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

Includes payments for Penalties and Interest plus Cost Sanctions (Exotics)

Compiled payments recieved within June 2016 - February 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
60279	11/1/13 - 9/5/14	9/5/17	$ 592.33	7 PR-2's, Diagn study (EMG), Board appear (WCAB ANA), Lien fil fee, P&I's + Cost & Sanc.	$ 5,500.00	115304969	8/29/17	Corvel
			TOTAL AMOUNT PAID =>		**$ 5,500.00**	Vietnamese		
60293	11/12/13 - 2/14/15	1/23/18	$ 7,760.00	11 PR-2's, P&S, 4 Board appears. (WCAB ANA), Lien fil fee, P&I's + Cost & Sanc.	$ 372.00	78841207	12/20/17	Sedgwick
					$ 348.00	78841208	12/20/17	
					$ 341.00	78841209	12/20/17	
					$ 336.00	78841210	12/20/17	
					$ 9,000.00	78842477	1/19/18	
			TOTAL AMOUNT PAID =>		**$ 10,397.00**	Vietnamese		
60306	11/14/13 - 12/5/14	1/22/18	$ 5,335.00	9 PR-2's, 2 Board appears. (WCAB ANA), Lien fil fee & P&I's	$ 5,500.00	82453823	1/15/18	Sedgwick
			TOTAL AMOUNT PAID =>		**$ 5,500.00**	Vietnamese		

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

Includes payments for Penalties and Interest plus Cost Sanctions (Exotics)

Compiled payments recieved within June 2016 - February 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
60276	11/1/13 - 1/17/15	2/13/18	$ 5,820.00	11 PR-2's, Board appear. (WCAB ANA) Lien fil fee, P&I's + Cost & Sanc.	$ 485.00	0047642316	8/21/17	Sedgwick
					$ 6,580.00	48393040	2/9/18	
			TOTAL AMOUNT PAID =>		**$ 7,065.00**	Vietnamese		
69214	4/28/16 - 9/1/17	2/16/18	$ 1,455.00	3 Board appears. (WCAB LBO), P&I's, Miscs. + Cost & Sanc.	$ 180.00	30636181	6/15/16	AIG (American Int'l Group)
					$ 180.00	32497901	11/7/17	
					$ 790.00	32505219	11/9/17	
					$ 485.00	32579315	12/8/17	
					$ 1,500.00	32750846	2/10/18	
			TOTAL AMOUNT PAID =>		**$ 3,135.00**	Korean		

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

Includes payments for Penalties and Interest plus Cost Sanctions (Exotics)

Compiled payments recieved within June 2016 - February 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
63337	8/21/14 - 2/25/15	12/19/17	$ 1,940.00	Initial, Depo prep, Depo review, Board appear. (WCAB ANA), Lien fil fee + P&I's	$ 3,000.00	896D90367748	12/29/17	Travelers
			TOTAL AMOUNT PAID =>		**$ 3,000.00**	Vietnamese		

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 60279

EAMS#(s):
ADJ
SS # : XXX-
DOB :
Terms: 60 days
Claim #(s):
PZC00523322

BILL TO:
CRUM & FORSTER (ORANGE)
W. C. DEPARTMENT
ATTN: KELLEY ORDONEZ
1100 TOWN & COUNTRY RD. # 500
ORANGE, CA 92868

Case vs THE BEST MASTER INTERPRISES IN
Date Of Injury: 5/9/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/01/13	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LANG: VIETNAMESE LAN TRINH # 100303	0.00
11/14/13	EMG TESTING	-BY DR ALI: L/E @ MEDICAL ART	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/10/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/21/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/26/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/10/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/22/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/24/14	WCAB SA	PRIORITY CONFERENCE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
09/05/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/26/15	LIEN FIL FEE	LIEN FILING FEE	150.00
08/18/16	PENALTIES	FOR DATE OF SERVICE 07/24/14	72.75
08/18/17	INTEREST	FOR DATE OF SERVICE 07/24/14	169.92
08/23/17	COSTS & SANC	COSTS & SANC	742.33
08/29/17	PMT BY CHECK	DOS 11/1/13* =# 115304969	-5500.00

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	60279

EAMS#(s):
ADJ8518087
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
PZC00523322

BILL TO:
CRUM & FORSTER (ORANGE)
W. C. DEPARTMENT
ATTN: KELLEY ORDONEZ
1100 TOWN & COUNTRY RD. # 500
ORANGE, CA 92868

Case vs THE BEST MASTER INTERPRISES IN
Date Of Injury: 5/9/12

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.

