2018 Market Rate Summary Graph
(per 8 CCR, Article 5.7)
Misc. Market Rate payments recieved within June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Billed Amt	Tpye of svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
73909	4/16/15 - 10/23/17	5/22/2018	$ 543.00	Initial & 2 Board appears. (WCAB LBO)	$ 543.00	DA79772426	5/18/2018	ACE/CHUBB
59978	9/30/13 - 10/14/14	9/14/2017	$ 1,260.00	2 F.C.E.'s, 4 f/u acups., f/u phys tx & Lien fil fee	$ 1,260.00	391908	9/11/2017	American Claims Mgmt.
71417	3/2/17 - 7/31/17	8/31/2017	$ 3,790.00	Initial, Initial acup., 13 f/u acups., Initial phys tx & 5 PR-2's	$ 3,790.00	45522	8/25/2017	Athens
71360	2/28/2017	7/3/2018	$ 855.00	Surgery (9.5 hrs)	$ 855.00	0892547	6/29/2018	Berkshire Hathaway (Cypress)
71589	4/6/17 - 5/9/17	7/7/2017	$ 900.00	Pre-op & 2 Surgeries (4hrs & 4.5 hrs)	$ 900.00	2286406	7/5/2017	Berkshire Hathaway (Redwood fire & casualty)
63477	7/29/14 - 11/3/16	5/3/2018	$ 8,700.00	2 Initials, 2 F.C.E.'s, 18 PR-2's & 26 f/u acups.	$ 8,700.00	5650851393	4/30/2018	Broadspire
62526	5/28/14 - 10/27/16	6/19/2018	$ 1,050.00	5 PR-2's & Lien Fil Fee	$ 1,050.00	6750073263	6/14/2018	Broadspire

2018 Market Rate Summary Graph
(per 8 CCR, Article 5.7)
Misc. Market Rate payments recieved within June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Billed Amt	Tpye of svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
59056	6/7/13 - 8/7/13	6/28/2018	$ 1,460.00	Initial, FCE Test, 4 f/u acup & 4 phys tx.	$ 1,460.00	33086976	6/22/2018	Chartis/AIG Claims
66203	3/25/15 - 4/29/16	9/28/2017	$ 2,412.50	Initial & 12 PR-2's	$ 2,412.50	32376193	9/22/2017	Chartis/AIG American international group
71542	3/16/17 - 6/15/17	8/9/2017	$ 1,720.00	Initial, Initial acup, 5 f/u acup, 2 PR-2's	$ 1,720.00	3580372	8/2/2017	Church Mutual
69799	6/13/16 - 4/10/17	7/6/2018	$ 3,530.00	2 Initial's, Initial Acup, 13 chiro tx's, 4 f/u acups., 4 PR-2's & P&S	$ 3,530.00	106334193	6/26/2018	Cna Claims
68768	3/1/16 - 10/18/17	11/7/2017	$ 4,970.00	12 f/u acup's, final acup, 9 PR-2's, 2 shockwave tx's, 2 P&S's & Lien file fee	$ 4,970.00	8290173	10/30/2017	Corvel
71739	5/1/17 - 5/23/17	8/18/2017	$ 406.50	Depo prep & Depo review	$ 406.50	515630	8/16/2017	Finishline

2018 Market Rate Summary Graph
(per 8 CCR, Article 5.7)
Misc. Market Rate payments recieved within June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Billed Amt	Tpye of svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
71144	1/19/17 - 6/22/17	8/4/2017	$ 1,158.75	Initial (2 hr 15 min) & 5 PR'2's	$ 1,158.75	0138866057	7/30/2017	Gallagher Bassett
71525	3/23/2017	7/6/2017	$ 540.00	Surgery (5hrs)	$ 540.00	0138088325	6/28/2017	Gallagher Bassett
66148	4/10/15 - 7/6/17	8/18/2017	$ 3,300.00	Initial, Initial acup, P&S, 6 f/u chiro tx, 2 FCE test, 6 PR'2's, 3 f/u acup & Lien File fee	$ 3,300.00	0139235861	8/14/2017	Gallagher Bassett
69031	3/18/16 - 4/26/17	9/5/2017	$ 8,260.00	Initial, 2 Initial acup's, P&S, Final acup., 7 PR-2's, 30 f/u acup's & 3 shockwave tx's	$ 8,260.00	0139607856	8/29/2017	Gallagher Bassett
71146	1/19/17 - 6/22/17	4/3/2018	$ 2,490.00	Initial Chiro tx., 6 PR'2's, 14 phys tx's & 14 chiro tx's	$ 2,490.00	0144755858	3/30/2018	Gallagher Bassett

2018 Market Rate Summary Graph
(per 8 CCR, Article 5.7)
Misc. Market Rate payments recieved within June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Billed Amt	Tpye of svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
71348	2/23/17 - 3/13/18	3/27/2018	$ 2,820.00	Initial, Initial acup, 7 f/u acup's, 4 PR-2's, final acup & Lien file fee	$ 2,820.00	0144539458	3/22/2018	Gallagher Bassett
70372	8/23/16 - 8/15/17	2/27/2018	$ 6,870.00	3 Initial's, Initial acup., 15 f/u acup's, 15 PR-2's, Initial phys tx. & 2 P&S	$ 6,870.00	0143839441	2/22/2018	Gallagher Bassett
68690	2/29/16 - 8/31/17	1/11/2018	$ 5,500.00	6 f/u acup's, 15 PR-2's, 2 shockwave tx's, final acup., 8 f/u chiro tx's, final chiro tx, P&S & Lien file fee	$ 5,500.00	0142699679	1/5/2018	Gallagher Bassett
66200	4/17/15 - 12/1/16	9/19/2017	$ 1,150.00	2 Initial's, 3 PR-2's & Lien file fee	$ 1,150.00	0139934962	9/12/2017	Gallagher Bassett
71870	5/25/17 - 6/7/17	9/8/2017	$ 406.50	Depo prep & Depo review	$ 406.50	0139742506	9/3/2017	Gallagher Bassett

2018 Market Rate Summary Graph
(per 8 CCR, Article 5.7)
Misc. Market Rate payments recieved within June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Billed Amt	Tpye of svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
71042	12/21/16 - 9/20/17	10/18/2017	$ 7,340.00	Initial chiro tx., Initial phys tx., Initial acup., 36 f/u acup., 18 f/u phys tx. & 18 phys tx .	$ 7,340.00	140639186	10/10/2017	Gallagher Bassett
71513	3/9/17 - 5/4/17	6/26/2017	$ 563.00	2 Depo prep's & Depo review	$ 563.00	0041356520	6/20/2017	Guideone Insurance
69360	3/7/16 - 6/25/18	7/9/2018	$ 2,000.00	f/u chiro tx., 3 shockwave tx's., 6 PR-2's, P&S & Lien File fee.	$ 2,000.00	1290035741	6/29/2018	Hartford
71555	3/30/17 - 7/13/17	8/24/2017	$ 336.50	PR-2 & Board appear. (WCAB POM)	$ 336.50	1277632944	8/18/2017	Hartford
71267	2/3/17 - 11/30/17	1/15/2018	$ 1,220.00	Initial acup, 2 f/u acups., 5 f/u chiro tx's & PR-2	$ 1,220.00	32661056	1/9/2018	AIG
69598	5/12/16 - 1/29/17	3/5/2018	$ 8,590.00	3 Initials, Initial acup., Initial phys tx, Intial psych eval, 14 PR-2's, 18 f/u acups, 17 f/u phys tx's & lien fil fee	$ 8,590.00	2073383	2/27/2018	ICW

2018 Market Rate Summary Graph
(per 8 CCR, Article 5.7)
Misc. Market Rate payments recieved within June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Billed Amt	Tpye of svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
69993	7/14/16 - 10/5/17	11/29/2017	$ 3,880.00	Initial, Initial acup., 6 f/u acups & 13 PR-2's	$ 3,880.00	1945503	11/15/2017	ICW
71661	4/19/17 - 4/20/17	8/28/2017	$ 517.50	Admission (3hrs) & Surgery (2hrs 40mins)	$ 517.50	1835090	8/17/2017	ICW
61493	3/19/14 - 11/23/16	3/13/2018	$ 2,600.00	9 PR-2's, F.C.E., 2 f/u acups, f/u chiro tx, P&S & Lien fil fee	$ 2,600.00	3237562	3/6/2018	Intercare
69370	4/14/16 - 7/13/17	11/14/2017	$ 4,980.00	Initial, Initial acup, 18 f/u acups, F.C.E., 5 PR-2's & P&S	$ 4,980.00	3227385	11/7/2017	Intercare
71655	4/4/17 - 4/25/17	8/28/2017	$ 1,485.00	Pre-op, Admission & 3 Surgeries (1st 4hrs, 2nd 3.5hrs & 3rd 5hrs)	$ 1,485.00	05000670120	8/23/2017	National Interstate
69675	5/27/16 - 12/16/16	10/13/2017	$ 1,830.00	Initial, Initial acup, 4 PR-2's, f/u chiro, 2 f/u acups, P&S & Lien fil fee	$ 1,830.00	01078402	10/9/2017	PacificComp
70466	9/8/16 - 2/13/17	8/17/2017	$ 5,000.00	Initial, Initial acup, Initial Chiro/Phys tx, 12 f/u acups, 15 f/u chiro/phys tx & 5 PR-2's	$ 5,000.00	01068759	8/8/2017	PacificComp

2018 Market Rate Summary Graph
(per 8 CCR, Article 5.7)
Misc. Market Rate payments recieved within June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Billed Amt	Tpye of svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
71742	4/26/17 - 5/2/17	7/7/2017	$ 406.50	Board appear (ANA) & C&R reading	$ 406.50	01063344	7/3/2017	PacificComp
63805	8/14/14 - 8/3/16	12/19/2017	$ 15,550.00	4 Initials, Initial acup, 57 PR-2's, F.C.E., 18 f/u acups, Diagn study (EMG/NCV), 3 f/u phys txs & 2 P&S	$ 15,550.00	10039711	12/14/2017	Packard Claims
66945	6/5/15 - 12/22/15	4/24/2018	$ 3,000.00	Initial, Initial chiro tx., Initial acup., 2 F.C.E.'s 4 PR-2's, 5 f/u chiro txs., 3 f/u acups, P&S & Lien fil fee	$ 3,000.00	5002202595	4/18/2018	Preferred Employers
70798	3/22/17 - 8/21/17	9/19/2017	$ 563.00	Depo prep, depo review & Board appear (WCAB LBO)	$ 563.00	47361219	9/12/2017	Sentry
63465	7/28/14 - 6/13/16	6/11/2018	$ 1,050.00	5 PR-2's & Lien Fil Fee	$ 1,050.00	896D91044849	6/6/2018	Travelers
63660	8/1/14 - 2/3/16	4/24/2018	$ 1,731.97	Initial, F.C.E., 6 PR-2'S, Lien fil fee & P&I's	$ 1,731.97	896D90848725	4/20/2018	Travelers

2018 Market Rate Summary Graph
(per 8 CCR, Article 5.7)
Misc. Market Rate payments recieved within June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Billed Amt	Tpye of svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
61799	4/2/14 - 1/21/16	3/20/2018	$ 1,020.00	2 PR-2, 2 f/u acups, F.C.E. & Lien fil fee	$ 1,020.00	896D90697026	3/16/2018	Travelers
68812	3/1/16 - 4/19/16	3/20/2008	$ 800.00	Initial, Initial acup., F.C.E. & PR-2	$ 800.00	896D90697027	3/16/2018	Travelers
63065	6/13/14 - 11/10/14	2/6/2018	$ 1,100.00	Initial, F.C.E., 3 PR-2'S & Lien fil fee	$ 1,100.00	891A89025649	2/2/2018	Travelers
71255	2/2/17 - 9/7/17	9/25/2017	$ 1,310.00	Initial & 6 PR-2's	$ 1,310.00	891A88671038	9/19/2017	Travelers
71557	3/29/17 - 7/31/17	5/1/2018	$ 3,360.00	Initial, Initial acup., 16 f/u chiro tx's, 2 PR-2's, 4 f/u acups, final acup. & Lien fil fee	$ 3,360.00	CU-389068	4/26/2018	S.C.I.F.
56314	10/29/12 - 12/30/13	5/21/2018	$ 3,100.00	3 Initials, 4 f/u PR-2's, 5 f/u acups., P&S & Lien fil fee	$ 3,100.00	CP-013103	5/18/2018	S.C.I.F.
53007	5/3/12 - 1/24/13	6/18/2018	$ 990.00	2 Surgeries (1st 5hrs & 2nd 6hrs)	$ 990.00	CU-394801	6/12/2018	S.C.I.F.

2018 Market Rate Summary Graph
(per 8 CCR, Article 5.7)
Misc. Market Rate payments recieved within June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Billed Amt	Tpye of svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
68331	1/21/16 - 1/26/16	10/12/2017	$ 1,012.00	Pre-Op (3hrs), Admission & Surgery (6hr 15min)	$ 1,012.50	CA-687676	10/5/2017	S.C.I.F.
69811	6/15/16 - 07/29/16	10/11/2017	$ 500.00	Initial, Iniital Chiro & PR-2	$ 500.00	CP-989708	10/6/2017	S.C.I.F.
68258	1/5/16 - 10/13/16	9/27/2017	$ 2,000.00	Initial, 9 PR-2's & F.C.E. Test	$ 2,000.00	CS-647982	9/25/2017	S.C.I.F.
66977	6/4/15 - 4/17/18	5/17/2018	$ 1,402.50	2 Initial's, Initial (3hrs 38min) & 3 PR-2's	$ 1,402.50	90229786	5/14/2018	Sedgwick
69006	5/11/16 - 3/14/18	4/24/2018	$ 2,180.00	7 PR-2's, Initial, 3 f/u acup's & lien file fee	$ 2,180.00	1101605158	4/18/2018	Zurich
69228	4/5/16 - 10/12/17	11/13/2017	$ 11,530.00	Initial, Initial acup., 17 PR-2's, 44 f/u acup, Initial Phys., 6 f/u chiro tx's & 16 phys tx's	$ 11,530.00	1101433446	11/8/2017	Zurich

2018 Market Rate Summary Graph
(per 8 CCR, Article 5.7)
Misc. Market Rate payments recieved within June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Billed Amt	Tpye of svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
60023	10/2/13 - 4/29/15	9/8/2017	$ 1,330.00	Initial, 4 PR-2's, EMG Testing & P&S	$ 1,330.00	00145425	9/5/2017	Amtrust (Sequoia Insurance)
69880	6/29/16 - 12/18/17	3/13/2018	$ 650.03	Admission, Surgery (4hrs) & P&I	$ 650.03	1101563289	3/9/2018	Zurich
51299	1/23/12 - 5/10/18	6/5/2018	$ 566.18	MRI, Epidural (3hr 10min) & P&I	$ 566.18	1101647546	5/30/2018	Zurich
69712	1/22/16 - 10/4/17	4/2/2018	$ 1,390.00	Initial, Initial acup., f/u chiro tx., FCE Test, 2 PR-2's, f/u acup. & Lien file fee	$ 1,390.00	CU-385906	3/29/2018	SCIF
65042	11/12/14 - 12/21/16	9/5/2017	$ 2,850.00	Initial, Initial acup., 2 FCE Test, 3 f/u chiro tx's, 5 PR-2's, 3 f/u acup tx's, P&S & Lien file fee	$ 2,850.00	CS-646122	9/1/2017	SCIF

2018 Market Rate Summary Graph
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Misc. Market Rate payments recieved within June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Billed Amt	Tpye of svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
65665	3/12/15 - 4/12/16	10/5/2017	$ 4,120.00	2 Initial's, 18 PR-2's, f/u chiro tx, EMG/NCV & Lien file fee	$ 4,120.00	127927137 0	9/28/2017	The Hartford
69557	5/4/16 - 11/16/16	6/25/2018	$ 1,640.00	Initial, 4 PR-2's, 2 f/u chiro tx's, 2 f/u acup's & Lien file fee	$ 1,640.00	2213288	6/15/2018	ICW
68558	2/10/16 - 12/22/16	5/1/2018	$ 2,690.00	12 PR-2's, L.I.N.T., P&S & Lien file fee	$ 2,690.00	2143919	4/23/2018	ICW
69993	7/14/16 - 11/15/17	12/29/2017	$ 180.00	PR-2	$ 180.00	1987337	12/19/2017	ICW

2018 Market Rate Summary Graph
(per 8 CCR, Article 5.7)
Misc. Market Rate payments recieved within June 2017 - June 2018

Invoice	Service Date(s)	Invoice Date	Billed Amt	Tpye of svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
69993	7/14/16 - 12/19/17	1/29/2018	$ 180.00	P&S	$ 230.00	2024185	1/18/2018	ICW
72739	8/20/2014	8/20/2014	$ 485.00	Board appear (ANA) Vietnamese	$ 485.00	1127448	10/25/2017	Sedgwick

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

*** INVOICE ***
Date NO#
05/22/18 73909

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
494ZC442474X

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

Case: vs VALLEY CREST TREE
Date Of Injury: 1/30/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/16/15	INITIAL EXAM	DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 50009	0.00
08/30/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/23/17	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/18/18	PMT BY CHECK	DOS 4/16/15-10/23/17* # DA79772426 ACE	-543.00

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 05/18/18
CHECK NO. **DA79772426**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company

CHUBB

5900A11DA 00 00300 DA79772426

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

FILE ID: 494C442474X
DOLLARS: $********543.00

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201504091435234682517 9

FOR
04/16/15 THRU 10/23/17 #73909 66181
CLAIMANT

DATE OF EVENT
01/30/15

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

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 05/18/18

DA79772426

ID
494C442474X

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

CWA1179518000012030 1

Pay ****FIVE HUNDRED FORTY THREE DOLLARS AND 00 CENTS****

$********543.00

Y TO JOYCE ALTMAN INTERPRETERS INC
E PO BOX 4165
DER TUSTIN CA 92781-4165

R
4/16/15 THRU 10/23/17 #73909

CLAIM OFFICE
WOODLAND HILLS WC

CHUBB

AUTHORIZED SIGNATURE

ICYHOLDER
RICKMAN GROUP LTD. LLC

CLAIMANT

DATE OF EVENT
01/30/15

Bank of America

BS-1GS-11

⑈6179772426⑈ ⑆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#
09/14/17 59978

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
08013882

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

Case: vs BEAUMONT JUICES
Date Of Injury: CT 3/1/08-6/27/13

DOS	SERVICE	DESCRIPTION	AMOUNT
09/30/13	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/02/13	PT PR-2	PHYS THERAPY W/DR WILLIAMS @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
01/06/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
01/22/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/04/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
01/27/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
10/14/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR RINK @ ACS* FINAL	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/30/16	LIEN FIL FEE	LIEN FILING FEE	150.00
09/11/17	PMT BY CHECK	DOS 9/30/13-10/14/14* # 391908 AMERICAN CL	-1260.00

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#
09/14/17 59978

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
08013882

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

Case: vs BEAUMONT JUICES
Date Of Injury: CT 3/1/08-6/27/13

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.

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

VOID VOID VOID

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

CHECK NO. 391908

DATE
09/11/2017

$**********1,260.00

California Workers' Compensation Payment

Pay One Thousand Two Hundred Sixty Dollars And 00/100

TO THE ORDER OF

VOID VOID

VOID AFTER 90 DAYS

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

VOID

⑈0000391908⑈ ⑆122235821⑆ 153495464635⑈

Payee: Joyce Altman Interpreters Inc

IRS/SSN: XX-XXX6713

Check Number: 391908

Check Date: 09/11/2017

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
08013882		06/27/2013	Lien Payment - Medical	09/30/2013	10/14/2014	09/07/2017	59978	1,260.00

SEP 14 2017

F-F-
NDJ OK

Joyce Altman Interpreters, 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	71417

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
16012805

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

Case: vs AMERICAN APPAREL USA LLC
Date Of Injury: 1/16/16 - 1/16/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/13/17	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/20/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
03/27/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/03/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/10/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/17/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/19/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/24/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/01/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/08/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/15/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
05/17/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/22/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/24/17	PR2/REEVAL	DR ROSTAMI @ EPC*	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#
08/31/17	71417

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
16012805

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

Case: vs AMERICAN APPAREL USA LLC
Date Of Injury: 1/16/16 - 1/16/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/05/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/07/17	PT INITIAL	PHYSICAL TX W/DR CHRISTIAN MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/20/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
07/24/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/17/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/31/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/04/17	INITIAL EXAM	DR ALLEN MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/09/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/21/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/24/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/25/17	PMT BY CHECK	DOS 3/2/17* # 45522	-3790.00

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#
08/31/17 71417

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
16012805

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

Case: vs AMERICAN APPAREL USA LLC
Date Of Injury: 1/16/16 - 1/16/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 770.00

* 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 Bank of Commerce

11-24/175
1210(8)

CHECK NO: 45522

American Apparel

DATE: 8/25/2017

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

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT
*******$3,790.00

CLAIMANT:
CLAIM NO: 16012805
PAY *Three Thousand Seven Hundred And Ninety 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

⑈0004552 2⑈ ⑆121144696⑆ 1060904⑈

MR

Provider Bill Detail

Payer: American Apparel
Provider Patient Account #: 71417

Check Number: 45522
Check Date: 8/25/2017

Claim Number: 16012805
Claimant Name:
SSN:)
Date of Birth:
State of Jurisdiction: California

Date Received: 8/7/2017
Date Reviewed: 8/16/2017
Date of Injury: 7/13/2016
Document Number: 71417
Employer: American Apparel

Examiner: mflores
Bill Type:
Pay Code: 10392
From: 3/2/2017
Through: 7/31/2017

ICD9 Codes:

Date	Code	Mod	Description	Qty	Billed	BR Red	PPO Red	Other	Allowed	Reason
3/2/2017	99199	00 00 00	UNLISTED SPECIAL SERV/REPORT	1.00	3,790.00	0.00	0.00	0.00	3790.00	G1
			Totals:		3790.00	0.00	0.00	0.00	3790.00	

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:

AUG 29 201

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

*** INVOICE ***
Date NO#
07/03/18 71360

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
33077023

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

Case: vs GOLDEN STATE ENGINNERING
Date Of Injury: 2/12/16

DOS	SERVICE	DESCRIPTION	AMOUNT
02/28/17	SURGERY	DR KEVIN PELTON: RT SHOULDER @ MONROVIA HOSPITAL	855.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693 (9 HRS 30 MIN)	0.00
06/29/18	PMT BY CHECK	DOS 2/28/17* # 0892547	-855.00

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 **

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 06/29/2018
Check Number : 0892547
Check Amount : $855.00

BA4724

MR

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

n6n5a
00065

PAID
JUL 03 2018
BY: .....

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33077023		02/12/2016	71360	Interpreter Fees -	02/28/2017	02/28/2017	$855.00

05-06
4014

Joyce Altman Interpreters, 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 71589

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
44021040

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

Case: _____ vs QUALITY CONSERVATION SERVICES
Date Of Injury: 2/4/16

DOS	SERVICE	DESCRIPTION	AMOUNT
04/06/17	PRE-OP	DR JARCHI @ MONROVIA HOSP*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/25/17	SURGERY	DR KEVIN PELTON: LT KNEE @ MONROVIA HOSP (4hrs)	360.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/09/17	SURGERY	DR PELTON: LT KNEE @ MONROVIA HOSP (4 HRS 5 MIN)	360.00
/ /	-		0.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/05/17	PMT BY CHECK	DOS 4/6/17-5/9/17* =# 2286406	-900.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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.

Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 07/05/2017
Check Number : 2286406
Check Amount : $900.00

5E632S

oz 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

zhi5a
00122

PAID
JUL 07 2017
BY: .....

