Exotic Language Market Rate Summary Graph (per 8 CCR, Article 5.7)
August 2017 - April 2018

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc (s)	Paid Amt	Check No.	Language	Check Date	Payment Authority
72871	11/8/2017	1/10/18	$ 485.00	Depo Review	$ 485.00	4706	Tagalog	1/8/18	Adminsure
72448	8/7/17 - 10/2/17	11/7/17	$ 813.44	2 Board Appear. (WCAB AHM)	$ 813.44	3024819	Korean	11/3/17	Chubb Group
59923	8/4/2017	9/1/17	$ 485.00	C&R Reading	$ 485.00	8816522301	Korean	8/29/17	Farmers
73177	1/18/2018	3/6/18	$ 485.00	Board Appear. (WCAB AHM)	$ 485.00	143944195	Korean	2/27/18	Gallagher
73177	4/17/2018	6/6/18	$ 485.00	C&R Reading	$ 485.00	146210288	Korean	5/30/18	Gallagher
73177	4/20/2018	7/10/18	$ 485.00	C&R Reading	$ 485.00	147012703	Korean	7/2/18	Gallagher
72371	11/3/2017	1/11/18	$ 485.00	Depo Review	$ 485.00	142697760	Korean	1/5/18	Gallagher
72584	9/1/2017	10/3/17	$ 485.00	Depo Prep	$ 485.00	140353847	Korean	9/28/17	Gallagher
72371	8/4/2017	10/11/17	$ 485.00	Depo Prep	$ 485.00	140495826	Korean	10/4/17	Gallagher
72877	11/13/2017	1/9/18	$ 485.00	Board Appear. (WCAB AHM)	$ 485.00	1283046822	Korean	1/3/18	The Hartford

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#
01/10/18	72871

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
16-124762

BILL TO:
ADMINSURE INS. (ONTARIO)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER (SAM)
3380 SHELBY ST.
ONTARIO, CA 91764

Case: CITY OF CARSON
Date Of Injury: 12/22/16

DOS	SERVICE	DESCRIPTION	AMOUNT
11/08/17	LEGAL_EXOTIC	DEPO REVIEW @ L/O DENNIS FUSI LANG: TAGALOG	485.00
/ /	-	FRANK LIZARDO # C268459427	0.00
01/18/18	PMT BY CHECK	DOS 11/8/17* # 4706	-485.00

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.

AdminSure

3380 Shelby Street
Ontario, California 91764

Telephone (909) 861-0816
Fax (909) 860-3995

Joyce Altman Interpreters Inc.
PO Box 4165
Tustin, CA 92781-4165

CLAIMANT	MRODRIGUEZ
EMPLOYER	Carson
CLAIM NUMBER	16-124762
INCIDENT DATE	12/22/2015
CHECK NUMBER	4706
CHECK DATE	01/08/2018
CHECK AMOUNT	485.00
PAYMENT TYPE	Other Expense
FROM - THRU	11/08/2017 - 11/08/2017
ALLOCATION	59
PAYEE TAX ID	
REMARKS	Tagalog Depo
SCHED ID	

JAN 08 2018

THIS DOCUMENT HAS A COLORED BACKGROUND AND A SIMULATED WATERMARK ON THE BACK

CITY OF CARSON

Workers' Compensation
Administered by AdminSure (909) 861-0816

East West Bank
22008 Avalon Boulevard
Carson, CA 90745

16-7038
3220

CHECK NUMBER 4706

DATE
01/08/2018

AMOUNT
*********485.00

Four Hundred Eighty Five Dollars And 00/100

PAY TO THE ORDER OF
Joyce Altman Interpreters Inc.
PO Box 4165
Tustin, CA 927814165

Alethea Vargas-Flores
Alycia Anthony

THIS CHECK EXPIRES AND IS VOID
30 DAYS FROM CHECK DATE

⑈4706⑈ ⑆322070381⑆ 8033008379⑈

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#
11/07/17 72448

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
047514039461

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: MARTHA ROJA
P.O. BOX 42065
PHOENIX, AZ 85080