CORVEL CORPORATION
CRUM & FORSTER
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= CFORS
11-24
1210(8)

CHECK NUMBER	CHECK DATE
115304969	08/29/17

Claim#: PZC00523322

******$5,500.00

PAY EXACTLY: *Five thousand five hundred and 00/100 Dollars*

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schaeppi

WELLS FARGO BANK PORTLAND, OR

⑈0115304969⑈ ⑆121000248⑆ 4123 996704⑈

TACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: US Fire Insurance Co. - PZC
305 Madison Ave
Morristown, NJ 07960

Employer Patient: THE BEST MASTER ENTERPRISES IN

Patient DOB: XXX

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 6/11727524 - 1
Reprice: CA, 92781
Billed Date: 09/05/2014
Business Rcvd: 08/24/2017
MBR Rcvd: 08/24/2017
MBR Date: 08/28/2017
Date Approved: 08/29/2017
DOS From - To: 11/01/2013 - 09/05/2014

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Mach, Jamie

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

Claim #: PZC00523322
Processor Initials: SV
DOI: 05/09/2012
RX Number:

Vendor #:
PIN:
Box 30 :

Bill Comments
Lien settlement payment.

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
11/01/13	MDS10 524, G1 , G67	LUMP SUM PAYMENT	1	11	$5800.00		1	$300.00	$5500.00
Sub-Totals for Bill: 11727524					**$5800.00**			**$300.00**	**$5500.00**

Totals for Bill:11727524 **$5500.00**

Line Item Reason Codes and Descriptions
524 Recommended allowance per Insurer decision

SEP 05 2017

Line Item Reason Codes and Descriptions

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 60293

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
301209024160001

BILL TO:
SEDGWICK/SRS (LX-14153)
W. C. DEPARTMENT
ATTN: LAURI TORRES
PO BOX 14153
LEXINGTON, KY 40512

Case: vs STATER BROS
Date Of Injury: 3/22/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/12/13	WCAB SA	PRIORITY CONFERENCE	485.00
		LANG: VIETNAMESE	0.00
/ /	INTERPRETER:	LAN TRINH # 100303	485.00
11/14/13	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	
		LANG: VIETNAMESE	0.00
/ /	INTERPRETER:	LAN TRINH # 100303	485.00
01/10/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	0.00
/ /	INTERPRETER:	LAN TRINH # 100303	485.00
02/21/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	0.00
/ /	INTERPRETER:	LAN TRINH # 100303	485.00
04/26/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	0.00
/ /	INTERPRETER:	LAN TRINH # 100303	485.00
06/10/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	0.00
/ /	INTERPRETER:	LAN TRINH # 100303	485.00
06/27/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	
		(AMENDED)	0.00
/ /	INTERPRETER:	LAN TRINH # 100303	485.00
07/22/14	P AND S	-DR ALI @ MEDICAL ARTS	
		(AMENDED)	0.00
/ /	INTERPRETER:	LAN TRINH # 100303	485.00
09/16/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
09/02/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	0.00
/ /	INTERPRETER:	LAN TRINH # 100303	485.00
10/14/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	0.00
/ /	INTERPRETER:	LAN TRINH # 100303	485.00
11/14/14	MED_EXOTIC	-PR-2 W/DR ALI 2 MEDICAL ARTS	0.00
/ /	INTERPRETER:	LAN TRINH # 100303	485.00
11/19/14	LEGAL_EXOTIC	EXP. HEARING @ WCAB SA	0.00
/ /	INTERPRETER:	LAN TRINH # 100303	485.00
01/06/15	MED_EXOTIC	-PR-2 W/DR ALI @ MEDICAL ARTS	0.00
/ /	INTERPRETER:	LAN TRINH # 100303	

