Spanish Language Market Rate Summary Graph (per 8 CCR, Article 5.7)
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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
73187	1/4/18 - 4/12/18	5/14/2018	$ 3,030.00	2 Initials, Initial Acup, Initial phys tx., 10 f/u acups., 2 PR-2's & f/u phys tx.	$ 3,030.00	01948511	5/8/2018	AmTrust
71705	4/18/2018	5/11/2018	$ 250.00	C&R reading	$ 250.00	02277421	5/8/2018	AmTrust
73427	2/16/18 - 3/16/18	5/1/2018	$ 410.00	PR-2 & P&S	$ 410.00	02258983	4/26/2018	AmTrust
72242	3/17/2018	5/1/2018	$ 250.00	Depo Review	$ 250.00	02250380	4/25/2018	AmTrust
73676	3/29/2018	5/7/2018	$ 250.00	C&R reading	$ 250.00	02269730	5/3/2018	AmTrust
71372	2/24/17 - 8/21/17	10/3/2017	$ 2,610.00	Initial Chiro tx., PR-2's & 14 f/u Chiro tx's.,	$ 2,610.00	03042099	9/28/2017	AmTrust

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
73500	3/2/2018	4/10/2018	$ 250.00	C&R reading	$ 250.00	01893019	4/4/2018	AmTrust
72863	2/13/2018	3/20/2018	$ 250.00	Depo Review	$ 250.00	02176865	3/14/2018	AmTrust
72242	2/23/2018	3/20/2018	$ 156.50	Depo prep	$ 156.50	02176864	3/14/2018	AmTrust
70598	1/30/2018	3/15/2018	$ 250.00	C&R reading	$ 250.00	03300631	3/12/2018	AmTrust
73166	1/9/2018	3/5/2018	$ 250.00	C&R reading	$ 250.00	02153119	2/27/2018	AmTrust
72930	11/29/2017	1/30/2018	$ 250.00	Depo Review	$ 250.00	02105850	1/26/2018	AmTrust
72901	11/6/17 - 11/27/17	1/30/2018	$ 406.50	Depo prep & Depo review	$ 406.50	02093439	1/22/2018	AmTrust

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
72616	9/12/2017	10/31/2017	$ 250.00	C&R reading	$ 250.00	00020080	10/27/2017	AmTrust
72577	8/30/17 - 9/13/17	10/12/2017	$ 406.50	Depo prep & Depo review	$ 406.50	01940094	10/9/2017	AmTrust
68798	9/6/2017	10/6/2017	$ 250.00	C&R reading	$ 250.00	01928981	10/2/2017	AmTrust
72242	8/18/2017	9/13/2017	$ 250.00	Depo Review	$ 250.00	01888014	9/7/2017	AmTrust
72066	6/20/17 - 8/1/17	9/5/2017	$ 406.50	Board appear (WCAB AHM) & C&R reading	$ 406.50	02996397	8/31/2017	AmTrust
69472	8/15/2017	9/6/2017	$ 250.00	C&R reading	$ 250.00	01876326	8/30/2017	AmTrust
72067	6/20/17 - 7/12/17	9/29/2017	$ 406.50	Depo prep & Depo review	$ 406.50	01867330	8/27/2017	AmTrust

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
71603	6/5/2017	7/10/2017	$ 250.00	Depo Review	$ 250.00	01776620	7/5/2017	AmTrust
71729	5/8/17 - 6/16/17	7/17/2017	$ 406.50	Depo prep & Depo review	$ 406.50	02910680	7/13/2017	AmTrust
70964	7/24/2017	8/11/2017	$ 313.00	Full day Board appear. (WCAB LBO)	$ 313.00	01837931	8/8/2017	AmTrust
72793	1/22/2018	2/27/2018	$ 250.00	Depo Review	$ 250.00	DA79364666	2/23/2018	ACE/CHUBB
72593	9/20/2017	12/19/2017	$ 250.00	Depo Review	$ 250.00	FE61497209	12/14/2017	ACE/ESIS
72384	10/3/2017	11/2/2017	$ 313.00	Full day Board appear. (WCAB LBO)	$ 313.00	FE61291229	10/30/2017	ACE/ESIS
72384	8/1/2017	9/26/2017	$ 313.00	Full day Board appear. (WCAB LBO)	$ 313.00	FE61116109	9/21/2017	ACE/ESIS

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
73354	5/25/2018	7/6/2018	$ 180.00	PR-2	$ 180.00	133974	6/25/2018	Alaska National/CorVel
73354	2/2/18 - 4/27/18	5/29/2018	$ 720.00	4 PR-2'S	$ 720.00	126016	5/22/2018	Alaska National/CorVel
73095	12/18/2017	2/20/2018	$ 250.00	C&R reading	$ 250.00	0001136480	2/16/2018	Applied Risk/California Ins.
72737	10/9/2017	12/11/2017	$ 250.00	C&R reading	$ 250.00	0001112536	12/5/2017	Applied Risk/California Ins.
31724	9/18/2017	10/12/2017	$ 250.00	C&R reading	$ 250.00	0001090836	10/9/2017	Applied Risk/California Ins.
71821	5/22/2017	7/10/2017	$ 250.00	C&R reading	$ 250.00	0001055272	7/7/2017	Applied Risk/California Ins.
71741	6/2/2017	7/17/2017	$ 250.00	C&R reading	$ 250.00	0001057370	7/13/2017	Applied Risk/California Ins.

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
72760	10/4/17 - 11/1/17	1/23/2018	$ 500.00	Initial, f/u chiro tx & PR-2	$ 500.00	0000114695	1/19/2018	Benchmark
72661	9/21/17 - 11/15/17	1/18/2018	$ 1,000.00	Initial, Initial acup., PR-2 & 2 f/u acups.	$ 1,000.00	2080150	1/11/2018	Benchmark
73709	5/18/2018	6/22/2018	$ 250.00	Depo Review	$ 250.00	8499282	6/18/2018	BBSI/Corvel
73433	2/20/18 - 4/20/18	6/20/2018	$ 590.00	2 PR-2's & P&S	$ 590.00	0887972	6/18/2018	Berkshire Hathaway (Cypress)
73736	4/3/18 - 5/11/18	6/25/2018	$ 770.00	Initial, 2 Post-ops & PR-2	$ 770.00	2376765	6/20/2018	Berkshire Hathaway (Redwood fire & casualty)
73615	3/20/18 - 5/18/18	6/22/2018	$ 720.00	3 PR-2's & Post-op	$ 720.00	0889230	6/20/2018	Berkshire Hathaway (Cypress)
70306	2/26/2018	4/2/2018	$ 165.00	Board appear (WCAB POM)	$ 165.00	0859477	3/28/2018	Berkshire Hathaway (Cypress)

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
71679	3/20/2018	4/24/2018	$ 180.00	PR-2	$ 180.00	71679	4/19/2018	Berkshire/AmGUARD
73422	2/16/18 - 3/21/18	5/3/2018	$ 680.00	Initial, 3 f/u chiro txs & PR-2	$ 680.00	2361885	4/27/2018	Berkshire Hathaway (Redwood fire & casualty)
73408	2/12/18 - 4/11/18	5/4/2018	$ 1,130.00	Initial, PR-2 & 8 f/u chiro tx's	$ 1,130.00	0527098	4/30/2018	Berkshire Hathaway (Oak River)
72441	8/9/2017	9/1/2017	$ 250.00	C&R reading	$ 250.00	2299791	8/29/2017	Berkshire Hathaway (Redwood fire & casualty)
71863	7/26/2017	8/11/2017	$ 250.00	Depo Review	$ 250.00	5646572613	8/8/2017	Broadspire
71976	8/11/2017	10/3/2017	$ 180.00	f/u acup.	$ 180.00	2321551	9/26/2017	Broadspire
72941	3/7/2018	4/11/2018	$ 90.00	f/u chiro tx.	$ 90.00	2633015	4/4/2018	Broadspire

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
72777	10/6/17 - 10/31/17	12/15/2017	$ 406.50	Depo prep & Depo review	$ 406.50	5648575356	12/8/2017	Broadspire
72927	12/15/2017	1/29/2018	$ 250.00	C&R reading	$ 250.00	0838228	1/26/2018	Berkshire Hathaway Cypress
73028	12/7/2017	2/1/2018	$ 250.00	C&R reading	$ 250.00	0516604	1/29/2018	Berkshire Hathaway Oak River
70443	10/9/2017	10/30/2017	$ 250.00	C&R reading	$ 250.00	2314746	10/27/2017	Berkshire Hathaway Redwood Fire & Casualty
70424	10/9/2017	10/31/2017	$ 250.00	C&R reading	$ 250.00	0807042	10/27/2017	Berkshire Hathway Cypress
72643	10/25/2017	11/13/2017	$ 250.00	Depo Review	$ 250.00	0811639	11/9/2017	Berkshire Hathaway Cypress
73736	6/8/2018	7/9/2018	$ 180.00	PR2	$ 180.00	2381148	7/6/2018	Redwood Fire & Casualty Berkshire Hathway

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
73408	6/13/2018	7/11/2018	$ 180.00	Med Legal	$ 180.00	0535118	7/6/2018	Oak River Berkshire Hathway
72808	10/19/17 - 12/21/17	3/20/2018	$ 590.00	Initial & 2 PR-2's	$ 590.00	32831667	3/14/2018	Chartis/AIG Claims
72749	11/8/2017	12/20/2017	$ 250.00	Depo review	$ 250.00	32600559	12/15/2017	Chartis/AIG American international group
72943	3/7/18 - 3/8/18	4/18/2018	$ 360.00	f/u acup & PR-2	$ 360.00	32896998	4/7/2018	Chartis/AIG American international group
72943	1/10/2018	2/21/2018	$ 180.00	f/u acup	$ 180.00	32751070	2/10/2018	Chartis/AIG American international group
73659	3/28/18 - 5/17/18	7/3/2018	$ 618.75	Initial (2hrs 21mins) & 2 PR-2's	$ 618.75	161615338	6/29/2018	CCMSI OBO State National
73178	4/24/2018	5/15/2018	$ 250.00	C&R reading	$ 250.00	161612310	5/11/2018	CCMSI OBO State National

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
73268	5/10/2018	6/12/2018	$ 230.00	P&S	$ 230.00	164708853	6/7/2018	CCMSI
72420	8/7/17 - 1/15/18	2/20/2018	$ 2,120.00	Initial, 2 PR-2's, 16 chiro tx's & final chiro tx	$ 2,120.00	161607248	2/16/2018	CCMSI
67904	12/22/2017	12/22/2017	$ 250.00	C&R reading	$ 250.00	148977003	1/22/2018	CCMSI
72840	10/31/17 - 11/13/17	12/11/2017	$ 406.50	Depo prep & Depo review	$ 406.50	119740479	12/6/2017	CCMSI
70884	8/17/2017	9/19/2017	$ 180.00	PR-2	$ 180.00	112070	9/18/2017	Carl Warren & CO
73604	3/15/18 - 5/3/18	7/6/2018	$ 720.00	Post-Op & 3 PR-2's	$ 720.00	3125896	7/2/2018	Corvel
73894	4/27/18 - 5/18/18	6/22/2018	$ 406.50	Depo prep & Depo review	$ 406.50	8500369	6/18/2018	Corvel

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
73835	5/18/2018	6/25/2018	$ 250.00	Depo Review	$ 250.00	8497728	6/15/2018	Corvel
72433	8/8/17 - 1/12/18	3/9/2018	$ 2,530.00	Initial, 17 chiro tx's, 3 PR-2's & P&S	$ 2,530.00	106100572	3/2/2018	Cna Claims
71390	4/27/2017	7/24/2017	$ 250.00	Depo Review	$ 250.00	3053269	7/18/2017	Corvel
71520	6/29/2017	8/29/2017	$ 250.00	C&R reading	$ 250.00	5101251	8/24/2017	Corvel
72104	7/5/17 - 8/8/17	9/5/2017	$ 406.50	Depo prep & Depo review	$ 406.50	8239613	8/31/2017	Corvel
72757	12/19/2017	1/17/2018	$ 180.00	PR2	$ 180.00	8354066	1/12/2018	Corvel
73322	1/30/18 - 2/20/18	5/1/2018	$ 406.50	Depo prep & Depo review	$ 406.50	8447749	4/25/2018	Corvel

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
73544	3/14/18 - 4/3/18	5/15/2018	$ 406.50	Depo prep & Depo review	$ 406.50	3112465	5/10/2018	Corvel
73232	1/18/18 - 3/1/18	5/17/2018	$ 900.00	5 PR-2's	$ 900.00	3112295	5/9/2018	Corvel
72757	12/6/17 - 12/18/17	1/9/2018	$ 540.00	3 PR-2's	$ 540.00	8351005	1/9/2018	Corvel
72757	12/4/2017	1/4/2018	$ 180.00	f/u acup	$ 180.00	8342176	12/28/2017	Corvel
70755	11/8/2017	12/11/2017	$ 195.00	Board Appear (WCAB SBR)	$ 195.00	8320016	12/5/2017	Corvel
72781	11/16/2017	12/11/2017	$ 250.00	Depo Review	$ 250.00	8319625	12/4/2017	Corvel
72345	7/17/17 - 7/27/17	9/26/2017	$ 517.50	Initial acup & Initial (2.5hrs)	$ 517.50	3065438	9/22/2017	Corvel

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
71542	6/21/17 - 6/28/17	8/21/2017	$ 360.00	2 f/u acup	$ 360.00	3584762	8/11/2017	Church Mutual
72757	10/3/17 - 11/20/17	12/29/2017	$ 2,471.25	Initial (3 hr 44 min), Initial, 2 Initial acup's, Initial phys tx, 4 PR-2's & 8 f/u acup's	$ 2,471.25	8335345	12/20/2017	Corvel
72757	11/27/2017	1/4/2018	$ 180.00	f/u acup	$ 180.00	8338451	12/26/2017	Corvel
63976	5/22/2018	6/19/2018	$ 313.00	Board Appear Full Day (WCAB LBO)	$ 313.00	12538129	6/13/2018	Employers
73188	1/4/18 - 3/22/18	5/7/2018	$ 590.00	Initial, 2 PR-2's	$ 590.00	11828014	5/3/2018	Employers
72499	12/18/2017	1/30/2018	$ 250.00	Depo Review	$ 250.00	10273238	1/25/2018	Employers

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
72635	9/15/17 - 10/18/17	12/4/2017	$ 406.50	Depo prep & Depo review	$ 406.50	9390485	11/28/2017	Employers
72499	8/9/2017	10/19/2017	$ 313.00	Full day Board appear. (WCAB LBO)	$ 313.00	240867533	10/17/2017	Employers
64909	9/27/2017	10/19/2017	$ 313.00	Full day Board appear. (WCAB LBO)	$ 313.00	270155939	10/17/2017	Employers
73606	5/18/2018	6/15/2018	$ 180.00	PR-2	$ 180.00	8816874543	6/10/2018	Farmers
73416	6/6/2018	7/6/2018	$ 180.00	PR-2	$ 180.00	8816895639	6/28/2018	Farmers
73606	3/16/18 - 4/20/18	5/31/2018	$ 720.00	Post-Op & 3 PR-2's	$ 720.00	8816856029	5/24/2018	Farmers
73539	3/12/18 - 4/2/18	5/3/2018	$ 406.50	Depo review & Board appear (WCAB LBO)	$ 406.50	8816819655	4/25/18	Farmers

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
73008	12/6/17 - 12/26/17	1/23/2018	$ 406.50	Depo prep & Depo review	$ 406.50	8816712083	1/29/2018	Farmers
73416	2/14/18 - 3/30/18	6/1/2018	$ 540.00	3 PR'2's	$ 540.00	8816859018	5/28/2018	Farmers
72716	11/3/2017	11/17/2017	$ 250.00	Depo review	$ 250.00	8816623182	11/15/2017	Farmers
72546	10/4/2017	10/27/2017	$ 250.00	Depo review	$ 250.00	8816593807	10/24/2017	Farmers
70683	10/10/16 - 1/20/17	9/5/2017	$ 680.00	Initial, f/u phys tx & 2 PR-2's	$ 680.00	510280059	8/30/2017	FirstComp/Markel
73677	3/6/18 - 5/7/18	6/19/2018	$ 563.00	2 Depo prep's & Depo review	$ 563.00	0146572487	6/13/2018	Gallagher Bassett
71954	6/20/17 - 7/3/17	8/14/2017	$ 563.00	Depo prep, Depo review & Board appear (WCAB LBO)	$ 563.00	0139122042	8/9/2017	Gallagher Bassett

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
71747	6/19/2017	7/18/2017	$ 250.00	Depo review	$ 250.00	0138449456	7/18/2017	Gallagher Bassett
71581	7/11/2017	7/17/2017	$ 250.00	Depo review	$ 250.00	0138382898	7/11/2017	Gallagher Bassett
72195	6/9/17 - 7/14/17	8/23/2017	$ 406.50	Depo prep & Depo review	$ 406.50	0139327717	8/17/2017	Gallagher Bassett
71825	5/18/17 - 8/2/17	8/29/2017	$ 1,000.00	Initial, Initial acup, 2 PR'2's, f/u acup.	$ 1,000.00	0139469320	8/23/2017	Gallagher Bassett
72162	6/21/17 - 7/26/17	8/29/2017	$ 406.50	Depo prep & Depo review	$ 406.50	0139491920	8/23/2017	Gallagher Bassett
72163	8/21/2017	9/5/2017	$ 250.00	Depo review	$ 250.00	0139637818	8/30/2017	Gallagher Bassett
73536	3/8/18 - 4/6/18	5/15/2018	$ 406.50	Depo prep & Depo review	$ 406.50	0145709282	5/9/2018	Gallagher Bassett

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
73255	1/18/18 - 4/11/18	5/15/2018	$ 720.00	4 PR-2'S	$ 720.00	0145713131	5/9/2018	Gallagher Bassett
73668	5/11/2018	6/12/2018	$ 250.00	Depo prep	$ 250.00	0146405728	2/17/2017	Gallagher Bassett
73532	3/5/18 - 4/4/18	6/12/2018	$ 406.50	Depo prep & Depo review	$ 406.50	0002520265	6/12/2018	Gallagher Bassett
72788	4/19/2018	6/7/2018	$ 250.00	C&R reading	$ 250.00	0146267219	6/1/2018	Gallagher Bassett
73102	12/21/2017	2/5/2018	$ 250.00	C&R reading	$ 250.00	0143299181	1/31/2018	Gallagher Bassett
72770	12/27/2017	2/7/2018	$ 250.00	Depo review	$ 250.00	0143194787	1/28/2018	Gallagher Bassett
71042	12/27/17 - 1/3/18	1/31/2018	$ 360.00	2 f/u acup's	$ 360.00	0143100905	1/23/2018	Gallagher Bassett

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
72788	10/23/17 - 11/27/17	12/18/2017	$ 406.50	Depo prep & Depo review	$ 406.50	0142142614	12/12/2017	Gallagher Bassett
66484	11/6/2017	12/7/2017	$ 250.00	C&R reading	$ 250.00	0141878024	12/1/2017	Gallagher Bassett
72347	11/2/2017	12/6/2017	$ 180.00	f/u acup	$ 180.00	0141863364	11/3/2017	Gallagher Bassett
72613	9/7/17 - 10/5/17	11/27/2017	$ 406.50	Depo prep & Depo review	$ 406.50	0141594489	11/17/2017	Gallagher Bassett
72507	8/16/2017	10/11/2017	$ 250.00	C&R reading	$ 250.00	0140527306	10/5/2017	Gallagher Bassett
71042	10/11/2017	11/8/2017	$ 180.00	f/u acup	$ 180.00	0141224129	11/2/2017	Gallagher Bassett

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
72347	7/27/17 - 10/12/17	11/8/2017	$ 2,478.75	2 Initial's, Initial (2hr 16min), Initial acup., Initial phys tx., 6 f/u acups. & 2 PR-2's	$ 2,478.75	0141157964	10/31/2017	Gallagher Bassett
72366	7/20/17 - 8/1/17	11/3/2017	$ 406.50	Depo prep & Depo review	$ 406.50	0141125810	10/30/2017	Gallagher Bassett
72195	7/14/2017	10/23/2017	$ 250.00	Depo review	$ 250.00	0140880252	10/19/2017	Gallagher Bassett
66484	10/13/2017	11/2/2017	$ 250.00	C&R reading	$ 250.00	0141083439	10/27/2017	Gallagher Bassett
71042	10/4/2017	10/30/2017	$ 180.00	f/u acup.	$ 180.00	0140965744	10/23/2017	Gallagher Bassett
72347	11/3/2017	12/8/2017	$ 230.00	P&S	$ 230.00	0141882862	12/1/2017	Gallagher Bassett

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
71042	9/27/2017	10/19/2017	$ 180.00	f/u acup	$ 180.00	0140710409	10/12/2017	Gallagher Bassett
71042	10/18/2017	11/22/2017	$ 180.00	f/u acup	$ 180.00	0141483096	11/13/2017	Gallagher Bassett
73379	3/12/2018	4/3/2018	$ 250.00	Depo review	$ 250.00	0041394693	3/27/2018	Guideone Insurance
71513	3/19/2018	4/24/2018	$ 250.00	C&R reading	$ 250.00	6335591	4/16/2018	Guideone Insurance
72194	8/25/2017	9/19/2017	$ 250.00	Depo review	$ 250.00	0041369727	9/13/2017	Guideone Insurance
73353	2/2/18 - 5/1/18	7/9/2018	$ 540.00	3 PR-2's	$ 540.00	000051732	7/5/2018	Guard Insurace National Liability & Fire Ins.
64871	7/5/2017	7/31/2017	$ 250.00	C&R reading	$ 250.00	1276471190	7/21/2017	Hartford

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
73558	3/8/18 - 5/10/18	7/3/2018	$ 720.00	4 PR-2's	$ 720.00	2222939	6/22/2018	ICW
73982	5/2/2018	7/9/2018	$ 250.00	C&R reading	$ 250.00	2233182	7/2/2018	ICW
73316	1/24/18 - 2/23/18	3/26/2018	$ 406.50	Depo prep & Depo review	$ 406.50	2096197	3/16/2018	ICW
72932	11/1/17 - 1/24/18	3/7/2018	$ 1,670.00	Initial, 14 f/u chiro tx's & PR-2	$ 1,670.00	2073384	2/27/2018	ICW
73062	12/15/17 - 2/9/18	3/28/2018	$ 1,040.00	Initial, 7 f/u chiro tx's & PR-2	$ 1,040.00	2097795	3/19/2018	ICW
72757	12/22/17 & 1/16/18	3/1/2018	$ 360.00	2 PR-2's	$ 360.00	8388419	2/21/2018	Corvel
72369	8/2/2017	1/2/2018	$ 44.67	P&I's (C&R reading)	$ 44.67	1989596	12/20/2017	ICW

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

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
71641	4/8/17 - 11/2/17	12/21/2017	$ 8,200.00	Initial, Initial acup., 37 f/u acups & 6 PR-2's	$ 8,200.00	1981001	12/13/2017	ICW
72610	9/5/17 - 9/20/17	12/19/2017	$ 406.50	Depo prep & Depo review	$ 406.50	1961269	11/29/2017	ICW
72326	7/17/17 - 8/28/17	12/11/2017	$ 590.00	Initial & 2 PR-2's	$ 590.00	1961270	11/29/2017	ICW
72323	8/31/2017	10/18/2017	$ 250.00	Depo review	$ 250.00	1896569	10/9/2017	ICW
72192	8/17/2017	9/26/2017	$ 250.00	Depo review	$ 250.00	1870902	9/19/2017	ICW
71876	6/23/2017	8/28/2017	$ 250.00	Depo review	$ 250.00	1835091	8/17/2017	ICW
71915	5/16/2017	7/18/2017	$ 250.00	C&R reading	$ 250.00	1824017	8/8/2017	ICW

Spanish Language Market Rate Summary Graph (per 8 CCR, Article 5.7)
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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
72179	8/1/2017	9/19/2017	$ 250.00	Depo review	$ 250.00	02240905	9/13/2017	Liberty Mutual (Helmsman)
73091	12/13/2017	5/1/2018	$ 313.00	Full day Board appear. (WCAB POM)	$ 313.00	285353	4/24/2018	Corvel
72028	6/26/17 - 8/21/17	2/12/2018	$ 950.00	Initial & 4 PR-2's	$ 950.00	263631	2/5/2018	Corvel
72769	6/1/2018	7/9/2018	$ 180.00	PR-2	$ 180.00	000051504	7/2/2018	National Liability & Fire
72769	10/13/17 - 2/16/18	4/17/2018	$ 990.00	Initial chiro, 2 PR-2's & 6 f/u chiro txs	$ 990.00	000046924	4/11/2018	National Liability & Fire
73250	1/11/18 - 5/3/18	6/5/2018	$ 543.00	Initial, Depo prep & Board appear. (LBO)	$ 543.00	10047286	5/30/2018	Packard Claims
71827	5/18/17 - 8/31/17	11/7/2017	$ 590.00	Initial & 2 PR-2's	$ 590.00	10037848	11/2/2017	Packard Claims

Spanish Language Market Rate Summary Graph (per 8 CCR, Article 5.7)
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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
72243	9/15/2017	10/16/2017	$ 250.00	C&R reading	$ 250.00	10036859	10/13/2017	Packard Claims
72243	7/19/17 - 8/16/17	9/21/2017	$ 406.50	Depo prep & Depo review	$ 406.50	10035354	9/18/2017	Packard Claims
72976	11/30/17 - 2/22/18	6/5/2018	$ 590.00	Initial & 2 PR-2's	$ 590.00	3455221	5/30/2018	Protective Insurance
72019	2/15/2018 - 2/27/18	3/15/2018	$ 590.00	2 f/u acups & P&S	$ 590.00	3428689	3/12/2018	Protective Insurance
72765	10/9/17 - 12/4/17	1/10/2018	$ 1,490.00	Initial chiro tx., 11 f/u chiro txs., Intiial & PR-2	$ 1,490.00	3407302	1/3/2018	Protective Insurance
73418	2/15/18 - 4/26/18	6/22/2018	$ 900.00	5 PR-2's	$ 900.00	800209455	6/15/2018	Tokio Marine Mgmt. (Trans Pacific)
73158	2/15/2018	3/6/2018	$ 250.00	Depo review	$ 250.00	1000425206	3/1/2018	Republic Indemnity

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
73793	4/6/18 - 6/1/18	6/29/2018	$ 1,310.00	Initial, Surgery, Post-op & 4 PR-2's	$ 1,310.00	123354382K	6/25/2018	State Farm
64055	3/1/2017	5/7/2018	$ 250.00	C&R reading	$ 250.00	123273424K	5/1/2018	State Farm
72170	10/4/2017	11/27/2017	$ 250.00	C&R reading	$ 250.00	123016208K	11/16/2017	State Farm
72170	8/22/2017	9/29/2017	$ 250.00	Depo review	$ 250.00	723934297K	9/26/2017	State Farm
73413	5/22/2018	7/6/2018	$ 180.00	PR-2	$ 180.00	896D91159286	7/2/2018	Travelers
73413	2/14/18 - 4/17/18	6/13/2018	$ 768.75	Initial, F.C.E. & 3 PR-2'S	$ 768.75	896D91044848	6/6/2018	Travelers
62134	4/3/2018	4/17/2018	$ 250.00	C&R reading	$ 250.00	891A89219439	4/13/2018	Travelers

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
72735	10/9/17 - 3/20/18	4/10/2018	$ 336.50	Board appear (WCAB POM) & PR-2	$ 336.50	896D90780625	4/10/2018	Travelers
72995	2/12/2018	3/13/2018	$ 250.00	C&R reading	$ 250.00	896D90655437	3/7/2018	Travelers
72595	1/15/2018	1/30/2018	$ 250.00	Depo review	$ 250.00	896D90479666	1/26/2018	Travelers
72562	8/23/17 - 9/11/17	10/31/2017	$ 406.50	Depo prep & Depo review	$ 406.50	896D90090168	10/26/2017	Travelers
67814	11/13/2017	12/4/2017	$ 250.00	Depo review	$ 250.00	891A88858475	11/29/2017	Travelers
54213	9/12/2017	10/3/2017	$ 313.00	Full day board appear. (LBO)	$ 313.00	896D89960865	9/26/2017	Travelers
70949	9/29/2017	10/20/2017	$ 250.00	C&R reading	$ 250.00	896D90050170	10/16/2017	Travelers

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
72498	8/8/17 - 8/31/17	10/9/2017	$ 406.50	Depo prep & Depo review	$ 406.50	896D89991174	10/3/2017	Travelers
71743	5/2/2017	7/5/2017	$ 250.00	C&R reading	$ 250.00	896D89567904	6/27/2017	Travelers
71869	5/25/2017	7/28/2017	$ 250.00	C&R reading	$ 250.00	896D89684219	7/24/2017	Travelers
72894	4/18/2018	5/24/2018	$ 250.00	Depo review	$ 250.00	CU-39248	5/21/2018	S.C.I.F.
73317	3/20/2018	5/3/2018	$ 250.00	C&R reading	$ 250.00	CU-389761	5/1/2018	S.C.I.F.
69332	12/18/17 - 12/21/17	1/23/2018	$ 406.50	Board appear (WCAB AHM) & C&R reading	$ 406.50	CU-377246	1/19/2018	S.C.I.F.
71324	7/28/2017	8/11/2017	$ 250.00	C&R reading	$ 250.00	CU-357422	8/9/2017	S.C.I.F.

Spanish Language Market Rate Summary Graph (per 8 CCR, Article 5.7)
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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
71751	7/12/2017	8/3/2017	$ 250.00	Depo review	$ 250.00	CE-848632	8/1/2017	S.C.I.F.
71865	5/31/2017	7/14/2017	$ 250.00	C&R reading	$ 250.00	CP-980209	7/21/2017	S.C.I.F.
72843	11/27/2017	12/18/2017	$ 250.00	Depo review	$ 250.00	CS-654816	12/13/2017	S.C.I.F.
72833	11/27/2017	12/11/2017	$ 250.00	Depo review	$ 250.00	CP-997612	12/8/2017	S.C.I.F.
72614	11/15/2017	12/4/2017	$ 250.00	Depo review	$ 250.00	CU-371511	12/1/2017	S.C.I.F.
72715	9/29/2017	11/17/2017	$ 250.00	C&R reading	$ 250.00	CU-369444	11/15/2017	S.C.I.F.
72634	9/14/2017	11/7/2017	$ 250.00	C&R reading	$ 250.00	CS-651536	11/3/2017	S.C.I.F.

Spanish Language Market Rate Summary Graph (per 8 CCR, Article 5.7)
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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
72571	8/31/2017	10/5/2017	$ 250.00	Depo review	$ 250.00	CP-989377	10/3/2017	S.C.I.F.
72370	9/5/2017	9/25/2017	$ 250.00	Depo review	$ 250.00	CP-987853	9/20/2017	S.C.I.F.
72074	8/23/2017	9/18/2017	$ 250.00	Depo review	$ 250.00	CP-987321	9/15/2017	S.C.I.F.
67157	8/15/2017	9/1/2017	$ 250.00	C&R reading	$ 250.00	CS-645844	8/29/2017	S.C.I.F.
73944	5/4/2018	7/3/2018	$ 250.00	C&R reading	$ 250.00	CU-396872	6/28/2018	S.C.I.F.
71934	6/1/17 - 9/22/17	10/18/2017	$ 4,240.00	Initial, Initial acup, 18 f/u acups & 3 PR-2's	$ 4,240.00	0084529859	10/12/2017	Sedgwick (Arch Indemnity Ins.)
66051	8/30/2017	9/26/2017	$ 250.00	C&R reading	$ 250.00	0078428561	9/22/2017	Sedgwick (Old Republic Ins.)

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
71878	5/18/17 - 6/7/17	7/31/2017	$ 406.50	Depo prep & Depo review	$ 406.50	0082082462	7/28/2017	Sedgwick
68923	6/12/17 - 7/17/17	8/4/2017	$ 406.50	Board appear (WCAB LBO) & C&R reading	$ 406.50	0082052491	8/1/2017	Sedgwick
73267	1/24/18 - 5/2/18	6/4/2018	$ 1,850.00	Initial, 12 f/u chiro tx's & 3 PR-2's	$ 1,850.00	89657872	5/29/2018	Sedgwick (ACE American Ins)
73420	2/14/18 - 4/11/18	5/15/2018	$ 1,310.00	Initial, 5 PR-2's & Post-Op	$ 1,310.00	89000754	5/9/2018	Sedgwick
73467	2/21/18 - 3/14/18	5/1/2018	$ 406.50	Depo prep & Depo review	$ 406.50	89561340	4/25/2018	Sedgwick (Everest National)
73093	3/1/2018	4/4/2018	$ 156.50	Board appear (WCAB LBO)	$ 156.50	65956905	4/2/2018	Sedgwick (Arch Inurance)
73242	1/12/18 - 3/6/18	4/3/2018	$ 1,310.00	Initial, Initial Chiro, PR-2 & 9 f/u chiro tx's	$ 1,310.00	87017157	3/28/2018	Sedgwick (ACE American Ins)

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
73383	2/8/2018	4/2/2018	$ 250.00	Depo review	$ 250.00	70240487	3/29/2018	Sedgwick (DGF New Hampshire Ins.)
71375	2/20/2018	3/20/2018	$ 250.00	C&R reading	$ 250.00	89551887	3/16/2018	Sedgwick (Everest National)
72854	11/13/2017	12/22/2017	$ 250.00	Depo review	$ 250.00	87602762	12/22/2017	Sedgwick (Falls Lake Fire and Casualty Co.)
72714	9/28/17 - 10/30/17	11/21/2017	$ 406.50	Depo prep & Depo review	$ 406.50	80909262	11/17/2017	Sedgwick (Hartford Casualty)
71831	5/18/17 - 10/19/17	11/22/2017	$ 1,130.00	Initial & 5 PR-2's	$ 1,130.00	0078723043	11/14/2017	Sedgwick (ACE American Ins)
73617	3/20/18 - 5/23/18	7/17/2018	$ 590.00	2 PR-2's & P&S	$ 590.00	0147217964	7/11/2018	Gallagher Bassett (Arch Indemnity)
74099	5/10/18 - 6/18/18	7/17/2018	$ 406.50	Depo prep & Depo review	$ 406.50	8816910689	7/12/2018	Farmers

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
73301	1/31/18 - 5/25/18	7/17/2018	$ 900.00	Post-Op & 4 PR-2's	$ 900.00	0000140879	7/13/2018	Benchmark
73943	6/27/2018	7/17/2018	$ 250.00	Depo review	$ 250.00	161616043	7/13/2018	CCMSI
73277	1/26/18 - 5/29/18	7/18/2018	$ 1,440.00	8 PR-2's	$ 1,440.00	161616067	7/13/2018	CCMSI
73670	5/9/2018	6/12/2018	$ 313.00	Full Day Board appear. (WCAB POM.)	$ 313.00	0000048833	6/8/2018	York Risk
73673	3/22/2018	5/1/2018	$ 250.00	C&R reading	$ 250.00	0000047467	4/27/2018	York Risk
73231	1/18/18 - 3/29/18	4/27/2018	$ 720.00	4 PR-2's	$ 720.00	267612	4/24/2018	York Risk
73283	1/26/18 - 2/23/18	4/6/2018	$ 720.00	4 PR-2's	$ 720.00	16961	4/2/2018	York Risk

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
73145	12/21/2017	2/16/2018	$ 250.00	C&R reading	$ 250.00	0000047437	2/13/2018	York Risk
72452	8/10/17 - 11/29/17	1/4/2018	$ 1,630.00	Initial, Initial acup., 3 PR-2's, 3 f/u acup's & f/u chiro tx	$ 1,630.00	68-025189	12/28/2017	State of California
72787	11/16/2017	12/13/2017	$ 250.00	Depo review	$ 250.00	0000040979	12/8/2017	York Risk
72619	9/12/17 - 10/13/17	12/7/2017	$ 406.50	Depo prep & Depo review	$ 406.50	0000008065	12/1/2017	York Risk
72592	9/5/17 - 9/25/17	10/17/2017	$ 406.50	Depo prep & Depo review	$ 406.50	29959	10/16/2017	York Risk
71690	8/18/2017	9/6/2017	$ 250.00	C&R reading	$ 250.00	0000036976	8/30/2017	York Risk
71864	5/31/17 - 6/28/17	7/31/2017	$ 406.50	Depo prep & Depo review	$ 406.50	196855	7/26/2017	York Risk

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
73882	4/25/18 - 6/6/18	7/18/2018	$ 1,220.00	Initial, 2 PR-2's & 7 f/u chiro tx's	$ 1,220.00	1101688248	7/11/2018	Zurich
71722	6/20/2017	8/10/2017	$ 250.00	Depo review	$ 250.00	1101330505	8/7/2017	Zurich
71820	7/17/2017	8/11/2017	$ 250.00	Depo review	$ 250.00	1101332363	8/8/2017	Zurich
73240	5/15/2018	6/18/2018	$ 180.00	PR-2	$ 180.00	1101660685	6/12/2018	Zurich
72615	5/9/2018	6/12/2018	$ 250.00	C&R reading	$ 250.00	1101655984	6/7/2018	Zurich
73279	1/26/18 - 3/2/18	8/21/2018	$ 540.00	3 PR-2's	$ 540.00	1101633852	5/16/2018	Zurich
73240	1/19/18 - 4/11/18	5/15/2018	$ 900.00	5 PR-2's	$ 900.00	1101628533	5/10/2018	Zurich

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
72676	9/14/17 - 12/14/17	1/19/2018	$ 2,620.00	Initial, Initial acup., 3 PR-2's & 9 f/u acup's	$ 2,620.00	1101500031	1/12/2018	Zurich
72615	9/11/17 - 10/13/17	11/27/2017	$ 406.50	Depo prep & Depo review	$ 406.50	1101449981	11/22/2017	Zurich
72110	8/3/2017	9/11/2017	$ 250.00	C&R reading	$ 250.00	1101362938	9/6/2017	Zurich
71773	5/15/17 - 6/20/17	7/14/2017	$ 406.50	Depo prep & Depo review	$ 406.50	1101297547	7/10/2017	Zurich
71858	5/26/17 - 8/4/17	8/23/2017	$ 950.00	Initial, Initial Chiro tx. & 7 f/u chiro tx's	$ 950.00	01554532	8/15/2017	Amtrust (Wesco Insurance)
71425	2/22/2018	5/3/2018	$ 180.00	PR-2	$ 180.00	100252276	4/23/2018	AF Group (Compwest)

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
71571	7/10/17 - 8/18/17	9/11/2017	$ 406.50	Board Appear. (WCAB LBO) & C&R Reading	$ 406.50	388499	9/7/2017	Sedgwick
71754	11/17/2017	12/15/2017	$ 250.00	Depo review	$ 250.00	CE-859035	12/12/2017	SCIF
72939	11/3/17 - 1/9/18	2/28/2018	$ 1,360.00	2 Initial's, PR-2 & 8 f/u chiro tx's	$ 1,360.00	786226	2/22/2018	Zenith
68486	6/16/2017	7/24/2017	$ 250.00	C&R reading	$ 250.00	1793810	7/14/2017	ICW
72428	12/4/17 - 12/11/17	2/28/2018	$ 360.00	2 f/u acups	$ 360.00	267684	2/20/2018	Corvel
72428	10/17/17,1/25/18 & 1/31/18	3/2/2018	$ 540.00	2 PR-2's & F/u acup	$ 540.00	267215	2/16/2018	Corvel

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
72428	2/8/18 - 4/12/18	6/6/2018	$ 1,580.00	5 f/u acups, final phys tx, final acup. & 2 PR-2's	$ 1,580.00	2695924	5/30/2018	Corvel
72428	4/26/2018	6/20/2018	$ 180.00	f/u acup.	$ 180.00	300515	6/14/2018	Corvel
72428	5/1/2018	6/27/2018	$ 230.00	P&S	$ 230.00	301780	6/19/2018	Corvel
71787	4/12/2018	5/17/2018	$ 180.00	PR-2	$ 180.00	0145679235	5/8/2018	Gallagher Bassett (Old Republic Ins)
72149	7/6/2017	10/6/2017	$ 230.00	Initial	$ 230.00	1279258667	9/28/2017	The Hartford
71787	12/7/17 - 2/1/18	3/7/2018	$ 540.00	3 PR-2's	$ 540.00	0143946410	2/27/2018	Gallagher Bassett (Old Republic Ins)
71787	8/3/2017	10/20/2017	$ 180.00	PR-2	$ 180.00	0140748073	10/13/2017	Gallagher Bassett (Old Republic Ins)

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
71787	5/4/2017	10/13/2017	$ 230.00	Initial	$ 230.00	0140497766	10/4/2017	Gallagher Bassett (Old Republic Ins)
72941	5/4/2018	6/22/2018	$ 180.00	PR-2	$ 180.00	2751832	6/14/2018	Broadspire
72691	1/22/18 - 1/31/18	3/28/2018	$ 590.00	Initial acup & 2 f/u acups	$ 590.00	2608261	3/20/2018	Broadspire
71931	10/17/17 - 10/23/17	11/22/2017	$ 360.00	PR-2 & f/u acup.	$ 360.00	8302546	11/14/2017	Corvel
	10/13/17 - 10/16/17	11/22/2017	$ 270.00	f/u phys therapy & f/u acup.	$ 270.00	8302548	11/14/2017	Corvel
	10/11/2017	11/22/2017	$ 180.00	PR-2	$ 180.00	8302549	11/14/2017	Corvel
71794	9/21/2017	10/31/2017	$ 180.00	PR-2	$ 180.00	8287309	10/26/2017	Corvel
71794	10/26/2017	11/29/2017	$ 180.00	PR-2	$ 180.00	8308590	11/20/2017	Corvel
71794	8/17/2017	9/20/2017	$ 180.00	PR-2	$ 180.00	8249494	9/13/2017	Corvel
70366	5/22/17, 5/25/17 & 6/22/17	9/12/2017	$ 540.00	f/u acup & 2 PR-2's	$ 540.00	85094	8/29/2017	Corvel
71980	10/5/2017	11/22/2017	$ 180.00	f/u acup.	$ 180.00	34103	11/14/2017	Corvel

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

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
71558	8/31/2017	9/27/2017	$ 180.00	PR-2	$ 180.00	3065035	9/21/2017	Corvel
71803	9/14/2017	10/4/2017	$ 180.00	PR-2	$ 180.00	8266419	9/29/2017	Corvel
71980	8/31/2017	10/24/2017	$ 180.00	f/u acup.	$ 180.00	32763	10/17/2017	Corvel
71803	9/18/17 - 10/6/17	10/31/2017	$ 540.00	3 f/u acups.	$ 540.00	8288540	10/26/2017	Corvel
71794	11/30/2017	1/4/2018	$ 180.00	PR-2	$ 180.00	8342622	12/28/2017	Corvel
71931	12/4/2017	1/4/2018	$ 180.00	f/u acup.	$ 180.00	8343161	12/29/2017	Corvel
71931	11/29/2017	1/4/2018	$ 180.00	PR-2	$ 180.00	8338412	12/26/2017	Corvel
71931	11/13/2017	12/21/2017	$ 180.00	f/u acup.	$ 180.00	8328536	12/13/2017	Corvel
71931	11/21/2017	12/29/2017	$ 180.00	PR-2	$ 180.00	8336299	12/21/2017	Corvel
	11/20/2017		$ 180.00	f/u acup.	$ 180.00	8336297		
71980	11/8/2017	1/16/2018	$ 180.00	PR-2	$ 180.00	36552	1/9/2018	Corvel
73286	3/19/18 - 4/2/18	5/18/2018	$ 540.00	2 f/u acups & PR-2	$ 540.00	41455	5/9/2018	Corvel
73286	3/6/18 - 3/15/18	4/25/2018	$ 540.00	PR-2 & 2 f/u acups.	$ 540.00	41029	4/20/2018	Corvel
72757	12/28/17, 1/30/18 & 2/12/18	3/15/2018	$ 540.00	2 f/u acups & PR-2	$ 540.00	8401483	3/8/2018	Corvel

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

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
71558	11/30/2017	1/18/2018	$ 180.00	PR-2	$ 180.00	3086060	1/11/2018	Corvel
71931	12/26/2017	1/18/2018	$ 180.00	PR-2	$ 180.00	8354037	1/12/2018	Corvel
71931	12/11/17 - 12/18/17		$ 360.00	2 f/u acups.	$ 360.00	8351664	1/10/2018	
71498	11/13/17 - 11/22/17	1/16/2018	$ 540.00	3 f/u acups.	$ 540.00	3155240	1/11/2018	CHUBB
71674	10/19/2017	11/29/2017	$ 230.00	P&S	$ 230.00	32531928	11/18/2017	AIG (American Int'l Group)
68325	7/5/2017	8/23/2017	$ 180.00	PR-2	$ 180.00	2858523	8/17/2017	CHUBB
71498	10/23/17 - 11/2/17	1/10/2018	$ 540.00	2 f/u acups & PR-2	$ 540.00	3141012	1/4/2018	CHUBB
71783	5/3/17 - 7/19/17	12/21/2017	$ 3,120.00	2 Initials, Initial acup., 9 f/u acups., 4 PR-2's & Intial phys tx.	$ 3,120.00	77354697	12/13/2017	Sedgwick
69823	1/18/2018	2/14/2018	$ 180.00	f/u acup.	$ 180.00	86747532	2/7/2018	Sedgwick
71416	10/16/17 - 12/20/17	1/18/2018	$ 180.00	2 f/u chiro treatments	$ 180.00	8353473	1/11/2018	Corvel

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

*** INVOICE ***
Date NO#
05/14/18 73187

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2756352-1

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

Case: vs TORRANCE CARE CENTER WEST
Date Of Injury: 8/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/04/18	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/11/18	INITIAL ACUP	W/ ACUPUNCT RHEE @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/12/18	INITIAL PHYS	THERAPY W/DR CHRISTIAN MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/18/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLLAGOMEZ # 500341	0.00
02/01/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/06/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/15/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/22/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/23/18	FOLLOW UP	PHYSICAL TX W/DR MENDOZA*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/08/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/12/18	INITIAL EXAM	DR TOSHA BROWN @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/15/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/19/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/20/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/26/18	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#
05/14/18 73187

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2756352-1

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

Case: vs TORRANCE CARE CENTER WEST
Date Of Injury: 8/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/02/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/12/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/16/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/17/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/19/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/26/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/08/18	PMT BY CHECK	DOS 4/2/18-4/12/18* #01948511	-3030.00

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.

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01948511
2756352-1
WWC3282605

DATE	AMOUNT
5/8/2018	$3,030.00

Three Thousand Thirty and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈01948511⑈ ⑆021309379⑆ 601894744⑈

Check Number	01948511
Claim Number:	2756352-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WWC3282605/Long Beach Care Center, Inc. (A Corp)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	8/21/2017
Location:	
Examiner Code:	25050

Amount:	$3,030.00
Dates of Service:	4/2/2018-4/12/2018
Explanation:	73187
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

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

MAY 11 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#
05/11/18 71705

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2006823-1

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

Case: vs PRECISION WIRE PRODUCT
Date Of Injury: 9/16/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/26/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/28/17	PMT BY CHECK	DOS 4/26/17* # 01768518	-156.50
01/17/18	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/07/18	PMT BY CHECK	DOS 1/17/18* # 02122913	-156.50
04/18/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/08/18	PMT BY CHECK	DOS 4/18/18-4/18/18* # 02277421	-250.00

BALANCE 0.00

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

VOID VOID VOID VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02277421
2006823-1
SWC1056551

DATE	AMOUNT
5/8/2018	$250.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈02277421⑈ ⑆021309379⑆ 790262463⑈

Check Number	02277421
Claim Number:	2006823-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1056551/Precision Wire Products, Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	9/16/2015
Location:	
Examiner Code:	rlawsonhaley

Amount:	$250.00
Dates of Service:	4/18/2018-4/18/2018
Explanation:	INV 71705
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

ANA UBI Claims
AmTrust North America
P O Box 89404
Cleveland, OH 44101
212-655-2000

MAY 11 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#
05/01/18 73427

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2798123-1

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

Case: vs HEALTH TALENT
Date Of Injury: 11/1/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/16/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/16/18	P AND S	DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/26/18	PMT BY CHECK	DOS 2/16/18-3/16/18* # 02258983	-410.00

BALANCE 0.00

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

VOID VOID VOID VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02258983
2798123-1
SWC1168538

DATE	AMOUNT
4/26/2018	$410.00

Four Hundred Ten and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈02258983⑈ ⑆021309379⑆ 79026246 3⑈

MAY 01 2018

Check Number	02258983
Claim Number:	2798123-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1168538/Employers Alliance V, LLC LCF Health Talent Strategies, Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	11/1/2017
Location:	
Examiner Code:	hamer

Amount:	$410.00
Dates of Service:	2/16/2018-3/16/2018
Explanation:	73427
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

ANA UBI Claims on behalf of Security National Insurance Company
AmTrust North America
P O Box 89404
Cleveland, OH 44101
212-655-2000

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

*** INVOICE ***

Date	NO#
05/01/18	72242

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2694750

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

Case: vs PARADIGM INDUSTRIES
Date Of Injury: 4/20/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/18/17	LEGAL_PREP	DEPO PREP @ L/O HALLET EMERICK	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/18/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/06/17	PMT BY CHECK	DOS 7/18/17* # 01885762	-156.50
09/07/17	PMT BY CHECK	DOS 8/18/17* # 01888014	-250.00
02/23/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI II	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/14/18	PMT BY CHECK	DOS 2/23/18* # 02176864	-156.50
03/17/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
04/25/18	PMT BY CHECK	DOS 3/17/18* # 02250380	-250.00

BALANCE 0.00

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

VOID VOID VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02250380
2694750-1
SWC1124305

DATE	AMOUNT
4/25/2018	$250.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈02250380⑈ ⑆021309379⑆ 790262463⑈

Check Number	02250380
Claim Number:	2694750-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1124305/Paradigm Industries, Inc. (A Corp)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	4/20/2017
Location:	
Examiner Code:	fkamara

MAY 01 2018

Amount:	$250.00
Dates of Service:	3/17/2018-3/17/2018
Explanation:	INV 72242
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

ANA UBI Claims
AmTrust North America
P O Box 89404
Cleveland, OH 44101
212-655-2000

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

*** INVOICE ***
Date NO#
05/07/18 73676

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2509822

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

Case: 's SUMMIT PLASTERING INC
Date Of Injury: 12/2/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/29/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
05/03/18	PMT BY CHECK	DOS 3/29/18* # 02269730	-250.00

BALANCE 0.00

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

VOID VOID VOID VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02269730
2509822-1
SWC1111714

DATE	AMOUNT
5/3/2018	$250.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈02269730⑈ ⑆021309379⑆ 790262463⑈

Check Number	02269730
Claim Number:	2509822-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1111714/Vincent Enterprises, Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	12/2/2016
Location:	CA -
Examiner Code:	21638

PAID
MAY 07 2018

73676

Amount:	$250.00
Dates of Service:	3/29/2018-3/29/2018
Explanation:	iNV 73676
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

ANA UBI Claims on behalf of Security National Insurance Company
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
844-601-7760

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

*** INVOICE ***
Date NO#
10/03/17 71372

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2514806-1

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

Case: vs BAR PINTXO LP.
Date Of Injury: 2/10/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/24/17	INITL CHIRO	TREATMENT W/DR ERIC GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
03/14/17	PR2/REEVAL	DR ALLEN MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/28/17	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
05/05/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
05/23/17	PR2/REEVAL	DR MASSIHI @ GOFNUNG*U	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
06/07/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
06/12/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
06/19/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
06/23/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
06/26/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
06/30/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
07/10/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 100942	0.00
07/11/17	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/14/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/17/17	PR2/REEVAL	DR GOFNUNG @ GOFNUNG 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#
10/03/17 71372

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2514806-1

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

Case: vs BAR PINTXO LP.
Date Of Injury: 2/10/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/19/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS. J. GALVEZ # 100727	0.00
07/26/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/02/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
08/07/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/08/17	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/14/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
08/21/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
09/28/17	PMT BY CHECK	DOS 7/19/17-8/21/17* # 03042099 AMTRUST	-2610.00

BALANCE 0.00

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

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03042099
2514806-1
TWC3593997

DATE	AMOUNT
9/28/2017	$2,610.00

Two Thousand Six Hundred Ten and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTEPRETERS INC

VOID AFTER 90 DAYS

Mail To
JOYCE ALTMAN INTEPRETERS INC
P. O. BOX 4165
TUSTIN, CA 92781-

⑈03042099⑈ ⑆021309379⑆ 601877533⑈

Check Number	03042099
Claim Number:	2514806-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3593997/RAR PINTXO LP
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTEPRETERS INC
Loss Date:	2/10/2017
Location:	
Examiner Code:	rtovar

Amount:	$2,610.00
Dates of Service:	7/19/2017-8/21/2017
Explanation:	71372
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

TECHNOLOGY INSURANCE CO (Claims Funding) 1085
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
858-385-4040

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

*** INVOICE ***

Date	NO#
04/10/18	73500

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2438970

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

Case: vs GENEVA STAFFING
Date Of Injury: 12/8/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/04/18	PMT BY CHECK	DOS 3/2/18* # 01893019	-250.00

BALANCE 0.00

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

VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01893019
2438970-1
WWC3213905

DATE	AMOUNT
4/4/2018	$250.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈01893019⑈ ⑆021309379⑆ 601894744⑈

Check Number	01893019
Claim Number:	2438970-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WWC3213905/Geneva Staffing Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	12/8/2016
Location:	
Examiner Code:	24911

APR 10 2018

Amount:	$250.00
Dates of Service:	3/2/2018-3/2/2018
Explanation:	73500
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

WESCO INSURANCE CO (Claims Funding) 1148 on behalf of Wesco Insurance Company
AmTrust North America
P O Box 89404
Cleveland, OH 44101
212-655-2000

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

*** INVOICE ***
Date NO#
03/20/18 72863

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2725056

BILL TO:
AMTRUST NORTH AMERICA (89404)

ATTN: GOLDEN GIPSON
PO BOX 89404
CLEVELAND, OH 44101

Case: vs VENSURE HR
Date Of Injury: 3/31/17

DOS	SERVICE	DESCRIPTION	AMOUNT
11/06/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/28/17	LEGAL_WCAB	STATUS COFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
01/11/18	LEGAL_PREP	DEPO PREP @ L/O MULLEN & FILLIPI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/31/18	PMT BY CHECK	DOS 11/6/17* # 02112080	-156.50
02/13/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/12/18	PMT BY CHECK	DOS 11/6/17-1/31/18* # 02172596	-313.00
03/14/18	PMT BY CHECK	DOS 2/13/18* # 02176865	-250.00

BALANCE 0.00

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

VOID VOID VOID VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02176865
~~2725056-1~~
~~SWC1139462~~

DATE	AMOUNT
3/14/2018	$250.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈02176865⑈ ⑆021309379⑆ 79026263⑈

Check Number	02176865
Claim Number:	2725056-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1139462/Southland Employment Services, Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	3/31/2017
Location:	
Examiner Code:	28334

RECEIVED
MAR 20 2018

Amount:	$250.00
Dates of Service:	2/13/2018-2/13/2018
Explanation:	Inv 72863 ✓
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

ANA UBI Claims
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
844-601-7760

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

*** INVOICE ***

Date	NO#
03/20/18	72242

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 day
Claim #(s):
2694750

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

Case: vs PARADIGM INDUSTRIES
Date Of Injury: 4/20/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/18/17	LEGAL_PREP	DEPO PREP @ L/O HALLET EMERICK	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/18/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/06/17	PMT BY CHECK	DOS 7/18/17* # 01885762	-156.50
09/07/17	PMT BY CHECK	DOS 8/18/17* # 01888014	-250.00
02/23/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI II	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/14/18	PMT BY CHECK	DOS 2/23/18* # 02176864	-156.50

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.

VOID VOID VOID VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02176864
2694750-1
SWC1124305

DATE	AMOUNT
3/14/2018	$156.50

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈02176864⑈ ⑆021309379⑆ 79026 2463⑈

Check Number	02176864
Claim Number:	2694750-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1124305/Paradigm Industries, Inc. (A Corp)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	4/20/2017
Location:	
Examiner Code:	fkamara

MAR 20 2018

Amount:	$156.50
Dates of Service:	2/23/2018-2/23/2018
Explanation:	INV 72242
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

ANA UBI Claims
AmTrust North America
P O Box 89404
Cleveland, OH 44101
212-655-2000

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

*** INVOICE ***

Date	NO#
03/15/18	70598

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2291073-1; 2291087-1

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

Case: vs MZAJ DBA FAIR OAKS CAR WASH
Date Of Injury: 4/29/16; 5/4/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/17/16	LEGAL_PREP	DEPO PREP @ L/O STOCKWELL HARRIS	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
12/01/16	PMT BY CHECK	DOS 10/17/16* # 02523460	-156.50
11/29/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
01/12/17	PMT BY CHECK	DOS 11/29/16* # 02594160	-250.00
01/30/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/12/18	PMT BY CHECK	DOS 1/30/18* # 03300631	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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TECHNOLOGY INSURANCE CO (Claims Funding)
PO Box 740042
Atlanta, GA 30374-0042

VOID VOID VOID

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03300631
2291087-1
TWC3534191

DATE	AMOUNT
3/12/2018	$250.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈03300631⑈ ⑆021309379⑆ 601877533⑈

Check Number	03300631
Claim Number:	2291087-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3534191/Mission Grove Car Wash Inc (A Corp)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	5/4/2016
Location:	
Examiner Code:	26355

MAR 15 2018

Amount:	$250.00
Dates of Service:	1/30/2018-1/30/2018
Explanation:	Inv 70598
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

TECHNOLOGY INSURANCE CO (Claims Funding) 1085
on behalf of Technology Insurance Company, Inc.
AmTrust North America
P O Box 89404
Cleveland, OH 44101
702-688-5019

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

*** INVOICE ***
Date NO#
03/05/18 73166

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2180667

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

Case: vs FOOD MANAGEMENT ASSOCIATES INC
Date Of Injury: 3/4/16

DOS	SERVICE	DESCRIPTION	AMOUNT
01/09/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/27/18	PMT BY CHECK	DOS 1/9/18* # 02153119	-250.00

BALANCE 0.00

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

VOID VOID VOID VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

MR

CHECK NO.
02153119
2180667-1
~~SWC1089925~~

DATE	AMOUNT
2/27/2018	$250.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈02153119⑈ ⑆021309379⑆ 79026246 3⑈

Check Number	02153119
Claim Number:	2180667-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1089925/Food Management Associates, Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	3/4/2016
Location:	
Examiner Code:	ralicia

PAID
MAR 05 2018

Amount:	$250.00
Dates of Service:	1/9/2018-1/9/2018
Explanation:	INV 73166
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

ANA UBI Claims
AmTrust North America
P O Box 89404
Cleveland, OH 44101
212-655-2000

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

*** INVOICE ***
Date NO#
01/31/18 72930

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2246864

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

Case: vs ORCHID CLEANERS 2
Date Of Injury: 5/5/16

DOS	SERVICE	DESCRIPTION	AMOUNT
11/29/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/26/18	PMT BY CHECK	DOS 11/29/17* # 02105850	-250.00

BALANCE 0.00

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

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02105850
2246864-1
SWC1085960

DATE	AMOUNT
1/26/2018	$250.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈02105850⑈ ⑆021309379⑆ 790262463⑈

Check Number	02105850
Claim Number:	2246864-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1085960/Tertus, Inc. (a Corp)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	5/5/2016
Location:	
Examiner Code:	25101

PAID
JAN 31 2018

Amount:	$250.00
Dates of Service:	11/29/2017-11/29/2017
Explanation:	INV#:72930
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

ANA UBI Claims
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
844-601-7760

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

*** INVOICE ***

Date	NO#
01/30/18	72901

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2511738

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

Case: vs TEAM COLOR INC
Date Of Injury: 2/26/16

DOS	SERVICE	DESCRIPTION	AMOUNT
11/06/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
11/27/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/22/18	PMT BY CHECK	DOS 11/6/17-11/27/17* # 02093439	-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.

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02093439
2511738-1
SWC1099057

DATE	AMOUNT
1/22/2018	$406.50

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈02093439⑈ ⑆021309379⑆ 79026263⑈

Check Number	02093439
Claim Number:	2511738-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1099057/Team Color, Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	2/26/2016
Location:	
Examiner Code:	26719

PAID
JAN 30 2018

Amount:	$406.50
Dates of Service:	11/6/2017-11/27/2017
Explanation:	INV 72901
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

ANA UBI Claims on behalf of Security National Insurance Company
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
844-601-7760

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

*** INVOICE ***
Date NO#
10/31/17 72616

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2335952-1

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

Case: vs GOT IT MAID CLEANING SVCS.
Date Of Injury: 8/17/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/12/17	LEGAL_C&R	C&R READING @ L/O MICHELLE GAVRIEL	250.00
/ /	INTERPRETER:	MARTHA P. HAYES # 100761	0.00
10/27/17	PMT BY CHECK	DOS 9/12/17* # 00020080 # 00020080	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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VOID VOID VOID

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

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

CHECK NO.
00020080
2335952-1
RUW1005019

DATE	AMOUNT
10/27/2017	$250.00

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

MR

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈00020080⑈ ⑆021309379⑆ 8561108821

Check Number	00020080
Claim Number:	2335952-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	RUW1005019/Got it Maid Cleaning Services Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	8/17/2016
Location:	
Examiner Code:	ralicia

Amount:	$250.00
Dates of Service:	9/12/2017-9/12/2017
Explanation:	INV 72616
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

REPUBLIC UNDERWRITERS INSURANCE COMPANY
AmTrust North America
P O Box 89404
Cleveland, OH 44101
212-655-2000

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

*** INVOICE ***
Date NO#
10/12/17 72577

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2719759

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

Case: vs BLUE HOTEL
Date of Injury: 5/31/15 - 5/31/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/30/17	LEGAL_PREP	DEPO PREP @ L/O PREMIER BUSINESS CENTER	156.50
/ /	INTERPRETER:	ROBERT MEDNOZA # 01408180	0.00
09/13/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/09/17	PMT BY CHECK	DOS 8/30/17-9/13/17* # 01940094	-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.

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01940094
2719759-1
SWC1135345

DATE	AMOUNT
10/9/2017	$406.50

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈01940094⑈ ⑆021309379⑆ 790262463⑈

Check Number	01940094
Claim Number:	2719759-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1135345/Blue Hotel LLC
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	5/31/2017
Location:	
Examiner Code:	24818

Amount:	$406.50
Dates of Service:	8/30/2017-9/13/2017
Explanation:	INV#:72577
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

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

PAID
OCT 12 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#
10/06/17	68798

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2008706

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

Case: vs CALIFORNIA PLASTIC CONTAINERS
Date Of Injury: 9/25/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/04/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA EUGENIA PACO - CORTEZ # 100533	0.00
04/19/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/10/16	PMT BY CHECK	DOS 3/4/16* # 01150819	-156.50
06/02/16	PMT BY CHECK	DOS 4/19/16* # 01181640	-250.00
09/06/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/02/17	PMT BY CHECK	DOS 9/6/17 # 01928981	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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VOID VOID VOID VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01928981
2008706-1
SWC1086840

DATE	AMOUNT
10/2/2017	$250.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈01928981⑈ ⑆021309379⑆ 79026263⑈

Check Number	01928981
Claim Number:	2008706-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1086840/CALIFORNIA PLASTIC CONTAINERS CORPORATION
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	9/25/2015
Location:	
Examiner Code:	ochanthalangsy

Amount:	$250.00
Dates of Service:	9/6/2017-9/6/2017
Explanation:	Inv 68798
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

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

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

*** INVOICE ***
Date NO#
09/13/17 72242

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2694750

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

Case: vs PARADIGM INDUSTRIES
Date Of Injury: 4/20/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/18/17	LEGAL_PREP	DEPO PREP @ L/O HALLET EMERICK	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/18/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/06/17	PMT BY CHECK	DOS 7/18/17* # 01885762	-156.50
09/07/17	PMT BY CHECK	DOS 8/18/17* # 01888014	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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ANA UBI Claims
PO BOX 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01888014
2694750-1
SWC1124305

DATE	AMOUNT
9/7/2017	$250.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈01888014⑈ ⑆021309379⑆ 79026263⑈

Check Number	01888014
Claim Number:	2694750-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1124305/Paradigm Industries, Inc. (A Corp)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	4/20/2017
Location:	
Examiner Code:	fkamara

SEP 11 2017

Amount:	$250.00
Dates of Service:	8/18/2017-8/18/2017
Explanation:	72242
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

ANA UBI Claims
AmTrust North America
P O Box 89404
Cleveland, OH 44101
212-655-2000

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

*** INVOICE ***
Date NO#
09/05/17 72066

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2230610

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

Case: vs LOS JARRITOS RESTAURANTS
Date Of Injury: 4/28/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/20/17	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
08/01/17	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/31/17	PMT BY CHECK	DOS 6/20/17-8/1/17* # 02996397	-406.50

BALANCE 0.00

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02996397
2230610-1
TWC3530351

DATE	AMOUNT
8/31/2017	$406.50

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈02996397⑈ ⑆021309379⑆ 601877533⑈

Check Number	02996397
Claim Number:	2230610-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3530351/Lopez, Pedro F. (an individual)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	4/28/2016
Location:	
Examiner Code:	23657

SEP 05 2017

Amount:	$406.50
Dates of Service:	6/20/2017-8/1/2017
Explanation:	72066
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

TECHNOLOGY INSURANCE CO (Claims Funding) 1085
on behalf of Technology Insurance Company, Inc.
AmTrust North America
P O Box 89404
Cleveland, OH 44101
212-655-2000

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

*** INVOICE ***
Date NO#
09/06/17 69472

EAMS#(s).

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2172683

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

Case: vs AMIRIAN COMPANY DBA POPEYES
Date Of Injury: 12/13/15

DOS	SERVICE	DESCRIPTION	AMOUNT
05/10/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
06/13/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
07/05/16	PMT BY CHECK	DOS 5/10/16-6/13/16* # 01224135	-406.50
08/15/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO CORTEZ # 100533	0.00
08/30/17	PMT BY CHECK	DOS 8/15/17* # 01876326	-250.00

BALANCE 0.00

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.	
01876326	
2172683-1	
SWC1092349	
DATE	AMOUNT
8/30/2017	$250.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

MR

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

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈01876326⑈ ⑆021309379⑆ 790262463⑈

Check Number	01876326
Claim Number:	2172683-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1092349/Amirian & Company (A Corp).
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	12/13/2015
Location:	
Examiner Code:	rtovar

SEP 06 2017

Amount:	$250.00	ANA UBI Claims
Dates of Service:	5/10/2016-8/15/2017	AmTrust North America
Explanation:	69472	P.O. Box 89404
Category:	E10 - Interpreter	Cleveland, OH 44101
Placement:	4 - Expense	858-385-4040
Transaction Type:		

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

*** INVOICE ***
Date NO#
08/29/17 72067

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2519779-1

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

Case: vs TS EMPLOYMENT
Date Of Injury: CT 11/1/13-11/30/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/20/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/12/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/24/17	PMT BY CHECK	DOS 6/20/17-7/12/17* # 01867330	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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ANA UBI Claims
PO BOX 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01867330
2519779-1
SWC1050679

MR

DATE	AMOUNT
8/24/2017	$406.50

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

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

VOID AFTER 90 DAYS

SIGNATURE HAS A COLORED BACKGROUND BORDER CONTAINS MICROPRINTING

⑈01867330⑈ ⑆021309379⑆ 790262463⑈

Check Number	01867330
Claim Number:	2519779-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1050679/Bomatic, Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	9/27/2014
Location:	Temecula CA 92590 -
Examiner Code:	24824

AUG 29 2017

Amount:	$406.50
Dates of Service:	6/20/2017-7/12/2017
Explanation:	Invoice # 72067
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

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

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

*** INVOICE ***

Date	NO#
07/10/17	71603

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1831854

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

Case: vs QUEST NUTRITION
Date Of Injury: 3/22/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/12/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/30/17	PMT BY CHECK	DOS 4/12/17* # 01722561	-156.50
06/05/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
07/05/17	PMT BY CHECK	DOS 6/5/17* # 01776620	-250.00

BALANCE 0.00

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

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01776620
1831854-1
SWC1046382

DATE	AMOUNT
7/5/2017	$250.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈01776620⑈ ⑆021309379⑆ 79026 2463⑈

Check Number	01776620
Claim Number:	1831854-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1046382/Quest Nutrition, LLC
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	3/22/2015
Location:	
Examiner Code:	25101

Amount:	$250.00
Dates of Service:	6/5/2017-6/5/2017
Explanation:	Invoice 71603
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

ANA UBI Claims
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
844-601-7760

PAID
JUL 10 2017
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#
07/17/17	71729

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2366229

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

Case: vs JUANCHOS AUTHENTIC MEXICAN RES
Date Of Injury: 11/12/16

DOS	SERVICE	DESCRIPTION	AMOUNT
05/08/17	LEGAL_PREP	DEPO PREP @ L/O SHAW JACOBSMEYER	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/16/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
07/13/17	PMT BY CHECK	DOS 5/8/17-6/16/17* # 02910680	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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TECHNOLOGY INSURANCE CO (Claims Funding)
PO Box 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02910680
2366229-1
TWC3583283

DATE	AMOUNT
7/13/2017	$406.50

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈02910680⑈ ⑆021309379⑆ 601877533⑈

Check Number	02910680
Claim Number:	2366229-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3583283/Shavali,Shawn (An Individual)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	11/12/2016
Location:	
Examiner Code:	25163

Amount:	$406.50
Dates of Service:	5/8/2017-6/16/2017
Explanation:	Invoice # 71729
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

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

JUL 17 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#
08/11/17	70964

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2335978

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

Case: vs DON LUIS CONSTRUCTION/MOTEL
Date Of Injury: 12/7/11

DOS	SERVICE	DESCRIPTION	AMOUNT
12/05/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
12/27/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
01/27/17	PMT BY CHECK	DOS 12/5/16-12/27/16* # 01526227	-406.50
07/27/17	LEGAL_WCAB	FULL DAY MSC @ WCAB LBO	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/08/17	PMT BY CHECK	DOS 7/27/17* # 01837931	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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ANA UBI Claims
PO BOX 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01837931
2335978-1
SWC1004334

DATE	AMOUNT
8/8/2017	$313.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

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

VOID AFTER 90 DAYS

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈01837931⑈ ⑆021309379⑆ 790262463⑈

AUG 11 2017

Check Number	01837931
Claim Number:	2335978-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1004334/Rite Choice Resources, Inc. LCF Hollywood Host Ventures dba:Motel 6 Hollywood
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	12/7/2011
Location:	
Examiner Code:	24319

Amount:	$313.00
Dates of Service:	7/27/2017-7/27/2017
Explanation:	INV 70964
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

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

Joyce Altman Interpreters, 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 72793

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
877C4552878

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

Case: vs BORBON INC
Date Of Injury: 3/25/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/26/17	LEGAL_PREP	DEPO PREP @ L/O LLOYD, SKEREN & KELLY	156.50
/ /	INTERPRETER:	LETTY JULIAO-GREEN # 301547	0.00
12/01/17	PMT BY CHECK	DOS 10/26/17* # DA78970484	-156.50
01/22/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/23/18	PMT BY CHECK	DOS 1/22/18* # DA79364666	-250.00

BALANCE 0.00

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

DATE 02/23/18
MR. CHECK NO. **DA79364666**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company

CHUBB

5900A11DA 00 00298 DA79364666

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

FILE ID
877C4552878

DOLLARS
$********250.00

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201704171408484422793 2

FOR
01/22/18 THRU 01/22/18 72793
CLAIMANT

DATE OF EVENT
03/27/17

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.

ACE
FEB 27 2018

18B (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
02/23/18

DA79364666

ID
7C4552878

CWA122021800010032 1

PLEASE DEPOSIT OR CASH WITHIN 90 DAYS

AY **TWO HUNDRED FIFTY DOLLARS AND 00 CENTS**

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

$********250.00

/22/18 THRU 01/22/18 72793

CLAIM OFFICE
WOODLAND HILLS WC

CYHOLDER
RBON, INC.

CLAIMANT

DATE OF EVENT
03/27/17

CHUBB
AUTHORIZED SIGNATURE

Bank of America

3S-1GS-11

⑈679364666⑈ ⑆061112788⑆ 00329978640 2⑈

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

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

*** INVOICE ***
Date NO#
12/19/17 72593

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
1A953456898782

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

Case: vs ABM INDUSTRY GROUPS
Date Of Injury: 3/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT
09/06/17	LEGAL_PREP	DEPO PREP @ L/O FLOYD, SKEREN & KELLY	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
09/20/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/02/17	PMT BY CHECK	DOS 9/6/17* # FE61168840	-156.50
12/14/17	PMT BY CHECK	DOS 9/20/17-9/20/17* #FE61497209	-250.00

BALANCE 0.00

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

DATE 12/14/17
CHECK NO. **FE61497209**

STATEMENT

ESIS®

5900C13FE 00 00326 FE61497209

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

FILE ID
1A95345689878

DOLLARS
$********250.00

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201705101345546202316S

FOR
09/20/17 THRU 09/20/17 72593
CLAIMANT

DATE OF EVENT
03/21/17

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

OA10B (07/2016)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***
Date NO#
11/02/17 72384

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2A15494342792X

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

Case: vs NORTHGATE GONZALEZ MARKETS
Date Of Injury: 5/9/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/01/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH (FULL DAY)	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/21/17	PMT BY CHECK	DOS 8/1/17* # FE61116109	-313.00
10/03/17	LEGAL_WCAB	FULL DAY TRIAL @ WCAB LBO	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/30/17	PMT BY CHECK	DOS 10/3/17* # FE61291229	-313.00

BALANCE 0.00

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P7092028001

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

201710270157

Electronic Service Requested

DATE: 10/30/17
CHECK NO: **FE61291229**

STATEMENT

1 OF 2 F

ENV 517

MIXED AADC 926
517 0.5486 MB 0.420

JOYCE ALTMAN INTERPRETERS INC 112
PO BOX 4165
TUSTIN, CA 92781-4165

Paid by ESIS on behalf of Safety National Casualty Corporation/
Safety First Insurance Company

FILE ID
2A15494342792

DOLLARS
$ 313.00

* **NOT NEGOTIABLE** *

INVOICE # 72384
AGENCY CLAIM # 201505281413587541 3718

FOR
10/03/17 THRU 10/03/17 PT72384

CLAIMANT

DATE OF EVENT
05/09/15

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

NOV 0 2 2017

EM-BOA40A

DETACH THIS PORTION BEFORE CASHING

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

Paid by ESIS on behalf of Safety National Casualty Corporation/
Safety First Insurance Company

64-1278/611 GA

DATE:
10/30/17

FE61291229

FILE ID
2A15494342792

Bank of America

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

Pay Three Hundred Thirteen Dollars

$ *****$313.00*

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

CLAIMANT

CLIENT
NORTHGATE GONZALEZ

DATE OF EVENT
05/09/15

CLAIM OFFICE
INTAKE CLAIMS F

10/03/17 THRU 10/03/17 PT72384

AUTHORIZED SIGNATURE

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

⑈FE61291229⑈ ⑆061111788⑆ 0032997864 10⑈

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

*** INVOICE ***
Date NO#
09/26/17 72384

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2A15494342792X

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

Case: vs NORTHGATE GONZALEZ MARKETS
Date Of Injury: 5/9/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/01/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH (FULL DAY)	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/21/17	PMT BY CHECK	DOS 8/1/17* # FE61116109	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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ESIS, INC.
PO BOX 6569
SCRANTON, PA 18505-6569

201709200169

Electronic Service Requested

DATE: 09/21/17
CHECK NO: **FE61116109**

STATEMENT

1 OF 5 F

ENV 561

MIXED AADC 926
561 1.0660 MB 0.420

JOYCE ALTMAN INTERPRETERS, INC. 121
PO BOX 4165
TUSTIN, CA 92781-4165

Paid by ESIS on behalf of Safety National Casualty Corporation/
Safety First Insurance Company

FILE ID	DOLLARS
2A15494342792	$ 313.00

* **NOT NEGOTIABLE** *
INVOICE # 72384
AGENCY CLAIM # 201505281413587541 3718

FOR
SERVICES FROM 08/01/17 THRU 08/01/17 PAT.#72384

CLAIMANT

DATE OF EVENT
05/09/15

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

SEP 26 2017

EM-BOA40A

DETACH THIS PORTION BEFORE CASHING

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

Paid by ESIS on behalf of Safety National Casualty Corporation/
Safety First Insurance Company

64-1278/611 GA

DATE: 09/21/17

FE61116109

FILE ID
2A15494342792

Bank of America

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

Pay Three Hundred Thirteen Dollars

$ *****$313.00*

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

CLAIMANT

CLIENT
NORTHGATE GONZALEZ

DATE OF EVENT
05/09/15

CLAIM OFFICE
INTAKE CLAIMS F

SERVICES FROM 08/01/17 THRU 08/01/17 PAT.#72384

AUTHORIZED SIGNATURE

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

⑈FE61116109⑈ ⑆061112788⑆ 0032997864 10⑈

Joyce Altman Interpreters, 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 73354

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
JA328

BILL TO:
ALASKA NATIONAL INS. (MERID)
W. C. DEPARTMENT
ATTN: ROSA OMARN
851 N. HICKORY ST., STE 100
MERIDIAN, ID 83642

Case: vs POPCHIPS/SONORA MILLS
Date Of Injury: 1/17/18

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/02/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/30/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/27/18	PR2/REEVAL	DR FELDMAN @ HAN & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/22/18	PMT BY CHECK	DOS 2/2/18-4/27/18* =# 126016	-720.00
05/25/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/22/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	DIANA RODRIGUEZ # 009611	0.00
06/25/18	PMT BY CHECK	DOS 5/25/18* =# 133974	-180.00

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/ 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 **

ALASKA NATIONAL INSURANCE COMPANY
100 Pringle Avenue, Suite 460, Walnut Creek, CA 94596-7327
(415) 248-5030

WELLS FARGO BANK ALASKA, N.A.