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
44021040		02/04/2016	71589	Interpreter Fees -	05/09/2017	05/09/2017	$360.00
44021040		02/04/2016	71589	Interpreter Fees -	04/06/2017	04/06/2017	$180.00
44021040		02/04/2016	71589	Interpreter Fees -	04/25/2017	04/25/2017	$360.00

122-122
1014

Joyce Altman Interpreters, 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 63477

EAMS#(s):ADJ
ADJ
SS # :
DOB :
Terms: 60 days
Claim #(s):
187973423

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

Case: vs CHIPOTLE MEXICAN GRILL
Date Of Injury: 7/6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/29/14	INITIAL EXAM	-DR JOHNSON /TRUJILLO @ SIDHU	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/06/14	INITIAL EXAM	W/ ACUPUNCT HUANG & PHYS TX INITIAL W/ HA*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/08/14	PR2-RE/EVAL	W/ACUPUNCTURIST P. HUANG*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/11/14	PR2-RE/EVAL	W/ACUPUNCT HUANG & PHYS TX PR2 W/ HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/18/14	PR2-RE/EVAL	W/ACUPUNCTURIST HUANG & F/U PHYS TX W/DR HA*	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
08/22/14	PR2-RE/EVAL	W/ACUPUNCT HUANG @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/15/14	PR2-RE/EVAL	W/ACUPUNCT HUANG @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/27/14	PR2-RE/EVAL	W/ACUPUNCTURIST P. HUANG & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/03/14	PR2-RE/EVAL	W/ACUPUNCT HUANG @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/17/14	PR2-RE/EVAL	W/ACUPUNCT P. HUANG*	180.00
/ /	INTERPRETER:	MARIA BABOSA # 500267	0.00
10/01/14	PR2-RE/EVAL	W/ACUPUNCT J. BERTOLINO @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/03/14	PR2-RE/EVAL	W/ACUPUNCT J. BERTOLINO @	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#
05/03/18 63477

EAMS#(s):ADJ
ADJ
SS # :
DOB :
Terms: 60 days
Claim #(s):
187973423

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

Case: vs CHIPOTLE MEXICAN GRILL
Date Of Injury: 7/6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
		SIDHU CHIRO*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/08/14	PR2-RE/EVAL	W/ACUPUNCT J. BERTOLINO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/10/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINO*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
10/23/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ SIDHU CHIRO* INITL	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/13/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/17/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/27/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/03/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/07/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/10/14	PR2/REEVAL	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/03/15	PR2/REEVAL	DR JOHNSON/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/17/14	FOLLOW-UP	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/19/14	FOLLOW-UP	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/20/14	PR2/REEVAL	-DR JOHNSON/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/16/15	FOLLOW-UP	W/ ACUPUNCT M. CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

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

*** INVOICE ***

Date	NO#
05/03/18	63477

EAMS#(s):ADJ
ADJ
SS # :
DOB :
Terms: 60 days
Claim #(s):
187973423

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

Case: vs CHIPOTLE MEXICAN GRILL
Date Of Injury: 7/6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/21/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ SIDHU W/DR SADEGHI*	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267 (FINAL)	0.00
12/02/14	PR2/REEVAL	DR JOHNSON/FRANKE P.A. @ SIDHU*	180.00
/ /	INTERPRETER:	CARLOS CARRANZA # 300849	0.00
04/15/15	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/10/14	FOLLOW-UP	W/ ACUPUNCT BERTOLINO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/15/14	FOLLOW-UP	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/06/15	PR2/REEVAL	DR JOHNSON/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/05/15	PR2/REEVAL	DR JOHNSON/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/11/15	FOLLOW-UP	W/ ACUPUNCT M. CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/02/15	FOLLOW-UP	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/03/15	PR2/REEVAL	DR JOHNSON/ FRANKE P.A. @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/16/15	PR2/REEVAL	DR JOHNSON/P.A. FRANKE @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/23/15	PR2/REEVAL	DR JOHNSON/FRANKE P.A 2 SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/15/15	PR2/REEVAL	DR GOUBRAN/WILDER @ SIDHU*	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#
05/03/18	63477

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
187973423

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

Case: vs CHIPOTLE MEXICAN GRILL
Date Of Injury: 7/6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/10/15	PR2/REEVAL	DR GOUBRAN/TRUJILLO, P.A.*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/17/16	PR2/REEVAL	DR MIRZABEIGI/GOUBRAN @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/03/16	PR2/REEVAL	DR GOUBRAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/14/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/16/16	PR2/REEVAL	DR GOUBRAN @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/15/16	PR2/REEVAL	DR GOUBRAN/FRANKE, P.A. @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
10/13/16	PR2/REEVAL	DR GOUBRAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/03/16	P AND S	DR GOUBRAN @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/02/16	PMT BY CHECK	DOS 9/15/16-10/13/16* =# FE59867780	-180.00
08/03/17	LIEN FIL FEE	LIEN FILING FEE	150.00
09/05/17	PENALTIES	FOR DATE OF SERVICE 07/29/14	34.50
04/24/18	INTEREST	FOR DATE OF SERVICE 07/29/14	90.87
09/05/17	PENALTIES	FOR DATE OF SERVICE 08/06/14	34.50
04/24/18	INTEREST	FOR DATE OF SERVICE 08/06/14	90.87
10/31/17	PENALTIES	FOR DATE OF SERVICE 11/03/16	34.50
04/24/18	INTEREST	FOR DATE OF SERVICE 11/03/16	36.96
04/30/18	PMT BY CHECK	DOS 7/29/14-11/3/16* # 5650851393	-8700.00
05/03/18	BLCE OFF SET	BALANCE OFF SET	-322.20

Joyce Altman Interpreters, 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	63477

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
187973423

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

Case: vs CHIPOTLE MEXICAN GRILL
Date Of Injury: 7/6/14

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

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	04/30/2018
Check Amount	:	$8700.00
Check Number	:	5650851393

JOYCE ALTMAN INTERPETING
P.O. 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
187973423-001	07/06/2014 $8700.00		
BP WC Brea Professional Service	$8700.00	Adriana X. Garcia FULL & FINAL	714-989-4903 07/29/2014-11/03/2016

PAID
MAY 03 2018

Please Fold on Perforation Before Tearing

VOID VOID VOID

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

ON BEHALF OF: SAFETY NATIONAL
INSURER: SAFETY NATIONAL CASU. CORP

Check Date : 04/30/2018

PAY TO THE ORDER OF: JOYCE ALTMAN INTERPETING

Amount: *** Eight Thousand Seven Hundred and 00/100 Dollars ***

Claim #: 187973423-001

Claim Check Number
5650851393
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
******* $8700.00*

JOYCE ALTMAN INTERPETING
P.O. BOX 4165
TUSTIN CA 92781-4165

By

⑈5650851393⑈ ⑆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#
06/19/18	62526

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
177-0061748

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

Case: vs ROYALTY CARPET
Date Of Injury: 12/5/06

DOS	SERVICE	DESCRIPTION	AMOUNT
05/28/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
06/23/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
11/17/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
03/20/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
05/15/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
10/27/16	LIEN FIL FEE	LIEN FILING FEE	150.00
06/14/18	PMT BY CHECK	DOS 5/28/14-10/27/16* # 6750073263	-1050.00

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 **

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	06/14/2018
Check Amount	:	$1050.00
Check Number	:	6750073263

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

62526

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
177061748-001 01	09/05/2006 $1050.00		
BP WC Brea		Tobetria M. Strong	916-850-8250
All Other WC Medical	$1050.00		
Translation services (Med appt's)			05/28/2014-10/27/2016

PAID
JUN 19 2018
BY: .....

Please Fold on Perforation Before Tearing

VOID VOID VOID

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

Claim Check Number
6750073263
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

ON BEHALF OF: ZURICH INS GRP
INSURER: ZURICH AMERICAN INSURANCE COMPANY

Check Date : 06/14/2018

Amount
******* $1050.00*

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Amount
*** One Thousand Fifty and 00/100 Dollars **********

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

By

Claim #: 177061748-001 01

⑈6750073263⑈ ⑆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#
06/28/18 59056

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
710880686

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

Case: vs FOOTHILL CARE CENTER
Date Of Injury: 4/29/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/07/13	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/12/13	INITIAL EXAM	W/ ACUPUNCTURIST J PARK @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/14/13	PT PR-2	PHYSICAL THERAPY W/DR CALHOUN & HERRERA*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/19/13	PR2-RE/EVAL	W/ACUPUNCTURIST J PARK @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/20/13	PT PR-2	PHYSICAL THERAPY W/ J HERRERA @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/26/13	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/27/13	PT PR-2	PHYSICAL THERAPY W/ ALEX PAZ @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/10/13	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/12/13	PT PR-2	PHYSICAL THERAPY W/DR HERRERA @ ACS*	90.00
/ /	INTERPRETER:	LESLIE RIVERA MELTON # 500259	0.00
08/07/13	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/22/18	PMT BY CHECK	DOS 6/7/13-8/7/13* =# 33086976	-1460.00

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#
06/28/18	59056

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
710880686

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

Case: vs FOOTHILL CARE CENTER
Date Of Injury: 4/29/13

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/ 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 **

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

201806220139

Electronic Service Requested

ENV 13252 1 OF 3 F

ALL FOR AADC 926
13252 0.7648 AB 0.405
JOYCE ALTMAN INTERPRETERS INC 108
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 33086976
RFP No.: 618289
Check Date: 06/22/2018
Check Amount: 1,460.00
Insured: UNIIFIED CARE SERVICES

Claimant:

Claim Office: 710
Insuring Company: NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH
Payee Name: JOYCE ALTMAN INTERPRETERS

59056

PAID
JUN 28 2018

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909320	00880686	001	04/29/2013	MED	C	1,460.00
					Total Amount	1,460.00

Reason for Payment
ORG: 1460.00 ACT: 59056 060713-080713

Use File # 710/00880686 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.: 00880686 Policy No.: 000009909320
Reason for Payment: ORG: 1460.00 ACT: 59056 060713-080713

CHECK No. 33086976
RFP No. 00618289
DATE 06/22/2018

***********One Thousand Four Hundred Sixty Dollars*****

AMOUNT PAID
**********$1,460.00**

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

⑈33086976⑈ ⑆021309379⑆ 7864205394⑈

EXPLANATION OF BILL REVIEW

AIG

AIG CLAIMS, INC.
P.O. BOX 25978
SHAWNEE MISSION KS 66225

Invoice #: 1816301053
Control #: 06181650113700

ENV 13252 2 OF 3 F

ALL FOR AADC 926
13252 0.7648 AB 0.405

JOYCE ALTMAN INTERPRETERS INC 108
PO BOX 4165
TUSTIN, CA 92781-4165

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

Tax ID: 330956713
State License #:
NPI #: 9999999999

Rendering Provider:

Tax ID/NPI #:

Claim #: 7108806860000
Claimant:
Date of Injury: 04/29/2013
Claimant SSN:

State Claim #:
Patient Acct #: 59056
Service Dates: 06/07/2013-08/07/2013

Policy #: 000009909320
Employer: UNIIFIED CARE SERVICES
Insurer: N U F I CO OF PITTSBURGH PA

Date Received: 06/06/2018
Date Reviewed: 06/14/2018
Date Processed: 06/21/2018

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
06/07/2013	T1013	T1013	8.00	150.00	150.00	0.00	150.00	
06/12/2013	T1013	T1013	8.00	230.00	230.00	0.00	230.00	
06/14/2013	T1013	T1013	8.00	90.00	90.00	0.00	90.00	
06/19/2013	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
06/20/2013	T1013	T1013	8.00	90.00	90.00	0.00	90.00	
06/26/2013	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
06/27/2013	T1013	T1013	8.00	90.00	90.00	0.00	90.00	
07/10/2013	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
07/12/2013	T1013	T1013	8.00	90.00	90.00	0.00	90.00	
08/07/2013	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
			Totals	1,460.00	1,460.00	0.00	1,460.00	

Diagnosis:
9599 UNSPECIFIED SITE INJURY

* -In accordance with section 9789.12.2(a) of the California Official Medical Fee Schedule, reimbursement is based on the non-facility site of service calculation. (PNFC)
* -California is a jurisdictional state. This review has been conducted based on the Official Medical Fee Schedule (OMFS) or other criteria that apply to your bill within California jurisdiction. (Z005)
* -California Labor Code Section 4600.2 allows a carrier to enter into a contractual agreement with a pharmacy network . AIG and AIG Claims, Inc. have entered into a contractual agreement with TMESYS a Pharmacy Benefit Network. As of March 1, 2011 all pharmacy transactions should be processed through TMESYS. For questions regarding how to process transactions through TMESYS please call 1-800-682-4491. (Z356)
* -Request for Second Review. After an EOR is received on an original bill submission, a healthcare provider, healthcare 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 the service of the explanation or review. The Request for Second Review must conform to the requirements of the Division of Workers' Compensation Medical Billing Guide, and regulations at title 8. California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent, assignee does not request a second review within 90 days of the service of the explanation of review, the bill

If you have questions about this review please call AIG at: 877-802-5246

CONTINUED

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

*** INVOICE ***
Date NO#
09/28/17 66203

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
710965383

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

Case: vs GNS MANAGEMENT INC
Date Of Injury: 3/24/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/25/15	INITIAL EXAM	DR BERNSTEIN @ COAST PAIN MGMT* (CPM) AMENDED	230.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
04/23/15	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
05/28/15	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
06/29/15	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
07/28/15	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
09/02/15	PR2/REEVAL	DR BERNSTEIN/RAPHAEL, P.A. @ CPM (2H 10M)	202.50
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
10/08/15	PR2/REEVAL	DR ROSARIO/RAPHAEL, PA @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
11/09/15	PR2/REEVAL	DR ROSARIO/RAPHAEL, PA @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/11/15	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
01/15/16	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
02/16/16	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
03/29/16	PR2/REEVAL	DR BERNSTEIN @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
04/29/16	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
08/28/17	LIEN FIL FEE	LIEN FILING FEE	150.00
09/22/17	PMT BY CHECK	DOS 3/25/15-4/29/16* # 32376193	-2412.50

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#
09/28/17	66203

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
710965383

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

Case: vs GNS MANAGEMENT INC
Date Of Injury: 3/24/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/28/17	BLCE OFF SET	BALANCE OFF SET	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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

Electronic Service Requested

4 OF 4 F

ENV 12406

ALL FOR AADC 926
12406 0.9028 AB 0.400

JOYCE ALTMAN INTERPRETERS INC 74
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 32376193
RFP No.: 435235
Check Date: 09/22/2017
Check Amount: 2,412.50
Insured: GNS MANAGEMENT SD

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
000011413160	00965383	001	03/24/2014	MED	C	2,412.50
					Total Amount	2,412.50

Reason for Payment
032515-042916

Use File # 710/00965383 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: 00965383 Policy No.: 000011413160
Reason for Payment 032515-042916

CHECK No. 32376193
RFP No. 00435235
DATE 09/22/2017

**********Two Thousand Four Hundred Twelve & 50/100 Dollars*****

AMOUNT PAID
*******$2,412.50

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

⑈32376193⑈ ⑆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#
08/09/17	71542

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
1318171

BILL TO:
CHURCH MUTUAL INS. (WINSCON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 342
MERRILL, WI 54452

Case: vs SHALOM INSTITUTE
Date Of Injury: 4/30/15 - 4/30/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/16/17	INITIAL EXAM	DR GALAL GOUBRAN/ANDREW MILES @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/28/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/01/17	FOLLOW-UP ,	W/ ACUPUNCT CHOI, INITIAL CHIRO & PHYS THERAPY	180.00
/ /	-	W/DR CHRISTINE HA @ SIHDU*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/18/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/15/17	PR2/REEVAL	DR GOUBRAN/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/21/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/05/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/02/17	PMT BY CHECK	DOS 3/16/17-6/15/17* # 3580372	-1720.00

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#
08/09/17	71542

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
1318171

BILL TO:
CHURCH MUTUAL INS. (WINSCON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 342
MERRILL, WI 54452

Case: vs SHALOM INSTITUTE
Date Of Injury: 4/30/15 - 4/30/16

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 720.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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.

MR

Church Mutual INSURANCE COMPANY

3000 Schuster Lane
P.O. Box 342
Merrill, Wisconsin
54452-0342

VOID

Claim Check No. 3580372

79-7142
2915

Associated Bank
www.associatedbank.com

DATE	AMOUNT
08/02/17	$*******1,720.00

VOID AFTER 180 DAYS

Pay Exactly
One Thousand Seven Hundred Twenty Dollars and 00/100 Cents

Pay to the Order of
JOYCE ALTMAN INTERPRETERS INC

Richard U. Paini
AUTHORIZED SIGNATURE

⑈3580372⑈ ⑆291571429⑆ 2173 325 412⑈

Detach before depositing - Please cash within 30 days

Account/Policy No.:
Claim No.: 1318171
Date of Loss: 04/30/15

Date of Check: 08/02/17
Check No.: 3580372

Insured:

Claimant:
Description of Loss:

Church Mutual INSURANCE COMPANY
3000 Schuster Lane
P.O. Box 342
Merrill, Wisconsin
54452-0342

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

FILED
AUG 07 2017

The above check reflects payment for the following:

Payment: $1,720.00

Patient No.: 71542
Service Dates: 03/16/17 To 06/15/17

MEDICAL - ONLY
Miscellaneous

For questions concerning your claim, please call 1-800-554-2642. Select option 2 and enter my extension number; Michelle E. Erickson, Ext. 4175.

EOB

Control No: 3929369

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#
07/06/18 69799

EAMS#(s)

SS # : XXX-XX
DOB
Terms: 60 days
Claim #(s):
E2D52427

BILL TO:
CNA CLAIM PLUS (CHICAGO)
W. C. DEPARTMENT
ATTN: JANET REYES
P.O. BOX # 8317
CHICAGO, IL 60680

Case: vs MILLEFLEUR A FLORAL DESIGN
Date Of Injury: CT: 1/1/12-5/19/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/13/16	INITIAL EXAM	DR ERIC GOFNUNG @ GOFNUNG-CHIRO*	230.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
06/20/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
06/27/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
07/01/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG* @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/06/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/08/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
07/11/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG* @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/12/16	INITIAL EXAM	DR ALLEN MASSIHI @ GOFNUNG*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/18/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
07/29/16	INITIAL ACUP	W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/01/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/04/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
08/05/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	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#
07/06/18 69799

EAMS#(s):A

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
E2D52427

BILL TO:
CNA CLAIM PLUS (CHICAGO)
W. C. DEPARTMENT
ATTN: JANET REYES
P.O. BOX # 8317
CHICAGO, IL 60680

Case: vs MILLEFLEUR A FLORAL DESIGN
Date Of Injury: CT: 1/1/12-5/19/16

DOS	SERVICE	DESCRIPTION	AMOUNT
			180.00
		-DR GOFNUNG @ GOFNUNG CHIRO*	0.00
08/17/16	PR2/REEVAL	IRIS J. GALVEZ # 100727	180.00
/ /	INTERPRETER:	-DR KRAVCHENKO @ GOFNUNG*	0.00
09/21/16	PR2/REEVAL	IRIS JANET GALVEZ # 100727	180.00
/ /	INTERPRETER:	W/ ACUPUNCT FEDER @ GOFNUNG*	0.00
09/23/16	FOLLOW-UP	MARIA E. SALINAS # 100942	90.00
/ /	INTERPRETER:	-CHIRO TX W/DR KRAVCHENKO*	0.00
09/28/16	F/U CHIRO TX	IRIS J. GALVEZ # 100727	90.00
/ /	INTERPRETER:	-CHIRO TX W/DR KRAVCHENKO @	
10/05/16	F/U CHIRO TX	GOFNUNG CHIRO*	0.00
		IRIS JANET GALVEZ # 100727	90.00
/ /	INTERPRETER:	-CHIRO TX W/DR KARVCHENKO*	0.00
10/19/16	F/U CHIRO TX	IRIS J. GALVEZ # 100727	180.00
/ /	INTERPRETER:	-DR KRAVCHENKO @ GOFNUNG*	0.00
10/26/16	PR2/REEVAL	IRIS JANET GALVEZ # 100727	90.00
/ /	INTERPRETER:	-CHIRO TX W/DR KRAVCHENKO @	
11/02/16	F/U CHIRO TX	GOFNUNG CHIRO*	0.00
		IRIS JANET GALVEZ # 100727	90.00
/ /	INTERPRETER:	-CHIRO TX W/DR GOFNUNG @	
11/09/16	F/U CHIRO TX	GOFNUNG CHIRO*	0.00
		IRIS JANET GALVEZ # 100727	180.00
/ /	INTERPRETER:	-DR KRAVCHENKO @ GOFNUNG*	0.00
12/07/16	PR2/REEVAL	IRIS J. GALVEZ # 100727	230.00
/ /	INTERPRETER:	-DR KRAVCHENKO @ GOFNUNG*	0.00
01/18/17	P AND S	IRIS JANET GALVEZ # 100727	90.00
/ /	INTERPRETER:	-CHIRO TX W/DR ERIC GOFNUNG*	0.00
04/10/17	F/U CHIRO TX	MARIA SALINAS # 100942	150.00
/ /	INTERPRETER:	LIEN FILING FEE	-3530.00
03/06/18	LIEN FIL FEE	DOS 6/13/16-4/10/17*	
06/26/18	PMT BY CHECK	# 106334193	

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

*** INVOICE ***

Date	NO#
07/06/18	69799

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E2D52427

BILL TO:
CNA CLAIM PLUS (CHICAGO)
W. C. DEPARTMENT
ATTN: JANET REYES
P.O. BOX # 8317
CHICAGO, IL 60680

Case: vs MILLEFLEUR A FLORAL DESIGN
Date Of Injury: CT: 1/1/12-5/19/16

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 150.00

* 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 **

CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

001709

JOYCE ALTMAN INTERPRETERS INC

PO BOX # 4165
TUSTIN CA 92781-4165

RECEIVED
JUL 03 2018

MR

*** To expedite handling of your claim, please include our claim number on all future correspondence to us.**

Claim Number * E2 D52427JP

Insured/Client	Claimant	ATT
MILLEFLEUR		06/26/18

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
05/09/16		06/13/16-04/10/17	MED	21		MI	$3,530.00
							$3,530.00

Reason
INV#69799 02/23/2018

To ensure timely delivery of your check, please verify that the address on this check is complete and correct. If not, please notify your claims representative with the correct information. Thank you.

ACCIWF 02.28.13

PLEASE DETACH BEFORE CASHING

CNA
Continental Casualty Company
Chicago, IL 60604

UNDERWRITTEN BY:
VALLEY FORGE INSURANCE COMPANY

106334193
Date Issued
06/26/18

66-156
531
Bank Acct.
4759628092

VOID IF PURPLE BACKGROUND IS ABSENT — **THIS DOCUMENT CONTAINS A WATERMARK - HOLD UP TO LIGHT TO VIEW**

Claim Number	Desk Code	Insured/Client	Issuing Off. No.
E2 D52427	JP	MILLEFLEUR	81
Prefix & Contract No.		**Claimant**	**Date of Loss**
WC -4031438626			05/09/16

From-thru (Dates) 06/13/16 In Payment of 04/10/17 INV#69799 02/23/2018

PAY THREE THOUSAND FIVE HUNDRED THIRTY AND NO/100THS ---------- Dollars

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

******$3,530.00

Wells Fargo Bank, N.A

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

⑈0106334193⑈ ⑆053101561⑆ 4759628092⑈

Joyce Altman Interpreters, 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	68768

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-15-004819

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SVC/HYDRO SYS
Date Of Injury: 10/5/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/01/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/02/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/05/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/08/16	FINAL ACUPT	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/24/16	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
04/15/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/28/16	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/03/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500358	0.00
05/07/16	PR2/REEVAL	DR LABUNSKY @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/16/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
06/16/16	P AND S	DR MASSIHI @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/20/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/28/16	SHOCK WAVE	THERAPY W/DR GOFNUNG @	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#
11/07/17 68768

EAMS#(s):
ADJ
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
BB-15-004819

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SVC/HYDRO SYS
Date Of Injury: 10/5/15

DOS	SERVICE	DESCRIPTION	AMOUNT
		GOFNUNG CHIRO*	
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
07/12/16	SHOCK WAVE	THERAPY W/DR GOFNUNG @ GOFNUNG CHIRO*	150.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
07/13/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/25/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
08/29/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/27/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
10/14/16	P AND S	DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/23/16	FCLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/22/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/29/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/01/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
12/06/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
12/14/16	FINAL ACUPT	W/ ACUPUNCT FEDER @ GOFNUNG*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/06/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/18/17	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#
11/07/17	68768

EAMS#(s):
AD[illegible]
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
BB-15-004819

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SVC/HYDRO SYS
Date Or Injury: 10/5/15

DOS	SERVICE	DESCRIPTION	AMOUNT
10/30/17	PMT BY CHECK	DOS 3/1/16-10/18/17* # 8290173	-4970.00

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.

CORVEL CORPORATION
BBSI - EC
PO BOX 279350
SACRAMENTO, CA 95827

CORVEL

bankcode=BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8290173	10/30/17

******$4,970.00

PAY EXACTLY: *Four thousand nine hundred seventy and 00/100 Dollars*

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

⑈0008290173⑈ ⑆121000248⑆ 4121 514012⑈

TACH HERE

DETACH HERE

CORVEL

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
BB-15-004819	10/05/2015		03/01/2016	10/18/2017	68768	******$4,970.00

WK

NOV 07 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#
08/18/17	71739

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
16-000000442

BILL TO:
FINISHLINE SELF INS.
W. C. DEPARTMENT
ATTN: FRANCISCO RUIZ
P.O. BOX 5876
GARDEN GROVE, CA 92846

Case: vs RICHARD BALTAS
Date Of Injury: 11/20/16

DOS	SERVICE	DESCRIPTION	AMOUNT
05/01/17	LEGAL_PREP	DEPO PREP @ L/O STOCKWELL HARRIS	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/23/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
08/16/17	PMT BY CHECK	DOS 5/1/17-5/23/17* # 515630	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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.

MR

Employer: Baltas Richard

Claimant/Employee:

Vendor Payee: Joyce Altman Interpreters Inc

From - To:5/1/2017-5/23/2017

Invoice No:Invoice #71739

Bill No:

Claim Number: 16-000000442

Incident Date: 11/20/2016

Check Number: 515630

Check Date: 8/16/2017

Check Total: 406.50

FINISH LINE SELF INSURANCE GROUP, INC. 515630

Ø

AUG 18 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#
08/04/17 71144

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
002221012712WC01

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

Case: vs RUBIO CONSTRUCTION SERVICES
Date Of Injury: 3/25/16

DOS	SERVICE	DESCRIPTION	AMOUNT
01/19/17	INITIAL EXAM	DR GOUBRAN/ANDREW MILES @ SIDHU (2HR 15MIN)	258.75
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
02/16/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
03/18/17	PR2/REEVAL	DR GOUBRAN/DAVE FRANKE, P.A. @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/20/17	PR2/REEVAL	DR GOUBRAN/FRANKE,PA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/18/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/22/17	PR2/REEVAL	DR GOUBRAN/TAYLOR @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/30/17	PMT BY CHECK	DOS 1/19/17-6/22/17* # 0138866057	-1158.75

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

002221 PAGE 1 OF 1 001223

MDG2009 00000606 1 MB .423 1

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

AUG 0 4 2017

GALLAGHER BASSETT SERVICES INC
FOR EVEREST NATIONAL INS CO

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

CLAIM NO.: 002221 012712 WC 01 (0192515101)
CLAIMANT:
DESCRIPTION: INV #: 71144

DATES OF SERVICE: 19Jan17 **THRU** 22Jun17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 502
ACC DATE: 25Mar16

NO.: 0138866057
VN: 0000708457
DATE: 30Jul17
AMOUNT: 1158.75

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0000606 000804 001 001

Joyce Altman Interpreters, 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 71525

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
000714056111WC-01

BILL TO:
GALLAGHER BASSETT/CHUBB SVCS
W. C. DEPARTMENT
ATTN: MATHEW JENSEN
P.O. BOX 2934
CLINTON, IA 52733

Case: vs JAMES H COWAN AND ASSOCIATES
Date Of Injury: 1/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/23/17	SURGERY	DR WILKER: RGHT KNEE @ MONROVIA HOSP (6HR)	540.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
06/28/17	PMT BY CHECK	DOS 3/23/17* 0138088325	-540.00

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 003438

MDG2009 00005000 1 MB .423 1

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

PAID
JUL 06 2017
BY: .....