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	60293

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
301209024160001

BILL TO:
SEDGWICK/SRS (LX-14153)
W. C. DEPARTMENT
ATTN: LAURI TORRES
PO BOX 14153
LEXINGTON, KY 40512

Case: vs STATER BROS
Date Of Injury: 3/22/12

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/15	LEGAL_EXOTIC	MSC @ WCAB SANTA ANA	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/14/15	MED_EXOTIC	-PR-2 W/DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/26/16	LIEN FIL FEE	LIEN FILING FEE	150.00
01/20/17	PENALTIES	FOR DATE OF SERVICE 11/12/13	72.75
12/20/17	INTEREST	FOR DATE OF SERVICE 11/12/13	220.96
01/20/17	PENALTIES	FOR DATE OF SERVICE 9/16/14	72.75
12/20/17	INTEREST	FOR DATE OF SERVICE 9/16/14	180.62
01/20/17	PENALTIES	FOR DATE OF SERVICE 11/19/14	72.75
12/20/17	INTEREST	FOR DATE OF SERVICE 11/19/14	170.69
01/20/17	PENALTIES	FOR DATE OF SERVICE 2/23/15	72.75
12/20/17	INTEREST	FOR DATE OF SERVICE 2/23/15	156.02
07/24/17	PENALTIES	FOR DATE OF SERVICE 07/22/14	72.75
01/24/18	INTEREST	FOR DATE OF SERVICE 07/22/14	196.66
12/12/17	PMT BY CHECK	DOS 11/12/13* # 78841207	-372.00
12/20/17	PMT BY CHECK	DOS 9/16/14* # 78841208	-348.00
12/20/17	PMT BY CHECK	DOS 11/19/14* # 78841209	-341.00
12/20/17	PMT BY CHECK	DOS 2/23/15* # 78841210	-336.00
01/24/18	INTEREST	FOR DATE OF SERVICE 11/12/13	52.73
01/24/18	INTEREST	FOR DATE OF SERVICE 09/16/14	52.53
01/24/18	INTEREST	FOR DATE OF SERVICE 11/19/14	52.27
01/24/18	INTEREST	FOR DATE OF SERVICE 02/23/15	49.57
01/12/18	COSTS	ADD'L COSTS AWARDED	991.20
01/19/18	PMT BY CHECK	DOS 1/12/18* # 78842477	-9000.00

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	60293

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
301209024160001

BILL TO:
SEDGWICK/SRS (LX-14153)
W. C. DEPARTMENT
ATTN: LAURI TORRES
PO BOX 14153
LEXINGTON, KY 40512

Case: vs STATER BROS
Date Of Injury: 3/22/12

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.

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

0001755-0005917 0106 001 672107 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
12/20/2017	372.00	78841207
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

60293

1 of 4

Claimant Name	Loss Date	Claim Number
	03/22/2012	30120902416-0001
Amt Paid: 372.00	Description:	
Amt Billed: 372.00	Invoice:	ICN:155918997.6
Dates: 11/12/2013 - 11/12/2013	Comment: Interpreting	

DEC 27 2017

SWK.RM.STD.00.NP

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

[redacted]

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

DATE	CHECK AMOUNT	CHECK NUMBER
12/20/2017	348.00	78841208
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

0001755-0005919 0106 001 672107

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

60293
2of4

Claimant Name	Loss Date	Claim Number
	03/22/2012	30120902416-0001

Amt Paid: 348.00
Amt Billed: 348.00
Dates: 09/16/2014 - 09/16/2014

Description:
Invoice:
Comment: Interpreting

ICN:155919000.6

DEC 27 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
P O Box 14440
Lexington, KY 40512-4440

DATE	CHECK AMOUNT	CHECK NUMBER
12/20/2017	341.00	78841209
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

0001755-0005921 0106 001 672107

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

60293 3of4

Claimant Name	Loss Date	Claim Number
	03/22/2012	30120902416-0001
Amt Paid: 341.00 Amt Billed: 341.00 Dates: 11/19/2014 - 11/19/2014	Description: Invoice: Comment: Interpreting	ICN:301209024160001

DEC 27 2017

SWK.RM.STD.00.NP

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

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

DATE	CHECK AMOUNT	CHECK NUMBER
12/20/2017	336.00	78841210
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

0001755-0005923 0106 001 672107

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

60293 4 of 4

Claimant Name	Loss Date	Claim Number
	03/22/2012	30120902416-0001

Amt Paid: 336.00
Amt Billed: 336.00
Dates: 02/23/2015 - 02/23/2015

Description:
Invoice: ICN:155919009.6
Comment: Interpreting

DEC 27 2017

SWK.RM.STD.00.NP

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

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

0009811-0029231 0106 001 679287 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
01/19/2018	9,000.00	78842477
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