133974

89-5/1252

CLAIM #	DATE	CHECK AMOUNT
BULK# 0139	06/25/2018	*********$180.00

PAY *One Hundred And Eighty And 00/100 US Dollars*

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

AMOUNTS OVER $5000 REQUIRE TWO SIGNATURES

THE FACE OF THIS DOCUMENT CONTAINS VARIABLE SHADES OF BLUE AND RED ON WHITE PAPER • VOID IF SIMULATED WATERMARK OF ALASKA NATIONAL LOGO DOES NOT APPEAR ON BACK

⑈00133974⑈ ⑆121000248⑆ 405000291 4⑈

ALASKA NATIONAL INSURANCE COMPANY
100 Pringle Avenue, Suite 460, Walnut Creek, CA 94596-7327
(415) 248-5030

CHECK NUMBER	133974
TAX ID #	33-0956713

CLAIM NO. POLICY NO.	CLAIMANT ACCIDENT DATE	INSURED REASON FOR PAYMENT	AMOUNT PAY TYPE
JA328-00 17L WS 09522	01/17/2018	SONORA MILLS FOODS, INC. DOS:02/02/18 CPT/HCPCS: T1013 EOB Attached Acct#: 73354	0.00 MPHYS
JA328-00 17L WS 09522	01/17/2018	SONORA MILLS FOODS, INC. DOS:03/02/18 CPT/HCPCS: T1013 EOB Attached Acct#: 73354	0.00 MPHYS
JA328-00 17L WS 09522	01/17/2018	SONORA MILLS FOODS, INC. DOS:03/30/18 CPT/HCPCS: T1013 EOB Attached Acct#: 73354	0.00 MPHYS
JA328-00 17L WS 09522	01/17/2018	SONORA MILLS FOODS, INC. DOS:04/27/18 CPT/HCPCS: T1013 EOB Attached Acct#: 73354	0.00 MPHYS
JA328-00 17L WS 09522	01/17/2018	SONORA MILLS FOODS, INC. DOS:05/25/18 CPT/HCPCS: T1013 EOB Attached Acct#: 73354	180.00 MPHYS

FAXED
JUL 03 2018

PLEASE DETACH AND RETAIN FOR YOUR RECORDS

CHECK AMOUNT **180.00**

CORVEL

Explanation of Review

Employer: SONORA MILLS FOODS, INC.
Patient:

Business Unit: Alaska National Insurance Company - San
100 Pringle Ave Ste 460
Walnut Creek, CA 94596

Patient DOB:
Gender: Male

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill # : 48/4455334 - 1
Reprice: CA, 92781
Billed Date: 06/08/2018
Business Rcvd: 06/12/2018
MBR Rcvd: 06/12/2018
MBR Date: 06/22/2018
Approved Date: 06/22/2018
DOS From - To: 02/02/2018 - 05/25/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: REO
Vendor #:
PIN:

Treating Provider:
Referring Physician: MICHAEL FELDAMN
Patient Control #: 73354
Provider Tax Id: 33-0956713

Claim #: JA32800
Processor Initials: YS
DOI: 01/17/2018
RX Number:

Date	*Code*		*Units*	*POS*	*Bill Charges TOS*	*DXR*	*Reduction*	*Allowed Fees*
02/02/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$180.00	$0.00
	R1 , G56, RX3		1	11		1		
	Original bill [4395889,48]							
03/02/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$180.00	$0.00
	R1 , G56, RX3		1	11		1		
	Original bill [4395889,48]							
03/30/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$180.00	$0.00
	R1 , G56, RX3		1	11		1		
	Original bill [4395889,48]							
04/27/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$180.00	$0.00
	R1 , G56, RX3		1	11		1		
	Original bill [4395889,48]							
05/25/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$0.00	$180.00
	507, G1 , G67		1	11		1		
Sub-Totals for Bill: 4455334					**$900.00**		**$720.00**	**$180.00**
Totals for Bill: 4455334								**$180.00**

Line Item Reason Codes and Descriptions

507	Priced According to Contract Agreement	R1	Duplicate Billing
RX3	Per BU/provider agreement amount may be negotiated		
G1	The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.		
G56	This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a balance forward bill containing a duplicate charge and billing for a new service.		
G67	Payment based on individual pre-negotiated agreement for this specific service		

ICD Diagnosis

T14.90 INJURY UNSPECIFIED

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

*** INVOICE ***
Date NO#
05/29/18 73354

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
JA328

BILL TO:
ALASKA NATIONAL INS. (MERID)
W. C. DEPARTMENT
ATTN: ROSA OMARN
851 N. HICKORY ST., STE 100
MERIDIAN, ID 83642

Case: vs POPCHIPS/SONORA MILLS
Date Of Injury: 1/17/18

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/02/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/30/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/27/18	PR2/REEVAL	DR FELDMAN @ HAN & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/22/18	PMT BY CHECK	DOS 2/2/18-4/27/18* =# 126016	-720.00

BALANCE 0.00

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

ALASKA NATIONAL INSURANCE COMPANY
100 Pringle Avenue, Suite 460, Walnut Creek, CA 94596-7327
(415) 248-5030

WELLS FARGO BANK ALASKA, N.A.

126016

89-5/1252

CLAIM #	DATE	CHECK AMOUNT
BULK# 0113	05/22/2018	*********$720.00

PAY *Seven Hundred And Twenty And 00/100 US Dollars*

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

AMOUNTS OVER $5000 REQUIRE TWO SIGNATURES

THE FACE OF THIS DOCUMENT CONTAINS VARIABLE SHADES OF BLUE AND RED ON WHITE PAPER • VOID IF SIMULATED WATERMARK OF ALASKA NATIONAL LOGO DOES NOT APPEAR ON BACK

⑈001260 16⑈ ⑆121000248⑆ 405000 2914⑈

ALASKA NATIONAL INSURANCE COMPANY
100 Pringle Avenue, Suite 460, Walnut Creek, CA 94596-7327
(415) 248-5030

CHECK NUMBER	126016
TAX ID #	33-0956713

CLAIM NO. POLICY NO.	CLAIMANT ACCIDENT DATE	INSURED REASON FOR PAYMENT	AMOUNT PAY TYPE
JA328-00 17L WS 09522	01/17/2018	SONORA MILLS FOODS, INC. DOS:02/02/18 CPT/HCPCS: T1013 EOB Attached Acct#: 73354	180.00 MPHYS
JA328-00 17L WS 09522	01/17/2018	SONORA MILLS FOODS, INC. DOS:03/02/18 CPT/HCPCS: T1013 EOB Attached Acct#: 73354	180.00 MPHYS
JA328-00 17L WS 09522	01/17/2018	SONORA MILLS FOODS, INC. DOS:03/30/18 CPT/HCPCS: T1013 EOB Attached Acct#: 73354	180.00 MPHYS
JA328-00 17L WS 09522	01/17/2018	SONORA MILLS FOODS, INC. DOS:04/27/18 CPT/HCPCS: T1013 EOB Attached Acct#: 73354	180.00 MPHYS

MAY 29 2018

PLEASE DETACH AND RETAIN FOR YOUR RECORDS

CHECK AMOUNT 720.00

CORVEL

Explanation of Review

Employer: SONORA MILLS FOODS, INC.
Patient:

Business Unit: Alaska National Insurance Company - San
100 Pringle Ave Ste 460
Walnut Creek, CA 94596

Patient DOB:
Gender: Male

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill # : 48/4395889 - 1
Reprice: CA, 92781
Billed Date: 05/09/2018
Business Rcvd: 05/14/2018
MBR Rcvd: 05/14/2018
MBR Date: 05/21/2018
Approved Date: 05/21/2018
DOS From - To: 02/02/2018 - 04/27/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: REO
Vendor #:
PIN:

Treating Provider:
Referring Physician: MICHAEL FELDMAN
Patient Control #: 73354
Provider Tax Id: 33-0956713

Claim #: JA32800
Processor Initials: RO
DOI: 01/17/2018
RX Number:

Date	*Code*	*Units*	*POS*	*Bill Charges TOS*	*DXR*	*Reduction*	*Allowed Fees*
02/02/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G1 , G67	1	11		A		
03/02/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G1 , G67	1	11		A		
03/30/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G1 , G67	1	11		A		
04/27/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G1 , G67	1	11		A		
Sub-Totals for Bill: 4395889				**$720.00**		**$0.00**	**$720.00**
Totals for Bill: 4395889							**$720.00**

Line Item Reason Codes and Descriptions

507 Priced According to Contract Agreement
G1 The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.
G67 Payment based on individual pre-negotiated agreement for this specific service

ICD Diagnosis

T14.90 INJURY UNSPECIFIED

Questions regarding this bill may be sent to:

CorVel Corporation, Attn: Bill Review
PO Box 6966
Portland, OR 97228

Toll free: (833) 758-5750
Phone: (916) 605-5140
Fax: (866) 449-4217

California DWC

Employer Address -

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

*** INVOICE ***
Date NO#
02/20/18 73095

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
133861

BILL TO:
APPLIED RISK SERVICES (NABRAS)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 3804
OMAHA, NE 68103

Case: vs PERSONAL TOUCH CLEANING & MAIN
Date Of Injury: 8/7/17

DOS	SERVICE	DESCRIPTION	AMOUNT
12/18/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
02/16/18	PMT BY CHECK	DOS 12/18/17* # 0001136480	-250.00

BALANCE 0.00

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

CALIFORNIA INSURANCE COMPANY
P.O. Box 3804
Omaha, NE 68103

Indemnity Payment

Check Date:	02/16/18
Service Begining:	12/18/17
Service Ending:	12/18/17

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	N/A	08/07/17	133861

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
73095	12/18/17-12/18/17	250.00	N/A	N/A	250.00

Messages

PAID
FEB 20 2018

Total 250.00

REMOVE DOCUMENT ALONG THIS PERFORATION

THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS BLUE AND GREEN ARE PRESENT.

CALIFORNIA INSURANCE COMPANY
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave., Menlo Park, CA 94025
11-491220

0001136480

Date: 02/16/18

Pay TWO HUNDRED FIFTY AND .00 DOLLARS********** $ 250.00

to the order of Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Amy Robb

SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE

RRD SECURITY MARK™ ★ RRD SECURITY MARK™ ★ RRD SECURITY

⑈0001136480⑈ ⑆122000496⑆ 7000168038⑈

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

*** INVOICE ***
Date NO#
12/11/17 72737

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
118232

BILL TO:
APPLIED RISK SERVICES (NABRAS)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 3804
OMAHA, NE 68103

Case: vs JONATHAN LOUIS INTERNATIONAL
Date Of Injury: 3/26/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/09/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/05/17	PMT BY CHECK	DOS 10/9/17* # 0001112536	-250.00

BALANCE 0.00

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

California Insurance Company
P.O. Box 3804
Omaha, NE 68103

Indemnity Payment

Check Date:	12/05/17
Service Begining:	10/09/17
Service Ending:	10/09/17

Claimant Name	Date Of Birth	Date Of Injury	Claim #
		03/26/16	118232

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
2737	10/09/17-10/09/17	250.00	N/A	N/A	250.00

Messages

PAID
DEC 11 2017
BY: .....

Total	250.00

REMOVE DOCUMENT ALONG THIS PERFORATION

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California Insurance Company
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave, Menlo Park, CA 94025
11-491220

0001112536

Date: 12/05/17

y TWO HUNDRED FIFTY AND .00 DOLLARS********** $ 250.00

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

VOID AFTER 60 DOUBLE SIGNATURE REQUIRED

Amy Robb

FRD SECURITY MARK™ ▲ FRD SECURITY MARK™ ▲ FRD SECURITY

⑆000111253⑆ ⑈122000496⑈ 7000168038⑈

Joyce Altman Interpreters, 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 31724

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
36907

BILL TO:
APPLIED RISK SERVICES (NEBRAS)
W. C. DEPARTMENT
ATTN: LORRIE ROWAN
P.O. BOX # 3804
OMAHA, NE 68103

Case: vs ORANGE COUNTY SANDBAGGER
Date Of Injury: 1/7/08

DOS	SERVICE	DESCRIPTION	AMOUNT
09/19/08	STIPULATION	@ L/O OF DENNIS FUSI	156.50
12/05/08	PMT BY CHECK	DOS 9/19/08 # 0000154060	-156.50
09/18/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
10/09/17	PMT BY CHECK	DOS 9/18/17* # 0001090836	-250.00

BALANCE 0.00

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

CALIFORNIA INSURANCE COMPANY
P.O. Box 3804
Omaha, NE 68103

Indemnity Payment

Check Date:	10/09/17
Service Begining:	09/18/17
Service Ending:	09/18/17

Claimant Name	Date Of Birth	Date Of Injury	Claim #
		01/07/08	36907

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
31724	09/18/17-09/18/17	250.00	N/A	N/A	250.00

Messages

DATED
OCT 12 2017

Total 250.00

REMOVE DOCUMENT ALONG THIS PERFORATION

THIS DOCUMENT CONTAINS BLUE AND GREEN COLORS. DO NOT ACCEPT UNLESS BLUE AND GREEN ARE PRESENT.

CALIFORNIA INSURANCE COMPANY
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave., Menlo Park, CA 94025
11-491220

0001090836

Date: 10/09/17

Pay TWO HUNDRED FIFTY AND .00 DOLLARS********** $ 250.00

To the Order Of
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Amy Robb

⑈0001090836⑈ ⑆122000496⑆ 7000168038⑈

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

*** INVOICE ***

Date	NO#
07/10/17	71821

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
125826

BILL TO:
APPLIED RISK SERVICES (NABRAS)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 3804
OMAHA, NE 68103

Case: vs DAVID LAING MASONRY INC
Date Of Injury: 1/4/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/22/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
07/07/17	PMT BY CHECK	DOS 5/22/17* # 0001055272	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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California Insurance Company
P.O. Box 3804
Omaha, NE 68103

Indemnity Payment

Check Date:	07/07/17
Service Begining:	05/22/17
Service Ending:	05/22/17

Claimant Name	Date Of Birth	Date Of Injury	Claim #
[redacted]	[redacted]	01/04/17	125826

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
71821	05/22/17-05/22/17	250.00	N/A	N/A	250.00

Messages

PAID
JUL 10 2017
BY: .....

Total 250.00

REMOVE DOCUMENT ALONG THIS PERFORATION

THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS BLUE AND GREEN ARE PRESENT.

California Insurance Company
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave., Menlo Park, CA 94025
11-491220

0001055272

Date: 07/07/17

Pay TWO HUNDRED FIFTY AND .00 DOLLARS********** $ 250.00

VOID AFTER 60 DAYS

to the order of
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

Amy Robb

RRD SECURITY MARK™ ● RRD SECURITY MARK™ ● RRD SECURITY

RRD SECURITY MARK™ ● RRD SECURITY MARK™ ● RRD SECURITY

⑈0001055272⑈ ⑆122000496⑆ 7000168038⑈

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

*** INVOICE ***

Date	NO#
07/17/17	71741

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
117134

BILL TO:
APPLIED RISK SERVICES (NABRAS)
W. C. DEPARTMENT
ATTN: MCKAYLA ROSS
P.O. BOX # 3804
OMAHA, NE 68103

Case: vs PERSONAL TOUCH CLEANING MAINT.
Date Of Injury: 5/23/16

DOS	SERVICE	DESCRIPTION	AMOUNT
05/11/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/02/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/28/17	PMT BY CHECK	DOS 5/11/17* # 0001051577	-156.50
07/13/17	PMT BY CHECK	DOS 6/2/17* # 0001057370	-250.00

BALANCE 0.00

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

California Insurance Company
P.O. Box 3804
Omaha, NE 68103

Indemnity Payment

Check Date:	07/13/17
Service Begining:	06/02/17
Service Ending:	06/02/17

Claimant Name	Date Of Birth	Date Of Injury	Claim #
		05/23/16	117134

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
71741	06/02/17-06/02/17	250.00	N/A	N/A	250.00

Messages

PAID
JUL 17 2017

Total 250.00

REMOVE DOCUMENT ALONG THIS PERFORATION

THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS BLUE AND GREEN ARE PRESENT

California Insurance Company
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave , Menlo Park, CA 94025
11-491220

0001057370

Date: 07/13/17

Pay TWO HUNDRED FIFTY AND .00 DOLLARS********** $ 250.00

to the order of
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Amy Robb

"0001057370" "122000496" 7000168038"

ARD SECURITY MARK™ ★ ARD SECURITY

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

*** INVOICE ***
Date NO#
01/23/18 72760

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
6563888

BILL TO:
BENCHMARK (ONTARIO)
W. C. DEPARTMENT
ATTN: LUIS ESPTIA
430 N. VINEYARD AVE STE # 200
ONTARIO, CA 91764

Case: vs MOSSER PLUMBING HEATING INC
Date Of Injury: 9/18/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/04/17	INITIAL EXAM	DR MAYYA KRACHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/06/17	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/01/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/19/18	PMT BY CHECK	DOS 10/4/17-11/1/17* # 0000114695	-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.

VOID VOID VOID VOID VOID

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

Wells Fargo
Minneapolis, MN
17-1/910

Check Number
0000114695
Issue Date: 01/19/2018
VOID After 60 Days

VOID VOID VOID VOID VOID

Job No. 552368

For Medical from 10/04/2017 to 11/01/2017 72760
Claim: 6565888 / Language Interpreter - paid under Medical

Pay *Five Hundred and 00/100 Dollars* $ ********500.00

VOID VOID

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

COPY

Authorized Signature

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈0000114695⑈ ⑆091000019⑆ 3987025529⑈

Claim: 6565888 / Accident date: 09/18/2017, Jurisdiction State: California.
Insured: Mosser Plumbing & Heating, Inc, Policy: CST5009299.

The payment is for Language Interpreter - paid under Medical from 10/04/2017 to 11/01/2017.
Check: 0000114695, issued: 01/18/2018, for: $500.00, for: Medical, Invoice: 72760

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

Please contact Luis Espitia, telephone: (800) 362-5198 Ext: 54 in CA \ Ontario Ontario CA, email: lespitia@benchmarkadministrators.com, if you have questions regarding this payment.

PAID
JAN 2 3 2018

Send to Adjuster

0000447909

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

*** INVOICE ***
Date NO#
01/18/18 72661

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BN1700005024

BILL TO:
BENCHMARK (ONTARIO)
W. C. DEPARTMENT
ATTN: JULIE SEPULVEDA
430 N. VINEYARD AVE STE # 200
ONTARIO, CA 91764

Case: vs BLACK ROCK LOGISTICS
Date Of Injury: 5/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT
09/21/17	INITIAL EXAM	DR MICHAEL PRICE/GARRETT DAVIS @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/19/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/06/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/16/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/14/17	PR2/REEVAL	DR PRICE/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LO0PEZ MEDINA # 003693	0.00
12/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/27/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/11/18	PMT BY CHECK	DOS 9/21/17-11/15/17* # 2080150	-1000.00

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

*** INVOICE ***

Date	NO#
01/18/18	72661

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BN1700005024

BILL TO:
BENCHMARK (ONTARIO)
W. C. DEPARTMENT
ATTN: JULIE SEPULVEDA
430 N. VINEYARD AVE STE # 200
ONTARIO, CA 91764

Case: vs BLACK ROCK LOGISTICS
Date Of Injury: 5/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 1080.00

* 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.

Check Date: 01/11/2018
Check #: 2080150

REORDER 9018 - U.S. PATENT NO. 5538290, 5575508, 6411939, 6412694, 6412695

Next Level Administrators
P.O. Box 1061
Bradenton, FL 34206
1-877-306-6398

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

Claimant DOS From / To	Claim # Invoice	Payment Code Memo	Amount
09/21/2017 TO 11/15/2017	BN1700005024 72661	MED - Translation Medical	1000.00

JAN 1 [illegible] 2018

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

Benchmark Insurance Company
serviced by Next Level Administrators
P.O. Box 1061
Bradenton, FL 34206

Fifth Third Bank
999 Vanderbilt Beach Road
Naples, FL 34108

01/11/2018

2080150
63-9171
670

THE SUM OF: **One Thousand and 00/100 Dollars**

$********1,000.00**

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

THIS CHECK WILL NOT BE PAID UNLESS PRESENTED FOR PAYMENT WITHIN 90 DAYS FROM DATE OF ISSUE. ENDORSEMENT MUST APPEAR AS PAYEE LISTED.

VOID

AUTHORIZED SIGNATURES

⑈000 2080 150⑈ ⑆067091719⑆ 7434098898⑈

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

*** INVOICE ***
Date NO#
06/22/18 73709

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-18-000250/00249/00246

BILL TO:
BARRETT BUSINESS SVC (SACRAM)
W. C. DEPARTMENT
ATTN: SHANE BUTLER
P.O. BOX # 277550
SACRAMENTO, CA 95827

Case: vs BBSI
Date Of Injury: 1/8/18;11/17;1/3/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/09/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/18/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/21/18	PMT BY CHECK	DOS 4/9/18* =# 8473333	-156.50
06/18/18	PMT BY CHECK	DOS 5/18/18* =# 8499282	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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VOID VOID VOID

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

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8499282	06/18/18

Claim#: BB-18-000250

PAY EXACTLY: *Two hundred fifty and 00/100 Dollars*

*******$250.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈0008499282⑈ ⑆121000248⑆ 4121 514012⑈

ACH HERE

DETACH HERE

CORVEL
Explanation of Review

Business Unit: FUSION FINISH, LLC, SANTA ANA - 90
19200 S Reyes Ave
Compton, CA 90221

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

PAID
JUN 22 2018

LOB: Workers' Compensation
Site/Bill #: 48/4436307 - 1
Reprice: CA, 92781
Billed Date: 05/29/2018
Business Rcvd: 06/04/2018
MBR Rcvd: 06/04/2018
MBR Date: 06/15/2018
Date Approved: 06/15/2018
DOS From - To: 05/18/2018 - 05/18/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 2305
Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 73709
Provider Tax Id: 33-0956713

Claim #: BB-18-000250
Processor Initials:
DOI: 01/08/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
05/18/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$250.00		1	$0.00	$250.00
Sub-Totals for Bill: 4436307					**$250.00**			**$0.00**	**$250.00**

Charges not listed have been previously processed $0.00

Totals for Bill:4436307 $250.00

Line Item Reason Codes and Descriptions
MV0 Market Value
RX3 Per BU/provider agreement amount may be negotiated

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

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

*** INVOICE ***
Date NO#
06/20/18 73433

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
33094674

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

Case: vs DOLPHIN RENTS
Date Of Injury: 12/13/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/20/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/02/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/20/18	P AND S	DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/18/18	PMT BY CHECK	DOS 2/20/18-4/20/18* =# 0887972	-590.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 06/18/2018
Check Number : 0887972
Check Amount : $770.00

BTZ623

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

16j5a
00097

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33082924		11/04/2016	71017	73745 Interpreter Fees -	05/01/2018	05/01/2018	$180.00
33094674		11/21/2017	73433	Interpreter Fees -	03/02/2018	03/02/2018	$180.00
33094674		11/21/2017	73433	Interpreter Fees -	04/20/2018	04/20/2018	$230.00
33094674		11/21/2017	73433	Interpreter Fees -	02/20/2018	02/20/2018	$180.00

FAXED
JUN 20 2018

Cypress Insurance Company
P.O. Box 881716
San Francisco, CA 94188

Wells Fargo Bank
420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

BTZ623

DATE	CHECK NO
06/18/2018	0887972
VOID AFTER 90 DAYS	CHECK AMOUNT
	$770.00

PAY: SEVEN HUNDRED SEVENTY & XX / 100 DOLLARS*****

TWO SIGNATURES REQUIRED IF MORE THAN $10,000.00

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

R McDaniel

⑈0887972⑈ ⑆121000248⑆ 4121670509⑈

Joyce Altman Interpreters, 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 73736

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
44038528

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

Case: vs MARQUEZ BROTHERS
Date Of Injury: 1/25/16 - 1/25/17

DOS	SERVICE	DESCRIPTION	AMOUNT
04/03/18	INITIAL EXAM	DR MICHAEL FELDMAN @ HAND & ORTHO CTR*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/11/18	POST-OP	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/17/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/11/18	POST-OP	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/20/18	P AND S	DOS 4/3/18-5/11/18* =# 2376765	-770.00

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 **

Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 06/20/2018
Check Number : 2376765
Check Amount : $770.00

441720

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

1175a
00136

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
44038528		04/02/2018	73736	Interpreter Fees -	05/11/2018	05/11/2018	$180.00
44038528		04/02/2018	73736	Interpreter Fees -	04/03/2018	04/03/2018	$230.00
44038528		04/02/2018	73736	Interpreter Fees -	04/11/2018	04/11/2018	$180.00
44038528		04/02/2018	73736	Interpreter Fees -	04/17/2018	04/17/2018	$180.00

DATE
JUN 22 2018

Redwood Fire and Casualty Insurance Company
P.O. Box 881716
San Francisco, CA 94188

Wells Fargo Bank
420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

441720

DATE	CHECK NO
06/20/2018	2376765
VOID AFTER 90 DAYS	CHECK AMOUNT
	$770.00

TWO SIGNATURES REQUIRED IF MORE THAN $10,000.00

PAY SEVEN HUNDRED SEVENTY & XX / 100 DOLLARS*****

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

R McDaniel

⑈2376765⑈ ⑆121000248⑆ 4121526388⑈

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

*** INVOICE ***

Date	NO#
06/22/18	73615

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
33098203

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

Case: vs RJ'S DEMOLITION
Date Of Injury: 3/14/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/20/18	POST-OP	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/11/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/20/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/18/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/20/18	PMT BY CHECK	DOS /20/18-5/18/18* =# 0889230	-720.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 06/20/2018
Check Number : 0889230
Check Amount : $876.50

72T

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

1175a
00072

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33093359	23269-73767	08/21/2017	2018-05-30	Interpreter Fees -	05/30/2018	05/30/2018	$156.50
33098203		03/14/2018	73615	Interpreter Fees -	04/11/2018	04/11/2018	$180.00
33098203		03/14/2018	73615	Interpreter Fees -	05/18/2018	05/18/2018	$180.00
33098203		03/14/2018	73615	Interpreter Fees -	03/20/2018	03/20/2018	$180.00
33098203		03/14/2018	73615	Interpreter Fees -	04/20/2018	04/20/2018	$180.00

RECD
JUN 22 2018
BY: .....

014

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

*** INVOICE ***
Date NO#
04/02/18 70306

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
33073500

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

Case: vs CABINETS 2000 INC
Date Of Injury: 3/3/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/12/16	LEGAL_WCAB	EXPEDITED HEARING @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
09/29/16	PMT BY CHECK	DOS 9/12/16* # 0667580	-156.50
05/31/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM DOI: BOTH	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
06/22/17	PMT BY CHECK	DOS 5/31/17* # 0761652	-156.50
02/26/18	LEGAL_WCAB	TRIAL @ WCAB POMONA	165.00
/ /	INTERPRETER:	EUGENIA RICHICHI # 100659	0.00
03/28/18	PMT BY CHECK	DOS 2/26/18* =# 0859477	-165.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 03/28/2018
Check Number : 0859477
Check Amount : $321.50

BY262H

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

7kx5a
00058

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33073500		03/03/2016	70306	Interpreter Fees -	02/26/2018	02/26/2018	$165.00
33051632		05/05/2014	70958	Interpreter Fees -	03/05/2018	03/05/2018	$156.50

APR 02 2018

Cypress Insurance Company
P.O. Box 881716
San Francisco, CA 94188

Wells Fargo Bank
420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

BY262H

DATE	CHECK NO
03/28/2018	0859477
VOID AFTER 90 DAYS	CHECK AMOUNT
	$321.50

TWO SIGNATURES REQUIRED IF MORE THAN $10,000.00

PAY THREE HUNDRED TWENTY-ONE & 50 / 100 DOLLARS*****

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

R McDaniel

⑈0859477⑈ ⑆121000248⑆ 4121670509⑈

Joyce Altman Interpreters, 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 71679

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
STWC468238-001

BILL TO:
BERKSHIRE HATHAWAY GUARD (PA)
W. C. DEPARTMENT
ATTN: ALEX STUTZMAN
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs PLATINUM COAST MANAGEMENT CORP
Date Of Injury: 4/30/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/06/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM DOI: 4/30/16	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
06/29/17	PMT BY CHECK	DOS 4/6/17* # 009267960	-156.50
03/20/18	PR2/REEVAL	DR JOHN XIAO TIANG QIAN/DAVE FRANKE @ SIDHU	180.00
/ /	-	CHIRO* DOI: CT 10/14-10/15 (TRANSFER OF CARE)	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/19/18	PMT BY CHECK	DOS 3/20/18* # 009334145	-180.00

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.

009334145

121

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

04/19/2018 330956713-0000 JOYCE ALTMAN INTERPRETERS INC
(E034) 180.00 STWC468238-001 DOL:04/30/2013
Inv/Case#: 71679
:03/20/2018

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

AmGUARD Insurance Company

16 South River Street
Wilkes-Barre, PA 18703-0020

Wells Fargo Bank, N.A.

11-24
1210

009334145

DATE 04/19/2018

AMOUNT ********$180.00

➪➪➪➪➪PAY ONLY $180.00
DOLLAR ONE EIGHT ZERO PERIOD ZERO ZERO

NOT VALID AFTER 180 DAYS
TWO SIGNATURES REQUIRED IF OVER $10000

■ ONE HUNDRED EIGHTY DOLLARS AND 00 CENTS**********

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

VOID OVER $180.00

⑈009334145⑈ ⑆121000248⑆ 2000519407927⑈

Joyce Altman Interpreters, 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 73422

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
44037455

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

Case: vs URTH CAFFE
Date Of Injury: 11/10/14-2/1/18

DOS	SERVICE	DESCRIPTION	AMOUNT
02/16/18	INITIAL EXAM	DR ERIC GOFNUNG @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/21/18	F/U CHIRO TX	CHIRO TX W/DR MAYA KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/28/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/02/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/21/18	PR2/REEVAL	DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/27/18	PMT BY CHECK	DOS 2/16/18-3/21/18* =# 23661885	-680.00

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.

MR

N4E62T

Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/27/2018
Check Number : 2361885
Check Amount : $680.00



cs65a
00108

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

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
44037455		03/08/2017	73422	Interpreter Fees -	02/16/2018	02/16/2018	$230.00
44037455		03/08/2017	73422	Interpreter Fees -	02/21/2018	02/21/2018	$90.00
44037455		03/08/2017	73422	Interpreter Fees -	03/21/2018	03/21/2018	$180.00
44037455		03/08/2017	73422	Interpreter Fees -	03/02/2018	03/02/2018	$90.00
44037455		03/08/2017	73422	Interpreter Fees -	02/28/2018	02/28/2018	$90.00

MAY 01 2018

108-108



4D14

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

*** INVOICE ***
Date NO#
05/04/18 73408

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
22035090

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

Case: vs CLASSY DYEING FINISHING
Date Of Injury: 7/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
02/12/18	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/21/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/28/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/07/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/14/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
03/19/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/21/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/04/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/06/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/11/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/13/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/16/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/18/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS G. GALVEZ # 100727	0.00
04/30/18	PMT BY CHECK	DOS 2/12/18-4/11/18* =# 0527098	-1130.00

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#
05/04/18 73408

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
22035090

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

Case: vs CLASSY DYEING FINISHING
Date Of Injury: 7/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 270.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/30/2018
Check Number : 0527098
Check Amount : $1,130.00

GVE621

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

d3k5a
00015

RECEIVED
MAY 03 2018

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22035090		07/01/2016	73408	Interpreter Fees -	02/12/2018	02/12/2018	$230.00
22035090		07/01/2016	73408	Interpreter Fees -	02/21/2018	02/21/2018	$90.00
22035090		07/01/2016	73408	Interpreter Fees -	02/28/2018	02/28/2018	$90.00
22035090		07/01/2016	73408	Interpreter Fees -	03/07/2018	03/07/2018	$90.00
22035090		07/01/2016	73408	Interpreter Fees -	04/11/2018	04/11/2018	$90.00
22035090		07/01/2016	73408	Interpreter Fees -	03/19/2018	03/19/2018	$90.00
22035090		07/01/2016	73408	Interpreter Fees -	03/21/2018	03/21/2018	$90.00
22035090		07/01/2016	73408	Interpreter Fees -	04/04/2018	04/04/2018	$90.00
22035090		07/01/2016	73408	Interpreter Fees -	04/06/2018	04/06/2018	$90.00
22035090		07/01/2016	73408	Interpreter Fees -	03/14/2018	03/14/2018	$180.00

014

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

*** INVOICE ***
Date NO#
09/01/17 72441

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
44017216

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

Case: vs URTH CAFFE & ASSOC.
Date Of Injury: 4/10/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/09/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO CORTEZ # 100533	0.00
08/29/17	PMT BY CHECK	DOS 8/9/17* # 2299791	-250.00

BALANCE 0.00

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Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 08/29/2017
Check Number : 2299791
Check Amount : $250.00

RZT32S

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

8a45a
00127

Payment Summary

Claim #	Claimant	Date of Injury / Invoice #	Payment Type	From	Through	Total Payment
44017216		04/10/2015 72441	Interpreter Fees -	08/09/2017	08/09/2017	$250.00

SEP 0 1 2017

Redwood Fire and Casualty Insurance Company
P.O. Box 881716
San Francisco, CA 94188

Wells Fargo Bank
420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

RZT32S

DATE	CHECK NO.
08/29/2017	2299791
VOID AFTER 90 DAYS	CHECK AMOUNT
	$250.00

PAY TWO HUNDRED FIFTY & XX / 100 DOLLARS*****

TWO SIGNATURES REQUIRED IF MORE THAN $10,000.00

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

R McDaniel

⑈2299791⑈ ⑆121000248⑆ 4121526388⑈

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

*** INVOICE ***
Date NO#
08/11/17 71863

EAMS#(s):ADJ_
ADJ
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
186941256-001

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

Case: vs PHARMATIVE
Date Of Injury: 2/28/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/31/17	LEGAL_PREP	DEPO PREP @ L/O KOLLITZ & KOLLITZ	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
07/26/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
07/27/17	PMT BY CHECK	DOS 5/31/17* # 5646388014	-156.50
08/08/17	PMT BY CHECK	DOS 7/26/17* # 5646572613	-250.00

BALANCE 0.00

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

Check Date	:	08/08/2017
Check Amount	:	$250.00
Check Number	:	5646572613

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

71863

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
186941256-001	02/28/2014 $250.00		
FRESNO Interpreter	$250.00	Trish T. Buntin	559-451-3800 07/26/2017-07/26/2017

PAID
AUG 11 2017

Please Fold on Perforation Before Tearing

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

*** INVOICE ***

Date	NO#
10/03/17	71976

EAMS#(s):
ADJ
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
188329756

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: ADRIANA GARCIA
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs TRADITIONAL BAKING INC
Date Of Injury: CT 7/1/10 - 11/13/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/08/17	INITIAL EXAM	DR GALAL GOUBRAN/ANDREW MILES @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/21/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, INITIAL CHIRO & PHYS THERAPY	230.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/23/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/30/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/05/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/12/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/13/17	PR2/REEVAL	DR GOUBRAN @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/19/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/21/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/26/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/02/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ 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#
10/03/17	71976

EAMS#(s):
ADJ:
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
188329756

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: ADRIANA GARCIA
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs TRADITIONAL BAKING INC
Date Of Injury: CT 7/1/10 - 11/13/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/04/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/10/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/16/17	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/30/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/05/17	PMT BY CHECK	DOS 8/11/7* =# 2282964	-90.00
09/05/17	PMT BY CHECK	DOS 6/8/17-8/10/17* =# 2282962	-1530.00
09/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/14/17	PR2/REEVAL	DR ATEF RAFLA/MILES @ SIDHU* (TRANSFER OF CARE)	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/26/17	PMT BY CHECK	DOS 8/11/17* =# 2321551	-180.00

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

*** INVOICE ***

Date	NO#
10/03/17	71976

EAMS#(s):
ADJ
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
188329756

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: ADRIANA GARCIA
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs TRADITIONAL BAKING INC
Date Or Injury: CT 7/1/10 - 11/13/16

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 2620.00

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

Broadspire Services, Inc.
PO Box 189080
Plantation, FL 33318-9080

0000489-0001433 0106 001 650614 BSP

JOYCE ALTMAN INTERPRETERS INC
PO BOX # 4165
TUSTIN, CA 92781-0000

Broadspire®
A CRAWFORD COMPANY

The document you are holding is a payment for services provided. The attached check and Explanation of Payment(s) is sent to you for services rendered on behalf of Broadspire Services, Inc., who has partnered with VPay® to process their payments. If you have questions regarding VPay®, please contact us at 1-855-388-8371. If you have questions regarding the payment amount or benefit calculation, please contact Broadspire at 1-800-800-7885.

Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
188329756-001	9070126009	257045410 BSP0001002	09/26/2017	$180.00	2321551

Notice of Confidentiality - The information contained in this communication is confidential and is intended solely for the addressee. The information may also be legally privileged. This communication is sent in trust, for the sole purpose of delivery to the intended recipient. If you have received this document in error, any use, reproduction or dissemination of this communication is strictly prohibited. If you are not the intended recipient, please immediately notify VPay at **(877) 399-5917** and provide the SE Transaction ID shown above and destroy this communication and its attachments, if any.

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-1778126

Carrier

SAMSUNG FIRE MARINE INS CO
105 CHALLENGER RD
RIDGEFIELD, NJ 07660-2112

Provider

JOYCE ALTMAN INTERPRETERS INC
PO BOX # 4165
TUSTIN, CA 92781-0000

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS INC
Invoice Date: 09/05/2017
Patient Account: 71976
Payment Status Code: 1

Claimant

Claim Number: 188329756-001
DOI/DOL: 08/23/2016
CR Date / BR Date: 09/08/2017 / 09/08/2017
External Claim Number: 201608291326593776921 4
Social Security Number:
Employer/Insured: TRADITIONAL BAKING, INC.
Employer/Insured Address: TRADITIONAL BAKING, INC.
2575 S. WILLOW AVE.
BLOOMINGTON, CA 92316
Policy Admin Information: 019606
Branch ID: BRE

Bill Details

Dates of Service: 06/08/2017 to 08/28/2017
Post Date: 09/21/2017
Client Type of Bill: 74
Adjuster: AXGARC

Bill ICD Version: 10

Dx A:T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s)	Misc.	Allowance
1	06/08/2017	99	99199	A	1	UNLISTED SPECIAL SERV	230.00	230.00	0.00	224,G56	0.00	0.00
2	06/21/2017	99	99199	A	1	UNLISTED SPECIAL SERV	230.00	230.00	0.00	224,G56	0.00	0.00
3	06/23/2017	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56	0.00	0.00
4	06/28/2017	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56	0.00	0.00
5	06/30/2017	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56	0.00	0.00
6	07/05/2017	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56	0.00	0.00
7	07/07/2017	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56	0.00	0.00
8	07/12/2017	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56	0.00	0.00
9	07/13/2017	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56	0.00	0.00
10	07/19/2017	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56	0.00	0.00
11	07/21/2017	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56	0.00	0.00
12	07/24/2017	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56	0.00	0.00
13	07/26/2017	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56	0.00	0.00
14	08/02/2017	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56	0.00	0.00
15	08/04/2017	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56	0.00	0.00
16	08/09/2017	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56	0.00	0.00
17	08/10/2017	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56	0.00	0.00
18	08/11/2017	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00		0.00	180.00
19	08/16/2017	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56	0.00	0.00
20	08/28/2017	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56	0.00	0.00

257045410

DCN Number: 201709083001362

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

*** INVOICE ***
Date NO#
04/11/18 72941

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
188563317

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: SUKHTREET DHALIWAL
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs ADECCO
Date Of Injury: 8/17/17

DOS	SERVICE	DESCRIPTION	AMOUNT
11/06/17	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
11/08/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
11/27/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
11/17/17	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
12/04/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
01/31/18	PMT BY CHECK	DOS 11/6/17-12/4/17* =# 2529511	-450.00
02/28/18	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/07/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/09/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/21/18	PMT BY CHECK	DOS 2/28/18* =# 2610935	-90.00
03/21/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/04/18	PMT BY CHECK	DOS 3/7/18* =# 2633015	-90.00

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

*** INVOICE ***

Date	NO#
04/11/18	72941

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
188563317

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: SUKHTREET DHALIWAL
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs ADECCO
Date Of Injury: 8/17/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 410.00

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

Broadspire Services, Inc.
PO Box 189080
Plantation, FL 33318-9080

0000366-0001028 0106 001 697509 BSP

JOYCE ALTMAN INTERPRETERS INC
PO BOX # 4165
TUSTIN, CA 92781-0000

Broadspire®
A CRAWFORD COMPANY

The document you are holding is a payment for services provided. The attached check and Explanation of Payment(s) is sent to you for services rendered on behalf of Broadspire Services, Inc. who has partnered with VPay® to process their payments. If you have questions regarding the payment, please contact us at 1-855-388-8371. If you have questions regarding the payment amount or benefit calculation, please contact Broadspire Services, Inc. at 1-800-800-7885.

Claim ID:	188563317-001
Client Reference ID:	9070923833
SE Transaction ID:	344474457 BSP0001001
Date:	04/04/2018
Amount:	$90.00
Check Number:	~~2633015~~

APR 09 2018

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Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-1979315

Carrier

INSURANCE COMPANY STATE OF PEN
500 W MADISON STREET
STE 3000
CHICAGO, IL 60661

Provider

JOYCE ALTMAN INTERPRETERS INC
PO BOX # 4165
TUSTIN, CA 92781-0000

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS INC
Invoice Date: 03/16/2018
Patient Account: 72941
Payment Status Code: 1

Claimant

Claim Number: 188563317-001
DOI/DOL: 08/17/2017
CR Date / BR Date: 03/20/2018 / 03/20/2018
External Claim Number: 201708231351023715409 9
Social Security Number: ****
Employer/Insured: ADECCO
Employer/Insured Address

Policy Admin Information: 028314
Branch ID: BRE

Bill Details

Dates of Service: 11/06/2017 to 03/07/2018
Post Date: 04/01/2018
Client Type of Bill: 74
Adjuster: SKDHAL

Bill ICD Version: 10

Dx A:T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	11/06/2017	99	99199	A	1	UNLISTED SPECIAL SERV	230.00	230.00	0.00	224,G56 0.00	0.00
2	11/08/2017	99	99199	A	1	UNLISTED SPECIAL SERV	90.00	90.00	0.00	224,G56 0.00	0.00
3	11/17/2017	99	99199	A	1	UNLISTED SPECIAL SERV	90.00	90.00	0.00	224,G56 0.00	0.00
4	11/27/2017	99	99199	A	1	UNLISTED SPECIAL SERV	90.00	90.00	0.00	224,G56 0.00	0.00
5	12/04/2017	99	99199	A	1	UNLISTED SPECIAL SERV	90.00	90.00	0.00	224,G56 0.00	0.00
6	02/28/2018	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56 0.00	0.00
7	03/07/2018	99	00014	A	120	INTERPRETER OTHER 15	90.00	0.00	0.00	0.00	90.00

Totals

Total Charges:	860.00			
Bill Review Reductions:		770.00		
Network Reductions:			0.00	
Miscellaneous Reductions:				0.00
Recommended Allowance:				90.00

Messages

224 A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
G56 THIS APPEARS TO BE A DUPLICATE CHARGE FOR A BILL PREVIOUSLY REVIEWED, OR THIS APPEARS TO BE A "BALANCE FORWARD BILL" CONTAINING A DUPLICATE CHARGE AND BILLING FOR A NEW SERVICE.

Notes

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

344474457

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

*** INVOICE ***
Date NO#
12/15/17 72777

EAMS#(s):
ADJ
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
188502840-001

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: VICKY BARROWS
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs TEMPUR SEALY INTERNATIONAL
Date Of Injury: 4/25/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/06/17	LEGAL_PREP	DEPO PREP @ L/O KOLLIZ & KOLLIZ	156.50
/ /	INTERPRETER:	ADRIANA ARRIOLA # 301628	0.00
10/31/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
12/08/17	PMT BY CHECK	DOS 10/6/17-10/31/17* # 5648575356	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

MR

Check Date	:	12/08/2017
Check Amount	:	$406.50
Check Number	:	5648575356

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description Check Memo	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
188502840-001 FRESNO All Other WC Indemnity Interpretin g- Deposition , DCN 26988033	04/25/2017 $406.50 $406.50	Vicki L. Barrows	559-451-3899 10/06/2017-10/31/2017

Please Fold on Perforation Before Tearing

VOID VOID VOID

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

*** INVOICE ***

Date	NO#
01/29/18	72927

EAMS#(s):ADJ
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33048780

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

Case: vs VALADON HOTEL
Date Of Injury: 2/20/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/28/17	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
12/15/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
01/12/18	PMT BY CHECK	DOS 12/28/17* # 0833397 BERKSHIRE	-156.50
01/26/18	PMT BY CHECK	DOS 12/15/17* # 0838228 BERKSHIRE	-250.00

BALANCE 0.00

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Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 01/26/2018
Check Number : 0838228
Check Amount : $250.00

CFD525

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

xnp5a
00048

PAID
JAN 29 2018

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33048780		02/21/2014	72927	Interpreter Fees -	12/15/2017	12/15/2017	$250.00

014

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

*** INVOICE ***
Date NO#
02/01/18 73028

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
22031075

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

Case: /s SORRELLS LANDSCAPE INS
Date Of Injury: 8/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
12/07/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
01/29/18	PMT BY CHECK	DOS 12/7/17* # 0516604	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 01/29/2018
Check Number : 0516604
Check Amount : $250.00

8BE52S

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

xyy5a
00019

FEB 01 2018

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22031075		08/29/2016	73028	Interpreter Fees -	12/07/2017	12/07/2017	$250.00

10-19
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#
10/30/17	70443

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
44024525

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

Case: vs RCA CONSTRUCTION CLEAN
Date Of Injury: 3/22/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/29/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
11/09/16	PMT BY CHECK	DOS 9/29/16* # 2234645	-156.50
12/02/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/20/16	PMT BY CHECK	DOS 12/2/16* # 2242684	-250.00
10/09/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/27/17	PMT BY CHECK	DOS 10/9/17* # 2314746	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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 : 10/27/2017
Check Number : 2314746
Check Amount : $250.00

NYE42H

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

hvt5a
00124

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
44024525		03/22/2016	70443	Interpreter Fees -	10/09/2017	10/09/2017	$250.00

OCT 30 2017

Redwood Fire and Casualty Insurance Company
P.O. Box 881716
San Francisco, CA 94188

Wells Fargo Bank
420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

NYE42H

DATE	CHECK NO
10/27/2017	2314746
VOID AFTER 90 DAYS	CHECK AMOUNT
	$250.00

TWO SIGNATURES REQUIRED IF MORE THAN $10,000.00

PAY TWO HUNDRED FIFTY & XX / 100 DOLLARS*****

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

R McDaniel

⑈2314746⑈ ⑆121000248⑆ 4121526388⑈

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

*** INVOICE ***
Date NO#
10/31/17 70424

EAMS#(s):
ADJ1
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33073676

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

Case: vs R C WENDT PAINTING
Date Of Injury: 2/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/30/16	LEGAL_PREP	DEPO PREP @ L/O CUMMINS & WHITE, LLP	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
12/02/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/09/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/27/17	PMT BY CHECK	DOS 10/9/17* # 0807042	-250.00

BALANCE 406.50

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 10/27/2017
Check Number : 0807042
Check Amount : $250.00

RPE42F

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

hvt5a
00067

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33073676		02/29/2016	70424	Interpreter Fees -	10/09/2017	10/09/2017	$250.00

i14

Cypress Insurance Company
P.O. Box 881716
San Francisco, CA 94188

Wells Fargo Bank
420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

RPE42F

DATE	CHECK NO
10/27/2017	0807042
VOID AFTER 90 DAYS	CHECK AMOUNT
	$250.00

TWO SIGNATURES REQUIRED IF MORE THAN $10,000.00

PAY TWO HUNDRED FIFTY & XX / 100 DOLLARS*****

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

⑈0807042⑈ ⑆121000248⑆ 4121670509⑈

Joyce Altman Interpreters, 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	72643

EAMS#(s):ADJ
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33086117

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

Case: vs MARQUEZ & MARQUEZ FOOD PRODUCT
Date Of Injury: 3/29/17

DOS	SERVICE	DESCRIPTION	AMOUNT
09/22/17	LEGAL_PREP	DEPO PREP @ HUTCHINGS COURT REPORTERS	156.50
/ /	INTERPRETER:	MARIO B. VALDEZ # 301322	0.00
10/25/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/30/17	PMT BY CHECK	DOS 9/22/17* # 0807571	-156.50
11/09/17	PMT BY CHECK	DOS 10/25/17* # 0811639	-250.00

BALANCE 0.00

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

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188 MR

Check Date : 11/09/2017
Check Number : 0811639
Check Amount : $250.00

58K42U

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

jzu5a
00076

NOV 13 2017

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33086117		03/29/2017	72643	Interpreter Fees -	10/25/2017	10/25/2017	$250.00

76-76
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#
07/09/18 73736

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
44038528

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

Case: vs MARQUEZ BROTHERS
Date Of Injury: 1/25/16 - 1/25/17

DOS	SERVICE	DESCRIPTION	AMOUNT
04/03/18	INITIAL EXAM	DR MICHAEL FELDMAN @ HAND & ORTHO CTR*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/11/18	POST-OP	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/17/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/11/18	POST-OP	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/20/18	PMT BY CHECK	DOS 4/3/18 - 5/11/18* =# 2376765	-770.00
06/08/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/06/18	PMT BY CHECK	DOS 6/8/18* # 2381148	-180.00

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 **

Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 07/06/2018
Check Number : 2381148
Check Amount : $180.00

HP6728

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

ob55a
00127

73736

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
44038528		04/02/2018	2018-06-08	Interpreter Fees -	06/08/2018	06/08/2018	$180.00

PAID
JUL 09 2018

014

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

*** INVOICE ***

Date	NO#
07/11/18	73408

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
22035090

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

Case: vs CLASSY DYEING FINISHING
Date Of Injury: 7/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
02/12/18	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/21/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/28/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/07/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/14/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
03/19/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/21/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/04/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/06/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/11/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/13/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/16/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/18/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS G. GALVEZ # 100727	0.00
04/30/18	PMT BY CHECK	DOS 2/12/18-4/11/18* =# 0527098	-1130.00
04/25/18	FINAL CHIRO	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00

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

*** INVOICE ***
Date NO#
07/11/18 73408

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
22035090

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

Case: vs CLASSY DYEING FINISHING
Date Of Injury: 7/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
04/27/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
04/30/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
05/08/18	PMT BY CHECK	DOS 4/13/18-4/13/18* #0528036	-90.00
05/04/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/14/18	PMT BY CHECK	DOS 4/16/18-4/18/18* # 0528722	-180.00
05/18/18	PMT BY CHECK	DOS 4/25/18* # 0529356	-90.00
05/07/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/11/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/21/18	PMT BY CHECK	DODS 4/30/18* # 0529555	-90.00
05/16/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/18/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/21/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/31/18	PMT BY CHECK	DOS 5/4/18* # 0530829	-90.00
06/04/18	PMT BY CHECK	DOS 5/7/18-5/11/18* =# 0531136	-180.00
06/06/18	PMT BY CHECK	DOS 5/16/18* # 0531467	-90.00
06/13/18	MED-LEGAL	EVAL W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/06/18	PMT BY CHECK	DOS 6/13/18* # 0535118	-180.00

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

*** INVOICE ***

Date	NO#
07/11/18	73408

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
22035090

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

Case: vs CLASSY DYEING FINISHING
Date Of Injury: 7/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 360.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 07/06/2018
Check Number : 0535118
Check Amount : $180.00

DJ672S

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

ob55a
00013

PAID
JUL 09 2018
BY: .....

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22035090		07/01/2016	73408	Interpreter Fees -	06/13/2018	06/13/2018	$180.00

13-13
0014

Joyce Altman Interpreters, 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	72808

EAMS#(s):
ADJ:
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
572-014661

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

Case: vs UNITED MATERIAL HANDLING
Date Of Injury: 7/20/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/19/17	INITIAL EXAM	DR MICHAEL PRICE/DAVE FRANKE @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/16/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/21/17	PR2/REEVAL	DR PRICE/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/14/18	PMT BY CHECK	DOS 11/16/17-11/21/17* -# 32831667	-590.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201803140171

Electronic Service Requested

ALL FOR AADC 926
27409 1.1458 AB 0.405
JOYCE ALTMAN INTERPRETERS INC 392
PO BOX 4165
TUSTIN, CA 92781-4165

MR

Check No.: 32831667
RFP No.: 170287
Check Date: 03/14/2018
Check Amount: 590.00
Insured: UNITED MATERIAL HANDLING, INC.
Claimant

Claim Office: 572
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

1 OF 5 F
ENV 27409

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000033571393	00014661	001	07/20/2017	MED	O	590.00
					Total Amount	590.00

Reason for Payment
ORG: 590.00 ACT: 72808 111617-112117

Use File # 572/00014661 on all correspondence for prompt processing.
For check information call: 877-802-5246

MAR 20 2018

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.: 00014661 Policy No.: 000033571393
Reason for Payment: ORG: 590.00 ACT: 72808 111617-112117

CHECK No. 32831667
RFP No. 00170287
DATE 03/14/2018

AMOUNT PAID
*******$590.00

Void after 90 Days

Five Hundred Ninety Dollars***

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

⑈32831667⑈ ⑆021309379⑆ 7864205391⑈

1322364

AIG

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

Invoice #: 1806602092
Control #: 06180680087900

ALL FOR AADC 926
27409 1.1458 AB 0.405
JOYCE ALTMAN INTERPRETERS INC 392
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 27409 2 OF 5 F

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

Claim #: 5720146610000
Claimant:
Date of Injury: 07/20/2017
Claimant SSN:

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

State Claim #.
Patient Acct #: 72808
Service Dates: 11/16/2017-11/21/2017

Date Received: 02/28/2018
Date Reviewed: 03/09/2018
Date Processed: 03/13/2018

Rendering Provider:

Tax ID/NPI #:

Policy #: 000033571393
Employer: UNITED MATERIAL HANDLING, INC.
Insurer: GRANITE STATE INSURANCE CO

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
11/16/2017	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
11/19/2017	T1013	T1013	8.00	230.00	230.00	0.00	230.00	
11/21/2017	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
		Totals		590.00	590.00	0.00	590.00	

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 review. (Z656)
* -Medical bills and reconsideration requests should be directed to P.O. Box 25978, Shawnee Mission, KS 66225. (Z657)
* -The Payment Status Code reflects the recommended allowance as a result of our Bill Review analysis. The actual payment will be determined by the Payor. (ZCA1)

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#
12/20/17 72749

EAMS#(s):ADJ

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
710964294; 710997250

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

Case: vs TRI STAR ELECTRONICS INT'L
Date Of Injury: 2/28/15; 9/7/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/12/17	LEGAL_PREP	DEPO PREP @ L/O STOCKWELL HARRIS	156.50
/ /	INTERPRETER:	MARIO B. VALDEZ # 301322	0.00
11/08/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/08/17	PMT BY CHECK	DOS 10/12/17* =# 32582079	-156.50
12/15/17	PMT BY CHECK	DOS 11/8/17* =# 32600559	-250.00

BALANCE 0.00

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

ALL FOR AADC 926
4587 1.8304 AB 0.400
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

79

ENV 4587 5 OF 8 F

Check No.: 32600559
RFP No.: 499631
Check Date: 12/15/2017
Check Amount: 250.00
Insured: CARLISLE COMPANIES INCORPORATE
Claimant:

Claim Office: 710
Insuring Company: NEW HAMPSHIRE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000037083023	00964294	001	02/28/2015	MED	O	250.00

Total Amount 250.00

Reason for Payment
ORG: 406.50 ACT: 72749 101217-110817

Use File # 710/00964294 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID
DEC 20 2017

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

NEW HAMPSHIRE INSURANCE COMPANY

50-937/213

Claim No.: 00964294 Policy No.: 000037083023
Reason for Payment: ORG: 406.50 ACT: 72749 101217-110817

CHECK No. 32600559
RFP No. 00499631
DATE 12/15/2017

AMOUNT PAID
*******$250.00

**********Two Hundred Fifty Dollars*****

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

⑈32600559⑈ ⑆021309379⑆ 7864205391⑈

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

*** INVOICE ***
Date NO#
04/18/18 72943

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
572015585

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

Case: vs LEO'S TRAILERS SERVICES
Date Of Injury: 8/8/17

DOS	SERVICE	DESCRIPTION	AMOUNT
11/02/17	INITIAL EXAM	DR MICHAEL PRICE @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
11/13/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, INTIAL CHIRO & PHYS TX	230.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
11/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/10/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/11/18	PR2/REEVAL	DR ATEF RAFLA/ANDREW MILES @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/12/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/22/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/31/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/02/18	PMT BY CHECK	DOS 11/2/17-11/17/17* =# 32726638	-640.00
02/07/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/10/18	PMT BY CHECK	DOS 1/10/18* =# 32751070	-180.00
02/09/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/15/18	PMT BY CHECK	DOS 1/11/18* =# 32762331	-180.00
02/12/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/14/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00

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

*** INVOICE ***

Date	NO#
04/18/18	72943

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
572015585

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

Case: vs LEO'S TRAILERS SERVICES
Date Of Injury: 8/8/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/19/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/23/18	PMT BY CHECK	DOS 1/22/18* =# 32783418	-90.00
02/23/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/28/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/28/18	PMT BY CHECK	DOS 1/31/18* =# 32793689	-90.00
03/07/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/08/18	PR2/REEVAL	DR JOHN XIAO-JIANG QIAN/DAVE FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/15/18	PMT BY CHECK	DOS 2/7/18-2/9/18* =# 32835505	-180.00
03/21/18	PMT BY CHECK	DOS 2/12/18-2/19/18* =# 32850245	-540.00
03/27/18	PMT BY CHECK	DOS 2/23/18-2/28/18* =# 32864453	-180.00
04/04/18	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/07/18	PMT BY CHECK	DOS 3/7/18-3/8/18* =# 32896998	-360.00

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#
04/18/18	72943

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
572015585

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

Case: vs LEO'S TRAILERS SERVICES
Date Of Injury: 8/8/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 810.00

* 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

201804090162

Electronic Service Requested

ALL FOR AADC 926
13753 0.7648 AB 0.405

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

131

ENV 13753 1 OF 3 F

Check No.: 32896998
RFP No.: 185840
Check Date: 04/07/2018
Check Amount: 360.00
Insured: RIVAS, LEONEL

Claimant:

Claim Office: 572
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000020736055	00015585	001	08/07/2017	MED	O	360.00
					Total Amount	360.00

Reason for Payment
ORG: 3160.00 ACT: 72943 110217-030818

Use File # 572/00015585 on all correspondence for prompt processing.
For check information call: 877-802-5246

APR 16 2018

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.: 00015585 Policy No.: 000020736055
Reason for Payment: ORG: 3160.00 ACT: 72943 110217-030818

CHECK No. 32896998
RFP No. 00185840
DATE 04/07/2018

**********Three Hundred Sixty Dollars***

AMOUNT PAID
*******$360.00

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

⑈32896998⑈ ⑆021309379⑆ 7864205394⑈

P4000028003

20180940090162

AIG

EXPLANATION OF BILL REVIEW

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

Invoice #: 1808902790
Control #: 06180940055000

ENV13753 2 OF 3 F

ALL FOR AADC 926
13753 0.7648 AB 0.405

JOYCE ALTMAN INTERPRETERS INC 131
PO BOX 4165
TUSTIN, CA 92781-4165

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

Claim #: 5720155850000
Claimant:
Date of Injury: 08/07/2017
Claimant SSN:

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

State Claim #:
Patient Acct #: 72943
Service Dates: 11/02/2017-03/08/2018

Date Received: 03/23/2018
Date Reviewed: 04/04/2018
Date Processed: 04/06/2018

Rendering Provider:
—

Tax ID/NPI #:

Policy #: 000020736055
Employer: RIVAS, LEONEL
Insurer: GRANITE STATE INSURANCE CO

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
11/02/2017	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1 ,2 ,3
11/13/2017	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1 ,2 ,3
11/17/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
01/10/2018	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
01/11/2018	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
01/12/2018	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
01/22/2018	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
01/31/2018	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
02/07/2018	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
02/09/2018	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
02/12/2018	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
02/14/2018	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
02/19/2018	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
02/23/2018	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3 ,4
02/28/2018	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3 ,4
03/07/2018	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
03/08/2018	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
			Totals	3,160.00	360.00	0.00	360.00	

Diagnosis:
T1490 INJURY, UNSPECIFIED

1 - This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a 'balance forward bill' containing a duplicate charge and billing for a new service.
2 -DUPLICATE CHARGE (X143)
3 -The provider has billed for the exact services on a previous bill.
4 -A reduction was made because a different provider has billed for the exact services on a previous bill.
* -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)

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#
02/21/18	72943

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
572015585

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

Case: vs LEO'S TRAILERS SERVICES
Date of Injury: 8/8/17

DOS	SERVICE	DESCRIPTION	AMOUNT
11/02/17	INITIAL EXAM	DR MICHAEL PRICE @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
11/13/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, INTIAL CHIRO & PHYS TX	230.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
11/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/10/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/11/18	PR2/REEVAL	DR ATEF RAFLA/ANDREW MILES @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/12/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/22/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/31/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/02/18	PMT BY CHECK	DOS 11/2/17-11/17/17* =# 32726638	-640.00
02/07/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/10/18	PMT BY CHECK	DOS 1/10/18* =# 32751070	-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#
02/21/18 72943

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
572015585

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

Case: vs LEO'S TRAILERS SERVICES
Date Of Injury: 8/8/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 900.00

* 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.

4000028000

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

[redacted]

201802120161

Electronic Service Requested

ENV 13657 1 OF 6 F

ALL FOR AADC 926
13657 1.3360 AB 0.405
JOYCE ALTMAN INTERPRETERS INC 134
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 32751070
RFP No.: 151151
Check Date: 02/10/2018
Check Amount: 180.00
Insured: RIVAS, LEONEL

Claimant:

Claim Office: 572
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000020736055	00015585	001	08/07/2017	MED	O	180.00
					Total Amount	180.00

Reason for Payment
ORG: 820.00 ACT: 72943 110217-011018

Use File # 572/00015585 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID
FEB 16 2018

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.: 00015585 Policy No.: 000020736055
Reason for Payment: ORG: 820.00 ACT: 72943 110217-011018

CHECK No. 32751070
RFP No. 00151151
DATE 02/10/2018

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

AMOUNT PAID
*******$180.00

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

⑈3275107⓪⑈ ⑆021309379⑆ 7864205397⑈

AIG

EXPLANATION OF BILL REVIEW

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

Invoice #: 1803602885
Control #: 06180380119900

ENV 13657 2 OF 6 F

ALL FOR AADC 926
13657 1.3360 AB 0.405
JOYCE ALTMAN INTERPRETERS INC 134
PO BOX 4165
TUSTIN, CA 92781-4165

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 #: 5720155850000
Claimant:
Date of Injury: 08/07/2017
Claimant SSN:

State Claim #:
Patient Acct #: 72943
Service Dates: 11/02/2017-01/10/2018

Policy #: 000020736055
Employer: RIVAS, LEONEL
Insurer: GRANITE STATE INSURANCE CO

Date Received: 01/31/2018
Date Reviewed: 02/07/2018
Date Processed: 02/09/2018

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
11/02/2017	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1 ,2 ,3
11/13/2017	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1 ,2 ,3
11/17/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
01/10/2018	T1013	T1013	8.00	180.00	180.00	0.00	* 180.00	
			Totals	820.00	180.00	0.00	180.00	

Diagnosis:
T1490 INJURY, UNSPECIFIED

1 - This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a 'balance forward bill' containing a duplicate charge and billing for a new service.
2 -DUPLICATE CHARGE (X143)
3 -A reduction was made because a different provider has billed for the exact services on a previous bill.
* -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)

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#
07/03/18 73659

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
18W021523497

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

Case: vs TALENT HUMAN RESOURCES, INC.
Date Of Injury: 1/31/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/28/18	INITIAL EXAM	DR ARBI MIRZAIANS @ PHYSICAL REHAB SVCS (2H 21M)	258.75
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/19/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/17/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/29/18	PMT BY CHECK	DOS 3/28/18-5/17/18* # 161615338	-618.75

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/ 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 **

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

BANK OF AMERICA
CHICAGO, IL 60603

2-3/710 IL

Check Number 161615338

Date: 06/29/2018
Batch #: 302067042

Amount

$****618.75

Amount: SIX HUNDRED EIGHTEEN AND 75 / 100**********

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

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

Rodney J. Golden

⑈0161615338⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
73659	01/31/2018	18W02F523497	618.75	0.00	618.75	73659 DS 03-28-2018 / 05-17-2018	DGOLDSTIC

PAID
JUL 03 2018

tch #: 302067042
Check Number 161615338

Check Amount $****618.75

Loc:TALENT HUMAN RESOURCES

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

*** INVOICE ***
Date NO#
05/15/18 73178

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
17W02F198090

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

Case: s VENSURE EMPLOYER SERVICE, INC.
Date Of Injury: 5/15/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/18/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/02/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/27/18	PMT BY CHECK	DOS 1/18/18-3/2/18* # 161608950	-406.50
04/24/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/11/18	PMT BY CHECK	DOS 4/24/18* # 161612310	-250.00

BALANCE 0.00

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

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

BANK OF AMERICA
CHICAGO, IL 60603

2-3/710 IL

Check Number **161612310**

Date: 05/11/2018
Batch #: 301981724

Amount

$****250.00

Amount: TWO HUNDRED FIFTY AND XX / 100**********

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

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

⑈0161612310⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
73178	J 05/15/2017	17W02F198090	250.00	0.00	250.00	73178 DS 01/18/18-04/24/18	

MAY 15 2018

Batch #: 301981724
Check Number 161612310

Check Amount $****250.00

Loc:QUALITY EMPLOYMENT & MULTI SERVICES

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

*** INVOICE ***
Date NO#
06/12/18 73268

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
17F56F451596

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

Case: /s PICK YOUR PARK
Date Of Injury: 12/14/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/25/18	PR2/REEVAL	DR EMMETT COX @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/15/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/01/18	PR2/REEVAL	DR COX @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/22/18	PR2/REEVAL	DR COX @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/09/18	PMT BY CHECK	DOS 1/25/18-3/22/18* # 164706919	-720.00
05/10/18	P AND S	DR EMMET COX @ HOC*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/07/18	PMT BY CHECK	DOS 5/10/18* # 164708853	-230.00

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 **

CCMSI OBO LKQ CORPORATION - WC
2 EAST MAIN ST, SUITE 208
DANVILLE, IL 61832

BANK OF AMERICA
CHICAGO, IL 60603

2-3/710 IL

Check Number **164708853**

Date: 06/07/2018
Batch #: 302023766

Amount

$****230.00

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

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

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

Rodney J. Sullen

⑈0164708853⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
73268	12/14/2017	17F56F451596	230.00	0.00	230.00	73268 DS 1/25/2018-5/10/2018	

PAID
JUN 12 2018

tch #: 302023766
Check Number 164708853

Check Amount $****230.00

Loc:1282 LKQ PICK YOUR PART - RIALTO

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

*** INVOICE ***

Date	NO#
02/20/18	72420

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
17W03F154550

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

Case: vs EMPLOYERS HR
Date Of Injury: 6/5/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/07/17	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
08/11/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
08/21/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
08/23/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/28/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
09/06/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
09/15/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/18/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
09/22/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/25/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
09/29/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/02/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
10/11/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/16/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
10/20/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS 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#
02/20/18 72420

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
17W03F154550

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

Case: vs EMPLOYERS HR
Date of Injury: 6/5/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/27/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/03/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/08/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/06/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
01/15/18	FINAL CHIRO	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
02/16/18	PMT BY CHECK	DOS 8/17/17-1/15/18* # 161607248	-2120.00

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.

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

BANK OF AMERICA
CHICAGO, IL 60603

2-3/710 IL

Check Number 161607248

Date: 02/16/2018
Batch #: 301824030

Amount

$****2,120.00

Amount: TWO THOUSAND ONE HUNDRED TWENTY AND XX / 100**********

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

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

⑈0161607248⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
72420	06/05/2017	7W03F154550	2,120.00	0.00	2,120.00	72420 DS 8/17/17 - 1/15/18	

PAID
FEB 20 2018

Batch #: 301824030
Check Number 161607248

Check Amount $****2,120.00

Loc:WORKFORCE ENTERPRISES WFE INC - COMMERCE

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

*** INVOICE ***
Date NO#
01/25/18 67904

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
15D48E80902

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

Case: vs GRILLED SANDWICHES ROUTE 66 HR
Date Of Injury: 5/25/15

DOS	SERVICE	DESCRIPTION	AMOUNT
11/23/15	LEGAL_PREP	DEPO PREP @ L/O STOCKWELL	156.50
/ /	INTERPRETER:	CARMEN GONZALEZ # 49448683	0.00
12/17/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/28/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/16/16	PMT BY CHECK	DOS 11/23/15-12/28/15* # 148918485	-563.00
05/09/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/03/16	PMT BY CHECK	DOS 5/9/16* # 148928588	-156.50
06/27/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/05/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/07/17	PMT BY CHECK	DOS 11/23/15-6/5/17* # 148963756	-313.00
12/22/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
01/22/18	PMT BY CHECK	DOS 12/22/17* # 148977003	-250.00
		BALANCE	0.00

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CCMSI obo Strategic Outsourcing, Inc ACE
2 East Main Street, Suite 208
Danville, IL 61832

Bank of America
CHICAGO, IL 60603

2-3/710 IL

Check Number **148977003**

Date: 01/22/2018
Batch #: 301774707

Amount

$****250.00

Amount: TWO HUNDRED FIFTY AND XX / 100**********

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

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

⑈0148977003⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
67904	05/25/2015	15D48E810902	250.00	0.00	250.00	67904 DS 12/22/17	

PAID
JAN 25 2018
BY:

atch #: 301774707
Check Number 148977003

Check Amount $****250.00

Loc:8162 GRILLED SANDWICHES LLC

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

*** INVOICE ***
Date NO#
12/11/17 72840

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
17D23C374626

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

Case: vs IN N OUT BURGER
Date Of Injury: 11/9/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/31/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
11/13/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/06/17	PMT BY CHECK	DOS 10/31/17-11/13/17* # 119740479	-406.50

BALANCE 0.00

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CCMSI o/b/o IN-N-OUT Burger
2 East Main St., Suite 208
Danville, IL 61832

Bank of America
CHICAGO, IL 60603

2-3/710 IL

Check Number **119740479**

Date: 12/06/2017
Batch #: 301695720

Amount

$****406.50

Amount: FOUR HUNDRED SIX AND 50 / 100**********

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

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

Rodney D. Golden

⑈0119740479⑈ ⑆071000039⑆ 866 662 2642⑈

MR

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
72840	11/09/2012	12D23C374626	406.50	0.00	406.50	72840 10/31/17-11/13/17	-

PAID
DEC 11 2017

Batch #: 301695720
Check Number 119740479

Check Amount $****406.50

Loc:DEPT #805A MEAT DEPT - BUTCHERS

Joyce Altman Interpreters, 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 70884

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
6342-0000185

BILL TO:
CARL WARREN & CO. (KS-2916)
W. C. DEPARTMENT
ATTN: KARMEN VALQUI
P.O. BOX 2916
SHAWNEE MISSION, KS 66201

Case: vs CARDENA'S
Date Of Injury: 8/5/16

DOS	SERVICE	DESCRIPTION	AMOUNT
11/03/16	INITIAL EXAM	DR GALAL GOUBRAN @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/11/16	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, INITIAL CHIRO & PHYS THERAPY	230.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
11/16/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/01/16	PR2/REEVAL	DR GOUBRAN/TRUJILLO @ SIDHU*	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
02/24/17	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
03/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/16/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	1.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/20/17	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#
09/19/17 70884

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
6342-0000185

BILL TO:
CARL WARREN & CO. (KS-2916)
W. C. DEPARTMENT
ATTN: KARMEN VALQUI
P.O. BOX 2916
SHAWNEE MISSION, KS 66201

Case: vs CARDENA'S
Date Of Injury: 8/5/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/03/17	PMT BY CHECK	DOS 11/3/16-2/24/17* =# 110498	-1180.00
03/29/17	FOLLOW-UP	W/ ACUPUNCT CHOI & F/U PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/31/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/05/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/18/17	PMT BY CHECK	DOS 11/3/16-3/24/17* =# 110697	-810.00
04/20/17	PMT BY CHECK	DOS 3/8/17-3/16/17* =# 110719	-271.00
04/12/17	F/U CHIRO TX	CHIRO TX & F/U PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/20/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/02/17	PMT BY CHECK	DOS 11/3/16-4/20/17* # 110837	-810.00
05/18/17	PR2/REEVAL	DR GOUBRAN @ 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#
09/19/17 70884

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
6342-0000185

BILL TO:
CARL WARREN & CO. (KS-2916)
W. C. DEPARTMENT
ATTN: KARMEN VALQUI
P.O. BOX 2916
SHAWNEE MISSION, KS 66201

Case: vs CARDENA'S
Date Of Injury: 8/5/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/15/17	PR2/REEVAL	DR GOUBRAN/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/17/17	PMT BY CHECK	DOS 11/3/16-6/15/17* # 111592	-540.00
07/20/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/17/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/24/17	PMT BY CHECK	DOS 7/20/17* # 111907	-180.00
09/18/17	PMT BY CHECK	DOS 8/17/17* # 112070	-180.00

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.