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 056111 WC 01 (C24-CA-BBS)
CLAIMANT:
DESCRIPTION: INV #: 71525

DATES OF SERVICE: 23Mar17 **THRU** 23Mar17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 165
ACC DATE: 21Jan16

NO.: 0138088325
VN: 0001587374
DATE: 28Jun17
AMOUNT: 540.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005000 005689 001 001

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

*** INVOICE ***

Date	NO#
08/18/17	66148

EAMS#(s):

SS # : XXX-X
DOB :
Terms: 60 days
Claim #(s):
011260-042609-WC01

BILL TO:
GALLAGHER BASSETT (ORANGE)
W. C. DEPARTMENT
ATTN: KEVIN CARRHILL
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs CITISTAFF SOLUTIONS INC
Date Of Injury: 6/1/07 - 2/7/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/10/15	INITIAL EXAM	DR RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/14/15	F/U CHIRO TX	CHIRO TREATMENT @ AMERI W/DR SHARMA*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/16/15	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143 (INITIAL)	0.00
04/22/15	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR KHAN @ AMERI CHIRO*	150.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143 (INITIAL)	0.00
04/27/15	INITIAL ACUP	W/ ACUPUNCT ALEX LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/30/15	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA*	90.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/05/15	F/U CHIRO TX	CHIRO TREATMENT @ AMERI W/DR SHARMA*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/07/15	F/U CHIRO TX	CHIRO TREATMENT @ AMERI W/DR SHARMA*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/12/15	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
05/29/15	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/07/15	FOLLOW-UP	W/ ACUPUNCT ALEX LEE @ AMERI 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#
08/18/17 66148

EAMS#(s):

SS # : XXX-X
DOB :
Terms: 60 days
Claim #(s):
011260-042609-WC01

BILL TO:
GALLAGHER BASSETT (ORANGE)
W. C. DEPARTMENT
ATTN: KEVIN CARRHILL
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs CITISTAFF SOLUTIONS INC
Date Of Injury: 6/1/07 - 2/7/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/10/15	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/19/15	FOLLOW-UP	W/ ACUPUNCT A. LEE @ AMERI*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/21/15	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/25/15	PR2/REEVAL	DR RODRIGUEZ @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/06/15	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/16/15	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR KHAN @ AMERI* FINAL	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/19/15	FOLLOW-UP	W/ ACUPUNCT A. LEE @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/08/15	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/14/16	P AND S	DR RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/06/17	LIEN FIL FEE	LIEN FILING FEE	150.00
08/14/17	PMT BY CHECK	DOS 4/10/15-7/6/17* # 0139235861	-3300.00

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#
08/18/17	66148

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
011260-042609-WC01

BILL TO:
GALLAGHER BASSETT (ORANGE)
W. C. DEPARTMENT
ATTN: KEVIN CARRHILL
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs CITISTAFF SOLUTIONS INC
Date Of Injury: 6/1/07 - 2/7/15

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.

GB-SACRAMENTO EAST
P.O. BOX 2290
GOLD RIVER CA 95741-2290

011260 PAGE 1 OF 1 005202

MDG2009 00004904 1 MB .423 1

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

AUG 18 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 042609 WC 01 (4020150-04)
CLAIMANT:
DESCRIPTION: INV #: 66148

DATES OF SERVICE: 10Apr15 **THRU** 06Jul17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 07Feb15

NO.: 0139235861
VN: 0001459628
DATE: 14Aug17
AMOUNT: 3300.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004904 005600 001 001

Joyce Altman Interpreters, 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 69031

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
005485-006427-WC-01

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

Case: vs HCSG WEST LLC
Date Of Injury: 2/8/16; 4/14-3/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/18/16	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	LISBETH CALDERON PARRENO # 101080	0.00
04/22/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/19/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	ELIZABETH RODRIGUEZ # 101740	0.00
05/18/16	INITIAL ACUP	W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
05/24/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/31/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/26/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
06/02/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	ELIZABETH RODRIGUEZ # 101740	0.00
06/01/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/03/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/07/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/08/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/09/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG	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 69031

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
005485-006427-WC-01

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

Case: vs HCSG WEST LLC
Date Of Injury: 2/8/16; 4/14-3/16

DOS	SERVICE	DESCRIPTION	AMOUNT
		CHIRO*	
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
06/14/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG	180.00
		CHIRO* N. HOLLYWOOD	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/14/16	SHOCK WAVE	THERAPY W/DR ERIC GOFNUNG @	150.00
		GOFNUNG CHIRO* L.A.	
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/16/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	ELIZABETH RODRIGUEZ # 101740	0.00
06/21/16	SHOCK WAVE	THERAPY W/DR GOFNUNG*	150.00
		L.A.	
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/21/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
		N. HOLLYWOOD	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/22/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG	180.00
		CHIRO*	
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/23/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG	180.00
		CHIRO*	
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/28/16	SHOCK WAVE	THERAPY W/DR GOFNUNG @	150.00
		GOFNUNG* (L.A.)	
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
06/28/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
		(NORTH HOLLYWOOD)	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/29/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG	180.00
		CHIRO*	
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	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#
09/05/17 69031

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
005485-006427-WC-01

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

Case: vs HCSG WEST LLC
Date Of Injury: 2/8/16; 4/14-3/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/30/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
07/05/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/07/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
07/12/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/13/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/14/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/26/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/28/16	FOLLOW-UP	W/ ACUPUNCT GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
07/29/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/02/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/03/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/09/16	INITIAL ACUP	W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
08/10/16	FINAL ACUPT	W/ ACUPUNCT FEDER @ GOFNUNG*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/12/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/12/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	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 69031

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
005485-006427-WC-01

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

Case: vs HCSG WEST LLC
Date Of Injury: 2/8/16; 4/14-3/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/21/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/05/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
12/07/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/20/17	P AND S	DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/15/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/21/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/26/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/26/17	LIEN FIL FEE	LIEN FILING FEE	150.00
08/29/17	PMT BY CHECK	DOS 8/24/17* # 0139607856	-8260.00
09/05/17	BLCE OFF SET	BALANCE OFF SET	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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 255397
SACRAMENTO CA 95865-5397

005485 PAGE 1 OF 1 007385

MDG2009 00005233 1 MB .423 1

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

SEP 05 2017

GALLAGHER BASSETT SERVICES INC
FOR NEW HAMPSHIRE INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 916-929-7581
GB-SACRAMENTO WEST
P.O. BOX 255397
SACRAMENTO CA 95865-5397

69031

CLAIM NO.: 005485 006427 WC 01 (EISEN01) **BRANCH NO.:** 011 **NO.:** 0139607856

CLAIMANT: **ACC DATE:** 08Feb16 **VN:** 0000293626

DESCRIPTION: FULL & FINAL SATISFACTION FOR ALL DATES OF SERVICE-LIEN **DATE:** 29Aug17

DATES OF SERVICE: 24Aug17 **THRU** 24Aug17 **AMOUNT:** 8260.00

BENEFIT PERIOD: **THRU**

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005233 006090 001 001

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

GALLAGHER BASSETT SERVICES INC
FOR NEW HAMPSHIRE INS CO

CHECK NO. 0139607856 007385
VN. 0000293626
DATE: 29Aug17 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **8260.00

CLAIM NO.: 005485 006427 WC 01 (EISEN01) **BRANCH NO.:** 011

PAY EIGHT THOUSAND TWO HUNDRED SIXTY 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

⑈0139607856⑈ ⑆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#
04/03/18 71146

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
005867000809WC01

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

Case: COVERIS FLEXIBLES ONTARIO
Date Of Injury: 6/14/16

DOS	SERVICE	DESCRIPTION	AMOUNT
01/19/17	PR2/REEVAL	DR GALAL GOUBRAN/R. TAYLOR @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/16/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
02/27/17	INITL CHIRO	TREATMENT & PHYSICAL THERAPY W/DR CHRISTINE HA*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/03/17	F/U CHIRO TX	CHIRO & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/06/17	F/U CHIRO TX	CHIRO & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/08/17	F/U CHIRO TX	CHIRO & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/16/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/17/17	F/U CHIRO TX	CHIRO & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/20/17	F/U CHIRO TX	CHIRO TX & F/U PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
03/22/17	F/U CHIRO TX	CHIRO & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/27/17	F/U CHIRO TX	CHIRO & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	ELSA L. MEDINA # 003693	0.00
03/29/17	F/U CHIRO TX	CHIRO TX & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/03/17	F/U CHIRO TX	CHIRO & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/10/17	F/U CHIRO TX	CHIRO & PHYS TX W/DR HA*	90.00
/ /	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#
04/03/18 71146

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
005867000809WC01

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

Case: vs COVERIS FLEXIBLES ONTARIO
Date Of Injury: 6/14/16

DOS	SERVICE	DESCRIPTION	AMOUNT
04/14/17	F/U CHIRO TX	CHIRO TX & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/19/17	F/U CHIRO TX	CHIRO & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/20/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/21/17	F/U CHIRO TX	CHIRO & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/18/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/22/17	PR2/REEVAL	DR GOUBRAN @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/05/18	LIEN FIL FEE	LIEN FILING FEE	150.00
03/30/18	PMT BY CHECK	DOS 1/19/17-6/22/17* # 0144755858	-2490.00

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

005867 PAGE 1 OF 1 008540

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MDG2009 00006692 1 MB .424 1

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

APR 03 2018

GALLAGHER BASSETT SERVICES INC
FOR UNITED STATES FIRE INS

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

CLAIM NO.: 005867 000809 WC 01 (121101)
CLAIMANT:
DESCRIPTION: INV #: 71146

DATES OF SERVICE: 19Jan17 **THRU** 22Jun17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 138
ACC DATE: 14Jun16

NO.: 0144755858
VN: 0000041056
DATE: 30Mar18
AMOUNT: 2490.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0006692 007513 001 001

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

GALLAGHER BASSETT SERVICES INC
FOR UNITED STATES FIRE INS

CHECK NO. 0144755858 008540
VN. 0000041056
DATE: 30Mar18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **2490.00

CLAIM NO.: 005867 000809 WC 01 (121101) **BRANCH NO.:** 138
PAY TWO THOUSAND FOUR HUNDRED NINETY 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

⑈0144755858⑈ ⑆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#
03/27/18 71348

EAMS#(s):

SS # . XXX-XX
DOB :
Terms: 60 days
Claim #(s):
011260060172WC01

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

Case: vs CITISTAFF SOLUTIONS
Date of Injury: 1/24/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
03/02/17	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/09/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/16/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
03/22/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/23/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/29/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/03/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/06/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
04/10/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/19/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/20/17	FINAL ACUPT	W/ ACUPUNCT RHEE @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/27/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/04/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/13/18	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#
03/27/18	71348

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
011260060172WC01

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

Case: vs CITISTAFF SOLUTIONS
Date Of Injury: 1/24/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/22/18	PMT BY CHECK	DOS 3/23/17-5/4/17* # 0144539458	-2820.00

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-SACRAMENTO EAST
P.O. BOX 2290
GOLD RIVER CA 95741-2290

011260 PAGE 1 OF 1 005177

MDG2009 00005296 1 MB .424 1

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

MAR 27 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 060172 WC 01 (4020150-04)
CLAIMANT:
DESCRIPTION: INVOICE # 71348

DATES OF SERVICE: 26Feb18 THRU 26Feb18
BENEFIT PERIOD: THRU

BRANCH NO.: 094
ACC DATE: 24Jan17

NO.: 0144539458
VN: 0001673687
DATE: 22Mar18
AMOUNT: 2820.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005296 006021 001 001

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GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

CHECK NO. 0144539458 005177
VN: 0001673687
DATE: 22Mar18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **2820.00

CLAIM NO.: 011260 060172 WC 01 (4020150-04) BRANCH NO.: 094
PAY TWO THOUSAND EIGHT HUNDRED TWENTY AND 00/100 DOLLARS**********

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

Donna M. Kosta

AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0144539458⑈ ⑆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#
02/27/18 70372

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
005616-001100-WC0-01

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

Case: vs RESOURCE ENVIROMENTAL
Date Of Injury: 10/25/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/23/16	INITIAL EXAM	DR NEGIN RAMESHNI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/01/16	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/08/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/07/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
09/13/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/15/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/20/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/27/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
09/29/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/12/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
10/13/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/20/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/01/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/03/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500046	0.00
11/04/16	INITIAL EXAM	DR ALLEN MASSIHI @ EPC* U	230.00

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#
02/27/18	70372

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
005616-001100-WC0-01

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

Case: vs RESOURCE ENVIROMENTAL
Date Of Injury: 10/25/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/07/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/10/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/02/16	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
12/07/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/08/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/11/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/10/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/13/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/30/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/14/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
02/16/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/21/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/22/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/29/17	PT INITIAL	PHYSICAL THERAPY W/DR CHRIS MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/31/17	P AND S	DR MASSIHI @ EPC*	230.00

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#
02/27/18	70372

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
005616-001100-WC0-01

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

Case: vs RESOURCE ENVIROMENTAL
Date Of Injury: 10/25/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/25/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/26/17	INITIAL EXAM	PSYCHE EVAL W/DR PARVIN SALKELD @ EPC*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/10/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/20/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/20/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/27/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/15/17	P AND S	DR ROSTAMI @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/22/18	PMT BY CHECK	DOS 8/23/16-8/15/17* # 0143839441	-6870.00

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

005616 PAGE 1 OF 1 004031

MR

MDG2009 00005552 1 MB .424 1

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

FILED
FEB 27 2018

GALLAGHER BASSETT SERVICES INC
FOR FEDERAL INSURANCE COMPANY

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

CLAIM NO.: 005616 001100 WC 01 (000387002)
CLAIMANT:
DESCRIPTION: INV #: 70372

BRANCH NO.: 502
ACC DATE: 25Oct15

NO.: 0143839441
VN: 0000122985
DATE: 22Feb18

DATES OF SERVICE: 23Aug16 **THRU** 15Aug17
BENEFIT PERIOD: **THRU**

AMOUNT: 6870.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE.

C 0005552 006379 001 002

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

GALLAGHER BASSETT SERVICES INC
FOR FEDERAL INSURANCE COMPANY

CHECK NO. 0143839441 004031
VN. 0000122985
DATE: 22Feb18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **6870.00

CLAIM NO.: 005616 001100 WC 01 (000387002) **BRANCH NO.:** 502
PAY SIX THOUSAND EIGHT HUNDRED SEVENTY AND 00/100 DOLLARS**********

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

Donna M. Korte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0143839441⑈ ⑆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 68690

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
008433-000025-WC01; 00843

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

Case: vs WILSHIRE COUNTRY CLUB
Date Of Injury: 1/2/15; 9/22/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/29/16	FOLLOW-UP	W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
03/02/16	PR2/REEVAL	DR SUUTERI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/04/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
03/03/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
03/07/16	FOLLOW-UP	W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
03/08/16	PR2/REEVAL	DR ALLEN MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
03/11/16	FOLLOW-UP	W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/14/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/16/16	SHOCK WAVE	THERAPY W/DR SUUTARI @ GOFNUNG CHIRO*	150.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
03/17/16	FINAL ACUPT	W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
03/22/16	SHOCK WAVE	THERAPY W/DR SUUTARI @ GOFNUNG CHIRO*	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#
01/11/18 68690

EAMS#(s):

SS # : XXX-X
DOB :
Terms: 60 days
Claim #(s):
008433-000025-WC01; 00843

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

Case: vs WILSHIRE COUNTRY CLUB
Date Of Inju[illegible] 15; 9/22/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
03/30/16	PR2/REEVAL	DR LEO LABUNSKY @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
04/12/16	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
05/10/16	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/16/16	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
05/24/16	PR2/REEVAL	MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/13/16	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
06/24/16	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/22/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
06/28/16	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
06/27/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
06/16/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
07/01/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/06/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	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#
01/11/18 68690

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
008433-000025-WC01; 00843

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

Case: vs WILSHIRE COUNTRY CLUB
Date Of Injury: 1/2/15; 9/22/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/11/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
07/08/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
07/26/16	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
08/08/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
08/09/16	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/13/16	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/19/16	FINAL CHIRO	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
10/11/16	PR2/REEVAL	& INJECTION W/DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/08/16	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
12/13/16	P AND S	DR MASSIHI @ GOFNUNG*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/31/17	LIEN FIL FEE	LIEN FILING FEE	150.00
01/05/18	PMT BY CHECK	DOS 12/20/17* # 0142699679	-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#
01/11/18	68690

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
008433-000025-WC01; 00843

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

Case: vs WILSHIRE COUNTRY CLUB
Date Of Injury: 1/2/15; 9/22/15

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.

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

MDG2009 00008009 1 MB .423 1

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

GALLAGHER BASSETT SERVICES INC
FOR FEDERAL INSURANCE COMPANY

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

6869O

CLAIM NO.: 008433 000024 WC 01 (WILSHIRE01)
CLAIMANT:
DESCRIPTION: FULL AND FINAL PAYMENT

DATES OF SERVICE: 20Dec17 **THRU** 20Dec17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 502
ACC DATE: 22Sep15

NO.: 0142699679
VN: 0000003931
DATE: 05Jan18
AMOUNT: 5500.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0008009 008997 001 003

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

GALLAGHER BASSETT SERVICES INC
FOR FEDERAL INSURANCE COMPANY

CHECK NO. 0142699679 005415
VN. 0000003931
DATE: 05Jan18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **5500.00

CLAIM NO.: 008433 000024 WC 01 (WILSHIRE01) **BRANCH NO.:** 502
PAY FIVE THOUSAND FIVE HUNDRED 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

⑈0142699679⑈ ⑆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#
09/19/17 66200

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
002912-008170-WC-01

BILL TO:
GALLAGHER BASSETT (SAN DIEGO)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 85013
SAN DIEGO, CA 92186

Case: vs JACK IN THE BOX
Date Of Injury: CT 9/4/12 - 10/4/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/17/15	INITIAL EXAM	DR ATAMIAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
04/29/15	INITIAL EXAM	DR MILLMAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
05/22/15	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
05/27/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/26/15	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
12/01/16	LIEN FIL FEE	LIEN FILING FEE	150.00
09/12/17	PMT BY CHECK	DOS 4/17-15-12/1/16* # 0139934962	-1150.00

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 85013
SAN DIEGO CA 92186-5013

002912 PAGE 1 OF 1 003532

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

SEP 18 2017

GALLAGHER BASSETT SERVICES INC
FOR ACE AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 619-471-1219
GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

66200

CLAIM NO.: 002912 008170 WC 01 (000332)
CLAIMANT:
DESCRIPTION: FULL AND FINAL LIEN RESOLUTION PER 08/28/17 DEMAND

DATES OF SERVICE: 17Apr15 **THRU** 01Dec16
BENEFIT PERIOD: **THRU**

BRANCH NO.: 187
ACC DATE: 04Oct13

NO.: 0139934962
VN: 0000355484
DATE: 12Sep17
AMOUNT: 1150.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004609 005439-002-002

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

GALLAGHER BASSETT SERVICES INC
FOR ACE AMERICAN INS CO

CHECK NO. 0139934962 003532
VN: 0000355484
DATE: 12Sep17 62-20/311

CLAIM NO.: 002912 008170 WC 01 (000332) **BRANCH NO.:** 187

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **1150.00

PAY ONE THOUSAND ONE HUNDRED FIFTY AND 00/100 DOLLARS**********

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

Donna M. Kate

AUTHORIZED SIGNATURE

OR PAYABLE AT CITIBANK,FSB CALIFORNIA

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

⑈0139934962⑈ ⑆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#
09/08/17	71870

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
011260-061294-WC-01

BILL TO:
GALLAGHER BASSETT (GOLD RIVER)
W. C. DEPARTMENT
ATTN: JENNIFER McLAUGHLIN
P.O. BOX 2290
GOLD RIVER, CA 95741

Case: s CITISTAFF SOLUTIONS INC.
Date Of Injury: 9/27/16

DOS	SERVICE	DESCRIPTION	AMOUNT
05/25/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/07/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/03/17	PMT BY CHECK	DOS 5/25/17-6/7/17* # 0139742506	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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 001130

MDG2009 00000611 1 MB .423 1

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

SEP 08 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 061294 WC 01 (4020150-04)
CLAIMANT:
DESCRIPTION: INV #: 71870

DATES OF SERVICE: 25May17 **THRU** 07Jun17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 27Sep16

NO.: 0139742506
VN: 0001478254
DATE: 03Sep17
AMOUNT: 406.50

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0000611 000817 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. 0139742506 001130
VN. 0001478254
DATE: 03Sep17 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **406.50

CLAIM NO.: 011260 061294 WC 01 (4020150-04) **BRANCH NO.:** 094
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. Korte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0139742506⑈ ⑆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#
10/18/17	71042

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
006934000048WC01

BILL TO:
GALLAGHER BASSETT (SAN DIEGO)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 85013
SAN DIEGO, CA 92186

Case: vs AMERICAN GOLF CORP
Date Of Injury: 9/30/16

DOS	SERVICE	DESCRIPTION	AMOUNT
12/21/16	INITL CHIRO	TX & PHYS TX W/DR CHRISTINE HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/04/17	F/U CHIRO TX	CHIRO TX & F/U PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/06/17	F/U CHIRO TX	CHIRO TX & F/U PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/09/17	F/U CHIRO TX	CHIRO TX & F/U PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/11/17	F/U CHIRO TX	CHIRO TX & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/13/17	F/U CHIRO TX	CHIRO TX & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/16/17	F/U CHIRO TX	CHIRO TX & F/U PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/18/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, F/U CHIRO & PHYS TX	230.00
/ /	-	W/DR HA @ SIDHU*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/23/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/25/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/30/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00

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

*** INVOICE ***

Date	NO#
10/18/17	71042

EAMS#(s):

SS #
DOB :
Terms: 60 days
Claim #(s):
006934000048WC01

BILL TO:
GALLAGHER BASSETT (SAN DIEGO)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 85013
SAN DIEGO, CA 92186

Case: vs AMERICAN GOLF CORP
Date Of Injury: 9/30/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
02/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/27/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

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

*** INVOICE ***

Date	NO#
10/18/17	71042

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
006934000048WC01

BILL TO:
GALLAGHER BASSETT (SAN DIEGO)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 85013
SAN DIEGO, CA 92186

Case: vs AMERICAN GOLF CORP
Date Of Injury: 9/30/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/31/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/12/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/14/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/26/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/22/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/31/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/12/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/21/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/05/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	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#
10/18/17 71042

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
006934000048WC01

BILL TO:
GALLAGHER BASSETT (SAN DIEGO)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 85013
SAN DIEGO, CA 92186

Case: vs AMERICAN GOLF CORP
Date Of Injury: 9/30/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/12/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/19/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/18/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MAIA BARBOSA # 500267	0.00
09/27/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA 3 003693	0.00
10/04/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/10/17	PMT BY CHECK	DOS 12/21/16-9/20/17* # 0140639188	-7340.00
		BALANCE	360.00

* 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

MDG2009 00004945 1 MB .423 1

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

GALLAGHER BASSETT SERVICES INC
FOR STARR INDEMNITY & LIAB CO

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

CLAIM NO.: 006934 000048 WC 01 (782)
CLAIMANT:
DESCRIPTION: INV# 71042

BRANCH NO.: 502
ACC DATE: 30Sep16

NO.: 0140639188
VN: 0000003369
DATE: 10Oct17
AMOUNT: 7340.00

DATES OF SERVICE: 21Dec16 **THRU** 20Sep17
BENEFIT PERIOD: **THRU**

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004945 005857 001 001

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

GALLAGHER BASSETT SERVICES INC
FOR STARR INDEMNITY & LIAB CO

CHECK NO. 0140639188 006994
VN. 0000003369
DATE: 10Oct17 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **7340.00

CLAIM NO.: 006934 000048 WC 01 (782) **BRANCH NO.:** 502

PAY SEVEN THOUSAND THREE HUNDRED FORTY 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

⑈0140639188⑈ ⑆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#
06/26/17 71513

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
AA081496

BILL TO:
GUIDEONE INSURANCE (DES M, IA)
W. C. DEPARTMENT
ATTN: JOY RYAN
P.O. BOX # 14543
DES MOINES, IA 50306-3546

Case: vs GOLDEN WEST PRESCHOOL
Date Of Injury: 10/8/10 - 11/15/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/09/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/31/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO - CORTEZ # 100533	0.00
05/04/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
06/20/17	PMT BY CHECK	DOS 3/9/17-5/4/17* # 0041356520	-563.00

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.

INSURED: United Petecostal Assembly and Golden West Pr
10248 Alondra Blvd
Bellflower, CA 90706-4002

GuideOne Mutual Insurance Company

MAIL TO: Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781-4165

POLICY #: 001243216
CLAIM #: AA081496
CHECK #: 0041356520

DATE: 06/20/2017

AMOUNT: 563.00

CLAIMANT:

AGENT: THE CUTLER GROUP INC
DBA: CHURCHWEST INS SERVICES

MEMO:

PAID
JUN 26 2017

BY:.....

Invoice No.: 71513 - Invoice Date: 5/25/17 - DOS: 3/9/17; 3/31/17; and 5/4/17

*** SEE BACK SIDE OF CHECK STUB FOR IMPORTANT INFORMATION. ***
YOUR ADJUSTER ON THIS CLAIM IS Joy Ryan BRANCH = AA

THIS IS WATERMARKED PAPER - DO NOT ACCEPT WITHOUT NOTING WATERMARK - HOLD TO LIGHT TO VERIFY WATERMARK

GuideOne Insurance
1111 Ashworth Road
West Des Moines, IA 50265-3538

GuideOne Mutual Insurance Company
Insured
United Petecostal Assembly and Gold

0041356520
WELLS FARGO BANK, N.A.
115 HOSPITAL DRIVE
VAN WERT, OH 45891
56-382/412

POLICY NUMBER	CLAIM NUMBER	DATE	AMOUNT
001243216	AA081496	06/20/2017	$*******563.00

This instrument will not be honored if not cashed within 120 days from date of issue.

FIVE HUNDRED SIXTY-THREE AND 00/100 ********

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

James D. Wallace
Authorized Representative

For:

10/15/2016
Date of Accident

5200 (9/99)

⑈0041356520⑈ ⑆041203824⑆ 9600009117⑈

Joyce Altman Interpreters, 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 69360

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
YMQC44502

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

Case: vs TWAIN'S INC
Date Of Injury: CT 9/21/13 - 9/21/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/07/16	F/U CHIRO TX	CHIRO TRTMNT W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/16/16	SHOCK WAVE	THERAPY W/DR SUUTARI @ GOFNUNG CHIRO*	150.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
03/22/16	SHOCKWAVE	THERAPY W/DR SUUTARI @ GOFNUNG CHIRO*	150.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
03/30/16	SHOCK WAVE	THERAPY W/DR SUUTARI @ GOFNUNG CHIRO*	150.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
04/22/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/07/16	PR2/REEVAL	DR LABUNSKY @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/27/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	ELIZABETH RODRIGUEZ # 101740	0.00
12/05/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
01/23/17	P AND S	DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
03/27/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/09/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/25/18	LIEN FIL FEE	LIEN FILING FEE	150.00
06/29/18	PMT BY CHECK	DOS 6/25/18* # 129003574 1 THE HARTFORD	-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#
07/09/18	69360

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
YMQC44502

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

Case: vs TWAIN'S INC
Date Of Injury: CT 9/21/13 - 9/21/14

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 **

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2305665

MB 01 000826 81248 B 4 D

000826 1/1

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

PAID
JUL 09 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
09/21/2014	76WEG LU6478 YMQC 44502	TWAINS. INC		$2,000.00
Nature of Benefits: Translation Services		Nature of Payment: Payment Reason - Translation Services	Service Dates 06/25/2018 06/25/2018	$2,000.00

Claim Handler: LISA MUZYKA
8664019222 x2305665
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	06/29/2018	Check Number	129003574 1	Total Check Amount	$2,000.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

115678805

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

*** INVOICE ***
Date NO#
08/24/17 71555

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y67C19421

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

Case: vs LINDA VALLEY ASSISTED LIVING
Date Of Injury: 3/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/30/17	PR2/REEVAL	GALAL GOUBRAN/JOE TRUJILLO,PA @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/13/17	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
08/18/17	PMT BY CHECK	DOS 3/30/17-7/13/17* # 127763294 4	-336.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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.