60293

Claimant Name			Loss Date	Claim Number
			03/22/2012	30120902416-0001
Amt Paid:	9,000.00	Description:	Miscellaneous Medical	
Amt Billed:	12,500.00	Invoice:		ICN:4625-144108
Dates:	01/12/2018 - 01/12/2018	Comment:		

F. F. ok
NDT

SWK.RM.STD.00.NP

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

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

Sedgwick CMS As Agent For Stater
Bros. Markets
Hartford Accident and Indemnity Company

ORIGIN 6004625
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 01/19/2018

78842477
62-22
311

PAY: ******NINE THOUSAND AND 00/100 DOLLARS

$9,000.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

304264204

MEMO: MP

Stater Bros. Markets, Principal
Sedgwick Claims Management Services, Inc., Agent By:

Bob Blankenship

⑈78842477⑈ ⑆031100225⑆ 207995005970 3⑈

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#
01/22/18 60306

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30130279620

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W. C. DEPARTMENT
ATTN: JENNIFER EDSTROM
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case: vs AIR INDUSTRIES CORPORATION
Date Of Injury: 7/28/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/14/13	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
		LANG: VIETNAMESE	
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/10/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/21/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/24/14	WCAB SA	STATUS CONFERENCE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/25/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/06/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/01/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
09/11/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/24/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/22/14	WCAB SA	PRIORITY CONFERENCE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/05/14	MED EXOTIC	-PR-2 W/DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/20/16	LIEN FIL FEE	LIEN FILING FEE	150.00
08/21/17	PENALTIES	FOR DATE OF SERVICE 2/24/14	72.75
10/20/17	INTEREST	FOR DATE OF SERVICE 2/24/14	209.96
08/21/17	PENALTIES	FOR DATE OF SERVICE 10/22/14	72.75
10/20/17	INTEREST	FOR DATE OF SERVICE 10/22/14	174.66
01/15/18	PMT BY CHECK	DOS 12/5/14* # 82453823	-5500.00
01/22/18	BLCE OFF SET	BALANCE OFF SET	-515.12

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	60306

EAMS#(s):
ADJ8840856
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30130279620

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W. C. DEPARTMENT
ATTN: JENNIFER EDSTROM
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case: vs AIR INDUSTRIES CORPORATION
Date Of Injury: 7/28/12

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.

Sedgwick Claims Management Services, Inc
P O Box 14433
Lexington, KY 40512-4433

DATE	CHECK AMOUNT	CHECK NUMBER
01/15/2018	5,500.00	82453823
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
225 Sedgwick Claims Management Services, Inc		01 of 01

0000364-0001149 0106 001 677433

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

60306

Claimant Name		Loss Date	Claim Number
		08/06/2012	30130279620-0001
Amt Paid: 2,750.00	Description:	Miscellaneous Medical	
Amt Billed: 3,007.56	Invoice:		ICN:2258-160732
Dates: 11/14/2013 - 11/14/2013	Comment:		
		08/06/2012	30130279620-0001
Amt Paid: 2,750.00	Description:	Miscellaneous Medical	
Amt Billed: 3,007.56	Invoice:		ICN:2258-160732
Dates: 12/05/2014 - 12/05/2014	Comment:		

F. F.
NDJ

JAN - 9 2018

SWK.RM.STD.00.NP

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

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

Precision Castparts Corporation
ACE American Insurance Company

ORIGIN 2252258 Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 01/15/2018

82453823

62-22
311

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

$5,500.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

Precision Castparts Corporation, Principal
Sedgwick Claims Management Services, Inc., Agent By:

301823689

⑈82453823⑈ ⑆031100225⑆ 20799500597 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#
02/13/18	60276

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
B221101570

BILL TO:
SEDGWICK/SRS (LX-14153)
W. C. DEPARTMENT
ATTN: ALISA VALLADO
PO BOX 14153
LEXINGTON, KY 40512

Case: vs EMERSON PROCESS MANAGEMENT
Date Of Injury: 11/30/08-11/30/11

DOS	SERVICE	DESCRIPTION	AMOUNT
11/01/13	PR2/REEVAL	-DR ALI @ MEDICAL ARTS LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/13/13	PR2/REEVAL	-DR ALI @ MEDICAL ARTS LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/24/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/07/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/02/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/13/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/01/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
09/09/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
09/11/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/24/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/05/14	MED_EXOTIC	PR-2 W/DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/17/15	MED_EXOTIC	PR-2 W/DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/28/16	LIEN FIL FEE	LIEN FILING FEE	150.00
11/21/16	PENALTIES	FOR DATE OF SERVICE 9/9/14	72.75
08/21/17	INTEREST	FOR DATE OF SERVICE 9/9/14	162.13
08/21/17	PMT BY CHECK	DOS 8/1/17* # 0047642316	-485.00
01/30/18	COSTS	ADD'L COSTS AWARDED	860.12
02/09/18	PMT BY CHECK	DOS 1/30/18* # 48393040	-6580.00