Case: vs UNITED PHARMA
Date Of Injury: 9/9/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/07/17	LEGAL_EXOTIC	MSC @ WCAB ANAHEIM	485.00
/ /	INTERPRETER:	CHANSUN NISHIMARA # 103033	0.00
10/02/17	LEGAL_EXOTIC	STATUS CONFERNCE @ WCAB AHM	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
10/09/17	PMT BY CHECK	DOS 8/7/17* # 2967376	-156.56
11/03/17	PMT BY CHECK	DOS 8/7/17-10/2/17* # 3024819	-813.44

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

MR

Payment Summary

Claim Ref #: 047514039461
Policy: 000071726500
Occurence: 000040
Date of Loss: 09/09/2014
SSN#/TIN#: XXXXXXXXXX
Payee: JOYCE ALTMAN INTERPRETERS

Page: 1 of 1
Check Number: 3024819
Print Date: 11/03/2017
Issue Date: 11/03/2017
Invoice Number: 72448
Invoice Date:

Insured: United Pharma, LLC

DATE	CLAIMANT	DESCRIPTION	BILLED	REDUCTION	AMOUNT
08/07/2017-10/02/2017		Copy/Print Services	813.44	0.00	813.44

NOV 07 2017

CHECK TOTAL:	813.44	0.00	813.44

Comments: inv# 72448 dos: 08/07/2017 & 08/02/2017 (13)+

Claim Representative: Phone: (213)612-5653

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 #: 047514039461

Check Number 3024819

64-1278
0611

BANK OF AMERICA
ATLANTA, GA

Date 11/03/2017

PAY Eight Hundred Thirteen Dollars And 44/100 ¢

$***813.44

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Joyce Altman Interpreters
PO BOX 4165
Tustin, CA 92781-4165

CHUBB
AUTHORIZED SIGNATURE

IN SETTLEMENT OF 72448 08/07/2017 10/02/2017 32

⑈00030248 19⑈ ⑆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#
09/01/17 59923

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
WC10090305

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W. C. DEPARTMENT
ATTN: BRIANNA GINNER
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: vs SOLAR ELECTRIC
Date Of Injury: 5/22/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/14/13	DEPO PREP	@ THE L/O OF DENNIS FUSI (LANG: KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
12/11/13	PMT BY CHECK	DOS 10/14/13 # 8814560772	-485.00
08/04/17	LEGAL_EXOTIC	C&R READING @ L/O DENNIS FUSI LANG: KOREAN	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
08/29/17	PMT BY CHECK	DOS 8/4/17* # 8816522301	-485.00

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.

TRUCK INSURANCE EXCHANGE

Check Number: 8816522301
Date: 08/29/2017

Amount: $485.00******

MR

01 01 000436 4SBZLHMRN1 CE0829P2 02 1 000706

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: SOLAR ELECTRIC CONSTRUCTION
Date of Loss: 11/01/2011
Claim Number: WC10090307
Correspondence Reference: 4SBZLHMRN

Claim Representative: Reymond Gutierrez
Office Phone Number: 8185402234
Applicable Coverage: Workers' Compensation

Additional Information:
INVOICE #59923 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
08/04/17 - 08/04/17	Other Specified Indemnity	$485.00		$485.00

TOTAL Benefits Paid To Date :

Lump Sum Scheduled Permanent Partial Disability	$10500.00
Other Specified Indemnity	$6776.39
Claimant Attorney Fee - PD	$6000.00

SEP 01 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

TRUCK INSURANCE EXCHANGE
Westlake
Farmers WC Imaging Center, P. O. Box 108843
Oklahoma City, OK 73101-8843

Claim #: WC10090307

Check No. 8816522301
Date: 08/29/2017

Payable If Desired At Any Citibank

PAY Four Hundred Eighty Five Dollars And No Cents

$485.00******

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

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

THE ORIGINAL DOCUMENT HAS AN EFFECTIVE WATERMARK BEHIND THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT AREA.