MR

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2307807

MB 01 002246 28670 B 10 A

AUG 24 2017

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

002246 1/1

71555

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
71555 03/31/2016	72WE DI7017 Y67C 19421	CHANCELLOR HEALTH CARE, LLC		$336.50
Nature of Benefits: Miscellaneous Legal Expenses		Nature of Payment: Payment Reason - Misc Legal Expense	Service Dates 03/30/2017 07/13/2017	$336.50

Claim Handler: ASHLYN O'BRIEN
8664019222 x2307807
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	08/18/2017	Check Number	127763294 4	Total Check Amount	$336.50

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

114802654

Joyce Altman Interpreters, 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	71267

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
710987581

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

Case: vs FRAMING BY SUPERIOR INC
Date Of Injury: 10/9/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/03/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, INITIAL CHIRO & PHYS THERAPY	230.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/24/17	F/U CHIRO TX	CHIRO & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/01/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/06/17	F/U CHIRO TX	CHIRO & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/13/17	F/U CHIRO TX	CHIRO & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/30/17	PR2/REEVAL	DR MICHAEL PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/09/18	PMT BY CHECK	DOS 2/3/17-11/30/17* =# 32661056	-1220.00

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#
01/15/18	71267

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
710987581

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

Case: vs FRAMING BY SUPERIOR INC
Date Of Injury: 10/9/15

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.

P4000028000

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

201801090146

Electronic Service Requested

ALL FOR AADC 926
21648 0.7648 AB 0.400

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

262

ENV21648 1 OF 3 F

Check No.: 32661056
RFP No.: 516433
Check Date: 01/09/2018
Check Amount: 1,220.00
Insured: FRAMING BY SUPERIOR INC.

Claimant:

Claim Office: 710
Insuring Company: NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH
Payee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000028328266	00987581	001	10/09/2015	MED	O	1,220.00
					Total Amount	1,220.00

Reason for Payment
ORG: 1220.00 ACT: 71267 020317-113017

Use File # 710/00987581 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.: 00987581 Policy No.: 000028328266
Reason for Payment: ORG: 1220.00 ACT: 71267 020317-113017

CHECK No. 32661056
RFP No. 00516433
DATE 01/09/2018

**********One Thousand Two Hundred Twenty Dollars*****

AMOUNT PAID
**********$1,220.00

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

Void after 90 Days

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

⑈32661056⑈ ⑆021309379⑆ 7864205 39⑈

AIG CLAIMS, INC.
P.O. BOX 25978
SHAWNEE MISSION KS 66225

Invoice #: 1800202239
Control #: 06180040075200

ALL FOR AADC 926
21648 0.7648 AB 0.400

JOYCE ALTMAN INTERPRETERS INC 262
PO BOX 4165
TUSTIN, CA 92781-4165

2 OF 3 F

ENV 21648

Billing Provider:
JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN CA 92781

Claim #: 7109875810000
Claimant:
Date of Injury: 10/09/2015
Claimant SSN:

Tax ID: 330956713
State License #:
NPI #: 9999999999

State Claim #:
Patient Acct #: 71267
Service Dates: 02/03/2017-11/30/2017

Date Received: 12/19/2017
Date Reviewed: 01/04/2018
Date Processed: 01/08/2018

Rendering Provider:

Tax ID/NPI #:

Policy #: 000028328266
Employer: FRAMING BY SUPERIOR INC.
Insurer: N U F I CO OF PITTSBURGH PA

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
02/03/2017	T1013	T1013	8.00	230.00	230.00	0.00	230.00	
02/10/2017	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
02/13/2017	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
02/24/2017	T1013	T1013	8.00	90.00	90.00	0.00	90.00	
03/01/2017	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
03/06/2017	T1013	T1013	8.00	90.00	90.00	0.00	90.00	
03/13/2017	T1013	T1013	8.00	90.00	90.00	0.00	90.00	
11/30/2017	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
		Totals		1,220.00	1,220.00	0.00	1,220.00	

Diagnosis:
T1490 INJURY, UNSPECIFIED

* -In accordance with section 9789.12.2(a) of the California Official Medical Fee Schedule, reimbursement is based on the non-facility site of service calculation. (PNFC)
* -California is a jurisdictional state. This review has been conducted based on the Official Medical Fee Schedule (OMFS) or other criteria that apply to your bill within California jurisdiction. (Z005)
* -California Labor Code Section 4600.2 allows a carrier to enter into a contractual agreement with a pharmacy network . AIG and AIG Claims, Inc. have entered into a contractual agreement with TMESYS a Pharmacy Benefit Network. As of March 1, 2011 all pharmacy transactions should be processed through TMESYS. For questions regarding how to process transactions through TMESYS please call 1-800-682-4491. (Z356)
* -Request for Second Review. After an EOR is received on an original bill submission, a healthcare provider, healthcare 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 the service of the explanation or review. The Request for Second Review must conform to the requirements of the Division of Workers' Compensation Medical Billing Guide, and regulations at title 8. California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent, assignee does not request a second review within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. (Z400)
* -Any request for reconsideration of this workers' compensation payment should be accompanied by a copy of this explanation of

If you have questions about this review please call AIG at: 877-802-5246

CONTINUED

Joyce Altman Interpreters, 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	69598

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
2016005015

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: ESTEVAN GOMEZ
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: s PLASTICS RESEARCH CORP
Date Of Injury: 3/3/15

DOS	SERVICE	DESCRIPTION	AMOUNT
05/12/16	INITIAL EXAM	DR NEGIN RAMESHNI @ ENHANCED-santos romeroPRECISI	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/02/16	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ ENHANCED PRECISION*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/08/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/16/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/05/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
07/06/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
07/18/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
07/25/16	FOLLOW-UP	W/ ACUPUNCT HUN YOON @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
07/28/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/03/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/04/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/11/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/16/16	PT INITIAL	PHYSICAL THERAPY W/DR FARDAD MOGHARABI @ EPC*	90.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
08/18/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	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#
03/05/18 69598

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2016005015

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: ESTEVAN GOMEZ
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs PLASTICS RESEARCH CORP
Date Of Injury: 3/3/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/25/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
08/23/16	FOLLOW UP	PHYSICAL THERAPY @ EPC W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	ANALIA S. DE LAROCCA # 101683	0.00
08/29/16	FOLLOW-UP	W/ ACUPUNCT YOON @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
09/07/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
09/08/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/12/16	FOLLOW-UP	W/ ACUPUNCT YOON @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/13/16	FOLLOW UP	PHYS THERAPY W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/19/16	FOLLOW-UP	W/ ACUPUNCT JEONG HUN YOON @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/26/16	FOLLOW-UP	W/ ACUPUNCT YOON @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/29/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
09/27/16	FOLLOW UP	PHYSICAL TX W/DR MOGHARABI @ EPC*	90.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/03/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
10/11/16	FOLLOW UP	PHYSICAL TX W/DR MOGHARABI @ EPC*	90.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
10/12/16	PR2/REEVAL	DR BHARATWAL @ EPC*	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#
03/05/18 69598

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
2016005015

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: ESTEVAN GOMEZ
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: PLASTICS RESEARCH CORP
Date Of Injury: 3/3/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
10/13/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/18/16	FOLLOW UP	PHYSICAL TX W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/20/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/22/16	INITIAL EXAM	& INJECTION W/DR TOSHA BROWN/ LEONARD MALIN, PA*	230.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
10/25/16	FOLLOW UP	PHYSICAL TX W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/27/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/31/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/01/16	FOLLOW UP	PHYSICAL TX W/DR MOGHARABI @ EPC*	90.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/07/16	INITIAL EXAM	PSYCH EVAL W/DR PARVIN SALKELD @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/08/16	FOLLOW UP	PHYSICAL TX W/DR MOGHARABI @ EPC*	90.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/10/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/15/16	FOLLOW UP	PHYSICAL THERAPY @ EPC W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/17/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00

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

*** INVOICE ***

Date	NO#
03/05/18	69598

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2016005015

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: ESTEVAN GOMEZ
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs PLASTICS RESEARCH CORP
Date Of Injury: 3/3/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/16/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
11/29/16	FOLLOW UP	PHYSICAL TX W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/01/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/06/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/13/16	FOLLOW UP	PHYSICAL TX W/DR MOGHARABI @ EPC*	90.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/20/16	FOLLOW UP	PHYSICAL TX W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/21/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
01/03/17	FOLLOW UP	PHYSICAL TX W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
01/10/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
01/17/17	FOLLOW UP	PHYSICAL TX W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/31/17	FOLLOW UP	PHYSICAL TX W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/03/17	INITIAL EXAM	DR ALLEN MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/07/17	FOLLOW UP	PHYSICAL TX W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/29/17	LIEN FIL FEE	LIEN FILING FEE	150.00
02/27/18	PMT BY CHECK	DOS 5/12/16-1/29/17* # 2073383	-8590.00

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	69598

EAMS#(s):

SS # : XXX-X
DOB :
Terms: 60 days
Claim #(s):
2016005015

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: ESTEVAN GOMEZ
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs PLASTICS RESEARCH CORP
Date Of Injury: 3/3/15

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.

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 02/27/2018
Check Number: 2073383
Check Amount: $8,590.00

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,9WN37E

9WN37E

2/9/18 8:39 PM 3 0000996 20180228 NB8YZ102 JOP-FEC 1 oz DOM NB8YZ10000* 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
2016005015		04/13/2016	69598	180	05/12/2016	12/29/2017	$8,590.00

Category	Stub Notes	Stub Amount
180	Joyce Altman Interpreters, Inc. - Medical Interpreting	$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#
11/29/17 69993

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
1010-11-02312

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: KATIE DIDDLE
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs ROYAL IND. INC/ROYAL CABINETS
Date Of Injury: 6/7/11; 5/94 - 6/12

DOS	SERVICE	DESCRIPTION	AMOUNT
07/14/16	INITIAL EXAM	DR GALAL GOUBRAN/JOE TRUJILLO P.A. @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/25/16	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, INITL PHYS & CHIRO TX	230.00
/ /	-	DR. CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/29/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/03/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/05/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/08/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS & CHIRO TX W/DR SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/12/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/16/16	PR2/REEVAL	DR GOUBRAN/FRANKE, P.A. @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/22/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/15/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/13/16	PR2/REEVAL	DR GOUBRAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

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

*** INVOICE ***
Date NO#
11/29/17 69993

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
1010-11-02312

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: KATIE DIDDLE
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs ROYAL IND. INC/ROYAL CABINETS
Date Of Injury: 6/7/11; 5/94 - 6/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/10/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/15/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/19/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/16/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/16/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/18/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/15/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/20/17	PR2/REEVAL	DR GOUBRAN/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/07/17	PR2/REEVAL	DR GOUBRAN/TAYLOR @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
10/05/17	PR2/REEVAL	DR MICHAEL PRICE/MILES*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/02/17	PR2/REEVAL	DR PRICE/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/15/17	PMT BY CHECK	DOS 7/14/16-10/5/17* # 1945503	-3880.00

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#
11/29/17 69993

EAMS#(s):

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Terms: 60 days
Claim #(s):
1010-11-02312

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: KATIE DIDDLE
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs ROYAL IND. INC/ROYAL CABINETS
Date Of Injury: 6/7/11; 5/94 - 6/12

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 180.00

* 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: 11/15/2017
Check Number: 1945503
Check Amount: $3,880.00

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,6YPN6T

10/27/17 1:03 PM 3 0001057 20171116 MK5AN103 JOP-FEC 1 oz DOM MK5AN10000* 161261 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 Amou
10101102312		06/07/2011	69993	180	07/14/2016	10/05/2017	$3,880.0

Category	Stub Notes	Stub Amoun
180	Joyce Altman Interpreters, Inc. - Interpreting services for medical appointment	$0.0

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

6YPN6T

DATE	CHECK NO.
11/15/2017	1945503
	CHECK AMOUNT
VOID AFTER 90 DAYS	$3,880.00

PAY: THREE THOUSAND EIGHT HUNDRED EIGHTY & 00 / 100 DOLLARS*****

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

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

MEMO: Claim#: 10101102312

⑈1945503⑈ ⑆122000661⑆ 11585388⑆

Joyce Altman Interpreters, 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 71661

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
1010-1504639

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: ALMA QUIN
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs PETER RABBIT FARMS
Date Of Injury: 4/21/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/19/17	ADMISSION	DR MOSHE WILKER @ MONROVIA HOSPITAL (3HRS)	270.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/20/17	SURGERY	DR WILKER: L/S @ MONROVIA HOSPITAL (2HR 40MIN)	247.50
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
08/17/17	PMT BY CHECK	DOS 4/19/17-4/20/17* # 1835090	-517.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 08/17/2017
Check Number: 1835090
Check Amount: $517.50

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.joparl.net and sign up by entering your registration code,VWUA6R

VWUA6R

6/6/17 4:39 PM 4 -0000253 20170817 MH63Z101 CHECK 1 cz DOM MH63Z10000* 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
10101504639		04/21/2015	71661	180	04/19/2017	04/20/2017	$517.50

Category	Stub Notes	Stub Amount
180	Joyce Altman Interpreters.	$0.00

AUG 28 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#
03/13/18	61493

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
14-074171

BILL TO:
INTERCARE INS (PASADENA)
W. C. DEPARTMENT
ATTN: ROBERT ENCINAS
P.O. BOX # 7111
PASADENA, CA 91109

Case: vs ASSOCIATE MANAGEMENT RESOURCES
Date Of Injury: 4/6/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/19/14	PR2/REEVAL	DR Z. KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
04/16/14	PR2-RE/EVAL	W/ACUPUNCTURIST A. LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
04/30/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
07/15/14	PR2/REEVAL	DR ZARGARAFF @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
08/21/14	PR2-RE/EVAL	W/ACUPUNCTURIST ALEX LEE*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/24/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/30/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR KHAN @ AMERI* FINAL	150.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/30/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
12/03/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/11/14	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/06/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/14/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/20/15	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/17/15	P AND S	DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	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#
03/13/18	61493

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
14-074171

BILL TO:
INTERCARE INS (PASADENA)
W. C. DEPARTMENT
ATTN: ROBERT ENCINAS
P.O. BOX # 7111
PASADENA, CA 91109

Case: vs ASSOCIATE MANAGEMENT RESOURCES
Date Of Injury: 4/6/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/23/16	LIEN FIL FEE	LIEN FILING FEE	150.00
03/06/18	PMT BY CHECK	DOS 3/19/14-11/23/16* # 3237562	-2600.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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[redacted]

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

201803070116

Electronic Service Requested

1 OF 1

ENV 60462

ALL FOR AADC 926
60462 0.3820 AB 0.405

Joyce Altman Interpeters 797
PO BOX 4165
TUSTIN, CA 92781-4165

Payee:	Joyce Altman Interpeters
Company Name:	Sussex Insurance Company
Facility:	Associate Management Resources
Policy ID:	CPCA16899
IRS/SSN:	XXXXX
Administrator:	BPRUITT
Claim Number:	14-074171
Check #:	3237562
Check Total:	2,600.00
Check Date:	03/06/2018

Explanation of Benefits

Incident Date	Claim Number Invoice Number	Account Number From/Through Date	Claimant Name Document Number	Description Amount
4/6/2013	14-074171 61493	03/19/14-11/23/16		~~Med~~ Other 2,600.00
				Totals: 2,600.00

MAR 13 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#
11/14/17 69370

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
6335-083-A01350

BILL TO:
INTERCARE INS (ORANGE-5915)
W. C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX 5915
ORANGE, CA 92863

Case: 's SMARTTECK MAGNOLIA FOODS
Date Of Injury: 5/10/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/14/16	INITIAL EXAM	DR GALAL GOUBRAN/DAVE FRANKE, PA @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/20/16	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/22/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/27/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/29/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/04/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/06/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/18/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/20/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/07/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/14/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/20/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/25/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/29/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/02/16	F.C.E. TEST	FUNCT CAPACITY EVAL @ SIDHU	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#
11/14/17 69370

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
6335-083-A01350

BILL TO:
INTERCARE INS (ORANGE-5915)
W. C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX 5915
ORANGE, CA 92863

Case: vs SMARTTECK MAGNOLIA FOODS
Date Of Injury: 5/10/13

DOS	SERVICE	DESCRIPTION	AMOUNT
		W/DR RICHARD SOSA*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/08/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/10/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/11/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/17/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/24/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/26/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/29/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/07/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/08/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/12/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/02/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/13/17	P AND S	DR GOUBRAN @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/07/17	PMT BY CHECK	DOS 7/13/17* # 3227385	-4980.00

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	69370

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
6335-083-A01350

BILL TO:
INTERCARE INS (ORANGE-5915)
W. C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX 5915
ORANGE, CA 92863

Case: vs SMARTTECK MAGNOLIA FOODS
Date Of Injury: 5/10/13

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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P8528028003

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

201711080112

Electronic Service Requested

ALL FOR AADC 926
26929 0.3820 AB 0.400

Joyce Altman Interpeters 351
PO BOX 4165
TUSTIN, CA 92781-4165

Payee: Joyce Altman Interpeters
Company Name: Sussex Insurance Company
Facility: Vensure Employer Services, Inc
Policy ID: CPCA16919
IRS/SSN: XXXXX
Administrator: TCUMBERLAN
Claim #: 6335-083-A01350-1
Account #:
Check #: 3227385
Check Total: $4,980.00
Check Date: 11/07/2017
Injury Date: 05/10/2013
From/Through Date: 07/13/17-07/13/17
Claimant Name:
Invoice #:
Description: Medical Lien Payment
Document #: PAL91CA109077
Primary ICD-9:
Received Date: 11/02/2017
Reviewed Date: 11/06/2017
PPO Name:
Pharmacy #:
DRG Code:

1 OF 1

ENV 26929

Line	From/Through	Billed Code/ Mod	Units	Billed	Reviewed/Mod	Allowed	Discount	Recommended	Reason Code
001	07/13/17-07/13/17 SETTLEMENT FOR DISPUTE	MDS10	001	4,980.00	MDS10	4,980.00	0.00	4,980.00	MCA-961
	Totals:			4,980.00		4,980.00	0.00	4,980.00	

Reason Code Description

This analysis constitutes the claim administrators objection to fees in excess of OMFS and/or Title 8 of the California Code of Regulation Section 9795 and/or 9789.10 - 9789.110. The provider shall not attempt to collect expenses for medical treatment from the injured worker, LC 4600. If you disagree with our objections, you have the right to file a lien/application with the WCAB to adjudicate the matter

Paladin Managed Care Services 1100 W. Town & Country Rd Ste., 1500 Orange, CA 92868
MCA- ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.

NOV 14 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#
08/28/17	71655

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
1195220

BILL TO:
NATIONAL INTERSTATE (RICHF,OH)
W. C. DEPARTMENT
ATTN: STEVE ANTUNEZ
P.O. BOX # 521
RICHFIELD, OH 44286

Case: vs ORIENT TALLY COMPANY
Date Of Injury: 2/26/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/04/17	PRE-OP	DR SHAHRIAR JARCHI @ MONROVIA HOSPITAL (4HRS)	360.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/20/17	ADMISSION	DR WALTER BURNHAM @ MONROVIA HOSPITAL*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/21/17	SURGERY	DR BURNHAM: L/S @ MOROVIA HOSPITAL (3.5HRS)	315.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
04/24/17	ADMISSION	DR BURNHAM @ MONROVIA HOSP*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/25/17	SURGERY	DR BURNHAM: L/S @ MONROVIA HOPSITAL (5HRS)	450.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/23/17	PMT BY CHECK	DOS 4/4/17-4/25/17* # 08000670120	-1485.00

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 927814165

CHECK DATE	08/23/17
VENDOR CODE	POINT060446
CHECK AMOUNT	$ 1,485.00

Invoice Date	Invoice No.	Description 71655	Invoice Amt
08/22/17	SZA/01195220/8462436	INV 71655 DOS 4/4/17-4/25/17	1,485.00

MEMO:

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD TO LIGHT TO VIEW

NATIONAL INTERSTATE INSURANCE COMPANY
3250 INTERSTATE DRIVE
RICHFIELD, OHIO 44286
(330) 659-8900

Fifth Third Bank
Newport, KY
73-27/421

05000670120

DATE: AUG 23, 2017

PAY: ONE THOUSAND FOUR HUNDRED EIGHTY FIVE DOLLARS & 00/100

$******1,485.00

TO THE ORDER OF:

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

gary m. monda

Details on back. Security features included.

⑈05000670120⑈ ⑆042100272⑆ 7481615446⑈

AUG 28 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#
10/13/17 69675

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
00050732

BILL TO:
PACIFIC COMP INS. COMPANY
W. C. DEPARTMENT
ATTN: ALEASA DENNETT BOUYETT
P.O. BOX 5042
THOUSAND OAKS, CA 91359

Case: vs CROWNE PLAZA HOTEL
Date Of Injury: 1/1/07 - 2/19/16

DOS	SERVICE	DESCRIPTION	AMOUNT
05/27/16	INITIAL EXAM	DR ERIC GOFNUNG @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
06/24/16	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/22/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
08/19/16	PR2/REEVAL	& F/U CHIRO TX W/DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/21/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
07/11/16	INITIAL ACUP	W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
11/04/16	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
12/05/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
12/16/16	P AND S	DR ERIC GOFNUNG @ GOFNUNG*	230.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
04/13/17	LIEN FIL FEE	LIEN FILING FEE	150.00
09/27/17	PENALTIES	FOR DATE OF SERVICE 05/27/16	34.50
09/27/17	INTEREST	FOR DATE OF SERVICE 05/27/16	27.97
09/27/17	PENALTIES	FOR DATE OF SERVICE 07/11/16	34.50
09/27/17	INTEREST	FOR DATE OF SERVICE 07/11/16	25.73
09/27/17	PENALTIES	FOR DATE OF SERVICE 12/16/16	34.50
09/27/17	INTEREST	FOR DATE OF SERVICE 12/16/16	20.29
10/09/17	PMT BY CHECK	DOS 5/27/16-12/16/16* =# 01078402	-1830.00

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#
10/13/17	69675

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
00050732

BILL TO:
PACIFIC COMP INS. COMPANY
W. C. DEPARTMENT
ATTN: ALEASA DENNETT BOUYETT
P.O. BOX 5042
THOUSAND OAKS, CA 91359

Case: vs CROWNE PLAZA HOTEL
Date Of Injury: 1/1/07 - 2/19/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/13/17	BLCE OFF SET	BALANCE OFF SET	-177.49

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.

PACIFIC COMPENSATION INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042
(818) 575-8500

Temporary Return Service Requested

000057-000001-000057 2509299 2320EDC 1
Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

OCT 13 2017

Explanation of Review
Page: 1 of 2
DCN: PC1-0010-0355618
Date of Review: 10/05/2017
Date Bill Received: 09/20/2017
Adjustor: ABOUYETT
File: 00000000010.00 / 00000000000.00 / 00000000
Check No.: 01078402 Bulk $1,830.00
Method of Payment: Paper Check

69675

ovider: JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781
ovider State License: 99999999
ovider Invoice:
endering Provider: JOYCE ALTMAN INTERPRETERS, INC
endering Provider ID: 9999999999

Claim 00050732
Policy: WA00200300
Employer Name: HOTEL MANAGERS GROUP LLC
Doi: 02/19/2016
Claimant:
Patient SSN:
MPN Number: 1018

x ID: 330956713 PHY
)S: 05/27/2016 TO 12/16/2016
t ID: 33095671300 100
yment Status Code: 1
yment Date: 10/09/2017 Bill Frequency:

DX 1: T1490 Injury, unspecified

te of rvice	Code	Mod	Rev Code	Service Description	Prescription #	Allow Units	Bill Units	Adjust Qnty	Charges	Reductions Bill Review	Reductions PPO	Allowance	Expl. Code(s)
'27/2016	MDS10			LUM SUM/MUL BILL-AMT OF R		1	1	0	915.00			915.00	1000
'16/2016	MDS10			LUM SUM/MUL BILL-AMT OF R		1	1	0	915.00			915.00	1000
								Total Charges:	1,830.00				
								Bill Review Reductions:		0.00			
								Recommended Allowance				1,830.00	

00 FULL and FINAL SETTLEMENT

ME LIMITS TO DISPUTE PAYMENT AMOUNT

SECURITY FEATURES ON THIS DOCUMENT INCLUDE A MICRO-PRINT BORDER AND VOID PANTOGRAPH ON FACE AND A RULED PATTERN AND WHITE WATERMARK ON BACK.