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#
02/13/18	60276

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
B221101570

BILL TO:
SEDGWICK/SRS (LX-14153)
W. C. DEPARTMENT
ATTN: ALISA VALLADO
PO BOX 14153
LEXINGTON, KY 40512

Case: vs EMERSON PROCESS MANAGEMENT
Date Of Injury: 11/30/08-11/30/11

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 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.

P6905028006

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

201708211618

Electronic Service Requested

1 OF 1

ENV 2231

SINGLE PIECE

2231 0.3820 SP 0.460

JOYCE ALTMAN INTERPRETERS 4
P.O. BOX 4165
TUSTIN, CA 92781-4165

DATE	CHECK AMT	CHECK NO.
08/21/2017	485.00	0047642316

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
211 Sedgwick Claims Management Services, Inc	1 of 1

Claimant Name	Loss Date	Claim Number
	11/30/2011	B221101570-0001-01

Amt Paid: 485.00 Description:
Amt Billed: 485.00 Invoice: ICN: B221101570000101
Dates: 08/01/2017-08/01/2017 Comment: FULL & FINAL

AUG 24 2017

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

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

0001773-0006129 0106 001 684570 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
02/09/2018	6,580.00	48393040

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
211 Sedgwick Claims Management Services, Inc	01 of 01

60276

Claimant Name	Loss Date	Claim Number
	11/30/2011	B221101570-0001-01

Amt Paid: 6,580.00
Amt Billed: 6,580.00
Dates: 01/30/2018 - 01/30/2018
Description: Miscellaneous Medical
Invoice: ICN:219794011.339
Comment: Lien Stip dated 1/30/18 Full Final

F. F.
LR OK

RECEIVED
FEB 13 2018

SWK.RM.STD.00.NP

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

HR

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 Emerson Electric Co
OLD REPUBLIC INSURANCE COMPANY

ORIGIN 2111974
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 02/09/2018

48393040
62-22
311

PAY: ******SIX THOUSAND FIVE HUNDRED EIGHTY AND 00/100 DOLLARS

$6,580.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

Emerson Electric, Principal
Sedgwick Claims Management Services, Inc., Agent By:

314845362

⑈48393040⑈ ⑆031100225⑆ 207995005970 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#
02/16/18 69214

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
710949577

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: IRENE LAFORTEZA
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs KW INTERNATIONAL
Date Of Injury: 11/14/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/28/16	LEGAL_EXOTIC	EXP. HEARING @ WCAB LB (LANG: KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
05/02/16	LEGAL_EXOTIC	STIPULATION @ WCAB LONG BEACH	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
06/15/16	PMT BY CHECK	DOS 4/28/16-5/2/16* =# 30636181	-180.00
09/11/17	LEGAL_EXOTIC	MSC @ WCAB LBO (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
10/18/17	PENALTIES	FOR DATE OF SERVICE 4/28/16	59.25
11/09/17	INTEREST	FOR DATE OF SERVICE 4/28/16	68.82
10/18/17	PENALTIES	FOR DATE OF SERVICE 5/2/16	59.25
11/09/17	INTEREST	FOR DATE OF SERVICE 5/2/16	68.82
11/07/17	PMT BY CHECK	DOS 9/11/17* # 32497901	-180.00
11/09/17	PMT BY CHECK	DOS 4/28/17-10/18/17* # 32505219	-790.00
11/16/17	MISC	STOP PMT CHECK # 32497901	180.00
11/16/17	MISC	REIMB. FOR STOP PMT FEE # 32497901	20.00
12/08/17	PMT BY CHECK	DOS 9/11/17* =# 32579315	-485.00
02/06/18	COSTS	ADD'L COSTS AWARDED	1223.86
02/10/18	PMT BY CHECK	DOS 4/28/10-9/11/17* # 32750846	-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#
02/16/18	69214

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
710949577

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: IRENE LAFORTEZA
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs KW INTERNATIONAL
Date Of Injury: 11/14/14

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 **

P4000028000

20160615400?