Bank of America

Costa Mesa, CA

16-66/1220

Carl Warren and Company
ATF
Cardenas Markets

Branch: Carl Warren & Company (ORG)
Carl Warren & Company
PO Box 2411
Tustin, CA 92781

Issue Date: 9/18/2017
Payee: JOYCE ALTMAN INTERPRETERS INC
Memo:

Check #: 112070
Check Amount: 180.00

Claim Number	Claimant	Loss Date	Payment Type	Payment Kind	From Date	To Date	Amount
6342-0000185	70884	8/5/2016	Medical	Bilingual Translations	8/17/2017	8/17/2017	$180.00

SEP 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#
07/06/18 73604

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0545-WC-18-0000447

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

Case: vs INNOVATION LINE
Date Of Injury: 3/2/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/15/18	POST-OP	DR EMMETT COX @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/22/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/29/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/03/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/02/18	PMT BY CHECK	DOS 3/15/18-5/3/18* =# 3125896	-720.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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VOID VOID VOID

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

CORVEL

Bank Code= EMPLO
11-24
1210(8)

CHECK NUMBER	CHECK DATE
3125896	07/02/18

Claim#: 0545-WC-18-0000447

PAY EXACTLY: *Seven hundred twenty and 00/100 Dollars*

*******$720.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0003125896⑈ ⑆121000248⑆ 4178 523411⑈

ACH HERE

CORVEL
Explanation of Review

DETACH HERE

Business Unit: 504884-00053-INNOVATION LINE
5 River Park Pl E
Suite 102
Fresno, CA 93720

Employer
Patient:

PAID
JUL 06 2018

Patient DOB: XXX-XX-

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4484578 - 1
Reprice: CA, 92781
Billed Date: 06/20/2018
Business Rcvd: 06/27/2018
MBR Rcvd: 06/27/2018
MBR Date: 06/29/2018
Date Approved: 06/29/2018
DOS From - To: 03/15/2018 - 05/03/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Sater, Sandra
Vendor #:
PIN:

Treating Provider:
Referring Physician: EMMETT COX
Patient Control #: 73604
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: 0545-WC-18-0000447
Processor Initials:
DOI: 03/02/2018
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
03/15/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
03/22/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
03/29/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
05/03/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 4484578					**$720.00**			**$0.00**	**$720.00**

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#
06/22/18 73894

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
BB-18-000749

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

Case: vs BARRETT BUSINESS SERVICES INC
Date Of Injury: 1/19/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/27/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIO VALDEZ # 301322	0.00
05/18/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
06/18/18	PMT BY CHECK	DOS 4/27/18-5/18/18* =# 8500369	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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VOID VOID VOID

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

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8500369	06/18/18

Claim#: BB-18-000749

PAY EXACTLY: *Four hundred six and 50/100 Dollars*

*******$406.50**

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈0008500369⑈ ⑆121000248⑆ 4121 514012⑈

ACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: STEARNS PRODUCT DEV, ONTARIO-
20281 Harvill Ave
Perris, CA 92570

Employer
Patient:

RECEIVED
JUN 22 2018

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4446926 - 1
Reprice: CA, 92781
Billed Date: 06/04/2018
Business Rcvd: 06/08/2018
MBR Rcvd: 06/08/2018
MBR Date: 06/18/2018
Date Approved: 06/18/2018
DOS From - To: 04/27/2018 - 05/18/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 3711

Treating Provider:
Referring Physician:
Patient Control #: 73894
Provider Tax Id: 33-0956713

Claim #: BB-18-000749
Processor Initials: ML
DOI: 01/19/2018
RX Number:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
04/27/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$156.50		1	$0.00	$156.50
05/18/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$250.00		1	$0.00	$250.00
Sub-Totals for Bill: 4446926					**$406.50**			**$0.00**	**$406.50**

Totals for Bill:4446926 **$406.50**

Line Item Reason Codes and Descriptions
MV0 Market Value
RX3 Per BU/provider agreement amount may be negotiated

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

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

*** INVOICE ***
Date NO#
06/25/18 73835

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
BB-17-004546

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

Case: s BARRETT BUSINESS SERVICES INC
Date Of Injury: 8/29/17

DOS	SERVICE	DESCRIPTION	AMOUNT
04/16/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/14/18	LEGAL_WCAB	EXPEDITED HEARING @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/18/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/29/18	PMT BY CHECK	DOS 4/16/18* =# 8480491	-156.50
06/15/18	PMT BY CHECK	DOS 5/18/18* =# 8497728	-250.00

BALANCE 156.50

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VOID VOID VOID

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

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8497728	06/15/18

Claim#: BB-17-004546

PAY EXACTLY: *Two hundred fifty and 00/100 Dollars*

*******$250.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008497728⑈ ⑆121000248⑆ 4121 514012⑈

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DETACH HERE

CORVEL

Explanation of Review

Business Unit: ADVANTAGE PAINTING SOLUTIONS,
1880 N Delilah St
Corona, CA 92879

Employer
Patient:

RECEIVED
JUN 22 2018

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4438056 - 1
Reprice: CA, 92781
Billed Date: 05/29/2018
Business Rcvd: 06/04/2018
MBR Rcvd: 06/04/2018
MBR Date: 06/14/2018
Date Approved: 06/14/2018
DOS From - To: 05/18/2018 - 05/18/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 2947
Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 73835
Provider Tax Id: 33-0956[illegible]

Claim #: BB-17-004546
Processor Initials: SD
DOI: 08/29/2017
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
05/18/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$250.00		1	$0.00	$250.00
Sub-Totals for Bill: 4438056					**$250.00**			**$0.00**	**$250.00**

Charges not listed have been previously processed

$0.00

Totals for Bill:4438056

$250.00

Line Item Reason Codes and Descriptions
MV0 Market Value

RX3 Per BU/provider agreement amount may be negotiated

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

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

*** INVOICE ***
Date NO#
03/09/18 72433

EAMS#(s):
ADJ:
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E3351078

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

Case: vs KING TACO
Date Of Injury: 3/1/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/08/17	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
08/15/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/18/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/22/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
08/25/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/29/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/01/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/08/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/12/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/15/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/19/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/22/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/29/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARENO # 101080	0.00
10/03/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/06/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00

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

*** INVOICE ***

Date	NO#
03/09/18	72433

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E3351078

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

Case: vs KING TACO
Date Of Injury: 3/1/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/10/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/13/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101143	0.00
10/17/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/24/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/31/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
11/14/17	P AND S	DR KRACHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/12/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/02/18	PMT BY CHECK	DOS 8/8/17-1/21/18* # 106100572	-2530.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

000605

JOYCE ALTMAN INTERPRETERS INC

PO BOX # 4165
TUSTIN CA 92781-1979

PAID
MAR 08 2018

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

Claim Number * E3 351078N5

Insured/Client	Claimant	ATT
KING TACO RESTAURANT INC		03/02/18

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
03/01/17		08/08/17-01/21/18	MED	21		MI	$2,530.00
							$2,530.00

Reason
INV# 72433 01/31/18

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:
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVAN

106100572
Date Issued
03/02/18

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.
E3 351078	N5	KING TACO RESTAURANT INC	2C
Prefix & Contract No.		Claimant	Date of Loss
WC -2074978367			03/01/17
From-thru (Dates)	In Payment of		
08/08/17	01/21/18	INV# 72433 01/31/18	

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

******$2,530.00

TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS INC
PO BOX # 4165
TUSTIN CA 92781-1979

Wells Fargo Bank, N.A

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

⑈0106100572⑈ ⑆053101564⑆ 4759628092⑈

0000020E3003510781061005720000000000605

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

*** INVOICE ***

Date	NO#
07/24/17	71390

EAMS#(s):
ADJ10
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
0545-WC-16-0001300

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

Case: vs SELECT STAFFING
Date Of Injury: CT 10/21/15-11/7/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/06/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/06/17	PMT BY CHECK	DOS 3/6/17* # 3036223	-156.50
04/27/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
07/18/17	PMT BY CHECK	DOS 4/27/17* =# 3053269	-250.00

BALANCE 0.00

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

VOID VOID VOID

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

CORVEL

Bank Code= EMPLO
11-24
12108

CHECK NUMBER	CHECK DATE
3053269	07/18/17

Claim#: 0545-WC-16-0001300

PAY EXACTLY: *Two hundred fifty and 00/100 Dollars*

*******$250.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈0003053269⑈ ⑆121000248⑆ 4178 5234 11⑈

ETACH HERE

DETACH HE

CORVEL

Explanation of Review

RECEIVED
JUL 24 2017

Business Unit: DNU-CUS0238835-80012-California A
3820 State St
Santa Barbara, CA 93105

Employer
Patient:

Patient DOB: XXX-XX-

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

71390

LOB: Workers' Compensation
Site/Bill #: 48/3730183 - 1
Reprice: CA, 92781
Billed Date: 05/11/2017
Business Rcvd: 05/24/2017
MBR Rcvd: 05/24/2017
MBR Date: 07/18/2017
Date Approved: 07/18/2017
DOS From - To: 04/27/2017 - 04/27/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Collins, Casey
Vendor #:
PIN:

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

Claim #: 0545-WC-16-0001300
Processor Initials: CBC
DOI: 08/01/2016
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
04/27/17	T1013 524, G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$250.00		1	$0.00	$250.00
Sub-Totals for Bill: 3730183					$250.00			$0.00	$250.00

Totals for Bill:3730183 $250.00

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

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

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

*** INVOICE ***

Date	NO#
08/29/17	71520

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0545-WC-15-0002560

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

Case: vs SELECT STAFFING
Date Of Injury: 12/30/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/27/17	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	VERA RUTH DARLING # 301418	0.00
06/05/17	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
06/29/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
07/14/17	PMT BY CHECK	DOS 3/27/17-6/5/17* # 5099316	-313.00
08/24/17	PMT BY CHECK	DOS 6/29/17* =# 5101251	-250.00

BALANCE 0.00

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

CORVEL ENTERPRISE COMP, INC.
NEW KOOSHAREM CORPORATION - XL
CHECK ISSUED ON BEHALF OF XL INSURANCE AMERICA
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= NKCXL
11-24
1210(8)

CHECK NUMBER	CHECK DATE
5101251	08/24/17

Claim#: 0545-WC-15-0002560

PAY EXACTLY: *Two hundred fifty and 00/100 Dollars*

*******$250.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0005101251⑈ ⑆121000248⑆ 4125 666966⑈

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CORVEL
Explanation of Review

Business Unit: 505329-00010-DNU - MARUCHAN INC
3820 State St
Santa Barbara, CA 93105

Employer
Patient:

AUG 29 2017

Patient DOB: XXX-XX

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/3847451 - 1
Reprice: CA, 92781
Billed Date: 07/20/2017
Business Rcvd: 07/26/2017
MBR Rcvd: 07/26/2017
MBR Date: 08/23/2017
Date Approved: 08/23/2017
DOS From - To: 03/27/2017 - 06/29/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Diaz, Gloria
Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 71520
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: 0545-WC-15-0002560
Processor Initials: GXD
DOI: 12/30/2015
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
03/27/17	T1013 01, R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$156.50		1	$156.50	$0.00
	Original bill [3792029.48]								
06/05/17	T1013 01, R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$156.50		1	$156.50	$0.00
	Original bill [3792029.48]								
06/29/17	T1013 06, G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$250.00		1	$0.00	$250.00
	Interpreter Carlos Torres, cert# 301694								
Sub-Totals for Bill: 3847451					**$563.00**			**$313.00**	**$250.00**

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

*** INVOICE ***

Date	NO#
09/05/17	72104

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
BB-17-001692

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

Case: vs CG LANDSCAPE
Date Of Injury: 1/10/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/05/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/08/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/31/17	PMT BY CHECK	DOS 7/5/17-8/8/17* =# 8239613	-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.

VOID VOID VOID
REMITTANCE ADVICE

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

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8239613	08/31/17

Claim#: BB-17-001692

PAY EXACTLY: *Four hundred six and 50/100 Dollars*

*******$406.50

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008239613⑈ ⑆121000248⑆ 4121 514012⑈

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CORVEL
Explanation of Review

Business Unit: C. G. LANDSCAPE INC, SANTA AN-90
533 S Rose St
Anaheim, CA 92805

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

SEP 05 2017

LOB: Workers' Compensation
Site/Bill #: 48/3891710 - 1
Reprice: CA, 92781
Billed Date: 08/16/2017
Business Rcvd: 08/22/2017
MBR Rcvd: 08/22/2017
MBR Date: 08/31/2017
Date Approved: 08/31/2017
DOS From - To: 07/05/2017 - 08/08/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 1873

Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 72104
Provider Tax Id: 33-0956713

Claim #: BB-17-001692
Processor Initials: WR
DOI: 01/10/2017
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
07/05/17	T1013 08, G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$156.50		1	$0.00	$156.50
	Interpreter Sandra Talancon, cert# 100802								
08/08/17	T1013 08, G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$250.00		1	$0.00	$250.00
	Interpreter Carlos Torres, cert# 301694								
Sub-Totals for Bill: 3891710					**$406.50**			**$0.00**	**$406.50**

Totals for Bill:3891710 $406.50

Line Item Reason Codes and Descriptions
08 Los Angeles County Deposition Half day
MV0 Market Value

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

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

*** INVOICE ***

Date	NO#
01/17/18	72757

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-17-002297

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

Case: vs BBSI
Date Of Injury: 4/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/03/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION -3HR 44MIN	431.25
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/12/17	INITIAL ACUP	W/ ACUPUNCT YIRYE KANG @ EPC* DOI: 4/21/17	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/18/17	INITIAL EXAM	DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/23/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/26/17	INITIAL ACUP	W/ ACUPUNCT KANG @ EPC* DOI: CT 3/02-8/17	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/27/17	INITIAL PHYS	THERAPY W/DR CHRIS MENDOZA @ EPC* DOI: CT 8/17	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/30/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/06/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 8/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/07/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/09/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: CT 3/02	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/13/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 4/21/17	180.00

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

*** INVOICE ***
Date NO#
01/17/18 72757

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-17-002297

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

Case: vs BBSI
Date Of Injury: 4/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/20/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: CT 8/24/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/27/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/04/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: CT 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/06/17	PR2/REEVAL	DR BHARATWAL @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/14/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/18/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 8/24/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/20/17	PMT BY CHECK	DOS 10/3/17-11/20/17* =# 8335345	-2471.25
12/19/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: CT 8/24/17	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/26/17	PMT BY CHECK	DOS 11/27/17* =# 8338451	-180.00
12/28/17	PMT BY CHECK	DOS 12/4/17* =# 8342176	-180.00
01/09/18	PMT BY CHECK	DOS 12/6/17-12/18/17* =# 8351005	-540.00
01/12/18	PMT BY CHECK	DOS 12/19/17* =# 8354066	-180.00

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

*** INVOICE ***

Date	NO#
01/17/18	72757

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-17-002297

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

Case: vs BBSI
Date Of Injury: 4/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

VOID VOID VOID
REMAINDER

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

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8354066	01/12/18

Claim#: BB-17-002297

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008354066⑈ ⑆121000248⑆ 4121 514012⑈

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CORVEL
Explanation of Review

Business Unit: COVINA DEVELOPEMENT CENTER, O
240 S Grand Ave
Covina, CA 91724

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4158543 - 1
Reprice: CA, 92781
Billed Date: 01/04/2018
Business Rcvd: 01/09/2018
MBR Rcvd: 01/09/2018
MBR Date: 01/11/2018
Date Approved: 01/11/2018
DOS From - To: 12/19/2017 - 12/19/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 2254

Treating Provider:
Referring Physician: SHERRY ROSTAMI
Patient Control #: 72757
Provider Tax Id: 33-0956713

Claim #: BB-17-002297
Processor Initials: BK
DOI: 04/21/2017
RX Number:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
12/19/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 4158543					**$180.00**			**$0.00**	**$180.00**

Totals for Bill:4158543 $180.00

Line Item Reason Codes and Descriptions
MV0 Market Value

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

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

*** INVOICE ***
Date NO#
05/01/18 73322

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
BB-17-005899

BILL TO:
CORVEL CORPORATION (SAC)

ATTN: LAURA PITTENGER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRET BUSINESS SERVICES INC
Date Of Injury: 12/30/15-8/2/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/30/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CAMREN GUZMAN # 100585	0.00
02/20/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/25/18	PMT BY CHECK	DOS 1/30/18-2/20/18* =# 8447749	-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.

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CORVEL

Explanation of Review

Business Unit: OC BAKING COMPANY, SANTA ANA - 540 W Freedom Ave Orange, CA 92865

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4273691 - 1
Reprice: CA, 92781
Billed Date: 03/01/2018
Business Rcvd: 03/09/2018
MBR Rcvd: 03/09/2018
MBR Date: 04/24/2018
Date Approved: 04/24/2018
DOS From - To: 01/30/2018 - 02/20/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 4293

Treating Provider:
Referring Physician:
Patient Control #: 73322
Provider Tax Id: 33-0956713

Claim #: BB-17-005899
Processor Initials: LAP
DOI: 05/27/2017
RX Number:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
01/30/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$156.50		1	$0.00	$156.50
02/20/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$250.00		1	$0.00	$250.00
Sub-Totals for Bill: 4273691					**$406.50**			**$0.00**	**$406.50**

Totals for Bill:4273691 **$406.50**

Line Item Reason Codes and Descriptions
MV0 Market Value

RX3 Per BU/provider agreement amount may be negotiated

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

MAY 01 2018

THE FACE OF THIS DOCUMENT HAS A BLUE BACKGROUND ON WHITE PAPER • THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK — HOLD AT AN ANGLE TO VIEW

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

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8447749	04/25/18

Claim#: BB-17-005899

PAY EXACTLY: *Four hundred six and 50/100 Dollars*

*******$406.50

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008447749⑈ ⑆121000248⑆ 4121 5140 12⑈

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

*** INVOICE ***
Date NO#
05/15/18 73544

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
05465-WC-16-0001296

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

Case: vs SELECT STAFFING
Date Of Injury: 11/4/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/14/18	LEGAL_PREP	DEPO PREP @ L/O PEARLMAN, BROWN & WAX	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/03/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
05/10/18	PMT BY CHECK	DOS 3/14/18-4/3/18* =# 3112465	-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.

VOID VOID VOID
VOID VOID VOID

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

CORVEL

Bank Code= EMPLO
11-24
1210(8)

CHECK NUMBER	CHECK DATE
3112465	05/10/18

Claim#: 0545-WC-16-0001296

PAY EXACTLY: *Four hundred six and 50/100 Dollars*

*******$406.50

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0003112465⑈ ⑆121000248⑆ 4178 5234116⑈

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CORVEL
Explanation of Review

DETACH HERE

Business Unit: 496393-00042-PACKAGING CORP OF
5 River Park Pl E
Suite 102
Fresno, CA 93720

Employer
Patient:

Patient DOB: XXX-XX-

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

MAY 15 2018

LOB: Workers' Compensation
Site/Bill #: 48/4370806 - 1
Reprice: CA, 92781
Billed Date: 04/16/2018
Business Rcvd: 04/30/2018
MBR Rcvd: 04/30/2018
MBR Date: 05/10/2018
Date Approved: 05/10/2018
DOS From - To: 03/14/2018 - 04/03/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Volk, Mark
Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 73544
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: 0545-WC-16-0001296
Processor Initials:
DOI: 11/04/2016
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
03/14/18	T1013 G67, RX3, MVO	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$156.50		1	$0.00	$156.50
04/03/18	T1013 G67, RX3, MVO	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$250.00		1	$0.00	$250.00
Sub-Totals for Bill: 4370806					**$406.50**			**$0.00**	**$406.50**

Totals for Bill:4370806 $406.50

Line Item Reason Codes and Descriptions
MVO Market Value
RX3 Per BU/provider agreement amount may be negotiated

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

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

*** INVOICE ***
Date NO#
05/17/18 73232

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
054WC18-0000129

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

Case: vs SELECT STAFFING
Date Of Injury: 1/11/18

DOS	SERVICE	DESCRIPTION	AMOUNT
01/18/18	PR2/REEVAL	DR EMMETT COX @ HAND & ORTHO OF SO. CALIF* HOC	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/25/18	PR2/REEVAL	DR COX @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/08/18	PR2/REEVAL	DR COX @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/15/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/01/18	PR2/REEVAL	DR COX @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/09/18	PMT BY CHECK	DOS 1/18/18-2/8/18* =# 3112295	-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.

VOID VOID VOID

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

CORVEL

Bank Code= EMPLO
11-24
1210(8)

CHECK NUMBER	CHECK DATE
3112295	05/09/18

Claim#: 0545-WC-18-0000129

PAY EXACTLY: *Nine hundred and 00/100 Dollars*

*******$900.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0003112295⑈ ⑆121000248⑆ 4178 523411⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: 596593-00054-HOSE-MAN
5 River Park Pl E
Suite 102
Fresno, CA 93720

Employer
Patient:

Patient DOB: XXX-XX-

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB:	Workers' Compensation
Site/Bill #:	48/4345142 - 1
Reprice:	CA, 92781
Billed Date:	03/12/2018
Business Rcvd:	03/16/2018
MBR Rcvd:	03/16/2018
MBR Date:	05/09/2018
Date Approved:	05/09/2018
DOS From - To:	01/18/2018 - 03/01/2018

Network:		**Treating Provider:**		**Claim #:**	0545-WC-18-0000129
Network Branch:		**Referring Physician:**	ENNETT CIX	**Processor Initials:**	
Sub Network:		**Patient Control #:**	73232	**DOI:**	01/11/2018
Contract:		**Provider Tax Id:**	33-0956713	**RX Number:**	
Claim Rep.:	Volk, Mark	**Claim Rep Phone #:**		**Claim Rep Ext.:**	

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
01/18/18	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00			$0.00	$180.00
	G67, RX3, MV0		1	11			1		
	Billed: 99199; Units: 1								
01/25/18	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00			$0.00	$180.00
	G67, RX3, MV0		1	11			1		
	Billed: 99199; Units: 1								
02/08/18	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00			$0.00	$180.00
	G67, RX3, MV0		1	11			1		
	Billed: 99199; Units: 1								

CORVEL

02/15/18	T1013 G67, RX3, MVO	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 Billed: 99199; Units: 1	1	11	$180.00	1	$0.00	$180.00
03/01/18	T1013 G67, RX3, MVO	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 Billed: 99199; Units: 1	1	11	$180.00	1	$0.00	$180.00
Sub-Totals for Bill: 4345142					**$900.00**		**$0.00**	**$900.00**

Totals for Bill:4345142 **$900.00**

Line Item Reason Codes and Descriptions
MVO Market Value RX3 Per BU/provider agreement amount may be negotiated

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

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under §5307.1 and §5307.3 of the California Labor Code. The provider shall not attempt to collect expenses for medical treatment from the injured worker per LC§4600. If you disagree with our objection, you have the right to file a lien/application with the WCAB to adjudicate the matter.

For DOS 01-01-2013 and after, if the provider disputes the amount paid, a second review may be requested per LC§9792.5.0 through LC§9792.5.7. Dispute must be received within 90 days of receipt of the E.O.R. or an order of the WCAB resolving the threshold issue as stated in the E.O.R. pursuant to paragraph (5) of subdivision (a) of LC§4603.3.

If still unresolved the provider may request an Independent Bill Review within 30 days of service of the second bill review per LC§4603.6. Upon completion of second review, further remedies for resolution exist under LC§9792.5.7; Independent Bill Review.

Per LC§9792.5.5 2(e) if the only dispute is the amount of payment and the provider does not request a second review within the timeframes set forth in subdivision (b), the bill shall be deemed satisfied and neither the claims administrator nor the employee shall be liable for any further payment.

ICD Diagnosis Code
T14.90 INJURY UNSPECIFIED

Questions regarding this bill may be sent to:

CorVel Corporation, Attn: Bill Review
PO Box 6966
Portland, OR 97228

Toll free: 833-758-5750
Phone: 916-605-5140
FAX: 866-449-0449

California DWC
Employer Address -

Payer Identification Number - 756017952
Pay- To Provider State License Number -
Rendering Provider ID -
MPN ID -
Carrier Telephone Number -
Bill Frequency Type -
Payment Status Code - 1

Date Paid Information
Method of Payment - Check
Payment ID Number - 3112295
Payment Date - 05/09/2018

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#
05/16/18	72757

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-17-002297

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

Case: vs BBSI
Date Of Injury: 4/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/03/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION -3HR 44MIN	431.25
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/12/17	INITIAL ACUP	W/ ACUPUNCT YIRYE KANG @ EPC* DOI: 4/21/17	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/18/17	INITIAL EXAM	DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/23/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/26/17	INITIAL ACUP	W/ ACUPUNCT KANG @ EPC* DOI: CT 3/02-8/17	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/27/17	INITIAL PHYS	THERAPY W/DR CHRIS MENDOZA @ EPC* DOI: CT 8/17	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/30/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/06/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 8/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/07/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/09/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: CT 3/02	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/13/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 4/21/17	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#
05/16/18 72757

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-17-002297

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

Case: vs BBSI
Date Of Injury: 4/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/20/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: CT 8/24/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/27/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/04/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: CT 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/06/17	PR2/REEVAL	DR BHARATWAL @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/14/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/18/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 8/24/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/20/17	PMT BY CHECK	DOS 10/3/17-11/20/17* =# 8335345	-2471.25
12/19/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: CT 8/24/17	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/26/17	PMT BY CHECK	DOS 11/27/17* =# 8338451	-180.00
12/28/17	PMT BY CHECK	DOS 12/4/17* =# 8342176	-180.00
01/09/18	PMT BY CHECK	DOS 12/6/17-12/18/17* =# 8351005	-540.00

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#
05/16/18	72757

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
BB-17-002297

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

Case: vs BBSI
Date Of Injury: 4/21/17

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.

VOID VOID VOID

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

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8351005	01/09/18

Claim#: BB-17-002297

PAY EXACTLY: *Five hundred forty and 00/100 Dollars*

*******$540.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008351005⑈ ⑆121000248⑆ 4121 5140 12⑈

ACH HERE

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CORVEL
Explanation of Review

Business Unit: COVINA DEVELOPEMENT CENTER, O
240 S Grand Ave
Covina, CA 91724

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4150500 - 1
Reprice: CA, 92781
Billed Date: 12/29/2017
Business Rcvd: 01/05/2018
MBR Rcvd: 01/05/2018
MBR Date: 01/09/2018
Date Approved: 01/09/2018
DOS From - To: 12/06/2017 - 12/18/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 2254

Treating Provider:
Referring Physician: SHERRY ROSTAMI
Patient Control #: 72757
Provider Tax Id: 33-0956713

Claim #: BB-17-002297
Processor Initials: BK
DOI: 04/21/2017
RX Number:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
12/06/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
12/14/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
12/18/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 4150500					**$540.00**			**$0.00**	**$540.00**
Charges not listed have been previously processed									$0.00
Totals for Bill:4150500									**$540.00**

Line Item Reason Codes and Descriptions
MV0 Market Value

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

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

*** INVOICE ***

Date	NO#
01/04/18	72757

EAMS#(s):
ADJ
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-17-002297

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

Case: vs BBSI
Date Of Injury: 4/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/03/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION -3HR 44MIN	431.25
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/12/17	INITIAL ACUP	W/ ACUPUNCT YIRYE KANG @ EPC* DOI: 4/21/17	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/18/17	INITIAL EXAM	DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/23/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/26/17	INITIAL ACUP	W/ ACUPUNCT KANG @ EPC* DOI: CT 3/02-8/17	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/27/17	INITIAL PHYS	THERAPY W/DR CHRIS MENDOZA @ EPC* DOI: CT 8/17	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/30/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/06/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 8/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/07/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/09/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: CT 3/02	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/13/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 4/21/17	180.00

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

*** INVOICE ***

Date	NO#
01/04/18	72757

EAMS#(s):
ADJ
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-17-002297

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

Case: [redacted] vs BBSI
Date Of Injury: 4/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/20/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
		DOI: CT 8/24/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/27/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
		DOI: 4/21/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/04/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
		DOI: CT 4/21/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/06/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
		DOI: 4/21/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/14/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
		DOI: 4/21/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/18/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
		DOI: 8/24/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/20/17	PMT BY CHECK	DOS 10/3/17-11/20/17*	-2471.25
		=# 8335345	
12/19/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
		DOI: CT 8/24/17	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/26/17	PMT BY CHECK	DOS 11/27/17* =# 8338451	-180.00
12/28/17	PMT BY CHECK	DOS 12/4/17* =# 8342176	-180.00

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

*** INVOICE ***
Date NO#
01/04/18 72757

EAMS#(s):
ADJ
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-17-002297

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

Case: vs BBSI
Date Of Injury: 4/21/17

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.

VOID VOID VOID

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

CORVEL

Bank Code= BBSEC
11-24
1210(s)

CHECK NUMBER	CHECK DATE
8342176	12/28/17

Claim#: BB-17-002297

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008342176⑈ ⑆121000248⑆ 4121 514012⑈

ACH HERE

DETACH HERE

CORVEL
Explanation of Review

Business Unit: COVINA DEVELOPEMENT CENTER, O
240 S Grand Ave
Covina, CA 91724

Employer
Patient:

DEC 0 5 2018

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB:	Workers' Compensation
Site/Bill #:	48/4132110 - 1
Reprice:	CA, 92781
Billed Date:	12/19/2017
Business Rcvd:	12/26/2017
MBR Rcvd:	12/26/2017
MBR Date:	12/28/2017
Date Approved:	12/28/2017
DOS From - To:	12/04/2017 - 12/04/2017

Network:		**Treating Provider:**		**Claim #:**	BB-17-002297
Network Branch:		**Referring Physician:**	SHERRY ROSTAMI	**Processor Initials:**	BK
Sub Network:		**Patient Control #:**	72757	**DOI:**	04/21/2017
Contract:		**Provider Tax Id:**	33-0956713	**RX Number:**	
Claim Rep.:	2254				

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
12/04/17	T1013 G67. MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 4132110					**$180.00**			**$0.00**	**$180.00**
Charges not listed have been previously processed									$0.00
Totals for Bill:4132110									$180.00

Line Item Reason Codes and Descriptions
MV0 Market Value

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

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

*** INVOICE ***

Date	NO#
12/11/17	70755

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-16-002576

BILL TO:
CORVEL CORPORATION (SAC)

ATTN: WENDY RODRIGUEZ
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SERVICES INC
Date Of Injury: 6/16/16

DOS	SERVICE	DESCRIPTION	AMOUNT
11/07/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
12/07/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
12/27/16	PMT BY CHECK	DOS 11/7/16-12/7/16* =# 7930019	-406.50
11/08/17	LEGAL_WCAB	MSC @ WCAB SBR	195.00
/ /	INTERPRETER:	MARTHA ESTEVEZ # 100682	0.00
12/05/17	PMT BY CHECK	DOS 11/8/17* =# 8320016	-195.00

BALANCE 0.00

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

VOID VOID VOID

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

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8320016	12/05/17

Claim#: BB-16-002576

*******$195.00

PAY EXACTLY: *One hundred ninety five and 00/100 Dollars*

PLEASE CASH IMMEDIATELY
VOID AFTER ~~180 DAYS~~

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008320016⑈ ⑆121000248⑆ 4121 514012⑈

TACH HERE

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CORVEL
Explanation of Review

Business Unit: Miguel O. Navarro, SAN BERNARDINO
6460 Wineville Ave
Mira Loma, CA 91752

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB:	Workers' Compensation
Site/Bill #:	48/4082062 - 1
Reprice:	CA, 92781
Billed Date:	11/22/2017
Business Rcvd:	11/30/2017
MBR Rcvd:	11/30/2017
MBR Date:	12/04/2017
Date Approved:	12/04/2017
DOS From - To:	~~11/07/2016 - 11/08/2017~~

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 2083

Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 70755
Provider Tax Id: 33-0956713

Claim #: BB-16-002576
Processor Initials: CB
DOI: 06/16/2016
RX Number:

Bill Comments
Int. Martha Estevez. #100682

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
11/07/16	T1013 R1 . G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$156.50		1	$156.50	$0.00
	Original bill [3446122.48]								
12/07/16	T1013 R1 . G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$250.00		1	$250.00	$0.00
	Original bill [3446122.48]								
11/08/17	T1013 01. G67. MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$195.00		1	$0.00	$195.00

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

*** INVOICE ***
Date NO#
12/11/17 72781

EAMS#(s):
ADJ
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
BB-16-006521

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

Case: vs BARRETT BUSINESS SERVICES, INC
Date Of Injury: 8/27/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/16/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/16/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/01/17	PMT BY CHECK	DOS 10/16/17* =# 8317951	-156.50
12/04/17	PMT BY CHECK	DOS 11/16/17* =# 8319625	-250.00

BALANCE 0.00

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

VOID VOID VOID

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

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8319625	12/04/17

Claim#: BB-16-006521

PAY EXACTLY: *Two hundred fifty and 00/100 Dollars*

*******$250.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008319625⑈ ⑆121000248⑆ 4121 514012⑈

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CORVEL

Explanation of Review

PAID
DEC 11 2017

Business Unit: PICO PARTY RENTS, CAMARILLO-90
2537 S Fairfax Ave
Culver City, CA 90232

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4078560 - 1
Reprice: CA, 92781
Billed Date: 11/22/2017
Business Rcvd: 11/28/2017
MBR Rcvd: 11/28/2017
MBR Date: 12/04/2017
Date Approved: 12/04/2017
DOS From - To: 10/16/2017 - 11/16/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 2881

Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 72781
Provider Tax Id: 33-0956713

Claim #: BB-16-006521
Processor Initials:
DOI: 08/27/2016
RX Number:

Bill Comments
Int. Gladys Reyna. #301721

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
10/16/17	T1013 R1 . G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$156.50		1	$156.50	$0.00
	Original bill [4071584.48]								
11/16/17	T1013 08. G67. MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$250.00		1	$0.00	$250.00
Sub-Totals for Bill: 4078560					**$406.50**			**$156.50**	**$250.00**

Totals for Bill:4078560 **$250.00**

Line Item Reason Codes and Descriptions
08 Los Angeles County Deposition Half day
MV0 Market Value

R1 Duplicate Billing

Line Item Reason Codes and Descriptions

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

*** INVOICE ***

Date	NO#
09/26/17	72345

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
05445-WC-16-0001775/17-00

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

Case: EMPLOYBRIDGE/REAL TIME STAFFIN
Date Of Injury: 2/15/16; 1/25/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/27/17	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ ENHANCED PRECISION*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/17/17	INITIAL EXAM	DR TOSHA BROWN @ ENHANCED PRECISION (2.5 hrs)	287.50
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/22/17	PMT BY CHECK	DOS 7/17/17-7/27/17* =# 3065438	-517.50

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.

VOID VOID VOID

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

CORVEL

Bank Code= EMPLO
11-24
1210(8)

CHECK NUMBER	CHECK DATE
3065438	09/22/17

Claim#: 0545-WC-16-0001775

PAY EXACTLY: *Five hundred seventeen and 50/100 Dollars*

*******$517.50

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈000306543⑈ ⑆121000248⑆ 4178 523411⑈

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CORVEL
Explanation of Review

Business Unit: 505098-00053-COSMETIX WEST
3820 State St
Santa Barbara, CA 93105

Employer
Patient:

Patient DOB:

SEP 26 2017

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/3928821 - 1
Reprice: CA, 92781
Billed Date: 09/07/2017
Business Rcvd: 09/12/2017
MBR Rcvd: 09/12/2017
MBR Date: 09/22/2017
Date Approved: 09/22/2017
DOS From - To: 07/17/2017 - 07/27/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Collins, Casey

Vendor #:
PIN:

Treating Provider:
Referring Physician: TOSHA BROWN
Patient Control #: 72345
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: 0545-WC-16-0001775
Processor Initials: CBC
DOI: 02/15/2016
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
07/17/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$287.50		1	$0.00	$287.50
07/27/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$0.00	$230.00
Sub-Totals for Bill: 3928821					**$517.50**			**$0.00**	**$517.50**

Totals for Bill:3928821 $517.50

Line Item Reason Codes and Descriptions
MV0 Market Value

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

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

*** INVOICE ***

Date	NO#
12/29/17	72757

EAMS#(s):ADJ
ADJ
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-17-002297

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

Case: vs BBSI
Date Of Injury: 4/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/03/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION -3HR 44MIN	431.25
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/12/17	INITIAL ACUP	W/ ACUPUNCT YIRYE KANG @ EPC* DOI: 4/21/17	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/18/17	INITIAL EXAM	DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/23/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/26/17	INITIAL ACUP	W/ ACUPUNCT KANG @ EPC* DOI: CT 3/02-8/17	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/27/17	INITIAL PHYS	THERAPY W/DR CHRIS MENDOZA @ EPC* DOI: CT 8/17	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/30/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/06/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 8/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/07/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/09/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: CT 3/02	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/13/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 4/21/17	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 72757

EAMS#(s):ADJ
ADJ
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-17-002297

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

Case: vs BBSI
Date Of Injury: 4/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/20/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: CT 8/24/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/27/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/04/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: CT 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/06/17	PR2/REEVAL	DR BHARATWAL @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/14/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/18/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 8/24/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/20/17	PMT BY CHECK	DOS 10/3/17-11/20/17* =# 8335345	-2471.25

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#
12/29/17	72757

EAMS#(s):
AD
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-17-002297

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

Case: vs BBSI
Date Of Injury: 4/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 900.00

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

VOID VOID VOID

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

CORVEL

Bank Code= BBSEC
11-24
1210(6)

CHECK NUMBER	CHECK DATE
8335345	12/20/17

Claim#: BB-17-002297

PAY EXACTLY: *Two thousand four hundred seventy one and 25/100 Dollars*

******$2,471.25

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008335345⑈ ⑆121000248⑆ 4121 514012⑈

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CORVEL

Explanation of Review

Business Unit: COVINA DEVELOPEMENT CENTER, O
240 S Grand Ave
Covina, CA 91724

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

DEC 27 2017

LOB:	Workers' Compensation
Site/Bill #:	48/4113978 - 1
Reprice:	CA, 92781
Billed Date:	12/11/2017
Business Rcvd:	12/15/2017
MBR Rcvd:	12/15/2017
MBR Date:	12/20/2017
Date Approved:	12/20/2017
DOS From - To:	10/03/2017 - 11/20/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 2254

Vendor #:
PIN:

Treating Provider:
Referring Physician: SHERRY ROSTAMI
Patient Control #: 72757
Provider Tax Id: 33-0956713

Claim #: BB-17-002297
Processor Initials: BK
DOI: 04/21/2017
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
10/03/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$431.25		1	$0.00	$431.25
10/12/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$0.00	$230.00
10/18/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$0.00	$230.00
10/23/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00

CORVEL

10/26/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00	1	$0.00	$230.00
10/27/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00	1	$0.00	$90.00
10/30/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00	$180.00
11/06/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00	$180.00
11/07/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00	$180.00
11/09/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00	$180.00
11/13/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00	$180.00
11/20/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00	$180.00
Sub-Totals for Bill: 4113978					**$2471.25**		**$0.00**	**$2471.25**

Totals for Bill:4113978 $2471.25

Line Item Reason Codes and Descriptions
MV0 Market Value

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

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under §5307.1 and §5307.3 of the California Labor Code. The provider shall not attempt to collect expenses for medical treatment from the injured worker per LC§4600. If you disagree with our objection, you have the right to file a lien/application with the WCAB to adjudicate the matter.

For DOS 01-01-2013 and after, if the provider disputes the amount paid, a second review may be requested per LC§9792.5.0 through LC§9792.5.7. Dispute must be received within 90 days of receipt of the E.O.R. or an order of the WCAB resolving the threshold issue as stated in the E.O.R. pursuant to paragraph (5) of subdivision (a) of LC§4603.3.

If still unresolved the provider may request an Independent Bill Review within 30 days of service of the second bill review per LC§4603.6. Upon completion of second review, further remedies for resolution exist under LC§9792.5.7: Independent Bill Review.

Per LC§9792.5.5 2(e) if the only dispute is the amount of payment and the provider does not request a second review within the timeframes set forth in subdivision (b), the bill shall be deemed satisfied and neither the claims administrator nor the employee shall be liable for any further payment.

ICD Diagnosis Code
T14.90 INJURY UNSPECIFIED

Questions regarding this bill may be sent to:

CorVel Corporation, Attn: Bill Review
PO Box 6966
Portland, OR 97228

Toll free: 833-758-5750
Phone: 916-605-5140
FAX: 866-449-4217

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

*** INVOICE ***
Date NO#
01/04/18 72757

EAMS#(s):ADJ

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-17-002297

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

Case: vs BBSI
Date Of Injury:

DOS	SERVICE	DESCRIPTION	AMOUNT
10/03/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION -3HR 44MIN	431.25
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/12/17	INITIAL ACUP	W/ ACUPUNCT YIRYE KANG @ EPC* DOI: 4/21/17	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/18/17	INITIAL EXAM	DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/23/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/26/17	INITIAL ACUP	W/ ACUPUNCT KANG @ EPC* DOI: CT 3/02-8/17	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/27/17	INITIAL PHYS	THERAPY W/DR CHRIS MENDOZA @ EPC* DOI: CT 8/17	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/30/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/06/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 8/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/07/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/09/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: CT 3/02	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/13/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 4/21/17	180.00

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

*** INVOICE ***
Date NO#
01/04/18 72757

EAMS#(s)

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-17-002297

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

Case: vs BBSI
Date Of Injury: 4/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/20/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: CT 8/24/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/27/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/04/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: CT 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/06/17	PR2/REEVAL	DR BHARATWAL @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/14/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/18/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 8/24/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/20/17	PMT BY CHECK	DOS 10/3/17-11/20/17* =# 8335345	-2471.25
12/19/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: CT 8/24/17	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/26/17	PMT BY CHECK	DOS 11/27/17* =# 8338451	-180.00

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

*** INVOICE ***

Date	NO#
01/04/18	72757

EAMS#(s):ADJ

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-17-002297

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

Case: vs BBSI
Date Of Injury: 4/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 900.00

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

VOID VOID VOID

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

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8338451	12/26/17

Claim#: BB-17-002297

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008338451⑈ ⑆121000248⑆ 4121 514012⑈

TACH HERE

DETACH HERE

CORVEL
Explanation of Review

Business Unit: COVINA DEVELOPEMENT CENTER, O
240 S Grand Ave
Covina, CA 91724

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4122825 - 1
Reprice: CA, 92781
Billed Date: 12/13/2017
Business Rcvd: 12/19/2017
MBR Rcvd: 12/19/2017
MBR Date: 12/22/2017
Date Approved: 12/22/2017
DOS From - To: 11/27/2017 - 11/27/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 2254
Vendor #:
PIN:

Treating Provider:
Referring Physician: SHERRY ROSTAMI
Patient Control #: 72757
Provider Tax Id: 33-0956713

Claim #: BB-17-002297
Processor Initials: BK
DOI: 04/21/2017
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
11/27/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 4122825					**$180.00**			**$0.00**	~~$180.00~~

Totals for Bill:4122825 $180.00

DEC 0 2 2018

Line Item Reason Codes and Descriptions
MV0 Market Value

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

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

*** INVOICE ***
Date NO#
06/19/18 63976

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2009103617

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

Case: vs KLEAN SWEEP
Date Of Injury: 3/27/09

DOS	SERVICE	DESCRIPTION	AMOUNT
10/16/14	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/08/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/28/15	PMT BY CHECK	DOS 10/16/14-1/8/15 =# 260361155	-313.00
12/08/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/09/17	PMT BY CHECK	DOS 12/8/16* =# 270077233	-156.50
03/21/17	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/17/17	PMT BY CHECK	DOS 10/16/14* # 270117342	-156.50
05/17/17	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/16/17	PMT BY CHECK	DOS 5/17/17* =# 270125578	-156.50
02/22/18	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/13/18	PMT BY CHECK	DOS 2/22/18* # 10974062	-156.50
05/22/18	LEGAL_WCAB	FULL DAY TRIAL @ WCAB LBO	313.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
06/13/18	PMT BY CHECK	DOS 5/22/18* =# 12538129	-313.00

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

*** INVOICE ***

Date	NO#
06/19/18	63976

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2009103617

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

Case: vs KLEAN SWEEP
Date Of Injury: 3/27/09

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

PAID
JUN 18 2018

EMPLOYERS®

America's small business insurance specialist®

63976

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

The attached check and Explanation of Payment(s) have been sent to you for benefits or services rendered on behalf of EMPLOYERS® who is working with VPay® to process its payments. **If you have general questions regarding the payment or cashing this check, please email VPay at support@vpayusa.com or call 1-855-523-9634.** Injured Employees: If you have questions regarding the payment amount or benefit calculation, please contact EMPLOYERS at 1-888-682-6671. Medical Providers: If you have questions regarding the payment amount, please contact CONDUENT at 1-863-669-0861, option 6. For all other payment inquiries, please contact EMPLOYERS at 1-888-682-6671.

Claim ID	Client Reference ID	VP Trans ID	Date	Amount	Check Number
2009103617	270204441	381371903 EIG0001003	06/13/2018	$313.00	12538129

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Form #: CL_VEN_0033_US Rev. 3/2017

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

*** INVOICE ***
Date NO#
05/07/18 73188

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2016321261

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

Case: vs NIEBLAS & RAMIREZ DBA GRAMMA'S
Date Of Injury: 2/24/16 - 2/24/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/04/18	INITIAL EXAM	DR ATEF RAFLA/GARRET DAVIS @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/01/18	PR2/REEVAL	DR FRIEDMAN/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
03/22/18	PR2/REEVAL	DR JIANG QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/03/18	PMT BY CHECK	DOS 1/4/18-3/22/18* =# 11828014	-590.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000010-0000087 0716 001 704100 EIG

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

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MAY 07 2018

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Claim ID	Client Reference ID	VP Trans ID	Date	Amount	Check Number
Multiple Claims	240948476	360189215 EIG0001001	05/03/2018	$4090.00	11828014

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Form #: CL_VEN_0033_US Rev. 3/2017

Employers Preferred Insurance Company 505

Process Date: 05/01/2018
Control Number: 305011765
EOR Page 1 of 2
Rev/Aud: SS/MC

Payment Number: 240948476 **Payment Date: 05/03/2018**

Claim Number: 2016321261
Claimant:
Provider Tax ID: 330956713
Provider Ref: 73188
Provider License: 99999999

Vendor: 5628181#5628181
Geo Zip: 90001

PPO/OSR ID:
NPI Number:
Claimant SSN:
Date Of Injury: 02/14/2016
Claims Received Date: 04/27/2018

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 02

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
01/04/18	11	99919		INTERPRETER SE	120.000	230.00	0.00	0.00	0.00	230.00	6541
02/01/18	11	99919		INTERPRETER SE	120.000	180.00	0.00	0.00	0.00	180.00	
03/22/18	11	99919		INTERPRETER SE	120.000	180.00	0.00	0.00	0.00	180.00	
			TOTALS:			590.00	0.00	0.00	0.00	590.00	
			TOTAL RECOMMENDED ALLOWANCE:							590.00	

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

CARRIER EXPLANATION REASON CODE

6541 =MEDICAL

2111-H-875039-0 44328923

360189215

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

*** INVOICE ***
Date NO#
01/30/18 72499

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2016299878

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

Case: vs LAPTOP BATTERY HQ LTD
Date Of Injury: 1/20/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/09/17	LEGAL_WCAB	FULL DAY TRIAL @ WCAB LBO	313.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
10/17/17	PMT BY CHECK	DOS 8/9/17* # 240867533	-313.00
12/18/17	LEGAL_REVIEW	DEPO REVIEW @ L/O CANTRELL & GREEN	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/25/18	PMT BY CHECK	DOS 12/18/17* =# 10273238	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

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

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Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
2016299878	240908655	307312236 EIG0001001	01/25/2018	$250.00	10273238

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Form #: CL_VEN_0033_US Rev. 3/2017

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

*** INVOICE ***

Date	NO#
12/04/17	72635

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2015281160

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

Case: vs BERK INVESTMENTS
Date Of Injury: 10/26/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/15/17	LEGAL_PREP	DEPO PREP @ L/O TOBIN, LUCKS	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
10/18/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/28/17	PMT BY CHECK	DOS9/15/17-10/18/17* =# 9390485	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000861-0002352 0106 001 665420 EIG

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

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DEC 0 2 2017

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Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
2015281160	240885130	280569116 EIG0001001	11/28/2017	$406.50	9390485

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Form #: CL_VEN_0033_US Rev. 3/2017

EIG.OT

Employers Preferred Insurance Company 505

Process Date: 11/27/2017
Control Number: 304726753
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 24088513 Payment Date: 11/28/2017 12:00:00 AM

Claim Number: 2015281160
Claimant:
Provider Tax ID: 330956713 Vendor: 5628181#5628181 NPI Number:
Provider Ref: 72635 Geo Zip: 90001 Claimant SSN:
Provider License: CA99999 Date Of Injury: 10/26/2015
Claims Received Date: 11/17/2017

PPO/OSR ID:

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 02

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
09/15/17	11	99919		INTERPRETER SE	1.000	156.50	0.00	0.00	0.00	156.50	G67,197
10/18/17	11	99919		INTERPRETER SE	1.000	250.00	0.00	0.00	0.00	250.00	G67,197
			TOTALS:			**406.50**	**0.00**	**0.00**	**0.00**	**406.50**	
			TOTAL RECOMMENDED ALLOWANCE:							406.50	

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

DWC CODE DESCRIPTION

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

CARRIER EXPLANATION REASON CODE

197 -RECOMMENDED ALLOWANCE BASED ON NEGOTIATED DISCOUNT/RATE.

2111-H-835860-0 43543015

280569116

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

*** INVOICE ***

Date	NO#
10/19/17	72499

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2016299878

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

Case: vs LAPTOP BATTERY HQ LTD
Date Of Injury: 1/20/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/09/17	LEGAL_WCAB	FULL DAY TRIAL @ WCAB LBO	313.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
10/17/17	PMT BY CHECK	DOS 8/9/17* # 240867533	-313.00

BALANCE 0.00

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

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

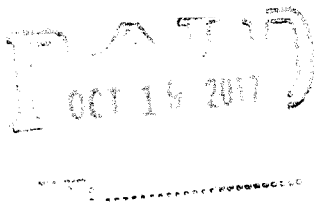
EMPLOYERS®

Employers Preferred Insurance Company
PO BOX 32036 Lakeland, FL 33802-2036

Check Date: 10/17/2017
Check Number: 240867533
Total Billed: $313.00
Total Paid: $313.00

72499

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2016299878		UN505304653322	08/09/2017	08/09/2017	313.00	313.00



The Explanation of Review (EOR) will be sent under separate cover.

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

*** INVOICE ***

Date	NO#
10/19/17	64909

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2014247996

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

Case: vs KO AMEX GENERAL WHOLESALE
Date Of Injury: 2/5/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/17/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/13/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/24/15	PMT BY CHECK	DOS 2/17/15-3/13/15* # 260395768	-406.50
09/27/17	LEGAL_WCAB	FULL DAY MSC @ WCAB LBO	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/17/17	PMT BY CHECK	DOS 9/27/17* =# 270155939	-313.00

BALANCE 0.00

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

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

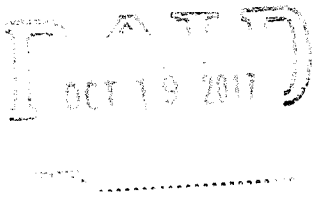
EMPLOYERS®

Employers Compensation Insurance Company
PO BOX 32036 Lakeland, FL 33802-2036

64909

Check Date: 10/17/2017
Check Number: 270155939
Total Billed: $14,433.00
Total Paid: $313.00

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2014247996		UN501304653388	09/27/2017	09/27/2017	313.00	313.00
2015324148		UN501304647658	06/16/2016	09/21/2017	11,140.00	0.00
2016287637		UN501304654743	03/24/2016	09/07/2017	2,980.00	0.00



The Explanation of Review (EOR) will be sent under separate cover.

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

*** INVOICE ***
Date NO#
06/15/18 73606

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
WC10146033

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

Case: vs BYER/AQUETTE MFG.
Date Of Injury: 2/7/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/16/18	POST-OP	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/23/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/06/18	PR2/REEVAL	DR FELDMAN @ HAND @ ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/20/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/18/18	PR2/REEVAL	DR FELDMAN @ HAND @ ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/24/18	PMT BY CHECK	DOS 3/16/18-4/20/18* =# 8816856029	-720.00
06/10/18	PMT BY CHECK	DOS 5/18/18* =# 8816874543	-180.00

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 **

MID-CENTURY INSURANCE COMPANY

Check Number: 8816874543
Date: 06/10/2018

Amount: $180.00******

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

79606

Claimant/Patient:
Insured: BYER CALIFORNIA, INC.
Date of Loss: 02/07/2018
Claim Number: WC10146033
Correspondence Reference: MY1FVB0DN
Claim Representative: Misty Beutler
Office Phone Number: 8185402220
Applicable Coverage: Workers' Compensation

Additional Information:
If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (800) 258-6444 or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
03/16/18 - 05/18/18	Interpreter	$180.00

PAID
JUN 15 2018

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

FARMERS INSURANCE

62-20/311

MID-CENTURY INSURANCE COMPANY
Aurora
Farmers WC Imaging Center, P. O. Box 108843
Oklahoma City, OK 73101-8843

Claim #: WC10146033

Check No. 8816874543
Date: 06/10/2018

Payable If Desired At Any Citibank

PAY One Hundred Eighty Dollars And No Cents $180.00******

NOT GOOD AFTER SIX MONTHS

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

Citibank N.A. - One Penns Way - New Castle, DE 19720

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

⑈8816874543⑈ ⑆031100209⑆ 3872438⑈

01 01 000871 MY1FVB0DN1 CE0611P1 04 [ ] 000843

Joyce Altman Interpreters, 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 73416

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10140203

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

Case: vs JD FIELDS
Date Of Injury: 8/1/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/14/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/02/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/30/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JSOUE CALDERON # 101193	0.00
05/28/18	PMT BY CHECK	DOS 2/14/18-3/30/18* =# 8816859018	-540.00
06/06/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/20/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/28/18	PMT BY CHECK	DOS 6/6/18* =# 8816895639	-180.00

BALANCE 180.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MID-CENTURY INSURANCE COMPANY

Check Number: 8816895639
Date: 06/28/2018

Amount: $180.00******

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

73416

Claimant/Patient:
Insured: J.D. FIELDS LUMBER COMPANY
Date of Loss: 08/01/2017
Claim Number: WC10140203
Correspondence Reference: V2$03HB0N
Claim Representative: Migelina Ramos
Office Phone Number: 8185402214
Applicable Coverage: Workers' Compensation

Additional Information:
If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 754-3260 or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
02/14/18 - 06/06/18	Interpreter	$180.00

PAID
JUL 03 2018

PLEASE DETACH CHECK ON RED LINE BELOW

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

FARMERS INSURANCE

62-20/311

MID-CENTURY INSURANCE COMPANY
Westlake
Farmers WC Imaging Center, P. O. Box 108843
Oklahoma City, OK 73101-8843

Claim #: WC10140203

Check No. 8816895639
Date: 06/28/2018

Payable If Desired At Any Citibank

PAY One Hundred Eighty Dollars And No/Cents $180.00******

NOT GOOD AFTER SIX MONTHS

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

FARMERS INSURANCE

Citibank N.A. - One Penns Way - New Castle, DE 19720

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

⑈8816895639⑈ ⑆031100209⑆ 3872438⑈

01 01 000516 V2$03HB0N1 CE0628P2 04 [ ] 000842

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

*** INVOICE ***
Date NO#
05/31/18 73606

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
WC10146033

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

Case: vs BYER/AQUETTE MFG.
Date Of Injury: 2/7/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/16/18	POST-OP	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/23/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/06/18	PR2/REEVAL	DR FELDMAN @ HAND @ ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/20/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/18/18	PR2/REEVAL	DR FELDMAN @ HAND @ ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/24/18	PMT BY CHECK	DOS 3/16/18-4/20/18* =# 8816856029	-720.00

BALANCE 180.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MID-CENTURY INSURANCE COMPANY

Check Number: 8816856029
Date: 05/24/2018

Amount: $720.00******

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

73606

Claimant/Patient:			
Insured:	BYER CALIFORNIA, INC.		
Date of Loss:	02/07/2018	Claim Representative:	Misty Beutler
Claim Number:	WC10146033	Office Phone Number:	8185402220
Correspondence Reference:	4Y$DTS0MN	Applicable Coverage:	Workers' Compensation

Additional Information:
If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (800) 258-6444 or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
03/16/18 - 04/20/18	Interpreter	$720.00

PLEASE FOLD AND DETACH CHECK ON PERFORATION BELOW

FARMERS INSURANCE

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

62-20/311

MID-CENTURY INSURANCE COMPANY
Aurora
Farmers WC Imaging Center, P. O. Box 108843
Oklahoma City, OK 73101-8843

Claim #: WC10146033

Check No. 8816856029
Date: 05/24/2018

Payable If Desired At Any Citibank

PAY Seven Hundred Twenty Dollars And No Cents $720.00******

NOT GOOD AFTER SIX MONTHS

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

Citibank N.A. - One Penns Way - New Castle, DE 19720

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

⑈8816856029⑈ ⑆031100209⑆ 3872438 9⑈

01 01 000332 4Y$DTS0MN1 CE0625P1 04 [ ] 000437

Joyce Altman Interpreters, 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 73539

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC10142461

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

Case: vs CHURCH AND STATE
Date Of Injury: 9/6/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
04/02/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
04/24/18	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/25/18	PMT BY CHECK	DOS 3/12/18-4/2/18* # 8816819655	-406.50

BALANCE 156.50

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MID-CENTURY INSURANCE COMPANY

Check Number: 8816819655
Date: 04/25/2018

Amount: $406.50******

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

Claimant/Patient:			
Insured:	BIG BISCUIT INC.		
Date of Loss:	09/06/2017	Claim Representative:	JACQUES BULLEIT
Claim Number:	WC10142461	Office Phone Number:	7143853788
Correspondence Reference:	2R4PTSXZN	Applicable Coverage:	Workers' Compensation

Additional Information:
Invoice #73539 If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 274-0674 or claims office at the address on the check.

From/To Dates	Benefit Type	Benefit Amount	Overpayment W/H	Net Amount
3/12/2018 - 4/2/2018	Other Specified Indemnity	$406.50		$406.50

TOTAL Benefits Paid To Date :

Other Specified Indemnity	$406.50
Claimant Attorney Fee - PD	$1012.50

MAY 01 2018

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

FARMERS INSURANCE

62-20/311

MID-CENTURY INSURANCE COMPANY
Westlake
Farmers WC Imaging Center, P. O. Box 108843
Oklahoma City, OK 73101-8843

Claim #: WC10142461

Check No. 8816819655
Date: 04/25/2018

Payable If Desired At Any Citibank

PAY Four Hundred Six Dollars And Fifty Cents $406.50******

NOT GOOD AFTER SIX MONTHS

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

Citibank N.A. - One Penns Way - New Castle, DE 19720

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

⑈8816819655⑈ ⑆031100209⑆ 3872438 9⑈

01 01 000275 2R4PTSXZN1 CE0428P1 02[ ]00041

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

*** INVOICE ***
Date NO#
01/23/18 73008

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC10139650

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

Case: vs COMPUAIRE
Date Of Injury: 1/3/17

DOS	SERVICE	DESCRIPTION	AMOUNT
12/06/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/26/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/29/18	PMT BY CHECK	DOS 12/6/17-12/26/17* # 8816712083	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MID-CENTURY INSURANCE COMPANY

MR Check Number: 8816712083
Date: 01/29/2018

Amount: $406.50******

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS INC.
PO BOX 4165
TUSTIN CA 92781

Claimant/Patient:			
Insured:	COMPU AIRE INC.		
Date of Loss:	01/03/2017	Claim Representative:	Jared Abrams
Claim Number:	WC10139650	Office Phone Number:	8185402231
Correspondence Reference:	2Y4W3S4RN	Applicable Coverage:	Workers' Compensation

Additional Information:
INV-73008 If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

From/To Dates	Benefit Type	Benefit Amount	Overpayment W/H	Net Amount
12/06/17 - 12/26/17	Other Specified Indemnity	$406.50		$406.50

TOTAL Benefits Paid To Date :
Other Specified Indemnity $406.50

PAID
FEB 05 2018

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

FARMERS INSURANCE

62-20/311

MID-CENTURY INSURANCE COMPANY
Westlake
Farmers WC Imaging Center, P. O. Box 108843
Oklahoma City, OK 73101-8843

Claim #: WC10139650

Check No. 8816712083
Date: 01/29/2018

Payable If Desired At Any Citibank

PAY Four Hundred Six Dollars And Fifty Cents $406.50******

NOT GOOD AFTER SIX MONTHS

To the order of
JOYCE ALTMAN INTERPRETERS INC.
PO BOX 4165
TUSTIN CA 92781

Citibank N.A. - One Penns Way - New Castle, DE 19720

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

"8816712083" :031100209: 3872438 9"

01 01 000486 2Y4W3S4RN1 CE01130P1 02 [ ] 000849

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

*** INVOICE ***
Date NO#
06/01/18 73416

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC10140203

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

Case: vs JD FIELDS
Date Of Injury: 8/1/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/14/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/02/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/30/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JSOUE CALDERON # 101193	0.00
05/28/18	PMT BY CHECK	DOS 2/14/18-3/30/18* =# 8816859018	-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.

MID-CENTURY INSURANCE COMPANY

Check Number: 8816859018
Date: 05/28/2018

Amount: $540.00******

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

73416

Claimant/Patient:			
Insured:	J.D. FIELDS LUMBER COMPANY		
Date of Loss:	08/01/2017	Claim Representative:	Migelina Ramos
Claim Number:	WC10140203	Office Phone Number:	8185402214
Correspondence Reference:	$Z44TRBRN	Applicable Coverage:	Workers' Compensation

Additional Information:
If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
2/14/2018 - 3/30/2018	Interpreter	$540.00

JUN 01 2018

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

FARMERS INSURANCE

62-20/311

MID-CENTURY INSURANCE COMPANY
Westlake
Farmers WC Imaging Center, P. O. Box 108843
Oklahoma City, OK 73101-8843

Claim #: WC10140203

Check No. 8816859018
Date: 05/28/2018

Payable If Desired At Any Citibank

PAY Five Hundred Forty Dollars And No Cents $540.00******

NOT GOOD AFTER SIX MONTHS

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

Citibank N.A., One Penns Way - New Castle, DE 19720

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

⑈8816859018⑈ ⑆031100209⑆ 3872438 9⑈

01 01 000117 $Z44TRBRN1 CE0629P1 04 [ ] 000118

CORVEL

Explanation of Review

Employer: J.D. FIELDS LUMBER COMPANY
Patient:

Business Unit: Mid Century Insurance Company - WES
PO Box 108843
Oklahoma City, OK 73101-8843

Patient DOB:
Gender: Male

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill # : 6/12583298 - 1
Reprice: CA, 92781
Billed Date: 05/14/2018
Business Rcvd: 05/17/2018
MBR Rcvd: 05/18/2018
MBR Date: 05/24/2018
Approved Date: 05/24/2018
DOS From - To: 02/14/2018 - 03/30/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: M.ZAPIENPARADA
Vendor #:
PIN:
Invoice Number :
Alt DCN : 1038079002:P8_PROD
Pay Codes: 19 Interpreter

Treating Provider:
Referring Physician: MICHAEL FELDMAN
Patient Control #: 73416
Provider Tax Id: 33-0956713

Claim #: WC10140203
Processor Initials: MR
DOI: 08/01/2017
RX Number:

Date	*Code*	*Units*	*POS*	*Bill Charges TOS*	*DXR*	*Reduction*	*Allowed Fees*
02/14/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	231, G4, RX3	1	11		1		
03/02/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	231, G4, RX3	1	11		1		
03/30/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	231, G4, RX3	1	11		1		
Sub-Totals for Bill: 12583298				**$540.00**		**$0.00**	**$540.00**
Totals for Bill: 12583298							**$540.00**

Line Item Reason Codes and Descriptions

231 Services paid in full
RX3 Per BU/provider agreement amount may be negotiated
G4 This charge was adjusted to comply with the rate and rules of the contract indicated

03 02 000118 $Z44TRBRN1 CEO529P1 04 [ ] 000118

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

*** INVOICE ***
Date NO#
11/17/17 72716

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC10138686

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

Case: vs MALABAR INVESTMENTS
Date Of Injury: 4/28/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/02/17	LEGAL_PREP	DEPO PREP @ L/O VEATCH CARLSON	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/02/17	PMT BY CHECK	DOS 10/2/17* 8816607504	-156.50
11/03/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/15/17	PMT BY CHECK	DOS 11/3/17* # 8816623182	-250.00

BALANCE 0.00

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

MID-CENTURY INSURANCE COMPANY

Check Number: 8816623182
Date: 11/15/2017

Amount: $250.00******

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS INC.
PO BOX 4165
TUSTIN CA 92781

Claimant/Patient:
Insured: MALABAR INVESTMENTS INC
Date of Loss: 04/28/2017
Claim Number: WC10137921
Correspondence Reference: $C45LHJRN

Claim Representative: Rachel Costley
Office Phone Number: 8185402240
Applicable Coverage: Workers' Compensation

Additional Information:
72716 If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

From/To Dates	Benefit Type	Benefit Amount	Overpayment W/H	Net Amount
11/03/17 - 11/03/17	Other Specified Indemnity	$250.00		$250.00

TOTAL Benefits Paid To Date :

Other Specified Indemnity	$406.50

NOV 17 2017

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

FARMERS INSURANCE

62-20/311

MID-CENTURY INSURANCE COMPANY
Westlake
Farmers WC Imaging Center, P. O. Box 108843
Oklahoma City, OK 73101-8843

Claim #: WC10137921

Check No. 8816623182

Date: 11/15/2017

Payable If Desired At Any Citibank

PAY Two Hundred Fifty Dollars And No Cents

$250.00******

NOT GOOD AFTER SIX MONTHS

To the order of
JOYCE ALTMAN INTERPRETERS INC.
PO BOX 4165
TUSTIN CA 92781

FARMERS INSURANCE

Citibank N.A. - One Penns Way - New Castle, DE 19720

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

⑈8816623182⑈ ⑆031100209⑆ 3872438 9⑈

01 01 000181 $C45LHJRN1 CE1115P2 02 [ ] 000246

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

*** INVOICE ***
Date NO#
10/27/17 72546

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC10133887

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

Case: vs CALIFORNIA SUSHI AND TERIYAKI
Date Of Injury: 10/2/12 - 10/2/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/29/17	LEGAL_PREP	DEPO PREP @ L/O LAWSON MACRAE	156.50
/ /	INTERPRETER:	SANDRA L. MONTALTO # 100754	0.00
10/04/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/13/17	PMT BY CHECK	DOS 8/29/17* # 8816581565	-156.50
10/24/17	PMT BY CHECK	DOS 8/29/17-10/4/17* # 8816593807	-250.00

BALANCE 0.00

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

MID-CENTURY INSURANCE COMPANY

MR

Check Number: 8816593807
Date: 10/24/2017

Amount: $250.00******

01 01 000519 VF4W1SOWN1 CE1024P2 02 [ ] 000815

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

Claimant/Patient:			
Insured:	HB SUSHI & TERIYAKI INC		
Date of Loss:	10/02/2016	Claim Representative:	Jennifer Bruce
Claim Number:	WC10133887	Office Phone Number:	5125338368
Correspondence Reference:	VF4W1S0WN	Applicable Coverage:	Workers' Compensation

Additional Information:
invoice 72546 If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

From/To Dates	Benefit Type	Benefit Amount	Overpayment W/H	Net Amount
08/29/17 - 10/04/17	Other Specified Indemnity	$250.00		$250.00

TOTAL Benefits Paid To Date :

Other Specified Indemnity	$2412.75

PAID
OCT 27 2017

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

FARMERS
INSURANCE

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

October 24, 2017

01 01 000815 VF4W1S0WN1 CE 1O24P2 02[ ] 000815

000815

JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

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

*** INVOICE ***
Date NO#
09/05/17 70683

EAMS#(s)

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
MCA900127982

BILL TO:
FIRST COMP/MARKEL INS (OMAHA)
W. C. DEPARTMENT
ATTN: CINDY WILLIAMS
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs WILLIAM B ORR/TREASURE TRADING
Date Of Injury: 5/15/16; 3/01-6/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/10/16	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/17/16	FOLLOW UP	PHYSICAL TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
12/02/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/20/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/30/17	PMT BY CHECK	DOS 10/10/16-1/20/17* =# 510280059	-680.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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FIRST COMP
MARKEL® Insuring America's Small Business®

PO Box 3188
Omaha, NE 68103-3188

Claims Disbursement

CLAIM #: MCA900127982
PAYEE: JOYCE ALTMAN INTERPRETERS INC

CHECK NUMBER: 510280059
CHECK DATE: 08/30/2017
CHECK AMOUNT: $680.00

Check Information

CLAIMANT NAME:
POLICY #: MWC0028743-01
INVOICE #: 70683
INVOICE DATE: 02/07/2017
BILL ID #: 3497359
BILL REVIEW ID #:
BENEFIT BEGIN: 10/10/2016
BENEFIT END: 01/20/2017
RESERVE TYPE: ME
SUB-RESERVE TYPE: Other

CHECK MEMO:



SEP 05 2017

Please contact our Customer Service Department at 1-888-500-3344 if you have any questions.

EXPLANATION OF REVIEW

FirstComp, a Division of Markel Service, Incorporated
d/b/a Markel Insurance Services
PO Box 3188
Omaha, NE 68103-3188
888-500-3344

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

08/30/2017

CLAIM DETAILS	
Claimant:	Insured: ORR, WILLIAM
Date of Injury: 03/31/2013	Policy Number: MWC0028743-01
Claim Number: MCA900127982	Adjuster: Williams , Cindy
BILL DETAILS	
Invoice Number: 70683	Invoice Date: 02/07/2017
Bill ID Number: 3497359	Received Date: 02/13/2017
Processor: Jaime Kruse	Process Date:
Reviewer: Cindy, Williams	Review Date: 2017-08-29T11:38:59

Line Item	Date of Service	Proc. Code	Desc.	Mod	Units	Billed Amount	Paid Amount	Denial Reason
1	10/10/2016	T1013	SIGN LANGUAGE OR ORAL INTERPRETIVE SERVICES, PER 15 MINUTES		8	$230.00	$230.00	
2	10/17/2016	T1013	SIGN LANGUAGE OR ORAL INTERPRETIVE SERVICES, PER 15 MINUTES		8	$90.00	$90.00	
3	12/02/2016	T1013	SIGN LANGUAGE OR ORAL INTERPRETIVE SERVICES, PER 15 MINUTES		8	$180.00	$180.00	
4	01/20/2017	T1013	SIGN LANGUAGE OR ORAL INTERPRETIVE SERVICES, PER 15 MINUTES		8	$180.00	$180.00	
					TOTAL:		$680.00	

Bill Note:

For CA Claims:
TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review: After an EOR is received on an original bill submission, a health care provider, heath care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for Second Review to the claim 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, 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 a 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 resolutions of that issue becomes final.

Joyce Altman Interpreters, 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 73677

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
004747-000862-WC-01

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

Case: vs COMMERCIAL CLEANING SYSTEM HOL
Date Of Injury: 4/21/17 - 10/4/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/06/18	LEGAL_PREP	DEPO PREP @ L/O SCHLOSSBERG & UMHOLTZ	156.50
/ /	INTERPRETER:	SANDRA L. MONTALTO # 100754	0.00
04/03/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
05/07/18	LEGAL_PREP	DEPO PREP @ L/O SCHLOSSBERG & UMHOLTZ II	156.50
/ /	INTERPRETER:	LETICIA GUZMAN URIOSTEGUI # 301652	0.00
06/13/18	PMT BY CHECK	DOS 3/6/18-5/7/18* # 0146572487	-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/ 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 **

PO BOX 4040
SACRAMENTO CA 95812-4040

0101872 01 RE 0.421 **AUTO T5 2 1615 92781 -P01873

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

DIRECT INQUIRIES TO:

PHONE: 1-916-576-8200
GB-CARRIER WEST-WC
PO BOX 4040
SACRAMENTO CA 95812-4040

RECEIVED
JUN 19 2018

GALLAGHER BASSETT SERVICES INC FOR STARR INDEMNIT

CLAIM NO. 004747 000862 WC 01

CLAIMANT:

DESCRIPTION: INV# 73677

DATE OF SERVICE: 06-Mar-2018 TO 07-May-2018

BRANCH NO. 502

ACC. DATE 21-Apr-2017

PAYMENT AMOUNT: $563.00

CHECK NO: 0146572487

VN. 0000067301

DATE: 13-Jun-2018

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0146572487 ATTACHED BELOW

ALLAGHER BASSETT SERVICES INC FOR STARR INDEMNITY & LIAB CO

CHECK NO. 0146572487
VN. 0000067301
DATE: 06/13/2018

LAIM NO. 004747 000862 WC 01 (OC01) BRANCH NO.: 502

ve Hundred Sixty-three and 00/100 Dollars

62-20
311

AY TO THE RDER OF: JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX #4165
TUSTIN CA 92781-4165

$$$$$$$$$$$$563.00

NOT VALID AFTER 90 DAYS

Donna M. Karte
AUTHORIZED SIGNATURE

Payable at
bank, FSB California

Citibank
Citibank N.A.
Processed by Citibank (Delaware)

⑈0146572487⑈ ⑆031100209⑆ 4007490 1⑈

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

*** INVOICE ***
Date NO#
08/14/17 71954

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
005867000835WC01

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

Case: vs COVERIS FLEXIBLES ONTARIO US
Date Of Injury: 11/16/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/20/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
06/01/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/03/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/09/17	PMT BY CHECK	DOS 6/20/17-7/3/17* # 0139122042	-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.

GALLAGHER BASSETT-LA/ORANGE CA
P.O. BOX 14260
ORANGE CA 92863-1260

005867 PAGE 1 OF 1 003873

MDG2009 00004940 1 MB .423 1

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

AUG 14 2017

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 000835 WC 01 (121101)
CLAIMANT:
DESCRIPTION: INV #: 71954

DATES OF SERVICE: 20Jun17 **THRU** 03Jul17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 138
ACC DATE: 16Nov16

NO.: 0139122042
VN: 0000038230
DATE: 09Aug17
AMOUNT: 563.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004940 005593 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#
07/18/17 71747

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
000808106003WC01

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

Case: SODEXO & AFFILIATED COMPANIES
Date Of Injury: 1/20/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/11/17	LEGAL_PREP	DEPO PREP @ L/O GREENUP, HALTSON	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
06/19/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
06/29/17	PMT BY CHECK	DOS 5/11/17* # 0138126756	-156.50
07/13/17	PMT BY CHECK	DOS 6/19/17* # 0138449456	-250.00

BALANCE 0.00

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

MDG2009 00005232 1 MB .423 1

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

JUL 18 2017

GALLAGHER BASSETT SERVICES INC
FOR XL INSURANCE AMERICA INC

DIRECT CHECK INQUIRIES TO:
PHONE: 818-746-9925
GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372-0875

CLAIM NO.: 000808 106003 WC 01 (77179001)
CLAIMANT:
DESCRIPTION: INV #: 71747

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

BRANCH NO.: 165
ACC DATE: 20Jan17

NO.: 0138449456
VN: 0002430254
DATE: 13Jul17

AMOUNT: 250.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005232 006069 001 002

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

*** INVOICE ***

Date	NO#
07/17/17	71581

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
008617-000014-WC-01

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

Case: vs SAVE THE QUEEN
Date Of Injury: 12/25/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/10/17	LEGAL_PREP	DEPO PREP @ L/O STOCKWELL HARRIS	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
05/24/17	PMT BY CHECK	DOS 4/10/17* # 0137238363	-156.50
06/19/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
07/11/17	PMT BY CHECK	DOS 6/19/17* # 0138382898	-250.00

BALANCE 0.00

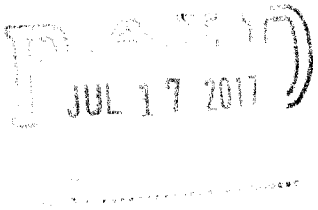
* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking 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 00005096 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

CLAIM NO.: 008617 000014 WC 01 (1003)
CLAIMANT:
DESCRIPTION: INV #: 71581

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

BRANCH NO.: 502
ACC DATE: 25Dec15

NO.: 0138382898
VN: 0000001319
DATE: 11Jul17

AMOUNT: 250.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005096 005927 001 003

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

*** INVOICE ***
Date NO#
08/23/17 72195

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
001873-021647/021832-WC01

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

Case: vs AUTONATION dba LEXUS OF CERRIT
Date Of Injury: 1/8/17; 3/20/17

DOS	SERVICE	DESCRIPTION	AMOUNT
06/09/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
07/14/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO CORTEZ # 100533	0.00
08/03/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/01/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/17/17	PMT BY CHECK	DOS 6/9/17-7/14/17* # 0139327717	-406.50

BALANCE 313.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

001873 PAGE 1 OF 1 003729

MK

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

AUG 2 2 2017

GALLAGHER BASSETT SERVICES INC
FOR ACE AMERICAN INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

CLAIM NO.: 001873 021647 WC 01 (2564)
CLAIMANT:
DESCRIPTION: INVOICE #72195

DATES OF SERVICE: 09Jun17 **THRU** 14Jul17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 08Jan17

NO.: 0139327717
VN: 0000583534
DATE: ~~17Aug17~~

AMOUNT: 406.50

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005019 005670 002 002

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

*** INVOICE ***
Date NO#
08/29/17 71825

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
007087-059341-WC-01

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

Case: vs BURLINGTON COAT FACTORY
Date Of Injury: 10/26/16

DOS	SERVICE	DESCRIPTION	AMOUNT
05/18/17	INITIAL EXAM	DR GALAL GOUBRAN @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/15/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/23/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, INITIAL CHIRO & PHYS THERAPY	230.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/20/17	PR2/REEVAL	DR GOUBRAN/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/02/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/23/17	PMT BY CHECK	DOS 5/18/17-8/2/17* # 0139469320	-1000.00

BALANCE 0.00

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MDG2009 00004940 1 MB .423 1

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

AUG 29 2017

GALLAGHER BASSETT SERVICES INC
FOR BURLINGTON STORES, INC

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

CLAIM NO.: 007087 059341 WC 01 (00512)
CLAIMANT:
DESCRIPTION: INV #: 71825

DATES OF SERVICE: 18May17 **THRU** 02Aug17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 011
ACC DATE: 26Oct16

NO.: 0139469320
VN: 0000802070
DATE: 23Aug17
AMOUNT: 1000.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004940 005640 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#
08/29/17 72162

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
006766-022474-WC-01

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

Case: vs SNELLING STAFFING
Date Of Injury: 1/17/17

DOS	SERVICE	DESCRIPTION	AMOUNT
06/21/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
07/26/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
08/23/17	PMT BY CHECK	DOS 6/21/17-7/26/17* # 0139491920	-406.50

BALANCE 0.00

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

0101936 01 RE 0.420 **AUTO T5 2 1664 92781 -P01937

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

IRECT INQUIRIES TO:

HONE: 1-866-841-0167
B-SACRAMENTO EAST
.O. BOX 2290
OLD RIVER CA 95741-2290

AUG 29 2017

ALLAGHER BASSETT SERVICES INC FOR ACE AMERICAN I

LAIM NO. 006766 022474 WC 01

LAIMANT:

ESCRIPTION: INV #: 72162

ATE OF SERVICE: 21-Jun-2017 TO 26-Jul-2017

BRANCH NO. 094

ACC. DATE 17-Jan-2017

PAYMENT AMOUNT: $406.50

CHECK NO. 0139491920

VN. 0000622950

DATE: 23-Aug-2017

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0139491920 ATTACHED BELOW

ALLAGHER BASSETT SERVICES INC FOR ACE AMERICAN INS CO

CHECK NO. 0139491920

VN. 0000622950

AIM NO. 006766 022474 WC 01 (10902) BRANCH NO.: 094

DATE: 08/23/2017

ur Hundred Six and 50/100 Dollars

62-20
311

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

$$$$$$$$$$$406.50

NOT VALID AFTER 90 DAYS

Donna M. Karte

AUTHORIZED SIGNATURE

ayable at
ank, FSB California

Citibank
Citibank N.A.
Processed by Citibank (Delaware)

⑈0139491920⑈ ⑆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#
09/05/17 72163

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
000714-059979-WC-01

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

Case: s AVITUS/DONAL J. SCHEFLERS
Date Of Injury: 7/16/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/23/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
08/21/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/22/17	PMT BY CHECK	DOS 6/23/17* # 0139432735	-156.50
08/30/17	PMT BY CHECK	DOS 8/21/17* # 0139637818	-250.00

BALANCE 0.00

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PO BOX 9875
CALABASAS CA 91372-0875

MDG2009 00005211 1 MB .423 1

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

GALLAGHER BASSETT SERVICES
ZURICH AMERICAN INS.

