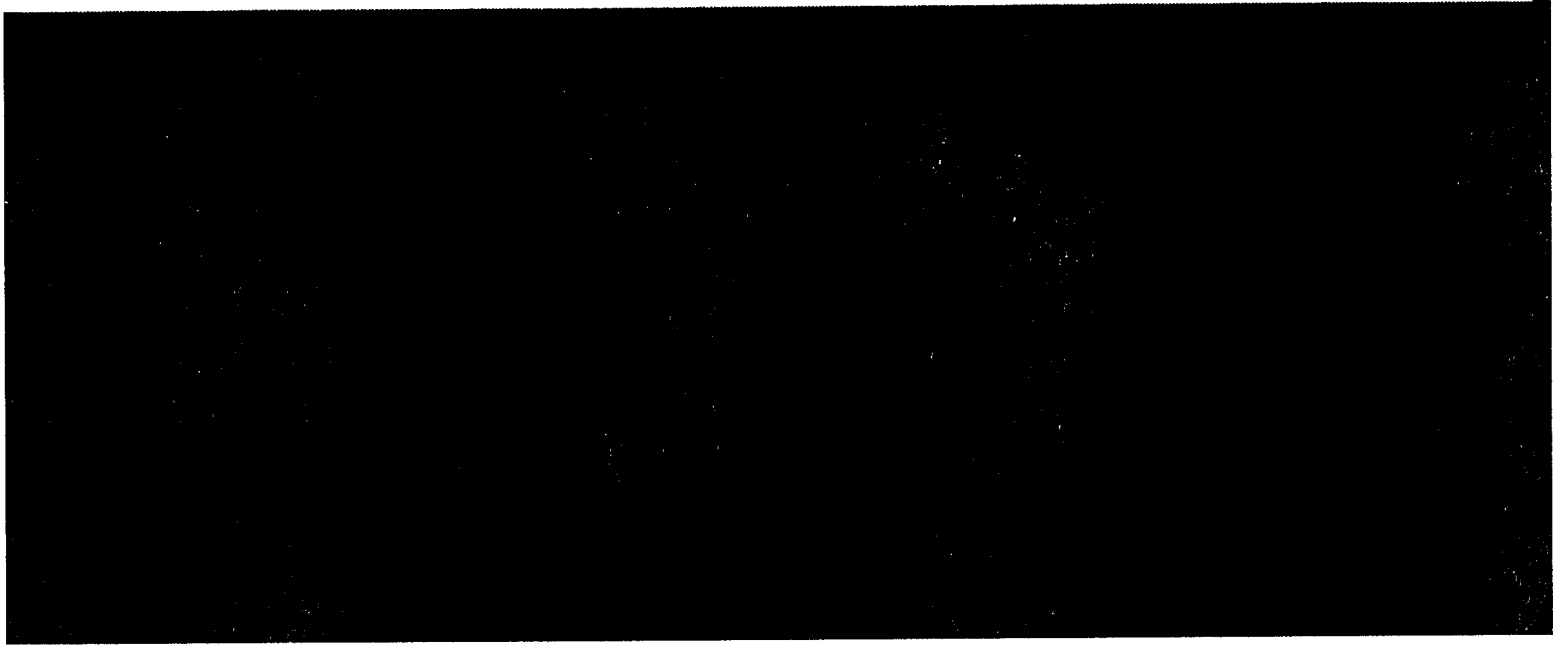
FOLD AT DOTTED LINE AND DETACH

11481764O

Payee: JOYCE ALTMAN INTERPRETERS INC
Check Number: 127779521 5 Total Check Amount: $2,131.77

NOT NEGOTIABLE

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Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/02/18 71515

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
SAC0000182627

BILL TO:
LWP CLAIMS SOLUTIONS (SAC)
W. C. DEPARTMENT
ATTN: LINDA SCHULER
P.O. BOX # 349016
SACRAMENTO, CA 95834

Case: vs CARLOS SNACK BAR
Date Of Injury: 2/27/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/29/17	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	VERA DARLING # 301418	0.00
11/07/17	PENALTIES	FOR DATE OF SERVICE 3/29/17	23.48
12/15/17	INTEREST	FOR DATE OF SERVICE 3/29/17	11.05
12/15/17	PMT BY CHECK	DOS 3/29/17-11/7/17* # 1208	-189.15
01/18/18	PMT BY CHECK	DOS 3/29/17-12/15/17* # 1260	-1.88
03/22/18	COSTS & SANC	COSTS	550.00
03/29/18	PMT BY CHECK	DOS 2/15/18* # 1337	-550.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Dept of Rehabilitation BEP
Administered by: LWP Claims Solutions, Inc., Inc.
PO Box 349016 Sacramento, CA 95834
FOR:

11-24
1210(8)

Wells Fargo Bank, N.A.
Salt Lake City, UT

CHECK DATE	CHECK NO.
12/15/2017	1208

CHECK AMOUNT
$189.15

VOID AFTER 180 DAYS

PAY One Hundred Eighty Nine Dollars and Fifteen Cents

TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Judy Adlam
AUTHORIZED SIGNATURE

⑈00001208⑈ ⑆121000248⑆ 4396287716⑈

Claim Number	Claimant	Loss Date	Invoice Number
SAC0000182627		02/27/2015	71515
Service Dates	3/29/2017 - 11/7/2017		
Reference	71515	Invoice Amount	Paid Amount
	Translation	189.15	189.15
Comment			

DEC 18 2017

LWP Claims Solutions, Inc., Inc.
PO Box 349016 Sacramento, CA 95834

Phone: (916) 609-3600
Fax: (916) 609-3639

Dept of Rehabilitation BEP
Administered by: LWP Claims Solutions, Inc., Inc.
PO Box 349016 Sacramento, CA 95834
FOR:

11-24
1210(8)

Wells Fargo Bank, N.A.
Salt Lake City, UT

CHECK DATE	CHECK NO.
1/18/2018	1260

CHECK AMOUNT
$1.88

VOID AFTER 180 DAYS

PAY One Dollar and Eighty Eight Cents

TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Judy Adlam
AUTHORIZED SIGNATURE

⑈00001260⑈ ⑆121000248⑆ 4396287716⑈

Claim Number	Claimant	Loss Date	Invoice Number
SAC0000182627		02/27/2015	71515
Service Dates	3/29/2017 - 12/15/2017		
Reference	71515	Invoice Amount	Paid Amount
Translation		1.88	1.88
Comment			

JAN 2 2018

LWP Claims Solutions, Inc., Inc.
PO Box 349016 Sacramento, CA 95834

Phone: (916) 609-3600
Fax: (916) 609-3639

Dept of Rehabilitation BEP
Administered by: LWP Claims Solutions, Inc., Inc.
PO Box 349016 Sacramento, CA 95834
FOR:

11-24
1210(8)

Wells Fargo Bank, N.A.
Salt Lake City, UT

CHECK DATE	CHECK NO.
3/29/2018	1337

CHECK AMOUNT
$550.00

VOID AFTER 180 DAYS

PAY Five Hundred Fifty Dollars and No Cents

TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Judy Adlam
AUTHORIZED SIGNATURE

⑈00001337⑈ ⑆121000248⑆ 4396287716⑈

Claim Number	Claimant	Loss Date	Invoice Number
SAC0000182627		02/27/2015	
Service Dates	3/29/2017 - 11/7/2017		
Reference		Invoice Amount	Paid Amount
Exp. Penalty All Others (our fault)		550.00	550.00
Comment			

APR 02 2018

LWP Claims Solutions, Inc., Inc.
PO Box 349016 Sacramento, CA 95834

Phone: (916) 609-3600
Fax: (916) 609-3639

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/19/18 68836

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
480985

BILL TO:
MARRIOTT CLAIMS SVCS -ARKANSAS
W. C. DEPARTMENT
ATTN: TIFFANY VU
P.O. BOX # 29210
HOT SPRINGS, AR 71903-9010

Case: vs RITZ CARLTON
Date Of Injury: 2/24/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/21/16	LEGAL_WCAB	STATUS CONFERENECE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL	0.00
09/14/17	PMT BY CHECK	DOS 3/21/17* # 87508007	-156.50
09/21/17	PENALTIES	FOR DATE OF SERVICE 3/21/16	23.48
09/14/17	INTEREST	FOR DATE OF SERVICE 3/21/16	26.53
02/27/18	COSTS	ADD'L COSTS AWARDED	599.99
03/12/18	PMT BY CHECK	DOS 2/27/18* # 87572641	-650.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

MCS - on behalf of Ritz-Carlton

PO Box 261866 Plano, TX 75026-1866

WC (Employee Work Injury)

Payee: Joyce Altman Interpreting, Inc.
Employer: RITZ CARLTON LAGUNA NIGUEL
Claim Number: 480985
Claimant Name:
Injury Date: 02/24/2015
Description: Translation/Medical
Body Part: Multiple Body Parts
Instruction: As Per Order
Comment:
Document Number:
Jurisdiction:

IRS/SSN: 330956713
Check Number: 87508007
Claimant SSN:
Invoice Number:
Account Number:
Payee NPI:

Rendering Physician:

Examiner: LMADRIGAL
Check Total: 156.50
Check Date: 09/14/2017
From Date: 03/21/2016
Through Date: 03/21/2016
Status: Re-Open

Delivery Type: Regular Mail

Rendering Physician NPI:

SEP 18 2017

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

MCS - on behalf of Ritz-Carlton

PO Box 261866 Plano, TX 75026-1866

Payable Through Wells Fargo Bank, N.A.
San Francisco, CA
4759031065

66-156
531

CHECK NUMBER 87508007

DATE
09/14/2017

PAY One Hundred Fifty Six Dollars And 50/100

Void after 6 months from date of issue

$156.50

TO THE ORDER OF
Joyce Altman Interpreting, Inc.
P.O. Box 4165
Tustin, CA 92781-4165

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈87508007⑈ ⑆053101561⑆ 4759031065⑈

MCS - on behalf of Ritz-Carlton

PO Box 261866 Plano, TX 75026-1866

WC (Employee Work Injury)

Payee: Joyce Altman Interpreting, Inc.
Employer: RITZ CARLTON LAGUNA NIGUEL
Claim Number: 480985
Claimant Name:
Injury Date: 02/24/2015
Description: Translation/Medical
Body Part: Multiple Body Parts
Instruction: As Per Order
Comment: FULL & FINAL LIEN SETTLEMENT PER STIP & ORDER TO PAY
Document Number:
Jurisdiction:

IRS/SSN
Check Number: 87572641
Claimant SSN:
Invoice Number:
Account Number:
Payee NPI:

Rendering Physician:

Examiner: LMADRIGAL
Check Total: 650.00
Check Date: 03/12/2018
From Date: 02/27/2018
Through Date: 02/27/2018
Status: Re-Open

Delivery Type: Regular Mail

Rendering Physician NPI:

MAR 19 2018

MR

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

MCS - on behalf of Ritz-Carlton

PO Box 261866 Plano, TX 75026-1866

Payable Through Wells Fargo Bank, N.A.
San Francisco, CA
4759031065

66-156
531

CHECK NUMBER 87572641

DATE
03/12/2018

PAY Six Hundred Fifty Dollars And 00/100

Void after 6 months from date of issue

$650.00

TO THE ORDER OF
Joyce Altman Interpreting, Inc.
P.O. Box 4165
Tustin, CA 92781-4165

COPY

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

JOB NO 5466541

⑈87572641⑈ ⑆053101561⑆ 4759031065⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/07/17 67480

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
476894; 503438

BILL TO:
MARRIOTT CLAIMS SVCS -ARKANSAS
W. C. DEPARTMENT
ATTN: ELIZABETH HOWE
P.O. BOX # 29210
HOT SPRINGS, AR 71903-9010

Case: vs MARRIOTT INTL ADMIN SRVS
Date Of Injury: 1/19/15;CT 2/15-7/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/17/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI DOI: 1/19/2015	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/30/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI DOI: 1/19/2015	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/19/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/17/15	LEGAL_WCAB	EXP. HEARING @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/01/16	PMT BY CHECK	DOS 9/17/15-11/19/15* # 87283062	-563.00
01/08/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL II	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/25/16	PMT BY CHECK	DOS 1/8/16* # 87291114	-250.00
01/25/16	PMT BY CHECK	DOS 12/17/15* # 87291115	-156.50
09/19/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/20/16	LEGAL_C&R	C&R READING @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/27/17	PENALTIES	FOR DATE OF SERVICE 9/17/15	23.48
01/01/16	INTEREST	FOR DATE OF SERVICE 9/17/15	4.83
04/27/17	PENALTIES	FOR DATE OF SERVICE 9/30/15	37.50
01/01/16	INTEREST	FOR DATE OF SERVICE 9/30/15	7.72
04/27/17	PENALTIES	FOR DATE OF SERVICE 9/19/16	23.48
05/01/17	INTEREST	FOR DATE OF SERVICE 9/19/16	11.59
04/27/17	PENALTIES	FOR DATE OF SERVICE 10/20/16	23.48
05/01/17	INTEREST	FOR DATE OF SERVICE 10/20/16	10.31
05/01/17	PMT BY CHECK	DOS 9/19/16-10/20/16*	-313.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/07/17 67480

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
476894; 503438

BILL TO:
MARRIOTT CLAIMS SVCS -ARKANSAS
W. C. DEPARTMENT
ATTN: ELIZABETH HOWE
P.O. BOX # 29210
HOT SPRINGS, AR 71903-9010

Case: vs MARRIOTT INTL ADMIN SRVS
Date Of Injury: 1/19/15;CT 2/15-7/15

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 87458593	
06/01/17	PMT BY CHECK	DOS 9/17/16-5/1/17*	-142.39
		# 87470126	
06/21/17	COSTS & SANC	COSTS & SANC	1000.00
06/30/17	PMT BY CHECK	DOS 6/21/17* # 87481698	-1000.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

MCS - on behalf of Marriott

PO Box 261866 Plano, TX 75026-1866

WC (Employee Work Injury)