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

Electronic Service Requested

SINGLE PIECE

15 2.2629 SP 0.885

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

Check No.: 30636181
RFP No.: 706773
Check Date: 06/15/2016
Check Amount: 180.00
Insured: KW INTERNATIONAL, INC.

Claimant:

Claim Office: 710
Insuring Company: COMMERCE AND INDUSTRY INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS

ENV 15 7 OF 11 F

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000053408999	00949577	001	11/14/2014	MED	O	180.00

Total Amount 180.00

Reason for Payment
ORG: 970.00 ACT: 69214 042816-050216

Use File # 710/00949577 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

201711070144

Electronic Service Requested

ENV 19393 1 OF 3 F

ALL FOR AADC 926
19393 0.7648 AB 0.400

JOYCE ALTMAN INTERPRETERS INC 219
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 32497901
RFP No.: 470396
Check Date: 11/07/2017
Check Amount: 180.00
Insured: KW INTERNATIONAL, 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
000053408999	00949577	001	11/14/2014	EXP	C	180.00
					Total Amount	180.00

Reason for Payment
091117-091117

Use File # 710/00949577 on all correspondence for prompt processing.
For check information call: 877-802-5246

NOV 14 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: 00949577 Policy No.: 000053408999
Reason for Payment 091117-091117

**********One Hundred Eighty Dollars*****

CHECK No.	32497901
RFP No.	00470396
DATE	11/07/2017
AMOUNT PAID	*******$180.00

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

⑈32497901⑈ ⑆021309379⑆ 7864205394⑈

1C7607

P4000028001

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201711090114

Electronic Service Requested

1 OF 3

ENV 31473

ALL FOR AADC 926
31473 0.7648 AB 0.400

JOYCE ALTMAN INTERPRETERS INC 325
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 32505219
RFP No.: 472081
Check Date: 11/09/2017
Check Amount: 790.00
Insured: KW INTERNATIONAL, 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
000053408999	00949577	001	11/14/2014	EXP	C	790.00

Total Amount 790.00

Reason for Payment
042817-101817

NOV 15 2017

Use File # 710/00949577 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: 00949577 Policy No.: 000053408999
Reason for Payment 042817-101817

**********Seven Hundred Ninety Dollars***

CHECK No. 32505219
RFP No. 00472081
DATE 11/09/2017

AMOUNT PAID
*******$790.00

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

⑈32505219⑈ ⑆021309379⑆ 7864205394⑈

8913168

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201712080137

Electronic Service Requested

ALL FOR AADC 926
12268 0.9555 AB 0.400

JOYCE ALTMAN INTERPRETERS INC 78
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 12268 1 OF 4 F

Check No.: 32579315
RFP No.: 494673
Check Date: 12/08/2017
Check Amount: 485.00
Insured: KW INTERNATIONAL, INC.

Claimant:

Claim Office: 710
Insuring Company: COMMERCE AND INDUSTRY INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000053408999	00949577	001	11/14/2014	MED	C	485.00
					Total Amount	485.00

Reason for Payment
ORG: 1455.00 ACT: 69214 042816-091117

Use File # 710/00949577 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID

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.: 00949577 Policy No.: 000053408999
Reason for Payment: ORG: 1455.00 ACT: 69214 042816-091117

CHECK No. 32579315
RFP No. 00494673
DATE 12/08/2017

**********Four Hundred Eighty Five Dollars*****

AMOUNT PAID
**********$485.00

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

⑈32579315⑈ ⑆021309379⑆ 7864205394⑈

P4000028001

20180212016I

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

Electronic Service Requested

ENV 13657 3 OF 6 F

ALL FOR AADC 926
13657 1.3360 AB 0.405

JOYCE ALTMAN INTERPRETERS INC 134
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 32750846
RFP No.: 538918
Check Date: 02/10/2018
Check Amount: 1,500.00
Insured: KW INTERNATIONAL, INC.