DIRECT CHECK INQUIRIES TO:
PHONE: 818-746-9925
GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372-0875

CLAIM NO.: 000714 059979 WC 01 (B73-CA-BBS)
CLAIMANT:
DESCRIPTION: JOYCE ALTMAN INVOICE 72163 DATED 8-25-17

DATES OF SERVICE: 21Aug17 **THRU** 21Aug17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 165
ACC DATE: 16Jul16

NO.: 0139637818
VN: 0001628599
DATE: 30Aug17
AMOUNT: 250.00

**

SEP 05 2017

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005211 005989 001 001

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

GALLAGHER BASSETT SERVICES
ZURICH AMERICAN INS.

CHECK NO. 0139637818 009610
VN. 0001628599
DATE: 30Aug17 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **250.00

CLAIM NO.: 000714 059979 WC 01 (B73-CA-BBS) **BRANCH NO.:** 165
PAY TWO HUNDRED FIFTY 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

⑈0139637818⑈ ⑆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#
05/15/18 73536

EAMS#(s):

SS # : XXX-XX
DOB
Terms: 60 days
Claim #(s):
001627123026WC-01

BILL TO:
GALLAGHER BASSETT (LAG HILLS)

ATTN: CLAIM ADJUSTER
P.O. BOX # 30840
LAGUNA HILLS, CA 92654

Case: vs ELWOOD STAFFING
Date Of Injury: 10/6/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/08/18	LEGAL_PREP	DEPO PREP @ L/O MANNING & KASS	156.50
/ /	INTERPRETER:	MARIA E. SALINAS # 301871	0.00
04/06/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
05/09/18	PMT BY CHECK	DOS 3/8/18-4/6/18* # 0145709282	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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GALLAGHER BASSETT-LA/ALISO VIE
P.O. BOX 30840
LAGUNA HILLS CA 92654-0840

001627 PAGE 1 OF 1 004330

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

MAY 15 2018

GALLAGHER BASSETT SERVICES INC
ZURICH AMERICAN INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: 949-458-0181
GALLAGHER BASSETT-LA/ALISO VIE
P.O. BOX 30840
LAGUNA HILLS CA 92654-0840

CLAIM NO.: 001627 123026 WC 01 (3000-476)
CLAIMANT:
DESCRIPTION: INV# 73536

DATES OF SERVICE: 08Mar18 **THRU** 06Apr18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 174
ACC DATE: 05Oct17

NO.: 0145709282
VN: 0002538116
DATE: 09May18
AMOUNT: 406.50

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004811 005520 005 005

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

GALLAGHER BASSETT SERVICES INC
ZURICH AMERICAN INSURANCE CO

CHECK NO. 0145709282 004330
VN. 0002538116
DATE: 09May18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **406.50

CLAIM NO.: 001627 123026 WC 01 (3000-476) **BRANCH NO.:** 174
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

⑈0145709282⑈ ⑆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#
05/15/18 73255

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
006539-001467-WC01

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

Case: CAPSTONE LOGISTICS
Date Of Injury: 11/24/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/18/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/28/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/14/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/11/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/09/18	PMT BY CHECK	DOS 1/18/18-4/11/18* # 0145713131	-720.00

BALANCE 0.00

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

GB-SACRAMENTO WEST
P.O. BOX 255397
SACRAMENTO CA 95865-5397

006539 PAGE 1 OF 1 004327

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

MAY 15 2018

GALLAGHER BASSETT SERVICES INC
FOR XL SPECIALTY INS CO

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

CLAIM NO.: 006539 001467 WC 01 (50117)
CLAIMANT:
DESCRIPTION: INV# 73255

DATES OF SERVICE: 18Jan18 **THRU** 11Apr18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 011
ACC DATE: 24Nov17

NO.: 0145713131
VN: 0000046548
DATE: 09May18

AMOUNT: 720.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004811 005517 002 005

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

GALLAGHER BASSETT SERVICES INC
FOR XL SPECIALTY INS CO

CHECK NO. 0145713131 004327
VN. 0000046548
DATE: 09May18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **720.00

CLAIM NO.: 006539 001467 WC 01 (50117) **BRANCH NO.:** 011
PAY SEVEN HUNDRED TWENTY 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

⑈0145713131⑈ ⑆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#
06/12/18	73668

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
004747000830-WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)

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

Case: vs CCS ORANGE COUNTY JANITORIAL
Date of Injury: 2/12/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/15/18	LEGAL_PREP	DEPO PREP @ L/O SCHLOSSBERG & UMHOLTZ	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/03/18	PMT BY CHECK	DOS 3/15/18* # 0145593203	-156.50
05/11/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/06/18	PMT BY CHECK	DOS 5/11/18* # 0146405728	-250.00

BALANCE 0.00

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

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

0101964 01 RE 0.421 **AUTO T5 0 1610 92781 -P01965

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

DIRECT INQUIRIES TO:

PHONE: 1-916-576-8200
GB-CARRIER WEST-WC
PO BOX 4040
SACRAMENTO CA 95812-4040

PAID
JUN 12 2018

GALLAGHER BASSETT SERVICES INC FOR STARR INDEMNIT

CLAIM NO. 004747 000830 WC 01

CLAIMANT:

DESCRIPTION: INV# 73668

DATE OF SERVICE: 11-May-2018 TO 11-May-2018

BRANCH NO. 502

ACC. DATE 17-Feb-2017

CHECK NO. 0146405728

VN. 0000067176

DATE: 06-Jun-2018

PAYMENT AMOUNT: $250.00

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0146405728 ATTACHED BELOW

GALLAGHER BASSETT SERVICES INC FOR STARR INDEMNITY& HAB CO

CLAIM NO. 004747 000830 WC 01 (OC01) BRANCH NO.: 502

CHECK NO. 0146405728

VN. 0000067176

DATE: 06/06/2018

Two Hundred Fifty and 00/100 Dollars

62-20
311

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

$$$$$$$$$$$250.00

NOT VALID AFTER 90 DAYS

Donna M. Karte
AUTHORIZED SIGNATURE

Or Payable at
Citibank, FSB California

Citibank
Citibank N.A.
Processed by Citibank (Delaware)

⑈0146405728⑈ ⑆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#
06/12/18 73532

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
001960106593-WC-01

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

Case: vs JACOBS FARM DEL CABO
Date Of Injury: 9/6/11 - 9/6/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/05/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
04/04/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/07/18	PMT BY CHECK	DOS 3/5/1-4/4/18* # 0146418804	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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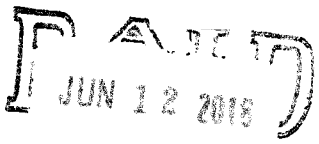
GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

001960 PAGE 1 OF 1 008467

MDG2009 00004794 1 MB .424 1

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





GALLAGHER BASSETT SERVICES INC
FOR AMERICAN ZURICH INSURANCE

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

CLAIM NO.: 001960 106593 WC 01 (10500-10)
CLAIMANT:
DESCRIPTION: INV #: 73532

DATES OF SERVICE: 05Mar18 THRU 04Apr18
BENEFIT PERIOD: THRU

BRANCH NO.: 094
ACC DATE: 05Sep17

NO.: 0146418804
VN: 0002520265
DATE: 07Jun18

AMOUNT: 406.50

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004794 005489 001 001

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

GALLAGHER BASSETT SERVICES INC
FOR AMERICAN ZURICH INSURANCE

CHECK NO. 0146418804 008467
VN. 0002520265
DATE: 07Jun18 62-20/311

CLAIM NO.: 001960 106593 WC 01 (10500-10) BRANCH NO.: 094
PAY FOUR HUNDRED SIX AND 50/100 DOLLARS**********

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **406.50

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

⑈0146418804⑈ ⑆031100209⑆ 4007250 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#
06/07/18 72788

EAMS#(s)

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
011260058746WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)

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

Case: CITISTAFF SOLUTIONS
Date Of Injury: 9/4/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/23/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/27/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/12/17	PMT BY CHECK	DOS 10/23/17-11/27/17* #0142142614	-406.50
04/03/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/19/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
05/17/18	PMT BY CHECK	DOS 4/3/18* # 0145922206	-156.50
06/01/18	PMT BY CHECK	DOS 4/19/18* # 0146267219	-250.00

BALANCE 0.00

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

PO BOX 2934
CLINTON IA 52733-2934

011260 PAGE 1 OF 1 005468

MDG2009 00007564 1 MB .424 1

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

JUN 07 2018

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

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

CLAIM NO.: 011260 058746 WC 01 (4020150-01)
CLAIMANT:
DESCRIPTION: INV# 72788

BRANCH NO.: 094
ACC DATE: 04Sep16

NO.: 0146267219
VN: 0001743914
DATE: 01Jun18

AMOUNT: 250.00

DATES OF SERVICE: 19Apr18 **THRU** 19Apr18
BENEFIT PERIOD: **THRU**

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0007564 008243 001 001

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

ALLAGHER BASSETT SERVICES INC
OR OLD REPUBLIC INSURANCE

CHECK NO. 0146267219 005468
VN. 0001743914
DATE: 01Jun18 62-20/311

LAIM NO.: 011260 058746 WC 01 (4020150-01) **BRANCH NO.:** 094
AY TWO HUNDRED FIFTY AND 00/100 DOLLARS**********

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **250.00

O THE JOYCE ALTMAN INTERPRETERS, INC.
RDER OF 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

⑈0146267219⑈ ⑆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#
02/05/18 73102

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
006206-000111WC-01

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

Case: vs HAGGEN
Date Of Injury: 6/20/15

DOS	SERVICE	DESCRIPTION	AMOUNT
12/21/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/31/18	PMT BY CHECK	DOS 12/21/17* # 0143299181	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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GALLAGHER BASSETT-LA/ONTARIO
PO BOX 4200
RANCHO CUCAMONGA CA 91729-4200

006206 PAGE 1 OF 1 006752

MDG2009 00004942 1 MB .424 1

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

PAID
FEB 05 2018

GALLAGHER BASSETT SERVICES INC
FOR XL INSURANCE AMERICA INC

DIRECT CHECK INQUIRIES TO:
PHONE: 909-581-1919
GALLAGHER BASSETT-LA/ONTARIO
PO BOX 4200
RANCHO CUCAMONGA CA 91729-4200

CLAIM NO.: 006206 000111 WC 01 (2160)
CLAIMANT:
DESCRIPTION: INV#73102

BRANCH NO.: 164
ACC DATE: 20Jun15

NO.: 0143299181
VN: 0000005845
DATE: 31Jan18
AMOUNT: 250.00

DATES OF SERVICE: 21Dec17 **THRU** 21Dec17
BENEFIT PERIOD: **THRU**

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004942 005649 001 001

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

GALLAGHER BASSETT SERVICES INC
FOR XL INSURANCE AMERICA INC

CHECK NO. 0143299181 006752
VN: 0000005845
DATE: 31Jan18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **250.00

CLAIM NO.: 006206 000111 WC 01 (2160) **BRANCH NO.:** 164
PAY TWO HUNDRED FIFTY AND 00/100 DOLLARS**********

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

Donna M. Korte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0143299181⑈ ⑆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#
02/07/18 72770

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
001627119574WC01

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

Case: vs DECTON STAFFING SERVICES
Date Of Injury: 7/13/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/13/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/27/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
01/26/18	PMT BY CHECK	DOS 12/27/17* # 0143194787	-250.00

BALANCE 156.50

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

GALLAGHER BASSETT-LA/ALISO VIE
P.O. BOX 30840
LAGUNA HILLS CA 92654-0840

001627 PAGE 1 OF 1 012055

MDG2009 00008322 1 MB .424 1

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

PAID
FEB 05 2018

GALLAGHER BASSETT SERVICES INC
ZURICH AMERICAN INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: 949-458-0181
GALLAGHER BASSETT-LA/ALISO VIE
P.O. BOX 30840
LAGUNA HILLS CA 92654-0840

CLAIM NO.: 001627 119574 WC 01 (0055-DECAR)
CLAIMANT:
DESCRIPTION: DOS: 12/27/17

DATES OF SERVICE: 27Dec17 **THRU** 27Dec17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 174
ACC DATE: 13Jul17

NO.: 0143194787
VN: 0002475633
DATE: 26Jan18
AMOUNT: 250.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0008322 009232 001 001

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

GALLAGHER BASSETT SERVICES INC
ZURICH AMERICAN INSURANCE CO

CHECK NO. 0143194787 012055
VN. 0002475633
DATE: 26Jan18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **250.00

CLAIM NO.: 001627 119574 WC 01 (0055-DECAR) **BRANCH NO.:** 174
PAY TWO HUNDRED FIFTY AND 00/100 DOLLARS**********

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

Donna M. Korte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0143194787⑈ ⑆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#
01/31/18 71042

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
0069340000048WC01

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#
01/31/18	71042

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
0069340000048WC01

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#
01/31/18 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#
01/31/18	71042

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
0069340000048WC01

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
10/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/12/17	PMT BY CHECK	DOS 9/27/17* # 0140710409	-180.00
10/18/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/23/17	PMT BY CHECK	DOS 10/4/17* # 0140965744	-180.00
10/25/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/02/17	PMT BY CHECK	DOS 10/11/17* # 0141224129	-180.00
11/01/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/08/17	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#
01/31/18 71042

EAMS#(s):

SS # : XXX-X
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:	ELISA L. MEDINA # 003693	0.00
11/13/17	PMT BY CHECK	DOS 10/18/17* # 0141483096	-180.00
11/15/17	PMT BY CHECK	DOS 10/25/17* # 0141532484	-180.00
11/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/04/17	PMT BY CHECK	DOS 12/21/16-11/8/17* # 0141940376	-540.00
12/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/04/17	PMT BY CHECK	DOS 12/21/16-11/8/17* # 0141940376	-180.00
12/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
12/27/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/03/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
01/12/18	PMT BY CHECK	DOS 12/12/16-12/20/17* # 0142871810	-360.00
01/10/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/23/18	PMT BY CHECK	DOS 12/17/17-1/3/18* # 0143100905	-360.00

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#
01/31/18 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

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.

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

006934 PAGE 1 OF 1 007058

MDG2009 00005063 1 MB .424 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.: 0143100905
VN: 0000004179
DATE: 23Jan18

DATES OF SERVICE: 27Dec17 **THRU** 03Jan18
BENEFIT PERIOD: **THRU**

AMOUNT: 360.00

PAID
JAN 29 2018

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005063 005863 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. 0143100905 007058
VN. 0000004179
DATE: 23Jan18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **360.00

CLAIM NO.: 006934 000048 WC 01 (782) **BRANCH NO.:** 502
PAY THREE HUNDRED SIXTY 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

⑈0143100905⑈ ⑆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#
12/18/17 72788

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
011260058746WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)

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

Case: vs CITISTAFF SOLUTIONS
Date Of Injury: 9/4/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/23/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/27/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/12/17	PMT BY CHECK	DOS 10/23/17-11/27/17* #0142142614	-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

INR

MDG2009 00005532 1 MB .423 1

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 011260 058746 WC 01 (4020150-01)
CLAIMANT:
DESCRIPTION: INV #: 72788

DATES OF SERVICE: 23Oct17 **THRU** 27Nov17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 04Sep16

NO.: 0142142614
VN: 0001572648
DATE: 12Dec17
AMOUNT: 406.50

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005532 006659 001 002

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. 0142142614 005009
VN. 0001572648
DATE: 12Dec17 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **406.50

CLAIM NO.: 011260 058746 WC 01 (4020150-01) **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. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0142142614⑈ ⑆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#
12/07/17	66484

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 da
Claim #(s):
002327-003037-WC-01

BILL TO:
GALLAGHER BASSETT (ROSEVILLE)
W. C. DEPARTMENT
ATTN: TENISHA RESHKE
PO BOX 610
ROSEVILLE, CA 95661

Case: vs IDEAL PALLET SYSTEM
Date Of Injury: 6/1/12

DOS	SERVICE	DESCRIPTION	AMOUNT
07/17/15	LEGAL_PREP	DEPO PREP @ L/O ADELSON, TESTAN & BRUNDO	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/14/15	PMT BY CHECK	DOS 07/17/15-07/17/15* # 0121765630	-156.50
05/17/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/27/17	LEGAL_WCAB	TRIAL @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/22/17	PMT BY CHECK	DOS 5/17/17-6/27/17* # 0139435119	-313.00
09/18/17	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/13/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/13/17	PMT BY CHECK	DOS 7/17/15-9/18/17* # 0140740743	-156.50
10/27/17	PMT BY CHECK	DOS 10/13/17* # 0141083439	-250.00
11/06/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI (ADDENDUM)	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
12/01/17	PMT BY CHECK	DOS 11/6/17* # 0141878024	-250.00

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

*** INVOICE ***
Date NO#
12/07/17 66484

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
002327-003037-WC-01

BILL TO:
GALLAGHER BASSETT (ROSEVILLE)
W. C. DEPARTMENT
ATTN: TENISHA RESHKE
PO BOX 610
ROSEVILLE, CA 95661

Case: vs IDEAL PALLET SYSTEM
Date Of Injury: 6/1/12

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

PO BOX 4040
SACRAMENTO CA 95812-4040

002327 PAGE 1 OF 1 004105

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

PAID
DEC 07 2017
BY: .....

GALLAGHER BASSETT SERVICES INC
FOR ALL RISK LIMITED CA-WC
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.: 002327 003037 WC 01 (0155411101)
CLAIMANT:
DESCRIPTION: INV# 66484

DATES OF SERVICE: 06Nov17 THRU 06Nov17
BENEFIT PERIOD: THRU

BRANCH NO.: 502
ACC DATE: 02Jun12

NO.: 0141878024
VN: 0000186436
DATE: 01Dec17

AMOUNT: 250.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0008232 008995 002 002

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

GALLAGHER BASSETT SERVICES INC
FOR ALL RISK LIMITED CA-WC
EVEREST NATIONAL INS CO

CHECK NO. 0141878024 004105
VN. 0000186436
DATE: 01Dec17 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **250.00

CLAIM NO.: 002327 003037 WC 01 (0155411101) BRANCH NO.: 502
PAY TWO HUNDRED FIFTY AND 00/100 DOLLARS**********

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

Donna M. Korte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0141878024⑈ ⑆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#
12/06/17 72347

FAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
006394-000141-WC-01

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

Case: vs LOS COYOTES COUNTRY CLUB
Date Of Injury: 5/4/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/27/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE 2H16M	258.75
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/03/17	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/04/17	PT INITIAL	PHYSICAL TX W/DR CHRISTIAN MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/10/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
08/17/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/23/17	INITIAL EXAM	DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/24/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/31/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/07/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/08/17	INITIAL EXAM	DR ALLEN MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/28/17	FOLLOW-UP	W/ ACUPUNCT YIRYE KANG @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/05/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/12/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/13/17	FOLLOW UP	PHYSICAL TX W/DR MENDOZA*	90.00
/ /	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#
12/06/17 72347

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
006394-000141-WC-01

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

Case: vs LOS COYOTES COUNTRY CLUB
Date Of Injury: 5/4/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/18/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/19/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/26/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/31/17	PMT BY CHECK	DOS 7/27/17-10/12/17* # 0141157964	-2478.75
11/02/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/08/17	PMT BY CHECK	DOS 10/13/17*10/18/17* # 0141360991	-270.00
11/08/17	PMT BY CHECK	DOS 10/19/17* # 0141360989	-180.00
11/03/17	P AND S	DR ALLEN MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/09/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/05/17	PMT BY CHECK	DOS 10/26/17* # 0141532483	-180.00
11/30/17	PMT BY CHECK	DOS 11/2/17* # 0141863364	-180.00
		BALANCE	410.00

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

MDG2009 00005127 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 000141 WC 01 (786)
CLAIMANT:
DESCRIPTION: INV #: 72347

DATES OF SERVICE: 02Nov17 **THRU** 02Nov17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 502
ACC DATE: 04May17

NO.: 0141863364
VN: 0000003782
DATE: 30Nov17
AMOUNT: 180.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005127 065899 001 001

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

GALLAGHER BASSETT SERVICES INC
OR STARR INDEMNITY & LIAB CO

CHECK NO. 0141863364 006637
VN. 0000003782
DATE: 30Nov17 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **180.00

LAIM NO.: 006934 000141 WC 01 (786) **BRANCH NO.:** 502
AY ONE HUNDRED EIGHTY AND 00/100 DOLLARS**********

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

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0141863364⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***

Date	NO#
11/27/17	72613

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
005139001791WC01

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

Case: vs ACAPULCO RESTAURANT/RMHQ/REALM
Date Of Injury: 12/23/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/07/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/05/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/17/17	PMT BY CHECK	DOS 9/7/17-10/5/17* # 0141594489	-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.

MDG2009 00008825 1 MB .423 1

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

GALLAGHER BASSETT SERVICES INC
FOR NEW HAMPSHIRE INSURANCE CO
LTD

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

CLAIM NO.: 005139 001791 WC 01 (0061)
CLAIMANT:
DESCRIPTION: INV #: 72613

DATES OF SERVICE: 07Sep17 **THRU** 05Oct17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 138
ACC DATE: 23Dec16

NO.: 0141594489
VN: 0000069421
DATE: 17Nov17
AMOUNT: 406.50

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0008825 009863 001 001

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

GALLAGHER BASSETT SERVICES INC
FOR NEW HAMPSHIRE INSURANCE CO
LTD

CHECK NO. 0141594489 005416
VN. 0000069421
DATE: 17Nov17 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **406.50

CLAIM NO.: 005139 001791 WC 01 (0061) **BRANCH NO.:** 138
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

⑈0141594489⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
10/11/17 72507

FAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002219-000180WC01;000105;

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

Case: vs DWYIDAG SYSTEMS INT'L (DSI)
Date Of Injury: 10/13;3/07,CT 11/12

DOS	SERVICE	DESCRIPTION	AMOUNT
08/16/17	LEGAL_C&R	C&R READING @ L/O MICHELLE GAVRIEL	250.00
/ /	INTERPRETER:	MARTHA PATRICIA HAYES #100761	0.00
10/05/17	PMT BY CHECK	DOS 8/16/17* # 0140527306	-250.00

BALANCE 0.00

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

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

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

CLAIM NO.: 002219 000181 WC 01 (UW)
CLAIMANT:
DESCRIPTION: INV#72507

DATES OF SERVICE: 16Aug17 **THRU** 16Aug17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 502
ACC DATE: 08Jul13

NO.: 0140527306
VN: 0000007095
DATE: 05Oct17
AMOUNT: 250.00

PAID
OCT 11 2017

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005354 006194 002 002

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

CHECK NO. 0140527306 004145
VN. 0000007095
DATE: 05Oct17 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **250.00

CLAIM NO.: 002219 000181 WC 01 (UW) **BRANCH NO.:** 502
PAY TWO HUNDRED FIFTY 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

⑈0140527306⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
11/08/17 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#
11/08/17 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:	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#
11/08/17 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#
11/08/17 71042

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
0069340000048WC01

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
10/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/12/17	PMT BY CHECK	DOS 9/27/17* # 0140710409	-180.00
10/18/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/23/17	PMT BY CHECK	DOS 10/4/17* # 0140965744	-180.00
10/25/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/02/17	PMT BY CHECK	DOS 10/11/17* # 0141224129	-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#
11/08/17	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: s AMERICAN GOLF CORP
Date Of Injury: 9/30/16

DOS	SERVICE	DESCRIPTION	AMOUNT

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.

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

006934 PAGE 1 OF 1 003573

MDG2009 00005213 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.: 0141224129
VN: 0000003559
DATE: 02Nov17
AMOUNT: 180.00

DATES OF SERVICE: 11Oct17 **THRU** 11Oct17
BENEFIT PERIOD: **THRU**

NOV 07 2017

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005213 005939 001–003

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. 0141224129 003573
VN. 0000003559
DATE: 02Nov17 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **180.00

CLAIM NO.: 006934 000048 WC 01 (782) **BRANCH NO.:** 502
PAY ONE HUNDRED EIGHTY AND 00/100 DOLLARS**********

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

Donna M. Kosta
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0141224129⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***

Date	NO#
11/08/17	72347

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
006394-000141-WC-01

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

Case: vs LOS COYOTES COUNTRY CLUB
Date Of Injury: 5/4/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/27/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE 2H16M	258.75
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/03/17	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/04/17	PT INITIAL	PHYSICAL TX W/DR CHRISTIAN MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/10/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
08/17/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/23/17	INITIAL EXAM	DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/24/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/31/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/07/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/08/17	INITIAL EXAM	DR ALLEN MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/28/17	FOLLOW-UP	W/ ACUPUNCT YIRYE KANG @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/05/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/12/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/13/17	FOLLOW UP	PHYSICAL TX W/DR MENDOZA*	90.00
/ /	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#
11/08/17 72347

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
006394-000141-WC-01

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

Case: vs LOS COYOTES COUNTRY CLUB
Date Or Injury: 5/4/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/18/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/19/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/26/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/31/17	PMT BY CHECK	DOS 7/27/17-10/12/17* # 0141157964	-2478.75

BALANCE 630.00

* 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

006934 PAGE 1 OF 1 003688

MDG2009 00004984 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 000141 WC 01 (786)
CLAIMANT:
DESCRIPTION: INV #: 72347

DATES OF SERVICE: 27Jul17 **THRU** 12Oct17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 502
ACC DATE: 04May17

NO.: 0141157964
VN: 0000003543
DATE: 31Oct17
AMOUNT: 2478.75

NOV 06 2017

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004984 005735 001 003

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. 0141157964 003688
VN. 0000003543
DATE: 31Oct17 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **2478.75

CLAIM NO.: 006934 000141 WC 01 (786) **BRANCH NO.:** 502
PAY TWO THOUSAND FOUR HUNDRED SEVENTY-EIGHT AND 75/100 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

⑈0141157964⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
11/03/17 72366

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
011260-05-8464WC01

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

Case: vs DECTON STAFFING SERVICES
Date Of Injury: 10/26/16

DOS	SERVICE	DESCRIPTION	AMOUNT
07/20/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/01/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
10/30/17	PMT BY CHECK	DOS 7/20/17-8/1/17* # 0141125810	-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.

MDG2009 00004879 1 MB .423 1

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

NOV 0 3 2017

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

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

CLAIM NO.: 011260 058464 WC 01 (4020162-01)
CLAIMANT:
DESCRIPTION: INV # 72366

DATES OF SERVICE: 20Jul17 **THRU** 01Aug17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 138
ACC DATE: 26Oct16

NO.: 0141125810
VN: 0001532323
DATE: 30Oct17
AMOUNT: 406.50

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004879 005608 001 004

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. 0141125810 003653
VN. 0001532323
DATE: 30Oct17 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **406.50

CLAIM NO.: 011260 058464 WC 01 (4020162-01) **BRANCH NO.:** 138
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. Karle
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0141125810⑈ ⑆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#
10/23/17	72195

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
001873-021647/021832-WC01

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

Case: vs AUTONATION dba LEXUS OF CERRIT
Date Of Injury: 1/8/17; 3/20/17

DOS	SERVICE	DESCRIPTION	AMOUNT
06/09/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
07/14/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO CORTEZ # 100533	0.00
08/03/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/01/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/17/17	PMT BY CHECK	DOS 6/9/17-7/14/17* # 0139327717	-406.50
08/30/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
09/01/17	PMT BY CHECK	DOS 8/1/17-8/3/17* # 0139695332	-313.00
10/19/17	PMT BY CHECK	DOS 7/14/17* # 0140880252	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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 6900
CORONA CA 92880-2006

001873 PAGE 1 OF 1 003168

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

GALLAGHER BASSETT SERVICES INC
FOR ACE AMERICAN INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

CLAIM NO.: 001873 021832 WC 01 (2564)
CLAIMANT:
DESCRIPTION: INVOICE #72195

DATES OF SERVICE: 14Jul17 **THRU** 14Jul17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 20Mar17

NO.: 0140880252
VN: 0000590134
DATE: 19Oct17
AMOUNT: 250.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004914 005633 003 003

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GALLAGHER BASSETT SERVICES INC
FOR ACE AMERICAN INSURANCE CO

CHECK NO. 0140880252 003168
VN. 0000590134
DATE: 19Oct17 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **250.00

CLAIM NO.: 001873 021832 WC 01 (2564) **BRANCH NO.:** 170
PAY TWO HUNDRED FIFTY 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

⑈0140880252⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
11/02/17 66484

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
002327-003037-WC-01

BILL TO:
GALLAGHER BASSETT (ROSEVILLE)
W. C. DEPARTMENT
ATTN: TENISHA RESHKE
PO BOX 610
ROSEVILLE, CA 95661

Case: vs IDEAL PALLET SYSTEM
Date Of Injury: 6/1/12

DOS	SERVICE	DESCRIPTION	AMOUNT
07/17/15	LEGAL_PREP	DEPO PREP @ L/O ADELSON, TESTAN & BRUNDO	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/14/15	PMT BY CHECK	DOS 07/17/15-07/17/15* # 0121765630	-156.50
05/17/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/27/17	LEGAL_WCAB	TRIAL @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/22/17	PMT BY CHECK	DOS 5/17/17-6/27/17* # 0139435119	-313.00
09/18/17	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/13/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/13/17	PMT BY CHECK	DOS 7/17/15-9/18/17* # 0140740743	-156.50
10/27/17	PMT BY CHECK	DOS 10/13/17* # 0141083439	-250.00

BALANCE 0.00

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

002327 PAGE 1 OF 1 010974

MR

MDG2009 00007556 1 MB .423 1
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

NOV 02 2017

GALLAGHER BASSETT SERVICES INC
FOR ALL RISK LIMITED CA-WC
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.: 002327 003037 WC 01 (0155411101)
CLAIMANT:
DESCRIPTION: INV #: 66484

DATES OF SERVICE: 13Oct17 **THRU** 13Oct17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 502
ACC DATE: 02Jun12

NO.: 0141083439
VN: 0000185750
DATE: 27Oct17
AMOUNT: 250.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0007556 008441 001 001

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

GALLAGHER BASSETT SERVICES INC
FOR ALL RISK LIMITED CA-WC
VEREST NATIONAL INS CO

CHECK NO. 0141083439 010974
VN. 0000185750
DATE: 27Oct17 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **250.00

CLAIM NO.: 002327 003037 WC 01 (0155411101) **BRANCH NO.:** 502
PAY TWO HUNDRED FIFTY 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

⑈0141083439⑈ ⑆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#
10/30/17	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#
10/30/17 71042

EAMS#(s):

SS # : XXX-X
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: 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#
10/30/17	71042

EAMS#(s):

SS # : XXX-X
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#
10/30/17	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:	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
10/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/12/17	PMT BY CHECK	DOS 9/27/17* # 0140710409	-180.00
10/18/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/23/17	PMT BY CHECK	DOS 10/4/17* # 0140965744	-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#
10/30/17	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

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.

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

006934 PAGE 1 OF 1 003796

MDG2009 00005077 1 MB .423 1

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

PAID
OCT 27 2017

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

DATES OF SERVICE: 04Oct17 **THRU** 04Oct17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 502
ACC DATE: 30Sep16

NO.: 0140965744
VN: 0000003456
DATE: 23Oct17
AMOUNT: 180.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005077 005863 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. 0140965744 003796
VN. 0000003456
DATE: 23Oct17 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **180.00

CLAIM NO.: 006934 000048 WC 01 (782) **BRANCH NO.:** 502
PAY ONE HUNDRED EIGHTY AND 00/100 DOLLARS**********

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

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0140965744⑈ ⑆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#
12/08/17 72347

FAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
006394-000141-WC-01

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

Case: LOS COYOTES COUNTRY CLUB
Date Of Injury: 5/4/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/27/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE 2H16M	258.75
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/03/17	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/04/17	PT INITIAL	PHYSICAL TX W/DR CHRISTIAN MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/10/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
08/17/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/23/17	INITIAL EXAM	DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/24/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/31/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/07/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/08/17	INITIAL EXAM	DR ALLEN MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/28/17	FOLLOW-UP	W/ ACUPUNCT YIRYE KANG @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/05/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/12/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/13/17	FOLLOW UP	PHYSICAL TX W/DR MENDOZA*	90.00
/ /	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#
12/08/17 72347

EAMS#(s):

SS # . XXX-XX
DOB :
Terms: 60 days
Claim #(s):
006394-000141-WC-01

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

Case: vs LOS COYOTES COUNTRY CLUB
Date Of Injury: 5/4/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/18/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/19/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/26/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/31/17	PMT BY CHECK	DOS 7/27/17-10/12/17* # 0141157964	-2478.75
11/02/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/08/17	PMT BY CHECK	DOS 10/13/17*10/18/17* # 0141360991	-270.00
11/08/17	PMT BY CHECK	DOS 10/19/17* # 0141360989	-180.00
11/03/17	P AND S	DR ALLEN MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/09/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/05/17	PMT BY CHECK	DOS 10/26/17* # 0141532483	-180.00
11/30/17	PMT BY CHECK	DOS 11/2/17* # 0141863364	-180.00
12/01/17	PMT BY CHECK	DOS 11/2/1711/3/17* # 0141882862	-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#
12/08/17 72347

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
006394-000141-WC-01

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

Case: vs LOS COYOTES COUNTRY CLUB
Date of Injury: 5/4/17

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.

MDG2009 00008232 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 000141 WC 01 (786)
CLAIMANT:
DESCRIPTION: INV #: 72347

BRANCH NO.: 502
ACC DATE: 04May17

NO.: 0141882862
VN: 0000003786
DATE: 01Dec17

DATES OF SERVICE: 02Nov17 **THRU** 03Nov17
BENEFIT PERIOD: **THRU**

AMOUNT: 230.00

PAID
DEC 07 2017

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0008232 008994 001 002

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. 0141882862 004104
VN. 0000003786
DATE: 01Dec17 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **230.00

CLAIM NO.: 006934 000141 WC 01 (786) **BRANCH NO.:** 502
PAY TWO HUNDRED THIRTY 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

⑈0141882862⑈ ⑆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#
10/19/17 71042

EAMS#(s):

SS # : XXX-XX
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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
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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#
10/19/17 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#
10/19/17	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
10/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/12/17	PMT BY CHECK	DOS 9/27/17* # 0140710409	-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#
10/19/17	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

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.

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

006934 PAGE 1 OF 1 006168

MDG2009 00004899 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.: 0140710409
VN: 0000003373
DATE: 12Oct17
AMOUNT: 180.00

DATES OF SERVICE: 27Sep17 **THRU** 27Sep17
BENEFIT PERIOD: **THRU**

PAID
OCT 17 2017

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004899 005611 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. 0140710409 006168
VN. 0000003373
DATE: 12Oct17 62-20/311

VOID VOID VOID

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **180.00

CLAIM NO.: 006934 000048 WC 01 (782) **BRANCH NO.:** 502
PAY ONE HUNDRED EIGHTY AND 00/100 DOLLARS**********

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

Donna M. Korte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0140710409⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
11/22/17 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#
11/22/17	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:	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#
11/22/17 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#
11/22/17 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
10/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/12/17	PMT BY CHECK	DOS 9/27/17* # 0140710409	-180.00
10/18/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/23/17	PMT BY CHECK	DOS 10/4/17* # 0140965744	-180.00
10/25/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/02/17	PMT BY CHECK	DOS 10/11/17* # 0141224129	-180.00
11/01/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/08/17	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#
11/22/17	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:	ELISA L. MEDINA # 003693	0.00
11/13/17	PMT BY CHECK	DOS 10/18/17* # 014148096	-180.00

BALANCE 540.00

* 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 00004749 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

DATES OF SERVICE: 18Oct17 **THRU** 18Oct17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 502
ACC DATE: 30Sep16

NO.: 0141483096
VN: 0000003669
DATE: 13Nov17
AMOUNT: 180.00

**

NOV 20 2017

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004749 005464 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. 0141483096 003428
VN. 0000003669
DATE: 13Nov17 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **180.00

CLAIM NO.: 006934 000048 WC 01 (782) **BRANCH NO.:** 502
PAY ONE HUNDRED EIGHTY AND 00/100 DOLLARS**********

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

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0141483096⑈ ⑆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	73379

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
AA099601

BILL TO:
GUIDEONE INSURANCE (IA-71652)

ATTN: CRISTINE COLE
P.O. BOX 71652
DES MOINES, IA 50306

Case: vs GARDEN CREST HOSPITAL INC
Date Of Injury: 4/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/12/18	PMT BY CHECK	DOS 2/2/18* # 0041392664	-156.50
03/09/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI II	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/12/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI I	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
03/27/18	PMT BY CHECK	DOS 3/12/18* # 0041394693	-250.00

BALANCE 156.50

* 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: GARDEN CREST CONVALESCENT HOSPITAL, INC
889-909 Lucile Avenue
Los Angeles, CA 90026

GuideOne Mutual Insurance Company

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

POLICY #: 001410921
CLAIM #: AA099601
CHECK #: 0041394693

DATE: 03/27/2018

AMOUNT: 250.00

CLAIMANT: ,

APR 02 2018

AGENT: HCF INSURANCE AGENCY INC

MEMO: Claim AA099601-depo review 3-12-18 INVdtd 3-23-18 #73379

*** SEE BACK SIDE OF CHECK STUB FOR IMPORTANT INFORMATION. ***
YOUR ADJUSTER ON THIS CLAIM IS Christine Cole 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
GARDEN CREST CONVALESCENT HOSPITAL,

0041394693
WELLS FARGO BANK, N.A.
115 HOSPITAL DRIVE
VAN WERT, OH 45891
56-382/412

POLICY NUMBER CLAIM NUMBER
001410921 AA099601

DATE
03/27/2018

AMOUNT
$*******250.00

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

TWO HUNDRED FIFTY AND 00/100 ********

TO THE ORDER OF Joyce Altman Interpreters

Authorized Representative

For: 03/27/2017
Date of Accident

200 (9/99)

⑈0041394693⑈ ⑆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#
04/24/18 71513

EAMS#(s):

SS # :
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
03/19/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
04/16/18	PMT BY CHECK	DOS 3/19/18* =# 6335591	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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
GUIDEONE
1701 48TH ST, SUITE 275
WEST DES MOINES, IA 50266
(515) 333-4700

CORVEL

Bank Code= GUIDE
11-24
1210(8)

CHECK NUMBER	CHECK DATE
6335591	04/16/18

Claim#: AA081496-004

MR

*******$250.00

PAY EXACTLY: *Two hundred fifty and 00/100 Dollars*

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0006335591⑈ ⑆121000248⑆ 4121 064216⑈

APR 2 1 2018

ACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: ROCK-GuideOne Mutual - 11
PO Box 14543
West Des Moines, IA 50306-3543

Employer Patient: United Petecostal Assembly and Golden West Prescho

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 59/1744906 - 1
Reprice: CA, 92780
Billed Date: 04/03/2018
Business Rcvd: 04/08/2018
MBR Rcvd: 04/09/2018
MBR Date: 04/13/2018
Date Approved: 04/13/2018
DOS From - To: 03/09/2017 - 03/19/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 99130

Treating Provider:
Referring Physician:
Patient Control #: 71513
Provider Tax Id: 33-0956713

Claim #: AA081496-004
Processor Initials: JM
DOI: 10/15/2016
RX Number:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
03/19/18	T1013 507, G1 , G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$250.00		1	$0.00	$250.00
	Billed: 99199; Units: 1								
Sub-Totals for Bill: 1744906					$250.00			$0.00	$250.00

Totals for Bill:1744906 $250.00

Line Item Reason Codes and Descriptions
507 Priced According to Contract Agreement

Line Item Reason Codes and Descriptions
G1 The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.
G67 Payment based on individual pre-negotiated agreement for this specific service

Joyce Altman Interpreters, 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 72194

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
AA016539

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

Case: vs DOWNEY COMMUNITY HEALTH
Date Of Injury: 8/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/14/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI DOI: BOTH	156.50
/ /	INTERPRETER:	MARIA E. PACO CORTEZ # 100533	0.00
08/25/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
08/30/17	PMT BY CHECK	DOS 7/14/17* # 6318053 GUIDEONE	-156.50
09/13/17	PMT BY CHECK	DOS 8/25/17* # 004369727 GUIDEONE	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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INSURED: DOWNEY COMMUNITY HEALTH CARE
8425 Iowa St
Downey, CA 90241-4929

GuideOne Mutual Insurance Company

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

POLICY #: 001410948
CLAIM #: AA077673
CHECK #: 0041369727

DATE: 09/13/2017

AMOUNT: 250.00

CLAIMANT: ,

AGENT: HCF INSURANCE AGENCY INC

MEMO:

SEP 18 2017

SEP - 5

8/25/17 depo rev L/O FUSI-

*** SEE BACK SIDE OF CHECK STUB FOR IMPORTANT INFORMATION. ***
YOUR ADJUSTER ON THIS CLAIM IS Abigail Carlson 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
DOWNEY COMMUNITY HEALTH CARE

0041369727

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

POLICY NUMBER	CLAIM NUMBER	DATE	AMOUNT
001410948	AA077673	09/13/2017	$*******250.00

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

TWO HUNDRED FIFTY AND 00/100 ********

TO THE ORDER OF Joyce Altman Interpreters

Authorized Representative

For:

03/16/2016
Date of Accident

200 (9/99)

⑈0041369727⑈ ⑆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	73353

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
B9WC740328-001

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: HOLLIE GERRY
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs WEST COAST MACHINING, INC.
Date Of Injury: 12/2/16

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/16/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/01/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/05/18	PMT BY CHECK	DOS 2/2/18-5/1/18* =# 000051732	-540.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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000051732

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

73353

Please see attached documentation.

PAID
JUL 09 2018
BY: .....

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

National Liability & Fire Insurance Company

Wells Fargo Bank, N.A.

11-24
1210

000051732

P.O. Box 113247
Stamford, CT 06911-3247

DATE 07/05/2018

AMOUNT ********$540.00

➪➪➪➪➪PAY ONLY $540.00
DOLLAR FIVE FOUR ZERO PERIOD ZERO ZERO

NOT VALID AFTER 180 DAYS
TWO SIGNATURES REQUIRED IF OVER $10000

■ FIVE HUNDRED FORTY DOLLARS AND 00 CENTS**********

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

VOID OVER $540.00

MP

⑈000051732⑈ ⑆121000248⑆ 4125306548⑈

Explanation of Review

National Liability & Fire
Insurance Company

Carrier

Carrier No:
Carrier: NATIONAL LIABILITY & FIRE INSU
100 FIRST STAMFORD PLACE / P.O. BOX 113247
STAMFORD, CT 06911-3247

Bill: GUA-NLCA-27346

Provider

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

Claimant

NPI: **Rendering NPI:**
Tax ID: 33-0956713 **Type:** OT **Specialty (1):** AO **Claim Number:** V9WC740328-001
License: A9999999 **Specialty (2):** AO **DOI/DOL:** 12-02-2016
Rendering Provider: JOYCE ALTMAN INTERPRETERS
External ID: 5386 **External Claim Number:** V9740328001
Invoice No: 73353
Invoice Date: 06-20-2018
Patient Account: 73353

Payment Status Code: 1

Bill Details

Dates of Service: 02-02-2018 to 05-01-2018 **Reviewer:** G4/
Post Date: 07-02-2018 **Pay Auth:** 0
Client Type of Bill: LANG
Adjuster: HGAREY

Bill ICD Version: 10
Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units	BR	Description	Network	ONR	Other	Explanation Code(s)	Allow.
1	02-02-2018	99	T1013	A	180.00	1		SIGN LANG/ORAL INTERPRET					180.00
2	03-16-2018	99	T1013	A	180.00	1		SIGN LANG/ORAL INTERPRET					180.00
3	05-01-2018	99	T1013	A	180.00	1		SIGN LANG/ORAL INTERPRET					180.00

Totals

Total Charges: 540.00
Recommended Allowance: 540.00

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE SEND THE BILL AND THE ANALYSIS TO:

NATIONAL LIABILITY & FIRE, NL&F - MGU, PO BOX 113247, STAMFORD, CT 06911-3247

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DCN Number: 180625GUAGUCA70427

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

*** INVOICE ***
Date NO#
07/31/17 64871

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMQ33714C

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

Case: vs PROTOTYPE INDUSTRIES INC.
Date Of Injury: 8/18/14

DOS	SERVICE	DESCRIPTION	AMOUNT
01/26/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/19/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
02/24/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
03/14/16	PMT BY CHECK	DOS 1/26/15-2/24/16* # 125496653 6	-563.00
07/05/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/21/17	PMT BY CHECK	DOS 7/5/17* # 127647119 0	-250.00

BALANCE 0.00

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THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2308200

MB 01 002236 06314 B 8 E

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

JUL 3 1 2017

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
64871 08/18/2014	72WEC GG8009 YMQC 33714	PROTOTYPE INDUSTRIES INC		$250.00
Nature of Benefits: Miscellaneous Legal Expenses		Nature of Payment: Payment Reason - Misc Legal Expense	Service Dates 07/05/2017 07/05/2017	$250.00

Claim Handler: BRENT HUDGINS
8664019222 x2308200
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	07/21/2017	Check Number	127647119 0	Total Check Amount	$250.00

Please keep the above information for your records.

FOLD AT DOTTED LINE AND DETACH

HAR 100.2

114476050

Joyce Altman Interpreters, 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 73558

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2017023167

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

Case: vs PAYLESS FOODS
Date Of Injury: 12/1/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/08/18	PR2/REEVAL	DR EMMETT COX II @ HAND & ORTHO CTR*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/15/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JESUS CALDERON # 101193	0.00
03/29/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/10/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/22/18	PMT BY CHECK	DOS 3/8/18-5/10/18* # 2222939	-720.00

BALANCE 0.00

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

Check Date: 06/22/2018
Check Number: 2222939
Check Amount: $720.00

MR

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,R3CN7P

R3CN7P

5/23/18 10:49 AM 3 0001256 20180625 NF7L7103 JOP-FEC 1 oz DOM NF7L710000* 161281 CK

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

PAID
JUL 03 2018

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
2017023167		12/01/2017	73558	180	03/08/2018	05/10/2018	$720.00

Category	Stub Notes	Stub Amount
180	Joyce Altman Interpreters- Medical Interpretation	$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#
07/09/18 73982

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2017008764

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

Case: vs POWER FASTENERS INC
Date Of Injury: 12/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/02/18	LEGAL C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
07/02/18	PMT BY CHECK	DOS 5/2/18* =# 2233182 ICW	-250.00

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: 07/02/2018
Check Number: 2233182
Check Amount: $250.00

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,RCJP7J

RCJP7J

5/23/18 10:49 AM 3 0000631 20180703 NG0QW102 JOP-FEC 1 oz DOM NG0QW10000* 161281 CK

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

Payment Summary

n #:		Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
'008764		12/01/2013	73982	492	05/02/2018	05/02/2018	$250.00
egory	Stub Notes		73921				Stub Amount
	Joyce Altman Interpreters- Legal Interpretation						$0.00

FAX
JUL 09 2018

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

'ance Company of the West
5 Innovation Drive
Diego, CA 92128

11-66
1220

RCJP7J

DATE	CHECK NO.
07/02/2018	2233182
	CHECK AMOUNT
VOID AFTER 90 DAYS	$250.00

PAY: TWO HUNDRED FIFTY & 00 / 100 DOLLARS*****

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

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

MO: Claim#: 2017008764

⑈2233182⑈ ⑆122000661⑆ 14595399431⑈

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

*** INVOICE ***
Date NO#
03/26/18 73316

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2017019842

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

Case: vs MCG TEXTILES
Date Of Injury: 7/13/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/24/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	ALEXANDER DIAMONDS # 100817	0.00
02/23/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/16/18	PMT BY CHECK	DOS 1/24/18-2/23/18* # 2096197	-406.50

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: 03/16/2018
Check Number: 2096197
Check Amount: $406.50

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,SYC675

SYC675

3/1/18 2:21 PM 3 0000513 20180319 NC5G9102 JOP-FEC 1 oz DOM NC5G910000* 161281 CK

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

Payment Summary

Claim #	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
2017019842	07/13/2017	73316	492	01/24/2018	02/23/2018	$406.50

Category	Stub Notes	Stub Amount
492	Joyce Altman Inc. - Depo Prep Interpretation	$0.00

MAR 26 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#
03/07/18 72932

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2017019438

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

Case: /s CLEO APPAREL
Date Of Injury: 10/10/17

DOS	SERVICE	DESCRIPTION	AMOUNT
11/01/17	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
11/03/17	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
11/06/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
11/10/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
11/13/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
11/17/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
11/29/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/04/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
12/06/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
12/15/17	F/U CHIRO TX	CHIRO TX W/ERIC GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA #301721	0.00
12/13/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ 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#
03/07/18 72932

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2017019438

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

Case: vs CLEO APPAREL
Date Of Injury: 10/10/17

DOS	SERVICE	DESCRIPTION	AMOUNT
12/20/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/10/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/15/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
01/19/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/24/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/26/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
02/27/18	PMT BY CHECK	DOS 12/20/17-1/24/18* # 2073384	-1670.00

BALANCE 90.00

* 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: 2073384
Check Amount: $1,670.00

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,AWN37H

AWN37H

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
2017019438		10/10/2017	72932	180	12/20/2017	01/24/2018	$1,670.00

Category	Stub Notes	Stub Amount
180		$0.00

PAID
MAR 05 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#
03/28/18	73062

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2017011058

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

Case: vs McDONALD'S
Date Of Injury: 3/6/17

DOS	SERVICE	DESCRIPTION	AMOUNT
12/15/17	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/19/17	F/U CHIRO TX	W/DR KRAVCHENKO @ GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/02/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
01/16/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/19/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/26/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/30/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/02/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/09/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/16/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/23/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/13/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/09/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/16/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/19/18	PMT BY CHECK	DOS 12/15/17-2/9/18*	-1040.00

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#
03/28/18 73062

EAMS#(s):

Ss # :
DOB :
Terms: 60 day_
Claim #(s):
2017011058

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

Case: vs McDONALD'S
Date Of Injury: 3/6/17

DOS	SERVICE	DESCRIPTION	AMOUNT

2097795

BALANCE 630.00

* 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: 03/19/2018
Check Number: 2097795
Check Amount: $1,040.00

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,E4K672

E4K672

3/1/18 2:21 PM 3 0001050 20180320 NC66G103 JCP-FEC 1 oz DOM NC66G10000* 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
2017011058		03/06/2017	73062	180	12/15/2017	02/09/2018	$1,040.00

Category	Stub Notes	Stub Amount
180	Joyce Altman Interpreters, Inc. - Interpreting services for medical appointment	$0.00

MAR 27 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#
03/01/18	72757

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-17-002297

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

Case: vs BBSI
Date Of Injury: 4/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/03/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION -3HR 44MIN	431.25
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/12/17	INITIAL ACUP	W/ ACUPUNCT YIRYE KANG @ EPC* DOI: 4/21/17	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/18/17	INITIAL EXAM	DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/23/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/26/17	INITIAL ACUP	W/ ACUPUNCT KANG @ EPC* DOI: CT 3/02-8/17	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/27/17	INITIAL PHYS	THERAPY W/DR CHRIS MENDOZA @ EPC* DOI: CT 8/17	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/30/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/06/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 8/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/07/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/09/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: CT 3/02	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/13/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 4/21/17	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#
03/01/18 72757

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-17-002297

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

Case: vs BBSI
Date Of Injury: 4/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/20/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: CT 8/24/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/27/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/04/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: CT 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/06/17	PR2/REEVAL	DR BHARATWAL @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/14/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/18/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 8/24/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/20/17	PMT BY CHECK	DOS 10/3/17-11/20/17* =# 8335345	-2471.25
12/19/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: CT 8/24/17	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/26/17	PMT BY CHECK	DOS 11/27/17* =# 8338451	-180.00
12/28/17	PMT BY CHECK	DOS 12/4/17* =# 8342176	-180.00
01/09/18	PMT BY CHECK	DOS 12/6/17-12/18/17* =# 8351005	-540.00
01/12/18	PMT BY CHECK	DOS 12/19/17* =# 8354066	-180.00
01/16/18	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: 4/21/17	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#
03/01/18 72757

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-17-002297

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

Case: vs BBSI
Date Of Injury: 4/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/22/17	PR2/REEVAL	DR MENDOZA @ EPC*	180.00
		DOI: 4/21/17	
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/28/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
01/30/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
		DOI: CT 8/17	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/07/18	FOLLOW UP	PHYSICAL TX W/DR MENDOZA*	90.00
		DOI: CT 8/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/12/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 4/21/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/20/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
		DOI: 4/21/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/21/18	PMT BY CHECK	DOS 12/22/17-1/16/18*	-360.00
		=# 8388419	
		BALANCE	810.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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VOID VOID VOID

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

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8388419	02/21/18

Claim#: BB-17-002297

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

*******$360.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008388419⑈ ⑆121000248⑆ 4121 514012⑈

TACH HERE

DETACH HERE

CORVEL
Explanation of Review

Business Unit: COVINA DEVELOPEMENT CENTER, O
240 S Grand Ave
Covina, CA 91724

Employer
Patient:

RECD
FEB 27 2018

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4233556 - 1
Reprice: CA 92781
Billed Date: 02/05/2018
Business Rcvd: 02/14/2018
MBR Rcvd: 02/16/2018
MBR Date: 02/20/2018
Date Approved: 02/20/2018
DOS From - To: 12/22/2017 - 01/16/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 2254

Vendor #:
PIN:

Treating Provider:
Referring Physician: SHERRY ROSTAMI
Patient Control #: 72757
Provider Tax Id: 33-0956713

Claim #: BB-17-002297
Processor Initials: BK
DOI: 04/21/2017
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
12/22/17	T1013 G67. MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
01/16/18	T1013 G67. MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 4233556					**$360.00**			**$0.00**	**$360.00**

Charges not listed have been previously processed

$0.00

Totals for Bill:4233556

$360.00

Line Item Reason Codes and Descriptions
MV0 Market Value

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

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

*** INVOICE ***
Date NO#
01/02/18 72369

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
1010-15-04127

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

Case: vs NHK LABORATORIES
Date Of Injury: 4/9/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/02/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
11/07/17	PENALTIES	FOR DATE OF SERVICE 8/2/17	37.50
11/16/17	INTEREST	FOR DATE OF SERVICE 8/2/17	7.17
11/16/17	PMT BY CHECK	DOS 8/2/17* # 1947675	-250.00
12/20/17	PMT BY CHECK	DOS 8/2/17* # 1989596	-44.67

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: 12/20/2017
Check Number: 1989596
Check Amount: $44.67

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,E0EU60

E0EU60

10/27/17 1:03 PM 3 0000953 20171221 ML7FC102 JOP-FEC 1 oz DOM ML7FC10000* 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
10101504127		04/09/2015	72369	492	08/02/2017	08/02/2017	$44.67

Category	Stub Notes	Stub Amount
492	Joyce Altman Interpreters- Legal Interpreting	$0.00

DEC 8 2018

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

*** INVOICE ***
Date NO#
12/21/17 71641

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2017004030

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

Case: vs MAINLAND PRODUCTS
Date Of Injury: 11/25/14 - 11/25/16

DOS	SERVICE	DESCRIPTION	AMOUNT
04/08/17	INITIAL EXAM	DR GALAL GOUBRAN/DAVE FRANKE, PA @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/17/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/21/17	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 LOPEZ MEDINA # 003693	0.00
04/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/04/17	PR2/REEVAL	DR GOUBRAN @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/05/17	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:	MARIA BARBOSA # 500267	0.00
05/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI, INITL CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/19/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/26/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/02/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/05/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/09/17	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#
12/21/17 71641

EAMS#(s):

SS #
DOB :
Terms: 60 days
Claim #(s):
2017004030

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

Case: vs MAINLAND PRODUCTS
Date Of Injury: 11/25/14 - 11/25/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/12/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/16/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/21/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/23/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/26/17	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:	MARIA BARBOSA # 500267	0.00
07/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/06/17	PR2/REEVAL	DR GOUBRAN/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA 003693	0.00
07/12/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/14/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/19/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/21/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/26/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIHDU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/31/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00

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

*** INVOICE ***
Date NO#
12/21/17 71641

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2017004030

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

Case: vs MAINLAND PRODUCTS
Date Of Injury: 11/25/14 - 11/25/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/03/17	PR2/REEVAL	DR GOUBRAN/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/04/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/14/17	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
08/21/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/25/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/30/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/01/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/07/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/08/17	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:	ELISA L. MEDINA # 003693	0.00
09/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. 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/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/07/17	PR2/REEVAL	DR PRICE/MILES @ 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#
12/21/17 71641

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2017004030

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

Case: vs MAINLAND PRODUCTS
Date Of Injury: 11/25/14 - 11/25/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/13/17	PMT BY CHECK	DOS 4/8/17-11/2/17* # 1981001	-8200.00

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: 12/13/2017
Check Number: 1981001
Check Amount: $8,200.00

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,HEFT6T

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID
DEC 21 2017

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
2017004030	[redacted]	11/25/2016	71641 —	180	04/08/2017	11/02/2017	$8,200.00

Category	Stub Notes	Stub Amount
180	Joyce Altman Interpreters- Medical Interpretation	$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#
12/19/17 72610

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2017011405

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

Case: 's NUMERO UNO ACQUISITIONS LLC
Date Of Injury: 10/2/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/05/17	LEGAL_PREP	DEPO PREP @ L/O FLOYD, SKEREN & KELLY	156.50
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
09/20/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/13/17	PMT BY CHECK	DOS 9/5/17-9/20/17* # 77354697	-406.50

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: 11/29/2017
Check Number: 1961269
Check Amount: $406.50

MR

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,KHFR60

KHFR60

10/27/17 1:03 PM 3 0001065 20171130 MK9NQ103 JOP-FEC 1 oz DOM MK9NQ10000* 161281 CK

JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN CA 92781-1460

Payment Summary

Claim #	Cli...	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
2017011409		06/05/2017		180	09/05/2017	09/20/2017	$406.50

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#
12/11/17 72326

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2017014145

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

Case: vs JF TEXTILE INC.
Date Of Injury: 3/20/16 - 3/20/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/17/17	PR2/REEVAL	DR SARO DORIAN @ UNITED CLINICS*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
07/31/17	INITIAL EXAM	DR RONALD SCHILLING @ UNITED CLINICS*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/28/17	PR2/REEVAL	DR SCHILLING & DR DORIAN @ UNITED CLINICS*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/29/17	PMT BY CHECK	DOS 7/17/17-8/28/17* # 1961270	-590.00

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: 11/29/2017
Check Number: 1961270
Check Amount: $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,SAER65

SAER65

10/27/17 1:03 PM 3 0001089 20171130 MK9NQ103 JOP-FEC 1 oz DOM MK9NQ10000* 161281 CK

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

PAID
DEC 11 2017
BY: .....

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
2017014145		03/20/2017	72326	180	07/17/2017	08/28/2017	$590.00

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#
10/18/17	72323

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2017008186

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

Case: vs NUMERO UNO ACQUISITIONS
Date Of Injury: 5/1/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/28/17	LEGAL_PREP	DEPO PREP @ L/O FLOYD SKEREN	156.50
/ /	INTERPRETER:	DIANA CHUY DE OLMO # 301577	0.00
08/31/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
10/09/17	PMT BY CHECK	DOS 7/28/17* # 1896568	-156.50
10/09/17	PMT BY CHECK	DOS 8/31/17* # 1896569	-250.00

BALANCE 0.00

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

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

Check Date: 10/09/2017
Check Number: 1896569
Check Amount: $250.00

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,76WG6H

76WG6H

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
2017008186		05/01/2017	72323	492	08/31/2017	08/31/2017	$250.00

Category	Stub Notes	Stub Amount
492	Joyce Altman Interpreters - Depo Prep Review	$0.00

PAID
OCT 17 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#
09/26/17 72192

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2017001703

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

Case: vs NUMERO UNO ACQUISITIONS
Date Of Injury: 12/1/15 - 4/20/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/14/17	LEGAL_PREP	DEPO PREP @ L/O FLOYD SKEREN	156.50
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
08/17/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
09/01/17	PMT BY CHECK	DOS 7/14/17* # 1852565	-156.50
09/19/17	PMT BY CHECK	DOS 8/17/17* # 1870902	-250.00

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: 09/19/2017
Check Number: 1870902
Check Amount: $250.00

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,PJDE6V

PJDE6V

6/6/17 4:39 PM 4 0000196 20170919 MI6UU101 CHECK 1 oz DOM MI6UU10000* 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
2017001703	[redacted]	11/24/2016	72192	492	08/17/2017	08/17/2017	$250.00

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

SEP 26 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 71876

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2017003719

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

Case: vs CORONA RANCH MARKET 2
Date of Injury: 1/11/13 - 1/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/12/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
06/29/17	PMT BY CHECK	DOS 5/12/17* # 1780000 BERKSHIRE	-156.50
06/23/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
08/17/17	PMT BY CHECK	DOS 5/12/17-6/23/17* # 1835091 ICW	-250.00

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: 1835091
Check Amount: $250.00

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,WWUA6U

WWUA6U

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

AUG 28 2017

Payment Summary

Claim #	Claim [redacted]	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
2017003719		01/11/2017	71876	492	05/12/2017	06/23/2017	$250.00

Category	Stub Notes	Stub Amount
492	Joyce Altman Interpreters.	$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#
07/18/17 71915

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
1010-13-04694

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

Case: vs WHITTLESEY WALLBOARD
Date Of Injury: 6/17/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/16/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/08/17	PMT BY CHECK	DOS 8/6/17* # 1824017	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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: 08/08/2017
Check Number: 1824017
Check Amount: $250.00

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,DRN96S

DRN96S

6/6/17 4:39 PM 4 0000277 20170808 MH2VD101 CHECK 1 oz DOM MH2VD10000* 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
10101304694	[redacted]	06/17/2013	71915	492	05/16/2017	05/16/2017	$250.00

Category	Stub Notes	Stub Amount
492	L/O of Dennis Fusi - C&R Interpretation	$0.00

AUG 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#
09/19/17	72179

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
WC608C89887

BILL TO:
LIBERTY MUTUAL (ROCKLIN)
W. C. DEPARTMENT
ATTN: WEIDYNE CHAU
P.O. BOX 779008
ROCKLIN, CA 95677

Case: vs COMPLETE AUTOMOTIVE RECONDITIO
Date Of Injury: 7/5/16

DOS	SERVICE	DESCRIPTION	AMOUNT
07/13/17	LEGAL_PREP	DEPO PREP @ L/O STOCKWELL HARRIS	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
08/01/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/22/17	PMT BY CHECK	DOS 7/13/17* # 02227716	-156.50
09/13/17	PMT BY CHECK	DOS 8/1/17* # 02240905	-250.00

BALANCE 0.00

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

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Helmsman
Management Services LLC

B. CODE	CHECK NUMBER	CHECK DATE
199	02240905	09/13/17
	CHECK AMOUNT ****$250.00	BLOCK NUMBER 002493

CLAIM #: WC 608-C89887
CONTRACT #: WP8-65B-290306-056-92

OSN: EE2801091303-002299
CONTROL #: 000002187 ID: C608B82

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 07/05/16
EMPLOYEE:

EMPLOYER: ADP TOTALSOURCE
DATES OF SERVICE 08/01/17-08/01/17
LOCATION CODE: A08

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
08/01/17	08/01/17	EXPENSE		.00	250.00	250.00	

NOTE: PAYS INVOICE#72179 DOS 8/1/17

TOTAL GROSS	250.00
TOTAL PAYABLE:	250.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	250.00

SEP 18 2017

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

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

BNA * 001817
916-564-1792
PO BOX 8016
WAUSAU, WI 54402

Helmsman
Management Services LLC

51-44/119
BANK OF AMERICA
HARTFORD, CT

PAY ONLY TWO HUNDRED FIFTY AND ZERO CTS 250 00

*PAY*TWO*HUNDRED*FIFTY*DOLLARS*NO*CENTS*

OFFICE NO.	B. CODE	PAYMENT IDENTIFICATION	CHECK NUMBER	CHECK DATE
608	199	CLAIM WC 608-C89887	02240905	09/13/17

PAY $ 250.00
VOID IF NOT PRESENTED WITHIN 6 MONTHS OF DATE OF CHECK

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN CA 92781

TWO SIGNATURES REQUIRED
IF AMOUNT EXCEEDS $500,000

⑈02240905⑈ ⑆011900445⑆00000006758 7⑈

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

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

*** INVOICE ***
Date NO#
05/01/18 73091

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WA187274

BILL TO:
MITSUI SUMITOMO INS (N.J.)

ATTN: CLAIM ADJUSTER
P.O. BOX 61000
NEWARK, NJ 07101

Case: vs DENIM-TECH LLC
Date Of Injury: 9/15/15 - 9/15/16

DOS	SERVICE	DESCRIPTION	AMOUNT
12/13/17	LEGAL_WCAB	FULL DAY MSC @ WCAB POMONA	313.00
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
04/24/18	PMT BY CHECK	DOS 12/13/17* =# 285353	-313.00

BALANCE 0.00

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VOID VOID VOID

CORVEL CORPORATION
MITSUI SUMITOMO INSURANCE GROUP
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= MSIG
11-24
1210(8)

CHECK NUMBER	CHECK DATE
285353	04/24/18

Claim#: WA187274

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

*******$313.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

MAY 01 2018

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0000285353⑈ ⑆121000248⑆ 4129 655528⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: MSMM-06
15 Independence Blvd
Warren, NJ 07059

Employer: HOWA USA CORPORATION
Patient:

Patient DOB: 614-38-7646

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4271673 - 1
Reprice: CA, 92780
Billed Date: 03/01/2018
Business Rcvd: 03/07/2018
MBR Rcvd: 03/07/2018
MBR Date: 04/23/2018
Date Approved: 04/23/2018
DOS From - To: 12/13/2017 - 12/13/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Hernandez, Olinda
Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 73091
Provider Tax Id: 33-0956713
Claim Rep Phone #: 818-509-7194

Claim #: WA187274
Processor Initials:
DOI: 10/01/2014
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
12/13/17	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$313.00		1	$0.00	$313.00
Sub-Totals for Bill: 4271673					**$313.00**			**$0.00**	**$313.00**
Totals for Bill:4271673									**$313.00**

Line Item Reason Codes and Descriptions
MV0 Market Value

RX3 Per BU/provider agreement amount may be negotiated

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

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

*** INVOICE ***

Date	NO#
02/12/18	72028

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
WA204665; WA209994

BILL TO:
MITSUI SUMITOMO INS (N.J.)
W. C. DEPARTMENT
ATTN: GABRIELA GUZMAN
P.O. BOX 61000
NEWARK, NJ 07101

Case: vs HAWAIIAN HOST CANDIES OF LA
Date Of Injury: 8/4/16; 2/16-2/17

DOS	SERVICE	DESCRIPTION	AMOUNT
06/26/17	PR2/REEVAL	DR SARO DORIAN @ UNITED CLINICS* (A.M.)	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/26/17	INITIAL EXAM	DR TOSHA BROWN @ UNITED CLINICS* (P.M.)	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/24/17	PR2/REEVAL	DR DORIAN @ UNITED CLINICS*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/31/17	PR2/REEVAL	DR RONALD SCHILLING @ UNITED CLINICS*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/21/17	PR2/REEVAL	DR DORIAN @ UNITED CLINICS*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
02/05/18	PMT BY CHECK	DOS 6/26/17-8/21/17* =# 263631	-950.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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VOID VOID VOID

CORVEL CORPORATION
MITSUI SUMITOMO INSURANCE GROUP
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= MSIG
11-24
1210(8)

CHECK NUMBER	CHECK DATE
263631	02/05/18

Claim#: WA204665

PAY EXACTLY: *Nine hundred fifty and 00/100 Dollars*

*******$950.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

FEB 1 2 2018

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0000263631⑈ ⑆121000248⑆ 4129 655528⑈

ATTACH HERE

DETACH HERE

CORVEL
Explanation of Review

Business Unit: HAWAIIAN HOST,INC.-05
15 Independence Blvd
Warren, NJ 07059

Employer HAWAIIAN HOST CANDIES OF L.A.
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4194651 - 1
Reprice: CA, 92781
Billed Date: 01/16/2018
Business Rcvd: 01/29/2018
MBR Rcvd: 01/29/2018
MBR Date: 02/02/2018
Date Approved: 02/02/2018
DOS From - To: 06/26/2017 - 08/21/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Guzman, Gabriela

Treating Provider:
Referring Physician: SARO DORIAN
Patient Control #: 72028
Provider Tax Id: 33-0956713
Claim Rep Phone #: 818-942-3948

Claim #: WA204665
Processor Initials: GG
DOI: 08/04/2016
RX Number:
Claim Rep Ext.:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
06/26/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$180.00		1	$0.00	$180.00
06/26/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$230.00		1	$0.00	$230.00
07/24/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$180.00		1	$0.00	$180.00
07/31/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$180.00		1	$0.00	$180.00

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

*** INVOICE ***
Date NO#
07/09/18 72769

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
A9WC603798-001

BILL TO:
NATIONAL LIABILITY & FIRE INS.
W. C. DEPARTMENT
ATTN: KRISTY OZARK
P.O. BOX 113247
STAMFORD, CT 06911

Case: vs ROCCO MEOLI PLUMBING CONTRACTO
Date Of Injury: 9/28/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/13/17	INITL CHIRO	TREATMENT W/DR ERIC GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
01/12/18	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/24/18	F/U CHIRO TX	CHIRO TX W/DR MAYA KRAVCHENO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/31/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/02/18	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
02/05/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/09/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/12/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/16/18	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/11/18	PMT BY CHECK	DOS 10/13/17-2/16/18* =# 000046924	-990.00
06/01/18	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/02/18	PMT BY CHECK	DOS 6/1/18* =# 000051504	-180.00

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

*** INVOICE ***

Date	NO#
07/09/18	72769

EAMS#(s):

SS # : XXX-XX-N/A
DOB
Terms: 60 days
Claim #(s):
A9WC603798-001

BILL TO:
NATIONAL LIABILITY & FIRE INS.
W. C. DEPARTMENT
ATTN: KRISTY OZARK
P.O. BOX 113247
STAMFORD, CT 06911

Case: vs ROCCO MEOLI PLUMBING CONTRACTO
Date Of Injury: 9/28/16

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 **

Explanation of Review

National Liability & Fire
Insurance Company

Carrier

Carrier No:
Carrier: NATIONAL LIABILITY & FIRE INSU
100 FIRST STAMFORD PLACE / P.O. BOX 113247
STAMFORD, CT 06911-3247

Provider

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

Bill: GUA-NLCA-27137

Claimant

NPI:
Tax ID: 33-0956713
License: A9999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS
External ID: 5386
Invoice No: 72769
Invoice Date: 06-12-2018
Patient Account: 72769

Rendering NPI:
Type: OT
Specialty (1): AO
Specialty (2): AO

Claim Number: A9WC603798-001
DOI/DOL: 09-28-2016
External Claim Number: A9603798001

Payment Status Code: 1

Bill Details

Dates of Service: 06-01-2018
Post Date: 06-27-2018

Reviewer: K7/
Pay Auth: 0
Client Type of Bill: LANG
Adjuster: HGAREY

Bill ICD Version: 10
Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description			Explanation Code(s)
				Charges	BR	Network	ONR	Other	Allow.
1	06-01-2018	99	T1013	A	1	SIGN LANG/ORAL INTERPRET			
				180.00					180.00

Totals

Total Charges: 180.00
Recommended Allowance: **180.00**

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE SEND THE BILL AND THE ANALYSIS TO:

NATIONAL LIABILITY & FIRE, NL&F - MGU, PO BOX 113247, STAMFORD, CT 06911-3247

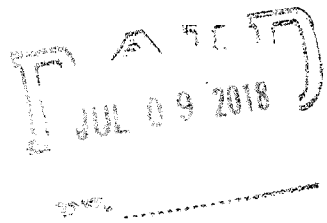
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DCN Number: 180615GUAGUCA71862

000051504

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Please see attached documentation.



THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

National Liability & Fire Insurance Company

Wells Fargo Bank, N.A.

000051504

11-24
1210

P.O. Box 113247
Stamford, CT 06911-3247

DATE 07/02/2018

AMOUNT ********$180.00

⇨⇨⇨⇨⇨PAY ONLY $180.00
DOLLAR ONE EIGHT ZERO PERIOD ZERO ZERO

NOT VALID AFTER 180 DAYS
TWO SIGNATURES REQUIRED IF OVER $10000

■ ONE HUNDRED EIGHTY DOLLARS AND 00 CENTS**********

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

VOID OVER $180.00

MP

⑈000051504⑈ ⑆121000248⑆ 4125306548⑈

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

*** INVOICE ***
Date NO#
04/17/18 72769

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
A9WC603798-001

BILL TO:
NATIONAL LIABILITY & FIRE INS.
W. C. DEPARTMENT
ATTN: KRISTY OZARK
P.O. BOX 113247
STAMFORD, CT 06911

Case: vs ROCCO MEOLI PLUMBING CONTRACTO
Date Of Injury: 9/28/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/13/17	INITL CHIRO	TREATMENT W/DR ERIC GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
01/12/18	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/24/18	F/U CHIRO TX	CHIRO TX W/DR MAYA KRAVCHENO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/31/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/02/18	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
02/05/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/09/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/12/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/16/18	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/11/18	PMT BY CHECK	DOS 10/13/17-2/16/18* =# 000046924	-990.00

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

*** INVOICE ***

Date	NO#
04/17/18	72769

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
A9WC603798-001

BILL TO:
NATIONAL LIABILITY & FIRE INS.
W. C. DEPARTMENT
ATTN: KRISTY OZARK
P.O. BOX 113247
STAMFORD, CT 06911

Case: vs ROCCO MEOLI PLUMBING CONTRACTO
Date Of Injury: 9/28/16

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.