Payee: Joyce Altman Interpreting, Inc.
Employer: MANHATTAN BEACH,HAWTHORNE
Claim Number: 476894
Claimant Name:
Injury Date: 01/19/2015
Description: Deposition Expense
Body Part: Foot
Instruction: No Attachment or Special Instruction Required
Comment:
Document Number:
Jurisdiction:

IRS/SSN: 330956713
Check Number: 87283062
Claimant SSN:
Invoice Number: 67480
Account Number:
Payee NPI:

Rendering Physician:

Examiner: KHART
Check Total: 563.00
Check Date: 01/01/2016
From Date: 09/17/2015
Through Date: 11/19/2015
Status: Open

Delivery Type: Regular Mail

Rendering Physician NPI:

PAID JAN 0 8 2016
PAID JAN 3 2016

MR

[redacted]

MCS - on behalf of Marriott

PO Box 261866 Plano, TX 75026-1866

WC (Employee Work Injury)

Payee: Joyce Altman Interpreting, Inc.
Employer: MANHATTAN BEACH,HAWTHORNE
Claim Number: 476894
Claimant Name:
Injury Date: 01/19/2015
Description: Deposition Expense
Body Part: Foot
Instruction: No Attachment or Special Instruction Required
Comment:
Document Number:
Jurisdiction:

IRS/SSN: 330956713
Check Number: 87291114
Claimant SSN
Invoice Number: 67480
Account Number:
Payee NPI:

Examiner: KHART
Check Total: 250.00
Check Date: 01/25/2016
From Date: 01/08/2016
Through Date: 01/08/2016
Status: Open

Delivery Type: Regular Mail

Rendering Physician:

Rendering Physician NPI:

9

PAID FEB 02 2016

MR

[redacted]

MCS - on behalf of Marriott

PO Box 261866 Plano, TX 75026-1866

WC (Employee Work Injury)

Payee: Joyce Altman Interpreting, Inc.
Employer: MANHATTAN BEACH,HAWTHORNE
Claim Number: 476894
Claimant Name:
Injury Date: 01/19/2015
Description: Deposition Expense
Body Part: Foot
Instruction: No Attachment or Special Instruction Required
Comment:
Document Number:
Jurisdiction:

IRS/SSN: 330956713
Check Number: 87291115
Claimant SSN:
Invoice Number: 67480
Account Number:
Payee NPI:

Rendering Physician:

Examiner: KHART
Check Total: 156.50
Check Date: 01/25/2016
From Date: 12/17/2015
Through Date: 12/17/2015
Status: Open

Delivery Type: Regular Mail

Rendering Physician NPI:

PAID [illegible]

[redacted]

MCS - on behalf of Marriott

WC (Employee Work Injury)

PO Box 261866 Plano, TX 75026-1866

Payee: Joyce Altman Interpreting, Inc.
Employer: MANHATTAN BEACH,HAWTHORNE
Claim Number: 476894
Claimant Name:
Injury Date: 01/19/2015
Description: Translation/Investigative
Body Part: Foot
Instruction: No Attachment or Special Instruction Required
Comment:
Document Number:
Jurisdiction:

IRS/SSN: 330956713
Check Number: 87458593
Claimant SSN:
Invoice Number: 67480
Account Number:
Payee NPI:

Rendering Physician:

Examiner: EHOWE
Check Total: 313.00
Check Date: 05/01/2017
From Date: 09/19/2016
Through Date: 10/20/2016
Status: Open

Delivery Type: Regular Mail

Rendering Physician NPI:

MAY 09 2017

[redacted]

MCS - on behalf of Marriott

WC (Employee Work Injury)

PO Box 261866 Plano, TX 75026-1866

Payee: Joyce Altman Interpreting, Inc.
Employer: MANHATTAN BEACH,HAWTHORNE
Claim Number: 476894
Claimant Name:
Injury Date: 01/19/2015
Description: Translation/Investigative
Body Part: Foot
Instruction: No Attachment or Special Instruction Required
Comment:
Document Number:
Jurisdiction:

IRS/SSN: 330956713
Check Number: 87470126
Claimant SSN:
Invoice Number: 5748C
Account Number:
Payee NPI:

Rendering Physician:

Examiner: EHOWE
Check Total: 142.39
Check Date: 06/01/2017
From Date: 09/17/2016
Through Date: 05/01/2017
Status: Open

Delivery Type: Regular Mail

Rendering Physician NPI:

JUN 07 2017

[redacted]

MCS - on behalf of Marriott

WC (Employee Work Injury)

PO Box 261866 Plano, TX 75026-1866

Payee: Joyce Altman Interpreting, Inc.
Employer: MANHATTAN BEACH,HAWTHORNE
Claim Number: 476894
Claimant Name:
Injury Date: 01/19/2015
Description: Translation/Medical
Body Part: Foot
Instruction: In Full Satisfaction of Lien
Comment:
Document Number:
Jurisdiction:

IRS/SSN:
Check Number: 87481698
Claimant SSN:
Invoice Number:
Account Number:
Payee NPI:

Examiner: EHOWE
Check Total: 1,000.00
Check Date: 06/30/2017
From Date: 06/21/2017
Through Date: 06/21/2017
Status: Open

Delivery Type: Regular Mail

Rendering Physician:

Rendering Physician NPI:

PAID
JUL 07 2017
BY: .....

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/28/17	31033

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
912786; 918684

BILL TO:
MURPHY & BEANE (CULVER CITY)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
5901 Green Valley Circle,# 145
CULVER CITY, CA 90230

Case: vs BURGER KING
Date Of Injury: 11/6/07; 1/6/08

DOS	SERVICE	DESCRIPTION	AMOUNT
07/07/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
07/30/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
09/08/08	WCAB LB	EXP. HEARING	156.50
04/27/15	PENALTIES	FOR DATE OF SERVICE 7/7/08	23.48
10/25/17	INTEREST	FOR DATE OF SERVICE 7/7/08	167.06
04/27/15	PENALTIES	FOR DATE OF SERVICE 7/30/08	37.50
10/25/17	INTEREST	FOR DATE OF SERVICE 7/30/08	265.76
04/27/15	PENALTIES	FOR DATE OF SERVICE 9/8/08	23.48
10/25/17	INTEREST	FOR DATE OF SERVICE 9/8/08	164.89
03/11/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
05/02/11	WCAB LB	EXPEDITED - (FULL DAY)	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/18/12	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
05/15/12	WCAB LB	EXP. HEARING	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
04/27/15	PENALTIES	FOR DATE OF SERVICE 03/11/10	23.48
10/25/17	INTEREST	FOR DATE OF SERVICE 03/11/10	137.67
04/27/15	PENALTIES	FOR DATE OF SERVICE 05/02/11	46.95
10/25/17	INTEREST	FOR DATE OF SERVICE 05/02/11	234.41
04/27/15	PENALTIES	FOR DATE OF SERVICE 01/18/12	23.48
10/25/17	INTEREST	FOR DATE OF SERVICE 01/18/12	103.94
04/27/15	PENALTIES	FOR DATE OF SERVICE 05/15/12	23.48
10/25/17	INTEREST	FOR DATE OF SERVICE 05/15/12	98.22
12/14/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
07/31/17	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/27/17	PENALTIES	FOR DATE OF SERVICE 07/31/17	23.48
10/25/17	INTEREST	FOR DATE OF SERVICE 07/31/17	5.23
10/25/17	PMT BY CHECK	DOS 7/7/08-5/15/12* # 011243	-2634.35
11/17/17	PMT BY CHECK	DOS 11/17/17* # 011250	-370.16

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/28/17 31033

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
912786; 918684

BILL TO:
MURPHY & BEANE (CULVER CITY)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
5901 Green Valley Circle,# 145
CULVER CITY, CA 90230

Case: vs BURGER KING
Date Of Injury: 11/6/07; 1/6/08

DOS	SERVICE	DESCRIPTION	AMOUNT
11/20/17	COSTS	ADD'L COSTS AWARDED	1100.00
12/22/17	PMT BY CHECK	DOS 12/22/17* # 011259	-1100.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

MURPHY AND BEANE, INC.
COMPENSATION ACCOUNT
5901 GREEN VALLEY CIRCLE, SUITE 145 • CULVER CITY, CA 90230

WELLS FARGO BANK, N.A.
16-24/1220

NO. 011243

VOID AFTER 90 DAYS

11243

DATE 10/25/2017

918684

AMOUNT ***$2,634.35*

PAY *****Two Thousand Six Hundred Thirty-Four Dollars And 35 Cents*****

Miscellaneous Allocated Expense

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

AUTHORIZED SIGNATURE

THIS PAPER CONTAINS VISIBLE AND INVISIBLE FIBERS FACE AND BACK WHICH FLUORESCE UNDER ULTRAVIOLET LIGHT.

⑈011243⑈ ⑆122000247⑆ 973986034 5⑈

MURPHY AND BEANE, INC. - **COMPENSATION ACCOUNT**

011243

PAYEE: THIS IS YOUR RECORD OF CLAIM PAYMENT PLEASE DETACH AND SAVE

CLAIM NUMBER	PAYMENT FOR	FOR THE PERIOD FROM	THRU	AMOUNT	CODE
918684	Miscellaneous Allocated Expense	07/07/2008	05/15/2012	2,634.35	O 2P12

NOV 02 2017

MURPHY AND BEANE, INC.
COMPENSATION ACCOUNT
5901 GREEN VALLEY CIRCLE, SUITE 145 • CULVER CITY, CA 90230

WELLS FARGO BANK, N.A.
16-24/1220

NO. 011250

11250

VOID AFTER 90 DAYS

DATE 11/17/2017

AMOUNT *****$370.16*

PAY *****Three Hundred Seventy Dollars And 16 Cents*****

Miscellaneous Allocated Expense

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

AUTHORIZED SIGNATURE

THIS PAPER CONTAINS VISIBLE AND INVISIBLE FIBERS FACE AND BACK WHICH FLUORESCE UNDER ULTRAVIOLET LIGHT.

⑈011250⑈ ⑆122000247⑆ 973986034 5⑈

MURPHY AND BEANE, INC. - COMPENSATION ACCOUNT 011250

PAYEE: THIS IS YOUR RECORD OF CLAIM PAYMENT PLEASE DETACH AND SAVE

CLAIM NUMBER	PAYMENT FOR	FOR THE PERIOD FROM	THRU	AMOUNT	CODE
918684					
Bal pd in full		11/17/2017	11/17/2017	370.16	O
Miscellaneous Allocated Expense					2P12

NOV 20 2017

[redacted]

MURPHY AND BEANE, INC.
COMPENSATION ACCOUNT
5901 GREEN VALLEY CIRCLE, SUITE 145 • CULVER CITY, CA 90230

WELLS FARGO BANK, N.A.
16-24/1220

NO. 011259

VOID AFTER 90 DAYS

11259

DATE 12/22/2017

918684
Invoice #: Lien

AMOUNT ***$1,100.00*

PAY *****One Thousand One Hundred Dollars And 0 Cents*****

Miscellaneous Allocated Expense
Full and Final Lien Settlement

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

AUTHORIZED SIGNATURE

THIS PAPER CONTAINS VISIBLE AND INVISIBLE FIBERS FACE AND BACK WHICH FLUORESCE UNDER ULTRAVIOLET LIGHT.

⑈011259⑈ ⑆122000247⑆ 973986034 5⑈

MURPHY AND BEANE, INC. - **COMPENSATION ACCOUNT** 011259

PAYEE: THIS IS YOUR RECORD OF CLAIM PAYMENT PLEASE DETACH AND SAVE

CLAIM NUMBER	PAYMENT FOR	FOR THE PERIOD FROM	THRU	AMOUNT	CODE
918684 Lien	Miscellaneous Allocated Expense	12/22/2017	12/22/2017	1,100.00	O 2P12

F. F.
CA

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/01/18 72606

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
A9WC695421-001

BILL TO:
NATIONAL LIABILITY & FIRE INS.
W. C. DEPARTMENT
ATTN: ANNA FOURKILLER
P.O. BOX 113247
STAMFORD, CT 06911

Case: vs ROBERTO GARCIA
Date Of Injury: 3/9/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/11/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/15/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/15/17	PENALTIES	FOR DATE OF SERVICE 9/11/17	23.48
01/05/18	INTEREST	FOR DATE OF SERVICE 9/11/17	5.47
12/15/17	PENALTIES	FOR DATE OF SERVICE 9/15/17	37.50
01/05/18	INTEREST	FOR DATE OF SERVICE 9/15/17	8.74
01/05/18	PMT BY CHECK	DOS 9/11/17-9/15/17* # 000042306	-406.00
/ /	COSTS	ADD'L COSTS AWARDED	624.31
04/25/18	PMT BY CHECK	DOS 4/16/18* # 000047627	-700.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

000042306

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

01/05/2018 330956713-0000 JOYCE ALTMAN INTERPRETERS INC
(E034) 406.00 A9WC695421-001 DOL:03/09/2016
Inv/Case#: 72606
:09/11/2017-09/15/2017

JAN 1 1 2018

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

National Liability & Fire Insurance Company

P.O. Box 113247
Stamford, CT 06911-3247

Wells Fargo Bank, N.A.

11-24
1210

000042306

DATE 01/05/2018

AMOUNT ********$406.00

⇨⇨⇨⇨⇨PAY ONLY $406.00
DOLLAR FOUR ZERO SIX PERIOD ZERO ZERO

NOT VALID AFTER 180 DAYS
TWO SIGNATURES REQUIRED IF OVER $10000

■ FOUR HUNDRED SIX DOLLARS AND 00 CENTS**********

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

VOID OVER $406.00

MP

⑈000042306⑈ ⑆121000248⑆ 4125306548⑈

M

000047627

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Please see attached documentation.

4

MAY 01 2018

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

National Liability & Fire Insurance Company

P.O. Box 113247
Stamford, CT 06911-3247

Wells Fargo Bank, N.A.