PacificComp®
ACIFIC COMPENSATION INSURANCE COMPANY

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

16-01606/1220

CHECK NO: 01078402

DATE: 10/09/2017

AMOUNT
*****$1,830.00

VOID AFTER 6 MONTHS
TWO SIGNATURES REQUIRED IF $10,000.00 OR MORE

PAY One Thousand Eight Hundred Thirty and 00/100

TO THE ORDER OF Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

Authorized Signature
Denise K. Richardson
Authorized Signature

⑈010784021⑈ ⑆122016066⑆ 412⑈118464⑈

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

*** INVOICE ***
Date NO#
08/17/17 70466

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
00051517

BILL TO:
PACIFIC COMP INS. COMPANY
W. C. DEPARTMENT
ATTN: MICHAEL WEINBERG
P.O. BOX # 5042
THOUSAND OAKS, CA 91359

Case: vs MIRACLE MILE CAR WASH
Date Of Injury: 7/27/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/08/16	INITIAL EXAM	DR GALAL GOUBRA/FRANKE P.A.	230.00
		@ SIDHU CHIRO*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	230.00
09/26/16	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	180.00
09/30/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	0.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	180.00
10/03/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	180.00
10/06/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	180.00
10/10/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	180.00
10/12/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	180.00
10/17/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	180.00
10/19/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	90.00
10/24/16	INITL CHIRO	TX & INITIAL PHYS TX W/DR HA	
		@ SIDHU CHIRO*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	90.00
10/26/16	F/U CHIRO TX	CHIRO TX & F/U PHYS TX W/DR	
		HA @ SIDHU*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	90.00
10/31/16	F/U CHIRO TX	CHIRO TX & PHYX TX W/DR HA*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	90.00
11/07/16	F/U CHIRO TX	CHIRO TREATMENT & PHYS TX	
		W/DR HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	180.00
11/03/16	PR2/REEVAL	DR GOUBRAN @ SIDHU*	

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

*** INVOICE ***

Date	NO#
08/17/17	70466

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
00051517

BILL TO:
PACIFIC COMP INS. COMPANY
W. C. DEPARTMENT
ATTN: MICHAEL WEINBERG
P.O. BOX # 5042
THOUSAND OAKS, CA 91359

Case: vs MIRACLE MILE CAR WASH
Date Of Injury: 7/27/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ / 11/14/16	INTERPRETER: F/U CHIRO TX	ELISA LOPEZ MEDINA # 003693	0.00
		CHIRO TREATMENT & PHYS TX W/DR HA @ SIDHU*	90.00
/ / 11/16/16	INTERPRETER: F/U CHIRO TX	ELISA L. MEDINA # 003693	0.00
		CHIRO TREATMENT & PHYS TX W/DR HA @ SIDHU*	90.00
/ / 11/23/16	INTERPRETER: F/U CHIRO TX	ELISA LOPEZ MEDINA # 003693	0.00
		CHIRO TX & PHYS TX W/DR HA*	90.00
/ / 11/30/16	INTERPRETER: F/U CHIRO TX	MARIA BARBOSA # 500267	0.00
		CHIRO TX & F/U PHYS TX W/DR HA @ SIDHU CHIRO*	90.00
/ / 12/01/16	INTERPRETER: PR2/REEVAL	ELISA LOPEZ MEDINA # 003693	0.00
		DR GOUBRAN/MILES @ SIDHU*	180.00
/ / 12/07/16	INTERPRETER: FOLLOW-UP	MARIA BARBOSA # 500267	0.00
		W/ ACUPUNCT CHOI & F/U CHIRO TX W/DR HA*	180.00
/ / 12/12/16	INTERPRETER: F/U CHIRO TX	MARIA BARBOSA # 500267	0.00
		CHIRO TX & F/U PHYS TX W/DR HA @ SIDHU*	90.00
/ / 12/14/16	INTERPRETER: F/U CHIRO TX	MARIA BARBOSA # 500267	0.00
		CHIRO TX & F/U PHYS TX W/DR HA @ SIDHU*	90.00
/ / 12/21/16	INTERPRETER: F/U CHIRO TX	MARIA BARBOSA # 500267	0.00
		CHIRO TX & F/U PHYS TX W/DR HA @ SIDHU*	90.00
/ / 12/28/16	INTERPRETER: FOLLOW UP	MARIA BARBOSA # 500267	0.00
		PHYSICAL TX & CHIRO TX W/DR HA @ SIDHU*	90.00
/ / 01/05/17	INTERPRETER: PR2/REEVAL	MARIA BARBOSA # 500267	0.00
		DR MIRZABEIGI/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ 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#
08/17/17	70466

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
00051517

BILL TO:
PACIFIC COMP INS. COMPANY
W. C. DEPARTMENT
ATTN: MICHAEL WEINBERG
P.O. BOX # 5042
THOUSAND OAKS, CA 91359

Case: vs MIRACLE MILE CAR WASH
Date Of Injury: 7/27/16

DOS	SERVICE	DESCRIPTION	AMOUNT
01/09/17	F/U CHIRO TX	CHIRO TX & F/U PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/11/17	F/U CHIRO TX	CHIRO TX & F/U PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/18/17	F/U CHIRO TX	CHIRO TX & F/U PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/20/17	F/U CHIRO TX	CHIRO TX & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/23/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/27/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/30/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/02/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
02/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
02/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/07/17	LIEN FIL FEE	LIEN FILING FEE	150.00
08/08/17	PENALTIES	FOR DATE OF SERVICE 09/08/16	34.50
08/08/17	INTEREST	FOR DATE OF SERVICE 09/08/16	21.16
08/08/17	PENALTIES	FOR DATE OF SERVICE 09/26/16	34.50
08/08/17	INTEREST	FOR DATE OF SERVICE 09/26/16	21.16
08/08/17	PENALTIES	FOR DATE OF SERVICE 10/24/16	13.50
08/08/17	INTEREST	FOR DATE OF SERVICE 10/24/16	8.14
08/08/17	PMT BY CHECK	DOS 9/8/16-2/13/17*	-5000.00

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#
08/17/17	70466

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
00051517

BILL TO:
PACIFIC COMP INS. COMPANY
W. C. DEPARTMENT
ATTN: MICHAEL WEINBERG
P.O. BOX # 5042
THOUSAND OAKS, CA 91359

Case: vs MIRACLE MILE CAR WASH
Date Of Injury: 7/27/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/15/17	BLCE OFF SET	=# 01068759 BALANCE OFF SET	-242.96

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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.

PACIFIC COMPENSATION INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042
(818) 575-8500

Temporary Return Service Requested

000056-000001-000056 2508947 2320EDC 1
Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

Explanation of Review
Page: 1 of 2
DCN: PC1-0010-0334764
704166
Date of Review: 08/04/2017
Date Bill Received: 08/01/2017
Adjustor: MWEINBERG
File: 00000000010.00 / 00000000000.00 / 00000000
Check No.: 01068759 Bulk $5,000.00
Method of Payment: Paper Check

rovider: JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781
rovider State License: 999999[illegible]
rovider Invoice:
:endering Provider: JOYCE ALTMAN INTERPRETERS, INC
:endering Provider ID: 9999999999

Claim 00051517
Policy: WA00194000
Employer Name: JIVANI INVESTMENTS INC
Doi: 07/27/2016
Claimant:
Patient SSN:
MPN Number: 1018

ax ID: 330956713 PHY
OS: 09/08/2016 TO 02/13/2017
xt ID: 33095671300 100
ayment Status Code: 1
ayment Date: 08/08/2017 Bill Frequency:

DX 1: T1490 Injury, unspecified

ate of ervice	Code	Mod	Rev Code	Service Description	Prescription #	Allow Units	Bill Units	Adjust Qnty	Charges	Bill Review	Reductions PPO	Allowance	Expl. Code(s)
1/08/2016	MDS10			LUM SUM/MUL BILL-THE AMNT		1	1	0	2,500.00			2,500.00	1000
2/13/2017	MDS10			LUM SUM/MUL BILL-THE AMNT		1	1	0	2,500.00			2,500.00	1000
								Total Charges:	5,000.00				
								Bill Review Reductions:		0.00			
								Recommended Allowance				5,000.00	

)00 FULL and FINAL SETTLEMENT

ME LIMITS TO DISPUTE PAYMENT AMOUNT

SECURITY FEATURES ON THIS DOCUMENT INCLUDE A MICRO-PRINT BORDER AND VOID PANTOGRAPH ON FACE AND A RULED PATTERN AND WHITE WATERMARK ON BACK.

PacificComp®
PACIFIC COMPENSATION INSURANCE COMPANY

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

16-01606/1220

CHECK NO: 01068759

DATE: 08/08/2017

AMOUNT
*****$5,000.00

VOID AFTER 6 MONTHS
TWO SIGNATURES REQUIRED IF $10,000.00 OR MORE

PAY **Five Thousand and 00/100**

TO THE ORDER OF Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

Authorized Signature
Authorized Signature

⑈01068759⑈ ⑆122016066⑆ 412⑈118464⑈

Joyce Altman Interpreters, 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 71742

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
43656

BILL TO:
PACIFIC COMP INS. COMPANY
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 5042
THOUSAND OAKS, CA 91359

Case: vs WYNDHAM GARDEN GROVE
Date Of Injury: 7/18/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/26/17	LEGAL_WCAB	MSC @ WCAB SANTA ANA	156.50
/ /	INTERPRETER:	MARIA I. SEARS # 100795	0.00
05/02/17	LEGAL_C&R	C&R READING @ L/O MICHELLE GAVRIEL	250.00
/ /	INTERPRETER:	MARTHA P. HAYES # 100761	0.00
07/03/17	PMT BY CHECK	DOS 4/26/17-5/2/17* =# 01063344	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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.

PACIFIC COMPENSATION INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042
(818) 575-8500

Temporary Return Service Requested

000087-000001-000087 2508744 2320EDC 1
Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

Explanation of Review
Page: 1 of 2
DCN: PC1-0010-0319954
Date of Review: 06/29/2017
Date Bill Received: 06/16/2017
Adjustor: KTIJAM
File: 00000000010.00 / 00000000000.00 / 00000000
Check No.: 01063344 Bulk $406.50
Method of Payment: Paper Check

Provider: JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781
Provider State License: 99999999
Provider Invoice: 71742
Rendering Provider: JOYCE ALTMAN INTERPRETERS INC
Rendering Provider ID: 9999999999

Claim 00043656
Policy: WA00083200
Employer Name: OHI RESORT LLC
Doi: 07/18/2014
Claimant:
Patient SSN:
MPN Number: 1018

71742

PAID
JUL 07 2017
BY: .....

Tax ID: 330956713 ANC
DOS: 04/26/2017 TO 05/02/2017
Ext ID: 33095671300 114
Payment Status Code: 1
Payment Date: 07/03/2017 Bill Frequency:

DX 1: T1490 Injury, unspecified

Date of Service	Code	Mod	Rev Code	Service Description	Prescription #	Allow Units	Bill Units	Adjust Qnty	Charges	Bill Review	Reductions PPO	Allowance	Expl. Code(s)
4/26/2017	T1013			SIGN LANGUAGE/ORAL INTEPR		1	1	0	156.50			156.50	
5/02/2017	T1013			SIGN LANGUAGE/ORAL INTEPR		1	1	0	250.00			250.00	
								Total Charges:	406.50				
								Bill Review Reductions:		0.00			
								Recommended Allowance				406.50	

IME LIMITS TO DISPUTE PAYMENT AMOUNT
EQUEST FOR SECOND REVIEW

SECURITY FEATURES ON THIS DOCUMENT INCLUDE A MICRO-PRINT BORDER AND VOID PANTOGRAPH ON FACE AND A RULED PATTERN AND WHITE WATERMARK ON BACK.

PacificComp®
PACIFIC COMPENSATION INSURANCE COMPANY

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

16-01606/1220

CHECK NO: 01063344

DATE: 07/03/2017

AMOUNT
*****$406.50

VOID AFTER 6 MONTHS
TWO SIGNATURES REQUIRED IF $10,000.00 OR MORE

PAY Four Hundred Six and 50/100

TO THE ORDER OF Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

Authorized Signature
Authorized Signature

Joyce Altman Interpreters, 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	63805

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
4806685; 4792473

BILL TO:
PACKARD CLAIMS (TARPON SPRINGS
W. C. DEPARTMENT
ATTN: ADEESHA SMITH
P.O. BOX 1549
TARPON SPRINGS, FL 34688

Case: vs WORKFORCE SOLUTIONS
Date Of Injury: 2/1/14-8/5/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/14/14	INITIAL EXAM	DR RAMESHNI @ ADVANCE CARE* DOI: 7/17/14	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/20/14	PR2/REEVAL	DR BROWN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/21/14	INITIAL EXAM	DR RAMESHNI @ ADVANCE CARE* DOI: 2/14-8/14	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
09/11/14	PR2/REEVAL	DR RAMESHNI @ ACS* DOI:CT 2/1/14-8/5/14	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/15/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR RINK @ ACS* INITIAL	150.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
09/18/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE* DOI:CT 2/1/14-8/5/14	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
09/25/14	INITIAL EXAM	W/ACUPUNCTURIST SUNG HONG @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/02/14	PR2-RE/EVAL	W/ACUPUNCT S. HONG @ ACS* DOI: 2/1/14-8/5/14	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
10/09/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE* DOI: 7/17/14	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/22/14	PR2/REEVAL	DR BHARATWAL @ ACS* BOTH DOI'S	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/16/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE* DOI:CT 2/1/14-8/5/14	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#
12/19/17	63805

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
4806685; 4792473

BILL TO:
PACKARD CLAIMS (TARPON SPRINGS
W. C. DEPARTMENT
ATTN: ADEESHA SMITH
P.O. BOX 1549
TARPON SPRINGS, FL 34688

Case: vs WORKFORCE SOLUTIONS
Date Of Injury: 2/1/14-8/5/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/21/14	PR2-RE/EVAL	W/ACUPUNCT S. HONG @ ACS*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/23/14	PR2-RE/EVAL	W/ACUPUNCT HONG @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
10/28/14	PR2-RE/EVAL	W/ACUPUNCT HONG @ ACS* CT	180.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
11/06/14	PR2/REEVAL	DR RAMESHNI @ ACS* DOI: 8/5/14	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
11/13/14	PR2/REEVAL	DR RAMESHNI @ ACS* DOI:CT 2/1/14-8/5/14	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/04/15	PR2/REEVAL	DR RAMESHNI @ ACS* DOI: 7/7/14	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/06/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE* DOI:8/5/14;CT 2/1/14	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
11/19/14	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE* DOI: 2/1/14-8/5/14	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
03/12/15	PR2/REEVAL	DR RAMESHNI @ ACS* DOI: 2/1/14-8/5/14	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/13/15	INITIAL EXAM	DR A.YAGHOOBIAN @ ACS* DOI: 8/5/14	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
11/20/14	FOLLOW-UP	W/ ACUPUNCT HONG @ ACS* DOI: 2/1/14-8/5/14	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#
12/19/17	63805

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
4806685; 4792473

BILL TO:
PACKARD CLAIMS (TARPON SPRINGS
W. C. DEPARTMENT
ATTN: ADEESHA SMITH
P.O. BOX 1549
TARPON SPRINGS, FL 34688

Case: vs WORKFORCE SOLUTIONS
Date Of Injury: 2/1/14-8/5/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
03/17/15	FOLLOW-UP	W/ ACUPUNCT RHEE @ ACS* DOI: 2/1/14-8/5/14	180.00
/ /	INTERPRETER:	ELIZABETH VALENICA # 101087	0.00
03/18/15	R.P.T.	REHAB PHYSICAL THERAPY W/ DR M.PARKER INT @ ACS*	90.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
11/21/14	FOLLOW UP	PHYSICAL THERAPY W/DR GHODS @ ACS* DOI: CT 2/1/14	90.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
11/25/14	FOLLOW-UP	W/ ACUPUNCT HONG @ ACS* DOI: CT 2/1/14-8/14	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
03/24/15	FOLLOW-UP	W/ ACUPUNCT RHEE @ ACS* DOI: 8/5/14	180.00
/ /	INTERPRETER:	LUIS VALVERDE # 004204	0.00
03/25/15	PR2/REEVAL	DR BHARTWAL & REHAB PHYS TX W/PARKER* 2/14-8/14	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/02/14	PR2-RE/EVAL	W/ACUPUNCT RHEE @ ACS*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/31/15	FOLLOW-UP	W/ACUPUNCT RHEE @ ACS* DOI : 8/5/14	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
04/03/15	PR2/REEVAL	DR MASSIHI @ ACS* DOI:8/14;CT2/14-8/14	180.00
/ /	INTERPRETER:	GLADYS P. REYNA @ 301721	0.00
04/08/15	R.P.T.	REHAB PHYSICAL THERAPY @ ACS W/M. PARKER*	90.00
/ /	INTERPRETER:	ESMY VILLACRESES # 500404	0.00

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PACKARD CLAIMS (TARPON SPRINGS
W. C. DEPARTMENT
ATTN: ADEESHA SMITH
P.O. BOX 1549
TARPON SPRINGS, FL 34688

Case: vs WORKFORCE SOLUTIONS
Date Of Injury: 2/1/14-8/5/14

DOS	SERVICE	DESCRIPTION	AMOUNT
		DOI: 8/5/14	
04/09/15	P AND S	DR RAMESHNI @ ADVANCE CARE*	230.00
		DOI: 7/17/14	
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/05/14	INITIAL EXAM	DR MASSIHI @ ADVANCE CARE*	230.00
		DOI: 8/5/14	
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
04/14/15	PR2/REEVAL	DR YAGHOOBIAN @ ADVANCE CARE*	180.00
		DOI: 8/5/14	
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
04/15/15	PR2/REEVAL	DR RAMESHNI @ ACS*	180.00
		DOI: 2/14-8/14	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/11/14	FOLLOW-UP	W/ ACUPUNCT Y. RHEE @ ACS*	180.00
		DOI: CT 2/1/14-8/14	
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
12/17/14	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
		DOI: CT 2/1/14-8/14	
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/18/14	PR2/REEVAL	DR RAMESHNI & F/UP ACUPUNCT W/DR RHEE @ ACS*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
		DOI:7/17/14;CT2/1/14	
12/23/14	FOLLOW-UP	W/ ACUPUNCT RHEE @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
12/24/14	PR2/REEVAL	DR RAMSHNI @ AVANCE CARE*	180.00
		DOI: CT2/1/14-8/14	
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
04/29/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/30/14	FOLLOW-UP	W/ ACUPUNCT RHEE @ ACS*	180.00

Joyce Altman Interpreters, Inc.
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*** INVOICE ***

Date	NO#
12/19/17	63805

EAMS#(s):
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SS # :
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Terms: 60 days
Claim #(s):
4806685; 4792473

BILL TO:
PACKARD CLAIMS (TARPON SPRINGS
W. C. DEPARTMENT
ATTN: ADEESHA SMITH
P.O. BOX 1549
TARPON SPRINGS, FL 34688

Case: vs WORKFORCE SOLUTIONS
Date Of Injury: 2/1/14-8/5/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	DOI: CT2/1/14-8/5/14 ELIZABETH VALENCIA # 101087	0.00
05/01/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	DOI: CT2/1/14-8/5/14 GLADYS PINEDA REYNA # 301721	0.00
01/06/15	FOLLOW-UP	W/ ACUPUNCT Y. RHEE @ ACS*	180.00
/ /	INTERPRETER:	DOI: 7/17/14 ELIZABETH VALENCIA # 101087	0.00
01/09/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	DOI: 2/1/14-8/5/14 GLADYS REYNA # 100755	0.00
01/13/15	FOLLOW-UP	W/ ACUPUNCT Y. RHEE @ ACS*	180.00
/ /	INTERPRETER:	DOI: 8/5/14 ELIZABETH VALENCIA # 101087	0.00
01/28/15	PR2/REEVAL	DR NEGIN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	DOI: 7/17/14 JOSE GERRY LUGO # 500049	0.00
02/03/15	FOLLOW-UP	W/ ACUPUNCT RHEE @ ACS*	180.00
/ /	INTERPRETER:	DOI: CT 8/5/14 ELIZABETH VALENCIA # 101087	0.00
05/20/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	DOI: 2/14 - 8/14 JESUS A. CASTILLO # 500358	0.00
02/05/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CAR*	180.00
/ /	INTERPRETER:	DOI: 2/14 - 8/14 JOSE GERRY LUGO # 500049	0.00
02/06/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	BOTH DOI'S GLADYS REYNA # 100755	0.00
02/10/15	FOLLOW-UP	W/ ACUPUNCT RHEE @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00

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Case: vs WORKFORCE SOLUTIONS
Date Of Injury: 2/1/14-8/5/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/11/15	EMG TESTING	& NCV BY DR GROSS: U/E @ ACS*	150.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/27/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/18/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/03/15	INITIAL EXAM	DR MENDELSOHN @ ADVANCE CARE* DOI: 2/14 - 8/14	230.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
06/05/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
06/24/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE* DOI: 8/5/14	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
06/25/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE* DOI:CT 2/1/14-8/5/14	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
07/10/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/29/15	PR2/REEVAL	DR BARATHWAL @ ADVANCE CARE* DOI: 8/5/14	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
07/30/15	PR2/REEVAL	DR RAMESHNI @ ACS* DOI: 8/5/14	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/03/15	PR2/REEVAL	DR MENDELSON @ ADVANCE CARE* DOI: 8/5/14	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
08/07/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE* DOI: 8/5/14; 7/17/14	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00

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Tustin, CA 92781-4165
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Date NO#
12/19/17 63805

EAMS#(s)

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Terms: 60 days
Claim #(s):
4806685; 4792473

BILL TO:
PACKARD CLAIMS (TARPON SPRINGS
W. C. DEPARTMENT
ATTN: ADEESHA SMITH
P.O. BOX 1549
TARPON SPRINGS, FL 34688

Case: vs WORKFORCE SOLUTIONS
Date Of Injury: 2/1/14-8/5/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/02/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE* DOI: 2/1/14-8/5/14	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/04/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE* DOI: 8/5/14	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/03/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE* DOI: 8/5/14	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/01/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE* DOI: CT 2/14 - 8/14	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/02/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE* DOI: 2/14 - 8/14	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/21/15	PR2/REEVAL	DR BHATATWAL @ ADVANCE CARE* DOI: 2/14 - 8/14	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/05/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE* DOI: 2/14 - 8/14	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/18/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE* DOI: 2/14 - 8/14	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/07/15	PR2/REEVAL	DR RAMESHNI @ ACS* DOI: 2/14 - 8/14	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/16/15	PR2/REEVAL	DR BHARATWAL @ ACS* DOI: 2/14 - 8/14	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500268	0.00
01/08/16	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE*	180.00

Joyce Altman Interpreters, Inc.
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*** INVOICE ***

Date	NO#
12/19/17	63805

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PACKARD CLAIMS (TARPON SPRINGS
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ATTN: ADEESHA SMITH
P.O. BOX 1549
TARPON SPRINGS, FL 34688

Case: vs WORKFORCE SOLUTIONS
Date Of Injury: 2/1/14-8/5/14

DOS	SERVICE	DESCRIPTION	AMOUNT
		DOI: 2/14 - 8/14	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/12/16	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
		DOI: 2/14 - 8/14	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/20/16	PR2/REEVAL	DR BHARATWAL @ ACS*	180.00
		DOI: 2/14 - 8/14	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/17/16	PR2/REEVAL	DR BHARATWAL @ ENHANCED PRECISION CARE* EPC	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
		DOI: 2/14 - 8/14	
02/16/16	PR2/REEVAL	DR RAMESHNI @ ENHANCED PRECISION CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
		DOI: 2/14 - 8/14	
03/16/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
03/22/16	P AND S	DR RAMESHNI @ EPC*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
04/20/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
		DOI: 2/14 - 8/14	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/25/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
07/06/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/03/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/14/17	PMT BY CHECK	DOS 8/14/14-8/3/16* =#10039711	-15550.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
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*** INVOICE ***
Date NO#
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TARPON SPRINGS, FL 34688

Case: vs WORKFORCE SOLUTIONS
Date Of Injury: 2/1/14-8/5/14

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.

Explanation Of Bill Review

Packard Claims Administration
P.O. BOX 1549
TARPON SPRINGS, FL 34688-1549
Telephone Number: 817-265-2000

Insurer: State National Insurance
2739 US HWY 19 N
Holiday, FL 34691
Div#: 12831

Payee:
Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 92781-4165

Claimant Name:
Claimant SSN:
Incident Date: 07/17/2014
Claim Number: 4792473
Division Claim No.: 2015082813445

Policy ID: CWC 71949-0570
Examiner: ASMITH
Check Number: 10039711
Check Amount: $15,550.00
Check Date: 12/14/2017
Description: Translation
Invoice No: 63805

Document Number: PRA-PKCA-30607
Received Date: 11/30/2017
Reviewed Date: 12/12/2017
Bill Type: Doctors Office - 50
Primary ICD: T14.90 Injury, unspecified
PPO Name:
From: 08/14/2014 **Through:** 08/03/2016
Pharmacy No.:
DRG Code: T14

Srvc	Mod	Units	Service Description	Srvc Date	Billed	BR Red	PPO Red	Other Red	Allowance	Reason Code
T1013		1.00	INTERPRETER	08/14/2014	230.00	0.00	0.00	0.00	230.00	
T1013		1.00	INTERPRETER	08/20/2014	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	08/21/2014	230.00	0.00	0.00	0.00	230.00	
T1013		1.00	INTERPRETER	09/11/2014	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	09/15/2014	150.00	0.00	0.00	0.00	150.00	
T1013		1.00	INTERPRETER	09/18/2014	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	09/25/2014	230.00	0.00	0.00	0.00	230.00	
T1013		1.00	INTERPRETER	10/02/2014	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	10/09/2014	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	10/16/2014	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	10/21/2014	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	10/22/2014	180.00	0.00	0.00	0.00	180.00	

WARNING — THIS CHECK IS PROTECTED BY SPECIAL SECURITY FEATURES

Packard Claims Administration
P.O. Box 1549
Tarpon Springs, FL 34688

Wells Fargo Bank, N.A.
101 Federal Place
Tarpon Springs, FL 34689

CHECK NO. 10039711

DATE 12/14/2017

AMOUNT $15,550.00

PAY Fifteen Thousand Five Hundred Fifty Dollars And 00/100

TO THE ORDER OF Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 92781-4165

SECURE FEATURES INCLUDE MICROPRINTING - VOID FEATURE PANTOGRAPH - ENDORSEMENT BACKER

⑈10039711⑈ ⑆121000248⑆ 4463595157⑈

Explanation Of Bill Review

Packard Claims Administration
P.O. BOX 1549
TARPON SPRINGS, FL 34688-1549
Telephone Number: 817-265-2000

Insurer: State National Insurance
2739 US HWY 19 N
Holiday, FL 34691
Div#: 12831

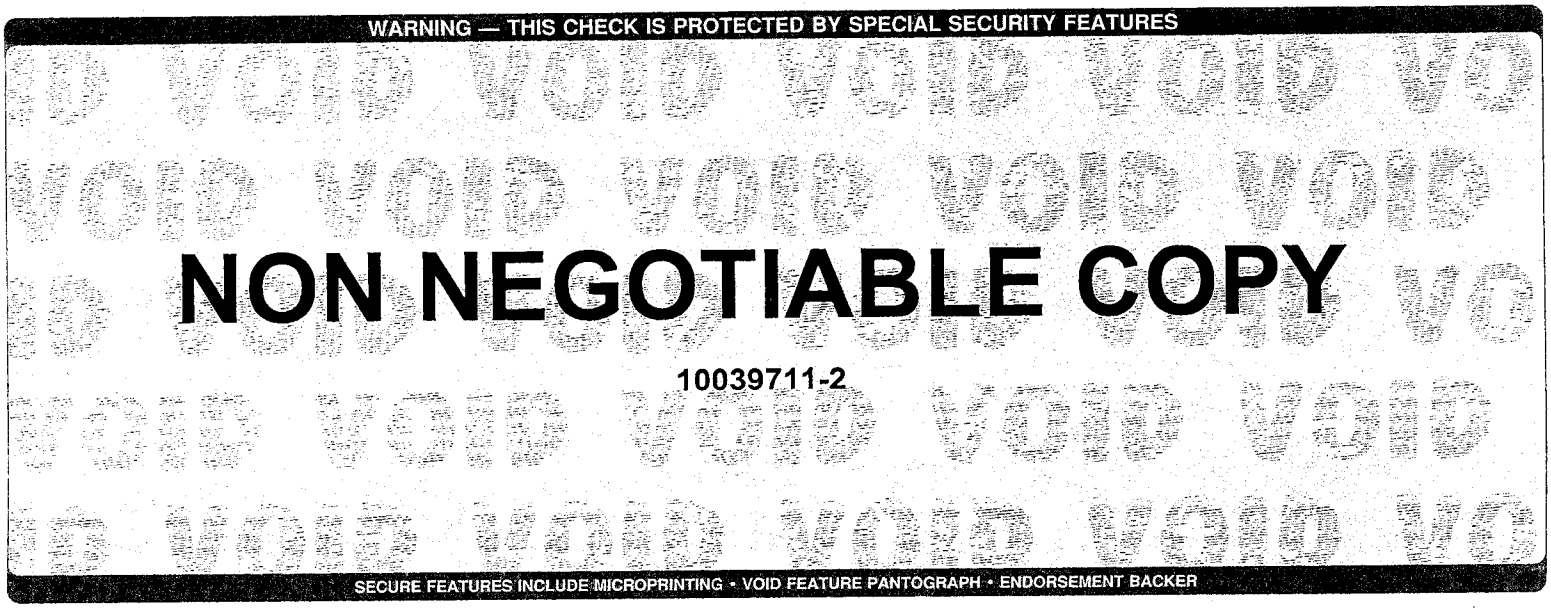
Payee:
Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 92781-4165