000046924

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Please see attached documentation.

APR 17 2018

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

National Liability & Fire Insurance Company

Wells Fargo Bank, N.A.

000046924

11-24
1210

P.O. Box 113247
Stamford, CT 06911-3247

DATE 04/11/2018

AMOUNT ********$990.00

➪➪➪➪➪PAY ONLY $990.00
DOLLAR NINE NINE ZERO PERIOD ZERO ZERO

NOT VALID AFTER 180 DAYS
TWO SIGNATURES REQUIRED IF OVER $10000

■ NINE HUNDRED NINETY DOLLARS AND 00 CENTS**********

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

VOID OVER $990.00

⑈000046924⑈ ⑆121000248⑆ 4125306548⑈

Explanation of Review

National Liability & Fire
Insurance Company

Carrier

Carrier No:
Carrier: NATIONAL LIABILITY & FIRE INSU
100 FIRST STAMFORD PLACE / P.O. BOX 113247
STAMFORD, CT 06911-3247

Bill: GUA-NLCA-24489

Provider

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

Claimant

NPI:
Rendering NPI:
Tax ID: 33-0956713 **Type:** OT **Specialty (1):** AO **Claim Number:** A9WC603798-001
License: A9999999 **Specialty (2):** AO **DOI/DOL:** 09-28-2016
Rendering Provider: JOYCE ALTMAN INTERPRETERS
External ID: 5386 **External Claim Number:** A9603798001
Invoice No: 72769
Invoice Date: 03-13-2018
Patient Account: 72769

Payment Status Code: 1

Bill Details

Dates of Service: 10-13-2017 to 02-16-2018
Post Date: 04-09-2018
Reviewer: M3/
Pay Auth: 0
Client Type of Bill: LANG
Adjuster: HGAREY

Bill ICD Version: 10
Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description			Explanation Code(s)
				Charges	BR	Network	NGD	Other	Allow.
1	10-13-2017	99	T1013	A	1	SIGN LANG/ORAL INTERPRET			
				90.00					90.00
2	01-12-2018	99	T1013	A	1	SIGN LANG/ORAL INTERPRET			
				180.00					180.00
3	01-24-2018	99	T1013	A	1	SIGN LANG/ORAL INTERPRET			
				90.00					90.00
4	01-31-2018	99	T1013	A	1	SIGN LANG/ORAL INTERPRET			
				90.00					90.00
5	02-02-2018	99	T1013	A	1	SIGN LANG/ORAL INTERPRET			
				90.00					90.00
6	02-05-2018	99	T1013	A	1	SIGN LANG/ORAL INTERPRET			
				90.00					90.00
7	02-09-2018	99	T1013	A	1	SIGN LANG/ORAL INTERPRET			
				90.00					90.00
8	02-12-2018	99	T1013	A	1	SIGN LANG/ORAL INTERPRET			
				90.00					90.00
9	02-16-2018	99	T1013	A	1	SIGN LANG/ORAL INTERPRET			
				180.00					180.00

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE SEND THE BILL AND THE ANALYSIS TO:

NATIONAL LIABILITY & FIRE, NL&F - MGU, PO BOX 113247, STAMFORD, CT 06911-3247

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DCN Number: 180323GUAGUCA70835

Joyce Altman Interpreters, 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	73250

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2016050061

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

Case: vs CAMRO/JLF COLLECTIONS
Date Of Injury: 9/13/15 - 9/13/16

DOS	SERVICE	DESCRIPTION	AMOUNT
01/11/18	INITIAL EXAM	DR ATEF RAFLA/JOE TRUJILLO @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/02/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
05/03/18	LEGAL_WCAB	PRIORITY CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/30/18	PMT BY CHECK	DOS 1/11/18-5/3/18* =# 10047286	-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/ 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 **

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: 09/13/2016
Claim Number: 2016050061
Division Claim No.: 2017101213144

Policy ID: CWC 71949-0504
Examiner: JRIVERA
Check Number: 10047286
Check Amount: $543.00
Check Date: 05/30/2018
Description: Translation
Invoice No: 73250

Document Number: PRA-PKCA-49928
Received Date: 05/24/2018
Reviewed Date: 05/29/2018
Bill Type: Doctors Office - 50
Primary ICD: T14.90 Injury, unspecified
PPO Name:
From: 01/11/2018 **Through:** 05/03/2018
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	01/11/2018	230.00	0.00	0.00	0.00	230.00	
T1013		1.00	INTERPRETER	02/02/2018	156.50	0.00	0.00	0.00	156.50	
T1013		1.00	INTERPRETER	05/03/2018	156.50	0.00	0.00	0.00	156.50	
				Totals:	543.00	0.00	0.00	0.00	543.00	

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.

JUN 05 2018

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. 10047286

DATE 05/30/2018

AMOUNT $**543.00

PAY Five Hundred Forty Three Dollars And 00/100

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

VOID VOID VOID

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

*** INVOICE ***
Date NO#
11/07/17 71827

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2017048188

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

Case: vs PRIORITY WORKFORCE INC
Date Of Injury: 4/13/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/18/17	INITIAL EXAM	DR GALAL GOUBRAN @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/15/17	PR2/REEVAL	DR GOUBRAN/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/31/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/02/17	PMT BY CHECK	DOS 5/18/17-8/31/17* =# 10037848	-590.00

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 Bill Review

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

Insurer: State National Insurance Company
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: 04/14/2017
Claim Number: 2017048188
Division Claim No.: 2017042412230

Policy ID: CWC 71949-0477
Examiner: ASMITH
Check Number: 10037848
Check Amount: $590.00
Check Date: 11/02/2017
Description: Translation
Invoice No: 71827

For:
Document Number: PRA-PKCA-26136
Bill Received Date: 10/26/2017
Bill Reviewed Date: 11/01/2017

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

From: 05/18/2017 **Through:** 08/31/2017
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	05/18/2017	230.00	0.00	0.00	0.00	230.00	
T1013		1.00	INTERPRETER	06/15/2017	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	08/31/2017	180.00	0.00	0.00	0.00	180.00	
				Totals:	590.00	0.00	0.00	0.00	590.00	

71827

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

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NOV 07 2017

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. 10037848

DATE 11/02/2017

AMOUNT $**590.00

PAY Five Hundred Ninety Dollars And 00/100

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

VOID VOID VOID

SECURITY FEATURES INCLUDE MICROPRINTING, VOID FEATURE PANTOGRAPH, ENDORSEMENT BACKER

⑈10037848⑈ ⑆121000248⑆ 4463595157⑈

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

*** INVOICE ***
Date NO#
10/16/17 72243

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2015048317

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

Case: vs PRIORITY WORKFORCE INC.
Date Of Injury: 10/20/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/19/17	LEGAL_PREP	DEPO PREP @ L/O KEGEL TOBIN	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/16/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/18/17	PMT BY CHECK	DOS 7/19/17-8/16/17* =# 10035354	-406.50
09/15/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/13/17	PMT BY CHECK	DOS 9/15/17* =# 10036859	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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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 Company
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: 10/20/2015
Claim Number: 2015048317
Division Claim No.: 2017050114090

Policy ID: CWC 71949-0578
Examiner: LGAUGHF
Check Number: 10036859
Check Amount: $250.00
Check Date: 10/13/2017
Description: Translation
Invoice No: 72243

For:
Document Number: PRA-PKCA-23415
Bill Received Date: 10/02/2017
Bill Reviewed Date: 10/12/2017
Bill Type: Doctors Office - 50
Primary ICD: T14.90 Injury, unspecified
PPO Name:
From: 07/19/2017 **Through:** 09/15/2017
Pharmacy No.:
DRG Code: T14

Srvc	Mod	Units	Service Description	Srvc Date	Billed	BR Red	PPO Red	Other Red	Allowance	Reason Code
T1013		0.00	INTERPRETER	07/19/2017	156.50	156.50	0.00	0.00	0.00	224 G56
T1013		0.00	INTERPRETER	08/16/2017	250.00	250.00	0.00	0.00	0.00	224 G56
T1013		0.00	INTERPRETER	09/15/2017	250.00	0.00	0.00	0.00	250.00	
				Totals:	656.50	406.50	0.00	0.00	250.00	

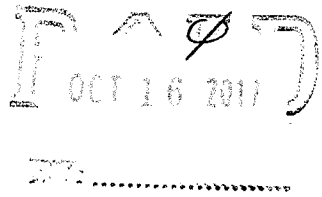
Reason Codes:

224 A DUPLICATE PROCEDURE AND OR SUPPLY ON THE SAME DATE.

G56 THIS APPEARS TO BE A DUPLICATE CHARGE FOR A BILL PREVIOUSLY REVIEWED, OR THIS APPEARS TO BE A "BALANCE FORWARD BILL" CONTAINING A DUPLICATE CHARGE AND BILLING FOR A NEW SERVICE.

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

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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#
09/21/17 72243

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
2015048317

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

Case: vs PRIORITY WORKFORCE INC.
Date Of Injury: 10/20/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/19/17	LEGAL_PREP	DEPO PREP @ L/O KEGEL TOBIN	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/16/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/18/17	PMT BY CHECK	DOS 7/19/17-8/16/17* =# 10035354	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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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 Company
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: 10/20/2015
Claim Number: 2015048317
Division Claim No.: 2017050114090

Policy ID: CWC 71949-0578
Examiner: LGAUGHF
Check Number: 10035354
Check Amount: $406.50
Check Date: 09/18/2017
Description: Translation
Invoice No: 0

For:
Document Number: PRA-PKCA-19572
Bill Received Date: 09/01/2017
Bill Reviewed Date: 09/17/2017
Bill Type: Doctors Office - 50
Primary ICD: T14.90 Injury, unspecified
PPO Name:
From: 07/19/2017 **Through:** 08/16/2017
Pharmacy No.:
DRG Code: T14

Srvc	Mod	Units	Service Description	Srvc Date	Billed	BR Red	PPO Red	Other Red	Allowance	Reason Code
T1013		120.00	INTERPRETER	07/19/2017	156.50	0.00	0.00	0.00	156.50	
T1013		120.00	INTERPRETER	08/16/2017	250.00	0.00	0.00	0.00	250.00	
				Totals:	406.50	0.00	0.00	0.00	406.50	

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

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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#
06/05/18 72976

EAMS#(s)

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
WD4518; WD6482

BILL TO:
PROTECTIVE INS CO (INDIANAPOLI
W. C. DEPARTMENT
ATTN: ELSY MITCHENER
PO BOX 7099
INDIANAPOLIS, IN 46207

Case: vs PERSONNEL STAFFING
Date Of Injury: 6/14/17; 6/17-9/2/17

DOS	SERVICE	DESCRIPTION	AMOUNT
11/30/17	INITIAL EXAM	DR MICHAEL PRICE/JOE TRUJILLO ,PA @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/25/18	PR2/REEVAL	DR AMIR FRIEDMEN/DAVE FRANKE @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/22/18	PR2/REEVAL	DR FRIEDMAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/30/18	PMT BY CHECK	DOS 11/30/17-2/22/18* # 3455221	-590.00

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 **

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS



Protective Insurance Company
111 Congressional Blvd.
Suite 500
Carmel, IN 46032

PNC Bank, N.A.
10 W. Second Street
Ashland, OH 44805

56–389
412

CHECK NO. 3455221

DATE
05/30/2018

**********590.00

Pay Five Hundred Ninety Dollars And 00/100

VOID AFTER 90 DAYS

TO THE ORDER OF

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

⑈3455221⑈ ⑆041203895⑆ 4239697784⑈

Payee: Joyce Altman Interpreters, Inc.
IRS/SSN: XX-XXX6713

Check Number: 3455221
Check Date: 05/30/2018

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
WD-00004518		06/14/2017	Translation/Interpretation Fees	11/30/2017	02/22/2018		72976	590.00

Comments: ENM_EH-ALF

JUN 05 2018

.0015

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

*** INVOICE ***

Date	NO#
03/15/18	72019

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WD4055

BILL TO:
PROTECTIVE INS CO (INDIANAPOLI
W. C. DEPARTMENT
ATTN: DAVID CRISTOPHERSON
PO BOX 7099
INDIANAPOLIS, IN 46207

Case: vs PERSONNEL STAFFING
Date Of Injury: 5/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
06/28/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/10/17	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/12/17	PT INITIAL	PHYSICAL TX W/DR CHRISTIAN MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/17/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/19/17	INITIAL EXAM	DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
07/24/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/02/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/07/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/14/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/16/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/21/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/28/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/05/17	FOLLOW UP	PHYSICAL TX W/DR MENDOZA*	90.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
09/07/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00

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

*** INVOICE ***
Date NO#
03/15/18 72019

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WD4055

BILL TO:
PROTECTIVE INS CO (INDIANAPOLI
W. C. DEPARTMENT
ATTN: DAVID CRISTOPHERSON
PO BOX 7099
INDIANAPOLIS, IN 46207

Case: vs PERSONNEL STAFFING
Date Of Injury: 5/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
09/11/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
09/18/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/28/17	FOLLOW-UP	W/ ACUPUNCT YIRYE KANG @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/04/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/05/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/06/17	INITIAL EXAM	DR ALLEN MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/12/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/19/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/23/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/27/17	FOLLOW UP	PHYSICAL TX W/DR MENDOZA*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/30/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/03/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/06/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/13/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/15/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/16/17	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#
03/15/18 72019

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WD4055

BILL TO:
PROTECTIVE INS CO (INDIANAPOLI
W. C. DEPARTMENT
ATTN: DAVID CRISTOPHERSON
PO BOX 7099
INDIANAPOLIS, IN 46207

Case: vs PERSONNEL STAFFING
Date Of Injury: 5/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/27/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/14/17	FOLLOW-UP	W/ ACUPUNCT YIRKE KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/13/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/20/17	PMT BY CHECK	DOS 6/28/17-11/16/17* # 3403675	-2700.00
12/19/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/11/18	PMT BY CHECK	DOS 6/28/17-12/13/17* # 3409904	-3350.00
01/11/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/11/18	PMT BY CHECK	DOS 6/28/17-12/13/17* # 3409904	-180.00
01/18/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/18/18	PMT BY CHECK	DOS 6/28/17-12/13/17* # 3409904	-180.00
01/25/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/11/18	PMT BY CHECK	DOS 6/28/17-12/13/17* # 3409904	-180.00
12/28/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
01/11/18	PMT BY CHECK	DOS 6/28/17-12/13/17* # 3409904	-180.00
01/30/18	PR2/REEVAL	DR ROSTAMI @ EPC*	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#
03/15/18	72019

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WD4055

BILL TO:
PROTECTIVE INS CO (INDIANAPOLI
W. C. DEPARTMENT
ATTN: DAVID CRISTOPHERSON
PO BOX 7099
INDIANAPOLIS, IN 46207

Case: vs PERSONNEL STAFFING
Date Of Injury: 5/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/01/18	FOLLOW-UP	W/ ACUPUNCT YOUN RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/11/18	PMT BY CHECK	DOS 6/28/17-12/13/17* # 3409904	-360.00
02/08/18	FOLLOW-UP	W/ ACUPUNCT YOUN RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
01/11/18	PMT BY CHECK	DOS 6/28/17-12/13/17* # 3409904	-180.00
02/15/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/22/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/27/18	P AND S	DR ROSTAMI @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/12/18	PMT BY CHECK	DOS 6/28/17-2/27/18* # 3428689	-590.00

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.

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

CHECK NO. 3428689

Protective Insurance Company
111 Congressional Blvd.
Suite 500
Carmel, IN 46032

PNC Bank, N.A.
10 W. Second Street
Ashland, OH 44805

56–389
412

DATE
03/12/2018

**********590.00

VOID AFTER 90 DAYS

Pay Five Hundred Ninety Dollars And 00/100

TO THE ORDER OF

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

⑈3428689⑈ ⑆041203895⑆ 4239697784⑈

Payee: Joyce Altman Interpreters, Inc.

IRS/SSN: XX-XXX6713

Check Number: 3428689

Check Date: 03/12/2018

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
WD-00004055		05/11/2017	Translation/Interpretation Fees	06/28/2017	02/27/2018		72019	590.00

Comments: ENM_BW-ALF

MAR 15 2018

.0015

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

*** INVOICE ***
Date NO#
01/10/18 72765

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WD-00004823

BILL TO:
PROTECTIVE INS CO (INDIANAPOLI
W. C. DEPARTMENT
ATTN: SHEILA MADDEN
PO BOX 7099
INDIANAPOLIS, IN 46207

Case: vs FAIRWAY STAFFING SVCS/BARNET
Date Or Injury: 6/30/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/09/17	INITL CHIRO	TREATMENT W/DR MAYYA KRAVCHENKO @ GOFNUNG	90.00
/ /	-	CHIRO*	0.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
10/11/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/16/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
10/23/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
10/25/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/30/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
11/01/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/06/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/08/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/13/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
11/14/17	INITIAL EXAM	DR ALLEN MASSIHI @ GOFNUNG*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/15/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/27/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
12/04/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA E. 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#
01/10/18	72765

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WD-00004823

BILL TO:
PROTECTIVE INS CO (INDIANAPOLI
W. C. DEPARTMENT
ATTN: SHEILA MADDEN
PO BOX 7099
INDIANAPOLIS, IN 46207

Case: vs FAIRWAY STAFFING SVCS/BARNET
Date Of Injury: 6/30/17

DOS	SERVICE	DESCRIPTION	AMOUNT
12/11/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
12/12/17	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
12/18/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
01/03/18	PMT BY CHECK	DOS 10/9/17-12/4/17* # 3407302	-1490.00

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.

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

CHECK NO. 3407302

Protective Insurance Company
111 Congressional Blvd.
Suite 500
Carmel, IN 46032

PNC Bank, N.A.
10 W. Second Street
Ashland, OH 44805

56–389
412

DATE
01/03/2018

**********1,490.00

VOID AFTER 90 DAYS

Pay One Thousand Four Hundred Ninety Dollars And 00/100

TO THE ORDER OF

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

⑈340730 2⑈ ⑆041203895⑆ 4239697784⑈

Payee: Joyce Altman Interpreters, Inc.

IRS/SSN: XX-XXX6

Check Number: 3407302

Check Date: 01/03/2018

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
WD-00004823		06/30/2017	Translation/Interpretation Fees	10/09/2017	12/04/2017		72765	1,490.00

Comments: SM_TM -ALF

JAN 0 5 2018

0015

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

*** INVOICE ***
Date NO#
06/22/18 73418

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
WC0000126154

BILL TO:
TOKIO MARINE MGMT (483-JERSEY)
W. C. DEPARTMENT
ATTN: KRIN MAMANEE
P.O. BOX 483
JERSEY CITY, NJ 07303

Case: vs CALIFORNIA RICE CENTER
Date Of Injury: 7/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/15/18	PR2/REEVAL	DR EMMETT COX @ HAND & ORTHO OF SO. CALIF* HOC	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/15/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/29/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/12/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/26/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/15/18	PMT BY CHECK	DOS 2/15/18-4/26/18* # 800209455	-900.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Trans Pacific Insurance Company
CLAIMS ACCOUNT
499 Washington Blvd, Suite 1500
Jersey City, NJ 07310

Claim Number
210WC0000126154

Policy Number
WC 6409325-00

UNION BANK
445 S. Figueroa Streeet, Los Angeles, CA 90071-1602

16-49/6
1220

CONTROL NO.
CHECK NO. 800209455

cc:3250394

NINE HUNDRED AND 00/100 Dollars

$900.00

PAY TO THE ORDER OF Joyce Altman Interpreters

Date of Issue 06/15/2018
Date of Loss 07/21/2017

FOR: 73418

Insured/Claimant
CALIFORNIA RICE CENTER, INC.

Payment No. 1 of 1

AUTHORIZED SIGNATURE

VOID AFTER 90 DAYS

THIS CHECK CONTAINS SECURITY FEATURES: VOID PANTOGRAPH - WATERMARK ON BACK (HOLD AT ANGLE TO VIEW) - CHEMICAL PROTECTION

⑈800209455⑈ ⑆122000496⑆ 13914723⑈

Check No. 800209455

Trans Pacific Insurance Company
499 Washington Blvd, Suite 1500
Jersey City, NJ 07310

FROM 02/15/2018 TO 04/26/2018
Claim WC0000126154

Payment explanations may be mailed to you separately.

MAIL TO
Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781
Attn. To:

AGENT
DAIWA INSURANCE MARKETING, INC.
21515 HAWTHORNE BLVD # 900
TORRANCE, CA 905036546

JUN 22 2018

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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

*** INVOICE ***
Date NO#
03/06/18 73158

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
R00066498

BILL TO:
REPUBLIC INDEMNITY (ENCINO)
W. C. DEPARTMENT
ATTN: ROSANNE COONEY
P.O. BOX # 20036
ENCINO, CA 91416-0036

Case: vs YALLA MEDITERRANEAN
Date Of Injury: 9/16/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/04/18	LEGAL_PREP	DEPO PREP @ L/O US LEGAL SUPPORT	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
02/15/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/21/18	PMT BY CHECK	DOS 1/4/18* # 1000424363	-156.50
03/01/18	PMT BY CHECK	DOS 2/15/18* # 1000425206	-250.00

BALANCE 0.00

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

REPUBLIC INDEMNITY COMPANY OF AMERICA
P.O. Box 20036
Encino, CA 91416
818-990-9860

Republic Indemnity

Date: 03/01/2018
Check #: 1000425206
Payment Amount: 250.00

002657 R3N7T1A

Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

RECEIVED
MAR 06 2018

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00066498		73158	02/23/2018	02/15/18	02/15/18	250.00	250.00	
	122 Interpreter For Medical/WCAB							
						Total	250.00	

PLEASE DETACH BEFORE DEPOSITING CHECK

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

*** INVOICE ***
Date NO#
06/29/18 73793

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
753645X09

BILL TO:
STATE FARM CALIF. W.C.C. (AZ)
W. C. DEPARTMENT
ATTN: STEVE BOZZO
P.O. BOX 52298
PHOENIX, AZ 85072

Case: vs FABRIC BARN
Date Of Injury: 4/5/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/06/18	INITIAL EXAM	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/11/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/17/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/25/18	SURGERY	DR FELDMAN @ DOWNEY SURGERY CTR*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/04/18	POST-OP	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/11/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/01/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/25/18	PMT BY CHECK	DOS 4/6/18-6/1/18* # 1 23 354382 k	-1310.00

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 **

PAYMENT NO 1 23 354382 K
PAYMENT AMOUNT $1,310.00
ISSUE DATE 06-25-2018
AUTHORIZED BY BOZZO, STEVE
PHONE (916) 636-4409

CLAIM NO 75-3645-X09
LOSS DATE 04-06-2018
POLICY NO 92-EQB709-8
INSURED

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

START DATE 04-06-2018
END DATE 06-01-2018

REMARKS Invoice 73793

COVERAGE DESCRIPTION
WORK COMP - MEDICAL - NON-HOSPITAL

ON BEHALF OF

AMOUNT
1,310.00

PAID
JUN 29 2018

RETAIN STUB FOR RECORDS

StateFarm STATE FARM FIRE AND CASUALTY COMPANY
FIRE
WORK COMP ASSIST P26PCL8

JPMORGAN CHASE BANK, NA 56-1544/441
COLUMBUS, OH

1 23 354382 K

06-25-2018
DATE MM DD YYYY

CLAIM NO 75-3645-X09
LOSS DATE 04-06-2018
INSURED MOLINA,

**********EXACTLY ONE THOUSAND THREE HUNDRED TEN AND 00/100 DOLLARS $*****1,310.00

Pay to the Order of: JOYCE ALTMAN INTERPRETERS INC

PRESIDENT
TREASURER

VOID IF GREEN COLORED BACKGROUND IS MISSING

SECURED DOCUMENT WATERMARK APPEARS ON BACK, HOLD AT 45° ANGLE FOR VIEWING

⑈231235438 2⑈ ⑆044115443⑆ 777145210⑈

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

*** INVOICE ***
Date NO#
05/07/18 64055

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
7534K6671

BILL TO:
STATE FARM CALIF. W.C.C. (AZ)
W. C. DEPARTMENT
ATTN: JANETT POLTE
P.O. BOX 52298
PHOENIX, AZ 85072

Case: vs JAMES BULLARD / DUKE BULLARD
Date Of Injury: 8/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/30/14	LEGAL_PREP	DEPO PREP @ L/O GOLDMAN, MAGDALIN & KRIKES	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
12/12/14	LEGAL_PREP	DEPO PREP @ L/O GOLDMAN MAGDALIN, & KRIKES	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754 (AMENDED)	0.00
04/30/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL II	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
05/18/15	PMT BY CHECK	DOS 10/30/14-4/30/15* # 1 23 631022 K	-563.00
03/01/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/01/18	PMT BY CHECK	DOS 3/1/17* # 1 23 273424 K	-250.00

BALANCE 0.00

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

PAYMENT NO 1 23 273424 K
PAYMENT AMOUNT $250.00
ISSUE DATE 05-01-2018
AUTHORIZED BY CALLAWAY, JEANNIE
PHONE (916) 636-4402

CLAIM NO 75-34K6-671
LOSS DATE 08-16-2013
POLICY NO 75-R14825-5
INSURED

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

START DATE 03-01-2017
END DATE 03-01-2017

REMARKS

COVERAGE DESCRIPTION	ON BEHALF OF	AMOUNT
CLAIMANT LITIGATION EXPENSE		250.00

RECEIVED
MAY 07 2018

RETAIN STUB FOR RECORDS

StateFarm STATE FARM GENERAL INSURANCE COMPANY
FIRE
WORK COMP ASSIST P26PCL8

JPMORGAN CHASE BANK, NA 56-1544/441
COLUMBUS, OH

1 23 273424 K

DATE 05-01-2018 MM DD YYYY

CLAIM NO 75-34K6-671
LOSS DATE 08-16-2013

INSURED BULLARD, JAMES E

**********EXACTLY TWO HUNDRED FIFTY AND 00/100 DOLLARS $*******250.00

Pay to the Order of: JOYCE ALTMAN INTERPRETERS INC

Dionna Conley
PRESIDENT
Jon C. Farney
TREASURER

SECURED DOCUMENT WATERMARK APPEARS ON BACK, HOLD AT 45° ANGLE FOR VIEWING

VOID IF GREEN COLORED BACKGROUND IS MISSING

⑈231227342⑈ ⑆044115443⑆ 77714522 8⑈

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

*** INVOICE ***
Date NO#
11/27/17 72170

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
7513610G6

BILL TO:
STATE FARM CALIF. W.C.C. (AZ)
W. C. DEPARTMENT
ATTN: ELVA SANTONIO
P.O. BOX 52298
PHOENIX, AZ 85072

Case: / DORIS BORDENAVE
Date Of Injury: 8/26/16

DOS	SERVICE	DESCRIPTION	AMOUNT
07/11/17	LEGAL_PREP	DEPO PREP @ L/O GOLDMAN MAGDALIN	156.50
/ /	INTERPRETER:	SANDRA MONTALT # 100754	0.00
08/22/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/31/17	PMT BY CHECK	DOS 7/11/17* =# 1 23 897188 K STATE FARM	-156.50
09/26/17	PMT BY CHECK	DOS 8/22/17* # 1 23 934297 K STATE FARM	-250.00
10/04/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/16/17	PMT BY CHECK	DOS 10/4/17* # 1 23 016208 K STATE FARM	-250.00

BALANCE 0.00

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

PAYMENT NO 1 23 016208 K
PAYMENT AMOUNT $250.00
ISSUE DATE 11-16-2017
AUTHORIZED BY SANTOYO, ELVA
PHONE (844) 866-5190

CLAIM NO 75-1361-0G6
LOSS DATE 08-26-2016
POLICY NO 71-EHV610-1
INSURED

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

START DATE 10-04-2017
END DATE 10-04-2017

REMARKS Invoice dated 10/16/17; No #72170 EOR STF-SFCA-264669

COVERAGE DESCRIPTION
WORK COMP - MEDICAL - NON-HOSPITAL

ON BEHALF OF

AMOUNT
250.00

RETAIN STUB FOR RECORDS

SAMPLE SAMPLE SAMPLE

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

*** INVOICE ***
Date NO#
09/29/17 72170

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
7513610G6

BILL TO:
STATE FARM CALIF. W.C.C. (AZ)
W. C. DEPARTMENT
ATTN: ELVA SANTONIO
P.O. BOX 52298
PHOENIX, AZ 85072

Case: vs TIA MCNEILL / DORIS BORDENAVE
Date Of Injury: 8/26/16

DOS	SERVICE	DESCRIPTION	AMOUNT
07/11/17	LEGAL_PREP	DEPO PREP @ L/O GOLDMAN MAGDALIN	156.50
/ /	INTERPRETER:	SANDRA MONTALT # 100754	0.00
08/22/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/31/17	PMT BY CHECK	DOS 7/11/17* =# 1 23 897188 K STATE FARM	-156.50
09/26/17	PMT BY CHECK	DOS 8/22/17* # 1 23 934297 K STATE FARM	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PAYMENT NO 1 23 934297 K
PAYMENT AMOUNT $250.00
ISSUE DATE 09-26-2017
AUTHORIZED BY BONDS, CARMEN
PHONE (844) 866-5190

CLAIM NO 75-1361-0G6
LOSS DATE 08-26-2016
POLICY NO 71-EHV610-1
INSURED

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

START DATE 08-22-2017
END DATE 08-22-2017

REMARKS STF SFCA 256905

COVERAGE DESCRIPTION
WORK COMP - MEDICAL - NON-HOSPITAL

ON BEHALF OF

AMOUNT
250.00

RETAIN STUB FOR RECORDS

STATE FARM GENERAL INSURANCE COMPANY
FIRE
WORK COMP BKF OF P12PCL278
JPMORGAN CHASE BANK, NA 56-1544/441
COLUMBUS, OH

COPYDAN CAPTURE ANTI-FRAUD PROTECTION

1 23 934297 K

CLAIM NO 75-1361-0G6
LOSS DATE 08-26-2016
INSURED BORDENAVE, DORIS
DATE 09-26-2017 MM DD YYYY

**********EXACTLY TWO HUNDRED FIFTY AND 00/100 DOLLARS $********250.00

Pay to the Order of: JOYCE ALTMAN INTERPRETERS INC

Thomas Conley
PRESIDENT

Jon C. Farney
TREASURER

VOID IF GREEN COLORED BACKGROUND IS MISSING

SECURED DOCUMENT WATERMARK APPEARS ON BACK, HOLD AT 45° ANGLE FOR VIEWING

⑈ 2 3 1 2 9 3 4 2 9 7 ⑈ ⑆ 0 4 4 1 1 5 4 4 3 ⑆ 7 7 7 1 4 5 2 2 8 ⑈

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

*** INVOICE ***

Date	NO#
07/06/18	73413

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
FBA2721

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

Case: vs MASONITE CORP
Date Of Injury: 10/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/14/18	INITIAL EXAM	DR ARBI MIRZAIANS @ PHYSICAL REHAB SVCS (2H 20M)	258.75
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/14/18	PR2/REEVAL	DR MIRZAIANS @ PHYSICAL REHAB SVCS*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
03/08/18	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR CRISINE ABARGYAN*	150.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/17/18	PR2/REEVAL	DR MIRZAIANS @ PHY REHAB*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/22/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/06/18	PMT BY CHECK	DOS 2/14/18-4/17/18* # 896D 91044848	-768.75
07/02/18	PMT BY CHECK	DOS 5/22/18* # 896D 91159286	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA07483

896D 91159286

TRAVELERS

DATE: 07/02/18
LOSS DATE: 10/27/17
FILE NUMBER: 152 CB FBA2721 H

EMPLOYEE

ACCOUNT NAME:
MASONITE CORPORATION

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: 5/22/2018

TOTAL PAID: $180.00
TAX INFO: 330956713 Y C
PAY MISC: 73413
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
JUL 06 2018

FOR ADDITIONAL INFORMATION, CONTACT: SHARON F GONZALEZ AT (909)612-3897

83007569
DETACH CHECK

UNSUMM
OVRPUNS2

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#
06/13/18	73413

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
FBA2721

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

Case: vs MASONITE CORP
Date Of Injury: 10/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/14/18	INITIAL EXAM	DR ARBI MIRZAIANS @ PHYSICAL REHAB SVCS (2H 20M)	258.75
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/14/18	PR2/REEVAL	DR MIRZAIANS @ PHYSICAL REHAB SVCS*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
03/08/18	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR CRISINE ABARGYAN*	150.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/17/18	PR2/REEVAL	DR MIRZAIANS @ PHY REHAB*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/22/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/06/18	PMT BY CHECK	DOS 2/14/18-4/17/18* # 896D 91044848	-768.75

BALANCE 180.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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019683

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

SA09788

896D 91044848

TRAVELERS

DATE: 06/06/18
LOSS DATE: 10/27/17
FILE NUMBER: 152 CB FBA2721 H

EMPLOYEE

ACCOUNT NAME:
MASONITE CORPORATION

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: 2/14/2018 TO: 4/17/2018

TOTAL PAID: $768.75
TAX INFO: 330956713 Y C
PAY MISC: - 73413
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
JUN 12 2018

FOR ADDITIONAL INFORMATION, CONTACT: SHARON F GONZALEZ AT (909)612-3897

157009894
DETACH CHECK

UNSUMM-111311
OVRFUNS2-121203
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#
04/17/18 62134

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
EUJ9272

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

Case: L HEUREUX ENTERPRISES INC
Date Of Injury: 3/20/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/29/14	WCAB SA	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	RAFAEL ESTEVEZ # 100703	0.00
08/27/14	PMT BY CHECK	DOS 4/29/14* # 891A 85419774	-156.50
06/13/17	LEGAL_WCAB	MSC @ WCAB SANTA ANA	156.50
/ /	INTERPRETER:	MARIA I. SEARS # 100795	0.00
03/27/18	LEGAL_WCAB	MSC @ WCAB SANTA ANA	156.50
/ /	INTERPRETER:	MARIA I. SEARS # 100795	0.00
04/03/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/11/18	PMT BY CHECK	DOS 6/13/17-3/27/18* # 891A 89211829	-313.00
04/13/18	PMT BY CHECK	DOS 4/3/18* # 891A 89219439	-250.00

BALANCE 0.00

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

008756

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SE01837

891A 89219439

TRAVELERS

DATE: 04/13/18
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781

Our Customer Service Phone is 1-800-258-3710
Please contact us if you have any questions.

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB EPR1872R	04/03/18	$ 850.00	1018892327SW	
	152 CB EUJ9272R	04/03/18	$ 250.00		62134
	152 CB EWJ6504M	03/27/18	$ 1,500.00	1018802289SW	
			Total Amount Paid	$*****2600.00	

APR 17 2018

1018970
DETACH CHECK

SUMM 111311
OVRPSUM2-021509

DETACH CHECK

THIS DOCUMENT HAS A RED BACKGROUND - BORDER CONTAINS MICRO PRINTING AND AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

Citibank, N.A.
One Penns Way
New Castle DE 19720

TRAVELERS
P O BOX 6510
DIAMOND BAR CA 91765-8510

891A 89219439

62-20
311

DATE	ACCOUNT NUMBER	TIN NUMBER	FILE NUMBER
04/13/18	J99	330956713	SUMMARIZED

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

TWO THOUSAND SIX HUNDRED AND 00/100 ----------

PAY: $***2600.00**

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

008756
E01837

Maria Olivo
AUTHORIZED SIGNATURE

⑈89219439⑈ ⑆031100209⑆ 3862126 7⑈

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

*** INVOICE ***
Date NO#
04/10/18 72735

EAMS#(s):

SS # : XXX-YY-
DOB :
Terms: 60 days
Claim #(s):
E9H1510

BILL TO:
SAINT PAUL TRAVELERS (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 13089
SACRAMENTO, CA 95813

Case: THERAPAK/ESG EMPLOYER RESOURCE
Date Of Injury: 12/1/15 - 9/2/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/09/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
03/20/18	PR2/REEVAL	DR JOHN XIAO JIANG QIAN/DAVE FRANKE @ SIDHU	180.00
/ /	-	CHIRO* (TRANSFER OF CARE)	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/05/18	PMT BY CHECK	DOS 10/9/17-3/20/18 # 896D 90780625	-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.

018252

THE TRAVELERS - RANCHO CORDOVA BI/P
TRAVELERS WC CLAIMS
PO BOX 13089
SACRAMENTO CA 95813-3089

SA09085

896D 90780625

TRAVELERS

APR 10 2018

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

DATE: 04/05/18
LOSS DATE: 01/18/16
FILE NUMBER: 480 CB E9H1510 H

EMPLOYEE

ACCOUNT NAME:
THERAPAK CORPORATION

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 10/9/2017 TO: 3/20/2018

TOTAL PAID: $336.50
TAX INFO: 330956713 Y C
PAY MISC: 72735
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: CHARMAINE PONTE AT (916)638-6420

)95009167
DETACH CHECK

UNSUMM OVRPUNS2-121295

DETACH CHECK

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

*** INVOICE ***
Date NO#
03/13/18 72995

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
e2f4520

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

Case: vs QCD GOLDEN STATE FOODS COMPANY
Date Of Injury: 3/29/15

DOS	SERVICE	DESCRIPTION	AMOUNT
12/04/17	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/18/18	PMT BY CHECK	DOS 12/4/17* # 896D 90443637	-156.50
02/12/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/07/18	PMT BY CHECK	DOS 2/12/18* # 896D 90655437	-250.00

BALANCE 0.00

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

018897

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SA09400

896D 90655437

TRAVELERS

DATE: 03/07/18
LOSS DATE: 03/29/15
FILE NUMBER: 152 CB E2F4520 K

EMPLOYEE

ACCOUNT NAME:
GOLDEN STATE ENTERPRISES

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 2/12/2018

TOTAL PAID: $250.00
TAX INFO: 330956713 Y C
PAY MISC: 72995
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

MAR 13 2018

FOR ADDITIONAL INFORMATION, CONTACT: JESSICA E CASTILLO AT (909)612-3459

066009497
DETACH CHECK

UNSUMM
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***
Date NO#
01/30/18 72595

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E7R4740

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

Case: vs SIGUE CORP
Date Of Injury: 10/27/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/07/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/03/17	PMT BY CHECK	DOS 9/7/17* # 896D 89991173	-156.50
11/30/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
12/15/17	PMT BY CHECK	DOS 11/30/17* #896D90307897	-156.50
01/15/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/26/18	PMT BY CHECK	DOS 1/15/18* # 896D 70479666	-250.00

BALANCE 0.00

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

001564

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

SB00758

896D 90479666

TRAVELERS

DATE: 01/26/18
LOSS DATE: 10/27/16
FILE NUMBER: 152 CB E7R4740 T

EMPLOYEE

ACCOUNT NAME:
SIGUE CORPORATION

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 1/15/2018

TOTAL PAID: $250.00
TAX INFO: 330956713 Y C
PAY MISC: 72595
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

RECEIVED
JAN 30 2018
BY:

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

026010806
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#
10/31/17 72562

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
E9H1469

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

Case: vs LOT MANAGEMENT/RED COW INC.
Date Of Injury: 2/24/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/23/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
09/11/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/26/17	PMT BY CHECK	DOS 8/23/17-9/11/17* # 896D 90090168	-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.

019044

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

SA09488

896D 90090168

TRAVELERS

DATE: 10/26/17
LOSS DATE: 02/24/17
FILE NUMBER: 152 CB E9H1469 A

EMPLOYEE

ACCOUNT NAME:
RED COW INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 8/23/2017 TO: 9/11/2017

TOTAL PAID: $406.50
TAX INFO: 330956713 Y C
PAY MISC: 72562
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

OCT 31 2017

FOR ADDITIONAL INFORMATION, CONTACT: ALEX FERREL AT (909)612-3073

299009556
DETACH CHECK

UNSHMM
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#
12/04/17 67814

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
E2G1878

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

Case: vs CREW KNITWEAR, LLC
Date Of Injury: 3/26/14; 1/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/02/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
01/22/16	PMT BY CHECK	DOS 11/2/15* # 891A 86972240	-156.50
09/27/17	LEGAL_PREP	DEPO PREP @ L/O BENCIVENGA & ASSOCIATES	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/02/17	PMT BY CHECK	DOS 9/27/17* # 891A 88788602	-156.50
11/13/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/29/17	PMT BY CHECK	DOS 11/13/17* # 891A 88858475	-250.00

BALANCE 0.00

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

THE TRAVELERS - WALNUT CREEK CL CLA
TRAVELERS WC CLAIMS
PO BOX 13089
SACRAMENTO CA 95813-3089

SB00214

891A 88858475

MK

TRAVELERS

DATE: 11/29/17
LOSS DATE: 03/26/14
FILE NUMBER: 158 CB EZG1878 P

EMPLOYEE

ACCOUNT NAME:
CREW KNITWEAR, INC.

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 11/13/2017

TOTAL PAID: $250.00
TAX INFO: 330956713 Y C
PAY MISC: 67814
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

DEC 04 2017

FOR ADDITIONAL INFORMATION, CONTACT: DARLA S CAREY AT (925)945-4198

333010233
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#
10/03/17 54213

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
ESB7026

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

Case: vs WORKFORCE OUTSOURCING
Date Of Injury: 9/1/11

DOS	SERVICE	DESCRIPTION	AMOUNT
07/09/12	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH CENTER (2H 45M)	316.25
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
08/13/12	PR2/REEVAL	DR KATTAR* JOHANNA JORDAN # 100793	180.00
09/17/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
09/26/12	MRI	REF BY DR KATTAR: L/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/05/13	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
04/02/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/18/13	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
04/15/13	PR2/REEVAL	DR KATTAR* MARTHA BECERRA # 500198	180.00
05/30/13	PMT BY CHECK	DOS 7/9/12-4/2/13 # 896D 82346812	-673.00
05/21/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
06/03/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRIICIA HAYES # 100761	0.00
06/10/13	PMT BY CHECK	DOS 7/9/12-3/18/13 # 896D 82404415	-853.00
06/21/13	PMT BY CHECK	DOS 5/21/13-6/3/13 # 896D 82462523	-403.25
06/24/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
06/21/13	PMT BY CHECK	DOS 5/24/13 # 896D 82462523	-180.00

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

*** INVOICE ***
Date NO#
10/03/17 54213

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
ESB7026

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

Case: vs WORKFORCE OUTSOURCING
Date Of Injury: 9/1/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/05/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
06/21/13	PMT BY CHECK	DOS 8/5/13 # 896D 82462523	-180.00
08/19/13	DEPO PREP	@ THE L/O OF DENNIS FUSI (PART 2)	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/21/13	PMT BY CHECK	DOS 8/19/13 # 896D 82462523	-156.50
09/09/13	P AND S	DR KATTAR @ GARFIELD HEALTH*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
10/11/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/13/13	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/12/13	PMT BY CHECK	DOS 7/9/12-11/13/13 # 896D 83377234	-636.50
05/27/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/03/15	LEGAL_WCAB	TRIAL @ WCAB LB (FULL DAY)	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/20/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
02/10/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/10/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/22/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/11/17	PMT BY CHECK	DOS 5/27/15-3/22/17* # 896D 89233230	-1039.00
05/08/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	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#
10/03/17 54213

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
ESB7026

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

Case: vs WORKFORCE OUTSOURCING
Date Of Injury: 9/1/11

DOS	SERVICE	DESCRIPTION	AMOUNT
05/24/17	PMT BY CHECK	DOS 5/8/17* # 896D 89422845	-156.50
09/12/17	LEGAL_WCAB	FULL DAY TRIAL @ WCAB LBO	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/26/17	PMT BY CHECK	DOS 9/12/17* # 896D 89960865	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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019712

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

SA09815

896D 89960865

TRAVELERS

DATE: 09/26/17
LOSS DATE: 09/01/11
FILE NUMBER: 152 CB ESB7026 F

EMPLOYEE

ACCOUNT NAME:
WORKFORCE OUTSOURCING 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: 9/12/2017

TOTAL PAID: $313
TAX INFO: 330956713 Y C
PAY MISC: 54213
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: SHELLEY RAMOS AT (909)612-3873

269009896
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121285
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#
10/20/17 70949

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
E5Z8625

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

Case: vs CEMAK TRUCKING INC.
Date Of Injury: 7/14/16

DOS	SERVICE	DESCRIPTION	AMOUNT
12/12/16	LEGAL_PREP	DEPO PREP @ L/O PREMIER BUS. CENTER	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/27/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
03/08/17	PMT BY CHECK	DOS 12/12/16-2/27/17* # 896D 89079048	-406.50
09/29/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/16/17	PMT BY CHECK	DOS 9/29/17* # 896D 90050170	-250.00

BALANCE 0.00

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

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

SA07237

896D 90050170

TRAVELERS

DATE: 10/16/17
LOSS DATE: 07/14/16
FILE NUMBER: 152 CB E5Z8625 A

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

EMPLOYEE

ACCOUNT NAME:
A & A READY MIXED CONCRETE IN

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 9/29/2017

TOTAL PAID: $250.00
TAX INFO: 330956713 Y C
PAY MISC: 70949
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: SHARON F GONZALEZ AT (909)612-3897

89007319
DETACH CHECK

UNSUMM-11131
OVRPYMNS2-12129
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#
10/09/17 72498

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
E9H4431

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

Case: vs ROCKET FARMS HERBS
Date Of Injury: 5/8/15 - 5/8/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/08/17	LEGAL_PREP	DEPO PREP @ L/O DIMACULANGAN & ASSOC.	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
08/31/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
10/03/17	PMT BY CHECK	DOS 8/8/17-8/31/17* # 896D 89991174	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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019611

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

896D 89991174

TRAVELERS

DATE: 10/03/17
LOSS DATE: 05/08/17
FILE NUMBER: 152 CB E9H4431 R

EMPLOYEE

ACCOUNT NAME:
ROCKET FARMS HERBS

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 8/8/2017 TO: 8/31/2017

TOTAL PAID: $406.50
TAX INFO: 330956713 Y C
PAY MISC: 72498
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
OCT 10 2017

FOR ADDITIONAL INFORMATION, CONTACT: MAYA ARRIAZA AT (909)612-3183

:76009849
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#
07/05/17 71743

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E3V2353

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

Case: vs DTZ INC.
Date Of Injury: 6/22/15

DOS	SERVICE	DESCRIPTION	AMOUNT
05/02/17	LEGAL_C&R	C&R READING W/ L/O MICHELLE GAVRIEL	250.00
/ /	INTERPRETER:	MARTHA P. HAYES # 100761	0.00
06/27/17	PMT BY CHECK	DOS 5/2/17* # 896D 89567904	-250.00

BALANCE 0.00

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

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

SB00274

896D 89567904

TRAVELERS

DATE: 06/27/17
LOSS DATE: 06/22/15
FILE NUMBER: 152 CB E3V2353 M

EMPLOYEE

ACCOUNT NAME:
DTZ INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 5/2/2017

TOTAL PAID: $250.00
TAX INFO: 330956713 Y C
PAY MISC: 71743
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
JUL 05 2017

FOR ADDITIONAL INFORMATION, CONTACT: ALEX FERREL AT (909)612-3073

78010296
DETACH CHECK

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#
07/28/17 71869

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E2F4596

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

Case: vs KUEHN NAGEL INC.
Date Of Injury: 3/30/15

DOS	SERVICE	DESCRIPTION	AMOUNT
05/25/17	LEGAL_C&R	C&R READING @ L/O MICHELLE GAVRIEL	250.00
/ /	INTERPRETER:	MARTHA PATRICIA # 100761	0.00
07/24/17	PMT BY CHECK	DOS 5/25/17* # 896D89684219	-250.00

BALANCE 0.0

* 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

SA07245

896D 89684219

TRAVELERS

DATE: 07/24/17
LOSS DATE: 03/30/15
FILE NUMBER: 152 CB E2F4596 E

EMPLOYEE

ACCOUNT NAME:
KUEHNE + NAGEL INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 5/25/2017

TOTAL PAID: $250.00
TAX INFO: 330956713 Y C
PAY MISC: 71869
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

JUL 28 2017

FOR ADDITIONAL INFORMATION, CONTACT: ETHAN HARPER AT (909)612-3869

05007339
DETACH CHECK

UNSUMM OVRPUNS2:1212E
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#
05/24/18 72894

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06311016

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: RANDI KANEOKA
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs MASTER GLASS INC DBA BEAR PROP
Date Of Injury: 5/1/17

DOS	SERVICE	DESCRIPTION	AMOUNT
11/17/17	LEGAL_PREP	DEPO PREP @ HUTCHINGS COURT REPORTERS	156.50
/ /	INTERPRETER:	SANDRA L. MONTALTO # 100754	0.00
02/05/18	PMT BY CHECK	DOS 11/17/17* # CU-379232	-156.50
04/18/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/21/18	PMT BY CHECK	DOS 4/18/18* # CU-392248	-250.00

BALANCE 0.00

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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-392248**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 05/21/18
Doc #: 033363623

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	06311016	**Date of Injury:**	05/01/17	
SSN:		Employer name: MASTER GLASS INC			Employer ID: 0000009128477170				
1	SF1-SPCA-357238	04/18/18	999Q9	Interpreter Deposit-	1	250.00	.00	375 911 G5	250.00
					Total Allowances:				**$250.00**

MAY 24 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"

Joyce Altman Interpreters, 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	73317

EAMS#(s)

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
06215006; 05996456

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: LISA BARREN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs DO ROOFING DBA ROOFING USA
Date Of Injury: 8/8/13; 5/16/14

DOS	SERVICE	DESCRIPTION	AMOUNT
01/25/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
03/20/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
04/06/18	PMT BY CHECK	DOS 1/25/18* # CU-386782	-156.50
05/01/18	PMT BY CHECK	DOS 3/20/18* # CU-389761	-250.00

BALANCE 0.00

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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-389761**

Issue Date: 05/01/18
Doc #: 033305043

Medical

73317

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:** 05996456		**Date of Injury:** 05/16/14		
SSN:		mployer name: ROOFING USA		Employer ID: 0000009029933130					
1	SF1-SPCA-352716	03/20/18	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
						Total Allowances:			**$250.00**





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#
01/23/18 69332

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
06144798;06144764

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: KRISTINE AMAYA
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs FINANCE AUTO SALES
Date Of Injury: 2/15/15; 8/15/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/26/16	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
06/30/16	PMT BY CHECK	DOS 4/26/16* # CU-296696	-156.50
06/27/17	LEGAL_WCAB	STATUS CONF @ WCAB ANAHEIM DOI: ALL 5 DOI'S	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
08/01/17	PMT BY CHECK	DOS 6/27/17* # CU-356454	-156.50
12/18/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
12/21/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/19/18	PMT BY CHECK	DOS 12/18/17-12*/21/17* =# CU-377246	-406.50

BALANCE 0.00

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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-377246**

Issue Date: 01/19/18
Doc #: 032999451

Medical

69332

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06144798		**Date of Injury:** 02/15/15		
SSN:	Employer name: FINANCE AUTO SALES, INCORPORATED				Employer ID: 0000009101317140				
1	SF1-SPCA-333101	12/18/17	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
2	SF1-SPCA-333196	12/21/17	999Q9	Interpreter Deposit-	1	250.00	.00	375 G5	250.00
							Total Allowances:		**$406.50**

0135078003299945100 1 2

FAXED
JAN 23 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.
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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-377246**

Issue Date: 01/19/18
Doc #: 032999451

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SPCA-333196	06144798		250.00	.00	250.00	.00	250.00
Provider NPI:	Rendering Provider NPI:		Rendering Provider:				
Patient Acct #:	ReviewerID: þ©	Carrier Receive Date: 01/10/18 Review Date: 01/16/18 Payment Code: 1 UB04:					
SF1-SPCA-333101	06144798	69332	156.50	.00	156.50	.00	156.50
Provider NPI:	Rendering Provider NPI:		Rendering Provider:				
Patient Acct #:	ReviewerID: þ©	Carrier Receive Date: 01/09/18 Review Date: 01/16/18 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.
G5 : This charge was adjusted for the reasons set forth in the attached letter.

Reviewer's Comments:

SF1-SPCA-333196 375: All other DOS/invoices have been previously addressed and nothing further is due

01350780032999451001 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#
08/11/17 71324

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
05405658

BILL TO:
SCIF (SUISUN CITY)
W. C. DEPARTMENT
ATTN: WILSON CHAN
P.O. BOX # 3171
SUISUN CITY, CA 94585-6171

Case: vs DISCOUNT ENTERPRISES
Date Of Injury: 4/18/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/14/17	LEGAL_WCAB	STATUS CONF @ WCAB MDR	156.50
/ /	INTERPRETER:	GERMAN GARIBAY # 301352	0.00
03/10/17	PMT BY CHECK	DOS 2/14/17* # CU-336643	-156.50
07/28/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
08/09/17	PMT BY CHECK	DOS 7/28/17* # CU-357422	-250.00

BALANCE 0.00

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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-357422**

Issue Date: 08/09/17
Doc #: 032524724

Medical

71324

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 05405658		**Date of Injury:**		
SSN:	Employer name: SUPER DISCOUNT			Employer ID: 0000001613258070					
1	SF1-SPCA-303981	07/28/17	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
					Total Allowances:				**$250.00**

AUG 1 1 2017

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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-357422**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 08/09/17
Doc #: 032524724

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SPCA-303981	05405658	71324	250.00	.00	250.00	.00	250.00

Provider NPI: Rendering Provider NPI: Rendering Provider:

Patient Acct #: ReviewerID: þ© Carrier Receive Date: 08/04/17 Review Date: 08/07/17 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

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All other correspondence should be directed to PO Box listed at the top of this form.

01345566032524724001 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#
08/03/17 71751

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
06248978; 06248982

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: HANNA CHEVALIER
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs EL NORTE MEXICAN RESTAURANT
Date Of Injury: 6/1/05; 6/05-4/18/16

DOS	SERVICE	DESCRIPTION	AMOUNT
05/09/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/12/17	PMT BY CHECK	DOS 5/9/17* # CE-844370	-156.50
06/08/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/27/17	PMT BY CHECK	DOS 6/8/17* =# CE-845788	-156.50
07/12/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/01/17	PMT BY CHECK	DOS 7/12/17* # CE-848632	-250.00

BALANCE 0.00

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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CE-848632**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 08/01/17
Doc #: 032499093

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:** 06248978		**Date of Injury:**		
SSN:	Employer name: EL NORTE			Employer ID: 0000009028685150					
1	SF1-SPCA-302927	07/12/17	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
					Total Allowances:				**$250.00**

0134529503249909300l 2

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#
07/24/17 71865

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06069596

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: MICHAEL PUGH
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs O AND L LANDSCAPE
Date Of Injury: 11/6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/31/17	LEGAL_C&R	C&R READING @ L/O MICHELLE GAVRIEL	250.00
/ /	INTERPRETER:	MARTHA P. HAYES # 100761	0.00
07/21/17	PMT BY CHECK	DOS 5/31/17* # CP-980209	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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-980209**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 07/21/17
Doc #: 032469601

Medical

71865

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
			Patient Name:		**Claim #:**	06069596	**Date of Injury:**		
SSN:		Employer name: O & L LANDSCAPE		Employer ID: 0000001332000140					
1	SF1-SPCA-299775	05/31/17	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
					Total Allowances:				**$250.00**

RECEIVED
JUL 24 2017

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

*** INVOICE ***
Date NO#
12/18/17 72843

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06232704

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: HENRY ANDRADO
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs VICTORS GROVE SERVICE
Date Of Injury: 8/14/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/03/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	ROBERTO AROYO # 301531	0.00
11/27/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/07/17	PMT BY CHECK	DOS 11/3/17* # CS-654311	-156.50
12/13/17	PMT BY CHECK	DOS 11/27/17* # CS-654816	-250.00

BALANCE 0.00

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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CS-654816**

Issue Date: 12/13/17
Doc #: 032893248

Medical

MR

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 06232704		**Date of Injury:**		
SSN	Employer name:				Employer ID: 0000001960691140				
1	SF1-SPCA-327044	11/03/17	999Q9	Interpreter Deposit-	1	156.50	156.50	224 G56	.00
2	SF1-SPCA-327044	11/27/17	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
					Total Allowances:				**$250.00**

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PAID

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CS-654816**

Issue Date: 12/13/17
Doc #: 032893248

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SPCA-327044	06232704	72843	406.50	156.50	250.00	.00	250.00
Provider NPI:	Rendering Provider NPI:		Rendering Provider:				
Patient Acct #:	ReviewerID: þ©	Carrier Receive Date: 12/04/17 Review Date: 12/07/17 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:

224 : A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.

G56 : This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a "balance forward bill" containing a duplicate charge and billing for a new service.

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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#
12/11/17 72833

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06283010

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: PRIYAN ABEYRATHE
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs EARMARK BOOKS AND VIDEO
Date Of Injury: 1/1/15 - 4/14/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/27/17	LEGAL_PREP	DEPO PREP @ HUTCHINGS COURT REPORTERS -SANTA ANA	156.50
/ /	INTERPRETER:	SANDRA L. MONTALTO # 100754	0.00
11/27/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/05/17	PMT BY CHECK	DOS 10/27/17* # CP-997014	-156.50
12/08/17	PMT BY CHECK	DOS 11/27/17* # CP-997612	-250.00

BALANCE 0.00

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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CP-997612**

Issue Date: 12/08/17
Doc #: 032879739

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	06283010	**Date of Injury:**	04/14/17	
SSN:	Employer name: EARMARK BOOKS & VIDEO				Employer ID: 0000009099249160				
1	SF1-SPCA-327088	10/27/17	999Q9	Interpreter Deposit-	1	156.50	156.50	224 G56	.00
2	SF1-SPCA-327088	11/27/17	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
					Total Allowances:				**$250.00**

PAID
DEC 11 2017
BY: .....

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.

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01349462032879739001 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#
12/04/17 72614

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06091906

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: ELIONOR WILLIAMS
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs J AND H DRILLING
Date Of Injury: 4/1/13 - 4/6/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/08/17	LEGAL_PREP	DEPO PREP @ HUTCHINGS COURT REPORTERS, SANTA ANA	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
11/03/17	PMT BY CHECK	DOS 9/8/17* # CU-368105	-156.50
11/15/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/01/17	PMT BY CHECK	DOS 11/15/17* # CU-371511	-250.00

BALANCE 0.00

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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-371511**

Issue Date: 12/01/17
Doc #: 032858209

Medical

72614

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06091906		**Date of Injury:** 04/06/15		
SSN:	Employer name: J & H DRILLING CO., INC				Employer ID: 0000009084076150				
1	SF1-SPCA-325899	11/15/17	999Q9	Interpreter Deposit-	1	250.00	.00	375 G5	250.00

Total Allowances: **$250.00**

RECD DEC 04 2017

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0134930032858209001 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#
11/17/17 72715

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06016520

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: ARELENE DIAZ
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs SUNGRO PRODUCTS
Date Of Injury: 6/26/13 - 6/26/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/29/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIO VALDEZ # 301322	0.00
11/15/17	PMT BY CHECK	DOS 9/29/17* # CU-369444	-250.00

BALANCE 0.00

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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-369444**

Issue Date: 11/15/17
Doc #: 032810410

Medical

72715

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 06016520		**Date of Injury:** 06/26/14		
SSN:	Employer name: SUNGRO PRODUCTS			Employer ID: 0000009067731130					
1	SF1-SPCA-322246	09/29/17	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
				Total Allowances:					**$250.00**

NOV 17 2017

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01348746032810410001 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#
11/07/17 72634

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
05942428

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs LEE PAUL STUCKER CONSTRUCTION
Date Of Injury: 7/11/13

DOS	SERVICE	DESCRIPTION	AMOUNT
09/14/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/03/17	PMT BY CHECK	DOS 9/14/17* # CS-651536	-250.00

BALANCE 0.00

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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CS-651536**

Issue Date: 11/03/17
Doc #: 032781003

Medical

72634

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 05942428		**Date of Injury:** 07/11/13		
SSN:	Employer name: LEE PAUL STUCKER			Employer ID: 0000009051241130					
1	SF1-SPCA-320698	09/14/17	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
				Total Allowances:					**$250.00**

NOV 07 2017

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

*** INVOICE ***

Date	NO#
10/05/17	72571

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06247876

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: WINNIE CHEUNG
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs HOME HELPERS ORANGE COAST
Date Of Injury: 12/18/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/31/17	LEGAL_REVIEW	DEPO REVIEW @ L/O CANTRELL & GREEN	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
10/03/17	PMT BY CHECK	DOS 8/31/17* # CP-989377	-250.00

BALANCE 0.00

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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CP-989377**

Issue Date: 10/03/17
Doc #: 032686167

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:** 06247876		**Date of Injury:** 12/18/16		
SSN	Employer name: HOME HELPERS ORANGE COAST				Employer ID: 0000009061383160				
1	SF1-SPCA-315002	08/31/17	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
					Total Allowances:				**$250.00**

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#
09/25/17 72370

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06269348

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: MARYAM HASHEMI
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs ECHO ELECTRIC
Date Of Injury: 3/15/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/04/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
09/06/17	PMT BY CHECK	DOS 8/4/17* # CP-986029	-156.50
09/05/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/20/17	PMT BY CHECK	DOS 9/5/17* # CP-987853	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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-987853**

Issue Date: 09/20/17
Doc #: 032649147

Medical

72370

MR

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	06269348	**Date of Injury:**	03/15/17	
SSN:		Employer name: ECHO ELECTRIC INC.			Employer ID: 0000001977467160				
1	SF1-SPCA-311917	09/05/17	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
					Total Allowances:				**$250.00**

SEP 5 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"

01346953032649147001 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#
09/18/17 72074

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06227536

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: LIEN UNIT
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs TERRA UNIVERSAL
Date Of Injury: 2/1/16-9/6/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/23/17	LEGAL_PREP	DEPO PREP @ L/O HUTCHINGS COURT REPORTERS	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
08/18/17	PMT BY CHECK	DOS 6/23/17* # CP-983892	-156.50
08/23/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
09/15/17	PMT BY CHECK	DOS 8/23/17* # CP-987321	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

72674

Check #: **CP-987321**

Issue Date: 09/15/17
Doc #: 032636940

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06227536		**Date of Injury:** 09/06/16		
SSN:	Employer name: TERRA UNIVERSAL,INC.				Employer ID: 0000009036408150				
1	SF1-SPCA-310514	08/23/17	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
					Total Allowances:				**$250.00**

SEP 18 2017

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

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"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

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

*** INVOICE ***
Date NO#
09/01/17 67157

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06068688

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: EILEEN BOLDEN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs T AND R CONSTRUCTION GROUP
Date Of Injury: 4/28/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/02/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/06/15	PMT BY CHECK	DOS 9/2/15* # CS-574896	-156.50
08/15/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JUAN L. PEREZ # 100777	0.00
08/29/17	PMT BY CHECK	DOS 8/15/17* # CS-645844	-250.00

BALANCE 0.00

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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CS-645844**

Issue Date: 08/29/17
Doc #: 032585762

Medical

67157

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06068688		**Date of Injury:** 04/28/14		
SSN:	Employer name: T & R CONSTRUCTION GROUP, INC.				Employer ID: 0000009020571130				
1	SF1-SPCA-308437	08/15/17	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
					Total Allowances:				**$250.00**

SEP 0 1 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.
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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#
07/03/18	73944

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06074474

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: JACOB SARAFIAN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs JVC TRUCK LINES
Date Of Injury: 2/19/15

DOS	SERVICE	DESCRIPTION	AMOUNT
05/04/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
06/28/18	PMT BY CHECK	DOS 5/4/18* # CU-396872	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-396872**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 06/28/18
Doc #: 033477949

Medical

MR

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 06074474		**Date of Injury:** 02/19/15		
SSN: XXX	Employer name: J V C TRUCK LINES, INC			Employer ID: 0000001801777140					
1	SF1-SPCA-363826	05/04/18	999Q9	Interpreter Deposit-	1	250.00	.00	375 911 G5	250.00
				Total Allowances:					**$250.00**

0135736503347794900 1 2

FAXED
JUL 03 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.
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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#
10/18/17 71934

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
30177737211-0001

BILL TO:
SEDGWICK/SRS INS (LEX14153)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 14153
LEXINGTON, KY 40512

Case: vs ECOLOGY AUTO PARTS
Date Of Injury: 2/5/17

DOS	SERVICE	DESCRIPTION	AMOUNT
06/01/17	INITIAL EXAM	DR GALAL GOUBRAN/JOE TRUJILLO ,PA @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/06/17	PR2/REEVAL	DR GOUBRAN/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/14/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, INITIAL CHIRO & PHYS THERAPY	230.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/21/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/31/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/03/17	PR2/REEVAL	DR GOUBRAN/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/04/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/21/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/25/17	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	71934

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
30177737211-0001

BILL TO:
SEDGWICK/SRS INS (LEX14153)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 14153
LEXINGTON, KY 40512

Case: vs ECOLOGY AUTO PARTS
Date Of Injury: 2/5/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/01/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/07/17	PR2/REEVAL	DR GOUBRAN/TAYLOR @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/18/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/22/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/25/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/29/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/02/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/05/17	PR2/REEVAL	DR MICHAEL PRICE/MILES*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/12/17	PMT BY CHECK	DOS 6/1/17-9/22/17*	-4240.00

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	71934

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
30177737211-0001

BILL TO:
SEDGWICK/SRS INS (LEX14153)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 14153
LEXINGTON, KY 40512

Case: vs ECOLOGY AUTO PARTS
Date Of Injury: 2/5/17

DOS	SERVICE	DESCRIPTION	AMOUNT

0084529859

BALANCE 1080.00

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Sedgwick Claims Management Services, Inc
PO Box 14153
Lexington, KY 40512-4153

MR

201710121611

Electronic Service Requested

1 OF 1

ENV 4561

SINGLE PIECE

4561 0.3820 SP 0.460

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

DATE	CHECK AMT	CHECK NO.
10/12/2017	4,240.00	0084529859

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

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

Claimant Name	Loss Date	Claim Number
	02/05/2017	30177737211-0001

Amt Paid: 4,240.00
Amt Billed: 4,240.00
Dates: 06/01/2017-09/22/2017
Description: Miscellaneous Medical
Invoice: 71934
Comment:
ICN: 140084555.6

OCT 16 2017

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

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

Sedgwick as Agent for Ecology Auto Parts Inc
Arch Indemnity Insurance Company

ORIGIN 6004189 | DATE: 10/12/2017 | CHECK NO: 0084529859 | 62-22 / 311

PAY EXACTLY ******Four Thousand Two Hundred Forty Dollars

Amount: ***$4,240.00***

PAY TO: JOYCE ALTMAN INTERPRETERS

Ecology Auto Parts Inc, Principal
Sedgwick Claims Management Services, Inc, Agent
BY:

Bob Blankenship

Wells Fargo Bank
San Francisco, CA

VOID AFTER 60 DAYS

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

⑈0084529859⑈ ⑆031100225⑆ 20799500597 03⑈

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

*** INVOICE ***

Date	NO#
09/26/17	66051

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
30142957091

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W. C. DEPARTMENT
ATTN: ARCLINE DAVLON
PO BOX # 14421
LEXINGTON, KY 40512-4421

Case: vs DURHAM D&M LLC
Date Of Injury: 10/21/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/12/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/16/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/14/15	PMT BY CHECK	DOS 05/12/15-06/16/15* # 0059657164	-406.50
08/29/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/03/16	PMT BY CHECK	DOS 8/29/16* # 0069773877	-90.00
10/21/16	PMT BY CHECK	DOS 5/12/16-10/3/16* # 0069774993	-66.50
08/30/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
09/22/17	PMT BY CHECK	DOS 8/30/17* # 0078428561	-250.00

BALANCE 0.00

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Sedgwick Claims Management Services, Inc
PO Box 14154
Lexington, KY 40512-4154

201709221612

Electronic Service Requested

66051

SINGLE PIECE
920 0.9028 SP 0.460

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

3

1 OF 4 F

ENV 920

DATE	CHECK AMT	CHECK NO.
09/22/2017	250.00	0078428561

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

SCMS UNIT	PAGE
210 Sedgwick Claims Management Services, Inc	1 of 3

Claimant Name		Loss Date	Claim Number
		10/21/2014	30142957091-0001
Amt Paid:	0.00	Description: Miscellaneous Medical	
Amt Billed:	156.50	Invoice:	ICN: 2662-151115
Dates:	08/29/2016-08/29/2016	Comment:	
Amt Paid:	250.00	Description: Miscellaneous Medical	
Amt Billed:	250.00	Invoice:	ICN: 2662-151115
Dates:	08/30/2017-08/30/2017	Comment:	

SEP 26 2017

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

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

Durham School Services
OLD REPUBLIC INSURANCE COMPANY

ORIGIN 2102662 | DATE 09/22/2017 | CHECK NO. 0078428561 | 62-22 / 311

PAY EXACTLY *****Two Hundred Fifty Dollars **Amount: *****$250.00***

PAY TO: JOYCE ALTMAN INTERPRETERS INC

National Express, Principal
Sedgwick Claims Management Services, Inc, Agent
BY:

Bob Blankenship

Wachovia Bank, N.A.
Wilmington, DE

VOID AFTER 60 DAYS

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

⑈0078428561⑈ ⑆031100225⑆ 2079950059703⑈

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

*** INVOICE ***

Date	NO#
07/31/17	71878

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
30167045679-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W. C. DEPARTMENT
ATTN: MARLYN GREEN
P.O. BOX # 14421
LEXINGTON, KY 40512

Case: vs FEDEX GROUND PACKAGE SYSTEM
Date Of Injury: 11/28/16

DOS	SERVICE	DESCRIPTION	AMOUNT
05/18/17	LEGAL_PREP	DEPO PREP @ L/O ARMSTRONG & SIEGEL	156.50
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
06/07/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/28/17	PMT BY CHECK	DOS 5/18/17-6/7/17* # 0082082462	-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.

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

201707281615

Electronic Service Requested

SINGLE PIECE
2243 0.3820 SP 0.460

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

4

1 OF 1

ENV 2243

DATE	CHECK AMT	CHECK NO.
07/28/2017	406.50	0082082462

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

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

Claimant Name	Loss Date	Claim Number
	11/28/2016	30167045679-0001

Amt Paid: 406.50 Description:
Amt Billed: 406.50 Invoice: 71878 ICN: 209276789.339
Dates: 05/18/2017-06/07/2017 Comment: Depo Interpreter Bill

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

Joyce Altman Interpreters, 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 68923

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
30143028838-001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: KARINA FRENCH
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs CALIFORNIA WASTE SERVICES
Date Of Injury: CT 2/1/10 - 9/19/14

DOS	SERVICE	DESCRIPTION	AMOUNT
01/30/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL I	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/05/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/23/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL. II	156.50
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
04/28/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
05/19/16	PMT BY CHECK	DOS 1/30/15-4/28/16* # 0070385146	-813.00
11/03/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/22/16	PMT BY CHECK	DOS 1/30/15-11/3/16* # 0073985394	-156.50
06/12/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/17/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/01/17	PMT BY CHECK	DOS 1/30/15-7/17/17* # 0082052491	-406.50

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#
08/04/17	68923

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
30143028838-001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: KARINA FRENCH
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs CALIFORNIA WASTE SERVICES
Date Of Injury: CT 2/1/10 - 9/19/14

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.

P6905028006

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

[redacted]

201708011610

Electronic Service Requested

1 OF 1

ENV 4851

SINGLE PIECE
4851 0.3820 SP 0.460

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

8

DATE	CHECK AMT	CHECK NO.
08/01/2017	406.50	0082052491

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

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

Claimant Name	Loss Date	Claim Number
	09/19/2014	30143028838-0001

Amt Paid: 406.50 Description:
Amt Billed: 406.50 Invoice: 68923
Dates: 01/30/2015-07/17/2017 Comment:

ICN: 301430288380001

AUG 14 2017

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

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

*** INVOICE ***
Date NO#
06/04/18 73267

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
301790427201-0001;

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W. C. DEPARTMENT
ATTN: BETH BERGEN
PO BOX # 14421
LEXINGTON, KY 40512-4421

Case: vs BEVERLY HILTON HOTEL
Date Of Injury: 1/1/07; 4/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
01/24/18	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/05/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/07/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/14/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/16/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/21/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/23/18	F/U CHIRO TX	CHIRO TX DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/28/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/02/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/14/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
03/16/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/21/18	PR2/REEVAL	DR GOFNUNG @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/23/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
04/04/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/25/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. 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#
06/04/18 73267

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
301790427201-0001;

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W. C. DEPARTMENT
ATTN: BETH BERGEN
PO BOX # 14421
LEXINGTON, KY 40512-4421

Case: vs BEVERLY HILTON HOTEL
Date Or Injury: 1/1/07; 4/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
05/02/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/09/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/29/18	PMT BY CHECK	DOS 1/24/18-5/2/18* # 89657872	-1850.00

BALANCE 90.00

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

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

0001932-0004669 0106 001 709029 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
05/29/2018	1,850.00	89657872
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name	Loss Date	Claim Number
	04/01/2016	30179042723-0001
Amt Paid: 1,850.00	Description:	
Amt Billed: 1,850.00	Invoice: 73267	ICN:301790427230001
Dates: 01/24/2018 - 05/02/2018	Comment:	

JUN 4 2018

SWK.RM.STD.00.NP

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

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

HBM Global Risk Corp.
ACE American Insurance Company

ORIGIN 6004263

Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 05/29/2018

89657872

62-22
311

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

$1,850.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

372350387

MEMO: MP

HBM Global Risk Corp., Principal
Sedgwick Claims Management Services, Inc., Agent By:

Bob Blankenship

⑈89657872⑈ ⑆031100225⑆ 2079950597 03⑈

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

*** INVOICE ***
Date NO#
05/15/18 73420

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
30139527800-0001

BILL TO:
SEDGWICK CLAIMS (LEX-14154)
W. C. DEPARTMENT
ATTN: RENEA FARLAND
P.O. BOX 14154
LEXINGTON, KY 40512

Case: /s KIEWIT INFRASTRUCTURE WEST CO.
Date Of Injury: 2/14/18

DOS	SERVICE	DESCRIPTION	AMOUNT
02/14/18	INITIAL EXAM	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/23/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/02/18	POST-OP	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # # 101193	0.00
03/16/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/23/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/28/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/11/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/09/18	PMT BY CHECK	DOS 2/14/18* # 89000754	-1310.00

BALANCE 0.00

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Sedgwick Claims Management Services, Inc
PO Box 14154
Lexington, KY 40512-4154

0004874-0014385 0106 001 705391 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
05/09/2018	1,310.00	89000754
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name		Loss Date	Claim Number
		02/14/2018	30189527800-0001
Amt Paid: 1,310.00	Description:		
Amt Billed: 1,310.00	Invoice:	73420	ICN:163298655.6
Dates: 02/14/2018 - 04/11/2018	Comment:		

MAY 15 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 As Agent for Peter Kiewit Sons', Inc.