11-24
1210

000047627

DATE
04/25/2018

AMOUNT
********$700.00

⇨⇨⇨⇨⇨PAY ONLY $700.00
DOLLAR SEVEN ZERO ZERO PERIOD ZERO ZERO

NOT VALID AFTER 180 DAYS
TWO SIGNATURES REQUIRED IF OVER $10000

■ SEVEN HUNDRED DOLLARS AND 00 CENTS**********

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

VOID OVER $700.00

MP

⑈000047627⑈ ⑆121000248⑆ 4125306548⑈

Explanation of Review

National Liability & Fire
Insurance Company

Carrier

Carrier No:
Carrier: NATIONAL LIABILITY & FIRE INSU
100 FIRST STAMFORD PLACE / P.O. BOX 113247
STAMFORD, CT 06911-3247

Bill: GUA-NLCA-24963

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 **Claim Number:** A9WC695421-001
License: A9999999 **Specialty (2):** AO **DOI/DOL:** 03-09-2016
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC
External ID: 5386 **External Claim Number:** A9695421001
Invoice Date: 04-15-2018
Patient Account: 72606

Payment Status Code: 1

Bill Details

Dates of Service: 03-09-2016
Post Date: 04-23-2018
Reviewer: TM/
Pay Auth: 0
Client Type of Bill: LIEN
Adjuster: JMUKORO

Bill ICD Version: 10
Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units	BR	Description	Network	ONR	Other	Explanation Code(s) Allow.
1	03-09-2016	99	MDS10	A	700.00	1		SETTLEMENT FOR DISPUTE				G67, 961 700.00

Totals

Total Charges: 700.00
Recommended Allowance: **700.00**

Messages

961 ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.
G67 PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE SEND THE BILL AND THE ANALYSIS TO:

NATIONAL LIABILITY & FIRE, NL&F - MGU, PO BOX 113247, STAMFORD, CT 06911-3247

CPT Copyright 1995-2017 American Medical Association. All rights reserved.

DCN Number: MN-042020181106

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/13/17 70717

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
R00059780

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

Case: vs CALIFORNIA CITRUS COOPERATIVE
Date Of Injury: CT 8/27/15 - 8/27/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/11/16	INITIAL EXAM	DR GALAL GOUBRAN/DAVE FRANKE, PA @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
11/10/16	PR2/REEVAL	DR GOUBRAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/08/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/12/17	PR2/REEVAL	DR GOUBRAN/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
02/09/17	PR2/REEVAL	DR GOUBRAN/FRANKE,PA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
02/09/17	LEGAL_WCAB	EXPEDITED HEARING @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
03/09/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/13/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/25/17	LEGAL_WCAB	PRIORITY CONF. @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
05/23/17	PMT BY CHECK	DOS 4/25/17-4/25/17 * # 300440200	-156.50
11/06/17	LIEN FIL FEE	LIEN FILING FEE	150.00
11/17/17	PENALTIES	FOR DATE OF SERVICE 2/9/17	23.48
11/17/17	INTEREST	FOR DATE OF SERVICE 2/9/17	14.10
11/28/17	COSTS	ADD'L COSTS AWARDED	645.92
12/08/17	PMT BY CHECK	DOS 10/11/16-11/17/17* # 3000471160	-2300.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/13/17	70717

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
R00059780

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

Case: ANO RIVERA vs CALIFORNIA CITRUS COOPERATIVE
Date Of Injury: CT 8/27/15 - 8/27/16

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

DR0808

REPUBLIC INDEMNITY COMPANY OF CALIFORNIA
P.O. Box 20036
Encino, CA 91416
818-990-9860

Republic Indemnity

Date: 05/23/2017
Check #: 3000440200
Payment Amount: 156.50

000919 R3N7T1A
Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00059780		70717	05/11/2017	04/25/17	04/25/17	156.50	156.50	
	Interpreter For Medical					Total	156.50	

MAY 26 2017

PLEASE DETACH BEFORE DEPOSITING CHECK

[redacted]

REPUBLIC INDEMNITY COMPANY OF CALIFORNIA
P.O. Box 20636
Encino, CA 91416
818-990-9860

Republic Indemnity

Date: 12/08/2017
Check #: 3000471160
Payment Amount: 2,300.00

004958 R3N7T1A
Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00059780		NA	11/28/2017	10/11/16	11/17/17	2,300.00	2,300.00	
		125 Lien Settled By Payor (RICA) full and final settlement of lien						
						Total	2,300.00	

PAID
DEC 13 2017

MP

PLEASE DETACH BEFORE DEPOSITING CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/06/17 69876

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
6181944

BILL TO:
YORK/AVIZENT (ROSEVILLE)
W. C. DEPARTMENT
ATTN: BARBRA KELLER
P.O. BOX 619079
ROSEVILLE, CA 95661-9079

Case: s SIMMONS BEDDING COMPANY & SUBS
Date Of Injury: 3/13/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/23/16	LEGAL WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	CARLOS ARIAS # 301574	0.00
09/29/17	PMT BY CHECK	DOS 6/23/16* # 0000029257	-156.50
10/05/17	PENALTIES	FOR DATE OF SERVICE 6/23/16	23.48
09/29/17	INTEREST	FOR DATE OF SERVICE 6/23/16	20.12
10/24/17	PMT BY CHECK	DOS 10/17/17* # 0000029798	-43.60
10/30/17	COSTS	ADD'L COSTS AWARDED	700.00
11/03/17	PMT BY CHECK	DOS 10/30/17* # 0000030026	-700.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

01007199671

Claim: 6181944 / , Accident date: 03/13/2015, Jurisdiction State: California.
Insured: Serta Simmons Holdings, LLC, Policy: LDS4048533.

The payment is for Language Interpreter - paid under Expense from 06/23/2016 to 06/23/2016.
Check: 0000029257, issued: 09/29/2017, for: $156.50, for: Expense

To the Order of: JOYCE ALTMAN INTERPRETERS
: PO BOX 4165
: TUSTIN, CA 927814165

Please contact Melissa Bowers, telephone: (714) 620-1308 in CA \ Orange Orange CA, email: Melissa.Bowers@yorkrsg.com, if you have questions regarding this payment.

OCT 0 2 2017

U.S. Mail

0100719967

York Risk Services Group Inc Client Escrow Account on Behalf of Safety National Casualty Corporation
Serta Simmons Holdings' Claims
1625 West Causeway Approach
Mandeville LA 70471

Wells Fargo Bank, N.A.
San Francisco, CA 94104
11-24/1210

Check Number 0000029257
Issue Date: 09/29/2017
VOID After 60 Days

For Expense from 06/23/2016 to 06/23/2016. 69876
Claim: 6181944 / Language Interpreter - paid under Expense

One Hundred Fifty-Six and 50/100 Dollars $ *******156.50

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

Richard Tabuchi
Authorized Signature

⑈0000029257⑈ ⑆122100024⑆ 4978079531⑈

00072897611

Claim: 6181944 / Accident date: 03/13/2015, Jurisdiction State: California.
Insured: Serta Simmons Holdings, LLC, Policy: LDS4048533.

The payment is for Language Interpreter - paid under Expense from 10/17/2017 to 10/17/2017.
Check: 0000029798, issued: 10/24/2017, for: $43.60, for: Expense, Invoice: Full & Final - 69876

To the Order of: JOYCE ALTMAN INTERPRETERS
: PO BOX 4165
: TUSTIN, CA 927814165

Please contact Melissa Bowers, telephone: (714) 620-1308 in CA \ Orange Orange CA, email: Melissa.Bowers@yorkrsg.com, if you have questions regarding this payment.

OCT 30 2017

U.S. Mail

0007289761

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK • HOLD UP TO LIGHT TO VIEW • CHECK CONTAINS VISIBLE AND INVISIBLE FIBERS

York Risk Services Group, Inc.

York Risk Services Group Inc Client Escrow Account on Behalf of Safety National Casualty Corporation
Serta Simmons Holdings' Claims
1625 West Causeway Approach
Mandeville LA 70471

Wells Fargo Bank, N.A.
San Francisco, CA 94104
11-24/1210

Check Number 0000029798
Issue Date: 10/24/2017
VOID After 60 Days

For Expense from 10/17/2017 to 10/17/2017. Full & Final - 69876
Claim: 6181944 / Language Interpreter - paid under Expense

$ ********43.60

Forty-Three and 60/100 Dollars

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

Richard Taheth
Authorized Signature

⑈0000029798⑈ ⑆121000248⑆ 4978079531⑈

00073055791

Claim: 6181944 / Accident date: 03/13/2015, Jurisdiction State: California.
Insured: Serta Simmons Holdings, LLC, Policy: LDS4048533.

The payment is for Miscellaneous Medical from 10/30/2017 to 10/30/2017.
Check: 0000030026, issued: 11/03/2017, for: $700.00, for: Medical, Invoice: Full & Final.

To the Order of: JOYCE ALTMAN INTERPRETERS
: PO BOX 4165
: TUSTIN, CA 927814165

Please contact Melissa Bowers, telephone: (714) 620-1308 in CA \ Orange Orange CA, email: Melissa.Bowers@yorkrsg.com, if you have questions regarding this payment.

NOV 06 2017

U.S. Mail

0007305579

York Risk Services Group Inc Client Escrow Account on Behalf of Safety National Casualty Corporation
Serta Simmons Holdings' Claims
1625 West Causeway Approach
Mandeville LA 70471

Wells Fargo Bank, N.A.
San Francisco, CA 94104
11-24/1210

Check Number 0000030026
Issue Date: 11/03/2017
VOID After 60 Days

For Medical from 10/30/2017 to 10/30/2017. Full & Final.
Claim: 6181944 / Miscellaneous Medical

Seven Hundred and 00/100 Dollars

$ *******700.00

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

Richard Tabuchi
Authorized Signature

⑈0000030026⑈ ⑆121000248⑆ 4978079531⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/29/18	69772

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
1010-13-02254

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

Case: vs FANTASY DYEING & FINISHING INC
Date Of Injury: CT 3/19/12 - 3/19/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/27/16	LEGAL_WCAB	MSC @ WCAB VAN NUYS	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/23/16	LEGAL_WCAB	MSC @ WCAB VAN NUYS	156.50
/ /	INTERPRETER:	MANUEL DE LA TORRE # 100549	0.00
12/13/16	LEGAL_WCAB	MSC @ WCAB VAN NUYS	156.50
/ /	INTERPRETER:	MANUEL DE LA TORRE # 100549	0.00
06/08/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/07/17	PENALTIES	FOR DATE OF SERVICE 6/27/16	23.48
10/05/17	INTEREST	FOR DATE OF SERVICE 6/27/16	22.88
09/07/17	PENALTIES	FOR DATE OF SERVICE 8/23/16	23.48
10/05/17	INTEREST	FOR DATE OF SERVICE 8/23/16	20.12
09/07/17	PENALTIES	FOR DATE OF SERVICE 12/13/16	23.48
10/05/17	INTEREST	FOR DATE OF SERVICE 12/13/16	15.24
09/07/17	PENALTIES	FOR DATE OF SERVICE 6/8/17	37.50
10/05/17	INTEREST	FOR DATE OF SERVICE 6/8/17	10.32
10/05/17	PMT BY CHECK	DOS 6/27/16-6/8/17* # 1892723	-719.50
12/08/17	PMT BY CHECK	DOS 6/27/16* # 1974850	-176.50
01/02/18	COSTS	ADD'L COSTS AWARDED	775.00
01/22/18	PMT BY CHECK	DOS 3/19/13-1/2/18* # 2027557	-775.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/29/18	69772

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
1010-13-02254

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

Case: vs FANTASY DYEING & FINISHING INC
Date Of Injury: CT 3/19/12 - 3/19/13

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

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

Check Date: 10/05/2017
Check Number: 1892723
Check Amount: $719.50

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,T1JG64

6/6/17 4:39 PM 4 0000118 20171005 MJ1WH101 CHECK 1 oz DOM MJ1WH10000* 161281 CK

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

Payment Summary

[redacted] 10101302254 03/19/2013 492 06/27/2016 06/08/2017 $719.5

Category	Stub Notes	Stub Amoun
492	Interpreting services	$0.0(

PAID
OCT 17 2017
BY.....

[redacted]

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

Check Date: 12/08/2017
Check Number: 1974850
Check Amount: $176.50

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,Y1VS6P

Y1VS6P

10/27/17 1:03 PM 3 0000325 20171209 ML355101 JOP-FEC 1 oz DOM ML35510000* 161281 CK

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

Payment Summary

Claim #	Date of Injury	Adjuster	Payment Type	Service Dates Through	Check Date	Total Amount
10101302254	03/19/2013	69772	492	06/27/2016	10/05/2017	$176.50

Category	Stub Notes	Stub Amount
492	Joyce Altman Interpreters- Interpreting services for deposition	$0.00

DEC 18 2017

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

Y1VS6P

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

DATE	CHECK NO.
12/08/2017	1974850
VOID AFTER 90 DAYS	CHECK AMOUNT $176.50

PAY: ONE HUNDRED SEVENTY-SIX & 50 / 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#: 10101302254

⑈1974850⑈ ⑆122000661⑆ 145953994③

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

Check Date: 01/22/2018
Check Number: 2027557
Check Amount: $775.00

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,XJFY66

XJFY66

10/27/17 1:03 PM 3 0000691 20180123 NA785102 JOP-FEC 1 oz DOM NA78510000* 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
10101302254		03/19/2013		180	03/19/2013	01/02/2018	$775.00

Category	Stub Notes	Stub Amount
180	Per Stip & Order dated 01/02/18	$0.00

PAID
JAN 29 2018
BY: .....