Claimant Name:
Claimant SSN:
Incident Date: 07/17/2014
Claim Number: 4792473
Division Claim No.: 2015082813445

Policy ID: CWC 71949-0570
Examiner: ASMITH
Check Number: 10039711
Check Amount: $15,550.00
Check Date: 12/14/2017
Description: Translation
Invoice No: 63805

Document Number: PRA-PKCA-30607
Received Date: 11/30/2017
Reviewed Date: 12/12/2017
Bill Type: Doctors Office - 50
Primary ICD: T14.90 Injury, unspecified
PPO Name:
From: 08/14/2014 **Through:** 08/03/2016
Pharmacy No.:
DRG Code: T14

Srvc	Mod	Units	Service Description	Srvc Date	Billed	BR Red	PPO Red	Other Red	Allowance	Reason Code
T1013		1.00	INTERPRETER	10/23/2014	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	10/28/2014	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	11/06/2014	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	11/13/2014	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	11/19/2014	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	11/20/2014	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	11/21/2014	90.00	0.00	0.00	0.00	90.00	
T1013		1.00	INTERPRETER	11/25/2014	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	12/02/2014	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	12/05/2014	230.00	0.00	0.00	0.00	230.00	
T1013		1.00	INTERPRETER	12/11/2014	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	12/17/2014	180.00	0.00	0.00	0.00	180.00	



Explanation Of Bill Review

Packard Claims Administration
P.O. BOX 1549
TARPON SPRINGS, FL 34688-1549
Telephone Number: 817-265-2000

Insurer: State National Insurance
2739 US HWY 19 N
Holiday, FL 34691
Div#: 12831

Payee:
Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 92781-4165

Claimant Name:
Claimant SSN:
Incident Date: 07/17/2014
Claim Number: 4792473
Division Claim No.: 2015082813445

Policy ID: CWC 71949-0570
Examiner: ASMITH
Check Number: 10039711
Check Amount: $15,550.00
Check Date: 12/14/2017
Description: Translation
Invoice No: 63805

Document Number: PRA-PKCA-30607
Received Date: 11/30/2017
Reviewed Date: 12/12/2017
Bill Type: Doctors Office - 50
Primary ICD: T14.90 Injury, unspecified
PPO Name:
From: 08/14/2014 **Through:** 08/03/2016
Pharmacy No.:
DRG Code: T14

Srvc	Mod	Units	Service Description	Srvc Date	Billed	BR Red	PPO Red	Other Red	Allowance	Reason Code
T1013		1.00	INTERPRETER	12/18/2014	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	12/23/2014	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	12/24/2014	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	12/30/2014	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	01/06/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	01/09/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	01/13/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	01/28/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	02/03/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	02/05/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	02/06/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	02/10/2015	180.00	0.00	0.00	0.00	180.00	

Explanation Of Bill Review

Packard Claims Administration
P.O. BOX 1549
TARPON SPRINGS, FL 34688-1549
Telephone Number: 817-265-2000

Insurer: State National Insurance
2739 US HWY 19 N
Holiday, FL 34691
Div#: 12831

Payee:
Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 92781-4165

Claimant Name:
Claimant SSN:
Incident Date: 07/17/2014
Claim Number: 4792473
Division Claim No.: 2015082813445

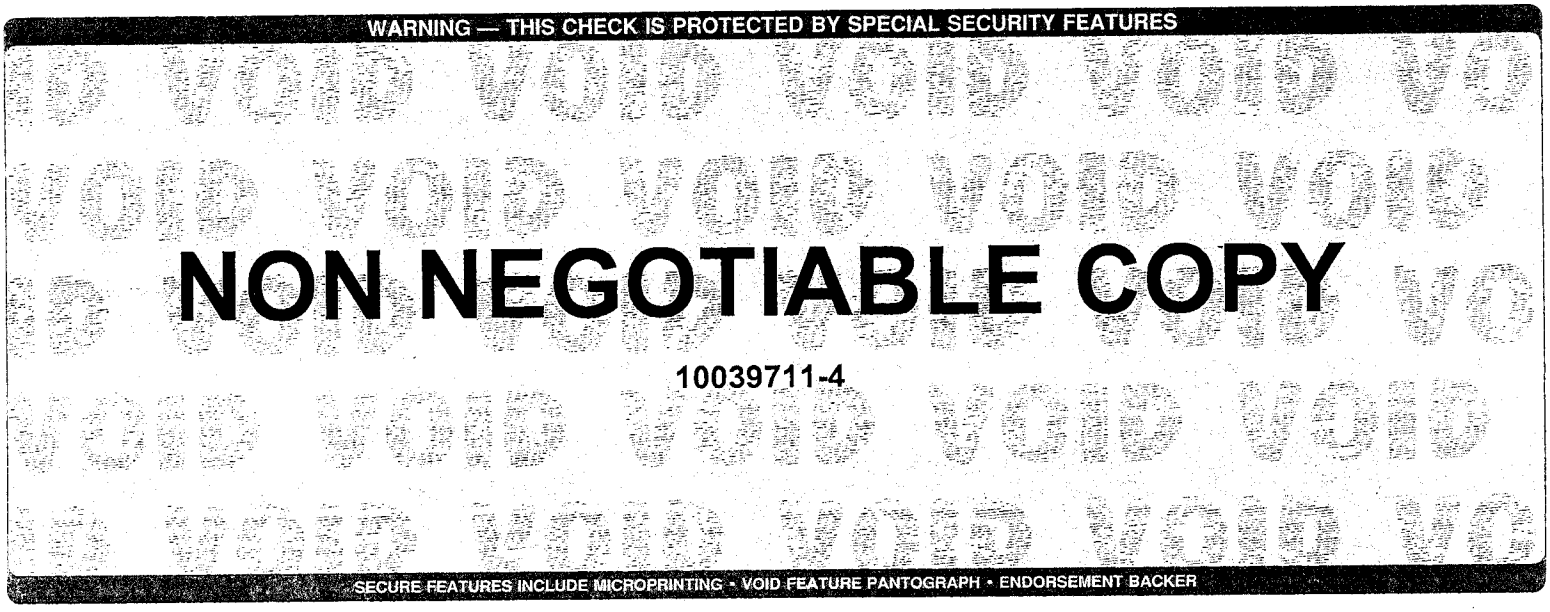
Policy ID: CWC 71949-0570
Examiner: ASMITH
Check Number: 10039711
Check Amount: $15,550.00
Check Date: 12/14/2017
Description: Translation
Invoice No: 63805

Document Number: PRA-PKCA-30607
Received Date: 11/30/2017
Reviewed Date: 12/12/2017

Bill Type: Doctors Office - 50
Primary ICD: T14.90 Injury, unspecified
PPO Name:

From: 08/14/2014 **Through:** 08/03/2016
Pharmacy No.:
DRG Code: T14

Srvc	Mod	Units	Service Description	Srvc Date	Billed	BR Red	PPO Red	Other Red	Allowance	Reason Code
T1013		1.00	INTERPRETER	02/11/2015	150.00	0.00	0.00	0.00	150.00	
T1013		1.00	INTERPRETER	02/18/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	03/04/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	03/06/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	03/12/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	03/13/2015	230.00	0.00	0.00	0.00	230.00	
T1013		1.00	INTERPRETER	03/17/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	03/18/2015	90.00	0.00	0.00	0.00	90.00	
T1013		1.00	INTERPRETER	03/24/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	03/25/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	03/31/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	04/03/2015	180.00	0.00	0.00	0.00	180.00	



Explanation Of Bill Review

Packard Claims Administration

P.O. BOX 1549
TARPON SPRINGS, FL 34688-1549
Telephone Number: 817-265-2000

Insurer: State National Insurance
2739 US HWY 19 N
Holiday, FL 34691
Div#: 12831

Payee:
Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 92781-4165

Claimant Name:
Claimant SSN:
Incident Date: 07/17/2014
Claim Number: 4792473
Division Claim No.: 2015082813445

Policy ID: CWC 71949-0570
Examiner: ASMITH
Check Number: 10039711
Check Amount: $15,550.00
Check Date: 12/14/2017
Description: Translation
Invoice No: 63805

Document Number: PRA-PKCA-30607
Received Date: 11/30/2017
Reviewed Date: 12/12/2017
Bill Type: Doctors Office - 50
Primary ICD: T14.90 Injury, unspecified
PPO Name:
From: 08/14/2014 **Through:** 08/03/2016
Pharmacy No.:
DRG Code: T14

Srvc	Mod	Units	Service Description	Srvc Date	Billed	BR Red	PPO Red	Other Red	Allowance	Reason Code
T1013		1.00	INTERPRETER	04/08/2015	90.00	0.00	0.00	0.00	90.00	
T1013		1.00	INTERPRETER	04/09/2015	230.00	0.00	0.00	0.00	230.00	
T1013		1.00	INTERPRETER	04/14/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	04/15/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	04/29/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	05/01/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	05/20/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	05/27/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	06/03/2015	230.00	0.00	0.00	0.00	230.00	
T1013		1.00	INTERPRETER	06/05/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	06/24/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	06/25/2015	180.00	0.00	0.00	0.00	180.00	

Explanation Of Bill Review

Packard Claims Administration
P.O. BOX 1549
TARPON SPRINGS, FL 34688-1549
Telephone Number: 817-265-2000

Insurer: State National Insurance
2739 US HWY 19 N
Holiday, FL 34691
Div#: 12831

Payee:
Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 92781-4165

Claimant Name:
Claimant SSN:
Incident Date: 07/17/2014
Claim Number: 4792473
Division Claim No.: 2015082813445

Policy ID: CWC 71949-0570
Examiner: ASMITH
Check Number: 10039711
Check Amount: $15,550.00
Check Date: 12/14/2017
Description: Translation
Invoice No: 63805

Document Number: PRA-PKCA-30607
Received Date: 11/30/2017
Reviewed Date: 12/12/2017
Bill Type: Doctors Office - 50
Primary ICD: T14.90 Injury, unspecified
PPO Name:
From: 08/14/2014
Through: 08/03/2016
Pharmacy No.:
DRG Code: T14

Srvc	Mod	Units	Service Description	Srvc Date	Billed	BR Red	PPO Red	Other Red	Allowance	Reason Code
T1013		1.00	INTERPRETER	07/10/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	07/29/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	07/30/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	08/03/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	08/07/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	09/02/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	09/03/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	09/04/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	10/01/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	10/02/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	10/21/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	11/05/2015	180.00	0.00	0.00	0.00	180.00	

10039711-6

Explanation Of Bill Review

Packard Claims Administration
P.O. BOX 1549
TARPON SPRINGS, FL 34688-1549
Telephone Number: 817-265-2000

Insurer: State National Insurance
2739 US HWY 19 N
Holiday, FL 34691
Div#: 12831

Payee:
Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 92781-4165

Claimant Name:
Claimant SSN:
Incident Date: 07/17/2014
Claim Number: 4792473
Division Claim No.: 2015082813445

Policy ID: CWC 71949-0570
Examiner: ASMITH
Check Number: 10039711
Check Amount: $15,550.00
Check Date: 12/14/2017
Description: Translation
Invoice No: 63805

Document Number: PRA-PKCA-30607
Received Date: 11/30/2017
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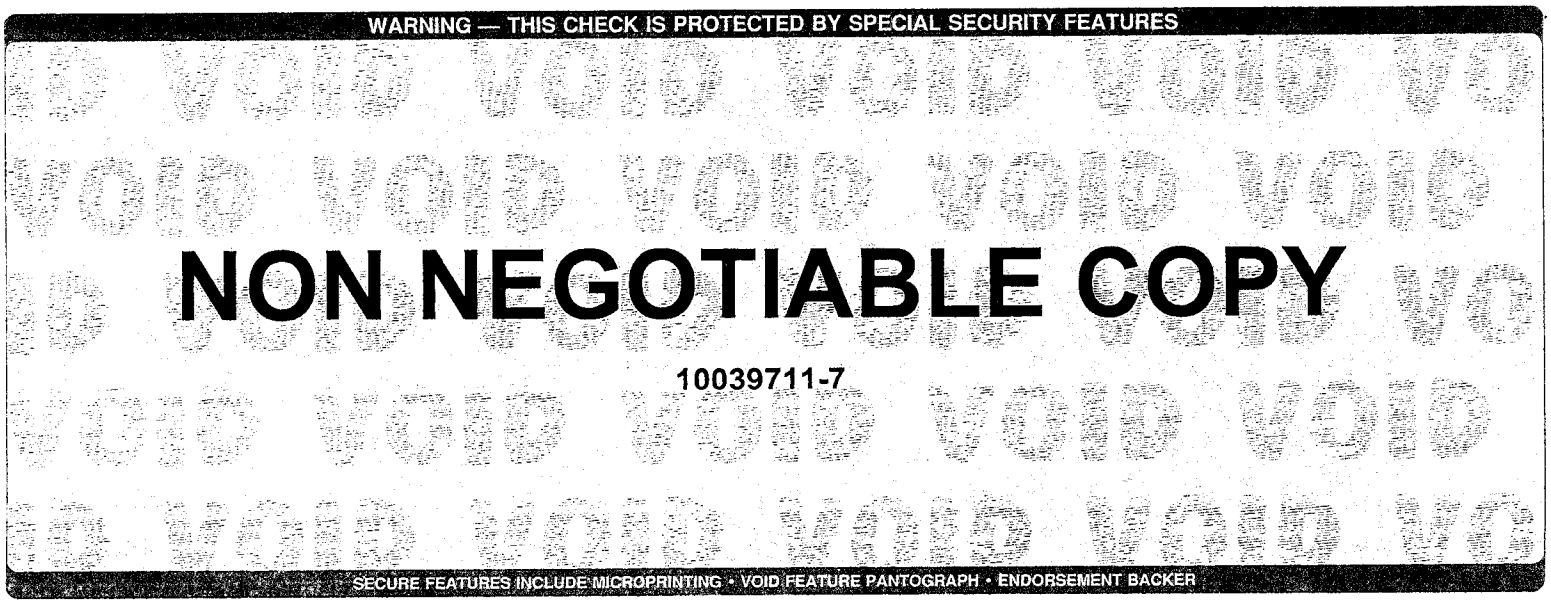
Bill Type: Doctors Office - 50
Primary ICD: T14.90 Injury, unspecified
PPO Name:
From: 08/14/2014
Through: 08/03/2016
Pharmacy No.:
DRG Code: T14

Srvc	Mod	Units	Service Description	Srvc Date	Billed	BR Red	PPO Red	Other Red	Allowance	Reason Code
T1013		1.00	INTERPRETER	11/18/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	12/07/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	12/16/2015	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	01/08/2016	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	01/12/2016	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	01/20/2016	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	02/16/2016	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	02/17/2016	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	03/16/2016	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	03/22/2016	230.00	0.00	0.00	0.00	230.00	
T1013		1.00	INTERPRETER	04/20/2016	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	05/25/2016	180.00	0.00	0.00	0.00	180.00	



Explanation Of Bill Review

Packard Claims Administration
P.O. BOX 1549
TARPON SPRINGS, FL 34688-1549
Telephone Number: 817-265-2000

Insurer: State National Insurance
2739 US HWY 19 N
Holiday, FL 34691
Div#: 12831

Payee:
Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 92781-4165

Claimant Name:
Claimant SSN:
Incident Date: 07/17/2014
Claim Number: 4792473
Division Claim No.: 2015082813445

Policy ID: CWC 71949-0570
Examiner: ASMITH
Check Number: 10039711
Check Amount: $15,550.00
Check Date: 12/14/2017
Description: Translation
Invoice No: 63805

Document Number: PRA-PKCA-30607
Received Date: 11/30/2017
Reviewed Date: 12/12/2017
Bill Type: Doctors Office - 50
Primary ICD: T14.90 Injury, unspecified
PPO Name:
From: 08/14/2014
Through: 08/03/2016
Pharmacy No.:
DRG Code: T14

Srvc	Mod	Units	Service Description	Srvc Date	Billed	BR Red	PPO Red	Other Red	Allowance	Reason Code
T1013		1.00	INTERPRETER	07/06/2016	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	08/03/2016	180.00	0.00	0.00	0.00	180.00	
				Totals:	15,550.00	0.00	0.00	0.00	15,550.00	

Optum at 1(610)631-2376
2500 Monroe Blvd.
Norristown, PA 19430

* UNLESS OTHERWISE NOTED, ALL REDUCTIONS WERE DUE TO CHARGES EXCEEDING THE OFFICIAL MEDICAL FEE SCHEDULE OF THE STATE OF CALIFORNIA. 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 DIRECTORS ADMINISTRATIVE RULES. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE 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. 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.

Joyce Altman Interpreters, 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	66945

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
38576

BILL TO:
PREFERRED EMPLOYERS (SAN DIEG)
W. C. DEPARTMENT
ATTN: LOUIS SANTILLAN
PO. BOX # 85838
SAN DIEGO, CA 92186-5838

Case: vs TOMAX USA
Date Of Injury: 5/29/14 - 5/29/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/05/15	INITIAL EXAM	DR RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/09/15	CHIRO TX	INITIAL CHIRO TREATMENT W/DR SHARMA @ AMERI*	90.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/12/15	INITIAL EXAM	W/ACUPUNCTURIST LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/15/15	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR KAHN @ AMERI* (INT)	150.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
07/14/15	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/24/15	FOLLOW-UP	W/ ACUPUNCT ALEX LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/28/15	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/11/15	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/18/15	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
08/21/15	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO 101143	0.00
08/27/15	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/01/15	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	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#
04/24/18	66945

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
38576

BILL TO:
PREFERRED EMPLOYERS (SAN DIEG)
W. C. DEPARTMENT
ATTN: LOUIS SANTILLAN
PO. BOX # 85838
SAN DIEGO, CA 92186-5838

Case: vs TOMAX USA
Date Of Injury: 5/29/14 - 5/29/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/08/15	FOLLOW-UP	W/ ACUPUNCT ALEX LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/05/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/22/15	FOLLOW-UP	W/ ACUPUNCT LEE @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/13/15	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/23/15	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR KHAN @ AMERI* FINAL	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/22/15	P AND S	DR RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/01/17	LIEN FIL FEE	LIEN FILING FEE	150.00
04/05/18	PENALTIES	FOR DATE OF SERVICE 06/05/15	34.50
04/05/18	INTEREST	FOR DATE OF SERVICE 06/05/15	62.47
04/05/18	PENALTIES	FOR DATE OF SERVICE 06/12/15	34.50
04/05/18	INTEREST	FOR DATE OF SERVICE 06/12/15	62.47
04/05/18	PENALTIES	FOR DATE OF SERVICE 12/22/15	34.50
04/05/18	INTEREST	FOR DATE OF SERVICE 12/22/15	85.87
04/18/18	PMT BY CHECK	DOS 4/10/18* =# 5002202595	-3000.00
04/24/18	BLCE OFF SET	BALANCE OFF SET	-254.31

Joyce Altman Interpreters, 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	66945

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
38576

BILL TO:
PREFERRED EMPLOYERS (SAN DIEG)
W. C. DEPARTMENT
ATTN: LOUIS SANTILLAN
PO. BOX # 85838
SAN DIEGO, CA 92186-5838

Case: vs TOMAX USA
Date Of Injury: 5/29/14 - 5/29/15

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.

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

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

BWA10187910_50000000889

Check Date	Reference Number	Supplier Number	Pay Group	AP Unit	Print Group Code	Check Number
Apr 18 2018	5002202595	0000056979	CL	10045	2	5002202595

Policy Number	WKN156536-1
Insured	TOMAXUSA INC.
Date of Loss	05/29/2015
Reported Date of Loss	06/23/2015
Claims System ID	btsCCPR:16121715
Claim Number	38576
Claimant Name	
Supplier Invoice Date	04/17/2018
Supplier Invoice Number	IbtsCCPR:16121715
Service Dates	04/10/2018 04/10/2018
Adjuster Name	Louis Santillan (PEG WC Claims B (San Diego))
Agency Code	
Agency Name	
Pay Amount	$ 3,000.00
Memo / Description	Medical + EOB for bill: FIC-50CA-1055098

Page 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 3,000.00 ***
Page 1 through 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 3,000.00 ***

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#
09/19/17 70798

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
55c302084

BILL TO:
SENTRY INSURANCE (WI-8032)
W. C. DEPARTMENT
ATTN: JASON PEEL
P.O. BOX 8032
STEVENS POINT, WI 54481

Case: vs OPI PRODUCTS
Date Of Injury: CT 5/17/11 - 5/17/16

DOS	SERVICE	DESCRIPTION	AMOUNT
11/17/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL I	156.50
/ /	INTERPRETER:	MARIO B. VALDEZ # 301322	0.00
12/15/16	PMT BY CHECK	DOS 11/17/16* # 46747856	-156.50
12/28/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL I	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/01/17	PMT BY CHECK	DOS 12/28/16* # 46847848	-250.00
03/22/17	LEGAL_PREP	DEPO PREP @ L/O GOLDMAN MAGDALIN - VOL II	156.50
/ /	INTERPRETER:	LETTY JULIAO-GREEN # 301547	0.00
05/02/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL II	250.00
/ /	INTERPRETER:	MARIA E. PACO CORTEZ # 100533	0.00
08/21/17	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/12/17	PMT BY CHECK	DOS 3/22/17-8/21/17* # 47361219	-563.00

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.

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 47361219

1 1 799 17255 BCLM.F2T70SEN
0027028044542021050492781416565

SENTRY INSURANCE

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

INVOICE# 70798

SEP 18 2017

REFERENCE NO. 110456731
EMPLOYEE/PATIENT:

CL NO. 55C302084
NOT NEGOTIABLE
$******563.00

THIS PAYMENT COVERS--032217 THRU 082117 ACCT#70798

56B ▼ Detach Here ▼ (10/13)

CLAIM ACCOUNT

VOID VOID VOID VOID

No. 47361219

56-382 / 412 WELLS FARGO BANK, N.A.
VAN WERT, OH 45891

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C302084	05/17/16	COTY, INC	09/12/17

PAYMENT COVERS	AMOUNT
032217 THRU 082117 ACCT#70798	$******563.00

FIVE HUNDRED SIXTY-THREE AND NO/100 DOLLARS

SENTRY CASUALTY COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

⑈47361219⑈ ⑆041203824⑆ 9600031681⑈

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

*** INVOICE ***
Date NO#
06/11/18 63465

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
EPH6549

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: LINDA MORA
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs ASSA ABLOY INC
Date Of Injury: 91/1/10 - 9/1/11

DOS	SERVICE	DESCRIPTION	AMOUNT
07/28/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MANAGEMENT* IPM	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/04/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/07/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
11/11/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/16/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
06/13/16	LIEN FIL FEE	LIEN FILING FEE	150.00
06/06/18	PMT BY CHECK	DOS 7/28/14-6/13/16* # 896D 91044849	-1050.00

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 **

019684

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
0

896D 91044849

TRAVELERS

DATE: 06/06/18
LOSS DATE: 09/01/11
FILE NUMBER: 152 CB EPH6549 P

EMPLOYEE

ACCOUNT NAME:
ASSA ABLOY, INC.

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Med Interpreting Srvc

SERVICE DATE: 7/28/2014 TO: 6/13/2016

TOTAL PAID: $1050.00
TAX INFO: 330956713 Y C
PAY MISC: 63465
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
JUN 11 2018
BY .....