⑈8816522301⑈ ⑆031100209⑆ 3872438 9⑈

FARMERS
INSURANCE

Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

August 29, 2017

01 01 000706 4SBZLHMRN1 CE08292P2 02 [ ] 000706

000706

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#
03/06/18	73177

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
005497000326;00549700155W

BILL TO:
GALLAGHER BASSETT (CLINTON)

ATTN: CLAIM ADJUSTER
P.O. BOX 2934
CLINTON, IA 52733

Case: vs CALIFORNIA COMMERCE CLUB INC
Date Of Injury: 7/15-5/16; 2/12/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/18/18	LEGAL_EXOTIC	MSC @ WCAB ANAHEIM (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
02/27/18	PMT BY CHECK	DOS 1/18/18* # 0143944195	-485.00

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/ORANGE CA
P.O. BOX 14260
ORANGE CA 92863-1260

005497 PAGE 1 OF 1 003897

EMR

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

PAID
MAR 06 2018

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

DIRECT CHECK INQUIRIES TO:
PHONE: 800-297-0866
GALLAGHER BASSETT-LA/ORANGE CA
P.O. BOX 14260
ORANGE CA 92863-1260

CLAIM NO.: 005497 000155 WC 01 (21)
CLAIMANT:
DESCRIPTION: INV #: 73177

DATES OF SERVICE: 18Jan18 **THRU** 18Jan18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 138
ACC DATE: 12Feb15

NO.: 0143944195
VN: 0000055491
DATE: 27Feb18
AMOUNT: 485.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005164 006071 002 004

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

CHECK NO. 0143944195 003897
VN. 0000055491
DATE: 27Feb18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **485.00

CLAIM NO.: 005497 000155 WC 01 (21) **BRANCH NO.:** 138
PAY FOUR HUNDRED EIGHTY-FIVE 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

⑈0143944195⑈ ⑆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#
06/06/18 73177

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
005497000326;00549700155W

BILL TO:
GALLAGHER BASSETT (CLINTON)

ATTN: CLAIM ADJUSTER
P.O. BOX 2934
CLINTON, IA 52733

Case: vs CALIFORNIA COMMERCE CLUB INC
Date Of Injury: 7/15-5/16; 2/12/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/18/18	LEGAL_EXOTIC	MSC @ WCAB ANAHEIM (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
02/27/18	PMT BY CHECK	DOS 1/18/18* # 0143944195	-485.00
04/17/18	LEGAL_EXOTIC	C&R READING @ L/O DENNIS FUSI	485.00
/ /	INTERPRETER:	HYESUN SUNNY LEE # 301036	0.00
04/20/18	LEGAL_EXOTIC	C&R READING ADDENDUM @ L/O DENNIS FUSI	485.00
/ /	INTERPRETER:	AERYONG KIM # 300769	0.00
05/30/18	PMT BY CHECK	DOS 4/17/18* # 0146210288	-485.00

BALANCE 485.00

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

005497 PAGE 1 OF 1 003622

MDG2009 00004898 1 MB .424 1

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

MR

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

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

CLAIM NO.: 005497 000155 WC 01 (21)
CLAIMANT:
DESCRIPTION: INV #: 73177

BRANCH NO.: 138
ACC DATE: 12Feb15

NO.: 0146210288
VN: 0000058846
DATE: 30May18

DATES OF SERVICE: 17Apr18 **THRU** 20Apr18
BENEFIT PERIOD: **THRU**

AMOUNT: 485.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004898 005614 001 002

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

CHECK NO. 0146210288 003622
VN. 0000058846
DATE: 30May18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY:
$ **485.00

CLAIM NO.: 005497 000155 WC 01 (21) **BRANCH NO.:** 138
PAY FOUR HUNDRED EIGHTY-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

⑈0146210288⑈ ⑆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#
07/10/18 73177

EAMS#(s):

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

BILL TO:
GALLAGHER BASSETT (CLINTON)