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/19/17 65460

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
1010-1410784

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

Case: [redacted] vs MICHAEL STARS INC.
Date Of Injury: 10/1/13 -9/26/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/24/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/24/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
04/27/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/29/16	PENALTIES	FOR DATE OF SERVICE 3/24/15	23.48
11/14/16	INTEREST	FOR DATE OF SERVICE 3/24/15	28.06
09/29/16	PENALTIES	FOR DATE OF SERVICE 4/24/15	37.50
11/14/16	INTEREST	FOR DATE OF SERVICE 4/24/15	44.82
09/29/16	PENALTIES	FOR DATE OF SERVICE 4/27/15	37.50
11/14/16	INTEREST	FOR DATE OF SERVICE 4/27/15	44.82
11/14/16	PMT BY CHECK	DOS 3/24/15-10/13/16* # 1503349	-656.50
08/17/17	COSTS & SANC	COSTS & SANC	1283.82
09/12/17	PMT BY CHECK	DOS 8/17/17* # 1862473	-1500.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 11/14/2016
Check Number: 1503349
Check Amount: $656.50

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,58E95T

3/8/16 11:37 AM 4 0001131 20161114 LK4OV103 CHECK 1 cc DOM LK4OV10000* 161281 CK

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

Payment Summary

10101410784	09/24/2014	65460 / Per Order 492	03/24/2015	10/13/2016	$656.5

PAID 8/22 BC

[redacted]

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

Check Date: 09/12/2017
Check Number: 1862473
Check Amount: $1,500.00

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,T2MD68

T2MD68

6/5/17 4:39 PM 4 0000312 20170912 MI46D101 CHECK 1 cc DOM MI46D10000* 161261 CK

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

Payment Summary

Claim #	Claim	Date of Injury	Invoice #	Payment Category	From	Through	Total Amount
101410784		09/24/2014	Per Order	492	08/17/2017	08/17/2017	$1,500.00

ategory	Stub Notes	Stub Amount
92	Interpretation	$0.00

SEP 18 2017

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

T2MD68

surance Company of the West
025 Innovation Drive
n Diego, CA 92128

DATE	CHECK NO
09/12/2017	1862473
	CHECK AMOUNT
VOID AFTER 90 DAYS	$1,500.00

PAY: ONE THOUSAND FIVE HUNDRED & 00/100 DOLLARS*****

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

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

MEMO: Claim#: 10101410784

⑈186247 3⑈ ⑆122000661⑆ 14595399 43⑈

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/17/18	69067

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
6335-083-A01620

BILL TO:
INTERCARE INS (ORANGE-5915)
W. C. DEPARTMENT
ATTN: HENDY BUDDY
P.O. BOX 5915
ORANGE, CA 92863

Case: vs VENSURE HR, INC
Date Of Injury: 4/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/05/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL 300628	0.00
05/04/16	PMT BY CHECK	DOS 4/5/16* # 3146756	-156.50
05/31/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
06/23/16	PMT BY CHECK	DOS 5/31/16* # 3156080	-156.50
07/13/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
09/21/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
06/15/17	PENALTIES	FOR DATE OF SERVICE 7/13/16	23.48
12/08/17	INTEREST	FOR DATE OF SERVICE 7/13/16	25.00
06/15/17	PENALTIES	FOR DATE OF SERVICE 9/21/16	23.48
12/08/17	INTEREST	FOR DATE OF SERVICE 9/21/16	22.04
12/08/17	PMT BY CHECK	DOS 4/5/16-11/1/17* # 1101465807 ZURICH	-403.35
02/26/18	PMT BY CHECK	DOS 4/15/16-12/8/17* # 1101549927 ZURICH	-3.65
04/12/18	COSTS	ADD'L COSTS AWARDED	1050.00
04/13/18	PMT BY CHECK	DOS 4/23/14-4/13/18* # 3241034 INTERCARE	-1050.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/17/18 69067

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
6335-083-A01620

BILL TO:
INTERCARE INS (ORANGE-5915)
W. C. DEPARTMENT
ATTN: HENDY BUDDY
P.O. BOX 5915
ORANGE, CA 92863

Case: . vs VENSURE HR, INC
Date Of Injury: 4/23/14

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/17/18 71909

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2080339054; 2080339050

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

Case: vs VENSURE HR, INC
Date Of Injury: 8/17/14; 4/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/05/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL 300628	0.00
05/04/16	PMT BY CHECK	DOS 4/5/16* # 3146756	-156.50
05/31/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
06/23/16	PMT BY CHECK	DOS 5/31/16* # 3156080	-156.50
07/13/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
09/21/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
06/15/17	PENALTIES	FOR DATE OF SERVICE 7/13/16	23.48
12/08/17	INTEREST	FOR DATE OF SERVICE 7/13/16	25.00
06/15/17	PENALTIES	FOR DATE OF SERVICE 9/21/16	23.48
12/08/17	INTEREST	FOR DATE OF SERVICE 9/21/16	22.04
12/08/17	PMT BY CHECK	DOS 4/5/16-11/1/17* # 1101465807 ZURICH	-403.35
02/26/18	PMT BY CHECK	DOS 4/15/16-12/8/17* # 1101549927 ZURICH	-3.65
04/12/18	COSTS	ADD'L COSTS AWARDED	1050.00
04/13/18	PMT BY CHECK	DOS 4/23/14-4/13/158* # 3241034 INTERCARE	-1050.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/17/18	71909

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2080339054; 2080339050

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

Case: vs VENSURE HR, INC
Date Of Injury: 8/17/14; 4/23/14

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. ** THIS SERVES AS DEMAND FOR PAYMENT **

P8528028002

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

201605050118

Electronic Service Requested

1 OF 1

ENV 27339

MIXED AADC 926
27339 0.3820 MB 0.416

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

254

Payee:	Joyce Altman Interpeters
Company Name:	Sussex Insurance
Facility:	Stay Safe Staffing, Inc. dba H
Policy ID:	CPCA17634
IRS/SSN:	XXXXX6713
Administrator:	HBUDDY
Claim Number:	6335-083-A01620-1
Check #:	3146756
Check Total:	156.50
Check Date:	05/04/2016

Explanation of Benefits

Incident Date	Claim Number Invoice Number	Account Number From/Through Date	Claimant Name Document Number	Description Amount
4/23/2014	6335-083-A01620-1 69067	04/05/16-04/05/16		Interpreter: Non-Medical Relat 156.50

Totals: 156.50

PAID MAY 09 2016

[redacted]

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

[redacted]

201606240119

Electronic Service Requested

1 OF 1

ENV 7692

3-DIGIT 927
7692 0.3820 AT 0.396

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

32

Payee:	Joyce Altman Interpeters
Company Name:	Sussex Insurance
Facility:	Stay Safe Staffing, Inc. dba H
Policy ID:	CPCA17634
IRS/SSN:	XXXXX6713
Administrator:	HBUDDY
Claim Number:	6335-083-A01620-1
Check #:	3156080
Check Total:	156.50
Check Date:	06/23/2016

Explanation of Benefits

Incident Date	Claim Number / Invoice Number	Account Number / From/Through Date	Claimant Name / Document Number	Description / Amount
/23/2014	6335-083-A01620-1 69067	 05/31/16-05/31/16		Interpreter: Non-Medical Relat 156.50

Totals: 156.50

0 30

[redacted]

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

Visit **enrollments.zurichna.com** to enroll in electronic payments.

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

00461

PAID
DEC 11 2017

BY: .....

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0339054 001 LA	WC 4664773	71909		08/17/14	04/05/16-11/01/17

Check Number	1101465807	Date Issued	12/08/17	Amount	$***403.35
Insured	Vensure HR inc.				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC P.O. BOX # 4165				
Requested By	Dinesh CG-Sridharan				
File Supervisor	Lusine Arzumanian	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	403.35		
TOTAL	$403.35		

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

PAID
MAR 01 2018

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

01261

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

Visit **enrollments.zurichna.com** to enroll n electronic payments.

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0339054 001 LA	WC 4664773	71909 ~ 69067		08/17/14	04/15/16-12/08/17

Check Number	1101549927	Date Issued	02/26/18	Amount	$*****3.65
Insured	Vensure HR inc.				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Mukesh Kumar				
File Supervisor	Lusine Arzumanian	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	3.65		

TOTAL	$3.65

P852802800Z

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

[redacted]

201804160142

Electronic Service Requested

1 OF 1

ENV 43609

ALL FOR AADC 926
43609 0.3820 AB 0.405

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

612

Payee:	Joyce Altman Interpeters
Company Name:	Sussex Insurance Company
Facility:	Stay Safe Staffing, Inc. dba H
Policy ID:	CPCA17634
IRS/SSN:	XXXXX6713
Administrator:	JRUCINSKI
Claim Number:	6335-083-A01620-1
Check #:	3241034
Check Total:	1,050.00
Check Date:	04/13/2018

Explanation of Benefits

Incident Date	Claim Number / Invoice Number	Account Number / From/Through Date	Claimant Name / Document Number	Description / Amount
4/23/2014	6335-083-A01620-1			Medical Lien Payment
	Full & Final	04/23/14-04/13/18		1,050.00

Totals: 1,050.00

APR 24 2018

[redacted]

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/29/18 67422

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
[illegible]

BILL TO:
INTERCARE INS (ORANGE-5915)
W. C. DEPARTMENT
ATTN: ED LOW
P.O. BOX 5915
ORANGE, CA 92863

Case: [illegible] UA vs HORIZON PERSONNEL SERVICES
Date Of Injury: 10/19/2013

DOS	SERVICE	DESCRIPTION	AMOUNT
09/16/15	LEGAL_PREP	DEPO PREP @ L/O AGHBALA JIN & CARROL	156.50
/ /	INTERPRETER:	SUSANA SARDAS # 100498	0.00
10/14/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/08/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/21/17	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/15/18	PENALTIES	FOR DATE OF SERVICE 9/16/15	23.48
02/26/18	INTEREST	FOR DATE OF SERVICE 9/16/15	42.75
02/15/18	PENALTIES	FOR DATE OF SERVICE 10/14/15	37.50
02/26/18	INTEREST	FOR DATE OF SERVICE 10/14/15	67.82
02/15/18	PENALTIES	FOR DATE OF SERVICE 12/8/16	23.48
04/02/18	INTEREST	FOR DATE OF SERVICE 12/8/16	23.37
02/26/18	PMT BY CHECK	DOS 9/16/15* # 3236972	-313.00
04/11/18	INTEREST	FOR DATE OF SERVICE 10/14/15	26.66
03/12/18	PENALTIES	FOR DATE OF SERVICE 12/21/17	23.48
04/11/18	INTEREST	FOR DATE OF SERVICE 12/21/17	4.59
04/02/18	PMT BY CHECK	DOS 3/8/18* # 3239187	-156.50
05/15/18	COSTS	ADD'L COSTS AWARDED	1476.87
05/23/18	PMT BY CHECK	DOS 5/14/18* =# 3243877	-2000.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/29/18	67422

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
63355083A01004

BILL TO:
INTERCARE INS (ORANGE-5915)
W. C. DEPARTMENT
ATTN: ED LOW
P.O. BOX 5915
ORANGE, CA 92863

Case: , vs HORIZON PERSONNEL SERVICES
Date Of Injury: 10/19/2013

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

201802270116

Electronic Service Requested

1 OF 1

ENV 30221

ALL FOR AADC 926
30221 0.3820 AB 0.405

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

379

Payee:	Joyce Altman Interpeters
Company Name:	Sussex Insurance
Facility:	Stay Safe Staffing, Inc. dba H
Policy ID:	CPCA17634
IRS/SSN:	XXXXX6713
Administrator:	CMcWilliam
Claim Number:	6335-083-A01004-1
Check #:	3236972
Check Total:	313.00
Check Date:	02/26/2018

Explanation of Benefits

Incident Date	Claim Number / Invoice Number	Account Number / From/Through Date	Claimant Name / Document Number	Description / Amount
10/19/2013	6335-083-A01004-1 inter fees dos 9/16/1	09/16/15-09/16/15		Interpreter: Non-Medical Relat 313.00

Totals: 313.00

RECEIVED
MAR 06 2018

[redacted]

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

201804030116

Electronic Service Requested

APR 10 2018

1 OF 1

ENV 36614

ALL FOR AADC 926
36614 0.3820 AB 0.405

Joyce Altman Interpeters 398
PO BOX 4165
TUSTIN, CA 92781-4165

Payee:	Joyce Altman Interpeters
Company Name:	Sussex Insurance
Facility:	Stay Safe Staffing, Inc. dba H
Policy ID:	CPCA17634
IRS/SSN:	XXXXX6713
Administrator:	CMcWilliam
Claim Number:	6335-083-A01004-1
Check #:	3239187
Check Total:	156.50
Check Date:	04/02/2018

Explanation of Benefits

Incident Date	Claim Number / Invoice Number	Account Number / From/Through Date	Claimant Name / Document Number	Description / Amount
10/19/2013	6335-083-A01004-1 LIEN PER ORDER	03/08/18-03/08/18		Medical Lien Payment 156.50

Totals: 156.50

APR 10 2018

[redacted]

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

[redacted]

20180524O120

Electronic Service Requested

1 OF 1

ENV 37794

ALL FOR AADC 926
37794 0.3820 AB 0.405

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

386

Payee:	Joyce Altman Interpeters
Company Name:	Clarendon National Insurance Compan
Facility:	Combined
Policy ID:	
IRS/SSN:	XXXXX6713
Administrator:	
Claim Number:	Multiple
Check #:	3243877
Check Total:	2,000.00
Check Date:	05/23/2018

Explanation of Benefits

Incident Date	Claim Number / Invoice Number	Account Number / From/Through Date	Claimant Name / Document Number	Description / Amount
10/19/2013	6335-083-A01004-1 inter fees per order 5/	05/14/18-05/14/18		Other Exp 1,750.00
10/19/2013	6335-083-A01004-1 inter fees per order	05/14/18-05/14/18		Interpreter: Non-Medical Relat 250.00

Totals: 2,000.00

MAY 29 2018

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

intercare Clarendon National Insurance Company
INTERCARE HOLDINGS INSURANCE SERVICES
P.O. Box 100165, Columbia, SC 29202-3165

90-3752
1211

Comerica Bank
455 Capitol Mall Ste., 400
Sacramento CA 95814

CHECK NO.: 3243877
CHECK DATE: 05/23/2018
Void After 90 Days

AMOUNT
*****$2,000.00

PAY Two Thousand Dollars

TO THE ORDER OF: Joyce Altman Interpeters

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

Alan B Arnett

Two Signatures Required over $5,000

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

⑈3243877⑈ ⑆121137522⑆ 1894791720⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/31/17 68635

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
4800344

BILL TO:
MATRIX (CLINTON - 2987)
W. C. DEPARTMENT
ATTN: KEVIN COLLINS
P.O. BOX 2987
CLINTON, IA 52733

Case: ___ vs SUN HILL PROPERTIES INC.
Date Of Injury: 4/13/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/29/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
04/08/16	PMT BY CHECK	DOS 2/29/16 =# 0000003318	-90.00
08/07/17	PENALTIES	FOR DATE OF SERVICE 2/29/16	9.98
10/23/17	INTEREST	FOR DATE OF SERVICE 2/29/16	12.53
10/23/17	COSTS	ADD'L COSTS AWARDED	410.99
10/26/17	PMT BY CHECK	DOS 10/23/17* # 0000005306	-500.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

9741028001

Matrix Absence Management, Inc.
2421 W. Peoria Avenue, Suite 200
PHOENIX, AZ 85029-4940

[redacted]

Electronic Service Requested

9 OF 9 F

ENV 20

SINGLE PIECE

20 1.8026 SP 0.675

JOYCE ALTMAN INTERPRETERS INC 1
PO BOX 4165
TUSTIN, CA 92781-4165

68635-1

Claim: 4800344 / Accident date: 04/13/2014, Jurisdiction State: California.
Insured: Sun Hill Properties Inc, Policy: LDM4047485.