ORIGIN 6004574

Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 05/09/2018

89000754

62-22
311

PAY: ******ONE THOUSAND THREE HUNDRED TEN AND 00/100 DOLLARS

$1,310.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

363141137

Bob Blankenship

MEMO: MP

PETER KIEWIT SONS', INC., Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈89000754⑈ ⑆031100225⑆ 2079950059703⑈

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

*** INVOICE ***
Date NO#
05/01/18 73467

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30177947603-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: JESUS MACIAS
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs FIT LINE INC
Date Of Injury: 5/25/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/21/18	LEGAL_PREP	DEPO PREP @ L/O CRAIG RUSSELL	156.50
/ /	INTERPRETER:	SANDRA L. MONTALTO # 100754	0.00
03/14/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/25/18	PMT BY CHECK	DOS 2/21/18-3/14/18* # 89561340	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

0010009-0032027 0106 001 702020 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
04/25/2018	406.50	89561340
PAYEE		**TAX ID**
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		**PAGE**
600 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name			Loss Date	Claim Number
			05/25/2017	30177947603-0001
Amt Paid:	406.50	Description:		
Amt Billed:	406.50	Invoice:		ICN:163146332.6
Dates:	02/21/2018 - 03/14/2018	Comment:		

SWK.RM.STD.00.NP

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

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

Sedgwick as Agent for Everest National Insurance Co - CA1
Everest National Insurance

ORIGIN 6005201 Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 04/25/2018

89561340

62-22
311

PAY: ******FOUR HUNDRED SIX AND 50/100 DOLLARS

$406.50

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

Everest National Insurance Co, Principal
Sedgwick Claims Management Services, Inc., Agent By:

354939141

⑈89561340⑈ ⑆031100225⑆ 2079950059703⑈

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

*** INVOICE ***
Date NO#
04/04/18 73093

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30178343320

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: TOMAS MURILESS
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs BIG LOTS INC
Date Of Injury: 2/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
12/14/17	LEGAL_REVIEW	DEPO REVIEW @ L/O CANTRELL & GREEN	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/13/18	PMT BY CHECK	DOS 12/14/17* # 64062303	-156.56
03/01/18	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
04/02/18	PMT BY CHECK	DOS 12/14/17-3/1/18* # 65956905	-249.94

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

0008055-0026061 0106 001 696530 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
04/02/2018	249.94	65956905
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
210 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name			Loss Date	Claim Number
			02/01/2016	30178343320-0001
Amt Paid:	249.94	Description:		
Amt Billed:	249.94	Invoice:	73093	ICN:301783433200001
Dates:	12/14/2017 - 03/01/2018	Comment:		

APR 04 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

Big Lots, Inc.
Arch Insurance Company

ORIGIN
2101950

Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 04/02/2018

65956905
62-22
311

PAY: ******TWO HUNDRED FORTY NINE AND 94/100 DOLLARS

$249.94

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

342550387

MEMO: MP

Big Lots, Principal
Sedgwick Claims Management Services, Inc., Agent By:

Bob Blankenship

⑈65956905⑈ ⑆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#
04/03/18 73242

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
9167712913

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

Case: vs KLUNE INDUSTRIES INC
Date Of Injury: 2/1/10-5/1/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/12/18	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/16/18	INITL CHIRO	TX W/DR KRAVCHENKO @ GOFNUNG*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/19/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/23/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/26/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/02/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/06/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/16/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/20/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/23/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/27/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/06/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/28/18	PMT BY CHECK	DOS 1/12/18-3/6/18* # 87017157	-1310.00

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	73242

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
9167712913

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

Case: vs KLUNE INDUSTRIES INC
Date Of Injury: 2/1/10-5/1/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

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

DATE	CHECK AMOUNT	CHECK NUMBER
03/28/2018	1,310.00	87017157
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
225 Sedgwick Claims Management Services, Inc		01 of 01

0003038-0008661 0106 001 695917

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

Claimant Name	Loss Date	Claim Number
	05/01/2017	B822502201-0001-01
Amt Paid: 1,310.00	Description:	
Amt Billed: 1,310.00	Invoice: 73242	ICN:B822502201000101
Dates: 01/12/2018 - 03/06/2018	Comment:	

APR 02 2018

SWK.RM.STD.00.NP

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

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

Precision Castparts Corporation
ACE American Insurance Company

ORIGIN 2252258
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 03/28/2018

87017157
62-22
311

PAY: ******ONE THOUSAND THREE HUNDRED TEN AND 00/100 DOLLARS

$1,310.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

340782538

Bob Blankenship

MEMO: MP

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

⑈87017157⑈ ⑆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#
04/02/18 73383

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
12578943000-01

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

Case: vs DHL HOLDINGS INC
Date Of Injury: 7/13/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/08/18	LEGAL_REVIEW	DEPO REVIEW @ L/O CANTRELL GREEN	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/29/18	PMT BY CHECK	DOS 2/8/18* # 70240487	-250.00

BALANCE 0.00

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

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

0007449-0024803 0106 001 695994 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
03/29/2018	250.00	70240487
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
190 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name			Loss Date	Claim Number
			07/13/2017	12578943000-01
Amt Paid:	250.00	Description:		
Amt Billed:	250.00	Invoice:	73383 ✓	ICN:1257894300001
Dates:	02/08/2018 - 02/08/2018	Comment:		

APR 02 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 DGF
NEW HAMPSHIRE INS. CO.

ORIGIN 1902069
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 03/29/2018

70240487
62-22
311

PAY: ******TWO HUNDRED FIFTY AND 00/100 DOLLARS

$250.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

341018181

Bob Blankenship

MEMO: MP

DGF, Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈70240487⑈ ⑆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#
03/20/18 71375

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30166609248-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: RUDI AGUILERA
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs THE CLOSET FACTORY
Date Of Injury: 10/3/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/26/17	PMT BY CHECK	DOS 2/23/17* # 0079257550	-156.50
02/20/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
03/16/18	PMT BY CHECK	DOS 2/20/18* # 89551887	-250.00

BALANCE 0.00

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

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

DATE	CHECK AMOUNT	CHECK NUMBER
03/16/2018	250.00	89551887
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

0003047-0008697 0106 001 692154

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

Claimant Name		Loss Date	Claim Number
		10/03/2015	30166609248-0001
Amt Paid: 250.00	Description:		
Amt Billed: 250.00	Invoice:	71375	ICN:301666092480001
Dates: 02/23/2017 - 02/20/2018	Comment:		

MAR 20 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 as Agent for Everest National Insurance Co - CA1
Everest National Insurance

ORIGIN 6005201

Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 03/16/2018

89551887

62-22
311

PAY: ******TWO HUNDRED FIFTY AND 00/100 DOLLARS

$250.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

334082051

Bob Hawkenshyf

MEMO: MP

Everest National Insurance Co, Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈89551887⑈ ⑆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#
12/28/17 72854

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30178219888-0001;

BILL TO:
SEDGWICK CLAIMS (LEX-14779)
W. C. DEPARTMENT
ATTN: BRITTANY DAYES
P.O. BOX 14779
LEXINGTON, KY 40512

Case: vs ABC NURSERY
Date Of Injury: 5/22/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/18/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/13/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/08/17	PMT BY CHECK	DOS 10/18/17* # 86489198 SEDGWICK	-156.50
12/22/17	PMT BY CHECK	DOS 11/13/17* # 87602762 SEDGWICK	-250.00

BALANCE 0.00

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

Sedgwick Claims Management Services, Inc
PO Box 14779
Lexington, KY 40512

0005456-0021847 0106 001 672664 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
12/22/2017	250.00	87602762
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
523 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name		Loss Date	Claim Number
		05/22/2017	30176219888-0001
Amt Paid: 250.00	Description:		
Amt Billed: 250.00	Invoice:	72854	*CN:217078272.339
Dates: 11/13/2017 - 11/13/2017	Comment:		

PAID
DEC 26 2017

SWK.RM.STD.00.NP

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

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

Sedgwick as agent for Falls Lake Fire and Casualty Company

ORIGIN 5236200 Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 12/22/2017

87602762
62-22
311

PAY: ******TWO HUNDRED FIFTY AND 00/100 DOLLARS

$250.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

292447811

MEMO: MP

Falls Lake Fire and Casualty C, Principal
Sedgwick Claims Management Services, Inc., Agent By:

Bob Blankenship

⑈87602762⑈ ⑆031100225⑆ 2079950059703⑈

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

*** INVOICE ***
Date NO#
11/21/17 72714

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30178126412-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14522)
W. C. DEPARTMENT
ATTN: KAREN PEREZ
P.O. BOX 14522
LEXINGTON, KY 40512

Case: vs CENVEO CORPORATION
Date Of Injury: 12/19/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/28/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
10/30/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/17/17	PMT BY CHECK	DOS 9/28/17-10/30/17* # 80909262	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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M

Sedgwick Claims Management Services, Inc
P O Box 14522
Lexington, KY 40512-4497

0001689-0004835 0106 001 663276 SWK

DATE	CHECK AMOUNT	CHECK NUMBER
11/17/2017	406.50	80909262
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
671 Sedgwick Claims Management Services, Inc		01 of 01

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

Claimant Name	Loss Date	Claim Number
	06/05/2017	30178126412-0001

Amt Paid: 406.50
Amt Billed: 406.50
Dates: 09/28/2017 - 10/30/2017
Description:
Invoice: 72714
Comment:
ICN:301781264120001

NOV 2 1 2017

SWK.RM.STD.00.NP

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

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

Envelope Product Group, LLC
HARTFORD CASUALTY INSURANCE COMPANY

ORIGIN 6713505

Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 11/17/2017

80909262

62-22
311

PAY: ******FOUR HUNDRED SIX AND 50/100 DOLLARS

$406.50

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

Envelope Product Group, LLC, Principal
Sedgwick Claims Management Services, Inc., Agent By:

276886614

⑈80909262⑈ ⑆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#
11/22/17 71831

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
301777222536-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs MASTERBRAND CABINETS INC
Date Of Injury: 4/15/16

DOS	SERVICE	DESCRIPTION	AMOUNT
05/18/17	INITIAL EXAM	DR GALAL GOUBRAN @ SIDHU CHIRO*	230.00
/ /	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/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/17/17	PR2/REEVAL	DR GOUBRAN @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/21/17	PR2/REEVAL	DR MICHAEL PRICE/MILES* (TRANSFER OF CARE)	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/19/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/14/17	PMT BY CHECK	DOS 5/18/17-10/19/17* # 0078723043	-1130.00

BALANCE 0.00

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

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

201711141617

Electronic Service Requested

SINGLE PIECE
2330 0.3820 SP 0.460

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

4

1 OF 1

ENV 2330

MR

DATE	CHECK AMT	CHECK NO.
11/14/2017	1,130.00	0078723043

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

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

Claimant Name	Loss Date	Claim Number
	04/15/2016	30177222536-0001

Amt Paid: 1,130.00
Amt Billed: 1,130.00
Dates: 05/18/2017-10/19/2017
Description: Miscellaneous Medical
Invoice: 71831
Comment:
ICN: 149559534.6

NOV 2 0 2017

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

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

SedgwickCMS as Agent for
Fortune Brands Home & Security, Inc.
ACE American Insurance Company

ORIGIN 6005160
DATE 11/14/2017
CHECK NO. 0078723043
62-22 / 311

PAY EXACTLY ******One Thousand One Hundred Thirty Dollars

Amount: ***$1,130.00***

PAY TO: JOYCE ALTMAN INTERPRETERS

Fortune Brands Home & Securit, Principal
Sedgwick Claims Management Services, Inc, Agent
BY:

Bob Blankenship

Wells Fargo Bank
San Francisco, CA

VOID AFTER 60 DAYS

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

⑈0078723043⑈ ⑆031100225⑆ 2079950059703⑈

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

*** INVOICE ***
Date NO#
07/17/18 73617

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
005497-000410-WC01

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

Case: vs COMMERCE CASINO
Date Of Injury: 2/15/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/20/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/25/18	PR2/REEVAL	DR FELDMAN @ HAND @ ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/23/18	P AND S	DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/11/18	PMT BY CHECK	DOS 3/20/18-5/23/18* # 0147217964	-590.00

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 **

MDG2009 00004662 1 MB .424 1

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

PAID
JUL 17 2018

GALLAGHER BASSETT SERVICES INC
FOR ARCH INDEMNITY INS

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

**

CLAIM NO.: 005497 000410 WC 01 (31)
CLAIMANT:
DESCRIPTION: INV# 73617

BRANCH NO.: 138
ACC DATE: 15Feb17

NO.: 0147217964
VN: 0000060601
DATE: 11Jul18

DATES OF SERVICE: 20Mar18 **THRU** 23May18
BENEFIT PERIOD: **THRU**

AMOUNT: 590.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004662 005505 001 001

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INDEMNITY INS

CHECK NO. 0147217964 004294
VN: 0000060601
DATE: 11Jul18 62-20/311

LAIM NO.: 005497 000410 WC 01 (31) **BRANCH NO.:** 138

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **590.00

AY FIVE HUNDRED NINETY AND 00/100 DOLLARS**********

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

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0147217964⑈ ⑆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#
07/17/18 74099

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
WC10142768

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

Case: vs EL COMPADRE dba ECII
Date Of Injury: 10/9/14 - 10/9/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/10/18	LEGAL_PREP	DEPO PREP @ L/O WILLIAM ABREGO	156.50
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
06/18/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/12/18	PMT BY CHECK	DOS 5/10/18-6/18/18* # 8816910689	-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/ 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 **

MID-CENTURY INSURANCE COMPANY

Check Number: 8816910689
Date: 07/12/2018

Amount: $406.50******

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

Claimant/Patient:
Insured: EL COMPADRE, INC.
Date of Loss: 10/09/2017
Claim Number: WC10142768
~~Correspondence Reference:~~ ~~MFBR2R$MN~~
Claim Representative: Janet Quinn
Office Phone Number: 8185402236
~~Applicable Coverage:~~ ~~Workers' Compensation~~

Additional Information:
INVOICE #74099 If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 754-3260 or claims office at the address on the check.

From/To Dates	Benefit Type	Benefit Amount	Overpayment W/H	Net Amount
5/10/2018 - 6/18/2018	Other Specified Indemnity	$406.50		$406.50

TOTAL Benefits Paid To Date :

Other Specified Indemnity	$406.50

PAID
JUL 17 2018

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

FARMERS INSURANCE

62-20/311

MID-CENTURY INSURANCE COMPANY
Westlake
Farmers WC Imaging Center, P. O. Box 108843
Oklahoma City, OK 73101-8843

Claim #: WC10142768

Check No. 8816910689
Date: 07/12/2018

Payable If Desired At Any Citibank

PAY Four Hundred Six Dollars And Fifty Cents $406.50******

NOT GOOD AFTER SIX MONTHS

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

FARMERS INSURANCE

Citibank N.A. - One Penns Way - New Castle, DE 19720

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

⑈8816910689⑈ ⑆031100209⑆ 3872438⑈

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

*** INVOICE ***
Date NO#
07/17/18 73301

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
6524623

BILL TO:
BENCHMARK (ONTARIO)
W. C. DEPARTMENT
ATTN: LAURA LARA
430 N. VINEYARD AVE STE # 200
ONTARIO, CA 91764

Case: vs LEGACY CONSTRUCTION
Date Of Injury: 8/31/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/31/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/09/18	POST-OP	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/30/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/27/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/25/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/13/18	PMT BY CHECK	DOS 1/31/18-5/25/18* # 0000140879	-900.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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VOID VOID VOID

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

Wells Fargo
Minneapolis, MN
17-1/910

Check Number: 0000140879
Issue Date: 07/13/2018
VOID After 60 Days

Job No. 567951

For: Medical from 01/31/2018 to 05/25/2018 : 73301
Claim: 6524623 / Language Interpreter - paid under Medical.

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

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

VOID VOID COPY

David L. Oble
Authorized Signature
SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈0000140879⑈ ⑆091000019⑆ 3987025529⑈

Claim: 6524623 / , Accident date: 08/31/2017, Jurisdiction State: California.
Insured: (an Individual), Policy: CST5009586.

The payment is for Language Interpreter - paid under Medical from 01/31/2018 to 05/25/2018.
Check: 0000140879, issued: 07/13/2018, for: $900.00, for: Medical, Invoice: 73301

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

Please contact Laura Lara, telephone: (800) 362-5198 Ext: 968, if you have questions regarding this payment.

PAID
JUL 17 2018

Send to Adjuster

0000494343

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

*** INVOICE ***
Date NO#
07/17/18 73943

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
17W02F432244

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

Case: vs CONSOLIDATED STAFFING SOLUTION
Date Of Injury: 11/2/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/11/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/13/18	PMT BY CHECK	DOS 5/11/18* # 161614531	-156.50
06/27/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
07/13/18	PMT BY CHECK	DOS 5/11/18-6/27/18* # 161616043	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CCMSI OBO STATE NATIONAL INSURANCE
2 EAST MAIN ST, SUITE 208
DANVILLE, IL 61832

BANK OF AMERICA
CHICAGO, IL 60603

2-3/710 IL

Check Number 161616043 M

Date: 07/13/2018
Batch #: 302091513

Amount

$****250.00

Amount: TWO HUNDRED FIFTY AND XX / 100**********

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

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

Rodney J. Golden

"0161616043" :071000039: 866 662 2642"

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
73943	11/02/2017	17W02F432244	250.00	0.00	250.00	73943 DS 5/11/18- 6/27/18	DGOLDSTIC

PAID
JUL 17 2018

Batch #: 302091513
Check Number 161616043
Check Amount $****250.00
Loc:CONSOLIDATED STAFFING SOLUTIONS, INC.

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

*** INVOICE ***
Date NO#
07/18/18 73277

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
18W03F507851

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

Case: vs FAIRWAY STAFFING
Date Of Injury: 1/17/18

DOS	SERVICE	DESCRIPTION	AMOUNT
01/26/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO CTR*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/02/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO CTR*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/14/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/20/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/20/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/17/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/01/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/29/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/26/18	P AND S	DR FELDMAN @ HOC*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/13/18	PMT BY CHECK	DOS 1/26/18-5/29/18* # 161616067	-1440.00

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#
07/18/18 73277

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
18W03F507851

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

Case: vs FAIRWAY STAFFING
Date Of Injury: 1/17/18

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 230.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CCMSI OBO STATE NATIONAL INSURANCE
2 EAST MAIN ST, SUITE 208
DANVILLE, IL 61832

BANK OF AMERICA
CHICAGO, IL 60603

2-3/710 IL

Check Number **161616067** M

Date: 07/13/2018
Batch #: 302091513

Amount

$****1,440.00

Amount: ONE THOUSAND FOUR HUNDRED FORTY AND XX / 100**********

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

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

⑈0161616067⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
73277	01/17/2018	18W03F507851	1,440.00	0.00	1,440.00	73277 1/26/18-5/29/18	ADANIELS

PAID
JUL 17 2018

:h #: 302091513
:heck Number 161616067

Check Amount $****1,440.00

Loc:SIMPLIFY HR INC - FRESNO

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

*** INVOICE ***
Date NO#
06/12/18 73670

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
6585796

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: ROSA MEJIA
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs BODEGA LATINA CORP DBA EL SUPE
Date Of Injury: 4/9/16 - 4/9/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/14/18	LEGAL_WCAB	PRIORITY CONF @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
05/01/18	PMT BY CHECK	DOS 3/14/18* # 0000047574	-156.50
05/09/18	LEGAL_WCAB	FULL DAY PRIORITY CONFERENCE @ WCAB POMONA	313.00
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
06/08/18	PMT BY CHECK	DOS 3/14/18-5/9/18* # 0000048833	-313.00

BALANCE 0.00

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00076250170

Please see attached list of 1 items paid by check: 0000048833, issued: 06/08/2018, for $313.00.

73670

PAID
JUN 12 2018

U.S. Mail

0007625017

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK - HOLD UP TO LIGHT TO VIEW - CHECK CONTAINS VISIBLE AND INVISIBLE FEATURES

York Risk Services Group, Inc Client Escrow Account
on Behalf of Safety First Insurance Co-
Bodega Latina Corporation dba El Super
1625 West Causeway Approach
Mandeville LA 70471

JPMorgan Chase Bank, N.A
Baton Rouge, LA

84-13/654

Check Number 0000048833

Issue Date: 06/08/2018
VOID After 60 Days

For Please see attached listing for items paid by this check.

Three Hundred Thirteen and 00/100 Dollars

$ *******313.00

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

CHASE

Richard Tabuk
Authorized Signature

⑈0000048833⑈ ⑆065400137⑆ 068500823⑈

Bulk check detail sheet for check number 0000048833. Issue date: 06/08/2018
Payable to: JOYCE ALTMAN INTERPRETERS

00076250171

Invoice Number	Amount	Service From	Service To	ClaimId	Claimant	Description
73670	$ 313.00	03/14/2018	05/09/2018	6585796		Expense from 03/14/2018 to 05/09/2018. 73670

Total Amount: $ 313.00

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

*** INVOICE ***
Date NO#
05/01/18 73673

FAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
6433021

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: ROSA MEJIA
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs BODEGA LATINA
Date Of Injury: 1/31/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/22/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/27/18	PMT BY CHECK	DOS 3/22/18* # 0000047467	-250.00

BALANCE 0.00

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00075675161

Claim: 6433021 / , Accident date: 01/31/2017, Jurisdiction State: California.
Insured: Bodega Latina Corporation, Policy: LDC4052713.

MR

The payment is for Miscellaneous Expense from 03/22/2018 to 03/22/2018.
Check: 0000047467, issued: 04/27/2018, for: $250.00, for: Expense, Invoice: 73673

To the Order of: Joyce Altman Interpreters, Inc
: P.o. Box # 4165
: TUSTIN, CA 92781

Please contact Rosa Mejia, telephone: (909) 942-5454 in CA \ Orange Orange CA, email: rosa.mejia@yorkrsg.com, if you have questions regarding this payment.

MAY 01 2018

U.S. Mail

0007567516

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK • HOLD UP TO LIGHT TO VIEW • CHECK CONTAINS VISIBLE AND INVISIBLE FIBERS

York Risk Services Group, Inc Client Escrow Account
on Behalf of Safety First Insurance Co-
Bodega Latina Corporation dba El Super
1625 West Causeway Approach
Mandeville LA 70471

JPMorgan Chase Bank, N.A
Baton Rouge, LA
84-13/654

Check Number 0000047467
Issue Date: 04/27/2018
VOID After 60 Days

For Expense from 03/22/2018 to 03/22/2018. 73673
Claim: 6433021 / Miscellaneous Expense

Two Hundred Fifty and 00/100 Dollars

$ ********250.00

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

CHASE

Richard Talbert
Authorized Signature

⑈0000047467⑈ ⑆065400137⑆ 068500823⑈

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

*** INVOICE ***
Date NO#
04/27/18 73231

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
SIWC-3550

BILL TO:
YORK/AVIZENT (ROSEVILLE)
W. C. DEPARTMENT
ATTN: CINDY HALL
P.O. BOX 619079
ROSEVILLE, CA 95661-9079

Case: O'CONNEL LANDSCAPE
Date Of Injury: 12/4/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/18/18	PR2/REEVAL	DR EMMETT COX @ HAND & ORTHO OF SO. CALIF* HOC	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/08/18	PR2/REEVAL	DR COX @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/01/18	PR2/REEVAL	DR COX @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/29/18	PR2/REEVAL	DR COX @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/24/18	PMT BY CHECK	DOS 1/18/18-3/29/18* # 267612	-720.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Mailing Information:

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

Claim Number:	SIWC-3550
Claimant:	
Date of Loss:	12/04/2017
Check Number:	267612
Check Date:	04/24/2018
Check Amount:	$720.00
Type of Payment:	
	MP 176 - INTERPRETER MED
Location:	6225 O'CONNELL LANDSCAPE MAINTENANCE, INC. 23091 ARROYO VISTA of O'connell Landscape Main
For Period:	01/18/2018 to 03/29/2018
InvoiceNo:	73231
IRS #:	33-0956713
Handling Office:	705-Los Angeles, Roseville, CA

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK • HOLD UP TO LIGHT TO VIEW • CHECK CONTAINS VISIBLE AND INVISIBLE FIBERS

York Risk Services Group, Inc.
on behalf of Starr Indemnity & Liability Insurance Company-4091/E
P.O. Box 1700
Rancho Cucamonga, CA 91729

Wells Fargo Bank, N A
190 River Road
Summit, NJ 07901-1444
55-2/212

REF. NUMBER
SIWC-3550

DATE
4/24/2018

CHECK NO
267612

PAY SEVEN HUNDRED TWENTY AND 0/100

AMOUNT
***$720.00

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

Not Negotiable After 180 Days

⑈026761⑈ ⑆121000248⑆ 2000039124654⑈

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

*** INVOICE ***
Date NO#
04/06/18 73283

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
NAVI-1945

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: MELISSA BOWERS
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs GALLEHER HWP ALONDRA LOCATION
Date Of Injury: 11/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/26/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/02/18	PR2/REEVAL	DR MICHEAL FELDMAN @ WESTERN HAND & ORTHO CTR*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/09/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/23/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/23/18	PR2/REEVAL	DR FELDMAN @ NOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/02/18	PMT BY CHECK	DOS 1/26-18-2/23/18* # 16961	-720.00

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.

MR

Mailing Information:

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

Claim Number:	NAVI-1945
Claimant:	
Date of Loss:	11/27/2017
Check Number:	16961
Check Date:	04/02/2018
Check Amount:	$720.00
Type of Payment:	
	MP 176 - INTERPRETER MED
Location:	401 001 Galleher MidCo, LLC 9303 Greenleaf Ave. of Galleher, LLC
For Period:	01/26/2018 to 02/23/2018
InvoiceNo:	73283
IRS #:	33-0956713
Handling Office:	642-Anaheim WC Profit Center, Roseville, CA

APR 05 2018

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK • HOLD UP TO LIGHT TO VIEW • CHECK CONTAINS VISIBLE AND INVISIBLE FIBERS

YORK RISK SERVICES GROUP, INC. CLIENT ESCROW (D/7047)
ACCOUNT obo ARCH INSURANCE COMPANY
NAVIGATOR CASUALTY CAPTIVE PROGRAM
P.O. Box 182364
Columbus, OH 43218

Wells Fargo Bank, N A
190 River Road
Summit, NJ 07901-1444
55-2/212

REF. NUMBER	
NAVI-1945	
DATE	CHECK NO
4/2/2018	16961
AMOUNT	
	***$720.00

PAY SEVEN HUNDRED TWENTY AND 0/100

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

Not Negotiable After 180 Days

⑈00016961⑈ ⑆121000248⑆ 4124436726⑈

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

*** INVOICE ***

Date	NO#
02/16/18	73145

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
6184499

BILL TO:
YORK/AVIZENT (ROSEVILLE)
W. C. DEPARTMENT
ATTN: BLANCA HERMOSILLO
P.O. BOX 619079
ROSEVILLE, CA 95661-9079

Case: vs CITRUS HILLS ASSISTED LIVING
Date Of Injury: 3/26/16

DOS	SERVICE	DESCRIPTION	AMOUNT
12/21/17	LEGAL_C&R	C&R READING @ L/O MICHELLE GAVRIEL	250.00
/ /	INTERPRETER:	MARTHA PATRICIA HAYES #100761	0.00
02/13/18	PMT BY CHECK	DOS 12/21/17* # 0000047437	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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mR *0007452083*

Claim: 6184499 / Accident date: 03/26/2016, Jurisdiction State: California.
Insured: Ensign Services Inc., Policy: SP4054265.

The payment is for Language Interpreter - paid under Medical from 12/21/2017 to 12/21/2017.
Check: 0000047437, issued: 02/13/2018, for: $250.00, for: Medical, Invoice: 73145

To the Order of: JOYCE ALTMAN INTERPRETERS
: PO BOX 4165
: TUSTIN, CA 927814165

Please contact Blanca Hermosillo, telephone: (714) 202-2016 in CA \ Orange Orange CA, email: blanca.hermosillo@yorkrsg.com, if you have questions regarding this payment.

PAID
FEB 16 2018

U.S. Mail

0007452083

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK • HOLD UP TO LIGHT TO VIEW • CHECK CONTAINS VISIBLE AND INVISIBLE FIBERS

York Risk Services Group Inc
Client Escrow Account on Behalf of
Ensign Facility Services
1625 West Causeway Approach
Mandeville LA 70471

JPMorgan Chase Bank, N.A
Baton Rouge, LA
84-13/654

Check Number 0000047437
Issue Date: 02/13/2018
VOID After 60 Days

For Medical from 12/21/2017 to 12/21/2017. 73145
Claim: 6184499 / Language Interpreter - paid under Medical

Two Hundred Fifty and 00/100 Dollars

$ *******250.00

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

CHASE

Richard Tabuteau
Authorized Signature

⑈0000047437⑈ ⑆065400137⑆ 047897240⑈

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

*** INVOICE ***

Date	NO#
01/04/18	72452

EAMS#(s):

Ss # :
DOB :
Terms: 60 days
Claim #(s):
SCIH-043475

BILL TO:
YORK INSURANCE (OH-183188)
W. C. DEPARTMENT
ATTN: BRIAN NGUYEN
P.O. BOX 183188
COLUMBUS, OH 43518

Case: vs STATE OF CALIFORNIA- IHSS
Date Of Injury: 12/28/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/10/17	INITIAL EXAM	DR GALAL GOUBRAN/MILES @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/14/17	PR2/REEVAL	DR ATEF RAFLA/MILES @ SIDHU* (TRANSER OF CARE)	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/12/17	PR2/REEVAL	DR MICHAEL PRICE/DAVE FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/30/17	INITIAL ACUP	W/ ACUPUNCT MIN CHIO, INITIAL CHIRO & PHYS THERAPY	230.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/09/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/22/17	FOLLOW-UP	W/ ACUPUNCT WOO HEE CHOI*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/29/17	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/01/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/14/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ 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#
01/04/18 72452

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
SCIH-043475

BILL TO:
YORK INSURANCE (OH-183188)
W. C. DEPARTMENT
ATTN: BRIAN NGUYEN
P.O. BOX 183188
COLUMBUS, OH 43518

Case: vs STATE OF CALIFORNIA- IHSS
Date Of Injury: 12/28/16

DOS	SERVICE	DESCRIPTION	AMOUNT
12/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/28/17	PMT BY CHECK	DOS 8/10/17-11/29/17* # 68-025189	-1630.00

BALANCE 900.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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STATE OF CALIFORNIA

WARRANT NUMBER 68-025189

H THE TREASURER OF THE STATE WILL PAY OUT OF THE

IDENTIFICATION NO. XXXXX548 5180

FUND NO. 0001 FUND NAME GENERAL FUND

MO. 12 DAY 28 YR. 2017

90-1342/1211

68025189

DOLLARS	CENTS
$****1630.	00

FORM CD-85(1/89) CONTROLLERS WARRANT

TO: 025189

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

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

C1211134231: 68025189C

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

68-025189

ISSUE DATE: 12/28/2017
CLAIM NUMBER: SCIH-043475
CLAIMANT NAME:
DATE OF INJURY: 12-28-2016
PAY DESCRIPTION: LEGAL
PERIOD FROM - PERIOD TO: 08-10-2017 - 11-29-2017

72452-1

DEC 0 8 2018

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

*** INVOICE ***
Date NO#
12/13/17 72787

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
6500178

BILL TO:
YORK/AVIZENT (ROSEVILLE)
W. C. DEPARTMENT
ATTN: ROSA MEJIA
P.O. BOX 619079
ROSEVILLE, CA 95661-9079

Case: vs BODEGA LATINA dba EL SUPER 3
Date Of Injury: 6/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/20/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/16/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/01/17	PMT BY CHECK	DOS 10/20/17* # 0000040639	-156.50
12/08/17	PMT BY CHECK	DOS 11/16/17* # 0000040979	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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00073562041

Claim: 6500178 / [redacted] Accident date: 06/27/2017, Jurisdiction State: California.
Insured: Bodega Latina Corporation, Policy: LDC4052713.

The payment is for Language Interpreter - paid under Expense from 11/16/2017 to 11/16/2017.
Check: 0000040979, issued: 12/08/2017, for: $250.00, for: Expense, Invoice: 72787

To the Order of: Joyce Altman Interpreters, Inc
: P.o. Box # 4165
: TUSTIN, CA 92781

Please contact Rosa Mejia, telephone: (909) 942-5454 in CA \ Orange Orange CA, email: rosa.mejia@yorkrsg.com, if you have questions regarding this payment.

PAID

U.S. Mail

0007356204

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK • HOLD UP TO LIGHT TO VIEW • CHECK CONTAINS VISIBLE AND INVISIBLE FIBERS

York Risk Services Group, Inc Client Escrow Account
on Behalf of Safety First Insurance Co-
Bodega Latina Corporation dba El Super
1625 West Causeway Approach
Mandeville LA 70471

JPMorgan Chase Bank, N.A
Baton Rouge, LA
84-13/654

Check Number 0000040979
Issue Date: 12/08/2017
VOID After 60 Days

For Expense from 11/16/2017 to 11/16/2017. 72787
Claim: 6500178 / Language Interpreter - paid under Expense

$ *******250.00

Two Hundred Fifty and 00/100 Dollars

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

CHASE

Richard Tabuchi
Authorized Signature

⑈0000040979⑈ ⑆065400137⑆ 068500 1823⑈

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

*** INVOICE ***
Date NO#
12/07/17 72619

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
6184020

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: EVONNE RASMUSSEN
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs MARIAK INDUSTRIES
Date Of Injury: 3/23/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/12/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
10/13/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 72619	0.00
12/01/17	PMT BY CHECK	DOS 9/12/17-10/13/17* # 0000008065	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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MR

0007346387

Claim: 6184020 / . Accident date: 03/23/2016, Jurisdiction State: California.
Insured: Mariak Industries, Inc., Policy: HJUB9C577824-15.

The payment is for Language Interpreter - paid under Expense from 09/12/2017 to 10/13/2017.
Check: 0000008065, issued: 12/01/2017, for: $406.50, for: Expense, Invoice: 72619

To the Order of: Joyce Altman Interpreters, Inc
: P.o. Box # 4165
: TUSTIN, CA 92781

Please contact Evonne Rasmussen, telephone: (714) 620-1394 in CA \ Orange Orange CA, email: evonne.Rasmussen@yorkrsg.com, if you have questions regarding this payment.

PAID
DEC 07 2017

U.S. Mail

0007346387

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK - HOLD UP TO LIGHT TO VIEW - CHECK CONTAINS VISIBLE AND INVISIBLE FIBERS

York Risk Services Group, Inc. Client Escrow Account
on behalf of Travelers-Cal Southampton
Reinsurance Limited(8-1-2015 to 6-30-2016)
1625 West Causeway Approach
Mandeville LA 70471

JPMorgan Chase Bank, N.A
Baton Rouge, LA
84-13/654

Check Number 0000008065
Issue Date: 12/01/2017
VOID After 60 Days

For Expense from 09/12/2017 to 10/13/2017. 72619
Claim: 6184020 / . Language Interpreter - paid under Expense

$ ********406.50

Four Hundred Six and 50/100 Dollars

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

CHASE

Richard Tabuteau
Authorized Signature

⑈0000008065⑈ ⑆065400137⑆ 075122231 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#
10/17/17 72592

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
ROCA-1629

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: AUDREY BUNNER
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs ROBERTSON'S READY MIX
Date Of Injury: 12/2/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/05/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/25/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/16/17	PMT BY CHECK	DOS 9/5/17-9/25/17* # 29959	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MR

Mailing Information:

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

Claim Number:	ROCA-1629
Claimant:	
Date of Loss:	12/02/2016
Check Number:	29959
Check Date:	10/16/2017
Check Amount:	$406.50
Type of Payment:	
	EP 108 - DEPOSITION COSTS
Location:	575 B 3 Ready Mix Plant #24 2601 N Alder
For Period:	09/05/2017 to 09/25/2017
InvoiceNo:	72592
IRS #:	33-0956713
Handling Office:	703-Riverside, Roseville, CA

PAID

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK • HOLD UP TO LIGHT TO VIEW • CHECK CONTAINS VISIBLE AND INVISIBLE FIBERS

Robertson's Ready Mix, LTD - 6856
c/o York Risk Services Group, Inc.,
P.O. Box 1700
Rancho Cucamonga, CA 91729

Bank of America
16-66/1220

REF. NUMBER	
ROCA-1629	
DATE	CHECK NO.
10/16/2017	29959
AMOUNT	
***$406.50	

PAY FOUR HUNDRED SIX AND 50/100

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

Void After 90 Days

⑈00 29959⑈ ⑆122000661⑆ 149680 2048⑈

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

*** INVOICE ***
Date NO#
09/06/17 71690

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
6236598; 6236604; 6236608

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: ROSA MEJIA
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs BODEGA LATINA CORP/EL SUPER
Date Of Injury: 5/17/16;12/18/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/24/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/25/17	PMT BY CHECK	DOS 4/24/17* # 0000035392	-156.50
08/18/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/30/17	PMT BY CHECK	DOS 8/18/17* # 0000036976	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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00072150411

Claim: 6236598 / Accident date: 05/17/2016, Jurisdiction State: California.
Insured: Bodega Latina Corporation, Policy: LDC4052713.

MR

The payment is for Language Interpreter - paid under Expense from 08/18/2017 to 08/18/2017.
Check: 0000036976, issued: 08/30/2017, for: $250.00, for: Expense, Invoice: 71690

To the Order of: JOYCE ALTMAN INTERPRETERS
: PO BOX 4165
: TUSTIN, CA 927814165

Please contact Rosa Mejia, telephone: (909) 942-5454 in CA \ Orange Orange CA, email: rosa.mejia@yorkrsg.com, if you have questions regarding this payment.

SEP 06 2017

U.S. Mail

0007215041

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK • HOLD UP TO LIGHT TO VIEW • CHECK CONTAINS VISIBLE AND INVISIBLE FIBERS

York Risk Services Group, Inc Client Escrow Account
on Behalf of Safety First Insurance Co-
Bodega Latina Corporation dba El Super
1625 West Causeway Approach
Mandeville LA 70471

JPMorgan Chase Bank, N.A
Baton Rouge, LA
84-13/654

Check Number 0000036976
Issue Date: 08/30/2017
VOID After 60 Days

For Expense from 08/18/2017 to 08/18/2017. 71690
Claim: 6236598 / Language Interpreter - paid under Expense

Two Hundred Fifty and 00/100 Dollars

$ *******250.00

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

CHASE

Richard Tabuchi
Authorized Signature

⑈0000036976⑈ ⑆065400137⑆ 068500823⑈

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

*** INVOICE ***

Date	NO#
07/31/17	71864

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
SIWC1301

BILL TO:
YORK INSURANCE (OH-183188)
W. C. DEPARTMENT
ATTN: RIGOBERTO VILALOBO
P.O. BOX 183188
COLUMBUS, OH 43518

Case: vs DM CONSTRUCTION
Date Of Injury: 6/2/15

DOS	SERVICE	DESCRIPTION	AMOUNT
05/31/17	LEGAL_PREP	DEPO PREP @ L/O TOBIN LUCKS	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
06/28/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
07/26/17	PMT BY CHECK	DOS 5/31/17-6/28/17* # 196855	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Mailing Information:

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

Claim Number:	SIWC-1301
Claimant:	
Date of Loss:	06/02/2015
Check Number:	196855
Check Date:	07/26/2017
Check Amount:	$406.50
Type of Payment:	
	EP 61 - MISC. ALL OTHER
Location:	525 Perennial Engineering and Construction, Inc dba DM Construction Services 2907 TECH CEN
For Period:	05/31/2017 to 06/28/2017
InvoiceNo:	71864
IRS #:	33-0956713
Handling Office:	705-Los Angeles, Roseville, CA

9

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK • HOLD UP TO LIGHT TO VIEW • CHECK CONTAINS VISIBLE AND INVISIBLE FIBERS

York Risk Services Group, Inc.
on behalf of Starr Indemnity & Liability Insurance Company-4091/E
P.O. Box 1700
Rancho Cucamonga, CA 91729

Wells Fargo Bank, N A
190 River Road
Summit, NJ 07901-1444
55-2/212

REF. NUMBER
SIWC-1301

DATE
7/26/2017

CHECK NO
196855

PAY FOUR HUNDRED SIX AND 50/100

AMOUNT
***$406.50**

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

Two signatures required over $25,000.00

⑈0196855⑈ ⑆121000248⑆ 200003912465 4⑈

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

*** INVOICE ***
Date NO#
07/18/18 73882

EAMS#(s):

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

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: LUSINE ARZUMANIAN
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs GATE GOURMET INC
Date Of Injury: 1/15/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/25/18	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/02/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/07/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/11/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/14/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/16/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/21/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/23/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/04/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/06/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/13/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/18/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
06/20/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/25/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
07/11/18	PMT BY CHECK	DOS 4/25/18-6/6/18* # 1101688248	-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#
07/18/18	73882

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2010326447

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: LUSINE ARZUMANIAN
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs GATE GOURMET INC
Date Of Injury: 1/15/18

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 360.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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M

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

PAID
JUL 16 2018

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

00357

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0326447 001 LA	WC 0113400	73882 ✓		01/15/18	04/25/18-06/06/18

Check Number	1101688248	Date Issued	07/11/18	Amount	$**1,220.00
Insured	Gate Gourmet, Inc.				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Sushil Kumar Sharma				
File Supervisor	Lusine Arzumanian	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	1,220.00		

TOTAL $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#
08/10/17 71722

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2080334001-0001

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: KARLITA
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs CIERA STAFFING/EMPLOYERS HR LL
Date Of Injury: 2/27/16

DOS	SERVICE	DESCRIPTION	AMOUNT
05/04/17	LEGAL_PREP	DEPO PREP @ COURT REPORTING LOS ANGELES	156.50
/ /	INTERPRETER:	MARIO VALDEZ # 301322	0.00
07/06/17	PMT BY CHECK	DOS 5/4/17* # 1101294904	-156.00
06/20/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/24/17	PMT BY CHECK	DOS 7/12/17* # 1101313902	-0.50
08/07/17	PMT BY CHECK	DOS 6/20/17* # 1101330505	-250.00

BALANCE 0.00

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PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

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JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

AUG 09 2017

01216

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0334001 001 B5	WC 1092552	71722		02/27/16	06/20/17-06/20/17

Check Number	1101330505	Date Issued	08/07/17	Amount	$***250.50
Insured	Employers HR LLC				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Priya CG-Murugan				
File Supervisor	Carlita Berrios	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	250.50		

TOTAL $250.50

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#
08/11/17	71820

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2080330766-001

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: EVA REALE
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs JB PLASTICS
Date Of Injury: 11/25/15

DOS	SERVICE	DESCRIPTION	AMOUNT
05/23/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/28/17	PMT BY CHECK	DOS 5/23/17* # 1101286465	-156.50
07/17/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/08/17	PMT BY CHECK	DOS 5/23/17-7/17/17* # 1101332363	-250.00

BALANCE 0.00

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MR

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

AUG 11 2017

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

01365

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PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0330766 001 MR	WC 1055918	71820		11/25/15	05/23/17-07/17/17
Check Number	1101332363	Date Issued	08/08/17	Amount	$***250.00
Insured	JB Plastics				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX # 4165				
Requested By	Monisha CG-Deenadayalan				
File Supervisor	Eva Reale	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	250.00		
TOTAL	$250.00		

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#
06/18/18 73240

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2010315197

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: SHERRIE STRUNK
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: s HOME GOODS
Date Of Injury: 10/18/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/19/18	PR2/REEVAL	DR MICHAEL FELDMAN HAND & ORTHO CTR*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/16/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERO # 101193	0.00
03/09/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/23/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/11/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/10/18	PMT BY CHECK	DOS 1/19/18*4/11/18* # 1101628533	-900.00
05/15/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/12/18	PMT BY CHECK	DODS 1/19/18-5/15/18* # 1101660685	-180.00

BALANCE 0.00

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PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

MR

American Zurich Ins. Co.

PAID
JUN 18 2018

Please Note:
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PC.
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00607

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0315197 001 XX	WC 4020144	73240		10/18/17	01/19/18-05/15/18

Check Number	1101660685	Date Issued	06/12/18	Amount	$***180.00
Insured	TJX Companies / HomeGoods				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Sushil Kumar Sharma				
File Supervisor	Sherri Strunk	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	180.00		
TOTAL	$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#
06/12/18 72615

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2010302117

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: EVA REALE
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs PERFORMANCE BUILDING SERVICES
Date Of Injury: 6/22/17

DOS	SERVICE	DESCRIPTION	AMOUNT
09/11/17	LEGAL_PREP	DEPO PREP @ L/O FLOYD, SKEREN & KELLY	156.50
/ /	INTERPRETER:	MARIO B. VALDEZ # 301322	0.00
10/13/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/22/17	PMT BY CHECK	DOS 9/11/17-10/13/17* # 1101449981	-406.50
05/09/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/07/18	PMT BY CHECK	DOS 5/9/18* # 1101655984	-250.00

BALANCE 0.00

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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.

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

00310

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0302117 001 ZM	WC 1055981	72615		06/22/17	05/09/18-05/09/18
Check Number	1101655984	**Date Issued**	06/07/18	**Amount**	$***250.00
Insured	Insured Solutions Inc				
Claimant					
Nature of Payment	INVOICE# 72615				
Issued To	JOYCE ALTMAN INTERPRETERS, INC PO BOX 4165				
Requested By	Jawed Alam				
File Supervisor	Gloria Holmes	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	250.00		
TOTAL	**$250.00**		

PAID
JUN 12 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#
05/21/18 73279

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2080362262

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: GINA COURSART
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs BARTON BRANDS
Date Of Injury: 1/17/18

DOS	SERVICE	DESCRIPTION	AMOUNT
01/26/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/02/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON #101193	0.00
03/02/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/16/18	PMT BY CHECK	DOS 1/26/18-3/2/18* # 1101633852	-540.00

BALANCE 0.00

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PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

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JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00663

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0362252 001 AY	WC 0111186	73279		01/17/18	01/26/18-03/02/18

Check Number	1101633852	Date Issued	05/16/18	Amount	$***540.00
Insured	Sazerac Company, Inc.				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Sushil Kumar Sharma				
File Supervisor	Ana Maria Murphy	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	540.00		

TOTAL $540.00

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#
05/15/18 73240

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2010315197

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: SHERRIE STRUNK
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs HOME GOODS
Date Of Injury: 10/18/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/19/18	PR2/REEVAL	DR MICHAEL FELDMAN HAND & ORTHO CTR*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/16/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERO # 101193	0.00
03/09/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/23/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/11/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/10/18	PMT BY CHECK	DOS 1/19/18*4/11/18* # 1101628533	-900.00

BALANCE 0.00

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M

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

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JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

01036

MAY 15 2018

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0315197 001 XX	WC 4020144	73240		10/18/17	01/19/18-04/11/18

Check Number	1101628533	Date Issued	05/10/18	Amount	$***900.00
Insured	TJX Companies / HomeGoods				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Praveen Kumar Nishad				
File Supervisor	Sherri Strunk	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	900.00		
TOTAL	$900.00		

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.

PO BOX 66946
CHICAGO IL 60666 0946

56-1544/441

Claim Number	Date Issued	CHECK NO.
201-0315197 001 XX	05/10/18 VOID AFTER 11/06/18	1101628533

Amount : ***NINE HUNDRED AND 00/100 ----------DOLLARS***

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

$***900.00

JPMORGAN CHASE BANK, N.A.
COLUMBUS OH

** THE BACKGROUND IS COLORED **

⑈1101628533⑈ ⑆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#
01/19/18	72676

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2010291066

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: EVA REALE
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: 's CARPENTER CO
Date Of Injury: 2/23/17

DOS	SERVICE	DESCRIPTION	AMOUNT
09/14/17	INITIAL EXAM	DR MICHAEL PRICE/ANDREW MILES @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/12/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/23/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/01/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/09/17	PR2/REEVAL	DR PRICE/BROUILETTE, P.A. @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/22/17	FOLLOW-UP	W/ ACUPUNCT WOO HEE CHOI*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/01/17	FOLLOW-UP	W/ ACUPUNCT WOO HEE CHOI @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/14/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00

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

*** INVOICE ***

Date	NO#
01/19/18	72676

EAMS#(s):
ADJ:
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2010291066

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: EVA REALE
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: s CARPENTER CO
Date Of Injury: 4/23/17

DOS	SERVICE	DESCRIPTION	AMOUNT
12/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
01/03/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/12/18	PMT BY CHECK	DOS 9/14/17-12/14/17* # 1101500031	-2620.00

BALANCE 540.00

* 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

00545

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0291066 001 MR	WC 3433826	72676		02/23/17	09/14/17-12/14/17
Check Number	1101500031	**Date Issued**	01/12/18	**Amount**	$**2,620.00
Insured	Carpenter Co.				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Pankaj Trivedi				
File Supervisor	Eva Reale	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	2,620.00		
TOTAL	**$2620.00**		

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#
11/27/17	72615

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2010302117

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: EVA REALE
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: s PERFORMANCE BUILDING SERVICES
Date Of Injury: 6/22/17

DOS	SERVICE	DESCRIPTION	AMOUNT
09/11/17	LEGAL_PREP	DEPO PREP @ L/O FLOYD, SKEREN & KELLY	156.50
/ /	INTERPRETER:	MARIO B. VALDEZ # 301322	0.00
10/13/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/22/17	PMT BY CHECK	DOS 9/11/17-10/13/17* # 1101449981	-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.

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

1010084200842

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

Visit **enrollments.zurichna.com** to enroll in electronic payments.

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

00842

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0302117 001 MR	WC 1055981	72615		06/22/17	09/11/17-10/13/17

Check Number	1101449981	Date Issued	11/22/17	Amount	$***406.50
Insured	Insured Solutions Inc				
Claimant	,				
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC P.O. BOX # 4165				
Requested By	Dinesh CG-Sridharan				
File Supervisor	Eva Reale	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	406.50		

TOTAL $406.50

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#
09/11/17 72110

EAMS#(s)

SS # :
DOB :
Terms: 60 days
Claim #(s):
2080347299

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: APRIL MASI
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: FEDERAL CLEANING CONTRACTORS
Date Of Injury: 11/15/16

DOS	SERVICE	DESCRIPTION	AMOUNT
07/07/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/03/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/18/17	PMT BY CHECK	DOS 7/7/17* # 1101343588	-156.50
09/06/17	PMT BY CHECK	DOS 8/3/17* # 1101362938	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MR

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

00381

SEP 11 2017

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0347299 001 AM	WC 9299402	72110		11/15/16	08/03/17-08/03/17

Check Number	1101362938	Date Issued	09/06/17	Amount	$***250.00
Insured	Federal Building Services, Inc.				
Claimant					
Nature of Payment	OTHER LEGAL EXPENSE				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Bittu CG-Kumar				
File Supervisor	April Masie	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	250.00		
TOTAL	$250.00		

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

*** INVOICE ***
Date NO#
07/14/17 71773

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2010290697-001

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: SHARLY KAELEY
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case:
Date Of Injury: 2/21/17

/s WORKFORCE BUSINESS SVCS INC.

DOS	SERVICE	DESCRIPTION	AMOUNT
05/15/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
06/20/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
07/10/17	PMT BY CHECK	DOS 5/15/17-6/20/17*	-406.50
		# 1101297547	

BALANCE 0.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THIS SERVES AS DEMAND FOR PAYMENT.

PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

American Zurich Ins. Co.

1010026100261

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

00261 PAID JUL 14 2017

BY: .....

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0290697 001 CK	WC 4758401	71773		02/21/17	05/15/17-06/20/17

Check Number	1101297547	**Date Issued**	07/10/17	**Amount**	$***406.50
Insured	Workforce Business Services, 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	Charlene Kaeley	**Phone Number**	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	406.50		
TOTAL	**$406.50**		

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#
08/23/17	71858

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
27415026-1

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

Case: vs AMERICAN STANDARD COATING
Date Of Injury: CT 1/8/16-5/2/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/26/17	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/02/17	INITL CHIRO	TRMT W/DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/09/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/12/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/23/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/26/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/30/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/10/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/17/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/28/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/04/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/15/17	PMT BY CHECK	DOS 5/26/17-7/17/17* # 01554532	-950.00

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#
08/23/17 71858

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
27415026-1

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

Case: AMERICAN STANDARD COATING
Date Of Injury: CT 1/8/16-5/2/17

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.

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO
01554532
2715026-1
WWC3250382

DATE	AMOUNT
8/15/2017	$950.00

Nine Hundred Fifty and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈01554532⑈ ⑆021309379⑆ 601894744⑈

Check Number	01554532
Claim Number:	2715026-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WWC3250382/American Standard Coating LLC
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	5/2/2017
Location:	10041 Shoemaker Ave Santa Fe Springs CA 90670 -
Examiner Code:	24258

AUG 2 1 2017

Amount:	$950.00
Dates of Service:	5/26/2017-7/17/2017
Explanation:	Inv# 71858
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

WESCO INSURANCE CO (Claims Funding) 1148
AmTrust North America
P O Box 89404
Cleveland, OH 44101
212-655-2000

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

*** INVOICE ***
Date NO#
05/03/18 71425

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
0000053288; 0000056886

BILL TO:
COMPWEST INS. (LASING-MI)
W. C. DEPARTMENT
ATTN: PATRICIA BLAND
P.O. BOX 40799
LANSING, MI 48901

Case: vs MAGNOLIA REHAB. NURSING CONV.
Date Of Injury: 11/9/15; 11/15-11/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/17	INITIAL EXAM	DR GALAL GOUBRAN/ANDREW MILES @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/08/17	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
03/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
03/22/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/27/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA 3 003693	0.00
04/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/12/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/13/17	PR2/REEVAL	DR GOUBRAN/FRANKE @ 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 71425

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
0000053288; 0000056886

BILL TO:
COMPWEST INS. (LASING-MI)
W. C. DEPARTMENT
ATTN: PATRICIA BLAND
P.O. BOX 40799
LANSING, MI 48901

Case: [redacted] s MAGNOLIA REHAB. NURSING CONV.
Date Of Injury: 11/9/15; 11/15-11/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/11/17	PR2/REEVAL	DR GOUBRAN/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/15/17	PR2/REEVAL	DR GOUBRAN/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/20/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/17/17	PR2/REEVAL	DR GOUBRAN @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/28/17	PR2/REEVAL	DR MICHAEL PRICE/MILES* (TRANSFER OF CARE)	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/26/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/27/17	PMT BY CHECK	DOS 3/2/17-10/26/17* # 100055621	-3160.00
01/25/18	PR2/REEVAL	DR AMIR FRIEDMAN/TRUJILLO*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/27/17	PMT BY CHECK	DOS 3/2/17-10/26/17* # 100055621	-180.00
02/22/18	PR2/REEVAL	DR FRIEDMAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/22/18	PR2/REEVAL	DR JUAN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/23/18	PMT BY CHECK	DOS 2/22/18* =# 100252276	-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	71425

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
0000053288; 0000056886

BILL TO:
COMPWEST INS. (LASING-MI)
W. C. DEPARTMENT
ATTN: PATRICIA BLAND
P.O. BOX 40799
LANSING, MI 48901

Case: vs MAGNOLIA REHAB. NURSING CONV.
Date Of Injury: 11/9/15; 11/15-11/16

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.

Security features included. Details on back.

AF Group | PO Box 40790 Lansing, MI 48901-7990

on behalf of
Accident Fund Insurance Company of America

VOID AFTER 180 DAYS

Check Number 100252276

JPMorgan Chase Bank, N.A.
Dearborn, Michigan
74-1292/724

Check Date 04/23/2018

Pay This Amount

$180.00

Pay the Sum of *One hundred eighty and 00/100 Dollars*

Pay To The Order Of:

Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 92781-4165

Frank H Freeman

⑈100252276⑈ ⑆072412927⑆ 870508082⑈

AF Group

PO Box 40790
Lansing, MI 48901-7990
AFGroupInsurance.com

CHECK DATE : 04/23/2018
CHECK NUMBER : 100252276

Payable To: **Joyce Altman Interpreters, Inc.**
P.O. Box 4165
Tustin, CA 92781-4165

EMPLOYEE NAME / CLAIM NO.	FROM DATE / COMMENT	THRU DATE	MBR NUMBER	INVOICE NUMBER	AMOUNT
0000056886	02/22/2018 Claim 0000056886	02/22/2018		71425	$90.00
0000053288	02/22/2018 Claim 0000053288	02/22/2018		71425	$90.00
				TOTAL	$180.00

Questions may be directed to us at : 866-206-5851
Check Number : 100252276

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/11/17	71571

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
30153545999-0001

BILL TO:
SEDGWICK CLAIMS (LEX-14779)
W. C. DEPARTMENT
ATTN: BREA PFANKUCH
P.O. BOX 14779
LEXINGTON, KY 40512

Case: vs SALSON
Date Of Injury: 12/22/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/05/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/05/17	PMT BY CHECK	DOS 4/5/17* # 366053	-156.50
07/10/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/18/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/07/17	PMT BY CHECK	DOS 4/5/17-8/18/17* # 388499	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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DATE	CHECK AMOUNT	CHECK NUMBER
09/07/2017	406.50	388499

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
523 Sedgwick Claims Management Services, Inc	1

MR

Sedgwick Claims Management Services, Inc
PO Box 14779
Lexington, KY 40512

CHK0001
000 0000105 00000000 0001 0008 00014 INS: 0 0
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

CLAIMANT NAME		LOSS DATE	CLAIM NUMBER	SSN
		12/22/2014	30153545999-0001	
Amount Paid: 406.50	Description:			
Amount Billed: 406.50	Invoice: 71571		ICN: 210588508.339	
Dates: 04/05/2017 – 08/18/2017	Comment:			

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

CHK0001 v1.57

9

SEP 11 2017

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/15/17	71754

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06243092

BILL TO:
SCIF (SUISUN CITY)

ATTN: SANDRA FREY
P.O. BOX # 3171
SUISUN CITY, CA 94585-6171

Case: vs VOTUM STAFFING INC.
Date Of Injury: 10/18/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/15/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/17/17	LEGAL_PREP	DEPO PREP @ L/O SCIF	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
05/25/17	PMT BY CHECK	DOS 03/17/17 & 6/15/16* # CE-842965 SCIF	-313.00
07/12/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/31/17	PMT BY CHECK	DOS 7/12/17* =# CE-848443 SCIF	-156.50
11/17/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
12/12/17	PMT BY CHECK	DOS 11/17/17* # CE-859035 SCIF	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclcsed 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 #: **CE-859035**

Issue Date: 12/12/17
Doc #: 032888479

Medical

71754-69931-69689 MR

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06243092		**Date of Injury:** 10/18/13		
SSN	Employer name: UNIVERSAL LOGISTICS GROUP WEST,				Employer ID: 0000009044585130				
1	SF1-SPCA-327078	11/17/17	999Q9	Interpreter Deposit-	• 1	250.00	.00		250.00

Total Allowances: **$250.00**

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"

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/28/18	72939

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
756017

BILL TO:
ZENITH INSURANCE (VAN NUYS)
W. C. DEPARTMENT
ATTN: JENNIFER YORK
P.O. BOX # 9055
VAN NUYS, CA 91409-9055

Case: vs LA DESSERTS INC
Date Of Injury: 2/13/13 - 10/3/17

DOS	SERVICE	DESCRIPTION	AMOUNT
11/03/17	INITIAL EXAM	DR ERIC GOFNUNG @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
11/06/17	F/U CHIRO TX	CHIRO TX W/DR MAYYA KRAVCHE-NKO @ GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
11/10/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
11/15/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
11/17/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
11/27/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
12/01/17	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
12/11/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
01/05/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/08/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/09/18	INITIAL EXAM	DR ALLEN MASSIHI @ GOFNUNG*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/31/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/28/18 72939

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
756017

BILL TO:
ZENITH INSURANCE (VAN NUYS)
W. C. DEPARTMENT
ATTN: JENNIFER YORK
P.O. BOX # 9055
VAN NUYS, CA 91409-9055

Case: vs LA DESSERTS INC
Date Of Injury: 2/13/13 - 10/3/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/29/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
02/07/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/22/18	PMT BY CHECK	DOS 11/3/17-1/9/18* =# 786226	-1360.00

BALANCE 270.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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EXPLANATION OF BILL REVIEW - FL

Carrier/Audit Reviewer
Zenith Insurance Company
P.O. BOX 1558
SARASOTA, FL 34230
(800) 440-5020
DIVISION ISSUED INSURER NUMBER: 785

Patient Information
SSN:
DATE OF INJURY:
Patient Acct No: 72939

* MR

Zenith Claim Information
Claim Number: 756017
Check Date: 02/22/18
Check Number: 786226
Date Of Review: 02/20/18
Case Number: ZEN-ZZFL-370759

Billing Provider Information
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165
TAX ID: 330956713

FEB 27 2018

Rendering Provider Information
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781

Employer Information
GASTROENTEROLOGY ASSOC. OF
CENTRAL FLORIDA, PA
1817 NORTH MILLS AVENUE
ORLANDO, FL 32803
(407) 241-3248

DIAGNOSIS INFORMATION: T14.90
DATES OF SERVICE: 11/03/17 TO 01/09/18 PLACE OF SERVICE: 99

Date Of Service	Procedure Code	Mod	Service Description	Units	Charges	Review Reduction	PPO Reduction	Other Reduction	Allowed	Reduction Codes
11/03/17	T1013		SIGN LANG/ORAL	0001	230.00	0.00	0.00	0.00	230.00	90
11/06/17	T1013		SIGN LANG/ORAL	0001	90.00	0.00	0.00	0.00	90.00	90
11/10/17	T1013		SIGN LANG/ORAL	0001	90.00	0.00	0.00	0.00	90.00	90
11/15/17	T1013		SIGN LANG/ORAL	0001	90.00	0.00	0.00	0.00	90.00	90
11/17/17	T1013		SIGN LANG/ORAL	0001	90.00	0.00	0.00	0.00	90.00	90
11/27/17	T1013		SIGN LANG/ORAL	0001	90.00	0.00	0.00	0.00	90.00	90
12/01/17	T1013		SIGN LANG/ORAL	0001	90.00	0.00	0.00	0.00	90.00	90
12/11/17	T1013		SIGN LANG/ORAL	0001	90.00	0.00	0.00	0.00	90.00	90
01/05/18	T1013		SIGN LANG/ORAL	0001	90.00	0.00	0.00	0.00	90.00	90
01/08/18	T1013		SIGN LANG/ORAL	0001	180.00	0.00	0.00	0.00	180.00	90
01/09/18	T1013		SIGN LANG/ORAL	0001	230.00	0.00	0.00	0.00	230.00	90
			TOTAL SUMMARY:		1,360.00	0.00	0.00	0.00	1,360.00	

State/ANSI Reason Code & Description:

90 PAID: NO MODIFICATION TO THE INFORMATION PROVIDED ON THE MEDICAL BILL: PAYMENT MADE PURSUANT TO FLORIDA WORKERS' COMPENSATION HEALTH CARE PROVIDER REIMBURSEMENT MANUAL.

To check the status of your bill, or for any other questions, please call Zenith Insurance Company at 1-800-440-5020.
ZENITH INSURANCE COMPANY NOW UTILIZES CENTRALIZED MAIL FACILITIES TO EXPEDITE MAIL HANDLING AND ROUTING. SEND ALL CORRESPONDENCE (INCLUDING MEDICAL BILLS, REPORTS, ETC) TO: PO BOX 1558, SARASOTA, FL 34230-1558

ZENITH INSURANCE COMPANY now has the ability to receive medical bills electronically. If interested, please contact the Zenith provider call center provided by Jopari solutions at 1-866-269-0554 for more information.

All requests for reconsideration should be submitted in writing. Please include the bill clearly labeled as a request for reconsideration, the Explanation of Payment, the reason for the request and any supporting documentation. Reconsideration requests will be handled in accordance with your state's guidelines.

(Explanation Of Bill Review Continued On Next Page)

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/24/17 68486

EAMS#(s): [illegible]

SS # :
DOB :
Terms: 60 days
Claim #(s):
1010-15-08265; 1010-15-00

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: OSCAR FUENTES
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs THE UNICORN GROUP
Date Of Injury: 12/2/14; 8/19/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/16/16	LEGAL_WCAB	MSC @ WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
04/25/16	PMT BY CHECK	DOS 2/16/16* # 1260501	-156.50
07/26/16	LEGAL_WCAB	MSC @ WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
08/30/16	PMT BY CHECK	DOS 2/16/16-7/26/16* =# 1409878	-156.50
06/16/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
07/14/17	PMT BY CHECK	DOS 6/16/17* # 1793810	-250.00

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: 07/14/2017
Check Number: 1793810
Check Amount: $250.00

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,CCP66A

CCP66A

6/6/17 4:39 PM 4 0000183 20170714 MG4GL101 CHECK 1 oz DOM MG4GL10000* 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
I0101508265	[redacted]	12/02/2014	68486	VEND	06/16/2017	06/16/2017	$250.00

RECEIVED
JUL 24 2017

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/28/18 72428

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
WA209259

BILL TO:
MITSUI SUMITOMO INS (N.J.)
W. C. DEPARTMENT
ATTN: ELINDA HERNANDEZ
P.O. BOX 61000
NEWARK, NJ 07101

Case: vs DENIM-TECH LLC
Date Of Injury: 2/25/16 - 2/25/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/08/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/17/17	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/18/17	PT INITIAL	PHYSICAL TX W/DR CHRIS MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/24/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/30/17	INITIAL EXAM	DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/07/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/12/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/14/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/21/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/28/17	FOLLOW-UP	W/ ACUPUNCT YIRYE KANG @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/04/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/06/17	INITIAL EXAM	DR ALLEN MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/12/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/17/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/28/18 72428

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
WA209259

BILL TO:
MITSUI SUMITOMO INS (N.J.)
W. C. DEPARTMENT
ATTN: ELINDA HERNANDEZ
P.O. BOX 61000
NEWARK, NJ 07101

Case: A vs DENIM-TECH LLC
Date Of Injury: 2/25/16 - 2/25/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/19/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/26/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/02/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/03/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/09/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/15/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/20/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/21/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/22/17	FOLLOW UP	PHYSICAL TX W/DR MENDOZA*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/27/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/04/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/11/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/21/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/20/17	EMG TESTING	NCV U/E BY BHARATWAL @ EPC*	150.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/26/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/04/18	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#
02/28/18 72428

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
WA209259

BILL TO:
MITSUI SUMITOMO INS (N.J.)
W. C. DEPARTMENT
ATTN: ELINDA HERNANDEZ
P.O. BOX 61000
NEWARK, NJ 07101

Case: vs DENIM-TECH LLC
Date Of Injury: 2/25/16 - 2/25/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LILIAN HALPERIN # 100048	0.00
01/18/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/25/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/31/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/08/18	FOLLOW-UP	W/ ACUPUNCT YOUN RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
02/15/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/16/18	PMT BY CHECK	DOS 10/17/17-1/31/18* =# 267215	-540.00
02/20/18	PMT BY CHECK	DOS 12/4/17-12/11/17* =# 267684	-360.00

BALANCE 5390.00

* 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
MITSUI SUMITOMO INSURANCE GROUP
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= MSIG
11-24
1210(8)

CHECK NUMBER	CHECK DATE
267684	02/20/18

Claim#: WA209259

*******$360.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY EXACTLY: *Three hundred sixty and 00/100 Dollars*

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0000267684⑈ ⑆121000248⑆ 4129 655528⑈

ACH HERE

DETACH HERE

CORVEL

Explanation of Review

MR

Business Unit: MSMM-06
15 Independence Blvd
Warren, NJ 07059

Employer Patient: HOWA USA CORPORATION

RECEIVED
FEB 27 2018
DFR

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4230872 - 1
Reprice: CA, 92781
Billed Date: 02/09/2018
Business Rcvd: 02/14/2018
MBR Rcvd: 02/14/2018
MBR Date: 02/20/2018
Date Approved: 02/20/2018
DOS From - To: 12/04/2017 - 12/11/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Hernandez, Olinda
Vendor #:
PIN:

Treating Provider:
Referring Physician: SHERRY ROSTAMI
Patient Control #: 72428
Provider Tax Id: 33-0956713
Claim Rep Phone #: 818-509-7194

Claim #: WA209259
Processor Initials:
DOI: 02/25/2017
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
12/04/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
12/11/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 4230872					**$360.00**			**$0.00**	**$360.00**
Charges not listed have been previously processed									$0.00
Totals for Bill:4230872									**$360.00**

Line Item Reason Codes and Descriptions
MV0 Market Value

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/02/18	72428

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
WA209259

BILL TO:
MITSUI SUMITOMO INS (N.J.)
W. C. DEPARTMENT
ATTN: ELINDA HERNANDEZ
P.O. BOX 61000
NEWARK, NJ 07101

Case: vs DENIM-TECH LLC
Date Of Injury: 2/25/16 - 2/25/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/08/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/17/17	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/18/17	PT INITIAL	PHYSICAL TX W/DR CHRIS MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/24/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/30/17	INITIAL EXAM	DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/07/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/12/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/14/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/21/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/28/17	FOLLOW-UP	W/ ACUPUNCT YIRYE KANG @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/04/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/06/17	INITIAL EXAM	DR ALLEN MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/12/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/17/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/02/18	72428

EAMS#(s):

SS # : XXX-XX-N/A
DOB : _, __, __
Terms: 60 days
Claim #(s):
WA209259

BILL TO:
MITSUI SUMITOMO INS (N.J.)
W. C. DEPARTMENT
ATTN: ELINDA HERNANDEZ
P.O. BOX 61000
NEWARK, NJ 07101

Case: [redacted] vs DENIM-TECH LLC
Date Of Injury: 2/25/16 - 2/25/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/19/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/26/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/02/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/03/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/09/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/15/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/20/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/21/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/22/17	FOLLOW UP	PHYSICAL TX W/DR MENDOZA*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/27/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/04/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/11/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/21/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/20/17	EMG TESTING	NCV U/E BY BHARATWAL @ EPC*	150.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/26/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/04/18	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#
03/02/18 72428

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
WA209259

BILL TO:
MITSUI SUMITOMO INS (N.J.)
W. C. DEPARTMENT
ATTN: ELINDA HERNANDEZ
P.O. BOX 61000
NEWARK, NJ 07101

Case: [redacted] vs DENIM-TECH LLC
Date Of Injury: 2/25/16 - 2/25/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LILIAN HALPERIN # 100048	0.00
01/18/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/25/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/31/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/08/18	FOLLOW-UP	W/ ACUPUNCT YOUN RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
02/15/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/16/18	PMT BY CHECK	DOS 10/17/17-1/31/18* =# 267215	-540.00
02/20/18	PMT BY CHECK	DOS 12/4/17-12/11/17* =# 267684	-360.00
02/22/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00

BALANCE 5570.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

VOID VOID VOID

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/06/18 72428

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
WA209259

BILL TO:
MITSUI SUMITOMO INS (N.J.)
W. C. DEPARTMENT
ATTN: ELINDA HERNANDEZ
P.O. BOX 61000
NEWARK, NJ 07101

Case: vs DENIM-TECH LLC
Date Of Injury: 2/25/16 - 2/25/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LILIAN HALPERIN # 100048	0.00
01/18/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/25/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/31/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/08/18	FOLLOW-UP	W/ ACUPUNCT YOUN RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
02/15/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/16/18	PMT BY CHECK	DOS 10/17/17-1/31/18* =# 267215	-540.00
02/20/18	PMT BY CHECK	DOS 12/4/17-12/11/17* =# 267684	-360.00
02/22/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/01/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/06/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/07/18	FINAL P.T.	FINAL PHYS TX EVAL W/DR MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/08/18	FINAL ACUPT	W/ ACUPUNCT RHEE @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/02/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/12/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/26/18	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#
06/06/18 72428

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
WA209259

BILL TO:
MITSUI SUMITOMO INS (N.J.)
W. C. DEPARTMENT
ATTN: ELINDA HERNANDEZ
P.O. BOX 61000
NEWARK, NJ 07101

Case: vs DENIM-TECH LLC
Date Of Injury: 2/25/16 - 2/25/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/01/18	P AND S	DR ROSTAMI @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/30/18	PMT BY CHECK	DOS 2/8/18-4/12/18* =# 295924	-1580.00

BALANCE 5440.00

* 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 **

CORVEL CORPORATION
MITSUI SUMITOMO INSURANCE GROUP
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= MSIG
11-24
1210(8)

CHECK NUMBER	CHECK DATE
295924	05/30/18

Claim#: WA209259

PAY EXACTLY: *One thousand five hundred eighty and 00/100 Dollars*

******$1,580.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe MR

WELLS FARGO BANK PORTLAND, OR

⑈0000295924⑈ ⑆121000248⑆ 4129 655528⑈

ATCH HERE

DETACH HERE

CORVEL
Explanation of Review

Business Unit: MSMM-06
15 Independence Blvd
Warren, NJ 07059

Employer: HOWA USA CORPORATION
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

JUN 05 2018

LOB:	Workers' Compensation
Site/Bill #:	48/4364270 - 1
Reprice:	CA, 92781
Billed Date:	04/20/2018
Business Rcvd:	04/26/2018
MBR Rcvd:	04/26/2018
MBR Date:	05/29/2018
Date Approved:	05/29/2018
DOS From - To:	02/08/2018 - 04/12/2018

Network:		**Treating Provider:**		**Claim #:**	WA209259
Network Branch:		**Referring Physician:**	SHERRY ROSTAMI	**Processor Initials:**	
Sub Network:		**Patient Control #:**	72428	**DOI:**	02/25/2017
Contract:		**Provider Tax Id:**	33-0956713	**RX Number:**	
Claim Rep.:	Hernandez, Olinda	**Claim Rep Phone #:**	818-509-7194	**Claim Rep Ext.:**	

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
02/08/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
02/15/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
02/22/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
03/01/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00

03/06/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00	$180.00
03/07/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00	1	$0.00	$90.00
03/08/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00	1	$0.00	$230.00
04/02/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00	$180.00
04/12/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00	$180.00

Sub-Totals for Bill: 4364270		**$1580.00**	**$0.00**	**$1580.00**
Charges not listed have been previously processed				$0.00
Totals for Bill:4364270				**$1580.00**

Line Item Reason Codes and Descriptions
MV0 Market Value

RX3 Per BU/provider agreement amount may be negotiated

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under §5307.1 and §5307.3 of the California Labor Code. The provider shall not attempt to collect expenses for medical treatment from the injured worker per LC§4600. If you disagree with our objection, you have the right to file a lien/application with the WCAB to adjudicate the matter.

For DOS 01-01-2013 and after, if the provider disputes the amount paid, a second review may be requested per LC§9792.5.0 through LC§9792.5.7. Dispute must be received within 90 days of receipt of the E.O.R. or an order of the WCAB resolving the threshold issue as stated in the E.O.R. pursuant to paragraph (5) of subdivision (a) of LC§4603.3.

If still unresolved the provider may request an Independent Bill Review within 30 days of service of the second bill review per LC§4603.6. Upon completion of second review, further remedies for resolution exist under LC§9792.5.7; Independent Bill Review.