ATTN: CLAIM ADJUSTER
P.O. BOX 2934
CLINTON, IA 52733

Case: vs CALIFORNIA COMMERCE CLUB INC
Date Of Injury: 7/15-5/16; 2/12/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/18/18	LEGAL_EXOTIC	MSC @ WCAB ANAHEIM (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
02/27/18	PMT BY CHECK	DOS 1/18/18* # 0143944195	-485.00
04/17/18	LEGAL_EXOTIC	C&R READING @ L/O DENNIS FUSI	485.00
/ /	INTERPRETER:	HYESUN SUNNY LEE # 301036	0.00
04/20/18	LEGAL_EXOTIC	C&R READING ADDENDUM @ L/O DENNIS FUSI	485.00
/ /	INTERPRETER:	AERYONG KIM # 300769	0.00
05/30/18	PMT BY CHECK	DOS 4/17/18* # 0146210288	-485.00
07/02/18	PMT BY CHECK	DOS 4/20/18* # 0147012703	-485.00

BALANCE 0.00

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MDG2009 00008104 1 MB .424 1
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID
JUL 10 2018

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

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

CLAIM NO.: 005497 000155 WC 01 (21)
CLAIMANT:
DESCRIPTION: INV# 73177

DATES OF SERVICE: 20Apr18 **THRU** 20Apr18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 138
ACC DATE: 12Feb15

NO.: 0147012703
VN: 0000060340
DATE: 02Jul18

AMOUNT: 485.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0008104 008906 001 001

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

ALLAGHER BASSETT SERVICES INC
OR ARCH INSURANCE COMPANY

CHECK NO. 0147012703 004455
VN. 0000060340
DATE: 02Jul18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **485.00

AIM NO.: 005497 000155 WC 01 (21) **BRANCH NO.:** 138
Y FOUR HUNDRED EIGHTY-FIVE AND 00/100 DOLLARS**********

) THE RDER 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

⑈0147012703⑈ ⑆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#
01/11/18 72371

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
005645-000562WC01

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

Case: vs KW TRANSPORTATION INC
Date Of Injury: 3/28/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/04/17	LEGAL_EXOTIC	DEPO PREP @ L/O DENNIS FUSI LANG: KOREAN	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
10/04/17	PMT BY CHECK	DOS 8/4/17* # 0140495826	-485.00
11/03/17	LEGAL_EXOTIC	DEPO REVIEW @ L/O DENNIS FUSI	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
01/05/18	PMT BY CHECK	DOS 11/3/17* # 0142697760	-485.00

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 4040
SACRAMENTO CA 95812-4040

005645 PAGE 1 OF 1 005416

✓EMR

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

DIRECT CHECK INQUIRIES TO:
PHONE: 916-576-8200
GB-CARRIER WEST-WC
PO BOX 4040
SACRAMENTO CA 95812-4040

CLAIM NO.: 005645 000562 WC 01 (PCP0006904)
CLAIMANT:
DESCRIPTION: INV #: 72371

DATES OF SERVICE: 03Nov17 **THRU** 03Nov17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 502
ACC DATE: 28Mar17

NO.: 0142697760
VN: 0000020514
DATE: 05Jan18

AMOUNT: 485.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0008009 008998 002 003

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

ALLAGHER BASSETT SERVICES INC
OR ARCH INSURANCE COMPANY

CHECK NO. 0142697760 005416
VN. 0000020514
DATE: 05Jan18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **485.00

LAIM NO.: 005645 000562 WC 01 (PCP0006904) **BRANCH NO.:** 502
AY FOUR HUNDRED EIGHTY-FIVE AND 00/100 DOLLARS**********

O THE RDER 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

⑈0142697760⑈ ⑆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#
10/03/17	72584

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
005645000562-WC-01

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

Case: vs KWT TRANSPORTATION INC.
Date Of Injury: 3/28/17

DOS	SERVICE	DESCRIPTION	AMOUNT
09/01/17	LEGAL_EXOTIC	DEPO PREP @ L/O STONESIFER & CHONG (KOREAN LANG)	485.00
/ /	INTERPRETER:	CHAMSUN NISHIMURA # 301033	0.00
09/28/17	PMT BY CHECK	DOS 9/1/17* # 0140353847	-485.00

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.