The payment is for Language Interpreter - paid under Medical from 02/29/2016 to 02/29/2016.
Check: 0000003318, issued: 04/08/2016, for: $90.00, for: Medical, Invoice: 26160922160500

To the Order of: JOYCE ALTMAN INTERPRETERS INC
: PO BOX 4165
: TUSTIN, CA 927814165

Please refer to the attached explanation of review number: 26160922160500

[redacted]

Matrix Absence Management, Inc.
2421 W. Peoria Avenue, Suite 200
PHOENIX, AZ 85029-4940

[redacted]

201710261609

Electronic Service Requested

1 OF 1

ENV 6915

MIXED AADC 926
6915 0.3820 MB 0.420

Joyce Altman Interpreters
PO BOX 4165
TUSTIN, CA 92781-4165

197

Claim: 4800344 / Accident date: 04/13/2014, Jurisdiction State: California.
Insured: Sun Hill Properties Inc, Policy: LDM4047485.

The payment is for Claimant Legal - paid under Expense from 10/23/2017 to 10/23/2017.
Check: 0000005306, issued: 10/25/2017, for: $500.00, for: Expense

To the Order of: Joyce Altman Interpreters
: PO Box 4165
: Tustin, CA 927814165

Please contact Jeffrey Allison, telephone: (800) 903-3635 Ext: 31485 in CA \ Resolution Phoenix AZ, email: JEFFREY.ALLISON@MATRIXCOS.COM, if you have questions regarding this payment.

OCT 31 2017

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

Sun Hill Properties Inc.
Payable on Behalf of
SNCC
Matrix Absence Management, Inc. 1420 Rocky Ridge D
Roseville CA 95661

US BANK
17-2
910

CHECK NO.: 0000005306
ISSUE DATE: 10/26/17
VOID After 60 Days

For Expense from 10/23/2017 to 10/23/2017 - Order
Claim: 4800344 / - Claimant Legal - paid under Expense

Five Hundred Dollars $ *****500.00

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

usbank. Five Star Service Guaranteed

Authorized Signature

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

⑈0000005306⑈ ⑆091000022⑆ 104790826226⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/02/18 69340

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
ARKM4680

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs TULAPHORN INC DBA MCDONALDS
Date Of Injury: CT 12/6/13 - 12/6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/05/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
06/13/16	PMT BY CHECK	DOS 5/5/16* # 67007	-156.50
04/06/17	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
11/21/17	PENALTIES	FOR DATE OF SERVICE 4/6/17	23.48
12/06/17	INTEREST	FOR DATE OF SERVICE 4/6/17	11.29
12/05/17	PMT BY CHECK	DOS 4/6/17* # 71273 YORK RISK	-156.50
12/06/17	COSTS	ADD'L COSTS AWARDED PER STIP TO PAY 12/6/17	715.23
12/07/17	PMT BY CHECK	DOS 11/21/17* # 71280 YORK RISK	-156.50
12/06/17	COSTS	MONIES CREDITED TOWARDS COSTS	156.50
12/22/17	PMT BY CHECK	DOS 12/7/17* # 71379 YORK RISK	-750.00
03/21/18	LEGAL_WCAB	STATUS CONF @ WCAB POMONA	165.00
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
03/28/18	PMT BY CHECK	DOS 3/21/18* # 71865 YORK	-165.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Mailing Information:

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

Claim Number :	ARKM-4680
Claimant :	
Date of Loss :	12/06/2014
Check Number :	67007
Check Date :	06/13/2016
Check Amount :	$156.50
Type of Payment :	EP 61 - MISC. ALL OTHER
Location :	05227 Paul Tulaphorn / Tulaphorn Inc 16208 Lakewood of Paul Tulaphorn
For Period :	05/05/2016 to 05/05/2016
InvoiceNo :	69340
IRS # :	33-0956713
Handling Office :	705-Los Angeles, Roseville, CA

PAID JUN 16 2016

RNING: THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD TO LIGHT TO VIEW. · PAPER WILL TURN BROWN IF CHEMICALLY ALTERED · FLUORESCENT FIBERS ALSO EMBEDDED INTO THIS DOCUMENT

York Risk Services Group, Inc., on behalf of
Arch Insurance Group-KAH McDonalds Progarm-WC-4889/D
P.O. Box 182364
Columbus, OH 43218

Wells Fargo Bank, N A
190 River Road
Summit, NJ 07901-1444
55-2/212

REF. NUMBER	
ARKM-4680	
DATE	CHECK NO
6/13/2016	67007
AMOUNT	
***$156.50	

PAY ONE HUNDRED FIFTY-SIX AND 50/100

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

Two signatures required over $25,000.00

⑈006700⑦⑈ ⑆121000248⑆ 200002967095⑥⑈

Mailing Information:

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

Claim Number:	ARKM-4680
Claimant:	
Date of Loss:	12/06/2014
Check Number:	71273
Check Date:	12/05/2017
Check Amount:	$156.50
Type of Payment:	
	EP 71 - LEGAL
Location:	05227 Paul Tulaphorn / Tulaphorn Inc 16208 Lakewood of Paul Tulaphorn
For Period:	04/06/2017 to 04/06/2017
IRS #:	33-0956713
Handling Office:	705-Los Angeles, Roseville, CA

DEC 07 2017

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK • HOLD UP TO LIGHT TO VIEW • CHECK CONTAINS VISIBLE AND INVISIBLE FIBERS

York Risk Services Group, Inc., on behalf of
Arch Insurance Group-KAH McDonalds Progarm-WC-4889/D
P.O. Box 182364
Columbus, OH 43218

Wells Fargo Bank, N A
190 River Road
Summit, NJ 07901-1444
55-2/212

REF. NUMBER	
ARKM-4680	
DATE	CHECK NO
12/5/2017	71273
AMOUNT	
***$156.50	

PAY ONE HUNDRED FIFTY-SIX AND 50/100

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

Not Negotiable After 180 Days

⑈0071273⑈ ⑆121000248⑆ 20000296709569⑈

Mailing Information:

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

Claim Number:	ARKM-4680
Claimant:	
Date of Loss:	12/06/2014
Check Number:	71280
Check Date:	12/07/2017
Check Amount:	$156.50
Type of Payment:	
	EP 71 - LEGAL
Location:	05227 Paul Tulaphorn / Tulaphorn Inc 16208 Lakewood of Paul Tulaphorn
For Period:	11/21/2017 to 11/21/2017
IRS #:	33-0956713
Handling Office:	705-Los Angeles, Roseville, CA

RECEIVED
DEC 13 2017

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK • HOLD UP TO LIGHT TO VIEW • CHECK CONTAINS VISIBLE AND INVISIBLE FIBERS

York Risk Services Group, Inc., on behalf of
Arch Insurance Group-KAH McDonalds Progarm-WC-4889/D
P.O. Box 182364
Columbus, OH 43218

Wells Fargo Bank, N A
190 River Road
Summit, NJ 07901-1444
55-2/212

REF. NUMBER	
ARKM-4680	
DATE	CHECK NO
12/7/2017	71280
AMOUNT	
***$156.50	

PAY ONE HUNDRED FIFTY-SIX AND 50/100

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

Richard Tulaphorn

Not Negotiable After 180 Days

⑈007280⑈ ⑆121000248⑆ 20000296709566⑈

Mailing Information:

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

Claim Number:	ARKM-4680
Claimant:	
Date of Loss:	12/06/2014
Check Number:	71379
Check Date:	12/22/2017
Check Amount:	$750.00
Type of Payment:	MP 230 - PAYMENT ODR-PAYMENT IN DISPUTE
Location:	05227 Paul Tulaphorn / Tulaphorn Inc 16208 Lakewood of Paul Tulaphorn
For Period:	12/07/2017 to 12/07/2017
IRS #:	33-0956713
Handling Office:	705-Los Angeles, Roseville, CA
Detail:	FOR FULL AND FINAL RESOLUTION OF LIEN

DEC 28 2017

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK • HOLD UP TO LIGHT TO VIEW • CHECK CONTAINS VISIBLE AND INVISIBLE FIBERS

York Risk Services Group, Inc., on behalf of
Arch Insurance Group-KAH McDonalds Progarm-WC-4889/D
P.O. Box 182364
Columbus, OH 43218

Wells Fargo Bank, N.A.
190 River Road
Summit, NJ 07901-1444
55-2/212

REF. NUMBER	
ARKM-4680	
DATE	CHECK NO
12/22/2017	71379
AMOUNT	
***$750.00	

PAY SEVEN HUNDRED FIFTY AND 0/100

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

Not Negotiable After 180 Days

⑈007137⑈ ⑆121000248⑆ 20000296709561⑈

Mailing Information:

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

Claim Number:	ARKM-4680
Claimant:	
Date of Loss:	12/06/2014
Check Number:	71865
Check Date:	03/28/2018
Check Amount:	$165.00
Type of Payment:	
	EP 58 - MISC. LEGAL EXP.
Location:	05227 Paul Tulaphorn / Tulaphorn Inc 16208 Lakewood of Paul Tulaphorn
For Period:	03/21/2018 to 03/21/2018
IRS #:	33-0956713
Handling Office:	705-Los Angeles, Roseville, CA
Detail:	INTERPRETER FEE FOR 3/21/18 MSC

72891 – 69348

APR 02 2018

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK • HOLD UP TO LIGHT TO VIEW • CHECK CONTAINS VISIBLE AND INVISIBLE FIBERS

York Risk Services Group, Inc., on behalf of
Arch Insurance Group-KAH McDonalds Progarm-WC-4889/D
P.O. Box 182364
Columbus, OH 43218

Wells Fargo Bank, N A
190 River Road
Summit, NJ 07901-1444
55-2/212

REF. NUMBER	
ARKM-4680	
DATE	CHECK NO
3/28/2018	71865
AMOUNT	
***$165.00	

PAY ONE HUNDRED SIXTY-FIVE AND 0/100

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

Not Negotiable After 180 Days

⑈0071865⑈ ⑆121000248⑆ 20000296709566⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/31/18 70061

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
ASCL2923

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: CALLEEN GOMEZ
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: s LENNOX SCHOOL DISTRICT
Date Of Injury: 9/6/11

DOS	SERVICE	DESCRIPTION	AMOUNT
07/20/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/10/18	PENALTIES	FOR DATE OF SERVICE 7/20/16	23.48
01/10/18	INTEREST	FOR DATE OF SERVICE 7/20/16	26.28
01/23/18	COSTS	ADD'L COSTS AWARDED	768.74
01/29/18	PMT BY CHECK	DOS 9/17/11-1/23/18* # 500891	-975.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Mailing Information:

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

Claim Number:	ASCL2923
Claimant:	
Date of Loss:	09/16/2011
Check Number:	500891
Check Date:	01/29/2018
Check Amount:	$975.00
Type of Payment:	
	EP 61 - MISC. ALL OTHER
Location:	4002353 Lennox Middle School 10319 South Firmona Avenue of Lennox School District
For Period:	09/17/2011 to 01/23/2018
IRS #:	33-0956713
Handling Office:	701-Inland Empire I, Roseville, CA
Detail:	FULL AND FINAL FOR ALL DATES OF SERVICES

PAID
JAN 31 2018

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK • HOLD UP TO LIGHT TO VIEW • CHECK CONTAINS VISIBLE AND INVISIBLE FIBERS

ASCIP SI (AIG) - 3348/W
Administered by York Risk Services Group, Inc.
P.O. Box 1700
Rancho Cucamonga, CA 91729

Wells Fargo Bank, N A
190 River Road
Summit, NJ 07901-1444
55-2/212

REF. NUMBER	
ASCL2923	
DATE	CHECK NO
1/29/2018	500891
AMOUNT	
***$975.00	

PAY NINE HUNDRED SEVENTY-FIVE AND 0/100

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

Not Negotiable After 180 Days

⑈0500891⑈ ⑆121000248⑆ 200002967167O⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/28/17 70056

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
WC648A80166

BILL TO:
LIBERTY MUTUAL (GLEND-29073)
W. C. DEPARTMENT
ATTN: KURT STIEGLER
P.O. BOX 29073
GLENDALE, CA 91209

Case: vs WESTERN NATIONAL PROPERTIES
Date Of Injury: 7/18/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/21/16	LEGAL WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
07/06/17	PENALTIES	FOR DATE OF SERVICE 7/21/16	23.48
07/17/17	INTEREST	FOR DATE OF SERVICE 7/21/16	17.41
07/17/17	PMT BY CHECK	DOS 7/21/17* # 02335875	-156.50
08/18/17	COSTS & SANC	COSTS & SANC	349.11
08/22/17	PMT BY CHECK	DOS 7/21/16* # 02410171	-390.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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BRANCH OFFICE ADDRESS:
P O BOX 4555
PORTLAND, OR 97208
818-240-1234

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	02335875	07/17/17
	CHECK AMOUNT ****$156.50	BLOCK NUMBER 003637

CLAIM #: WC 648-A80166
CONTRACT #: WC2-661-064570-022-92

OSN: EE3001071703-003631

CONTROL #: 000005638 ID: CRNWA40

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 07/18/13
EMPLOYEE:

EMPLOYER: WESTERN NATIONAL SECURITIES
DATES OF SERVICE 07/21/17-07/21/17
LOCATION CODE: 002863

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
07/21/17	07/21/17	EXPENSE		.00	156.50	156.50	

NOTE: FOR INTERPRETING SERVICES PER ORDER APPROVED 07/10/2017

TOTAL GROSS	156.50
TOTAL PAYABLE:	156.50
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	156.50

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

[redacted]

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
818-240-1234

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	02410171	08/22/17
	CHECK AMOUNT ****$390.00	BLOCK NUMBER 003346

OSN: EE3001082203-003302

CLAIM #: WC 648-A80166
CONTRACT #: WC2-661-064570-022-92

CONTROL #: 000002762 ID: CRWEB25

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 07/18/13
EMPLOYEE:

EMPLOYER: WESTERN NATIONAL SECURITIES
DATES OF SERVICE 07/21/16-07/21/16
LOCATION CODE: 002863

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
07/21/16	07/21/16	EXPENSE		.00	390.00	390.00	

NOTE: FULL/FINAL SATISFACTION OF LIEN DOS: 07/21/16 AGREED 8/18/17

TOTAL GROSS	390.00
TOTAL PAYABLE:	390.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	390.00

Ø

AUG 28 2017

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/29/17 49076

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
WC648-A10473; A10475

BILL TO:
LIBERTY MUTUAL (LONDON, KY)
W. C. DEPARTMENT
ATTN: MACEDONIA AVENA
P.O. BOX 7203
LONDON, KY 40742

Case: s LANGHAM HOTELS PACIFIC CORP
Date Of Injury: 7/8/11; 11/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/11/11	DEPO PREP	@ THE L/O OF RIFERBARK & WOLF	156.50
/ /	INTERPRETER:	CARMEN LERMA # 100698	0.00
03/29/12	PENALTIES	FOR DATE OF SERVICE 10/11/11	23.48
08/28/17	INTEREST	FOR DATE OF SERVICE 10/11/11	105.86
08/28/17	COSTS & SANC	COSTS & SANC	364.16
08/23/17	PMT BY CHECK	DOS 8/17/17* # 02412708	-650.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
818-240-1234

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	02412708	08/23/17
	CHECK AMOUNT ****$650.00	BLOCK NUMBER 002936

CLAIM #: WC 648-A10473
CONTRACT #: WC2-661-065478-011-92

OSN: EE3001082303-002805
CONTROL #: 000004849 ID: C648A16

PAYEE: JOYCE ALTMAN INTERPRETING

AUG 29 2017

DATE OF INJURY: 07/08/11
EMPLOYEE:

EMPLOYER: LANGHAM HOTELS PACIFIC CORPORA
DATES OF SERVICE 08/17/17-08/17/17
LOCATION CODE: LANGHAM HO

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
08/17/17	08/17/17	EXPENSE		.00	650.00	650.00	

NOTE: FULL/FINAL SATISFACTION PER 8/17/17 ORDER/DOS 10/11/11

TOTAL GROSS	650.00
TOTAL PAYABLE:	650.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	650.00

HP

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/19/17 69883

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2224447

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W. C. DEPARTMENT
ATTN: MARCELLE ARRITA
P.O. BOX # 4555
PORTLAND, OR 97208

Case: vs MSG SERVICES GROUP, INC
Date Of Injury: 1/11/14 - 1/15/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/27/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	CARLOS ARIAS # 301574	0.00
07/06/17	PENALTIES	FOR DATE OF SERVICE 6/27/16	23.48
08/02/17	INTEREST	FOR DATE OF SERVICE 6/27/16	18.19
08/02/17	PMT BY CHECK	DOS 6/27/16* # 87594943	-156.50
08/31/17	COSTS & SANC	COSTS & SANC	788.33
09/12/17	PMT BY CHECK	DOS 8/31/17* # 87615601	-830.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

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

VOID VOID VOID

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

Liberty Mutual. INSURANCE

OHIO SECURITY

09/12/2017

FIRST FINANCIAL BANK
HAMILTON, OHIO

87615601

56-91
422

$ 830.00

Pay EIGHT HUNDRED THIRTY AND 00/100********** DOLLARS

****

to the order of
JOYCE ALTMAN INTERPRETER
PO BOX 4165
TUSTIN CA 92781
PO BOX 4165
TUSTIN CA 92781

****

Policy No. XWS 56232476 Loss Date 01/01/2015

Claim No. POWC-1 WC 22-244447 S

For: FULL AND FINAL SETTLEMENT

FROM: 08/31/2017 THRU: 08/31/2017

Insured: MSG SERVICES GROUP INC

VOID VOID VOID

⑈87615601⑈ ⑆042200910⑆ 0000167363⑈

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

Liberty Mutual. INSURANCE

SEP 18 2017

RETURN SERVICE REQUESTED

Box 4555
tland, OR 97208-4555

237 FJHH1AB 92781

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/22/18	71304

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
WC608C24385

BILL TO:
LIBERTY MUTUAL (ROCKLIN)
W. C. DEPARTMENT
ATTN: RENITA HUDSPETH
P.O. BOX 779008
ROCKLIN, CA 95677

Case: vs H.J. HEINZ OPERATIONS PARTNERS
Date Of Injury: 12/17/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/16/17	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
01/02/18	PENALTIES	FOR DATE OF SERVICE 2/16/17	23.48
01/02/18	INTEREST	FOR DATE OF SERVICE 2/16/17	14.74
01/02/18	COSTS	ADD'L COSTS AWARDED	755.28
01/16/18	PMT BY CHECK	DOS 1/2/18* # 0031039960	-950.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Liberty Mutual. INSURANCE

B. CODE
288

CHECK REFERENCE	CHECK DATE
0031039960	01/16/18
CHECK AMOUNT	BLOCK NUMBER
****$950.00	003584

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

OSN: MM0801011602-003577
BANK: 288
CHECK REF: 0031039960 DATE: 01/16/18 AMT: 950.00
INTERNAL BILL NO: 119060151 MSR: N0153716
CUST/EXTERNAL BILL NO: 06180120124200
BR PROVIDER #: 008330956713AH

CLAIM NO. WC 608-C24385 HOD
CONTRACT NO: WA7-68D-004065-423-34
DOCUMENT NO:

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: NA
SSN:
DOI: 12/17/14
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

AGENCY CLAIM #(BOARD COMM #): 201503121408047207570O
DIAG CODES: R68.89

EMPLOYER: H J HEINZ COMPANY, L.P.
ADDRESS: 9140 LURLINE AVE
CHATSWORTH, CA 91311

LOCATION CODE: 134310

DATES OF SERVICE: 01/02/18-01/02/18
AUDIT DATE: 01/12/18

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
01/02/18	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	950.00	950.00	N/A	0.00	950.00 G5	Z473

TOTAL CHARGES:	950.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	950.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	950.00

EXPLANATION CODE DESCRIPTIONS:

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

Z473 THIS PAYMENT IS THE RESULT OF A CALIFORNIA LIEN SETTLEMENT AND REFLECTS A FULL AND FINAL SETTLEMENT AMOUNT. (Z473)

ZCA1 THE PAYMENT STATUS CODE REFLECTS THE RECOMMENDED ALLOWANCE AS A RESULT OF OUR BILL REVIEW ANALYSIS. THE ACTUAL PAYMENT WILL BE DETERMINED BY THE PAYOR. (ZCA1)

ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 8011, WAUSAU, WI 54402. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB.

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/13/18	54093

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
WC905-501944

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W. C. DEPARTMENT
ATTN: JAMIE HASELEU
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs LIGHTINH TECHNOLOGY/MINI MAIL
Date Of Injury: 3/5/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/18/12	WCAB LB	EXPEDITED HEARING	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/03/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
04/25/14	PENALTIES	FOR DATE OF SERVICE 07/18/12	23.48
01/10/18	INTEREST	FOR DATE OF SERVICE 07/18/12	91.07
04/25/14	PENALTIES	FOR DATE OF SERVICE 12/03/12	23.48
01/10/18	INTEREST	FOR DATE OF SERVICE 12/03/12	91.07
11/20/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
03/09/18	COSTS	ADD'L COSTS AWARDED	707.90
03/09/18	PMT BY CHECK	DOS 7/18/12-12/3/12* # 02810245	-1350.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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ANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
503-239-5800

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	02810245	03/09/18
	CHECK AMOUNT ***$1350.00	BLOCK NUMBER 005796

AIM #: WC 604-A24846
ITRACT #: WC2-Z61-065311-019

OSN: EE2701030905-000532

CONTROL #: 000006265 ID: CRWED47
PROVIDER #: N3095671306993

EE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 03/05/10
EMPLOYEE:

ID: 33-0956713
L PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

EMPLOYER: MINI MAILERS INC
DATES OF SERVICE 07/18/12-12/03/12

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
/18/12	12/03/12	MISC		313.00	313.00	
/18/12	12/03/12	INTEREST		157.96	157.96	
/18/12	12/03/12	CA EXPNS		879.04	879.04	

MAR 13 2018

DTE: SELF IMPOSED INCREASE

TOTAL CHARGES	1350.00
TOTAL PAYABLE:	1350.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	1350.00

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/09/17	69894

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06095314

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

Case: vs COATLAN TRUCKING CO.
Date Of Injury: 1/15/14 - 1/15/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/29/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
07/06/17	PENALTIES	FOR DATE OF SERVICE 6/29/16	23.48
09/07/17	INTEREST	FOR DATE OF SERVICE 6/29/16	19.92
10/02/17	COSTS & SANC	COSTS & SANC	595.10
10/04/17	PMT BY CHECK	DOS 6/29/16* =# CU-364363	-795.00

BALANCE 0.00

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

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-364363**

Issue Date: 10/04/17
Doc #: 032689619

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 05680482		**Date of Injury:**		
SSN:	Employer name: MICHAEL KREGER CONTRACTING				Employer ID: 0000001961176100				
	ICD-9 Code: 959.9 INJURY-SITE NOS								
1	SF1-SFCA-18395681	08/20/12	MDS10	Settlement For Dispu	1	1,210.02	210.02	375 961 G5 G67	1,000.00
	Patient Name:				**Claim #:** 06095314		**Date of Injury:**		
SSN:	Employer name: COATLAN TRUCKING COMPANY				Employer ID: 0000009059316140				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
2	SF1-SFCA-18395929	06/29/16	MDS10	Settlement For Dispu	1	795.00	.00	375 961 G5 G67	795.00
					Total Allowances:				**$1,795.00**

PAID
OCT 10 2017

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

VOID
Medical
SA

VOID

Payee IRS Number: XXXXX6713

State Compensation Insurance Fund
Glendale District Office
PO BOX 65005
Fresno, CA 93650-5005

CU-364363
Union Bank
Los Angeles, California

90-4150
1222

VOID After 365 Days

Check Date	Check Amount
October 04, 2017	**$*****1,795.00**

PAY ****One Thousand Seven Hundred Ninety-Five 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.

⑈521036436③⑈ ⑆122241501⑆ ⑈908100104③⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/28/17 68821

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
05998810

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

Case: vs CALI DENIMS INC
Date Of Injury: 4/25/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/10/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
04/25/16	PMT BY CHECK	DOS 3/10/16* # CU-283486	-90.00
08/14/17	PENALTIES	FOR DATE OF SERVICE 3/10/16	9.98
08/14/17	INTEREST	FOR DATE OF SERVICE 3/10/16	10.62
08/14/17	COSTS & SANC	COSTS & SANC	562.90
08/23/17	PMT BY CHECK	DOS 4/24/16* =# CU-359340	-650.00

BALANCE 0.00

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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-283486**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 04/25/16
Doc #: 030987217

Medical

Page 1 of 2

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05998810		**Date of Injury:** 04/25/14		
SSN:	Employer name: CALI DENIMS, INC.			Employer ID: 0000009044431140					
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SPCA-215311	03/10/16	999Q2	Interpreter Treatmen	120	156.50	66.50	710 A01 G5	90.00
					Total Allowances:				**$90.00**

PAID APR 28 2016

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]

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-359340**

Issue Date: 08/23/17
Doc #: 032567097

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	68821								
SSN:	**Patient Name:**				**Claim #:** 05998810		**Date of Injury:** 04/25/14		
	Employer name: CALI DENIMS, INC.			Employer ID: 0000009044431140					
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-18289600	04/24/16	MDO10	Payment By Order	1	952.00	302.00	375 961 G5 G67	650.00
SSN:	**Patient Name:**				**Claim #:** 06090178		**Date of Injury:** 09/28/14		
	Employer name: HOTEL SERVICES GROUP, INC.			Employer ID: 0000009072883130					
2	SF1-SPCA-306983	06/29/17	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
	72096						**Total Allowances:**		**$806.50**

AUG 28 2017

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

VOID VOID VOID

Medical
SA

State Compensation Insurance Fund
Glendale District Office
PO BOX 65005
Fresno, CA 93650-5005

CU-359340
Union Bank
Los Angeles, California

90-4150
1222

Payee IRS Number: XXXXX6713

VOID VOID VOID

VOID After 365 Days

Check Date	Check Amount
August 23, 2017	**$*******806.50**

PAY ****Eight Hundred Six and 50/100 Dollars****ONLY

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

Please negotiate at your local Union Bank Branch.