Claimant:

Claim Office: 710
Insuring Company: COMMERCE AND INDUSTRY INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID
FEB 16 2018

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000053408999	00949577	001	11/14/2014	MED	C	1,500.00
					Total Amount	1,500.00

Reason for Payment
042810-091117

Use File # 710/00949577 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: 00949577 Policy No.: 000053408999
Reason for Payment 042810-091117

CHECK No. 32750846
RFP No. 00538918
DATE 02/10/2018

*********One Thousand Five Hundred Dollars***

AMOUNT PAID
*******$1,500.00

Void after 90 Days

6145321

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

⑈32750846⑈ ⑆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#
12/19/17 63337

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
EFM0843

BILL TO:
SAINT PAUL TRAVELERS (SACRAM)
W. C. DEPARTMENT
ATTN: SENIQUE SHAW
P.O. BOX 13089
SACRAMENTO, CA 95813

Case: vs SIEMANS HEALTHCARE DIAGNOSTICS
Date Of Injury: 5/29/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/21/14	INITIAL EXAM	-DR MOHEIMANI (LONG BEACH)	485.00
		LANG: VIETNAMESE	
/ /	INTERPRETER:	TRAN LE # 301677	0.00
09/11/14	DEPO PREP	@ THE L/O OF SCOLL & ASSOC.	485.00
		LANG: VIETNAMESE	
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/01/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	485.00
		L/O NORMAN HOMEN	
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/25/15	LEGAL_EXOTIC	EXP HEARING @ WCAB SA	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/28/16	LIEN FIL FEE	LIEN FILING FEE	150.00
07/18/17	PENALTIES	FOR DATE OF SERVICE 9/11/14	72.75
12/19/17	INTEREST	FOR DATE OF SERVICE 9/11/14	176.04
07/18/17	PENALTIES	FOR DATE OF SERVICE 10/1/14	72.75
12/19/17	INTEREST	FOR DATE OF SERVICE 10/1/14	175.42
07/18/17	PENALTIES	FOR DATE OF SERVICE 2/25/15	72.75
12/19/17	INTEREST	FOR DATE OF SERVICE 2/25/15	155.71
12/19/17	PENALTIES	FOR DATE OF SERVICE 8/21/14	72.75
12/19/17	INTEREST	FOR DATE OF SERVICE 8/21/14	176.04
12/29/17	PMT BY CHECK	DOS 12/19/17*	-3000.00
		=# 896D 90367748	
01/15/18	BLCE OFF SET	BALANCE OFF SET	-64.21

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#
12/19/17	63337

EAMS#(s):

SS # : xxx-XX-
DOB :
Terms: 60 days
Claim #(s):
EFM0843

BILL TO:
SAINT PAUL TRAVELERS (SACRAM)
W. C. DEPARTMENT
ATTN: SENIQUE SHAW
P.O. BOX 13089
SACRAMENTO, CA 95813

Case: vs SIEMANS HEALTHCARE DIAGNOSTICS
Date Of Injury: 5/29/14

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.

005090

THE TRAVELERS - CUSTOMCOMP - WALNUT
TRAVELERS CUSTOM COMP CLAIMS
PO BOX 13089
SACRAMENTO CA 95813

SE01082

896D 90367748

TRAVELERS

DATE: 12/29/17
LOSS DATE: 05/29/14
FILE NUMBER: 685 CB EFM0843 R
REFERENCE #: 1017886921SW
EMPLOYEE

ACCOUNT NAME:
SIEMENS CORPORATION

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 12/19/17

TOTAL PAID: $3000.00

TAX INFO: 330956713 Y

JAN 04 2018

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: TRISH D NGUYEN AT (909)612-3821

363020084
DETACH CHECK

UNSUMM
OVRPUNS2:121295
DETACH CHECK

005091

EXPLANATION OF REIMBURSEMENT

THIS IS NOT A BILL

DATE 12/29/2017

DIRECT ALL PAYMENT INQUIRIES AND REQUESTS FOR ENTITY IDENTIFIED AS CARRIER HAS BEEN DESIGNATED THE ENTITY TO RECEIVE DISPUTES.