FOR ADDITIONAL INFORMATION, CONTACT: LINDA G MORA AT (909)612-3815

157009895
DETACH CHECK

UNSUMM
OVP-UNS2:121205
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#
04/24/18 63660

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
EYJ3884

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: JOCELYN HAUBRUGE
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs CBS RESTAURANT CORP
Date Of Injury: 1/24/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/01/14	INITIAL EXAM	-DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	SYLVIA POSADA # 101008	0.00
08/07/14	PR2/REEVAL	-4DR BHARARTWAL @ ADVANCE CAR	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
09/08/14	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
09/11/14	PR2/REEVAL	-DR WADE @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/06/14	PR2/REEVAL	-DR WADE @ ADVANCE CARE	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/03/14	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 50049	0.00
10/24/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/D MENDOZA @ ADVANCE*	150.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/05/14	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/03/16	LIEN FIL FEE	LIEN FILING FEE	150.00
04/02/18	PENALTIES	FOR DATE OF SERVICE 08/01/14	34.50
04/02/18	INTEREST	FOR DATE OF SERVICE 08/01/14	87.47
04/20/18	PMT BY CHECK	DOS 4/2/18* # 896D 90848725	-1731.97

Joyce Altman Interpreters, 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	63660

EAMS#(s)

SS #
DOB
Terms: 60 days
Claim #(s):
EYJ3884

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: JOCELYN HAUBRUGE
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs CBS RESTAURANT CORP
Date Of Injury: 1/24/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THE TRAVELERS - RANCHO CORDOVA BI/P
TRAVELERS WC CLAIMS
PO BOX 13089
SACRAMENTO CA 95813-3089

0

896D 90848725

TRAVELERS

DATE: 04/20/18
LOSS DATE: 01/24/14
FILE NUMBER: 480 CB EYJ3884 H
REFERENCE #: 1018884174SW
EMPLOYEE

ACCOUNT NAME:
CBC RESTAURANT CORP

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 04/02/18

TOTAL PAID: $1731.97

TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: BROOKE GREER AT (916)638-6423

!0019142
— DETACH CHECK

UNSUMM-111311
OVRPUNS2-121298
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#
03/20/18 61766

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
EYJ6150

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: LINDA MORA
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs EMTEK PRODUCTS
Date Of Injury: 2/12/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/02/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
04/28/14	PR2-RE/EVAL	W/ACUPUNCTURIST A. LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
06/09/14	PR2-RE/EVAL	W/ACUPUNCTURIST A. LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/13/14	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	MARIA EUGENIA SALINAS #100942	0.00
08/07/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ AMERI CHIRO-FINAL*	150.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/21/16	LIEN FIL FEE	LIEN FILING FEE	150.00
03/16/18	PMT BY CHECK	DOS 3/6/18* # 896D 90697026	-1020.00

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
SE01979

896D 90697026

TRAVELERS

DATE: 03/16/18
LOSS DATE: 02/12/14
FILE NUMBER: 152 CB EYJ6150 P
REFERENCE #: 1018624444SW
EMPLOYEE

ACCOUNT NAME:
ASSA ABLOY INC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781

TRAVELERS PROP CAS CO OF AMERIC

61766

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 03/06/18

TOTAL PAID: $1020.00

TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

MAR 20 2018

FOR ADDITIONAL INFORMATION, CONTACT: JENNIFER G CENTRO AT (909)612-3305

75019079
DETACH CHECK

UNSHMM-111311
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#
03/20/18 68812

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
EYJ5488

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: JUSTIN WILLIAMSON
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs WEBER LOGISTICS
Date Of Injury: 1/31/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/01/16	INITIAL EXAM	DR TUNG BUU @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/14/16	F.C.E. TEST	FUNCT CAPACITY EVAL W/DR KHAN @ AMERI CHIRO*	150.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/18/16	INITIAL ACUP	W/ ACUPUNCT ALEX LEE @ AMERI*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/19/16	PR2/REEVAL	DR BUU @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/15/17	PENALTIES	FOR DATE OF SERVICE 3/1/16	34.50
09/15/17	INTEREST	FOR DATE OF SERVICE 3/1/16	38.48
09/15/17	PENALTIES	FOR DATE OF SERVICE 3/18/16	34.50
09/15/17	INTEREST	FOR DATE OF SERVICE 3/18/16	38.48
10/04/17	LIEN FIL FEE	LIEN FILING FEE	150.00
03/16/18	PMT BY CHECK	DOS 3/13/18* # 896D 90697027	-800.00
03/20/18	BLCE OFF SET	BALANCE OFF SET	-285.96

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 90697027

TRAVELERS

DATE: 03/16/18
LOSS DATE: 01/31/14
FILE NUMBER: 152 CB EYJ5488 A
REFERENCE #: 1018625509SW
EMPLOYEE

ACCOUNT NAME:
WEBER LOGISTICS

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781

TRAVELERS PROP CAS CO OF AMERIC

68812

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 03/13/18

TOTAL PAID: $800.00 ✓
TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

MAR 20 2018

FOR ADDITIONAL INFORMATION, CONTACT: NATASHA L COLBY AT (909)612-3091

'5019080
— DETACH CHECK

UNSUMM-111311
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#
02/06/18	63065

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
EYJ4179

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: JENNIFER CENTRO
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs AMERICAN RENTALS
Date Of Injury: 1/17/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/13/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	PATY PAREDES NAVA # 101036	0.00
07/23/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ACS W/DR CONNOLLY*	150.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
08/15/14	PR2/REEVAL	DR GHODS @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
09/12/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
11/10/14	INITIAL EXAM	DR LUIS PEREZ @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/04/16	LIEN FIL FEE	LIEN FILING FEE	150.00
01/22/18	PENALTIES	FOR DATE OF SERVICE 11/10/14	34.50
01/22/18	INTEREST	FOR DATE OF SERVICE 11/10/14	77.03
02/02/18	PMT BY CHECK	DOS 1/22/18* # 891A 89025649	-1100.00
02/06/18	BLCE OFF SET	BALANCE OFF SET	-81.53

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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008410

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SE01782

891A 89025649

TRAVELERS

DATE: 02/02/18
LOSS DATE: 01/17/14
FILE NUMBER: 152 CB EYJ4179 F
REFERENCE #: 1018195156SW
EMPLOYEE

ACCOUNT NAME:
AMERICAN RENTALS, INC.

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781

TRAVELERS PROP CAS CO OF AMERIC 63065

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 01/22/18

TOTAL PAID: $1100.00
TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FEB 06 2018

FOR ADDITIONAL INFORMATION, CONTACT: JENNIFER G CENTRO AT (909)612-3305

33019294
DETACH CHECK

UNSUMM-111311
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#
09/25/17 71255

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
E3A7287; A2B1647; 82B1648

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: TAYLOR ORNELAS
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs EIBACH SPRINGS
Date Of Injury: 10/9/15;9/15/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/17	INITIAL EXAM	DR GALAL GOUBRAN/JOE TRUJILLO P.A. @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/04/17	PR2/REEVAL	DR GOUBRAN/TAYLOR @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/08/17	PR2/REEVAL	DR GOUBRAN/DAVE FRANKE, P.A. @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/18/17	PR2/REEVAL	DR GOUBRAN @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/22/17	PR2/REEVAL	DR GOUBRAN @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/27/17	PR2/REEVAL	DR GOUBRAN @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/07/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/19/17	PMT BY CHECK	DOS 2/2/17-9/7/17* # 891A 88671038	-1310.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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000663

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SB00321

891A 88671038

TRAVELERS

DATE: 09/19/17
LOSS DATE: 10/09/15
FILE NUMBER: 152 CB E3A7287 J

EMPLOYEE

ACCOUNT NAME:
EIBACH SPRINGS, INC.

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

SEP 2

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Med Interpreting Srvc

SERVICE DATE: 2/2/2017 TO: 9/7/2017

TOTAL PAID: $1310.00
TAX INFO: 330956713 Y C
PAY MISC: 71255
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: TAYLOR ORNELAS AT (909)612-3038

262010342
DETACH CHECK

UNSUMM-111311
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#
05/01/18 71557

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06272316

BILL TO:
SCIF (SUISUN CITY)
W. C. DEPARTMENT
ATTN: KIM GIESBRECHP
P.O. BOX # 3171
SUISUN CITY, CA 94585-6171

Case: vs SOUTHBAY LOGISTICS INT
Date Of Injury: 11/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/29/17	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
04/03/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
04/05/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/10/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
04/19/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/26/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/01/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/03/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
05/08/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
05/10/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/02/17	INITIAL ACUP	W/ ACUPUNCT FEDER @ G OFNUNG*	230.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
06/08/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/09/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
06/15/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
06/16/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00

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

*** INVOICE ***
Date NO#
05/01/18 71557

FAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06272316

BILL TO:
SCIF (SUISUN CITY)
W. C. DEPARTMENT
ATTN: KIM GIESBRECHP
P.O. BOX # 3171
SUISUN CITY, CA 94585-6171

Case: vs SOUTHBAY LOGISTICS INT
Date Of Injury: 11/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/22/17	FINAL ACUPT	W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
06/21/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/26/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
06/28/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/10/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
07/12/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
07/17/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/19/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
07/24/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
07/31/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
02/26/18	LIEN FIL FEE	LIEN FILING FEE	150.00
04/09/18	PENALTIES	FOR DATE OF SERVICE 03/29/17	34.50
04/09/18	INTEREST	FOR DATE OF SERVICE 03/29/17	22.75
04/09/18	PENALTIES	FOR DATE OF SERVICE 06/22/17	34.50
04/09/18	INTEREST	FOR DATE OF SERVICE 06/22/17	19.71
04/26/18	PMT BY CHECK	DOS 2/26/18* # CU-389068	-3360.00
05/01/18	BLCE OFF SET	BALANCE OFF SET	-111.46

Joyce Altman Interpreters, 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	71557

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06272316

BILL TO:
SCIF (SUISUN CITY)
W. C. DEPARTMENT
ATTN: KIM GIESBRECHP
P.O. BOX # 3171
SUISUN CITY, CA 94585-6171

Case: , vs SOUTHBAY LOGISTICS INT
Date Of Injury: 11/21/16

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.

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-389068**

Issue Date: 04/26/18
Doc #: 033292250

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06272316		**Date of Injury:** 11/21/16		
SSN: XXX-XX	Employer name: SOUTHBAY LOGISTICS INTERNATIONAL,				Employer ID: 0000009159568160				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-18974572	02/26/18	MDS10	Settlement For Dispu	1	3,360.00	.00	375 961 G5 G67	3,360.00

Total Allowances: **$3,360.00**

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

Medical
SA

State Compensation Insurance Fund
Glendale District Office
PO BOX 65005
Fresno, CA 93650-5005

CU-389068
Union Bank
Los Angeles, California

90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
April 26, 2018	**$*****3,360.00**

PAY ****Three Thousand Three Hundred Sixty 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.

⑈521038906⑈ ⑆122241501⑆ ⑈908100104 3⑈

2543488

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

*** INVOICE ***
Date NO#
05/21/18 56314

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
05840498

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: MARIA GONZALEZ
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs APOGEE CONTAINERS
Date Of Injury: 9/6/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/29/12	INITIAL EXAM	DR HA @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
11/02/12	INITIAL EXAM	DR HUANG @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
12/12/12	PR2/REEVAL	DR HA* MARIA BARBOSA # 500267	180.00
01/30/13	PR2/REEVAL	DR HA* MARIA BARBOSA # 500267	180.00
04/08/13	PR2/REEVAL	DR HA* MARIA BARBOSA # 500267	180.00
08/28/13	PR2/REEVAL	DR HA @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/11/13	PR2-RE/EVAL	W/ACUPUNCTURIST P. HUANG & PT F/U W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/15/13	INITIAL EXAM	DR TRUJILLO @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/18/13	PR2-RE/EVAL	W/ACUPUNCTURIST P. HUANG*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/28/13	PR2-RE/EVAL	W/ACUPUNCTURIST P, HUANG*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/22/13	PR2-RE/EVAL	W/ACUPUNCTURIST P. HUANG*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/12/13	PR2/REEVAL	DR JOHNSON/J. TRUJILLO @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/04/13	PR2-RE/EVAL	W/ACUPUNCTURIST P.HUANG & PR2 W/DR HA @ ACS*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/30/13	P AND S	DR HA @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/08/15	LIEN FIL FEE	LIEN FILING FEE	150.00
05/08/18	PENALTIES	FOR DATE OF SERVICE 10/29/12	34.50
05/08/18	INTEREST	FOR DATE OF SERVICE 10/29/12	127.25

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#
05/21/18 56314

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
05840498

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: MARIA GONZALEZ
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs APOGEE CONTAINERS
Date Of Injury: 9/6/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/08/18	PENALTIES	FOR DATE OF SERVICE 11/02/12	34.50
05/08/18	INTEREST	FOR DATE OF SERVICE 11/02/12	127.25
05/08/18	PENALTIES	FOR DATE OF SERVICE 10/15/13	34.50
05/08/18	INTEREST	FOR DATE OF SERVICE 10/15/13	118.48
05/08/18	PENALTIES	FOR DATE OF SERVICE 12/30/13	34.50
05/08/18	INTEREST	FOR DATE OF SERVICE 12/30/13	113.48
05/18/18	PMT BY CHECK	DOS 6/8/15* =# CP-013103	-3100.00
05/21/18	BLCE OFF SET	BALANCE OFF SET	-394.46

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

Check #: **CP-013103**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 05/18/18
Doc #: 033359338

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:		173702	**Claim #:**	06187060	**Date of Injury:**	03/11/16	
SSN:		Employer name: SIMON'S ELECTRICAL CORP.			Employer ID: 0000009120759160				
1	SF1-SPCA-356934	04/04/18	999Q9	Interpreter Deposit-	1	156.50	.00	375 911 G5	156.50
		Patient Name:			**Claim #:**	05840498	**Date of Injury:**	09/06/12	
SSN:		Employer name: APOGEE CONTAINERS INC 5314			Employer ID: 0000009021419120				
		ICD-9 Code: 959.4 HAND INJURY NOS							
2	SF1-SFCA-19034985	06/08/15	MDS10	Settlement For Dispu	1	33,494.46	30,394.46	375 961 G5 G67	3,100.00
					Total Allowances:				**$3,256.50**

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

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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"

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

*** INVOICE ***

Date	NO#
06/18/18	53007

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
01393669

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: CATHRINE VEGA
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs STAR TRAC
Date Of Injury: 9/24/03

DOS	SERVICE	DESCRIPTION	AMOUNT
05/03/12	SURGERY	DR FONSECA: RT SHLDR @ MONROV HOSPITAL (5 HRS)	450.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/24/13	SURGERY	DR FONESCA: L/S BLOCK @ MONR-OVIA HOSP (6 HRS)	540.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
07/26/13	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
06/12/18	PMT BY CHECK	DOS 5/3/12-1/24/13* =# CU-394801	-990.00

BALANCE 100.00

* 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

Check #: **CU-394801**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 06/12/18
Doc #: 033426685

Medical

53007

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 01393669		**Date of Injury:** 09/24/03		
SSN:	mployer name: UNISEN INC			Employer ID: 0003350001458020					
	ICD-9 Code: 999.9 COMPLIC MED CARE NEC/NOS								
1	SF1-SFCA-19082676 -	01/24/13	0999Q2	Interpreter Treatmen Reviewed As Q00016	360	540.00	.00	723 A01 EM1 G67	540.00
2	SF1-SFCA-19082676 -	05/03/12	0999Q2	Interpreter Treatmen Reviewed As Q00016	300	450.00	.00	723 A01 EM1 G67	450.00
				Total Allowances:					**$990.00**

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01356681033426685001 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#
10/12/17	68331

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06083236

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs UNIVERSAL METAL PLATING
Date Of Injury: 3/30/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/21/16	PRE-OP	DR JARCHI @ MONROVIA HOSPITAL (3 HRS)	270.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/25/16	ADMISSION	DR BURNHAM @ MONROVIA HOSP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/26/16	SURGERY	DR BURNHAM: L/S @ MONROVIA HOSPITAL (6H 15M)	562.50
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/27/17	LIEN FIL FEE	LIEN FILING FEE	150.00
10/05/17	PMT BY CHECK	DOS 1/21/16* # CA-687676	-1012.50

BALANCE 150.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Explanation of Review (EOR)

State Compensation Insurance Fund
PO Box 3171
Suisun City, CA 94585-6171

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CA-687676**

Issue Date: 10/05/17
Doc #: 032693875

Medical

68331

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 06083236		**Date of Injury:** 03/30/15		
SSN:	Employer name: UNIVERSAL METAL PLATING				Employer ID: 0000009092943150				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-18370335 -	01/21/16	999Q2	Interpreter Treatmen Reviewed As Q00016	180	270.00	.00	790 G1	270.00
2	SF1-SFCA-18370335 -	01/25/16	999Q2	Interpreter Treatmen Reviewed As Q00016	120	180.00	.00	790 G1	180.00
3	SF1-SFCA-18370335 -	01/26/16	999Q2	Interpreter Treatmen Reviewed As Q00016	375	562.50	.00	790 G1	562.50
				Sub-Totals:		1,012.50	.00		1,012.50
				Adjustment:		-1,012.50	-1,012.50		.00
				Adj-Totals:		.00	-1,012.50		1,012.50
								Subtotal:	**1,012.50**

Total Allowances: **$1,012.50**

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

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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#
10/11/17 69811

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06208032

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: SUSSAN MATSUMOTO
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs APT COMPLEX LLC PARTHENIA GAR.
Date Of Injury: 5/24/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/15/16	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/24/16	INITL CHIRO	TREATMENT W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/29/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/06/17	PMT BY CHECK	DOS 6/15/16--7/29/16* =# CP-989708	-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.

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-989708**

Issue Date: 10/06/17
Doc #: 032696973

69811

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 06208032		**Date of Injury:** 05/24/16		
SSN:	Employer name: FLOURISHING MEADOWS				Employer ID: 0000009058086150				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-18395466 -	06/15/16	0999Q2	Interpreter Treatmen Reviewed As Q00016	120	230.00	.00	723 A01 G67	230.00
2	SF1-SFCA-18395466 -	06/24/16	0999Q2	Interpreter Treatmen Reviewed As Q00016	120	90.00	.00	723 A01 G67	90.00
3	SF1-SFCA-18395466 -	07/29/16	0999Q2	Interpreter Treatmen Reviewed As Q00016	120	180.00	.00	723 A01 G67	180.00
				Sub-Totals:		500.00	.00		500.00
				Adjustment:		-500.00	-500.00		.00
				Adj-Totals:		.00	-500.00		500.00
								Subtotal:	**500.00**

Total Allowances: **$500.00**

RECEIVED
OCT 11 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"

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

*** INVOICE ***
Date NO#
09/27/17 68258

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06111510

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: ROSALILIA CHAIREZ
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs FISHERS LANDSCAPE
Date Of Injury: 3/11/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/05/16	INITIAL EXAM	DR G. GOUBRAN/D. FRANKE, P.A. @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/02/16	PR2/REEVAL	DR GOUBRAN/TRUJILLO, P.A. @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/08/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/05/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/03/16	PR2/REEVAL	DR GOUBRAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/07/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/21/16	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR RICHARD SOSA @ SIDHU CHIRO*	150.00
/ /	-		0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/14/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/11/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/08/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/13/16	PR2/REEVAL	DR GOUBRAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/07/17	LIEN FIL FEE	LIEN FILING FEE	150.00
09/25/17	PMT BY CHECK	DOS 9/7/17* # CS-647982	-2000.00
09/27/17	BLCE OFF SET	BALANCE OFF SET	-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#
09/27/17	68258

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
06111510

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: ROSALILIA CHAIREZ
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs FISHERS LANDSCAPE
Date Of Injury: 3/11/10

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.

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 #: **CS-647982**

Issue Date: 09/25/17
Doc #: 032662103

68258

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:** 06111510		**Date of Injury:** 03/11/10		
SSN:		Employer name: FISHER LANDSCAPE			Employer ID: 0000001705868100				
		ICD-10 Code:T14.90 INJURY, UNSPECIFIED							
1	SF1-SFCA-18372488	09/07/17	MDS10	Settlement For Dispu	1	2,000.00	.00	375 961 G5 G67	2,000.00
					Total Allowances:				**$2,000.00**

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

0134710903266210300l 2

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : 1888STATEFUND

Provider Number: XXXX

Check #: **CS -647982**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/25/17
Doc #: 032662103

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-18372488	06111510	LS	2,000.00	.00	2,000.00	.00	2,000.00

Provider NPI: Rendering Provider NPI: Rendering Provider:
Patient Acct #: LS ReviewerID: DW Carrier Receive Date: 09/15/17 Review Date: 09/22/17 Payment Code: 1 UB04:

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

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 explanation of review. The Request for Second Review must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at title 8, California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a second review within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment.

Request for Independent Bill Review

After a health care provider, health care facility, or billing agent/assignee submits a Request for Second Review, the claims administrator will review the bill and issue an EOR, which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for independent bill review within 30 days of service of the EOR. The Request for Independent Bill Review must conform to the requirements of title 8, California Code of Regulations section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee fails to request an independent bill review within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for independent bill review, and the time limit for requesting independent bill review shall not begin to run until the resolution of that issue becomes final.

The following PO Box should be used for any 2nd review request or IBR determinations only: PO Box 28919, FRESNO, CA 93729.
All other correspondence should be directed to PO Box listed at the top of this form.

EOR Reduction Code Explanation:

375 : PLEASE SEE SPECIAL *NOTE* BELOW.
961 : Allowance reflects the lump sum settlement amount
G5 : This charge was adjusted for the reasons set forth in the attached letter.
G67 : Payment based on individual pre-negotiated agreement for this specific service.

Reviewer's Comments:

SF1-SFCA-18372488 375- This Settlement covers date(s) mof service 01/05/2016 through 10/13/2016

01347109032662103001 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#
05/17/18	66977

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30154301837-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14188)
W. C. DEPARTMENT
ATTN: CHRISTINE CAVAZOS
P.O. BOX 14188
LEXINGTON, KY 40512

Case: vs KAISER PERMANENTE
Date Of Injury: 11/5/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/04/15	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/16/15	INITIAL EXAM	ACUPUNCTURE J. CHOI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/30/18	INITIAL EXAM	DR CHRISTINE ABGARYAN @ PHYSICAL REHAB	402.50
/ /	-	SVCS. (3HRS 38MINS)	0.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
02/13/18	PR2/REEVAL	DR ARBI MIRZAIANS @ PHYSICAL REHAB SVC*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/14/18	PR2/REEVAL	DR MIRZAIANS @ PHYSICAL REHAB SVC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
04/17/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/14/18	PMT BY CHECK	DOS 6/4/15-4/17/18* # 90229786	-1402.50
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
P.O. Box 14188
Lexington, KY 40512-4188

DATE	CHECK AMOUNT	CHECK NUMBER
05/14/2018	1,402.50	90229786
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
225 Sedgwick Claims Management Services, Inc		01 of 01

0002440-0008703 0106 001 706332

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

Claimant Name		Loss Date	Claim Number
		11/05/2014	30154301837-0001
Amt Paid:	1,402.50	Description:	
Amt Billed:	1,402.50	Invoice: 66977	ICN:301543018370001
Dates:	06/04/2015 - 04/17/2018	Comment:	

MAY 17 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

Sedgwick Claims Management Services, Inc
on behalf of Kaiser Permanente

ORIGIN 2252032

Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 05/14/2018

90229786

62-22
311

PAY: ******ONE THOUSAND FOUR HUNDRED TWO AND 50/100 DOLLARS

$1,402.50

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

365360349

Bob Blankenship

MEMO: MP

Kaiser Foundation Health Plan,, Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈90229786⑈ ⑆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#
04/24/18	69006

EAMS#(s):
ADJ
SS # :
DOB :
Terms: 60 days
Claim #(s):
2080321347

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: EVA REALE
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs J&P PLUMBING
Date Of Injury: 6/9/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/14/16	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/21/16	INITIAL ACUP	W/ ACUPUNCT JUNGSOOK CHOI @ EPC*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/11/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/11/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA PINEDA # 301721	0.00
05/25/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GUDALUPE MANRIQUEZ # 500090	0.00
06/16/16	PMT BY CHECK	DOS 3/14/16-4/11/16* # 1100857959	-640.00
06/08/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/13/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/27/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/01/16	INITIAL EXAM	DR TOSHA BROWN @ EPC*	230.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
08/24/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/01/16	PR2/REEVAL	DR BRONW/MALIN @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/07/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/26/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/21/16	PR2/REEVAL	DR ROSTAMI @ EPC*	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#
04/24/18	69006

EAMS#(s):
ADJ
SS # :
DOB :
Terms: 60 days
Claim #(s):
2080321347

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: EVA REALE
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: 's J&P PLUMBING
Date Of Injury: 6/9/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/14/18	LIEN FIL FEE	LIEN FILING FEE	150.00
04/18/18	PMT BY CHECK	DOS 6/20/15-5/4/17* # 1101605158	-2180.00

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 INC
PO BOX 4165
TUSTIN CA 92781 4165

01056

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0321347 001 XG	WC 1055916	69006		06/09/15	06/20/15-05/04/17
Check Number	1101605158	Date Issued	04/18/18	Amount	$**2,180.00
Insured	Insured Solutions Inc				
Claimant					
Nature of Payment	full & final				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Neeraj Joshi				
File Supervisor	Ivan Olisea	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	2,180.00		
TOTAL	$2180.00		

THE FACE OF THIS DOCUMENT HAS A BLUE BACKGROUND - NOT A WHITE BACKGROUND. SIMULATED WATERMARK ON BACK. HOLD AT AN ANGLE TO VIEW.

ZURICH

ZURICH AMERICAN INSURANCE COMPANY
ON BEHALF OF American Zurich Ins. Co.

56-1544/441

PO BOX 66946
CHICAGO IL 60666 0946

VOID

Claim Number	Date Issued	CHECK NO.
208-0321347 001 XG	04/18/18 VOID AFTER 10/15/18	1101605158

Amount : *TWO THOUSAND, ONE HUNDRED EIGHTY AND 00/100 ----------DOLLARS*

VOID

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

$**2,180.00

VOID VOID

JPMORGAN CHASE BANK, N.A.
COLUMBUS OH

** THE BACKGROUND IS COLORED **

⑈1101605158⑈ ⑆044115443⑆ 528291201⑈

Joyce Altman Interpreters, 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	69228

EAMS#(s):
ADJ
SS # :
DOB :
Terms: 60 days
Claim #(s):
2080335150

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: DEBRA HOWARD
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: PREMIUM OF TENNESSEE INC
Date Of Injury: 1/22/14 - 1/22/16

DOS	SERVICE	DESCRIPTION	AMOUNT
04/05/16	INITIAL EXAM	DR GALAL GOUBRAN/DAVE FRANKE, P.A. @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/13/16	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/15/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/22/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/27/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/29/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/03/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/04/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/11/16	FOLLOW-UP	W/ ACUPUNCT CHOI & INITIAL PHYS & CHIRO TX W/ DR HA @ SIDHU CHIRO*	180.00
/ /	-		0.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/13/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/06/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/18/16	FOLLOW-UP	W/ ACUPUNCT CHOI & F/U PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/20/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	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#
11/13/17 69228

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2080335150

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: DEBRA HOWARD
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: PREMIUM OF TENNESSEE INC
Date Of Injury: 1/22/14 - 1/22/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/25/16	FOLLOW-UP	W/ ACUPUNCT CHOI & F/U PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/27/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/01/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/03/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/08/16	FOLLOW-UP	W/ ACUPUNCT CHOI & F/U PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/07/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/10/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/15/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS TX & CHIRO TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/17/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/24/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
06/29/16	FOLLOW-UP	W/ ACUPUNCT CHOI & F/U PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/01/16	FOLLOW-UP	W/ ACUPUNCT CHOI & F/U PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/06/16	FOLLOW-UP	W/ ACUPUNCT CHOI & F/U PHYS	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#
11/13/17 69228

EAMS#(s):
ADJ
SS # :
DOB :
Terms: 60 days
Claim #(s):
2080335150

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: DEBRA HOWARD
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: PREMIUM OF TENNESSEE INC
Date Of Injury: 1/22/14 - 1/22/16

DOS	SERVICE	DESCRIPTION	AMOUNT
		TX W/DR HA @ SIDHU*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/22/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
07/08/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/13/16	FOLLOW-UP	W/ ACUPUNCT CHOI & F/U PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/14/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/20/16	FOLLOW-UP	W/ ACUPUNCT CHOI & F/U PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/22/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/27/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/29/16	FOLLOW-UP	W/ ACUPUNCT CHOI & F/U PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/03/16	FOLLOW-UP	W/ ACUPUNCT CHOI & F/U PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/05/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/08/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/10/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR SIDHU*	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#
11/13/17 69228

EAMS#(s):
ADJ
SS # :
DOB :
Terms: 60 days
Claim #(s):
2080335150

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: DEBRA HOWARD
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: PREMIUM OF TENNESSEE INC
Date Of Injury: 1/22/14 - 1/22/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/11/16	PR2/REEVAL	DR GOUBRAN/TRUJILLO, P.A. @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/17/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/19/16	F/U CHIRO TX	CHIRO TREATMENT & PHYS TX W/ DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/24/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/26/16	FOLLOW-UP	W/ ACUPUNCT CHOI & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/31/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/02/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/07/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/08/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/12/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/19/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/28/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/05/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

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

*** INVOICE ***

Date	NO#
11/13/17	69228

EAMS#(s):
ADJ
SS # :
DOB :
Terms: 60 days
Claim #(s):
2080335150

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: DEBRA HOWARD
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs PREMIUM OF TENNESSEE INC
Date Of Injury: 1/22/14 - 1/22/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/06/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/12/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
11/03/16	PR2/REEVAL	DR GOUBRAN @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/01/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/26/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/25/17	PR2/REEVAL	DR GOUBRAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/30/17	PR2/REEVAL	DR GOUBRAN/TAYLOR @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/29/17	PR2/REEVAL	DR GOUBRAN/TAYLOR @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/25/17	PR2/REEVAL	DR GOUBRAN/TAYLOR @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/22/17	PR2/REEVAL	DR GOUBRAN/TAYLOR @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/27/17	PR2/REEVAL	DR GOUBRAN @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/14/17	PR2/REEVAL	DR MICHAEL PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/12/17	PR2/REEVAL	DR MICHAEL PRICE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/08/17	PMT BY CHECK	DOS 4/5/17-10/12/17* # 1101433446	-11530.00

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#
11/13/17	69228

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2080335150

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: DEBRA HOWARD
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs PREMIUM OF TENNESSEE INC
Date Of Injury: 1/22/14 - 1/22/16

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.