⑈521035934O⑈ ⑆122241501⑆ ⑈908100104 3⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/16/17 67927

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
30143267055-0001

BILL TO:
SEDGWICK/SRS INS (LEX14154)
W. C. DEPARTMENT
ATTN: ERIC SUMMA
P.O. BOX 14154
LEXINGTON, KY 40512

Case: vs INSPERITY PEO SERVICES
Date Of Injury: 12/31/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/30/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
12/18/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/07/16	PMT BY CHECK	DOS 12/30/15* # 0064527785	-406.50
01/25/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOYCE C. ALTMAN # 300624	0.00
03/13/17	LEGAL_WCAB	FULL DAY MSC @ WCAB LONG BCH	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/19/17	PENALTIES	FOR DATE OF SERVICE 1/25/17	23.48
10/11/17	INTEREST	FOR DATE OF SERVICE 1/25/17	13.36
06/19/17	PENALTIES	FOR DATE OF SERVICE 3/13/17	46.95
10/11/17	INTEREST	FOR DATE OF SERVICE 3/13/17	23.57
10/11/17	COSTS	ADD'L COSTS AWARDED	1173.14
10/13/17	PMT BY CHECK	DOS 12/31/14-10/12/18* # 0079923942	-1750.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
PO Box 14154
Lexington, KY 40512-4154

201710131633

Electronic Service Requested

1 OF 1

ENV 2070

SINGLE PIECE
2070 0.3820 SP 0.460

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

4

DATE	CHECK AMT	CHECK NO.
10/13/2017	1,750.00	0079923942

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services, Inc	1 of 1

Claimant Name	Loss Date	Claim Number
	12/31/2014	30143267055-0001

Amt Paid: 1,750.00 Description: Miscellaneous Medical
Amt Billed: 2,000.00 Invoice: ICN: 140106258.6
Dates: 12/31/2014-10/12/2018 Comment: interpreter lien

PAID
OCT 16 2017

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

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

Sedgwick as Agent for Insperity Services
L.P. - ACE
ACE American Insurance Company

ORIGIN 6004039 | DATE: 10/13/2017 | CHECK NO: 0079923942 | 62-22 / 311

PAY EXACTLY ******One Thousand Seven Hundred Fifty Dollars

Amount: ***$1,750.00***

PAY TO: JOYCE ALTMAN INTERPRETERS

ACE, Principal
Sedgwick Claims Management Services, Inc, Agent
BY:

Bob Blankenship

Wells Fargo Bank
San Francisco, CA

VOID AFTER 60 DAYS

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

⑈0079923942⑈ ⑆031100225⑆ 2079950597 03⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/18/17 70075

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
30154933434-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: JORDAN GORMAN
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs MARAK INDUSTRIES INC
Date Of Injury: 3/20/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/04/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
12/11/17	PENALTIES	FOR DATE OF SERVICE 8/4/16	23.48
12/11/17	INTEREST	FOR DATE OF SERVICE 8/4/16	25.00
12/11/17	COSTS	ADD'L COSTS AWARDED	315.02
12/14/17	PMT BY CHECK	DOS 8/4/16* # 74664223	-520.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Sedgwick Claims Management Services, Inc
PO Box 14490
Lexington, KY 40512-4490

0003418-0011633 0106 001 670845 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
12/14/2017	520.00	74664223
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
527 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name	Loss Date	Claim Number
	03/20/2015	30154933434-0001

Amt Paid: 520.00
Amt Billed: 520.00
Dates: 08/04/2016 - 08/04/2016
Description: Lump Sum Settlement - Medical
Invoice: ICN:301549334340001
Comment:

PAID
DEC 18 2017

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 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: 12/14/2017

74664223
62-22
311

PAY: ******FIVE HUNDRED TWENTY AND 00/100 DOLLARS

$520.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

Discover Re, Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈74664223⑈ ⑆031100225⑆ 2079950059703⑈

288237015

HP

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/13/17 69889

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
30153730037-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: NATALIE NAVA
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs JUANITA'S FOODS
Date Of Injury: 6/1/12 - 3/14/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/27/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	CARLOS ARIAS # 301574	0.00
02/14/17	PENALTIES	FOR DATE OF SERVICE 06/27/16	39.13
05/11/17	INTEREST	FOR DATE OF SERVICE 06/27/16	14.10
05/11/17	PMT BY CHECK	DOS 6/27/16* # 0072002856	-156.50
10/26/17	COSTS	ADD'L COSTS AWARDED	321.77
11/07/17	PMT BY CHECK	DOS 10/26/17-10/26/17* # 0074663939	-375.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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P6905028006

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

[redacted]

201705111615

MAY 16 2017

Electronic Service Requested

1 OF 1

ENV 2090

SINGLE PIECE
2090 0.3820 SP 0.460

JOYCE ALTMAN INTERPRETERS 4
P.O. BOX 4165
TUSTIN, CA 92781-4165

DATE	CHECK AMT	CHECK NO.
05/11/2017	156.50	0072002856

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
527 Sedgwick Claims Management Services, Inc	1 of 1

Claimant Name	Loss Date	Claim Number
	06/22/2012	30120842434-0001

Amt Paid: 156.50 Description:
Amt Billed: 156.50 Invoice: 301574 ICN: 301208424340001
Dates: 06/27/2016-06/27/2016 Comment: Interpreter services for 6/27/16 MSC

69889

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

[redacted]

Sedgwick Claims Management Services, Inc
PO Box 14490
Lexington, KY 40512-4490

201711071621

Electronic Service Requested

1 OF 1

ENV 2172

SINGLE PIECE

2172 0.3820 SP 0.460

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

4

DATE	CHECK AMT	CHECK NO.
11/07/2017	375.00	0074663939

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
527 Sedgwick Claims Management Services, Inc	1 of 1

Claimant Name	Loss Date	Claim Number
	03/14/2014	30153730037-0001

Amt Paid: 375.00
Amt Billed: 375.00
Dates: 10/26/2017-10/26/2017
Description: Miscellaneous Medical
Invoice:
Comment: Lien Settlement
ICN: 215770885.339

NOV 13 2017

MR

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

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

Sedgwick Claims Management Services, Inc
On behalf of Discover Re
Travelers Casualty Insurance Company of

ORIGIN 5272316 | DATE 11/07/2017 | CHECK NO 0074663939 | 62-22 / 311

PAY EXACTLY ******Three Hundred Seventy Five Dollars

Amount: ***$375.00***

PAY TO: JOYCE ALTMAN INTERPRETERS

Discover Re, Principal
Sedgwick Claims Management Services, Inc, Agent
BY:

Bob Blankenship

Wachovia Bank, N.A.
Wilmington, DE

VOID AFTER 60 DAYS

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

⑈0074663939⑈ ⑆031100225⑆ 2079950059703⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/26/17	68505

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
E3V6739

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs CORPORATE EMPLOYMENT RESOURCES
Date Of Injury: 9/5/13 - 9/5/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/18/16	LEGAL_WCAB	EXP. HEARING @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
12/21/17	PENALTIES	FOR DATE OF SERVICE 2/18/16	23.48
12/21/17	INTEREST	FOR DATE OF SERVICE 2/18/16	33.14
12/18/17	COSTS	ADD'L COSTS NEGOTIATED	346.88
12/18/17	PMT BY CHECK	DOS 2/18/16* # 891A88910105	-560.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SA07501

891A 88910105

TRAVELERS

DATE: 12/18/17
LOSS DATE: 09/05/14
FILE NUMBER: 152 CB E3V6739 N

EMPLOYEE

ACCOUNT NAME:

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Other

SERVICE DATE: 2/18/2016

TOTAL PAID: $560.00
TAX INFO: 330956713 Y C
PAY MISC: FFSL per Agreement 12/18/17
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

MR Q

FOR ADDITIONAL INFORMATION, CONTACT: ARMIN R DELARMENTE AT (909)612-3149

352007604
DETACH CHECK

UNSUMM
OVRPUNS2-121295
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/17/18 69898

EAMS#(s):

SS # :
DOB
Terms: 60 days
Claim #(s):
EGL1854

BILL TO:
SAINT PAUL TRAVELERS (SACRAM)
W. C. DEPARTMENT
ATTN: SHAHNAZ JOSLIN
P.O. BOX # 13089
SACRAMENTO, CA 95813-4089

Case: [redacted] vs RITEAID PAYROLL/THRIFY PAYLESS
Date Of Injury: 3/13/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/30/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
06/20/17	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
01/11/18	PENALTIES	FOR DATE OF SERVICE 6/30/16	23.48
01/11/18	INTEREST	FOR DATE OF SERVICE 6/30/16	26.18
01/11/18	PENALTIES	FOR DATE OF SERVICE 6/20/17	23.48
01/11/18	INTEREST	FOR DATE OF SERVICE 6/20/17	10.80
01/11/18	COSTS	ADD'L COSTS AWARDED	753.06
01/10/18	PMT BY CHECK	DOS 6/30/16-6/20/17* # 896D 90410991	-1150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
0

896D 90410991

TRAVELERS

DATE: 01/10/18
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

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
[redacted]	**152 CB CBU8362M**	**04/26/16 - 09/12/17**	$ 469.50	52852	**WCAB 4/26/16, 7/27/17, 9/**
	152 CB E6L1854T	**06/30/16 - 06/20/17**	$ 1,150.00		**FFSL**
		Total Amount Paid	**$*****1619.50**		

)012465
DETACH CHECK

SUMM 111311
OVPSUM2-021509
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/23/17 70432

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
E3V7887

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: JESSICA MENDOZA
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs BAH CALIFORNIA INC
Date Of Injury: 7/15/14; 7/14-7/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/27/16	LEGAL WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
07/10/17	PENALTIES	FOR DATE OF SERVICE 9/27/16	23.48
07/17/17	INTEREST	FOR DATE OF SERVICE 9/27/16	14.10
07/17/17	COSTS & SANC	COSTS & SANC	880.92
08/18/17	PMT BY CHECK	DOS 7/17/17* # 896D 89797190	-1075.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SE02026

896D 89797190

N

TRAVELERS

DATE: 08/18/17
LOSS DATE: 07/15/15
FILE NUMBER: 152 CB E3V7887 H
REFERENCE #: 1016650220SW
EMPLOYEE

ACCOUNT NAME:
BEST AMERICAN HOSPITALITY COR

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 07/17/17

TOTAL PAID: $1075.00
TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

AUG 2 [illegible] 2017

FOR ADDITIONAL INFORMATION, CONTACT: NORMAN J POULSEN AT (909)612-3049

30019409
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121205
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/05/17 69321

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
E2M8538

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: LOGAN O'NEIL
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: __ vs INTERLINE BRANDS
Date Of Injury: CT 8/1/13 - 8/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/28/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
06/20/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
08/30/17	PENALTIES	FOR DATE OF SERVICE 4/28/16	23.48
08/30/17	INTEREST	FOR DATE OF SERVICE 4/28/16	23.17
08/30/17	PENALTIES	FOR DATE OF SERVICE 6/20/16	23.48
08/30/17	INTEREST	FOR DATE OF SERVICE 6/20/16	22.29
08/30/17	COSTS & SANC	COSTS & SANC	594.58
09/01/17	PMT BY CHECK	DOS 8/30/17* # 896D 89859609	-1000.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THE TRAVELERS - WALNUT CREEK CL CLA
TRAVELERS WC CLAIMS
PO BOX 13089
SACRAMENTO CA 95813-3089

SB03066

896D 89859609

TRAVELERS

DATE: 09/01/17
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

SEP 05 2017

Our Customer Service Phone is 1-800-842-7354 .
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
	158 CB ABL6361M	08/30/17	$ 1,000.00		full/final lien resolutio
	158 CB E5Q0413T	09/21/16	$ 196.25		Invoice No: 70436
					71942
Total Amount Paid			$*****1196.25		

013132
DETACH CHECK

SUMM 111311
CVRPSUM2-021509
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/05/17 50046

EAMS#(s)
-

SS # :
DOB :
Terms: 60 days
Claim #(s):
445698

BILL TO:
ZENITH INSURANCE (VAN NUYS)
W. C. DEPARTMENT
ATTN: MARK ULLOA
P.O. BOX # 9055
VAN NUYS, CA 91409-9055

Case: vs AMERICA BERRY FARM
Date Of Injury: 7/31/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/03/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	BLANCA NOCHEZ MEJIA #100741	0.00
12/09/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
01/26/12	PMT BY CHECK	DOS 11/3/11-12/9/11 # 164382	-406.50
03/12/12	WCAB LB	PRIORITY CONFERENCE	156.50
07/19/12	WCAB LB	TRIAL - JOHANNA JORDAN # 100793	156.50
11/24/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
05/10/17	PENALTIES	FOR DATE OF SERVICE 3/12/12	23.48
08/08/17	INTEREST	FOR DATE OF SERVICE 3/12/12	97.24
05/10/17	PENALTIES	FOR DATE OF SERVICE 7/19/12	23.48
05/10/17	INTEREST	FOR DATE OF SERVICE 7/19/12	91.07
08/18/17	PMT BY CHECK	DOS 3/12/12* # 569779	-850.00
09/07/17	COSTS & SANC	COSTS	201.73

BALANCE 0.00

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JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

January 26, 2012
Our Ref : 445698
Your Ref : 50046

Service Date	Service Code	Your Charge	Allowed Charge	Difference Charge	Adjustment Code
11/03/11	FEE	156.50	156.50	0.00	
12/09/11	FEE	250.00	250.00	0.00	
	TOTAL $	406.50	406.50	0.00	

Please find attached our check # 164382 for $406.50.
This check covers bills from November 3, 2011 through December 9, 2011.

If you have any questions, please address them to the undersigned.

Sincerely,
Mark Ulloa
Claims Examiner

JAN 31 2012
BY:

ZENITH P.O. Box 9055, Van Nuys, CA 91409 (818) 713-1000

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

TheZenith

DEKALB COUNTY OFFICE
BANK OF AMERICA, N.A.
Atlanta, Dekalb County, GA, 30345

BR 164382

64-1278
611

DATE OF CHECK	CLAIM NUMBER	DATE OF INJURY	PAYMENT FROM	PAYMENT THRU
January 26, 2012	445698	July 31, 2010	November 3, 2011	December 9, 2011

CLAIMANT

PAYMENT TYPE: Language Translation/All Other Spec

AMOUNT
$ 406.50

PAY ** Four Hundred and Six Dollars and 50 Cents **

VOID AFTER 180 DAYS
All Checks Require Two Signatures

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

SIGNATURE HAS COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

EXPLANATION OF REVIEW - CA

Carrier/Audit Reviewer
ZNAT Insurance Company
P.O. BOX 9055
VAN NUYS, CA 91409
(800) 440-5020

Patient Information

DATE OF INJURY: 07/31/10
Patient Acct No:

Zenith Claim Information
Claim Number: 445698
Check Date: 08/18/17
Check Number: 569779
Date Of Review: 08/16/17
Case Number: ZEN-ZZCA-1396057

Billing Provider Information
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165
TAX ID: 330956713

Rendering Provider Information
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781

Employer Information
AMERICA BERRY FARMS INC
3030 DODGE ROAD
OXNARD, CA 93030
(805) 797-6113

DIAGNOSIS INFORMATION: 959.9
DATES OF SERVICE: 03/12/12 TO 03/12/12 PLACE OF SERVICE: 11

Date Of Service	Procedure Code	Mod	Service Description	Units	Charges	Review Reduction	PPO Reduction	Other Reduction	Paid	Reduction Codes
03/12/12	MDS10		SETTLEMENT FOR	0001	850.00	0.00	0.00	0.00	850.00	791 961
(1) PAID			TOTAL SUMMARY:		850.00	0.00	0.00	0.00	850.00	

Reduction Code Description:
791 CA FULL AND FINAL PAYMENT.
961 CA ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.