CARRIER:
TRAVELERS PROP CAS CO OF AMERIC
TRAVELERS CUSTOM COMP CLAIMS
PO BOX 13089
SACRAMENTO CA 95813

PROVIDER INQUIRY CONTACT:
877-228-2758

NAIC/SELF INSURED NUMBER:
256743548

CLAIM PROFESSIONAL:
TRISH D NGUYEN

CLAIM PROFESSIONAL PHONE/FAX/EMAIL:
909-612-3821/877-801-9679/TDNGUYEN@TRAVELERS.COM

EMPLOYER:
SIEMENS CORPORATION
5736 W 96TH ST
LOS ANGELES, CA 90045-5544

PROVIDER:
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

TAX ID NUMBER / FEIN:
330956713

NATIONAL PROVIDER IDENTIFICATION NUMBER:
N/A

PATIENT:

CLAIM NUMBER:
685 CB EFM0843 R

DATE OF INJURY:
05/29/2014

BILL CONTROL NUMBER:
1017886921

CHECK NUMBER:
896D 90367748

CHECK DATE:
12/29/2017

DATE EOR GENERATED:
12/29/2017

DATE OF BILL:
N/A

DATE BILL RECEIVED:
12/22/2017

NETWORK NAME:
COVENTRY INTEGRATED NETWORK

SUMMARY INFORMATION

SERVICE DATES: 12/19/2017 - 12/19/2017

BILLED AMT	BILL REVIEW AMT	PPO AMT	OTHER AMT	PAID AMT
$3,000.00	$3,000.00	N/A	N/A	$3,000.00

SUMMARY MESSAGE
NTWK PPO REDUCTION: Coventry P&T

STATE REQUIRED INFORMATION

JURISDICTIONAL CASE NUMBER: N/A
SSN: XXX-XX-1220 PROTECTED INFORMATION TO BE USED FOR IDENTIFICATION PURPOSES
BILL PAYMENT STATUS CODE: PAID
PPO/MPN NAME: N/A PPO/MPN ID NUMBER: N/A
TIME LIMITS TO DISPUTE PAYMENT AMOUNT - REQUEST FOR SECOND REVIEW ("RSR"). ONCE AN EOR ON AN ORIGINAL BILL SUBMISSION IS RECEIVED, A HEALTH CARE PROVIDER/FACILITY/BILLING AGENT/ASSIGNEE ('PROVIDER') CAN DISPUTE THE AMOUNT PAID BY SUBMITTING AN APPEAL/RECONSIDERATION/RSR TO THE CLAIMS ADMINISTRATOR WITHIN 90 DAYS OF SERVICE OF THE EOR. RSRS MUST COMPLY WITH DWC'S MEDICAL BILLING AND PAYMENT GUIDE AND REGULATIONS AT TITLE 8, CCR, 9792.5.4 ET SEQ. IF A PROVIDER FAILS TO SUBMIT A RSR WITHIN THE 90 DAYS, THE BILL IS DEEMED SATISFIED AND NEITHER THE EMPLOYER NOR EMPLOYEE IS LIABLE FOR FURTHER PAYMENTS.
INDEPENDENT BILL REVIEW (IBR). UPON RECEIPT OF A RSR, THE CLAIMS ADMINISTRATOR REVIEWS IT AND ISSUES THEIR FINAL WRITTEN BILL DETERMINATION, VIA EOR. UPON RECEIPT OF THIS EOR, A PROVIDER STILL DISPUTING THE AMOUNT PAID MAY SUBMIT AN IBR REQUEST WITHIN 30 DAYS OF SERVICE OF THE EOR. THE IBR REQUEST MUST COMPLY WITH TITLE 8, CCR, 9792.5.4 ET SEQ. IF A PROVIDER DOESN'T REQUEST AN IBR WITHIN 30 DAYS, THE BILL IS DEEMED SATISFIED AND NEITHER THE EMPLOYER NOR EMPLOYEE IS LIABLE FOR FURTHER PAYMENT. ANY EMPLOYER CONTESTED LIABILITY ISSUES, OTHER THAN AMOUNT PAID, SHALL BE RESOLVED PRIOR TO FILING AN IBR REQUEST; THE TIME LIMIT FOR REQUESTING IBR STARTS UPON RESOLUTION OF THAT ISSUE.
UNLESS OTHERWISE STATED, THE CA OFFICIAL MEDICAL FEE SCHEDULE, GOVERNS REIMBURSEMENTS AND PROHIBITS BILLING A PATIENT FOR ANY BALANCE IN EXCESS OF THE AMOUNT RECOMMENDED. REDUCTIONS TO BILLED CHARGES OCCUR WHEN THEY EXCEED THE FEE SCHEDULE ALLOWANCE FOR THE SERVICE PROVIDED AND/OR APPLICATION OF APPROPRIATE DISCOUNTS BASED ON AN INDIVIDUAL PROVIDER'S PPO AGREEMENT.

See detail information on following page(s).