GB-CARRIER WEST-WC
PO BOX 4040
SACRAMENTO CA 95812-4040

005645 PAGE 1 OF 1 003278

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

DIRECT CHECK INQUIRIES TO:
PHONE: 916-576-8200
GB-CARRIER WEST-WC
PO BOX 4040
SACRAMENTO CA 95812-4040

CLAIM NO.: 005645 000562 WC 01 (PCP0006904)
CLAIMANT:
DESCRIPTION: 72584

BRANCH NO.: 502
ACC DATE: 28Mar17

NO.: 0140353847
VN: 0000018295
DATE: 28Sep17

DATES OF SERVICE: 01Sep17 THRU 01Sep17
BENEFIT PERIOD: THRU

AMOUNT: 485.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004793 005528 003 003

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

CHECK NO. 0140353847 003278
VN. 0000018295
DATE: 28Sep17 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **485.00

CLAIM NO.: 005645 000562 WC 01 (PCP0006904) BRANCH NO.: 502

PAY FOUR HUNDRED EIGHTY-FIVE 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

⑈0140353847⑈ ⑆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#
10/11/17	72371

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
005645-000562WC01

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

Case: vs KW TRANSPORTATION INC
Date Of Injury: 3/28/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/04/17	LEGAL_EXOTIC	DEPO PREP @ L/O DENNIS FUSI LANG: KOREAN	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
10/04/17	PMT BY CHECK	DOS 8/4/17* # 0140495826	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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GB-CARRIER WEST-WC
PO BOX 4040
SACRAMENTO CA 95812-4040

005645 PAGE 1 OF 1 003910

M

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

PAID
OCT 11 2017
BY:

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

DIRECT CHECK INQUIRIES TO:
PHONE: 916-576-8200
GB-CARRIER WEST-WC
PO BOX 4040
SACRAMENTO CA 95812-4040

**

CLAIM NO.: 005645 000562 WC 01 (PCP0006904)
CLAIMANT:
DESCRIPTION: INV #: 72371

BRANCH NO.: 502
ACC DATE: 28Mar17

NO.: 0140495826
VN: 0000018427
DATE: 04Oct17

DATES OF SERVICE: 04Aug17 **THRU** 04Aug17
BENEFIT PERIOD: **THRU**

AMOUNT: 485.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004752 005498 002 002

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

CHECK NO. 0140495826 003910
VN. 0000018427
DATE: 04Oct17 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **485.00

CLAIM NO.: 005645 000562 WC 01 (PCP0006904) **BRANCH NO.:** 502
PAY FOUR HUNDRED EIGHTY-FIVE 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

⑈0140495826⑈ ⑆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#
01/09/18	72877

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
Y67C30454

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

Case: vs XEN MEDIA INC
Date Of Injury: 7/24/16

DOS	SERVICE	DESCRIPTION	AMOUNT
11/13/17	LEGAL_EXOTIC	MSC @ WCAB ANAHEIM LANG: KOREAN	485.00
/ /	INTERPRETER:	HYESUN SUNNY LEE # 301036	0.00
01/03/18	PMT BY CHECK	DOS 11/13/17* # 128304682 2	-485.00

BALANCE 0.00

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THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2305582

MB 01 001054 43256 B 5 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
72877 07/24/2016	72WEC GB0046 Y67C 30454		$485.00

Nature of Benefits:	Nature of Payment:	Service Dates	Amount
Miscellaneous Medical	Payment Reason - Misc Medical	11/13/2017 11/13/2017	$485.00

Claim Handler: DERRICK LOUIE
8664019222 x2305582
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	01/03/2018	Check Number	128304682 2	Total Check Amount	$485.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

114574154