State/ANSI Reason Code & Description:
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.

To check the status of your bill, or for any other questions, please call Zenith Insurance Company at 1-800-440-5020.
ZENITH INSURANCE COMPANY NOW UTILIZES CENTRALIZED MAIL FACILITIES TO EXPEDITE MAIL HANDLING AND ROUTING. SEND ALL CORRESPONDENCE (INCLUDING MEDICAL BILLS, REPORTS, ETC) TO: PO BOX 9055, VAN NUYS, CA 91409-9055

ZNAT INSURANCE COMPANY now has the ability to receive medical bills electronically. If interested, please contact the Zenith provider call center provided by Jopari solutions at 1-866-269-0554 for more information.

(Explanation Of Review Continued On Next Page)

AUG 2 2 2017

[redacted]

EXPLANATION OF REVIEW - CA

Amounts billed above this payment or the recommended allowances as shown, are hereby objected to as being in excess of amounts authorized under labor code 4603.2, 4600.4, 4620 through 4626 and 5307.1 or sections 9790 through 9795 of title 8, article 5.5 of the director's administrative rules.

Remedies available for contesting this determination include requesting a Second Bill Review, an Independent Bill Review (IBR), and filing a lien and/or application for adjudication with the Workers' Compensation Appeals Board or requesting that the disputed issue be determined by binding arbitration. Each prerequisite remedy must be administratively exhausted before seeking the next level of review and be compliant with applicable rules and regulations. You may also contact an attorney or utilize any other remedy available under the labor code or rules of practice and procedure. Pursuant to labor code 3751(b) a provider of medical services is prohibited from collecting compensation from the injured employee.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review:

After an Explanation of Review (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 EOR.

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 (C.C.R.) 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 EOR, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment.

How to Apply: You may request a second review of a non-electronic medical treatment bill by using either the DWC Form SBR-1 or a modified standardized bill. See 8 C.C.R. section 9792.5.5(c)(1) and the California Division of Workers' Compensation Medical Billing and Payment Guide, version 1.1 for instructions on how to submit a request for second review using a non-electronic standardized bill. For an electronic medical treatment bill, please refer to 8 C.C.R. section 9792.5.5(c)(2) and (3) and the California Division of Workers' Compensation Electronic Medical Billing and Payment Companion Guide, version 1.1, for instructions on how to submit a request for second review under that format. Both guides can be found at the DWC website at http://www.dir.ca.gov/dwc/EBilling/EBilling.html. For medical-legal bills, the second review must be submitted on DWC Form SBR-1.

The requesting provider must complete all fields in the Employee Information, Provider Information, and Claims Administrator Information sections of the DWC Form SBR-1 and sign the form. Submit the Request for Second Bill Review to: Zenith Insurance Company, P.O. Box 9055, Van Nuys, CA 91409-9055

A SECOND BILL REVIEW REQUEST MUST BE COMPLETED FOR A PROVIDER TO SEEK AN IBR OF A BILLING DISPUTE.

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 an IBR within 30 days of service of the EOR. The request for an IBR must conform to the requirements of 8 C.C.R. 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 an IBR, and the time limit for requesting an IBR shall not begin to run until the resolution of that issue becomes final.

You may request an IBR using DWC Form IBR-1. A copy of the form is available on the DWC website at http://www.dir.ca.gov/dwc/DWCPropRegs/IBR/FormIBR_1.pdf.
The DWC Form IBR-1 must be completed in its entirety following the instructions provided with the form.

Fee: An IBR application fee of **$335.00** must accompany the IBR request. The fee should be paid electronically, if the request is made electronically, or should accompany the Form IBR-1 if the request is sent by mail. Checks should be made out to Maximus Federal Services, Inc. If, as a result of the IBR review, any additional payment is found owing from Zenith, Zenith will be required to reimburse the amount of the fee in addition to the amount found owing.

How to Apply by Mail: Send the completed form, with the stated fee, to: DWC-IBR c/o Maximus Federal

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/08/17 68626

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
588215

BILL TO:
ZENITH INSURANCE (VAN NUYS)
W. C. DEPARTMENT
ATTN: EDD DEL PALACIO
P.O. BOX # 9055
VAN NUYS, CA 91409-9055

Case: vs JFS CAREA NON PROFIT CORP
Date Of Injury: 1/18/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM (AMENDED)	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
08/11/17	PMT BY CHECK	DOS 2/23/16* # 580912	-156.50
08/16/17	PENALTIES	FOR DATE OF SERVICE 2/23/16	23.48
08/11/17	INTEREST	FOR DATE OF SERVICE 2/23/16	25.49
10/11/17	PMT BY CHECK	DOS 2/23/16* # BR 649236	-46.40
11/21/17	COSTS	ADD'L COSTS AWARDED	672.43
12/06/17	PMT BY CHECK	DOS 2/23/16* # 708424	-675.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

August 11, 2017
Our Ref : 588215
Your Ref : N/A

686264

RE:

Service Date	Service Code	Your Charge	Allowed Charge	Difference Charge	Adjustment Code
02/23/16	FEE	156.50	156.50	0.00	
	TOTAL $	156.50	156.50	0.00	

Please find attached our check # 580912 for $156.50.
This check covers bills from February 23, 2016 through February 23, 2016.

If you have any questions, please address them to the undersigned.

Sincerely,
Ed Delpalacio
Claims Examiner

AUG 15 2017

ZENITH P.O. Box 9055, Van Nuys, CA 91409 (818) 713-1000

[redacted]

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

October 11, 2017
Our Ref : 588215
Your Ref : 68626 P&I

Service Date	Service Code	Your Charge	Allowed Charge	Difference Charge	Adjustment Code
02/23/16	FEE	46.40	46.40	0.00	
	TOTAL $	46.40	46.40	0.00	

Please find attached our check # 649236 for $46.40.
This check covers bills from February 23, 2016 through February 23, 2016.

If you have any questions, please address them to the undersigned.

Sincerely,
Ed Delpalacio
Claims Examiner

OCT 16 2017

ZENITH P.O. Box 9055, Van Nuys, CA 91409 (818) 713-1000

[redacted]

EXPLANATION OF REVIEW - CA

Carrier/Audit Reviewer
Zenith Insurance Company
P.O. BOX 9055
VAN NUYS, CA 91409
(800) 440-5020

Patient Information

SSN
DATE OF INJURY: 01/18/14
Patient Acct No:

Zenith Claim Information
Claim Number: 588215
Check Date: 12/06/17
Check Number: 708424
Date Of Review: 12/04/17
Case Number: ZEN-ZZCA-1485793

Billing Provider Information
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165
TAX ID: 330956713

Rendering Provider Information
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781

Employer Information
JFS CARE [A NON-PROFIT CORP.]
3550 WILSHIRE BLVD. 1409
LOS ANGELES, CA 90010
(323) 761-8800

DIAGNOSIS INFORMATION: T14.90
DATES OF SERVICE: 02/23/16 TO 02/23/16 PLACE OF SERVICE: 11

Date Of Service	Procedure Code	Mod	Service Description	Units	Charges	Review Reduction	PPO Reduction	Other Reduction	Paid	Reduction Codes
02/23/16	MDS10		SETTLEMENT FOR	0001	675.00	0.00	0.00	0.00	675.00	791 961
(1) PAID			TOTAL SUMMARY:		675.00	0.00	0.00	0.00	675.00	

Reduction Code Description:
791 CA FULL AND FINAL PAYMENT.
961 CA ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.

State/ANSI Reason Code & Description:
45 THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.
97 PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.

To check the status of your bill, or for any other questions, please call Zenith Insurance Company at 1-800-440-5020.
ZENITH INSURANCE COMPANY NOW UTILIZES CENTRALIZED MAIL FACILITIES TO EXPEDITE MAIL HANDLING AND ROUTING. SEND ALL CORRESPONDENCE (INCLUDING MEDICAL BILLS, REPORTS, ETC) TO: PO BOX 9055, VAN NUYS, CA 91409-9055

ZENITH INSURANCE COMPANY now has the ability to receive medical bills electronically. If interested, please contact the Zenith provider call center provided by Jopari solutions at 1-866-269-0554 for more information.

(Explanation Of Review Continued On Next Page)

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/06/17 69707

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2080314076

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

Case: PASSPORT FOOD GROUP LLC
Date Of Injury: CT 1/14/14 - 1/14/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/01/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
10/19/17	PENALTIES	FOR DATE OF SERVICE 6/1/16	23.48
10/19/17	INTEREST	FOR DATE OF SERVICE 6/1/16	24.01
10/19/17	COSTS	ADD'L COSTS AWARDED	546.01
11/01/17	PMT BY CHECK	DOS 10/19/17* # 1101425643	-750.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

Visit **enrollments.zurichna.com** to enroll in electronic payments.

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781

00394

NOV 06 2017

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0314076 001 XH	WC 5470894			01/08/15	10/19/17-10/19/17

Check Number	1101425643	**Date Issued**	11/01/17	**Amount**	$***750.00
Insured	Passport Food Group Inc				
Claimant					
Nature of Payment	Full and Final				
Issued To	Joyce Altman Interpreters PO BOX 4165				
Requested By	Sumit Tandon				
File Supervisor	Jeremy Lau	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	750.00		

TOTAL $750.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/14/17 69888

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2080295651

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

Case: vs GOLDEN FARMS MARKET PLAZA INC
Date Of Injury: 11/8/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/27/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	CARLOS ARIAS # 301574	0.00
03/02/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
10/25/17	PENALTIES	FOR DATE OF SERVICE 6/27/16	23.48
11/08/17	INTEREST	FOR DATE OF SERVICE 6/27/16	23.42
10/25/17	PENALTIES	FOR DATE OF SERVICE 3/2/17	23.48
11/08/17	INTEREST	FOR DATE OF SERVICE 3/2/17	13.36
11/08/17	COSTS	ADD'L COSTS AWARDED	603.26
11/30/17	PMT BY CHECK	DOS 11/8/17-11/8/17* # 1101456751	-1000.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

Visit **enrollments.zurichna.com** to enroll in electronic payments.

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

00389

PAID
DEC 05 2017

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0295651 001 XH	WC 5477412			11/08/13	11/08/17-11/08/17

Check Number	1101456751	Date Issued	11/30/17	Amount	$**1,000.00
Insured	Golden Farms Market Plaza Inc				
Claimant					
Nature of Payment	Full and Final				
Issued To	Joyce Altman Interpreters P.O. Box 4165				
Requested By	Gunaseeli CG-Raman				
File Supervisor	Jeremy Lau	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	1,000.00		

TOTAL $1000.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/05/18 57841

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
05486288

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

Case: vs CALIFORNIA SCREW PRODUCTS
Date Of Injury: CT 2/08 - 2/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/31/13	WCAB LB	MSC - ROSARIO PALMER # 100715	156.50
06/22/15	PENALTIES	FOR DATE OF SERVICE 1/31/13	23.48
07/10/15	INTEREST	FOR DATE OF SERVICE 1/31/13	40.53
07/10/15	PMT BY CHECK	DOS 1/31/13* =# CP-867901	-156.50
02/27/18	COSTS	ADD'L COSTS AWARDED	1100.00
03/01/18	PMT BY CHECK	DOS 2/27/18* # CP-006286	-1164.01

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CP-867901**

Issue Date: 07/10/15
Doc #: 029927031

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:		44817	**Claim #:** 05703522		**Date of Injury:** 01/21/11			
SSN:	Employer name: NATIONAL MATERIAL SUPPLY			Employer ID: 0000001943731100					
1	SF1-SPCA-124571	05/12/11	999Q8	Interpreter Deposit-	1	43.00	.00		43.00
2	SF1-SPCA-124571	09/14/12	999Q8	Interpreter Deposit-	1	.00	.00		.00
								Subtotal:	**43.00**
	Patient Name:		5841	**Claim #:** 05486288		**Date of Injury:** 08/19/09			
SSN	Employer name: CALIFORNIA SCREW PRODUCTS			Employer ID: 0007500000135070					
3	SF1-SPCA-124528	01/31/13	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
								Total Allowances:	**$199.50**

PAID JUL 13 2015

F. F.

Pet 5811

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

VOID VOID VOID VOID

State Compensation Insurance Fund
Santa Ana District Office
PO BOX 65005
Fresno, CA 93650-5005

CP-867901
Union Bank
Los Angeles, California
90-4150
1222

Medical
SP

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
July 10, 2015	**$*******199.50**

PAY ****One Hundred Ninety-Nine and 50/100 Dollars****ONLY

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

224329411

⑈521686790⑆ ⑆122241501⑆ ⑈908100104 3⑈

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CP-006286**

Issue Date: 03/01/18
Doc #: 033123312

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name: .					**Claim #:** 05411778		**Date of Injury:** 02/20/09		
SSN: .	Employer name: CALIFORNIA SCREW PRODUCTS				Employer ID: 0007500000135070				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-18815866	02/27/18	MDO21	Payment By Order	1	1,164.01	.00	375 961 G5 G67	1,164.01
						Total Allowances:			**$1,164.01**

PAID
MAR 05 2018

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"

0135240103312331200 2