Per LC§9792.5.5 2(e) if the only dispute is the amount of payment and the provider does not request a second review within the timeframes set forth in subdivision (b), the bill shall be deemed satisfied and neither the claims administrator nor the employee shall be liable for any further payment.
CorVel Corporation is the bill review provider for Mitsui Sumitomo Insurance Group. Please send all medical bills directly to CorVel at the bellow address:

PO Box 6460

Portland, OR 97228

ICD Diagnosis Code
T14.90 INJURY UNSPECIFIED

Questions regarding this bill may be sent to:

CorVel Bill Review - Sacramento
PO Box 6966
Portland, OR 97228

Toll free: 800-758-5866
Phone: 973-360-6500
FAX: 888-296-1930

California DWC
Employer Address -
HOWA USA CORPORATION

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/20/18 72428

EAMS#(s):
[redacted]7
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
WA209259

BILL TO:
MITSUI SUMITOMO INS (N.J.)
W. C. DEPARTMENT
ATTN: ELINDA HERNANDEZ
P.O. BOX 61000
NEWARK, NJ 07101

Case: [redacted] . vs DENIM-TECH LLC
Date Of Injury: 2/25/16 - 2/25/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/08/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/17/17	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/18/17	PT INITIAL	PHYSICAL TX W/DR CHRIS MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/24/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/30/17	INITIAL EXAM	DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/07/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/12/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
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/ /	INTERPRETER:	IRENE MORA # 101159	0.00
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/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/28/17	FOLLOW-UP	W/ ACUPUNCT YIRYE KANG @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
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/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
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/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/12/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/17/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00

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/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
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/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
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/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
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12/20/17	EMG TESTING	NCV U/E BY BHARATWAL @ EPC*	150.00
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/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
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/ /	INTERPRETER:	LILIAN HALPERIN # 100048	0.00
01/18/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/25/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/31/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/08/18	FOLLOW-UP	W/ ACUPUNCT YOUN RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
02/15/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/16/18	PMT BY CHECK	DOS 10/17/17-1/31/18* =# 267215	-540.00
02/20/18	PMT BY CHECK	DOS 12/4/17-12/11/17* =# 267684	-360.00
02/22/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/01/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/06/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/07/18	FINAL P.T.	FINAL PHYS TX EVAL W/DR MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/08/18	FINAL ACUPT	W/ ACUPUNCT RHEE @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
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/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
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/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
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Case: vs DENIM-TECH LLC
Date Of Injury: 2/25/16 - 2/25/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/01/18	P AND S	DR ROSTAMI @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/30/18	PMT BY CHECK	DOS 2/8/18-4/12/18* =# 295924	-1580.00
06/14/18	PMT BY CHECK	DOS 4/26/18* =# 300515	-180.00

BALANCE 5260.00

* 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 **

CORVEL CORPORATION
MITSUI SUMITOMO INSURANCE GROUP
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= MSIG
11-24
1210(8)

CHECK NUMBER	CHECK DATE
300515	06/14/18

Claim#: WA209259

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0000300515⑈ ⑆121000248⑆ 4129 655528⑈

TACH HERE

DETACH HERE

CORVEL
Explanation of Review

Business Unit: MSMM-06
15 Independence Blvd
Warren, NJ 07059

Employer Patient: HOWA USA CORPORATION

PAID
JUN 19 2018

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB:	Workers' Compensation
Site/Bill #:	48/4401372 - 1
Reprice:	CA, 92781
Billed Date:	05/09/2018
Business Rcvd:	05/16/2018
MBR Rcvd:	05/16/2018
MBR Date:	06/13/2018
Date Approved:	06/13/2018
DOS From - To:	04/26/2018 - 04/26/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Hernandez, Olinda

Treating Provider:
Referring Physician: SHERRY ROSTAMI
Patient Control #: 72428
Provider Tax Id: 33-0956713
Claim Rep Phone #: 818-509-7194

Claim #: WA209259
Processor Initials:
DOI: 02/25/2017
RX Number:
Claim Rep Ext.:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
04/26/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 4401372					**$180.00**			**$0.00**	**$180.00**

Charges not listed have been previously processed

~~$0.00~~

Totals for Bill:4401372 $180.00

Line Item Reason Codes and Descriptions
MV0 Market Value

RX3 Per BU/provider agreement amount may be negotiated

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service

Joyce Altman Interpreters, Inc.
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MITSUI SUMITOMO INS (N.J.)
W. C. DEPARTMENT
ATTN: ELINDA HERNANDEZ
P.O. BOX 61000
NEWARK, NJ 07101

Case: vs DENIM-TECH LLC
Date Of Injury: 2/25/16 - 2/25/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/01/18	P AND S	DR ROSTAMI @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/30/18	PMT BY CHECK	DOS 2/8/18-4/12/18* =# 295924	-1580.00
06/14/18	PMT BY CHECK	DOS 4/26/18* =# 300515	-180.00
06/19/18	PMT BY CHECK	DOS 5/1/18* N =# 301780	-230.00

BALANCE 5030.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ or Petitioner is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Applic of Adjud, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien/ or Petition. ** THIS SERVES AS DEMAND FOR PAYMENT **

VOID VOID VOID

CORVEL CORPORATION
MITSUI SUMITOMO INSURANCE GROUP
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= MSIG
11-24
1210(8)

CHECK NUMBER	CHECK DATE
301780	06/19/18

Claim#: WA209259

PAY EXACTLY: *Two hundred thirty and 00/100 Dollars*

**$230.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

PAID
JUN 25 2018

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

"0000301780" "121000248" 4129 655528"

MR

ATCH HERE

DETACH HERE

CORVEL
Explanation of Review

Business Unit: MSMM-06
15 Independence Blvd
Warren, NJ 07059

Employer Patient: HOWA USA CORPORATION

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4423749 - 1
Reprice: CA, 92781
Billed Date: 05/16/2018
Business Rcvd: 05/24/2018
MBR Rcvd: 05/24/2018
MBR Date: 06/18/2018
Date Approved: 06/18/2018
DOS From - To: 05/01/2018 - 05/01/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Hernandez, Olinda

Treating Provider:
Referring Physician: SHERRY ROSTAMI
Patient Control #: 72428
Provider Tax Id: 33-0956713
Claim Rep Phone #: 818-509-7194

Claim #: WA209259
Processor Initials:
DOI: 02/25/2017
RX Number:
Claim Rep Ext.:

Vendor #:
PIN:

Date	Code	Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
05/01/18	T1013 SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 G67, RX3, MV0	1	11	$230.00		1	$0.00	$230.00
Sub-Totals for Bill: 4423749				**$230.00**			**$0.00**	**$230.00**

Charges not listed have been previously processed $0.00

Totals for Bill:4423749 $230.00

Line Item Reason Codes and Descriptions
MV0 Market Value
RX3 Per BU/provider agreement amount may be negotiated

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/17/18 71787

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011260-059237-WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 2934
CLINTON, IA 52733

Case: vs CHARTWELL STAFFING SERVICES
Date Of Injury: 11/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
05/04/17	INITIAL EXAM	DR GALAL GOUBRAN @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI & INITIAL CHIRO & PHYS THERAPY	180.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/26/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/31/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/12/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/01/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/02/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/05/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/14/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/16/17	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:	MARIA BARBOSA # 500267	0.00
06/23/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/26/17	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#
05/17/18 71787

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
011260-059237-WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 2934
CLINTON, IA 52733

Case: vs CHARTWELL STAFFING SERVICES
Date Of Injury: 11/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/30/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/06/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/14/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/19/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/21/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIHDU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/02/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/03/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/04/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ 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#
05/17/18 71787

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011260-059237-WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 2934
CLINTON, IA 52733

Case: vs CHARTWELL STAFFING SERVICES
Date Of Injury: 11/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/14/17	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
08/23/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/25/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/01/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/07/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/18/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/27/17	PMT BY CHECK	DOS 7/6/17-8/2/17* # 0140323849	-360.00
10/05/17	PR2/REEVAL	DR MICHAEL PRICE/MILES*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/04/17	PMT BY CHECK	DOS 5/4/17* # 0140497766	-230.00
10/13/17	PMT BY CHECK	DOS 6/1/17* # 0140748113	-180.00
10/13/17	PMT BY CHECK	DOS 8/3/17* # 0140748073	-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#
05/17/18 71787

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
011260-059237-WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 2934
CLINTON, IA 52733

Case: vs CHARTWELL STAFFING SERVICES
Date Of Injury: 11/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/26/17	PMT BY CHECK	DOS 10/5/17* # 0141053076	-180.00
11/02/17	PR2/REEVAL	DR PRICE/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/06/17	PMT BY CHECK	DOS 11/2/17* # 0142006895	-180.00
12/07/17	PR2/REEVAL	DR PRICE/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/04/18	PR2/REEVAL	DR RAFLA/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/01/18	PR2/REEVAL	DR AMIR FRIEDMAN/FRANKE*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/27/18	PMT BY CHECK	DOS 12/7/17-2/1/18* # 0143946410	-540.00
03/08/18	PR2/REEVAL	DR JOHN XIAO-JIANG QIAN/DAVE FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/12/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/08/18	PMT BY CHECK	DOS 5/12/18* # 0145679235	-180.00
05/08/18	PMT BY CHECK	DOS 3/8/18* # 0145679238	-180.00
		BALANCE	6710.00

* 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 003916

M

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 011260 059237 WC 01 (4020415-07)
CLAIMANT:
DESCRIPTION: INV# 71787

DATES OF SERVICE: 12Apr18 **THRU** 12Apr18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 29Nov16

NO.: 0145679235
VN: 0001721937
DATE: 08May18
AMOUNT: 180.00

**

MAY 15 2018

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004842 005551 002 002

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. 0145679235 003916
VN. 0001721937
DATE: 08May18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **180.00

CLAIM NO.: 011260 059237 WC 01 (4020415-07) **BRANCH NO.:** 094
PAY ONE HUNDRED EIGHTY AND 00/100 DOLLARS**********
****

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

Donna M. Karte

AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

CITIBANK, N.A.
ONE PENN'S WAY
NEW CASTLE, DE 19720

⑈0145679235⑈ ⑆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#
10/06/17 72149

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y67C42661

BILL TO:
THE HARTFORD (LEXINGTON-14475)
W. C. DEPARTMENT
ATTN: LINDSEY REED
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs HARBOR PIPE STEEL INC
Date Of Injury: 1/23/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/06/17	INITIAL EXAM	DR GALAL GOUBRAN/JOE TRUJILLO @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	GUADALUPE MANIRQUEZ # 500090	0.00
07/19/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/26/17	INITL CHIRO	TX & PHYS TX W/DR CHRISTINE HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/02/17	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:	ELISA LOPEZ MEDINA # 003693	0.00
08/23/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/30/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/06/17	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:	ELISA L. MEDINA # 003693	0.00
09/21/17	PR2/REEVAL	DR MICHAEL PRICE/GARET DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/28/17	PMT BY CHECK	DOS 7/6/17* # 127925866 7	-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#
10/06/17	72149

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y67C42661

BILL TO:
THE HARTFORD (LEXINGTON-14475)
W. C. DEPARTMENT
ATTN: LINDSEY REED
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs HARBOR PIPE STEEL INC
Date Of Injury: 1/23/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 1580.00

* 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.

M



Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2307183

MB 01 002113 63086 B 10 C

JOYCE ALTMAN INTERPRETERS
Po Box 4165
Tustin CA 92781-4165

72149—1

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
01/23/2017	72WE DW7473 Y67C 42661	HARBOR PIPE AND STEEL INC		$230.00
Nature of Benefits: Translation Services		Nature of Payment: Payment Reason - Translation Services	Service Dates 07/06/2017 07/06/2017	$230.00

Claim Handler: LINDSEY REED
8664019222 x2307183
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:
Partial Payment - Only payable DOS is 7/6/17 for PTP Initial Exam. All other DOS from 7/19/17 - 9/6/17 were for treatment not authorized by UR.Total Payment $230

Issue Date	09/28/2017	Check Number	127925866 7	Total Check Amount	$230.00

Please keep the above information for your records.

FOLD AT DOTTED LINE AND DETACH

HAR-100-2

115475195

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/07/18 71787

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011260-059237-WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 2934
CLINTON, IA 52733

Case: vs CHARTWELL STAFFING SERVICES
Date Of Injury: 11/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
05/04/17	INITIAL EXAM	DR GALAL GOUBRAN @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI & INITIAL CHIRO & PHYS THERAPY	180.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/26/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/31/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/12/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/01/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/02/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/05/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/14/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/16/17	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:	MARIA BARBOSA # 500267	0.00
06/23/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/26/17	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#
03/07/18 71787

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
011260-059237-WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 2934
CLINTON, IA 52733

Case: vs CHARTWELL STAFFING SERVICES
Date Of Injury: 11/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/30/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/06/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/14/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/19/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/21/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIHDU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/02/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/03/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/04/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ 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#
03/07/18 71787

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011260-059237-WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 2934
CLINTON, IA 52733

Case: vs CHARTWELL STAFFING SERVICES
Date Of Injury: 11/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/14/17	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
08/23/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/25/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/01/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/07/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/18/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/27/17	PMT BY CHECK	DOS 7/6/17-8/2/17* # 0140323849	-360.00
10/05/17	PR2/REEVAL	DR MICHAEL PRICE/MILES*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/04/17	PMT BY CHECK	DOS 5/4/17* # 0140497766	-230.00
10/13/17	PMT BY CHECK	DOS 6/1/17* # 0140748113	-180.00
10/13/17	PMT BY CHECK	DOS 8/3/17* # 0140748073	-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#
03/07/18 71787

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
011260-059237-WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 2934
CLINTON, IA 52733

Case: _____ vs CHARTWELL STAFFING SERVICES
Date Of Injury: 11/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/26/17	PMT BY CHECK	DOS 10/5/17* # 0141053076	-180.00
11/02/17	PR2/REEVAL	DR PRICE/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/06/17	PMT BY CHECK	DOS 11/2/17* # 0142006895	-180.00
12/07/17	PR2/REEVAL	DR PRICE/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/04/18	PR2/REEVAL	DR RAFLA/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/01/18	PR2/REEVAL	DR AMIR FRIEDMAN/FRANKE*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/27/18	PMT BY CHECK	DOS 12/7/17-2/1/18* # 0143946410	-540.00

BALANCE 6710.00

* 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

MDG2009 00005164 1 MB .424 1

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

RECEIVED
MAR 06 2018

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

DIRECT CHECK INQUIRIES TO: MK
PHONE: 866-841-0167
GB-SACRAMENTO EAST
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 011260 059237 WC 01 (4020415-07)
CLAIMANT:
DESCRIPTION: INV #: 71787

DATES OF SERVICE: 07Dec17 THRU 01Feb18
BENEFIT PERIOD: THRU

BRANCH NO.: 094
ACC DATE: 29Nov16

NO.: 0143946410
VN: 0001648903
DATE: 27Feb18
AMOUNT: 540.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005164 006070 001 004

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. 0143946410 003896
VN. 0001648903
DATE: 27Feb18 62-20/311

CLAIM NO.: 011260 059237 WC 01 (4020415-07) BRANCH NO.: 094
PAY FIVE HUNDRED FORTY AND 00/100 DOLLARS**********

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **540.00

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

⑈0143946410⑈ ⑆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#
10/20/17 71787

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011260-059237-WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 2934
CLINTON, IA 52733

Case vs CHARTWELL STAFFING SERVICES
Date Of Injury: 11/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
05/04/17	INITIAL EXAM	DR GALAL GOUBRAN @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI & INITIAL CHIRO & PHYS THERAPY	180.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/26/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/31/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/12/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/01/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/02/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/05/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/14/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/16/17	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:	MARIA BARBOSA # 500267	0.00
06/23/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/26/17	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#
10/20/17 71787

EAMS#(s):

SS # : XXX-
DOB :
Terms: 60 days
Claim #(s):
011260-059237-WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 2934
CLINTON, IA 52733

Case: s CHARTWELL STAFFING SERVICES
Date Of Injury: 11/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/30/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/06/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/14/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/19/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/21/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIHDU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/02/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/03/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/04/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ 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#
10/20/17	71787

EAMS#(s):

SS # : XXX-XX-
DOB :
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Claim #(s):
011260-059237-WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 2934
CLINTON, IA 52733

Case: vs CHARTWELL STAFFING SERVICES
Date Of Injury: 11/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/14/17	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
08/23/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/25/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/01/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/07/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/18/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/27/17	PMT BY CHECK	DOS 7/6/17-8/2/17* # 0140323849	-360.00
10/05/17	PR2/REEVAL	DR MICHAEL PRICE/MILES*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/04/17	PMT BY CHECK	DOS 5/4/17* # 0140497766	-230.00
10/13/17	PMT BY CHECK	DOS 6/1/17* # 0140748113	-180.00
10/13/17	PMT BY CHECK	DOS 8/3/17* # 0140748073	-180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/20/17 71787

EAMS#(s):

SS # : XXX-XX-
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Terms: 60 days
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011260-059237-WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 2934
CLINTON, IA 52733

Case: _____ vs CHARTWELL STAFFING SERVICES
Date Of Injury: 11/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 6890.00

* 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 005326

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 011260 059237 WC 01 (4020415-07)
CLAIMANT:
DESCRIPTION: INV# 71787

DATES OF SERVICE: 03Aug17 **THRU** 03Aug17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 29Nov16

NO.: 0140748073
VN: 0001517444
DATE: 13Oct17
AMOUNT: 180.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0007641 008598 002 003

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. 0140748073 005326
VN. 0001517444
DATE: 13Oct17 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **180.00

CLAIM NO.: 011260 059237 WC 01 (4020415-07) **BRANCH NO.:** 094
PAY ONE HUNDRED EIGHTY AND 00/100 DOLLARS**********

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

CITIBANK, N.A.
ONE PENN'S WAY
NEW CASTLE, DE 19720

⑈0140748073⑈ ⑆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#
10/13/17 71787

FAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011260-059237-WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 2934
CLINTON, IA 52733

Case: vs CHARTWELL STAFFING SERVICES
Date Of Injury: 11/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
05/04/17	INITIAL EXAM	DR GALAL GOUBRAN @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI & INITIAL CHIRO & PHYS THERAPY	180.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/26/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/31/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/12/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/01/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/02/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/05/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/14/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/16/17	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:	MARIA BARBOSA # 500267	0.00
06/23/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/26/17	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#
10/13/17 71787

EAMS#(s):
1
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
011260-059237-WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 2934
CLINTON, IA 52733

Case: 1 vs CHARTWELL STAFFING SERVICES
Date Of Injury: 11/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/30/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/06/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/14/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/19/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/21/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIHDU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/02/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/03/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/04/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ 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#
10/13/17 71787

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011260-059237-WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 2934
CLINTON, IA 52733

Case: vs CHARTWELL STAFFING SERVICES
Date Of Injury: 11/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/14/17	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
08/23/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/25/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/01/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/07/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/18/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/27/17	PMT BY CHECK	DOS 7/6/17-8/2/17* # 0140323849	-360.00
10/05/17	PR2/REEVAL	DR MICHAEL PRICE/MILES*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/04/17	PMT BY CHECK	DOS 5/4/17* # 0140497766	-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#
10/13/17	71787

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011260-059237-WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 2934
CLINTON, IA 52733

Case: l vs CHARTWELL STAFFING SERVICES
Date Of Injury: 11/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 7250.00

* 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 003909

MDG2009 00004752 1 MB .423 1

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 011260 059237 WC 01 (4020415-07)
CLAIMANT:
DESCRIPTION: INV #: 71787

DATES OF SERVICE: 04May17 **THRU** 04May17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 29Nov16

NO.: 0140497766
VN: 0001506677
DATE: 04Oct17
AMOUNT: 230.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004752 005497 001 002

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. 0140497766 003909
VN. 0001506677
DATE: 04Oct17 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **230.00

CLAIM NO.: 011260 059237 WC 01 (4020415-07) **BRANCH NO.:** 094
PAY TWO HUNDRED THIRTY 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

⑈0140497766⑈ ⑆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#
06/22/18 72941

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
188563317

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: SUKHTREET DHALIWAL
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs ADECCO
Date Of Injury: 8/17/17

DOS	SERVICE	DESCRIPTION	AMOUNT
11/06/17	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
11/08/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
11/27/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
11/17/17	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
12/04/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
01/31/18	PMT BY CHECK	DOS 11/6/17-12/4/17* =# 2529511	-450.00
02/28/18	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/07/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/09/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/21/18	PMT BY CHECK	DOS 2/28/18* =# 2610935	-90.00
03/21/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/04/18	PMT BY CHECK	DOS 3/7/18* =# 2633015	-90.00
04/04/18	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/06/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/11/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/22/18 72941

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
188563317

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: SUKHTREET DHALIWAL
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs ADECCO
Date Of Injury: 8/17/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/17/18	PMT BY CHECK	DOS 3/9/18-3/21/18* =# 2654284	-180.00
04/16/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/23/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
05/09/18	PMT BY CHECK	DOS 4/4/18-4/6/18* =# 2690542	-180.00
05/04/18	PR2/REEVAL	DR GOFNUNG @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/17/18	PMT BY CHECK	DOS 4/11/18* =# 2705540	-90.00
05/18/18	F/U CHIRO TX	CHIRO TX W/ GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/31/18	PMT BY CHECK	DOS 4/16/18-4/23/18* =# 2727821	-180.00
05/25/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/06/18	P AND S	DR GOFNUNG @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/14/18	PMT BY CHECK	DOS 5/4/18* =# 2751832	-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#
06/22/18	72941

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
188563317

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: SUKHTREET DHALIWAL
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs ADECCO
Date Of Injury: 8/17/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 730.00

* 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 **

M

Broadspire Services, Inc.
PO Box 189080
Plantation, FL 33318-9080

0000210-0000633 0106 001 713193 BSP

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

Broadspire®
A CRAWFORD COMPANY

72941 -1

The document you are holding is a payment for services provided. The attached check and Explanation of Payment(s) is sent to you for services rendered on behalf of Broadspire Services, Inc. who has partnered with VPay® to process their payments. If you have questions regarding the payment, please contact us at 1-855-388-8371. If you have questions regarding the payment amount or benefit calculation, please contact Broadspire Services, Inc. at 1-800-800-7885.

Claim ID:	188563317-001
Client Reference ID:	9080289249
VP Trans ID:	381935591 BSP0001001
Date:	06/14/2018
Amount:	$180.00
Check Number:	2751832

RECEIVED
JUN 21 2018

Notice of Confidentiality - The information contained in this communication is confidential and is intended solely for the addressee. The information may also be legally privileged. This communication is sent in trust, for the sole purpose of delivery to the intended recipient. If you have received this document in error, any use, reproduction or dissemination of this communication is strictly prohibited. If you are not the intended recipient, please immediately notify VPay at (877) 399-5917 and provide the SE Transaction ID shown above and destroy this communication and its attachments, if any.

Bill Id: BRS-BSCA-2047442

Carrier

INSURANCE COMPANY STATE OF PEN
500 W MADISON STREET
STE 3000
CHICAGO, IL 60661

Provider

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS
External ID: 6713999JOALININUNKNO4165
Invoice Date: 05/18/2018
Patient Account: 72941
Payment Status Code: 1

Claimant

Claim Number: 188563317-001
DOI/DOL: 08/17/2017
CR Date / BR Date: 05/21/2018 / 05/21/2018
External Claim Number: 201708231351023715409 9
Social Security Number: *****0937
Employer/Insured: ADECCO
Employer/Insured Address: LOS ANGELES HUBSITE - GLENDALE
520 N CENTRAL AVE
GLENDALE, CA 91203
Policy Admin Information: 028314
Branch ID: BRE

Bill Details

Dates of Service: 11/06/2017 to 05/04/2018
Post Date: 06/11/2018
Client Type of Bill: 74
Adjuster: SKDHAL

Bill ICD Version: 10

Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	11/06/2017	99	99199	A	1	UNLISTED SPECIAL SERV	230.00	230.00	0.00	224,G56 0.00	0.00
2	11/08/2017	99	99199	A	1	UNLISTED SPECIAL SERV	90.00	90.00	0.00	224,G56 0.00	0.00
3	11/17/2017	99	99199	A	1	UNLISTED SPECIAL SERV	90.00	90.00	0.00	224,G56 0.00	0.00
4	11/27/2017	99	99199	A	1	UNLISTED SPECIAL SERV	90.00	90.00	0.00	224,G56 0.00	0.00
5	12/04/2017	99	99199	A	1	UNLISTED SPECIAL SERV	90.00	90.00	0.00	224,G56 0.00	0.00
6	02/28/2018	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
7	03/07/2018	99	99199	A	1	UNLISTED SPECIAL SERV	90.00	90.00	0.00	224,G56 0.00	0.00
8	03/09/2018	99	99199	A	1	UNLISTED SPECIAL SERV	90.00	90.00	0.00	224,G56 0.00	0.00
9	03/21/2018	99	99199	A	1	UNLISTED SPECIAL SERV	90.00	90.00	0.00	224,G56 0.00	0.00
10	04/04/2018	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56 0.00	0.00
11	04/06/2018	99	99199	A	1	UNLISTED SPECIAL SERV	90.00	90.00	0.00	224,G56 0.00	0.00
12	04/11/2018	99	99199	A	1	UNLISTED SPECIAL SERV	90.00	90.00	0.00	224,G56 0.00	0.00
13	04/16/2018	99	99199	A	1	UNLISTED SPECIAL SERV	90.00	90.00	0.00	224,G56 0.00	0.00
14	04/23/2018	99	99199	A	1	UNLISTED SPECIAL SERV	90.00	90.00	0.00	224,G56 0.00	0.00
15	05/04/2018	99	99199	A	120	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00

381935591

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/28/18	72691

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
186476509

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: LIZA VERA
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs STRATEGIC RESTAURANTS ACQUISIT
Date Of Injury: 2/23/13

DOS	SERVICE	DESCRIPTION	AMOUNT
09/14/17	INITIAL EXAM	DR ATEF RAFLA/ANDREW MILES @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/12/17	PR2/REEVAL	DR MICHAEL PRICE/DAVE FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/09/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/14/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/11/18	PR2/REEVAL	DR ATEF RAFLA/ANDREW MILES*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/22/18	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
01/26/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/02/18	PMT BY CHECK	DOS 9/14/17-12/14/17* =# 2532549	-360.00
01/31/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/07/18	PMT BY CHECK	DOS 1/11/18* =# 2542900	-90.00
02/05/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/07/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/08/18	PR2/REEVAL	DR FRIEDMAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDIAN # 003693	0.00
02/14/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/28/18 72691

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
186476509

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: LIZA VERA
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs STRATEGIC RESTAURANTS ACQUISIT
Date Of Injury: 2/23/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/16/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/19/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/21/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/21/18	PMT BY CHECK	DOS 2/21/18-1/31/18* =# 2567762	-270.00
02/26/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/02/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/12/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/14/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/20/18	PMT BY CHECK	DOS 1/22/18-3/31/18* =# 2608261	-590.00

BALANCE 2210.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Broadspire Services, Inc.
PO Box 189080
Plantation, FL 33318-9080

0000213-0000611 0106 001 694059 BSP

JOYCE ALTMAN INTERPRETERS INC
PO BOX # 4165
TUSTIN, CA 92781-0000

Broadspire®
A CRAWFORD COMPANY

72691

The document you are holding is a payment for services provided. The attached check and Explanation of Payment(s) is sent to you for services rendered on behalf of Broadspire Services, Inc. who has partnered with VPay® to process their payments. If you have questions regarding the payment, please contact us at 1-855-388-8371. If you have questions regarding the payment amount or benefit calculation, please contact Broadspire Services, Inc. at 1-800-800-7885.

Claim ID:	186476509-001
Client Reference ID:	9070856490
SE Transaction ID:	336075326 BSP0001001
Date:	03/20/2018
Amount:	$590.00
Check Number:	2608261

MAR 23 2018

Notice of Confidentiality - The information contained in this communication is confidential and is intended solely for the addressee. The information may also be legally privileged. This communication is sent in trust, for the sole purpose of delivery to the intended recipient. If you have received this document in error, any use, reproduction or dissemination of this communication is strictly prohibited. If you are not the intended recipient, please immediately notify VPay at (877) 399-5917 and provide the SE Transaction ID shown above and destroy this communication and its attachments, if any.

Broadspire®
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-1955267

Carrier

NEW HAMPSHIRE INS CO
1 CONNELL DR
4TH FLOOR
BERKELEY HEIGHTS, NJ 07922

Provider

JOYCE ALTMAN INTERPRETERS INC
PO BOX # 4165
TUSTIN, CA 92781-0000

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS INC
Invoice Date: 02/21/2018
Patient Account: 72691
Payment Status Code: 1

Claimant

Claim Number: 186476509-001
DOI/DOL: 02/26/2013
CR Date / BR Date: 02/26/2018 / 02/26/2018
External Claim Number: 20130319104650360515 64
Social Security Number: *****
Employer/Insured: STRATEGIC RESTAURANTS ACQUISIT
Employer/Insured Address: BURGER KING
520 WALNUT AVE
GREENFIELD, CA 93927
Policy Admin Information: 029047
Branch ID: FSN

Bill Details

Dates of Service: 09/14/2017 to 02/07/2018
Post Date: 03/08/2018
Client Type of Bill: 74
Adjuster: LMVERA

Bill ICD Version: 10

Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	09/14/2017	99	99199	A	1	UNLISTED SPECIAL SERV	230.00	230.00	0.00	224,G56 0.00	0.00
2	10/12/2017	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56 0.00	0.00
3	11/09/2017	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56 0.00	0.00
4	12/14/2017	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56 0.00	0.00
5	01/11/2018	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56 0.00	0.00
6	01/22/2018	99	99199	A	1	UNLISTED SPECIAL SERV	230.00	0.00	0.00	0.00	* 230.00
7	01/26/2018	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	* 180.00
8	01/31/2018	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	* 180.00
9	02/05/2018	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56 0.00	0.00
10	02/07/2018	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56 0.00	0.00

Totals

Total Charges:	1,900.00				
Bill Review Reductions:		1,310.00			
Network Reductions:			0.00		
Miscellaneous Reductions:				0.00	
Recommended Allowance:					590.00

Messages

224 A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
G56 THIS APPEARS TO BE A DUPLICATE CHARGE FOR A BILL PREVIOUSLY REVIEWED, OR THIS APPEARS TO BE A "BALANCE FORWARD BILL" CONTAINING A DUPLICATE CHARGE AND BILLING FOR A NEW SERVICE.

Notes

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

336075326

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/22/17	71931

EAMS#(s):
ADJ
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-16-002633

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SERVICE
Date Of Injury: 6/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/01/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/08/17	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/14/17	INITIAL EXAM	DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/15/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/22/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
06/29/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/05/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/06/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/12/17	PT INITIAL	PHYSICAL TX W/DR CHRISTIAN MENDONZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/13/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/19/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/20/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/27/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/03/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	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#
11/22/17	71931

EAMS#(s):
ADJ
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-16-002633

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: [redacted] vs BARRETT BUSINESS SERVICE
Date Of Injury: 6/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/08/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/16/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/17/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/24/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/31/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/08/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/07/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/12/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/13/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/14/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/02/17	FOLLOW-UP	W/ ACUPUNCT YIRYE KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/06/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/09/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/11/17	PR2-RE/EVAL	W/ACUPUNCT BHARTWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/13/17	FOLLOW UP	PHYSICAL TX W/DR MENDOZA*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/16/17	FOLLOW-UP	W/ ACUPUNCT KANG @ 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#
11/22/17	71931

EAMS#(s):
ADJ
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-16-002633

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SERVICE
Date Of Injury: 6/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/17/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/23/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/30/17	PMT BY CHECK	DOS 10/9/17* # 8291268	-180.00
11/02/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/03/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/06/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/14/17	PMT BY CHECK	DOS 10/11/17* =# 8302549	-180.00
11/14/17	PMT BY CHECK	DOS 10/13/17-10/16/17* =# 8302548	-270.00
11/14/17	PMT BY CHECK	DOS 10/17/17-10/13/17* =# 8302546	-360.00

BALANCE 5280.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

VOID VOID VOID

CORVEL CORPORATION
BBSI - EC
PO BOX 279350
SACRAMENTO, CA 95827

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8302546	11/14/17

Claim#: BB-16-002633

PAY EXACTLY: *Three hundred sixty and 00/100 Dollars*

*******$360.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008302546⑈ ⑆121000248⑆ 4121 514012⑈

CH HERE ---- A

DETACH HERE

CORVEL MR

Explanation of Review

Business Unit: PERFORMANCE TEAM/SAN PEDRO,
401 Westmont Dr
San Pedro, CA 90731

Employer
Patient: [redacted]

C [redacted]

Patient DOB:

NOV 2 4 2017

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4039816 - 1
Reprice: CA, 92781
Billed Date: 10/31/2017
Business Rcvd: 11/06/2017
MBR Rcvd: 11/06/2017
MBR Date: 11/13/2017
Date Approved: 11/13/2017
DOS From - To: 10/17/2017 - 10/23/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 4132

Treating Provider:
Referring Physician: SHERRY ROSTAMI
Patient Control #: 71931
Provider Tax Id: 33-0956713

Claim #: BB-16-002633
Processor Initials: MJD
DOI: 06/21/2016
RX Number:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
10/17/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
10/23/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 4039816					**$360.00**			**$0.00**	**$360.00**

Charges not listed have been previously processed $0.00

Totals for Bill:4039816 $360.00

Line Item Reason Codes and Descriptions
MV0 Market Value

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service

VOID VOID VOID

CORVEL CORPORATION
BBSI - EC
PO BOX 279350
SACRAMENTO, CA 95827

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8302548	11/14/17

Claim#: BB-16-002633

PAY EXACTLY: *Two hundred seventy and 00/100 Dollars*

*******$270.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008302548⑈ ⑆121000248⑆ 4121 514012⑈

TACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: PERFORMANCE TEAM/SAN PEDRO,
401 Westmont Dr
San Pedro, CA 90731

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4033736 - 1
Reprice: CA, 92781
Billed Date: 10/24/2017
Business Rcvd: 10/30/2017
MBR Rcvd: 10/30/2017
MBR Date: 11/13/2017
Date Approved: 11/13/2017
DOS From - To: 10/13/2017 - 10/16/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 4132

Treating Provider:
Referring Physician: SHERRY ROSTAMI
Patient Control #: 71931
Provider Tax Id: 33-0956713

Claim #: BB-16-002633
Processor Initials: MJD
DOI: 06/21/2016
RX Number:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
10/13/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00		1	$0.00	$90.00
10/16/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 4033736					**$270.00**			**$0.00**	**$270.00**
Charges not listed have been previously processed									$0.00
Totals for Bill:4033736									**$270.00**

Line Item Reason Codes and Descriptions
MV0 Market Value

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service

VOID VOID VOID

CORVEL CORPORATION
BBSI - EC
PO BOX 279350
SACRAMENTO, CA 95827

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8302549	11/14/17

Claim#: BB-16-002633

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈0008302549⑈ ⑆121000248⑆ 4121 514012⑈

ATTACH HERE

CORVEL

Explanation of Review

MR **Business Unit:** PERFORMANCE TEAM/SAN PEDRO,
401 Westmont Dr
San Pedro, CA 90731

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4033589 - 1
Reprice: CA, 92781
Billed Date: 10/19/2017
Business Rcvd: 10/24/2017
MBR Rcvd: 10/24/2017
MBR Date: 11/13/2017
Date Approved: 11/13/2017
DOS From - To: 10/11/2017 - 10/11/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 4132
Vendor #:
PIN:

Treating Provider:
Referring Physician: SHERRY ROSTAMI
Patient Control #: 71931
Provider Tax Id: 33-0956713

Claim #: BB-16-002633
Processor Initials: MJD
DOI: 06/21/2016
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
10/11/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 4033589					$180.00			$0.00	$180.00
Charges not listed have been previously processed									$0.00
Totals for Bill:4033589									$180.00

Line Item Reason Codes and Descriptions
MV0 Market Value

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/31/17	71794

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-16-006410; BB-17-00050

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: MARTY LYNN
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: [redacted] vs BBSI
Date Of Injury: 1/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/04/17	INITIAL EXAM	DR GALAL GOUBRAN/ANDREW MILES @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/12/17	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
05/19/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/01/17	PR2/REEVAL	DR GOUBRAN/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/06/17	PR2/REEVAL	DR GOUBRAN/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/17/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/13/17	PMT BY CHECK	DOS 8/17/17* =# 8249494	-180.00
09/21/17	PR2/REEVAL	DR MICHAEL PRICE/GARET DAVIS* (TRANSFER OF CARE)	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/26/17	PMT BY CHECK	DOS 9/21/17* =# 8287309	-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#
10/31/17	71794

EAMS#(s):
ADJ
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
BB-16-006410; BB-17-00050

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: MARTY LYNN
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: [redacted] vs BBSI
Date Of Injury: 1/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 1180.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

VOID VOID VOID

CORVEL CORPORATION
BBSI - EC
PO BOX 279350
SACRAMENTO, CA 95827

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8287309	10/26/17

Claim#: BB-16-006410

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008287309⑈ ⑆121000248⑆ 4121 514012⑈

TACH HERE

DETACH HERE

CORVEL
Explanation of Review

Business Unit: UNDER ARMOUR INC, ONTARIO-8116
2510 W Walnut Ave
Rialto, CA 92376

MK

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/3978606 - 1
Reprice: CA, 92781
Billed Date: 10/02/2017
Business Rcvd: 10/06/2017
MBR Rcvd: 10/06/2017
MBR Date: 10/25/2017
Date Approved: 10/25/2017
DOS From - To: 05/04/2017 - 09/21/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 3711
Vendor #:
PIN:

Treating Provider:
Referring Physician: GALAL GOUBRAN
Patient Control #: 71794
Provider Tax Id: 33-0956713

Claim #: BB-16-006410
Processor Initials: ML
DOI: 01/27/2017
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
05/04/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$230.00	$0.00
	Original bill [3864257.48]								
05/12/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$230.00	$0.00
	Original bill [3864257.48]								
05/19/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$180.00	$0.00
	Original bill [3864257.48]								

RECD
OCT 30 2017

06/01/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [3864257.48]							
06/09/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [3864257.48]							
07/06/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [3864257.48]							
09/21/17	T1013 G1 , G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00	$180.00
Sub-Totals for Bill: 3978606					**$1360.00**		**$1180.00**	**$180.00**

Totals for Bill:3978606 **$180.00**

Line Item Reason Codes and Descriptions

MV0 Market Value

R1 Duplicate Billing

Line Item Reason Codes and Descriptions

G1 The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.

G56 This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a balance forward bill containing a duplicate charge and billing for a new service.

G67 Payment based on individual pre-negotiated agreement for this specific service

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under §5307.1 and §5307.3 of the California Labor Code. The provider shall not attempt to collect expenses for medical treatment from the injured worker per LC§4600. If you disagree with our objection, you have the right to file a lien/application with the WCAB to adjudicate the matter.

For DOS 01-01-2013 and after, if the provider disputes the amount paid, a second review may be requested per LC§9792.5.0 through LC§9792.5.7. Dispute must be received within 90 days of receipt of the E.O.R. or an order of the WCAB resolving the threshold issue as stated in the E.O.R. pursuant to paragraph (5) of subdivision (a) of LC§4603.3.

If still unresolved the provider may request an Independent Bill Review within 30 days of service of the second bill review per LC§4603.6. Upon completion of second review, further remedies for resolution exist under LC§9792.5.7; Independent Bill Review.

Per LC§9792.5.5 2(e) if the only dispute is the amount of payment and the provider does not request a second review within the timeframes set forth in subdivision (b), the bill shall be deemed satisfied and neither the claims administrator nor the employee shall be liable for any further payment.

ICD Diagnosis Code

T14.90 INJURY UNSPECIFIED

Questions regarding this bill may be sent to:

CorVel Corporation, Attn: Bill Review
PO Box 6966
Portland, OR 97228

Toll free: 800-758-5866
Phone: 916-605-3800
FAX: 866-449-4217

California DWC

Employer Address -

Payer Identification Number - 952371728
Pay- To Provider State License Number -
Rendering Provider ID -

Joyce Altman Interpreters, 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 71794

EAMS#(s):
ADJ]
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
BB-16-006410; BB-17-00050

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: MARTY LYNN
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: [redacted] vs BBSI
Date Of Injury: 1/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/04/17	INITIAL EXAM	DR GALAL GOUBRAN/ANDREW MILES @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/12/17	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
05/19/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/01/17	PR2/REEVAL	DR GOUBRAN/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/06/17	PR2/REEVAL	DR GOUBRAN/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/17/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/13/17	PMT BY CHECK	DOS 8/17/17* =# 8249494	-180.00
09/21/17	PR2/REEVAL	DR MICHAEL PRICE/GARET DAVIS* (TRANSFER OF CARE)	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/26/17	PMT BY CHECK	DOS 9/21/17* =# 8287309	-180.00
10/26/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/20/17	PMT BY CHECK	DOS 10/266/17* # 8308590	-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#
11/29/17	71794

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-16-006410; BB-17-00050

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: MARTY LYNN
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: [redacted] vs BBSI
Date Of Injury: 1/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 1180.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

VOID VOID VOID

CORVEL CORPORATION
BBSI - EC
PO BOX 279350
SACRAMENTO, CA 95827

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8308590	11/20/17

Claim#: BB-16-006410

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

********$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008308590⑈ ⑆121000248⑆ 4121 514012⑈

ACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: UNDER ARMOUR INC, ONTARIO-8116
2510 W Walnut Ave
Rialto, CA 92376

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4054940 - 1
Reprice: CA, 92781
Billed Date: 11/03/2017
Business Rcvd: 11/14/2017
MBR Rcvd: 11/14/2017
MBR Date: 11/20/2017
Date Approved: 11/20/2017
DOS From - To: 10/26/2017 - 10/26/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 3711
Vendor #:
PIN:

Treating Provider:
Referring Physician: GALAL GOUBRAN
Patient Control #: 71794
Provider Tax Id: 33-0956713

Claim #: BB-16-006410
Processor Initials: ML
DOI: 01/27/2017
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
10/26/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 4054940					$180.00			$0.00	$180.00

Charges not listed have been previously processed $0.00

Totals for Bill:4054940 $180.00

Line Item Reason Codes and Descriptions
MV0 Market Value

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/20/17 71794

EAMS#(s):
ADJ
SS # :
DOB :
Terms: 60 days
Claim #(s):
BB-16-006410; BB-17-00050

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: MARTY LYNN
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: [redacted] vs BBSI
Date Of Injury: 1/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/04/17	INITIAL EXAM	DR GALAL GOUBRAN/ANDREW MILES @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/12/17	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
05/19/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/01/17	PR2/REEVAL	DR GOUBRAN/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/06/17	PR2/REEVAL	DR GOUBRAN/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/17/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/13/17	PMT BY CHECK	DOS 8/17/17* =# 8249494	-180.00

BALANCE 1180.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

VOID VOID VOID
REMAND INC

CORVEL CORPORATION
BBSI - EC
PO BOX 279350
SACRAMENTO, CA 95827

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8249494	09/13/17

Claim#: BB-16-006410

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈0008249494⑈ ⑆121000248⑆ 4121 514012⑈

TACH HERE

DETACH HERE

CORVEL
Explanation of Review

Business Unit: MR
UNDER ARMOUR INC, ONTARIO-8116
2510 W Walnut Ave
Rialto, CA 92376

Employer
Patient:

Patient DOB:

SEP 18 2017

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/3906549 - 1
Reprice: CA, 92781
Billed Date: 08/23/2017
Business Rcvd: 08/30/2017
MBR Rcvd: 08/30/2017
MBR Date: 09/12/2017
Date Approved: 09/12/2017
DOS From - To: 08/17/2017 - 08/17/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 3711
Vendor #:
PIN:

Treating Provider:
Referring Physician: GALAL GOUBRAN
Patient Control #: 71794
Provider Tax Id: 33-0956713

Claim #: BB-16-006410
Processor Initials: ML
DOI: 01/27/2017
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
08/17/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 3906549					**$180.00**			**$0.00**	**$180.00**
Charges not listed have been previously processed									$0.00
Totals for Bill:3906549									**$180.00**

Line Item Reason Codes and Descriptions
MV0 Market Value

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/12/17 70366

EAMS#(s):
ADJ: [redacted]
SS # : XXX-XX-N/A
DOB : [redacted]
Terms: 60 days
Claim #(s):
DT-15-000294

BILL TO:
CORVEL CORPORATION (CHINO)
W. C. DEPARTMENT
ATTN: MARTHA FLORES
P.O. BOX 669
CHINO, CA 91708

Case: [redacted] vs DEL TACO 882
Date Of Injury: 10/6/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/11/16	INITIAL EXAM	DR GALAL GOUBRAN/ANDREW MILES P.A. @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/22/16	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/24/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/29/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/31/16	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:	ELISA LOPEZ MEDINA # 003693	0.00
09/09/16	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:	MARIA BARBOSA # 500267	0.00
09/14/16	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:	ELISA L. MEDINA # 003693	0.00
09/23/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/26/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/28/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	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#
09/12/17 70366

EAMS#(s):
ADJ
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
DT-15-000294

BILL TO:
CORVEL CORPORATION (CHINO)
W. C. DEPARTMENT
ATTN: MARTHA FLORES
P.O. BOX 669
CHINO, CA 91708

Case: [redacted] vs DEL TACO 882
Date Of Injury: 10/6/15

DOS	SERVICE	DESCRIPTION	AMOUNT
10/03/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
10/05/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/06/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/10/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/12/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/17/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/19/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/24/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/26/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
11/02/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/07/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/04/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/12/17	70366

EAMS#(s):
ADJ:
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
DT-15-000294

BILL TO:
CORVEL CORPORATION (CHINO)
W. C. DEPARTMENT
ATTN: MARTHA FLORES
P.O. BOX 669
CHINO, CA 91708

Case: [redacted] vs DEL TACO 882
Date Of Injury: 10/6/15

DOS	SERVICE	DESCRIPTION	AMOUNT
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/03/16	PR2/REEVAL	DR GOUBRAN @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
11/14/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/16/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
11/21/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/23/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/28/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/30/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/01/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/07/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/09/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/12/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

Joyce Altman Interpreters, Inc.
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Tustin, CA 92781-4165
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TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/12/17 70366

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DT-15-000294

BILL TO:
CORVEL CORPORATION (CHINO)
W. C. DEPARTMENT
ATTN: MARTHA FLORES
P.O. BOX 669
CHINO, CA 91708

Case: I vs DEL TACO 882
Date Of Injury: 10/6/15

DOS	SERVICE	DESCRIPTION	AMOUNT
12/14/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/19/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/21/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/28/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/04/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/16/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/25/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/27/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/26/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/30/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00

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*** INVOICE ***
Date NO#
09/12/17 70366

EAMS#(s):
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SS # : XXX-XX-N/A
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Terms: 60 days
Claim #(s):
DT-15-000294

BILL TO:
CORVEL CORPORATION (CHINO)
W. C. DEPARTMENT
ATTN: MARTHA FLORES
P.O. BOX 669
CHINO, CA 91708

Case: vs DEL TACO 882
Date Of Injury: 10/6/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/01/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/22/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
02/25/17	PR2/REEVAL	DR GOUBBRAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/27/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00

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P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/12/17 70366

EAMS#(s):
ADJ1
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
DT-15-000294

BILL TO:
CORVEL CORPORATION (CHINO)
W. C. DEPARTMENT
ATTN: MARTHA FLORES
P.O. BOX 669
CHINO, CA 91708

Case:
vs DEL TACO 882
Date Of Injury: 10/6/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/27/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/30/17	PR2/REEVAL	DR GOUBRAN/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/04/17	PMT BY CHECK	DOS 8/11/16-2/8/17* =# 78750	-3240.00
03/29/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/11/17	PMT BY CHECK	DOS 2/15/17-3/3/17* =# 79077	-630.00
04/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/20/17	PMT BY CHECK	DOS 3/6/17-3/20/17* =# 79424	-450.00
04/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/14/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/19/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/26/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/29/17	PR2/REEVAL	DR GOUBRAN/FRANKE @ 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#
09/12/17 70366

EAMS#(s):
ADJ1
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
DT-15-000294

BILL TO:
CORVEL CORPORATION (CHINO)
W. C. DEPARTMENT
ATTN: MARTHA FLORES
P.O. BOX 669
CHINO, CA 91708

Case: T Z vs DEL TACO 882
Date Of Injury: 10/6/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/01/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	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:	MARIA BARBOSA # 500267	0.00
05/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/17/17	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:	MARIA BARBOSA # 500267	0.00
05/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/25/17	PR2/REEVAL	DR GOUBRAN/TAYLOR @ 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
08/31/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/29/17	PMT BY CHECK	DOS 5/22/17-6/22/17* =# 85094	-540.00

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#
09/12/17 70366

EAMS#(s):
ADJ: [illegible]
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
DT-15-000294

BILL TO:
CORVEL CORPORATION (CHINO)
W. C. DEPARTMENT
ATTN: MARTHA FLORES
P.O. BOX 669
CHINO, CA 91708

Case: [illegible] vs DEL TACO 882
Date Of Injury: 10/6/15

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 11260.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

CORVEL ENTERPRISE COMP, INC.
DEL TACO PAYMENT ISSUED ON BEHALF OF
ACE PROPERTY & CASUALTY INS. COMPANIES
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= DTACO
11-24
1210(8)

CHECK NUMBER	CHECK DATE
85094	08/29/17

Claim#: DT-15-000294

PAY EXACTLY: *Five hundred forty and 00/100 Dollars*

*******$540.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

"000008509 4" 1:121000248: 4122 415920"

ACH HERE

DETACH HERE

CORVEL
Explanation of Review

Business Unit: 882-DEL TACO-RIVERSIDE
9002 Arlington Ave
Riverside, CA 92503

Employer
Patient:

Patient DOB: XXX-

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

SEP 08 2017

LOB: Workers' Compensation
Site/Bill #: 6/11708327 - 1
Reprice: CA, 92780
Billed Date: 08/09/2017
Business Rcvd: 08/15/2017
MBR Rcvd: 08/15/2017
MBR Date: 08/28/2017
Date Approved: 08/28/2017
DOS From - To: 08/11/2016 - 06/22/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Flores, Martha
Vendor #:
PIN:

Treating Provider:
Referring Physician: GALAL GOUBRAN
Patient Control #: inv#70366
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: DT-15-000294
Processor Initials: MF
DOI: 10/06/2015
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
08/11/16	T1013 R1 . G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$230.00	$0.00
	Original bill [11239453.6]								
08/22/16	T1013 R1 . G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$230.00	$0.00
	Original bill [11239453.6]								
08/24/16	T1013 R1 . G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$180.00	$0.00
	Original bill [11239453.6]								

08/29/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
08/31/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
09/07/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
09/08/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
09/09/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
09/12/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
09/14/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
09/19/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
09/23/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
09/26/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
09/28/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
10/03/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
10/05/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							

10/06/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
10/10/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
10/12/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
10/17/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
10/19/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
10/24/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
10/26/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
11/02/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
11/03/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
11/04/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
11/07/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
11/14/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
11/16/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							

11/21/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
11/23/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
11/28/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
11/30/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
12/01/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
12/07/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
12/09/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
12/12/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
12/14/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
12/19/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
12/21/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
12/28/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							
01/04/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11239453,6]							

01/06/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56		1	11		1		
	Original bill [11239453.6]							
01/09/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56		1	11		1		
	Original bill [11239453.6]							
01/16/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56		1	11		1		
	Original bill [11239453.6]							
01/20/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56		1	11		1		
	Original bill [11239453.6]							
01/25/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56		1	11		1		
	Original bill [11239453.6]							
01/26/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56		1	11		1		
	Original bill [11239453.6]							
01/27/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56		1	11		1		
	Original bill [11239453.6]							
01/30/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56		1	11		1		
	Original bill [11239453.6]							
02/01/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56		1	11		1		
	Original bill [11239453.6]							
02/08/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56		1	11		1		
	Original bill [11239453.6]							
02/10/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56		1	11		1		
	Original bill [11239453.6]							
02/15/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56		1	11		1		
	Original bill [11273409.6]							
02/17/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56		1	11		1		
	Original bill [11273409.6]							

02/20/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11273409,6]							
02/22/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11273409,6]							
02/25/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11273409,6]							
02/27/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11273409,6]							
03/03/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11273409,6]							
03/06/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11302964,6]							
03/10/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11302964,6]							
03/13/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11302964,6]							
03/15/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11302964,6]							
03/20/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11302964,6]							
03/24/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11396404,6]							
03/27/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11396455,6]							
03/29/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11396463,6]							

03/30/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11396455.6]							
04/03/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11396475.6]							
04/07/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11396475.6]							
04/10/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11425760.6]							
04/14/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11425760.6]							
04/17/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11425760.6]							
04/19/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11508592.6]							
04/24/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11508592.6]							
04/26/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11508592.6]							
04/29/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11508592.6]							
05/01/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11508592.6]							
05/03/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11508592.6]							
05/08/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11508592.6]							

05/10/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11508592.6]							
05/15/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11508592.6]							
05/17/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [11508592.6]							
05/22/17	T1013 507, G1 , G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00	$180.00
05/24/17	T1013 G10	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Based on our history we show no Medical and/or MedLegal visits occurring on the billed DOS - please submit the request for interpreter to be present on the DOS billed. Please resubmit with the original documentation.							
05/25/17	T1013 507, G1 , G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00	$180.00
06/22/17	T1013 507, G1 , G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00	$180.00
Sub-Totals for Bill: 11708327					**$15940.00**		**$15400.00**	**$540.00**

Totals for Bill:11708327 **$540.00**

Line Item Reason Codes and Descriptions

507 Priced According to Contract Agreement

R1 Duplicate Billing

Line Item Reason Codes and Descriptions

G1 The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.

G10 We cannot review this service without necessary documentation. Please resubmit with indicated documentation as soon as possible.

G56 This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a balance forward bill containing a duplicate charge and billing for a new service.

G67 Payment based on individual pre-negotiated agreement for this specific service

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/22/17 71980

EAMS#(s):
ADJ:
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
CB-17-010174

BILL TO:
CORVEL CORPORATION (CHINO)
W. C. DEPARTMENT
ATTN: CRISTINE WISER
P.O. BOX 669
CHINO, CA 91708

Case: J vs CALIBER HOLDINGS
Date Of Injury: CT 4/27/16 - 4/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT
06/07/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/15/17	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/21/17	INITIAL EXAM	DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/26/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/13/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/17/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/21/17	INITIAL PHYS	THERAPY W/DR MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/24/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/26/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/04/17	INITIAL EXAM	DR ALLEN MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
08/07/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/17/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/21/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/23/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/31/17	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#
11/22/17 71980

EAMS#(s):
ADJ
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
CB-17-010174

BILL TO:
CORVEL CORPORATION (CHINO)
W. C. DEPARTMENT
ATTN: CRISTINE WISER
P.O. BOX 669
CHINO, CA 91708

Case: i vs CALIBER HOLDINGS
Date Of Injury: CT 4/27/16 - 4/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
09/06/17	FOLLOW UP	PHYSICAL TX W/DR MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
09/08/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/07/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/14/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/22/17	PMT BY CHECK	DOS 6/21/17-7/26/17* =# 31491	-180.00
09/22/17	PMT BY CHECK	DOS 8/17/17-8/21/17* =# 31496	-180.00
09/27/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/05/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/11/17	PMT BY CHECK	DOS 6/7/17-7/17/17* =# 32491	-540.00
10/12/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/17/17	PMT BY CHECK	DOS 8/31/17* # 32763	-180.00
10/18/17	FOLLOW UP	PHYSICAL TX W/DR MENDOZA*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/24/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
10/26/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/02/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	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#
11/22/17	71980

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
CB-17-010174

BILL TO:
CORVEL CORPORATION (CHINO)
W. C. DEPARTMENT
ATTN: CRISTINE WISER
P.O. BOX 669
CHINO, CA 91708

Case: vs CALIBER HOLDINGS
Date Of Injury: CT 4/27/16 - 4/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT
11/03/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/06/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/08/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/14/17	PMT BY CHECK	DOS 10/5/17* =# 34103	-180.00

BALANCE 3890.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

CORVEL ENTERPRISE COMP, INC.
CALIBER COLLISION
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= CALIB
11-24
1210(8)

CHECK NUMBER	CHECK DATE
34103	11/14/17

Claim#: CB-17-010174

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0000034103⑈ ⑆121000248⑆ 4945 666402⑈

ACH HERE

CORVEL
Explanation of Review

MR

DETACH HERE

Business Unit: South Bay (0006) 1835 W. Rosecrans
401 E Corporate Dr Ste 150
Lewisville, TX 75057

Employer
Patient:

Patient DOB: XXX-XX-

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

NOV 2 1 2017

LOB: Workers' Compensation
Site/Bill #: 9/2372369 - 1
Reprice: CA, 92781
Billed Date: 10/13/2017
Business Rcvd: 10/19/2017
MBR Rcvd: 10/19/2017
MBR Date: 11/14/2017
Date Approved: 11/14/2017
DOS From - To: 06/07/2017 - 10/05/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 3838

Treating Provider:
Referring Physician: SHERRY ROSTAMI
Patient Control #: 71980
Provider Tax Id: 33-0956713

Claim #: CB-17-010174
Processor Initials:
DOI: 04/27/2017
RX Number:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
06/07/17	T1013 R1 , G56, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$230.00	$0.00
	Original bill [2349663.9]								
	Billed: 99199; Units: 1								
06/15/17	T1013 R1 , G56, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$230.00	$0.00
	Original bill [2349663.9]								
	Billed: 99199; Units: 1								
06/21/17	T1013 R1 , G56, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$230.00	$0.00
	Original bill [2349663.9]								
	Billed: 99199; Units: 1								

06/26/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56, RX3		1	11		1		
	Original bill [2349663,9]							
	Billed: 99199; Units: 1							
07/13/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56, RX3		1	11		1		
	Original bill [2349663,9]							
	Billed: 99199; Units: 1							
07/17/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56, RX3		1	11		1		
	Original bill [2349663,9]							
	Billed: 99199; Units: 1							
07/21/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$90.00		$90.00	$0.00
	R1 , G56, RX3		1	11		1		
	Original bill [2349663,9]							
	Billed: 99199; Units: 1							
07/24/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56, RX3		1	11		1		
	Original bill [2349663,9]							
	Billed: 99199; Units: 1							
07/26/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56, RX3		1	11		1		
	Original bill [2349663,9]							
	Billed: 99199; Units: 1							
08/04/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$230.00		$230.00	$0.00
	R1 , G56, RX3		1	11		1		
	Original bill [2349663,9]							
	Billed: 99199; Units: 1							
08/07/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56, RX3		1	11		1		
	Original bill [2349663,9]							
	Billed: 99199; Units: 1							
08/17/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56, RX3		1	11		1		
	Original bill [2353391,9]							
	Billed: 99199; Units: 1							
08/21/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56, RX3		1	11		1		
	Original bill [2353391,9]							
	Billed: 99199; Units: 1							

08/23/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00		$180.00	$0.00
	R1 , G56, RX3	1	11		1		
	Original bill [2353391,9]						
	Billed: 99199; Units: 1						
08/31/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00		$180.00	$0.00
	R1 , G56, RX3	1	11		1		
	Original bill [2357606,9]						
	Billed: 99199; Units: 1						
09/06/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$90.00		$90.00	$0.00
	R1 , G56, RX3	1	11		1		
	Original bill [2358160,9]						
	Billed: 99199; Units: 1						
09/07/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00		$180.00	$0.00
	R1 , G56, RX3	1	11		1		
	Original bill [2360790,9]						
	Billed: 99199; Units: 1						
09/08/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00		$180.00	$0.00
	R1 , G56, RX3	1	11		1		
	Original bill [2358160,9]						
	Billed: 99199; Units: 1						
09/14/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00		$180.00	$0.00
	R1 , G56, RX3	1	11		1		
	Original bill [2360790,9]						
	Billed: 99199; Units: 1						
09/27/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00		$180.00	$0.00
	R1 , G56, RX3	1	11		1		
	Original bill [2365507,9]						
	Billed: 99199; Units: 1						
10/05/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		1		
	Billed: 99199; Units: 1						
Sub-Totals for Bill: 2372369				**$3800.00**		**$3620.00**	**$180.00**
Totals for Bill:2372369							**$180.00**

Line Item Reason Codes and Descriptions

507 Priced According to Contract Agreement

R1 Duplicate Billing

RX3 Per BU/provider agreement amount may be negotiated

Line Item Reason Codes and Descriptions

G56 This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a balance forward bill containing a duplicate charge and billing for a new service.

G67 Payment based on individual pre-negotiated agreement for this specific service

Joyce Altman Interpreters, 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 71558

EAMS#(s):ADJ: ADJ
ADJ
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
0545-WC-16-0001026/000011

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: ROSELINE STUCKA
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: s SELECT STAFFING
Date Of Injury: 9/1/16; 9/30/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/30/17	INITIAL EXAM	DR GALAL GOUBRAN/JOE TRUJILLO ,PA @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/29/17	PR2/REEVAL	DR GOUBRAN/ROBERT TAYLOR @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/25/17	PR2/REEVAL	DR GOUBRAN/TAYLOR @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/12/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, INITIAL CHIRO THERAPY W/DR	230.00
/ /	-	CHRISTINE HA @ SIDHU CHIRO*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/23/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/22/17	PR2/REEVAL	DR GOUBRAN/TAYLOR @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/26/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/30/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/12/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/24/17	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#
09/27/17 71558

EAMS#(s):ADJ ADJ
ADJ
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
0545-WC-16-0001026/000011

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: ROSELINE STUCKA
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs SELECT STAFFING
Date Of Injury: 9/1/16; 9/30/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/27/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/02/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/31/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/21/17	PMT BY CHECK	DOS 8/31/17* # 3065035	-180.00

BALANCE 3340.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

VOID VOID VOID

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/04/17 71803

EAMS#(s):
ADJ
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-17-000813

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: [redacted] ASCENCIO vs BBSI
Date Of Injury: 2/22/16 - 2/22/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/11/17	INITIAL EXAM	DR GALAL GOUBRAN/JOE TRUJILLO P.A. @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/19/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/22/17	FOLLOW-UP	W/ ACUPUNCT CHOI, INITIAL CHIRO & PHYS THERAPY	180.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/31/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/05/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/08/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/14/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/19/17	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:	MARIA BARBOSA # 500267	0.00
06/26/17	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
07/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	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#
10/04/17 71803

EAMS#(s):
ADJ
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-17-000813

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: ASCENCIO vs BBSI
Date Of Injury: 2/22/16 - 2/22/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/12/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/13/17	PR2/REEVAL	DR GOUBRAN @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/19/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/04/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/10/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/14/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/01/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/14/17	PR2/REEVAL	DR ATEF RAFLA/TAYLOR @ SIDHU* (TRANFSER OF CARE)	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/18/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/19/17	PMT BY CHECK	DOS 8/14/17-9/1/17*	-360.00

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#
10/04/17 71803

EAMS#(s):
ADJ [illegible]
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-17-000813

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: ASCENCIO vs BBSI
Date Of Injury: 2/22/16 - 2/22/17

DOS	SERVICE	DESCRIPTION	AMOUNT
		=# 8256829	
09/25/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MAWRIA BARBOSA # 500267	0.00
09/29/17	PMT BY CHECK	DOS 9/14/17* =# 8266419	-180.00

BALANCE 4780.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

VOID VOID VOID

CORVEL CORPORATION
BBSI - EC
PO BOX 279350
SACRAMENTO, CA 95827

CORVEL

Bank Code= BBSEC M
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8266419	09/28/17

Claim#: BB-16-004178

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008266419⑈ ⑆121000248⑆ 4121 514012⑈

ACH HERE

CORVEL

Explanation of Review

Business Unit: GREENPATH RECOVERY WEST, INC
330 W Citrus St
Colton, CA 92324

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/3956113 - 1
Reprice: CA, 92781
Billed Date: 09/20/2017
Business Rcvd: 09/25/2017
MBR Rcvd: 09/25/2017
MBR Date: 09/29/2017
Date Approved: 09/29/2017
DOS From - To: 09/14/2017 - 09/14/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 3634
Vendor #:
PIN:

Treating Provider:
Referring Physician: GALAL GOUBRAN
Patient Control #: 71803
Provider Tax Id: 33-0956713

Claim #: BB-16-004178
Processor Initials:
DOI: 08/27/2016
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
09/14/17	T1013 G67, MVO	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$180.00		1	$0.00	$180.00

Sub-Totals for Bill: 3956113	$180.00	$0.00	$180.00
Charges not listed have been previously processed			$0.00
Totals for Bill:3956113			$180.00

Line Item Reason Codes and Descriptions
MVO Market Value

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/24/17 71980

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
CB-17-010174

BILL TO:
CORVEL CORPORATION (CHINO)
W. C. DEPARTMENT
ATTN: CRISTINE WISER
P.O. BOX 669
CHINO, CA 91708

Case: vs CALIBER HOLDINGS
Date Of Injury: CT 4/27/16 - 4/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT
06/07/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/15/17	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/21/17	INITIAL EXAM	DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/26/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/13/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/17/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/21/17	INITIAL PHYS	THERAPY W/DR MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/24/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/26/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/04/17	INITIAL EXAM	DR ALLEN MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
08/07/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/17/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/21/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/23/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/31/17	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#
10/24/17	71980

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
CB-17-010174

BILL TO:
CORVEL CORPORATION (CHINO)
W. C. DEPARTMENT
ATTN: CRISTINE WISER
P.O. BOX 669
CHINO, CA 91708

Case: vs CALIBER HOLDINGS
Date Of Injury: CT 4/27/16 - 4/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
09/06/17	FOLLOW UP	PHYSICAL TX W/DR MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
09/08/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/07/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/14/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/22/17	PMT BY CHECK	DOS 6/21/17-7/26/17* =# 31491	-180.00
09/22/17	PMT BY CHECK	DOS 8/17/17-8/21/17* =# 31496	-180.00
09/27/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/05/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/11/17	PMT BY CHECK	DOS 6/7/17-7/17/17* =# 32491	-540.00
10/12/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/17/17	PMT BY CHECK	DOS 8/31/17* # 32763	-180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/24/17	71980

EAMS#(s):
ADJ
SS # : XXX-XX
DOB : ?
Terms: 60 days
Claim #(s):
CB-17-010174

BILL TO:
CORVEL CORPORATION (CHINO)
W. C. DEPARTMENT
ATTN: CRISTINE WISER
P.O. BOX 669
CHINO, CA 91708

Case: ___ vs CALIBER HOLDINGS
Date Of Injury: CT 4/27/16 - 4/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 2900.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

CORVEL ENTERPRISE COMP, INC.
CALIBER COLLISION
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= CALIB 11-24 1210(8)

CHECK NUMBER	CHECK DATE
32763	10/17/17

Claim#: CB-17-010174

MR

*******$180.00

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈000032763⑈ ⑆121000248⑆ 4945 66640 2⑈

TACH HERE

DETACH HER

CORVEL

Explanation of Review

Business Unit: South Bay (0006) 1835 W. Rosecrans
401 E Corporate Dr Ste 150
Lewisville, TX 75057

Employer
Patient:

Patient DOB: XXX-XX-

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB:	Workers' Compensation
Site/Bill #:	9/2357606 - 1
Reprice:	CA, 92781
Billed Date:	09/08/2017
Business Rcvd:	09/19/2017
MBR Rcvd:	09/19/2017
MBR Date:	10/17/2017
Date Approved:	10/17/2017
DOS From - To:	06/07/2017 - 08/31/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 3838

Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: inv#71980
Provider Tax Id: 33-0956713

Claim #: CB-17-010174
Processor Initials:
DOI: 04/27/2017
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
06/07/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	01	$230.00		1	$230.00	$0.00
	Original bill [2349663.9]								
	Billed: 99199; Units: 1								
06/15/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	01	$230.00		1	$230.00	$0.00
	Original bill [2349663.9]								
	Billed: 99199; Units: 1								
06/21/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	01	$230.00		1	$230.00	$0.00
	Original bill [2349663.9]								
	Billed: 99199; Units: 1								

08/23/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56		1	01		1		
	Original bill [2353391.9]							
	Billed: 99199; Units: 1							
08/31/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$0.00	$180.00
	507, G1 , G67		1	01		1		
	Billed: 99199; Units: 1							
Sub-Totals for Bill: 2357606					**$2810.00**		**$2630.00**	**$180.00**

Totals for Bill:2357606 **$180.00**

Line Item Reason Codes and Descriptions

507 Priced According to Contract Agreement R1 Duplicate Billing

Line Item Reason Codes and Descriptions

G1 The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.

G56 This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a balance forward bill containing a duplicate charge and billing for a new service.

G67 Payment based on individual pre-negotiated agreement for this specific service

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under §5307.1 and §5307.3 of the California Labor Code. The provider shall not attempt to collect expenses for medical treatment from the injured worker per LC§4600. If you disagree with our objection, you have the right to file a lien/application with the WCAB to adjudicate the matter.

For DOS 01-01-2013 and after, if the provider disputes the amount paid, a second review may be requested per LC§9792.5.0 through LC§9792.5.7. Dispute must be received within 90 days of receipt of the E.O.R. or an order of the WCAB resolving the threshold issue as stated in the E.O.R. pursuant to paragraph (5) of subdivision (a) of LC§4603.3.

If still unresolved the provider may request an Independent Bill Review within 30 days of service of the second bill review per LC§4603.6. Upon completion of second review, further remedies for resolution exist under LC§9792.5.7; Independent Bill Review.

Per LC§9792.5.5 2(e) if the only dispute is the amount of payment and the provider does not request a second review within the timeframes set forth in subdivision (b), the bill shall be deemed satisfied and neither the claims administrator nor the employee shall be liable for any further payment.