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

MR

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
PO BOX # 4165
TUSTIN CA 92781 4165

00265

NOV 13 2017

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0335150 001 MR	WC 9819853	69228		01/22/16	04/05/17-10/12/17

Check Number	1101433446	Date Issued	11/08/17	Amount	$*11,530.00
Insured	Premium Transportation Staffing, Inc				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX # 4165				
Requested By	Dinesh CG-Sridharan				
File Supervisor	Eva Reale	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	11,530.00		
TOTAL	$11530.00		

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#
09/08/17	60023

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
1090409

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

Case: vs H.W. ALL STARS/RADISSON STE H.
Date Of Injury: 6/28/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/02/13	INITIAL EXAM	DR JACKSON-SCOTT @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/13/13	PR2/REEVAL	DR JACKSON-SCOTT @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/08/14	PR2/REEVAL	DR JACKSON-SCOTT @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/12/14	EMG TESTING	& NCV BY DR SCHILLING: U/E @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/03/15	P AND S	DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/12/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/29/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/11/16	LIEN FIL FEE	LIEN FILING FEE	150.00
09/05/17	PMT BY CHECK	DOS 8/28/17* # 00145425	-1330.00
09/08/17	BLCE OFF SET	BALANCE OFF SET	-150.00
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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SEQUOIA INSURANCE COMPANY
P.O. BOX 740042
ATLANTA, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
00145425
1090409-1
SWP21070102

DATE	AMOUNT
9/5/2017	$1,330.00

One Thousand Three Hundred Thirty 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

⑈00145425⑈ ⑆021000021⑆ 226733883⑈

Explanation Of Bill Review

60023

Check Number	00145425	SEQUOIA INSURANCE COMPANY on behalf of Sequoia Insurance Company
Claim Number:	1090409-1	AmTrust North America
Regulatory ID:		P O Box 89404
Bill Number:	12189383	Cleveland, OH 44101
Invoice Number:	FP1-MQCA-74451	212-655-2000
Policy / Insured:	SWP21070102	/HW All Stars Inc Claremont Star LP DBV Star LLC
Claimant Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC	
Loss Date:	7/5/2012	FP1-MQCA-74451
Location:	7762 BEACH BLVD BUENA PARK CA 90620 -	
Examiner Code:	jturner	
Network/PPO Network:		

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
8/28/2017	MDS10	SETTLEMENT FOR DISPUTE	1.00	1330.00	0.00	0.00	1330.00	
				1330.00	0.00	0.00	1330.00	

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#
03/13/18 69880

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2080236880

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: CAROLYN SEGAL
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs DOLEX DOLLAR EXPRESS
Date Of Injury: 10/3/10

DOS	SERVICE	DESCRIPTION	AMOUNT
06/29/16	ADMISSION	DR MOSHE WILKER @ MONROVIA MEDICAL HOSPITAL*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/30/16	SURGERY	DR WILKER: L/S @ MONROVIA HOSPITAL (4 HRS)	360.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
12/18/17	PENALTIES	FOR DATE OF SERVICE 6/30/16	54.00
12/18/17	INTEREST	FOR DATE OF SERVICE 6/30/16	56.03
03/09/18	PMT BY CHECK	DOS 6/29/16-12/18/17* # 1101563289	-650.03

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PO BOX 66946
CHICAGO IL 60666 0946
847 605-6000

Zurich American Ins. Co. of IL

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
PO BOX 4165
TUSTIN CA 92781

MAR 13 2018

01309

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0236880 001 DR	WC 9265590	69880		10/03/10	06/29/16-12/18/17

Check Number	1101563289	**Date Issued**	03/09/18	**Amount**	$***650.03
Insured	Money Transfer Acquisition Inc				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Rakesh Kumar Singh				
File Supervisor	Carolyn Segal	**Phone Number**	847 605-6000		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	650.03		

TOTAL $650.03

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#
06/05/18	51299

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2010176196

BILL TO:
ZURICH INS. (CHICAGO 66946)
W. C. DEPARTMENT
ATTN: ED SHELDON
P.O. BOX 66946
CHICAGO, IL 60666

Case: vs WEBCOR CONSTRUCTION
Date Of Injury: 11/7/08

DOS	SERVICE	DESCRIPTION	AMOUNT
01/23/12	MRI	REF BY DR ZLOTOLOW: R/SHLDER, ECHOCARDIO (2H 25M)	187.50
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
11/10/16	EPIDURAL	W/DR FALKINSTEIN: L/S @ MONROVIA HOSP (3H 10M)	243.75
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
05/10/18	PENALTIES	FOR DATE OF SERVICE 1/23/12	28.13
05/10/18	INTEREST	FOR DATE OF SERVICE 1/23/12	30.54
05/10/18	PENALTIES	FOR DATE OF SERVICE 11/10/16	36.56
05/10/18	INTEREST	FOR DATE OF SERVICE 11/10/16	39.70
05/30/18	PMT BY CHECK	DOS 1/23/12-5/10/18* # 1101647546	-566.18

BALANCE 0.00

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PO BOX 66946
CHICAGO IL 60666 0946
847 605-6734

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.

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JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00631

JUN 0 6 2018

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0176196 001 MY	WC 9139816	51299		11/07/08	01/23/12-05/10/18
Check Number	1101647546	Date Issued	05/30/18	Amount	$***566.18
Insured	Webcor Construction, Inc. dba Webcor Builders				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Praveen Kumar Nishad				
File Supervisor	Lakeisha Gill	Phone Number	847 605-6734		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	566.18		
TOTAL	$566.18		

Joyce Altman Interpreters, 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	69712

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
06173670

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: TERESA PALACIOS
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs DW RUSSELL COMPANY
Date Of Injury: 1/11/14 - 1/11/16

DOS	SERVICE	DESCRIPTION	AMOUNT
01/22/16	INITIAL EXAM	DR RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/28/16	F/U CHIRO TX	CHIRO TREATMENT W/DR SHAMA @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/29/16	F.C.E. TEST	FUNCT CAPACITY EVAL W/DR KHAN @ AMERI CHIRO* INIT.	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/03/16	INITIAL ACUP	W/ ACUPUNCT ALEX LEE @ AMERI*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/03/16	PR2/REEVAL	DR TUNG BUU @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/25/16	FOLLOW-UP	W/ ACUPUNCT LEE @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/12/16	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/04/17	LIEN FIL FEE	LIEN FILING FEE	150.00
03/06/18	PENALTIES	FOR DATE OF SERVICE 01/22/16	34.50
03/06/18	INTEREST	FOR DATE OF SERVICE 01/22/16	44.71
03/06/18	PENALTIES	FOR DATE OF SERVICE 02/03/16	34.50
03/06/18	INTEREST	FOR DATE OF SERVICE 02/03/16	44.71
03/29/18	PMT BY CHECK	DOS 10/4/17* # CU-385906 SCIF	-1390.00
04/02/18	BLCE OFF SET	BALANCE OFF SET	-158.42

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#
04/02/18	69712

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
06173670

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: TERESA PALACIOS
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs DW RUSSELL COMPANY
Date Of Injury: 1/11/14 - 1/11/16

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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 #: **CU-385906**

Issue Date: 03/29/18
Doc #: 033211597

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 06173670		**Date of Injury:** 01/11/16		
SSN:	Employer name: D W RUSSELL COMPANY INC				Employer ID: 0000001606985160				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-18888217	10/04/17	MDO10	Payment By Order	1	1,548.42	158.42	375 961 G5 G67	1,390.00
					Total Allowances:				**$1,390.00**

APR 02 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"

0135359003321159700 1 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#
09/05/17 65042

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06188614

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: HUBERT TRE PARKER
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs SHAKEYS PIZZA
Date Of Injury: 10/27/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/12/14	F.C.E. TEST	-FUNCTIONAL CAPACITY EVAL W/D RODRIGUEZ @ AMERI*	150.00
/ /	-	(INITIAL)	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/14/14	INITIAL EXAM	W/ACUPUNCT LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/05/14	INITIAL EXAM	-DR Z. KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/18/14	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/30/14	PR2/REEVAL	-DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/15/15	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/13/15	PR2-RE/EVAL	-DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/08/15	PR2-RE/EVAL	W/ACUPUNCT LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/27/15	PR2/REEVAL	-DR Z.KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/07/15	FOLLOW-UP	W/ ACUPUNCT LEE @ AMERI CHIRO *	180.00
/ /	INTERPRETER:	SANDRA TALANCON 100802	0.00
05/08/15	PR2/REEVAL	-DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/12/15	F/U CHIRO TX	CHIRO TREATMENT @ AMERI CHIRO W/DR SHARMA*	90.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
05/22/15	PR2-RE/EVAL	W/ACUPUNCT A. LEE @ AMERI*	180.00
/ /	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#
09/05/17 65042

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06188614

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: HUBERT TRE PARKER
P.O. BOX # 65005
FRESNO, CA 93650

Case:
Date Of Injury: 10/27/14

vs SHAKEYS PIZZA

DOS	SERVICE	DESCRIPTION	AMOUNT
05/19/15	F.C.E. TEST	-FUNCTIONAL CAPACITY EVAL W/D RODRIGUEZ @ AMERI*	150.00
/ /	INTERPRETER:	PUAL LAZCANO # 101143	0.00
06/17/15	PR2/REEVAL	-DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/29/15	P AND S	-DR KHAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/21/16	LIEN FIL FEE	LIEN FILING FEE	150.00
08/30/17	PENALTIES	FOR DATE OF SERVICE 11/14/14	34.50
08/30/17	INTEREST	FOR DATE OF SERVICE 11/14/14	64.28
08/30/17	PENALTIES	FOR DATE OF SERVICE 11/05/14	34.50
08/30/17	INTEREST	FOR DATE OF SERVICE 11/05/14	64.28
08/30/17	PENALTIES	FOR DATE OF SERVICE 07/29/15	34.50
08/30/17	INTEREST	FOR DATE OF SERVICE 07/29/15	56.16
09/01/17	PMT BY CHECK	DOS 6/26/17* # CS-646122	-2850.00
09/11/17	BLCE OFF SET	BALANCE OFF SET	-288.22

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

Check #: **CS-646122**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/01/17
Doc #: 032598756

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 06188614		**Date of Injury:** 10/27/14		
SSN	mployer name: SHAKEY'S PIZZA			Employer ID: 0000001971133140					
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-18317674	06/26/17	MDO10	Payment By Order	1	3,138.22	288.22	375 961 G5 G67	2,850.00
					Total Allowances:				**$2,850.00**

SEP 05 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"

[redacted]

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CS-646122**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/01/17
Doc #: 032598756

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-18317674	06188614	LS	3,138.22	288.22	2,850.00	.00	2,850.00

Provider NPI: Rendering Provider NPI: Rendering Provider:
Patient Acct #: LS ReviewerID: DQ Carrier Receive Date: 08/31/17 Review Date: 08/31/17 Payment Code: 1 UB04:

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

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 explanation of review. The Request for Second Review must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at title 8, California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a second review within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment.

Request for Independent Bill Review

After a health care provider, health care facility, or billing agent/assignee submits a Request for Second Review, the claims administrator will review the bill and issue an EOR, which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for independent bill review within 30 days of service of the EOR. The Request for Independent Bill Review must conform to the requirements of title 8, California Code of Regulations section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee fails to request an independent bill review within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for independent bill review, and the time limit for requesting independent bill review shall not begin to run until the resolution of that issue becomes final.

The following PO Box should be used for any 2nd review request or IBR determinations only: PO Box 28919, FRESNO, CA 93729.
All other correspondence should be directed to PO Box listed at the top of this form.

EOR Reduction Code Explanation:

375 : PLEASE SEE SPECIAL *NOTE* BELOW.
961 : Allowance reflects the lump sum settlement amount
G5 : This charge was adjusted for the reasons set forth in the attached letter.
G67 : Payment based on individual pre-negotiated agreement for this specific service.

Reviewer's Comments:

SF1-SFCA-18317674 BR msg 375 Settlement covers the following dates of service 10/27/14 thru 06/26/17

01346373032598756001 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#
10/05/17	65665

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMQC36601

BILL TO:
THE HARTFORD (LEXINGTON-14187)
W. C. DEPARTMENT
ATTN: TIBEBE FLKRU
P.O. BOX 14187
LEXINGTON, KY 40512

Case: vs EMPIRE FOAM INNOVATION
Date Of Injury: 10/20/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/15	PR2/REEVAL	DR N. RAMESHNI @ ADVANCE CARE* (ACS)	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
03/25/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100721	0.00
04/15/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/27/15	PR2/REEVAL	DR B. BHARATWAL @ ACS*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
05/26/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/16/14	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
12/19/14	CHIRO TX	CHIRO TREATMENT W/DR GHODS @ ADVANCE CARE* INIT.	90.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/29/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/31/14	PR2/REEVAL	DR T. BROWN @ ACS*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
06/24/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/27/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
02/13/15	INITIAL EXAM	DR FONSECA @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/28/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/18/15	EMG TESTING	& NCV BY DR. GROSS: L/E & PR2 W/DR BHARATWAL*	180.00
/ /	INTERPRETER:	CLARA BONILA # 500320	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#
10/05/17	65665

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMQC36601

BILL TO:
THE HARTFORD (LEXINGTON-14187)
W. C. DEPARTMENT
ATTN: TIBEBE FLKRU
P.O. BOX 14187
LEXINGTON, KY 40512

Case: vs EMPIRE FOAM INNOVATION
Date Of Injury: 10/20/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/08/15	PR2/REEVAL	DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/13/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
11/17/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE* (TRANSFER OF CARE)	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/17/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/21/16	PR2/REEVAL	DR RAMESHNI @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/02/16	PR2/REEVAL	DR RAMESHNI @ ENHANCED PRECISON CARE* EPC	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/08/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
04/12/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/22/17	LIEN FIL FEE	LIEN FILING FEE	150.00
09/28/17	PMT BY CHECK	DOS 3/12/15-4/12/16* # 127927137 0	-4120.00

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#
10/05/17	65665

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMQC36601

BILL TO:
THE HARTFORD (LEXINGTON-14187)
W. C. DEPARTMENT
ATTN: TIBEBE FLKRU
P.O. BOX 14187
LEXINGTON, KY 40512

Case: vs EMPIRE FOAM INNOVATION
Date Of Injury: 10/20/14

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 x2303803

MB 01 002114 63086 B 10 C

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

65665

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
10/20/2014	76WEG EV7437 YMQC 36601	EFI INC	$4,120.00

Nature of Benefits:	Nature of Payment:	Service Dates	Amount
Translation Services	Payment Reason - Translation Services	03/12/2015 04/12/2016	$4,120.00

Claim Handler: PAIGE KRATZKE
8664019222 x2303803
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:
INVOICE NO 65665

Issue Date	09/28/2017	Check Number	127927137 0	Total Check Amount	$4,120.00

Please keep the above information for your records.

115475196

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

*** INVOICE ***
Date NO#
06/25/18 69557

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
2016005332

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: RACHEL SHIBORA
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs KFC/TACO BELL
Date Of Injury: 11/13/13-4/4/16

DOS	SERVICE	DESCRIPTION	AMOUNT
05/04/16	INITIAL EXAM	DR JYRKI SUUTARI @ GOFNUNG-CHIRO*	230.00
/ /	INTERPRETER:	IRIS JANETH GALVEZ # 100727	0.00
05/13/16	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
06/03/16	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/16/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
07/20/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
08/19/16	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
08/22/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/15/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
11/16/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
05/10/18	LIEN FIL FEE	LIEN FILING FEE	150.00
06/15/18	PMT BY CHECK	DOS 5/4/16-11/16/16* # 2213288	-1640.00

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#
06/25/18	69557

EAMS#(s):ADJ
ADJ
SS # :
DOB :
Terms: 60 days
Claim #(s):
2016005332

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: RACHEL SHIBORA
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs KFC/TACO BELL
Date Of Injury: 11/13/13-4/4/16

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 06/15/2018
Check Number: 2213288
Check Amount: $1,640.00

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,DGBM71

DGBM71

5/23/18 10:49 AM 3 0001203 20180618 NF5CA103 JOP-FEC 1 oz DOM NF5CA10000* 161281 CK

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

PAID
JUN 25 2018

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
2016005332		04/04/2016	69557	180	05/04/2016	11/16/2016	$1,640.00

Category	Stub Notes	Stub Amount
180	Joyce Altman Interpreters- Interpreter	$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#
05/01/18 68558

EAMS#(s):1

SS #
DOB
Terms: 60 days
Claim #(s):
2016000192

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: KATIE BIDDLE
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs DIAL MED HOME CARE
Date Of Injury: 8/5/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/10/16	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/15/16	INITIAL EXAM	DR TOSHA BROWN @ EPC*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
02/19/16	INITIAL ACUP	W/ ACUPUNCT JUNGSOCK CHOI @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/07/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
03/09/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/14/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ EPC*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
03/21/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ EPC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/01/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ EPC*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/16/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/20/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/23/16	PR2/REEVAL	DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
05/25/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
05/27/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/13/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500341	0.00
06/17/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00

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

*** INVOICE ***

Date	NO#
05/01/18	68558

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2016000192

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: KATIE BIDDLE
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: MED HOME CARE
Date Of Injury: 8/5/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/23/16	PR2/REEVAL	DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/24/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/27/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/07/16	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ EPC*	150.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
07/13/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/18/16	PR2/REEVAL	DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/20/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/21/16	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ EPC*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/22/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/28/16	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ EPC*	150.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500267	0.00
07/29/16	INITIAL EXAM	DR ALLEN MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/04/16	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ EPC*	150.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/25/16	PMT BY CHECK	DOS 2/10-16-7/13/16* # 1404853	-3720.00

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 68558

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
2016000192

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: KATIE BIDDLE
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs DIAL MED HOME CARE
Date Of Injury: 8/5/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/18/16	PR2/REEVAL	DR BROWN/MALIN @ EPC*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
08/25/16	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ EPC*	150.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
08/26/16	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/31/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/23/16	PMT BY CHECK	DOS 7/18/16-8/4/16* # 1436558	-1220.00
09/15/16	PR2/REEVAL	DR BROWN/MALIN, PA @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/28/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/30/16	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/24/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
10/10/16	PR2/REEVAL	DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	ROASRIO RIVAS # 500276	0.00
11/10/16	PR2/REEVAL	DR BROWN/MALIN @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/18/16	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/21/16	P AND S	DR ROSTAMI @ EPC*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/28/16	PR2/REEVAL	DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/22/16	PR2/REEVAL	DR BROWN/MALIN @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	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#
05/01/18 68558

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2016000192

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: KATIE BIDDLE
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs DIAL MED HOME CARE
Date Of Injury: 8/5/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/08/18	LIEN FIL FEE	LIEN FILING FEE	150.00
04/23/18	PMT BY CHECK	DOS 2/10/16-12/22/16* # 2143919	-2690.00

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
15025 Innovation Drive
San Diego, CA 92128

Check Date: 04/23/2018
Check Number: 2143919
Check Amount: $2,690.00

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,KX5C76

KX5C76

4/18/18 2:34 PM 3 0001237 20180424 ND7IP103 JOP-FEC 1 oz DOM ND7IP10000* 161281 CK

JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN CA 92781-1460

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
10101508220		07/08/2015	Lien Settlement	180	02/10/2016	12/22/2016	$2,690.00

Category	Stub Notes	Stub Amount
180	IN FULL & FINAL SATISFACTION OF LIEN FOR ALL DATES OF SERVICE INCLUDING PENALTIES & INTEREST	$0.00

RECEIVED
MAY 01 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#
12/29/17 69993

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
1010-11-02312

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: KATIE DIDDLE
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case vs ROYAL IND. INC/ROYAL CABINETS
Date Of Injury: 6/7/11; 5/94 - 6/12

DOS	SERVICE	DESCRIPTION	AMOUNT
07/14/16	INITIAL EXAM	DR GALAL GOUBRAN/JOE TRUJILLO P.A. @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/25/16	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, INITL PHYS & CHIRO TX	230.00
/ /	-	DR. CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/29/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/03/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/05/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/08/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS & CHIRO TX W/DR SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/12/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/16/16	PR2/REEVAL	DR GOUBRAN/FRANKE, P.A. @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/22/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/15/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/13/16	PR2/REEVAL	DR GOUBRAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

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

*** INVOICE ***

Date	NO#
12/29/17	69993

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
1010-11-02312

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: KATIE DIDDLE
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs ROYAL IND. INC/ROYAL CABINETS
Date Of Injury: 6/7/11; 5/94 - 6/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/10/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/15/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/19/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/16/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/16/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/18/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/15/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/20/17	PR2/REEVAL	DR GOUBRAN/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/07/17	PR2/REEVAL	DR GOUBRAN/TAYLOR @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
10/05/17	PR2/REEVAL	DR MICHAEL PRICE/MILES*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/02/17	PR2/REEVAL	DR PRICE/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/15/17	PMT BY CHECK	DOS 7/14/16-10/5/17* # 1945503	-3880.00
12/07/17	P AND S	DR PRICE/TRUJILLO @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/19/17	PMT BY CHECK	DOS 7/14/16-11/15/17* # 1987337	-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#
12/29/17	69993

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
1010-11-02312

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: KATIE DIDDLE
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: /s ROYAL IND. INC/ROYAL CABINETS
Date Of Injury: 6/7/11; 5/94 - 6/12

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 230.00

* 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: 12/19/2017
Check Number: 1987337
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,P88U6E

P88U6E

10/27/17 1:03 PM 3 0000352 20171220 ML6WE101 JOP-FEC 1 oz DOM ML6WE10000* 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
10101102312		06/07/2011	69993	180	07/14/2016	11/15/2017	$180.00

Category	Stub Notes	Stub Amount
180	Spanish Interpreter for medical appointments.	$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#
01/29/18 69993

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
1010-11-02312

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: KATIE DIDDLE
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs ROYAL IND. INC/ROYAL CABINETS
Date Of Injury: 6/7/11; 5/94 - 6/12

DOS	SERVICE	DESCRIPTION	AMOUNT
07/14/16	INITIAL EXAM	DR GALAL GOUBRAN/JOE TRUJILLO P.A. @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/25/16	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, INITL PHYS & CHIRO TX	230.00
/ /	-	DR. CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/29/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/03/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/05/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/08/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS & CHIRO TX W/DR SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/12/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/16/16	PR2/REEVAL	DR GOUBRAN/FRANKE, P.A. @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/22/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/15/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/13/16	PR2/REEVAL	DR GOUBRAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

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

*** INVOICE ***
Date NO#
01/29/18 69993

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
1010-11-02312

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: KATIE DIDDLE
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs ROYAL IND. INC/ROYAL CABINETS
Date Of Injury: 6/7/11; 5/94 - 6/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/10/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/15/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/19/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/16/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/16/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/18/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/15/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/20/17	PR2/REEVAL	DR GOUBRAN/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/07/17	PR2/REEVAL	DR GOUBRAN/TAYLOR @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
10/05/17	PR2/REEVAL	DR MICHAEL PRICE/MILES*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/02/17	PR2/REEVAL	DR PRICE/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/15/17	PMT BY CHECK	DOS 7/14/16-10/5/17* # 1945503	-3880.00
12/07/17	P AND S	DR PRICE/TRUJILLO @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/19/17	PMT BY CHECK	DOS 7/14/16-11/15/17* # 1987337	-180.00
01/18/18	PMT BY CHECK	DOS 7/14/16-12/19/17* # 2024185	-230.00

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	69993

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
1010-11-02312

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: KATIE DIDDLE
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: ROYAL IND. INC/ROYAL CABINETS
Date Of Injury: 6/7/11; 5/94 - 6/12

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.

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 01/18/2018
Check Number: 2024185
Check Amount: $230.00

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,XW0Y63

XW0Y63

10/27/17 1:03 PM 3 0000915 20180119 NA67K102 JOP-FEC 1 oz DOM NA67K10000* 161281 CK

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

PAID
JAN 29 2018

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
10101102312		06/07/2011	69993	180	07/14/2016	12/19/2017	$230.00

Category	Stub Notes	Stub Amount
180	JOYCE ALTMAN INTERPRETERS - Interpreting services for medical appointment	$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#
10/30/17 72739

EAMS#(s)
ADJ
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30142347343-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14450)
W. C. DEPARTMENT
ATTN: CHRISTIAN BARRERA
PO BOX 14450
LEXINGTON, KY 40512

Case: vs THE BOEING COMPANY
Date Of Injury: 8/6/10 - 8/6/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/20/14	LEGAL_EXOTIC	MSC @ WCAB SANTA ANA (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRIN # 100303	0.00
10/25/17	PMT BY CHECK	DOS 8/20/14* # 1127448	-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.

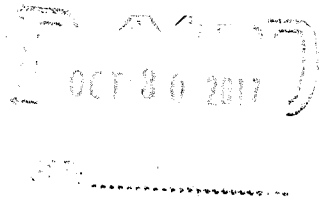
DATE	CHECK AMOUNT	CHECK NO.
10/25/2017	485.00	1127448

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

SCMS UNIT	PAGE
524 Sedgwick Claims Management Services, Inc	1

Sedgwick Claims Management Services, Inc
P O Box 14450
Lexington, KY 40512-4450

CHK0002
000 0000307 00000000 0001 0001 00307 INS: 0 0
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781



CLAIMANT NAME	LOSS DATE	CLAIM NUMBER	SSN
	08/06/2011	30142347343-0001	

Amount Paid: 485.00
Amount Billed: 485.00
Dates: 08/20/2014 – 08/20/2014

Description:
Invoice: 72739
Comment:

ICN:301423473430001

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

CHK0002 v1.57