ICD Diagnosis Code

T14.90 INJURY UNSPECIFIED

Questions regarding this bill may be sent to:

CorVel Corporation
10000 Central Expressway
Suite 300
Dallas, TX 75231

Toll free: 800-239-1391
Phone: 972-383-1783
FAX: 866-915-0656

California DWC

Employer Address -

Payer Identification Number - 430990710
Pay- To Provider State License Number -
Rendering Provider ID -
MPN ID -
Carrier Telephone Number -
Bill Frequency Type -
Payment Status Code - 1

Date Paid Information
Method of Payment - Check
Payment ID Number - 32763

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/31/17 71803

EAMS#(s):
ADJ
SS # : XXX-XX-N/A
DOB : 1
Terms: 60 days
Claim #(s):
BB-17-000813

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: [redacted] vs BBSI
Date Of Injury: 2/22/16 - 2/22/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/11/17	INITIAL EXAM	DR GALAL GOUBRAN/JOE TRUJILLO P.A. @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/19/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/22/17	FOLLOW-UP	W/ ACUPUNCT CHOI, INITIAL CHIRO & PHYS THERAPY	180.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/31/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/05/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/08/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/14/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/19/17	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:	MARIA BARBOSA # 500267	0.00
06/26/17	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
07/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	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#
10/31/17 71803

EAMS#(s):
ADJ ____
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-17-000813

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BBSI
Date Of Injury: 2/22/16 - 2/22/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/12/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/13/17	PR2/REEVAL	DR GOUBRAN @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/19/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/04/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/10/17	PR2/REEVAL	DR GOUBRAN/MILLS @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/14/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/01/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/14/17	PR2/REEVAL	DR ATEF RAFLA/TAYLOR @ SIDHU* (TRANFSER OF CARE)	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/18/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/19/17	PMT BY CHECK	DOS 8/14/17-9/1/17*	-360.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/31/17	71803

EAMS#(s):
ADJ
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-17-000813

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: [redacted] vs BBSI
Date Of Injury: 2/22/16 - 2/22/17

DOS	SERVICE	DESCRIPTION	AMOUNT
		=# 8256829	
09/25/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/29/17	PMT BY CHECK	DOS 9/14/17* =# 8266419	-180.00
10/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/19/17	PR2/REEVAL	DR MICHAEL PRICE/FRANKE*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/26/17	PMT BY CHECK	DOS 9/18/17-10/6/17* =# 8288540	-540.00

BALANCE 4780.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

VOID VOID VOID

CORVEL CORPORATION
BBSI - EC
PO BOX 279350
SACRAMENTO, CA 95827

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8288540	10/26/17

Claim#: BB-16-004178

PAY EXACTLY: *Five hundred forty and 00/100 Dollars*

*******$540.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008288540⑈ ⑆121000248⑆ 4121 514012⑈

ACH HERE

MR

DETACH HERE

CORVEL
Explanation of Review

Business Unit: GREENPATH RECOVERY WEST, INC
330 W Citrus St
Colton, CA 92324

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

OCT 30 2017

LOB:	Workers' Compensation
Site/Bill #:	48/4004575 - 1
Reprice:	CA, 92781
Billed Date:	10/13/2017
Business Rcvd:	10/19/2017
MBR Rcvd:	10/19/2017
MBR Date:	10/26/2017
Date Approved:	10/26/2017
DOS From - To:	09/18/2017 - 10/06/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 3634

Vendor #:
PIN:

Treating Provider:
Referring Physician: GALAL GOUBRAN
Patient Control #: 71803
Provider Tax Id: 33-0956713

Claim #: BB-16-004178
Processor Initials:
DOI: 08/27/2016
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
09/18/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
09/25/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
10/06/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 4004575					**$540.00**			**$0.00**	**$540.00**
Charges not listed have been previously processed									$0.00
Totals for Bill:4004575									**$540.00**

Line Item Reason Codes and Descriptions
MV0 Market Value

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/04/18 71794

EAMS#(s):
ADJ:
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-16-006410; BB-17-00050

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: MARTY LYNN
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: [redacted] vs BBSI
Date Of Injury: 1/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/04/17	INITIAL EXAM	DR GALAL GOUBRAN/ANDREW MILES @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/12/17	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
05/19/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/01/17	PR2/REEVAL	DR GOUBRAN/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/06/17	PR2/REEVAL	DR GOUBRAN/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/17/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/13/17	PMT BY CHECK	DOS 8/17/17* =# 8249494	-180.00
09/21/17	PR2/REEVAL	DR MICHAEL PRICE/GARET DAVIS* (TRANSFER OF CARE)	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/26/17	PMT BY CHECK	DOS 9/21/17* =# 8287309	-180.00
10/26/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/20/17	PMT BY CHECK	DOS 10/266/17* # 8308590	-180.00
11/30/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/28/17	PMT BY CHECK	DOS 11/30/17* =# 8342622	-180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/04/18 71794

EAMS#(s):
ADJ: 6
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-16-006410; BB-17-00050

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: MARTY LYNN
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BBSI
Date Of Injury: 1/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 1180.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

VOID VOID VOID

CORVEL CORPORATION
BBSI - EC
PO BOX 279350
SACRAMENTO, CA 95827

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8342622	12/28/17

Claim#: BB-16-006410

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008342622⑈ ⑆121000248⑆ 4121 514012⑈

ACH HERE

DETACH HERE

CORVEL
Explanation of Review

Business Unit: UNDER ARMOUR INC, ONTARIO-8116
2510 W Walnut Ave
Rialto, CA 92376

Employer
Patient:

Patient DOB:

DEC 0 5 2018

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB:	Workers' Compensation
Site/Bill #:	48/4122112 - 1
Reprice:	CA, 92781
Billed Date:	12/15/2017
Business Rcvd:	12/19/2017
MBR Rcvd:	12/19/2017
MBR Date:	12/28/2017
Date Approved:	12/28/2017
DOS From - To:	11/30/2017 - 11/30/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 3711
Vendor #:
PIN:

Treating Provider:
Referring Physician: GALAL GOUBRAN
Patient Control #: 71794
Provider Tax Id: 33-0956713

Claim #: BB-16-006410
Processor Initials: ML
DOI: 01/27/2017
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
11/30/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 4122112					**$180.00**			**$0.00**	**$180.00**
Charges not listed have been previously processed									$0.00
Totals for Bill:4122112									**$180.00**

Line Item Reason Codes and Descriptions
MV0 Market Value

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/04/18 71931

EAMS#(s):
ADJ_____
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-16-002633

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SERVICE
Date Of Injury: 6/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/01/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/08/17	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/14/17	INITIAL EXAM	DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/15/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/22/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
06/29/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/05/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/06/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/12/17	PT INITIAL	PHYSICAL TX W/DR CHRISTIAN MENDONZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/13/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/19/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/20/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/27/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/03/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	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#
01/04/18 71931

EAMS#(s):
ADJ
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-16-002633

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SERVICE
Date Of Injury: 6/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/08/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/16/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/17/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/24/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/31/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/08/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/07/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/12/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/13/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/14/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/02/17	FOLLOW-UP	W/ ACUPUNCT YIRYE KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/06/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/09/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/11/17	PR2-RE/EVAL	W/ACUPUNCT BHARTWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/13/17	FOLLOW UP	PHYSICAL TX W/DR MENDOZA*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/16/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/04/18 71931

EAMS#(s):
ADJ
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-16-002633

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SERVICE
Date of Injury: 6/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/17/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/23/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/30/17	PMT BY CHECK	DOS 10/9/17* # 8291268	-180.00
11/02/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/03/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/06/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/14/17	PMT BY CHECK	DOS 10/11/17* =# 8302549	-180.00
11/14/17	PMT BY CHECK	DOS 10/13/17-10/16/17* =# 8302548	-270.00
11/14/17	PMT BY CHECK	DOS 10/17/17-10/13/17* =# 8302546	-360.00
11/13/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/01/17	PMT BY CHECK	DOS 11/2/17-11/6/17* =# 8318064	-540.00
11/20/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/21/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/29/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/04/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/13/17	PMT BY CHECK	DOS 11/13/17* =# 8328536	-180.00
12/11/17	FOLLOW-UP	W/ ACUPUNCT KANG @ 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#
01/04/18 71931

EAMS#(s):
ADJ
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-16-002633

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SERVICE
Date Of Injury: 6/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/18/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/21/17	PMT BY CHECK	DOS 11/20/17* # 8336297	-180.00
12/21/17	PMT BY CHECK	DOS 11/21/17* # 8336299	-180.00
12/26/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/26/17	PMT BY CHECK	DOS 11/2917* =# 8338412	-180.00
12/29/17	PMT BY CHECK	DOS 12/4/17* =# 8343161	-180.00

BALANCE 5280.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

VOID VOID VOID

CORVEL CORPORATION
BBSI - EC
PO BOX 279350
SACRAMENTO, CA 95827

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8343161	12/29/17

Claim#: BB-16-002633

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008343161⑈ ⑆121000248⑆ 4121 514012⑈

TACH HERE

CORVEL
Explanation of Review

DETACH HERE

Business Unit: PERFORMANCE TEAM/SAN PEDRO,
401 Westmont Dr
San Pedro, CA 90731

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4131828 - 1
Reprice: CA, 92781
Billed Date: 12/19/2017
Business Rcvd: 12/26/2017
MBR Rcvd: 12/26/2017
MBR Date: 12/28/2017
Date Approved: 12/28/2017
DOS From - To: 12/04/2017 - 12/04/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 4132
Vendor #:
PIN:

Treating Provider:
Referring Physician: SHERRY ROSTAMI
Patient Control #: 71931
Provider Tax Id: 33-0956713

Claim #: BB-16-002633
Processor Initials: MJD
DOI: 06/21/2016
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
12/04/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 4131828					**$180.00**			**$0.00**	**$180.00**

Charges not listed have been previously processed

~~$0.00~~

Totals for Bill:4131828 $180.00

Line Item Reason Codes and Descriptions
MV0 Market Value

DEC 0 5 2017

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/04/18	71931

EAMS#(s):
ADJ:
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-16-002633

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: [redacted] vs BARRETT BUSINESS SERVICE
Date Of Injury: 6/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/01/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/08/17	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/14/17	INITIAL EXAM	DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/15/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/22/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
06/29/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/05/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/06/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/12/17	PT INITIAL	PHYSICAL TX W/DR CHRISTIAN MENDONZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/13/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/19/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/20/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/27/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/03/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	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#
01/04/18 71931

EAMS#(s):
ADJ
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-16-002633

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: (vs BARRETT BUSINESS SERVICE
Date Of Injury: 6/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/08/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/16/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/17/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/24/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/31/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/08/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/07/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/12/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/13/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/14/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/02/17	FOLLOW-UP	W/ ACUPUNCT YIRYE KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/06/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/09/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/11/17	PR2-RE/EVAL	W/ACUPUNCT BHARTWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/13/17	FOLLOW UP	PHYSICAL TX W/DR MENDOZA*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/16/17	FOLLOW-UP	W/ ACUPUNCT KANG @ 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#
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EAMS#(s):
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SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-16-002633

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SERVICE
Date Of Injury: 6/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/17/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/23/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/30/17	PMT BY CHECK	DOS 10/9/17* # 8291268	-180.00
11/02/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/03/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/06/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/14/17	PMT BY CHECK	DOS 10/11/17* =# 8302549	-180.00
11/14/17	PMT BY CHECK	DOS 10/13/17-10/16/17* =# 8302548	-270.00
11/14/17	PMT BY CHECK	DOS 10/17/17-10/13/17* =# 8302546	-360.00
11/13/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/01/17	PMT BY CHECK	DOS 11/2/17-11/6/17* =# 8318064	-540.00
11/20/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/21/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/29/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/04/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/13/17	PMT BY CHECK	DOS 11/13/17* =# 8328536	-180.00
12/11/17	FOLLOW-UP	W/ ACUPUNCT KANG @ 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#
01/04/18 71931

EAMS#(s):
ADJ
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-16-002633

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SERVICE
Date Of Injury: 6/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/18/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/21/17	PMT BY CHECK	DOS 11/20/17* # 8336297	-180.00
12/21/17	PMT BY CHECK	DOS 11/21/17* # 8336299	-180.00
12/26/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/26/17	PMT BY CHECK	DOS 11/2917* =# 8338412	-180.00

BALANCE 5460.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

VOID VOID VOID

CORVEL CORPORATION
BBSI - EC
PO BOX 279350
SACRAMENTO, CA 95827

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8338412	12/26/17

Claim#: BB-16-002633

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008338412⑈ ⑆121000248⑆ 4121 514012⑈

CACH HERE

DETACH HERE

CORVEL
Explanation of Review

Business Unit: PERFORMANCE TEAM/SAN PEDRO,
401 Westmont Dr
San Pedro, CA 90731

Employer
Patient:

DEC 0 5 2017

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4122108 - 1
Reprice: CA, 92781
Billed Date: 12/14/2017
Business Rcvd: 12/19/2017
MBR Rcvd: 12/19/2017
MBR Date: 12/22/2017
Date Approved: 12/22/2017
DOS From - To: 11/29/2017 - 11/29/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 4132
Vendor #:
PIN:

Treating Provider:
Referring Physician: SHERRY ROSTAMI
Patient Control #: 71931
Provider Tax Id: 33-0956713

Claim #: BB-16-002633
Processor Initials: MJD
DOI: 06/21/2016
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
11/29/17	T1013 G67. MVO	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 4122108					$180.00			$0.00	$180.00

Charges not listed have been previously processed

~~$0.00~~

Totals for Bill:4122108 $180.00

Line Item Reason Codes and Descriptions
MVO Market Value

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/21/17 71931

EAMS#(s):
ADJ:
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-16-002633

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: [redacted] vs BARRETT BUSINESS SERVICE
Date of Injury: 6/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/01/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/08/17	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/14/17	INITIAL EXAM	DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/15/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/22/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
06/29/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/05/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/06/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/12/17	PT INITIAL	PHYSICAL TX W/DR CHRISTIAN MENDONZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/13/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/19/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/20/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/27/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/03/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00

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TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/21/17 71931

EAMS#(s):
ADJ
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-16-002633

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: 1 vs BARRETT BUSINESS SERVICE
Date Of Injury: 6/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/08/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/16/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/17/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/24/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/31/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/08/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/07/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/12/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/13/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/14/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/02/17	FOLLOW-UP	W/ ACUPUNCT YIRYE KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/06/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/09/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/11/17	PR2-RE/EVAL	W/ACUPUNCT BHARTWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/13/17	FOLLOW UP	PHYSICAL TX W/DR MENDOZA*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/16/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00

Joyce Altman Interpreters, Inc.
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Tustin, CA 92781-4165
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TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/21/17 71931

EAMS#(s):
ADJ
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-16-002633

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: Z vs BARRETT BUSINESS SERVICE
Date Of Injury: 6/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/17/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/23/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/30/17	PMT BY CHECK	DOS 10/9/17* # 8291268	-180.00
11/02/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/03/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/06/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/14/17	PMT BY CHECK	DOS 10/11/17* =# 8302549	-180.00
11/14/17	PMT BY CHECK	DOS 10/13/17-10/16/17* =# 8302548	-270.00
11/14/17	PMT BY CHECK	DOS 10/17/17-10/13/17* =# 8302546	-360.00
11/13/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/01/17	PMT BY CHECK	DOS 11/2/17-11/6/17* =# 8318064	-540.00
11/20/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/21/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/29/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/04/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/13/17	PMT BY CHECK	DOS 11/13/17* =# 8328536	-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#
12/21/17	71931

EAMS#(s):
ADJ1
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-16-002633

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: [redacted] vs BARRETT BUSINESS SERVICE
Date Of Injury: 6/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 5460.00

* 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

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8328536	12/13/17

Claim#: BB-16-002633

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈0008328536⑈ ⑆121000248⑆ 4121 5140 12⑈

ATCH HERE

MR

DETACH HERE

CORVEL

Explanation of Review

Business Unit: PERFORMANCE TEAM/SAN PEDRO,
401 Westmont Dr
San Pedro, CA 90731

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4098340 - 1
Reprice: CA, 92781
Billed Date: 11/29/2017
Business Rcvd: 12/05/2017
MBR Rcvd: 12/05/2017
MBR Date: 12/13/2017
Date Approved: 12/13/2017
DOS From - To: 11/13/2017 - 11/13/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 4132

Treating Provider:
Referring Physician: SHERRY ROSTAMI
Patient Control #: 71931
Provider Tax Id: 33-0956713

Claim #: BB-16-002633
Processor Initials: MJD
DOI: 06/21/2016
RX Number:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
11/13/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$180.00		1	$0.00	$180.00

Sub-Totals for Bill: 4098340 $180.00 $0.00 $180.00

Charges not listed have been previously processed

Totals for Bill:4098340

~~$0.00~~
$180.00

Line Item Reason Codes and Descriptions
MV0 Market Value

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service

+1 B

Joyce Altman Interpreters, 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	71931

EAMS#(s):
ADJ
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-16-002633

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SERVICE
Date Of Injury: 6/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/01/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/08/17	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/14/17	INITIAL EXAM	DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/15/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/22/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
06/29/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/05/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/06/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/12/17	PT INITIAL	PHYSICAL TX W/DR CHRISTIAN MENDONZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/13/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/19/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/20/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/27/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/03/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00

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*** INVOICE ***
Date NO#
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EAMS#(s):
ADJ
SS # : XXX-XX-N/A
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Terms: 60 days
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BB-16-002633

BILL TO:
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W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SERVICE
Date Of Injury: 6/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/08/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/16/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/17/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/24/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/31/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/08/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/07/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/12/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/13/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/14/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/02/17	FOLLOW-UP	W/ ACUPUNCT YIRYE KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/06/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/09/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/11/17	PR2-RE/EVAL	W/ACUPUNCT BHARTWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/13/17	FOLLOW UP	PHYSICAL TX W/DR MENDOZA*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/16/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00

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*** INVOICE ***
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12/29/17 71931

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CORVEL CORPORATION (SAC)
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ATTN: CLAIM ADJUSTER
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SACRAMENTO, CA 95827

Case: [redacted] vs BARRETT BUSINESS SERVICE
Date Of Injury: 6/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/17/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/23/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/30/17	PMT BY CHECK	DOS 10/9/17* # 8291268	-180.00
11/02/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/03/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/06/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/14/17	PMT BY CHECK	DOS 10/11/17* =# 8302549	-180.00
11/14/17	PMT BY CHECK	DOS 10/13/17-10/16/17* =# 8302548	-270.00
11/14/17	PMT BY CHECK	DOS 10/17/17-10/13/17* =# 8302546	-360.00
11/13/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/01/17	PMT BY CHECK	DOS 11/2/17-11/6/17* =# 8318064	-540.00
11/20/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/21/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/29/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/04/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/13/17	PMT BY CHECK	DOS 11/13/17* =# 8328536	-180.00
12/11/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00

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TAX ID# 33-0956713

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12/29/17 71931

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SS # : XXX-XX-N/A
DOB :
Terms: 60 days
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P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SERVICE
Date Of Injury: 6/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/18/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/21/17	PMT BY CHECK	DOS 11/20/17* # 8336297	-180.00
12/21/17	PMT BY CHECK	DOS 11/21/17* # 8336299	-180.00

BALANCE 5460.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

VOID VOID VOID

CORVEL CORPORATION
BBSI - EC
PO BOX 279350
SACRAMENTO, CA 95827

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8336299	12/21/17

Claim#: BB-16-002633

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈0008336299⑈ ⑆121000248⑆ 4121 514012⑈

ACH HERE

IMR

DETACH HERE

CORVEL
Explanation of Review

Business Unit: PERFORMANCE TEAM/SAN PEDRO,
401 Westmont Dr
San Pedro, CA 90731

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4114540 - 1
Reprice: CA, 92781
Billed Date: 12/12/2017
Business Rcvd: 12/15/2017
MBR Rcvd: 12/15/2017
MBR Date: 12/20/2017
Date Approved: 12/20/2017
DOS From - To: 11/21/2017 - 11/21/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 4132
Vendor #:
PIN:

Treating Provider:
Referring Physician: SHERRY ROSTAMI
Patient Control #: 71931
Provider Tax Id: 33-0956713

Claim #: BB-16-002633
Processor Initials: MJD
DOI: 06/21/2016
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
11/21/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 4114540					**$180.00**			**$0.00**	**$180.00**
Charges not listed have been previously processed									$0.00
Totals for Bill:4114540									**$180.00**

Line Item Reason Codes and Descriptions
MV0 Market Value

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service

DEC 21 2017

CORVEL CORPORATION
BBSI - EC
PO BOX 279350
SACRAMENTO, CA 95827

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8336297	12/21/17

Claim#: BB-16-002633

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008336297⑈ ⑆121000248⑆ 4121 514012⑈

ACH HERE

DETACH HERE

CORVEL
Explanation of Review

Business Unit: PERFORMANCE TEAM/SAN PEDRO,
401 Westmont Dr
San Pedro, CA 90731

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4114506 - 1
Reprice: CA, 92781
Billed Date: 12/11/2017
Business Rcvd: 12/15/2017
MBR Rcvd: 12/15/2017
MBR Date: 12/20/2017
Date Approved: 12/20/2017
DOS From - To: 11/20/2017 - 11/20/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 4132
Vendor #:
PIN:

Treating Provider:
Referring Physician: SHERRY ROSTAMI
Patient Control #: 71931
Provider Tax Id: 33-0956713

Claim #: BB-16-002633
Processor Initials: MJD
DOI: 06/21/2016
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
11/20/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 4114506					**$180.00**			**$0.00**	**$180.00**
Charges not listed have been previously processed									$0.00
Totals for Bill:4114506									**$180.00**

DEC 21 2017

Line Item Reason Codes and Descriptions
MV0 Market Value

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/16/18 71980

EAMS#(s):
ADJ1 - - - -
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
CB-17-010174

BILL TO:
CORVEL CORPORATION (CHINO)
W. C. DEPARTMENT
ATTN: CRISTINE WISER
P.O. BOX 669
CHINO, CA 91708

Case: vs CALIBER HOLDINGS
Date Of Injury: CT 4/27/16 - 4/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT
06/07/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/15/17	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/21/17	INITIAL EXAM	DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/26/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/13/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/17/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/21/17	INITIAL PHYS	THERAPY W/DR MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/24/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/26/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/04/17	INITIAL EXAM	DR ALLEN MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
08/07/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/17/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/21/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/23/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/31/17	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#
01/16/18 71980

EAMS#(s):
ADJ_
SS # : XXX-XX-
DOB : :
Terms: 60 days
Claim #(s):
CB-17-010174

BILL TO:
CORVEL CORPORATION (CHINO)
W. C. DEPARTMENT
ATTN: CRISTINE WISER
P.O. BOX 669
CHINO, CA 91708

Case: vs CALIBER HOLDINGS
Date Of Injury: CT 4/27/16 - 4/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
09/06/17	FOLLOW UP	PHYSICAL TX W/DR MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
09/08/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/07/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/14/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/22/17	PMT BY CHECK	DOS 6/21/17-7/26/17* =# 31491	-180.00
09/22/17	PMT BY CHECK	DOS 8/17/17-8/21/17* =# 31496	-180.00
09/27/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/05/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/11/17	PMT BY CHECK	DOS 6/7/17-7/17/17* =# 32491	-540.00
10/12/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/17/17	PMT BY CHECK	DOS 8/31/17* # 32763	-180.00
10/18/17	FOLLOW UP	PHYSICAL TX W/DR MENDOZA*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/24/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
10/26/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/02/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	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#
01/16/18 71980

EAMS#(s):
ADJ1
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
CB-17-010174

BILL TO:
CORVEL CORPORATION (CHINO)
W. C. DEPARTMENT
ATTN: CRISTINE WISER
P.O. BOX 669
CHINO, CA 91708

Case: vs CALIBER HOLDINGS
Date Of Injury: CT 4/27/16 - 4/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT
11/03/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/06/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/08/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/14/17	PMT BY CHECK	DOS 10/5/17* =# 34103	-180.00
11/13/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/28/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/05/17	PMT BY CHECK	DOS 10/24/17* =# 34904	-90.00
12/05/17	PMT BY CHECK	DOS 11/2/17* =# 34902	-90.00
12/06/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/20/17	EMG TESTING	NCV U/E BY BHARATWAL @ EPC*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/02/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
01/09/18	PMT BY CHECK	DOS 11/8/17* =# 36552	-180.00
		BALANCE	4400.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

VOID VOID VOID

CORVEL ENTERPRISE COMP, INC.
CALIBER COLLISION
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= CALIB
11-24
1210(8)

CHECK NUMBER	CHECK DATE
36552	01/09/18

Claim#: CB-17-010174

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0000036552⑈ ⑆121000248⑆ 4945 666402⑈

ATTACH HERE

CORVEL
Explanation of Review

MR **Business Unit:** South Bay (0006) 1835 W. Rosecrans
401 E Corporate Dr Ste 150
Lewisville, TX 75057

DETACH HERE

Employer
Patient:

Patient DOB: XXX-X

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 9/2394522 - 1
Reprice: CA, 92781
Billed Date: 11/20/2017
Business Rcvd: 11/27/2017
MBR Rcvd: 11/27/2017
MBR Date: 01/08/2018
Date Approved: 01/08/2018
DOS From - To: 06/07/2017 - 11/08/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 3838

Treating Provider:
Referring Physician: SHERRY ROSTAMI
Patient Control #:
Provider Tax Id: 33-0956713

Claim #: CB-17-010174
Processor Initials:
DOI: 04/27/2017
RX Number:

Vendor #:
PIN:

71980

Bill Comments
Inv #71980 Jose Gerry Lugo 500049

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
06/07/17	T1013 R1 , G56, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$230.00	$0.00
	Original bill [2349663.9]								
06/15/17	T1013 R1 , G56, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$230.00	$0.00
	Original bill [2349663.9]								
06/21/17	T1013 R1 , G56, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$230.00	$0.00
	Original bill [2349663.9]								

09/07/17	T1013 R1 , G56, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00 $0.00
	Original bill [2360790,9]						
09/08/17	T1013 R1 , G56, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00 $0.00
	Original bill [2358160,9]						
09/14/17	T1013 R1 , G56, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00 $0.00
	Original bill [2360790,9]						
09/27/17	T1013 R1 , G56, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00 $0.00
	Original bill [2365507,9]						
10/05/17	T1013 R1 , G56, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00 $0.00
	Original bill [2372369,9]						
10/12/17	T1013 R1 , G56, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00 $0.00
	Original bill [2375428,9]						
10/18/17	T1013 R1 , G56, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00	1	$90.00 $0.00
	Original bill [2375428,9]						
10/24/17	T1013 R1 , G56, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00 $0.00
	Original bill [11983941,6]						
10/26/17	T1013 R1 , G56, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00 $0.00
	Original bill [11991938,6]						
11/02/17	T1013 R1 , G56, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00 $0.00
	Original bill [2381875,9]						
11/03/17	T1013 R1 , G56, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00 $0.00
	Original bill [2383710,9]						
11/06/17	T1013 R1 , G56, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00 $0.00
	Original bill [2383710,9]						
11/08/17	T1013 G1 , G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00 $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#
05/18/18	73286

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0470-WC-17-0000283

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs EL POLLO LOCO
Date Of Injury: CT 11/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/30/18	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/08/18	INITIAL ACUP	W/ ACUPUNCT YOUN RHEE @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/14/18	INITIAL PHYS	THERAPY W/DR CHRISTIAN MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/15/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/22/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/01/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/06/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/08/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/15/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/19/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/29/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/02/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/05/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/16/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/20/18	PMT BY CHECK	DOS 1/30/18-3/15/18*	-540.00

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#
05/18/18	73286

EAMS#(s):
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0470-WC-17-0000283

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs EL POLLO LOCO
Date Of Injury: CT 11/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT
		=# 41029	
04/18/18	FOLLOW UP	PHYSICAL TX W/DR MENDOZA*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/23/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/04/18	PMT BY CHECK	DOS 4/5/18* =# 41342	-90.00
05/04/18	PMT BY CHECK	DOS 3/29/18* # 41340	-90.00
05/09/18	PMT BY CHECK	DOS 3/19/18-4/2/18*	-540.00
		=# 41455	
05/01/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00

BALANCE 1720.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

VOID VOID VOID

CORVEL ENTERPRISE COMP, INC.
EL POLLO LOCO
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= POLLO
11-24
1210(8)

CHECK NUMBER	CHECK DATE
41455	05/09/18

Claim#: 0470-WC-17-0000283

PAY EXACTLY: *Five hundred forty and 00/100 Dollars*

*******$540.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈000004145511⑈ ⑆121000248⑆ 4127 455327⑈

DETACH HERE

DETACH HERE

CORVEL
Explanation of Review

Business Unit: 5903-EL POLLO LOCO-LONG BEACH
2525 Long Beach Blvd
Long Beach, CA 90806

Employer
Patient:

Patient DOB: XXX-X

MAY 15 2018

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 6/12522437 - 1
Reprice: CA, 92781
Billed Date: 04/12/2018
Business Rcvd: 04/30/2018
MBR Rcvd: 04/30/2018
MBR Date: 05/09/2018
Date Approved: 05/09/2018
DOS From - To: 01/30/2018 - 04/02/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Duenas, Adrian
Vendor #:
PIN:

Treating Provider:
Referring Physician: SHERRY ROSTAMI
Patient Control #: 73286
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: 0470-WC-17-0000283
Processor Initials: AAD
DOI: 11/27/2017
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
01/30/18	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$230.00			$230.00	$0.00
	R1 . G56		1	11			1		
	Original bill [4288474.48]								
02/08/18	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$230.00			$230.00	$0.00
	R1 . G56		1	11			1		
	Original bill [4288474.48]								
02/14/18	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$90.00			$90.00	$0.00
	R1 . G56		1	11			1		
	Original bill [4288474.48]								

02/15/18	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56		1	11		1		
	Original bill [4288474,48]							
02/22/18	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56		1	11		1		
	Original bill [4288474,48]							
03/01/18	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56		1	11		1		
	Original bill [4288474,48]							
03/06/18	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56		1	11		1		
	Original bill [12455457,6]							
03/08/18	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56		1	11		1		
	Original bill [12455457,6]							
03/15/18	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56		1	11		1		
	Original bill [12455457,6]							
03/19/18	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$0.00	$180.00
	507, G4 , G67		1	11		1		
	Original bill [12485389,6]							
03/29/18	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$0.00	$180.00
	507, G4 , G67		1	11		1		
	Original bill [12521228,6]							
04/02/18	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$0.00	$180.00
	507, G4 , G67		1	11		1		
	Original bill [12472299,6]							
Sub-Totals for Bill: 12522437					**$2170.00**		**$1630.00**	**$540.00**

Totals for Bill:12522437 **$540.00**

Line Item Reason Codes and Descriptions

507 Priced According to Contract Agreement

R1 Duplicate Billing

Line Item Reason Codes and Descriptions

G4 This charge was adjusted to comply with the rate and rules of the contract indicated

G56 This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a balance forward bill containing a duplicate charge and billing for a new service.

G67 Payment based on individual pre-negotiated agreement for this specific service

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/25/18	73286

EAMS#(s):
ADJ:
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0470-WC-17-0000283

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs EL POLLO LOCO
Date Of Injury: CT 11/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/30/18	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/08/18	INITIAL ACUP	W/ ACUPUNCT YOUN RHEE @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/14/18	INITIAL PHYS	THERAPY W/DR CHRISTIAN MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/15/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/22/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/01/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/06/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/08/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/15/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/19/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/29/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/02/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/05/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/16/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/20/18	PMT BY CHECK	DOS 1/30/18-3/15/18*	-540.00

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#
04/25/18	73286

EAMS#(s):
ADJ:
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0470-WC-17-0000283

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs EL POLLO LOCO
Date Of Injury: CT 11/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT

=# 41029

BALANCE 1990.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

VOID VOID VOID

CORVEL ENTERPRISE COMP, INC.
EL POLLO LOCO
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= POLLO
11-24
1210(8)

CHECK NUMBER	CHECK DATE
41029	04/20/18

Claim#: 0470-WC-17-0000283

PAY EXACTLY: *Five hundred forty and 00/100 Dollars*

*******$540.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈000041029⑈ ⑆121000248⑆ 4127 455327⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: 5903-EL POLLO LOCO-LONG BEACH
2525 Long Beach Blvd
Long Beach, CA 90806

Employer
Patient:

Patient DOB: XXX-XX

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 6/12455457 - 1
Reprice: CA, 92781
Billed Date: 03/28/2018
Business Rcvd: 04/09/2018
MBR Rcvd: 04/09/2018
MBR Date: 04/20/2018
Date Approved: 04/20/2018
DOS From - To: 01/30/2018 - 03/15/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Duenas, Adrian
Vendor #:
PIN:

Treating Provider:
Referring Physician: SHERRY ROSTAMI
Patient Control #: 73286
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: 0470-WC-17-0000283
Processor Initials: AAD
DOI: 11/27/2017
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
01/30/18	T1013 R1 . G56. RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$230.00	$0.00
	Original bill [4288474.48]								
02/08/18	T1013 R1 . G56. RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$230.00	$0.00
	Original bill [4288474.48]								
02/14/18	T1013 R1 . G56. RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00		1	$90.00	$0.00
	Original bill [4288474.48]								

02/15/18	T1013 R1 . G56, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [4288474,48]							
02/22/18	T1013 R1 . G56, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [4288474,48]							
03/01/18	T1013 R1 . G56, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [4288474,48]							
03/06/18	T1013 507, G4 . G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00	$180.00
	ALBERTO VILLAGOMEZ - CERT #500341							
03/08/18	T1013 507, G4 . G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00	$180.00
03/15/18	T1013 507, G4 . G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00	$180.00
Sub-Totals for Bill: 12455457					**$1630.00**		**$1090.00**	**$540.00**

Totals for Bill:12455457 **$540.00**

Line Item Reason Codes and Descriptions

507 Priced According to Contract Agreement

R1 Duplicate Billing

RX3 Per BU/provider agreement amount may be negotiated

Line Item Reason Codes and Descriptions

G4 This charge was adjusted to comply with the rate and rules of the contract indicated

G56 This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a balance forward bill containing a duplicate charge and billing for a new service.

G67 Payment based on individual pre-negotiated agreement for this specific service

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under §5307.1 and §5307.3 of the California Labor Code. The provider shall not attempt to collect expenses for medical treatment from the injured worker per LC§4600. If you disagree with our objection, you have the right to file a lien/application with the WCAB to adjudicate the matter.

For DOS 01-01-2013 and after, if the provider disputes the amount paid, a second review may be requested per LC§9792.5.0 through LC§9792.5.7. Dispute must be received within 90 days of receipt of the E.O.R. or an order of the WCAB resolving the threshold issue as stated in the E.O.R. pursuant to paragraph (5) of subdivision (a) of LC§4603.3.

If still unresolved the provider may request an Independent Bill Review within 30 days of service of the second bill review per LC§4603.6. Upon completion of second review, further remedies for resolution exist under LC§9792.5.7; Independent Bill Review.

Per LC§9792.5.5 2(e) if the only dispute is the amount of payment and the provider does not request a second review within the timeframes set forth in subdivision (b), the bill shall be deemed satisfied and neither the claims administrator nor the employee shall be liable for any further payment.

ICD Diagnosis Code

T14.90 INJURY UNSPECIFIED

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/15/18 72757

EAMS#(s):ADJ
ADJ1
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-17-002297

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: BRIEANNA KIRKUS
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: S vs BBSI
Date Of Injury: 4/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/03/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION -3HR 44MIN	431.25
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/12/17	INITIAL ACUP	W/ ACUPUNCT YIRYE KANG @ EPC* DOI: 4/21/17	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/18/17	INITIAL EXAM	DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/23/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/26/17	INITIAL ACUP	W/ ACUPUNCT KANG @ EPC* DOI: CT 3/02-8/17	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/27/17	INITIAL PHYS	THERAPY W/DR CHRIS MENDOZA @ EPC* DOI: CT 8/17	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/30/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/06/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 8/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/07/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: 4/21/17	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/09/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: CT 3/02	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/13/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* DOI: 4/21/17	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#
03/15/18 72757

EAMS#(s):ADJ
ADJ
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-17-002297

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: BRIEANNA KIRKUS
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BBSI
Date Of Injury: 4/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/20/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
		DOI: CT 8/24/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/27/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
		DOI: 4/21/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/04/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
		DOI: CT 4/21/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/06/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
		DOI: 4/21/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/14/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
		DOI: 4/21/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/18/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
		DOI: 8/24/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/20/17	PMT BY CHECK	DOS 10/3/17-11/20/17*	-2471.25
		=# 8335345	
12/19/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
		DOI: CT 8/24/17	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/26/17	PMT BY CHECK	DOS 11/27/17* =# 8338451	-180.00
12/28/17	PMT BY CHECK	DOS 12/4/17* =# 8342176	-180.00
01/09/18	PMT BY CHECK	DOS 12/6/17-12/18/17*	-540.00
		=# 8351005	
01/12/18	PMT BY CHECK	DOS 12/19/17* =# 8354066	-180.00
01/16/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
		DOI: 4/21/17	

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/15/18 72757

EAMS#(s):ADJ
AD[redacted]
SS # : xXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-17-002297

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: BRIEANNA KIRKUS
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: [redacted] vs BBSI
Date Of Injury: 4/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/22/17	PR2/REEVAL	DR MENDOZA @ EPC*	180.00
		DOI: 4/21/17	
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/28/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
01/30/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
		DOI: CT 8/17	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/07/18	FOLLOW UP	PHYSICAL TX W/DR MENDOZA*	90.00
		DOI: CT 8/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/12/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 4/21/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/20/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
		DOI: 4/21/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/21/18	PMT BY CHECK	DOS 12/22/17-1/16/18*	-360.00
		=# 8388419	
02/26/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/05/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/08/18	PMT BY CHECK	DOS 12/28/17-2/12/18*	-540.00
		=# 8401483	
03/06/18	PR2/REEVAL	DR ROSTAMI @ 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#
03/15/18	72757

EAMS#(s):ADJ:
ADJ:
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-17-002297

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: BRIEANNA KIRKUS
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BBSI
Date Of Injury: 4/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 810.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

VOID VOID VOID
COMMAND
PAYMENT

CORVEL CORPORATION
BBSI - EC
PO BOX 279350
SACRAMENTO, CA 95827

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8401483	03/08/18

Claim#: BB-17-002297

PAY EXACTLY: *Five hundred forty and 00/100 Dollars*

*******$540.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈000840 1483⑈ ⑆121000248⑆ 4121 5140 12⑈

ACH HERE

CORVEL
Explanation of Review

MR

DETACH HERE

Business Unit: COVINA DEVELOPEMENT CENTER, O
240 S Grand Ave
Covina, CA 91724

Employer
Patient:

Patient DOB:

MAR 13 2018

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4259661 - 1
Reprice: CA, 92781
Billed Date: 02/26/2018
Business Rcvd: 03/02/2018
MBR Rcvd: 03/02/2018
MBR Date: 03/08/2018
Date Approved: 03/08/2018
DOS From - To: 12/28/2017 - 02/12/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 2254

Vendor #:
PIN:

Treating Provider:
Referring Physician: SHERRY ROSTAMI
Patient Control #: 72757
Provider Tax Id: 33-0956713

Claim #: BB-17-002297
Processor Initials: BK
DOI: 04/21/2017
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
12/28/17	T1013 G67. MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
01/30/18	T1013 G67. MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
02/07/18	T1013 G69	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00		1	$90.00	$0.00
	The service for which interpreting was performed is not authorized and/or denied. Please provide authorization for the service rendered.								
02/12/18	T1013 G67. MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/18/18 71558

EAMS#(s):ADJ
ADJ1
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0545-WC-16-0001026/000011

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: ROSELINE STUCKA
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs SELECT STAFFING
Date Of Injury: 9/1/16; 9/30/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/30/17	INITIAL EXAM	DR GALAL GOUBRAN/JOE TRUJILLO ,PA @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/29/17	PR2/REEVAL	DR GOUBRAN/ROBERT TAYLOR @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/25/17	PR2/REEVAL	DR GOUBRAN/TAYLOR @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/12/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, INITIAL CHIRO THERAPY W/DR	230.00
/ /	-	CHRISTINE HA @ SIDHU CHIRO*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/23/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/22/17	PR2/REEVAL	DR GOUBRAN/TAYLOR @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/26/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/30/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/12/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/24/17	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#
01/18/18	71558

EAMS#(s):ADJ1
ADJ
SS # : XXX-XX-
DOB :]
Terms: 60 days
Claim #(s):
0545-WC-16-0001026/000011

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: ROSELINE STUCKA
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: - vs SELECT STAFFING
Date Of Injury: 9/1/16; 9/30/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/27/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/02/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/31/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/21/17	PMT BY CHECK	DOS 8/31/17* # 3065035	-180.00
09/28/17	PR2/REEVAL	DR MICHAEL PRICE/MILES*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/26/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/30/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/11/18	PMT BY CHECK	DOS 11/30/17* =# 3086060	-180.00
		BALANCE	3700.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

VOID VOID VOID

CORVEL ENTERPRISE COMP, INC.
EMPLOYBRIDGE
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= EMPLO
11-24
1210(8)

CHECK NUMBER	CHECK DATE
3086060	01/11/18

Claim#: 0545-WC-16-0001624

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0003086060⑈ ⑆121000248⑆ 4178 523411⑈

ACH HERE

DETACH HERE

CORVEL
Explanation of Review

Business Unit: 503890-00048-Schneider National
5 River Park Pl E
Suite 102
Fresno, CA 93720

Employer
Patient: |

Patient DOB: XXX-XX
1

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4122122 - 1
Reprice: CA, 92781
Billed Date: 12/15/2017
Business Rcvd: 12/19/2017
MBR Rcvd: 12/19/2017
MBR Date: 01/10/2018
Date Approved: 01/10/2018
DOS From - To: 11/30/2017 - 11/30/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Stucka, Rosalie
Vendor #:
PIN:

Treating Provider:
Referring Physician: GALAL GOUBRAN
Patient Control #: 71558
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: 0545-WC-16-0001624
Processor Initials: CH
DOI: 10/07/2016
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
11/30/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 4122122					$180.00			$0.00	$180.00

Charges not listed have been previously processed

~~$0.00~~

Totals for Bill:4122122 $180.00

Line Item Reason Codes and Descriptions
MV0 Market Value

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service

JAN 17 2018

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#
01/18/18 71931

EAMS#(s):
ADJ:
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-16-002633

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SERVICE
Date Of Injury: 6/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/01/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/08/17	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/14/17	INITIAL EXAM	DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/15/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/22/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
06/29/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/05/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/06/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/12/17	PT INITIAL	PHYSICAL TX W/DR CHRISTIAN MENDONZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/13/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/19/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/20/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/27/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/03/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	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#
01/18/18 71931

EAMS#(s):
ADJ1
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-16-002633

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SERVICE
Date Of Injury: 6/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/08/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/16/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/17/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/24/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/31/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/08/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/07/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/12/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/13/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/14/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/02/17	FOLLOW-UP	W/ ACUPUNCT YIRYE KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/06/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/09/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/11/17	PR2-RE/EVAL	W/ACUPUNCT BHARTWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/13/17	FOLLOW UP	PHYSICAL TX W/DR MENDOZA*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/16/17	FOLLOW-UP	W/ ACUPUNCT KANG @ 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#
01/18/18 71931

EAMS#(s):
ADJ1:
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-16-002633

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SERVICE
Date Of Injury: 6/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/17/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/23/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/30/17	PMT BY CHECK	DOS 10/9/17* # 8291268	-180.00
11/02/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/03/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/06/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/14/17	PMT BY CHECK	DOS 10/11/17* =# 8302549	-180.00
11/14/17	PMT BY CHECK	DOS 10/13/17-10/16/17* =# 8302548	-270.00
11/14/17	PMT BY CHECK	DOS 10/17/17-10/13/17* =# 8302546	-360.00
11/13/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/01/17	PMT BY CHECK	DOS 11/2/17-11/6/17* =# 8318064	-540.00
11/20/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/21/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/29/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/04/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/13/17	PMT BY CHECK	DOS 11/13/17* =# 8328536	-180.00
12/11/17	FOLLOW-UP	W/ ACUPUNCT KANG @ 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#
01/18/18 71931

EAMS#(s):
ADJ
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-16-002633

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: (vs BARRETT BUSINESS SERVICE
Date Of Injury: 6/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/18/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/21/17	PMT BY CHECK	DOS 11/20/17* # 8336297	-180.00
12/21/17	PMT BY CHECK	DOS 11/21/17* # 8336299	-180.00
12/26/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/26/17	PMT BY CHECK	DOS 11/2917* =# 8338412	-180.00
12/29/17	PMT BY CHECK	DOS 12/4/17* =# 8343161	-180.00
01/12/18	PMT BY CHECK	DOS 12/11/17-12/18/17* =# 8351664	-360.00
01/12/18	PMT BY CHECK	DOS 12/26/17* =# 8354037	-180.00

BALANCE 4740.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

VOID VOID VOID

CORVEL CORPORATION
BBSI - EC
PO BOX 279350
SACRAMENTO, CA 95827

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8354037	01/12/18

Claim#: BB-16-002633

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈0008354037⑈ ⑆121000248⑆ 4121 514012⑈

ATTACH HERE

DETACH HERE

CORVEL
Explanation of Review

Business Unit: PERFORMANCE TEAM/SAN PEDRO,
401 Westmont Dr
San Pedro, CA 90731

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB:	Workers' Compensation
Site/Bill #:	48/4158178 - 1
Reprice:	CA, 92781
Billed Date:	01/04/2018
Business Rcvd:	01/09/2018
MBR Rcvd:	01/09/2018
MBR Date:	01/11/2018
Date Approved:	01/11/2018
DOS From - To:	12/26/2017 - 12/26/2017

Network:		**Treating Provider:**		**Claim #:**	BB-16-002633
Network Branch:		**Referring Physician:**	SHERRY ROSTAMI	**Processor Initials:**	MJD
Sub Network:		**Patient Control #:**	71931	**DOI:**	06/21/2016
Contract:		**Provider Tax Id:**	33-0956713	**RX Number:**	
Claim Rep.:	4132				

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
12/26/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 4158178					**$180.00**			**$0.00**	**$180.00**

Charges not listed have been previously processed

$0.00
$180.00

Totals for Bill:4158178

Line Item Reason Codes and Descriptions
MV0 Market Value

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service

VOID VOID VOID
VOID VOID VOID

CORVEL CORPORATION
BBSI - EC
PO BOX 279350
SACRAMENTO, CA 95827

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8351664	01/10/18

Claim#: BB-16-002633

PAY EXACTLY: *Three hundred sixty and 00/100 Dollars*

*******$360.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈0008351664⑈ ⑆121000248⑆ 4121 514012⑈

TACH HERE

CORVEL

Explanation of Review

DETACH HERE

Business Unit: PERFORMANCE TEAM/SAN PEDRO,
401 Westmont Dr
San Pedro, CA 90731

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4150499 - 1
Reprice: CA, 92781
Billed Date: 12/29/2017
Business Rcvd: 01/05/2018
MBR Rcvd: 01/05/2018
MBR Date: 01/09/2018
Date Approved: 01/09/2018
DOS From - To: 12/11/2017 - 12/18/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 4132
Vendor #:
PIN:

Treating Provider:
Referring Physician: SHERRY ROSTAMI
Patient Control #: 71931
Provider Tax Id: 33-0956713

Claim #: BB-16-002633
Processor Initials: MJD
DOI: 06/21/2016
RX Number:

Date	Code	Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
12/11/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	11	$180.00		1	$0.00	$180.00
12/18/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	11	$180.00		1	$0.00	$180.00

Sub-Totals for Bill: 4150499 $360.00 $0.00 $360.00

Charges not listed have been previously processed

Totals for Bill:4150499 $0.00

$360.00

Line Item Reason Codes and Descriptions
MV0 Market Value

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/16/18 71498

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
047517007492

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: JUAN TORREZ
P.O. BOX 42065
PHOENIX, AZ 85080

Case: __ vs DISTRIBUTION ALTERNATIVES
Date Of Injury: 2/14/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/23/17	INITIAL EXAM	DR GALAL GOUBRAN/ANDREW MILES @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/05/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, INITIAL CHIRO & PHYS THERAPY	230.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/12/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/21/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/26/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/29/17	PR2/REEVAL	DR GOUBRAN/DAVE FRANKE*	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
05/05/17	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:	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#
01/16/18 71498

EAMS#(s):

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Terms: 60 days
Claim #(s):
047517007492

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: JUAN TORREZ
P.O. BOX 42065
PHOENIX, AZ 85080

Case: vs DISTRIBUTION ALTERNATIVES
Date Of Injury: 2/14/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/22/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/25/17	PR2/REEVAL	DR GOUBRAN/TAYLOR @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/26/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/31/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/12/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/01/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/02/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/12/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/14/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/23/17	PMT BY CHECK	DOS 3/23/17-4/29/17*	-380.00
		=# 2752877	
06/19/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ 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
06/26/17	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

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/16/18 71498

EAMS#(s):

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DOB :
Terms: 60 days
Claim #(s):
047517007492

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: JUAN TORREZ
P.O. BOX 42065
PHOENIX, AZ 85080

Case: vs DISTRIBUTION ALTERNATIVES
Date Of Injury: 2/14/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/05/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/06/17	PR2/REEVAL	DR GOUBRAN/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
07/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/12/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/19/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/26/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/31/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/02/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/03/17	PR2/REEVAL	DR GOUBRAN/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/14/17	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:	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#
01/16/18	71498

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
047517007492

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: JUAN TORREZ
P.O. BOX 42065
PHOENIX, AZ 85080

Case: _____ vs DISTRIBUTION ALTERNATIVES
Date Of Injury: 2/14/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/21/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/23/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/30/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/07/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/18/17	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:	ELISA L. MEDINA # 003693	0.00
09/26/17	PMT BY CHECK	DOS 8/23/17* =# 2940056	-90.00
09/25/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/29/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/03/17	PMT BY CHECK	DOS 9/7/17* =# 2954826	-90.00
10/02/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/05/17	PR2/REEVAL	DR MICHAEL PRICE/MILES*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/06/17	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#
01/16/18 71498

EAMS#(s):
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Terms: 60 days
Claim #(s):
047517007492

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: JUAN TORREZ
P.O. BOX 42065
PHOENIX, AZ 85080

Case: vs DISTRIBUTION ALTERNATIVES
Date Of Injury: 2/14/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/16/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/23/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/30/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/02/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/10/17	PMT BY CHECK	DOS 9/29/17-10/2/17* =# 3037176	-180.00
11/22/17	PMT BY CHECK	DOS 4/5/17-5/22/17* =# 3062597	-2180.00
11/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/22/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/04/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/01/17	FOLLOW-UP	W/ ACUPUNCT W. CHOI @ 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#
01/16/18 71498

EAMS#(s):

SS # :
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Terms: 60 days
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047517007492

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: JUAN TORREZ
P.O. BOX 42065
PHOENIX, AZ 85080

Case: vs DISTRIBUTION ALTERNATIVES
Date Of Injury: 2/14/17

DOS	SERVICE	DESCRIPTION	AMOUNT
12/15/17	PMT BY CHECK	DOS 3/23/17-10/20/17* =#3106206	-540.00
12/15/17	PMT BY CHECK	DOS 3/23/17-11/6/17* =#3106207	-180.00
12/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/18/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
12/21/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/04/18	PMT BY CHECK	DOS 10/23/17-11/2/17* =# 3141012	-540.00
01/12/18	LIEN FIL FEE	LIEN FILING FEE	150.00
01/11/18	PMT BY CHECK	DOS 11/13/17-11/22/17* =# 3155240	-540.00

BALANCE 9210.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

CHUBB®

CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 3rd Floor
Los Angeles, CA 90071-2427

MR

Explanation of Benefits

Medical Provider
Joyce Altman Interpreters
PO BOX 4165
Tustin, CA 92781-4165
Tax ID:
Carrier Code:
JCN:
Network Indicator: N
Comments:

Patient

PPO Name:
Patient's SSN #:
Patients's DOB:
Patient Acct #:

Patient's Employer
Distribution Alternatives

Claim Ref #: 047517007492
Claim Adjuster:
Date of Loss: 02/14/2017
Check Number: 3155240
Print Date: 01/11/2018

Date of Service	CPT Code	Description	Reduction Reason	Days Units	Billed Amount	Fee Schedule Reduction	PPO Reduction	Payment Amount
03/23/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	230.00	230.00	0.00	0.00
04/05/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	230.00	230.00	0.00	0.00
04/10/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
04/12/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
			CHECK TOTAL:		12,520.00	11,980.00	0.00	540.00

Reduction Reason Codes and Description

356 - Duplicate charge or balance forward

RX3 - Per BU/provider agreement amount may be negotiated

R1 - Duplicate Billing

State Disclaimer

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under §5307.1 and §5307.3 of the California Labor Code. The provider shall not attempt to collect expenses for medical treatment from the injured worker per LC§4600. If you disagree with our objection, you have the right to file a lien/application with the WCAB to adjudicate the matter.

For DOS 01-01-2013 and after, if the provider disputes the amount paid, a second review may be requested per LC§9792.5.0 through LC§9792.5.7. Dispute must be received within 90 days of receipt of the E.O.R. or an order of the WCAB resolving the threshold issue as stated in the E.O.R. pursuant to paragraph (5) of subdivision (a) of LC§4603.3.

If still unresolved the provider may request an Independent Bill Review within 30 days of service of the second bill review per LC§4603.6. Upon completion of second review, further remedies for resolution exist under LC§9792.5.7; Independent Bill Review.

Per LC§9792.5.5 2(e) if the only dispute is the amount of payment and the provider does not request a second review within the timeframes set forth in subdivision (b), the bill shall be deemed satisfied and neither the claims administrator nor the employee shall be liable for any further payment.

For questions regarding the payment amount, please contact: CORVEL at (800)987-1007 1851 EAST FIRST STREET SANTA ANA, CA 92705
Review Date: 1/9/2018 12:00:00 AM **Ref. #:** 12117084-0001-6 **IRS #:** 953382819

ICD Code	ICD Description	ICD Code	ICD Description	ICD Code	ICD Description
14.90	Injury, unspecified				

THE ORIGINAL DOCUMENT HAS A WHITE REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW. DO NOT CASH IF NOT PRESENT.

CHUBB® CHUBB INDEMNITY INSURANCE COMPANY
555 S. FLOWER STREET, 3RD FLOOR
LOS ANGELES, CA 90071-2427

Claim Ref #: 047517007492
BANK OF AMERICA
ATLANTA, GA

Check Number **3155240** 64-1278
Date 01/11/2018 0611

Patient

PAY Five Hundred Forty Dollars And 00/100 ¢ $***540.00

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Joyce Altman Interpreters
PO BOX 4165
Tustin, CA 92781

CHUBB
AUTHORIZED SIGNATURE

IN SETTLEMENT OF 03/23/2017 11/22/2017

⑈0003155240⑈ ⑆061112788⑆ 33598⑈69800⑈

CHUBB®

CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 3rd Floor
Los Angeles, CA 90071-2427

Explanation of Benefits

Medical Provider
Joyce Altman Interpreters
PO BOX 4165
Tustin, CA 92781-4165

Patient

Patient's Employer
Distribution Alternatives
17820 Slover Ave
Bloomington, CA 92316-2333

Tax ID:
Carrier Code:
JCN: 201702231532345647903O
Network Indicator: N

Comments:

PPO Name:
Patient's SSN #:
Patients's DOB:
Patient Acct #: 71498

Claim Ref #: 047517007492
Claim Adjuster: JUAN TORRES
Date of Loss: 02/14/2017
Check Number: 3155240
Print Date: 01/11/2018

Date of Service	CPT Code	Description	Reduction Reason	Days Units	Billed Amount	Fee Schedule Reduction	PPO Reduction	Payment Amount
10/02/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
10/05/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
10/06/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
10/09/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
10/16/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
10/20/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
10/23/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
10/30/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
11/02/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
11/03/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
11/06/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
11/13/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	523,RX3	1	180.00	0.00	0.00	180.00
11/17/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	523,RX3	1	180.00	0.00	0.00	180.00
11/22/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	523,RX3	1	180.00	0.00	0.00	180.00
			CHECK TOTAL:		12,520.00	11,980.00	0.00	540.00

Reduction Reason Codes and Description

G56 - Duplicate charge or balance forward

RX3 - Per BU/provider agreement amount may be negotiated

R1 - Duplicate Billing

523 - Reduced per administrative rules

ICD Code	ICD Description	ICD Code	ICD Description	ICD Code	ICD Description
T14.90	Injury, unspecified				

Joyce Altman Interpreters, 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 71674

EAMS#(s):ADJ
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
572-006263; 572-007868

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: KAITLYN TENNENT
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs PARAGON BUILDING MAINT.
Date Of Injury: 3/13/17; 5/16-4/7/17

DOS	SERVICE	DESCRIPTION	AMOUNT
04/27/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341 DOI: 3/13/17	0.00
05/04/17	INITIAL EXAM	DR ROSTAMI @ EPC* DOI: 5/16 - 4/17	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/08/17	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC* DOI: 3/13/17	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/15/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC* DOI: 5/16 - 4/17	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
05/17/17	INITIAL EXAM	DR BIPIN BHARATWAL @ EPC* DOI: 3/13/17	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
05/18/17	FOLLOW-UP	W/ ACUPUNCT YOUN ME RHEE @ EPC* DOI: 3/17	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/22/17	INITIAL EXAM	PSYCHE EVAL W/DR PARVIN SALKELD* DO: I3/17	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
05/25/17	INITIAL ACUP	W/ ACUPUNCT RHEE @ EPC* DOI: 5/16 - 4/17	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
06/01/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: 3/13/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/05/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC* DOI: 3/13/17	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#
11/29/17 71674

EAMS#(s):ADJ
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
572-006263; 572-007868

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: KAITLYN TENNENT
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs PARAGON BUILDING MAINT.
Date Of Injury: 3/13/17; 5/16-4/7/17

DOS	SERVICE	DESCRIPTION	AMOUNT
06/08/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: CT 5/16	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/14/17	PR2/REEVAL	DR BHARATWAL @ EPC* DOI: 3/17	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/15/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC* DOI: 3/13/17	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/16/17	PT INITIAL	PHYS TX W/DR CHRIS MENDOZA @ EPC* DOI: 3/13/17	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/19/17	FOLLOW UP	PHYSICAL TX W/DR MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/22/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/29/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/05/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/06/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/10/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
07/13/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/17/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/31/17	EMG TESTING	& NCV BY DR GROSS: U/E @ EPC*	150.00
/ /	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#
11/29/17	71674

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
572-006263; 572-007868

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: KAITLYN TENNENT
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs PARAGON BUILDING MAINT.
Date Of Injury: 3/13/17; 5/16-4/7/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/03/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/04/17	INITIAL EXAM	DR ALLEN MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
08/09/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/08/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/09/17	PMT BY CHECK	DOS 4/27/17-7/8/17* =# 32247769	-1530.00
08/14/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC* DOI: 3/13/17	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/11/17	PMT BY CHECK	DOS 7/6/17* =# 32256859	-90.00
08/15/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: CT 4/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/12/17	PMT BY CHECK	DOS 7/10/17* =# 32261218	-0.01
08/15/17	PMT BY CHECK	DOS 7/13/17* =# 32265605	-90.00
08/25/17	PMT BY CHECK	DOS 7/17/17-7/31/17* =# 32298570	-180.00
08/28/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/26/17	PMT BY CHECK	DOS 8/3/17* =# 32302604	-90.00
09/01/17	PMT BY CHECK	DOS 8/4/17* =# 32318082	-90.00
09/01/17	PMT BY CHECK	DOS 8/9/17* =# 32318083	-90.00
09/01/17	PMT BY CHECK	DOS 5/16/17-8/8/17* =# 32318084	-180.00
09/06/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
09/08/17	PR2/REEVAL	DR MASSIHI @ 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#
11/29/17 71674

EAMS#(s):ADJ
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
572-006263; 572-007868

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: KAITLYN TENNENT
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs PARAGON BUILDING MAINT.
Date Of Injury: 3/13/17; 5/16-4/7/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/12/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/12/17	PMT BY CHECK	DOS 8/14/17-8/15/17* =# 32343894	-180.00
09/19/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/26/17	PMT BY CHECK	DOS 8/28/17* =# 32382527	-90.00
10/04/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/04/17	PMT BY CHECK	DOS 9/6/17* =# 32405844	-90.00
10/06/17	PMT BY CHECK	DOS 9/8/17* =# 32413351	-90.00
10/11/17	PMT BY CHECK	DOS 9/12/17* # 32425981	-90.00
10/17/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/18/17	PMT BY CHECK	DOS 9/19/17* =# 32445245	-90.00
10/19/17	P AND S	DR ROSTAMI @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/11/17	PMT BY CHECK	DOS 10/4/17* =# 32512272	-90.00
11/15/17	PMT BY CHECK	DOS 10/17/17* =# 32519893	-90.00
11/18/17	PMT BY CHECK	DOS 10/19/17* =# 32531928	-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#
11/29/17	71674

EAMS#(s):ADJ
ADJ
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
572-006263; 572-007868

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: KAITLYN TENNENT
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs PARAGON BUILDING MAINT.
Date Of Injury: 3/13/17; 5/16-4/7/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 3379.99

* 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

Electronic Service Requested

ALL FOR AADC 926
22236 1.3360 AB 0.400
JOYCE ALTMAN INTERPRETERS INC 252
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 22236 3 OF 6 F

Check No.: 32531928
RFP No.: 104122
Check Date: 11/18/2017
Check Amount: 230.00
Insured: DECISIONHR I, INC.

Claimant:

Claim Office: 572
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000036150650	00006263	001	03/13/2017	MED	O	230.00
					Total Amount	230.00

Reason for Payment
ORG: 6760.00 ACT: 71674 042717-101917

Use File # 572/00006263 on all correspondence for prompt processing.
For check information call: 877-802-5246

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A BLUE BACKGROUND AND MICROPRINTING IN THE BORDER

AMERICAN HOME ASSURANCE COMPANY

50-937/213

Claim No.: 00006263 Policy No.: 000036150650
Reason for Payment: ORG: 6760.00 ACT: 71674 042717-101917

CHECK No. 32531928
RFP No. 00104122
DATE 11/18/2017

**********Two Hundred Thirty Dollars***

AMOUNT PAID
*******$230.00

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

⑈32531928⑈ ⑆021309379⑆ 7864205390⑈

EXPLANATION OF BILL REVIEW

AIG

AIG CLAIMS, INC.
P.O. BOX 25978
SHAWNEE MISSION KS 66225

Invoice #: 1731402519
Control #: 06173190255100

Negotiated/ PPO Savings:	0.00
Recommended Amount:	230.00
Previously Paid:	0.00
Payment:	230.00

Check #:	32531928
Check Date:	11/18/2017
Method of Payment:	Check
Payment Status Code:	1

Medical bill EOR and payment status information is now available online at www.aig.com/epbi.
Click "Provider Sign Up" on the Sign in screen.

If you have questions about this review please call AIG at: 877-802-5246

20171120016?
5 OF 6 F
ENV 22236

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/23/17	68325

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
023209012675

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: LORENA ACEVES
P.O. BOX 42065
PHOENIX, AZ 85080

Case: vs VEHICLE SERVICE
Date Of Injury: CT 12/1/14 - 12/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/19/16	INITIAL EXAM	DR NEGIN RAMESHNI @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/21/16	INITIAL EXAM	DR BIPIN BHARATWAL @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/02/16	PR2/REEVAL	DR RAMESHNI @ ENHANCED PRECISION CARE* EPC	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/08/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
04/20/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/19/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/23/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/20/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
07/28/16	PR2/REEVAL	DR RMAESHNI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/01/16	FOLLOW-UP	W/ ACUPUNCT HUN YOON @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/29/16	FOLLOW-UP	W/ ACUPUNCT YOON @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
09/01/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/07/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
09/09/16	INITIAL EXAM	DR ALLEN MASSIHI @ EPC*	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#
08/23/17 68325

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
023209012675

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: LORENA ACEVES
P.O. BOX 42065
PHOENIX, AZ 85080

Case: vs VEHICLE SERVICE
Date Of Injury: CT 12/1/14 - 12/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
10/06/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500341	0.00
10/14/16	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
10/26/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
11/10/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/02/16	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
12/20/16	FOLLOW UP	PHYSICAL TX W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/31/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
02/01/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/23/17	FINAL ACUPT	W/ ACUPUNCT RHEE @ EPC*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/06/17	PMT BY CHECK	DOS 1/19/16-12/2/16* =# 2530149	-450.00
03/08/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/07/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/27/17	INITIAL EXAM	PSYCH EVAL W/DR PARVIN SALKELD @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/06/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
04/18/17	PR2/REEVAL	DR ROSTAMI @ 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#
08/23/17	68325

EAMS#(s):

SS #
DOB :
Terms: 60 days
Claim #(s):
023209012675

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: LORENA ACEVES
P.O. BOX 42065
PHOENIX, AZ 85080

Case:) vs VEHICLE SERVICE
Date Of Injury: CT 12/1/14 - 12/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/11/17	EMG TESTING	& NCV BY DR GROSS: L/E @ EPC*	150.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/28/17	P AND S	DR MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
05/09/17	PMT BY CHECK	DOS 3/7/17-4/6/17* =# 2662696	-770.00
05/02/17	EMG TESTING	& NCV BY DR NAZIR: U/E @ EPC*	150.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/23/17	PMT BY CHECK	DOS 4/11/17-4/18/17* =# 2691296	-330.00
05/23/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/05/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/19/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/01/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/07/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/16/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/17/17	PMT BY CHECK	DOS 7/5/17* =# 2858523	-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#
08/23/17	68325

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
023209012675

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: LORENA ACEVES
P.O. BOX 42065
PHOENIX, AZ 85080

Case: vs VEHICLE SERVICE
Date Of Injury: CT 12/1/14 - 12/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 5080.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

CHUBB®

CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 3rd Floor
Los Angeles, CA 90071-2427

68325_1 MK

Explanation of Benefits

Medical Provider
Joyce Altman Interpreters
PO BOX 4165
Tustin, CA 92781-4165
Tax ID:
Carrier Code:
JCN:
Network Indicator: N
Comments:

Patient
PPO Name:
Patient's SSN #:
Patients's DOB:
Patient Acct #:

Patient's Employer
ehicle Services Americas

Claim Ref #: 023209012675
Claim Adjuster:
Date of Loss: 07/29/2009
Check Number: 2858523
Print Date: 08/17/2017

Date of Service	CPT Code	Description	Reduction Reason	Days Units	Billed Amount	Fee Schedule Reduction	PPO Reduction	Payment Amount
01/19/2016	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	230.00	230.00	0.00	0.00
01/21/2016	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	230.00	230.00	0.00	0.00
02/02/2016	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
03/08/2016	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
			CHECK TOTAL:		6,090.00	5,910.00	0.00	180.00

Reduction Reason Codes and Description

G56 - Duplicate charge or balance forward

RX3 - Per BU/provider agreement amount may be negotiated

R1 - Duplicate Billing

AUG 21 2017

State Disclaimer

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under §5307.1 and §5307.3 of the California Labor Code. The provider shall not attempt to collect expenses for medical treatment from the injured worker per LC§4600. If you disagree with our objection, you have the right to file a lien/application with the WCAB to adjudicate the matter.
For DOS 01-01-2013 and after, if the provider disputes the amount paid, a second review may be requested per LC§9792.5.0 through LC§9792.5.7. Dispute must be received within 90 days of receipt of the E.O.R. or an order of the WCAB resolving the threshold issue as stated in the E.O.R. pursuant to paragraph (5) of subdivision (a) of LC§4603.3.
If still unresolved the provider may request an Independent Bill Review within 30 days of service of the second bill review per LC§4603.6. Upon completion of second review, further remedies for resolution exist under LC§9792.5.7; Independent Bill Review.
Per LC§9792.5.5 2(e) if the only dispute is the amount of payment and the provider does not request a second review within the timeframes set forth in subdivision (b), the bill shall be deemed satisfied and neither the claims administrator nor the employee shall be liable for any further payment.

For questions regarding the payment amount, please contact: **CORVEL** at **(800)987-1007** **1851 EAST FIRST STREET** **SANTA ANA, CA 92705**

Review Date: 8/14/2017 12:00:00 AM **Ref. #:** 11648470-0001-6 **IRS #:** 953382819

ICD Code	ICD Description	ICD Code	ICD Description	ICD Code	ICD Description

CHUBB®

CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 3rd Floor
Los Angeles, CA 90071-2427

Explanation of Benefits

Medical Provider
Joyce Altman Interpreters
PO BOX 4165
Tustin, CA 92781-4165

Patient

Patient's Employer
Wwl Vehicle Services Americas
500 E Water St
Wilmington, CA 90744-6517

Tax ID:
Carrier Code:
JCN:
Network Indicator: N

PPO Name:
Patient's SSN #:
Patients's DOB:
Patient Acct #:

Claim Ref #: 023209012675
Claim Adjuster:
Date of Loss: 07/29/2009
Check Number: 2858523
Print Date: 08/17/2017

Comments:

Date of Service	CPT Code	Description	Reduction Reason	Days Units	Billed Amount	Fee Schedule Reduction	PPO Reduction	Payment Amount
04/20/2016	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
05/19/2016	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
06/23/2016	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
07/20/2016	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
07/28/2016	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
08/01/2016	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
08/29/2016	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
09/01/2016	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
09/07/2016	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
09/09/2016	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	230.00	230.00	0.00	0.00
10/06/2016	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
10/14/2016	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
10/26/2016	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
11/10/2016	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
12/02/2016	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
12/20/2016	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	90.00	90.00	0.00	0.00
01/31/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
			CHECK TOTAL:		6,090.00	5,910.00	0.00	180.00

Reduction Reason Codes and Description

G56 - Duplicate charge or balance forward

RX3 - Per BU/provider agreement amount may be negotiated

R1 - Duplicate Billing

ICD Code	ICD Description	ICD Code	ICD Description	ICD Code	ICD Description

CHUBB®

CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 3rd Floor
Los Angeles, CA 90071-2427

Explanation of Benefits

Medical Provider
Joyce Altman Interpreters
PO BOX 4165
Tustin, CA 92781-4165

Patient

Patient's Employer
Wwl Vehicle Services Americas
500 E Water St
Wilmington, CA 90744-6517

Tax ID:
Carrier Code:
JCN:
Network Indicator: N
Comments:

PPO Name:
Patient's SSN #:
Patients's DOB:
Patient Acct #:

Claim Ref #: 023209012675
Claim Adjuster:
Date of Loss: 07/29/2009
Check Number: 2858523
Print Date: 08/17/2017

Date of Service	CPT Code	Description	Reduction Reason	Days Units	Billed Amount	Fee Schedule Reduction	PPO Reduction	Payment Amount
02/01/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
02/23/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	230.00	230.00	0.00	0.00
03/07/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
03/08/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
03/27/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	230.00	230.00	0.00	0.00
04/06/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
04/11/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	150.00	150.00	0.00	0.00
04/18/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
04/28/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	230.00	230.00	0.00	0.00
05/02/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	150.00	150.00	0.00	0.00
05/23/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
07/05/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G1,RX3,523	1	180.00	0.00	0.00	180.00
			CHECK TOTAL:		6,090.00	5,910.00	0.00	180.00

Reduction Reason Codes and Description

G56 - Duplicate charge or balance forward

RX3 - Per BU/provider agreement amount may be negotiated

R1 - Duplicate Billing

G1 - The charge has been adjusted to OMFS

523 - Reduced per administrative rules

ICD Code	ICD Description	ICD Code	ICD Description	ICD Code	ICD Description

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/10/18 71498

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
047517007492

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: JUAN TORREZ
P.O. BOX 42065
PHOENIX, AZ 85080

Case: rs DISTRIBUTION ALTERNATIVES
Date Of Injury: 2/14/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/23/17	INITIAL EXAM	DR GALAL GOUBRAN/ANDREW MILES @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/05/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, INITIAL CHIRO & PHYS THERAPY	230.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/12/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/21/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/26/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/29/17	PR2/REEVAL	DR GOUBRAN/DAVE FRANKE*	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
05/05/17	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:	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#
01/10/18 71498

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
047517007492

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: JUAN TORREZ
P.O. BOX 42065
PHOENIX, AZ 85080

Case: vs DISTRIBUTION ALTERNATIVES
Date Of Injury: 2/14/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/22/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/25/17	PR2/REEVAL	DR GOUBRAN/TAYLOR @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/26/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/31/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/12/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/01/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/02/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/12/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/14/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/23/17	PMT BY CHECK	DOS 3/23/17-4/29/17* =# 2752877	-380.00
06/19/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ 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
06/26/17	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

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/10/18 71498

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
047517007492

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: JUAN TORREZ
P.O. BOX 42065
PHOENIX, AZ 85080

Case: vs DISTRIBUTION ALTERNATIVES
Date Of Injury: 2/14/1

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/05/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/06/17	PR2/REEVAL	DR GOUBRAN/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
07/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/12/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/19/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/26/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/31/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/02/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/03/17	PR2/REEVAL	DR GOUBRAN/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/14/17	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:	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#
01/10/18	71498

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
047517007492

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: JUAN TORREZ
P.O. BOX 42065
PHOENIX, AZ 85080

Case: _ vs DISTRIBUTION ALTERNATIVES
Date Of Injury: 2/14/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/21/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/23/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/30/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/07/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/18/17	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:	ELISA L. MEDINA # 003693	0.00
09/26/17	PMT BY CHECK	DOS 8/23/17* =# 2940056	-90.00
09/25/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/29/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/03/17	PMT BY CHECK	DOS 9/7/17* =# 2954826	-90.00
10/02/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/05/17	PR2/REEVAL	DR MICHAEL PRICE/MILES*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/06/17	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#
01/10/18 71498

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
047517007492

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: JUAN TORREZ
P.O. BOX 42065
PHOENIX, AZ 85080

Case: vs DISTRIBUTION ALTERNATIVES
Date Of Injury: 2/14/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/16/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/23/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/30/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/02/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/10/17	PMT BY CHECK	DOS 9/29/17-10/2/17* =# 3037176	-180.00
11/22/17	PMT BY CHECK	DOS 4/5/17-5/22/17* =# 3062597	-2180.00
11/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/22/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/04/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/01/17	FOLLOW-UP	W/ ACUPUNCT W. CHOI @ 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#
01/10/18 71498

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
047517007492

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: JUAN TORREZ
P.O. BOX 42065
PHOENIX, AZ 85080

Case: /s DISTRIBUTION ALTERNATIVES
Date Of Injury: 2/14/17

DOS	SERVICE	DESCRIPTION	AMOUNT
12/15/17	PMT BY CHECK	DOS 3/23/17-10/20/17* =#3106206	-540.00
12/15/17	PMT BY CHECK	DOS 3/23/17-11/6/17* =#3106207	-180.00
12/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/18/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
12/21/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/04/18	PMT BY CHECK	DOS 10/23/17-11/2/17* =# 3141012	-540.00

BALANCE 9600.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

CHUBB®

CHUBB GROUP OF INSURANCE COMPANIES

555 S. Flower Street 3rd Floor
Los Angeles, CA 90071-2427

Explanation of Benefits

Medical Provider
Joyce Altman Interpreters
PO BOX 4165
Tustin, CA 92781-4165
Tax ID:
Carrier Code:
JCN:
Network Indicator: N
Comments:

Patient
PPO Name:
Patient's SSN #:
Patients's DOB:
Patient Acct #:

Patient's Employer
Distribution Alternatives
Claim Ref #: 047517007492
Claim Adjuster:
Date of Loss: 02/14/2017
Check Number: 3141012
Print Date: 01/04/2018

Date of Service	CPT Code	Description	Reduction Reason	Days Units	Billed Amount	Fee Schedule Reduction	PPO Reduction	Payment Amount
03/23/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	230.00	230.00	0.00	0.00
04/05/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	230.00	230.00	0.00	0.00
04/10/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
04/12/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
			CHECK TOTAL:		12,160.00	11,620.00	0.00	540.00

Reduction Reason Codes and Description

G56 - Duplicate charge or balance forward

RX3 - Per BU/provider agreement amount may be negotiated

R1 - Duplicate Billing

State Disclaimer

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under §5307.1 and §5307.3 of the California Labor Code. The provider shall not attempt to collect expenses for medical treatment from the injured worker per LC§4600. If you disagree with our objection, you have the right to file a lien/application with the WCAB to adjudicate the matter.
For DOS 01-01-2013 and after, if the provider disputes the amount paid, a second review may be requested per LC§9792.5.0 through LC§9792.5.7. Dispute must be received within 90 days of receipt of the E.O.R. or an order of the WCAB resolving the threshold issue as stated in the E.O.R. pursuant to paragraph (5) of subdivision (a) of LC§4603.3.
If still unresolved the provider may request an Independent Bill Review within 30 days of service of the second bill review per LC§4603.6. Upon completion of second review, further remedies for resolution exist under LC§9792.5.7; Independent Bill Review.
Per LC§9792.5.5 2(e) if the only dispute is the amount of payment and the provider does not request a second review within the timeframes set forth in subdivision (b), the bill shall be deemed satisfied and neither the claims administrator nor the employee shall be liable for any further payment.

For questions regarding the payment amount, please contact: CORVEL at (800)987-1007 1851 EAST FIRST STREET SANTA ANA, CA 92705
Review Date: 1/2/2018 12:00:00 AM **Ref. #:** 12075221-0001-6 **IRS #:** 953382819

ICD Code	ICD Description	ICD Code	ICD Description	ICD Code	ICD Description
T14.90	Injury, unspecified				

CHUBB®

CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 3rd Floor
Los Angeles, CA 90071-2427

Explanation of Benefits

Medical Provider
Joyce Altman Interpreters
PO BOX 4165
Tustin, CA 92781-4165

Patient

Patient's Employer

Tax ID:
Carrier Code:
JCN:
Network Indicator: N
Comments:

PPO Name:
Patient's SSN #:
Patients's DOB:
Patient Acct #: 71498

Claim Ref #: 047517007492
Claim Adjuster:
Date of Loss: 02/14/2017
Check Number: 3141012
Print Date: 01/04/2018

Date of Service	CPT Code	Description	Reduction Reason	Days Units	Billed Amount	Fee Schedule Reduction	PPO Reduction	Payment Amount
10/02/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
10/05/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
10/06/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
10/09/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
10/16/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
10/20/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
10/23/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	RX3	2	180.00	0.00	0.00	180.00
10/30/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	RX3	2	180.00	0.00	0.00	180.00
11/02/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	RX3	2	180.00	0.00	0.00	180.00
11/03/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
11/06/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,RX3,R1	1	180.00	180.00	0.00	0.00
11/13/2017	T1013	SIGN LANGUAGE/ORAL INTEPR	G56	1	180.00	180.00	0.00	0.00
			CHECK TOTAL:		12,160.00	11,620.00	0.00	540.00

Reduction Reason Codes and Description

G56 - Duplicate charge or balance forward

RX3 - Per BU/provider agreement amount may be negotiated

R1 - Duplicate Billing

ICD Code	ICD Description	ICD Code	ICD Description	ICD Code	ICD Description
T14.90	Injury, unspecified				

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/21/17	71783

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30178222449-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: KELSEY RODNEY
P.O. BOX # 14440
LEXINGTON, KY 40512

Case: vs WORLDWIDE FLIGHT SERVICE
Date Of Injury: CT 4/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/03/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/17/17	INITIAL EXAM	DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
05/18/17	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/25/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
06/05/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/07/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
06/08/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/12/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/14/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/16/17	INITIAL EXAM	PHYSICAL TX W/DR CHRISTIAN MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/15/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
06/22/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/29/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/06/17	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#
12/21/17 71783

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30178222449-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: KELSEY RODNEY
P.O. BOX # 14440
LEXINGTON, KY 40512

Case: vs WORLDWIDE FLIGHT SERVICE
Date Of Injury: CT 4/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/13/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/17/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/19/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
07/24/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/28/17	FOLLOW UP	PHYSICAL TX W/DR MENDOZA*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/31/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/10/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
08/14/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/16/17	PR2/REEVAL	DR BHRATWAL @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/21/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/22/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/28/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/11/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/13/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/18/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/25/17	FOLLOW-UP	W/ ACUPUNCT YIRYE KANG @ 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#
12/21/17 71783

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30178222449-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: KELSEY RODNEY
P.O. BOX # 14440
LEXINGTON, KY 40512

Case: vs WORLDWIDE FLIGHT SERVICE
Date Of Injury: CT 4/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/26/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/02/17	FOLLOW-UP	W/ ACUPUNCT YIRYE KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/09/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/11/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/16/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/19/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/23/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/30/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/02/17	P AND S	DR ROSTAMI @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/13/17	PMT BY CHECK	DOS 5/3/17-7/19/17* #77354697	-3120.00

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#
12/21/17	71783

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30178222449-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: KELSEY RODNEY
P.O. BOX # 14440
LEXINGTON, KY 40512

Case: vs WORLDWIDE FLIGHT SERVICE
Date Of Injury: CT 4/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 3920.00

* 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.

MK

Sedgwick Claims Management Services, Inc
P O Box 14440
Lexington, KY 40512-4440

0003649-0012635 0106 001 670543 SWK

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

DATE	CHECK AMOUNT	CHECK NUMBER
12/13/2017	3,120.00	77354697
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name		Loss Date	Claim Number
		04/11/2017	30178222449-0001
Amt Paid: 3,120.00	Description:	Miscellaneous Medical	
Amt Billed: 3,120.00	Invoice:		ICN:155820612.6
Dates: 05/03/2017 - 07/19/2017	Comment:		

7783

SWK.RM.STD.00.NP

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

+1 B

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/14/18 69823

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30166150916-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: KOURTNEY CAMPOS
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs TRIMANA/HIGH RISE GOODIES REST
Date Of Injury: CT 2/1/15 - 5/11/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/16/16	INITIAL EXAM	DR NEGIN RAMESHNI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/06/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
07/11/16	FOLLOW-UP	W/ ACUPUNCT JEONG YOON @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/30/16	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/26/16	PR2/REEVAL	DR RAMESHNI @ 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
08/15/16	FOLLOW-UP	W/ ACUPUNCT YOON @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/16/16	PT INITIAL	PHYSICAL THERAPY W/DR FARDAD MOGHARABI @ EPC*	90.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
08/23/16	FOLLOW UP	PHYSICAL THERAPY @ EPC W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	ANALIA S. LAROCCA # 101683	0.00
09/06/16	FOLLOW UP	PHYS TX W/DR MOGHARABI @ EPC*	90.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/14/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/04/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/10/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARENO # 101080	0.00
10/18/16	FOLLOW-UP	W/ ACUPUNCT MOGHARABI @ 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#
02/14/18	69823

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30166150916-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: KOURTNEY CAMPOS
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs TRIMANA/HIGH RISE GOODIES REST
Date Of Injury: CT 2/1/15 - 5/11/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/19/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/10/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/21/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/23/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/28/16	INITIAL EXAM	PSYCH EVAL W/DR PARVIN SALKELD @ EPC*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/06/16	FOLLOW UP	PHYSICAL TX W/DR MOGHARABI*	90.00
/ /	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
12/13/16	FOLLOW UP	PHYSICAL TX W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/15/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/19/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/29/16	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ EPC	150.00
/ /	-	W/DR FARDAD MOGHARABI*	0.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/03/17	FOLLOW UP	PHYSICAL TX W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
01/05/17	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ EPC	150.00
/ /	-	W/DR MOGHARABI*	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#
02/14/18	69823

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30166150916-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: KOURTNEY CAMPOS
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs TRIMANA/HIGH RISE GOODIES REST
Date Of Injury: CT 2/1/15 - 5/11/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/12/17	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ EPC	150.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/17/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
01/19/17	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ EPC	150.00
/ /	-	DR MOGHARABI*	0.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/24/17	FOLLOW UP	PHYSICAL TX W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/26/17	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ EPC	150.00
/ /	-	W/DR MOGHARABI*	0.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/31/17	FOLLOW UP	PHYSICAL TX W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/01/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/07/17	FOLLOW UP	PHYSICAL TX W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/09/17	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ EPC	150.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/13/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
02/21/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/02/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS 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#
02/14/18 69823

EAMS#(s):

SS # : XXX-XX-
DOB :
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30166150916-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: KOURTNEY CAMPOS
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs TRIMANA/HIGH RISE GOODIES REST
Date Of Injury: CT 2/1/15 - 5/11/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/03/17	INITIAL EXAM	DR MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/08/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/09/17	FINAL ACUPT	W/ ACUPUNCT RHEE @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/20/17	EMG TESTING	& NCV BY DR BENJAMIN GROSS: L/E @ EPC*	150.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/28/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
03/31/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/12/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
04/11/17	EMG TESTING	& NCV BY DR GROSS: U/E @ EPC*	150.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/02/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/05/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	CESAR TERAN # 500150	0.00
05/17/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/15/17	PMT BY CHECK	DOS 5/17/17* =# 0079445115	-90.00
06/05/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/07/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/12/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/30/17	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
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LEXINGTON, KY 40512

Case: vs TRIMANA/HIGH RISE GOODIES REST
Date Of Injury: CT 2/1/15 - 5/11/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/19/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/21/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/22/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
07/05/17	FINAL P.T.	FINAL PHYS TX EVAL W/DR CHRIS MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/06/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/07/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/13/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/26/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/10/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
08/30/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/31/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/14/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
09/21/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/28/17	FOLLOW-UP	W/ ACUPUNCT YIRYE KANG @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/06/17	P AND S	DR ALLEN MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	GLADYS 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#
02/14/18	69823

EAMS#(s):

SS # : XXX-XX-
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30166150916-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: KOURTNEY CAMPOS
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs TRIMANA/HIGH RISE GOODIES REST
Date Of Injury: CT 2/1/15 - 5/11/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/11/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/16/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/23/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/10/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/02/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/24/17	PMT BY CHECK	DOS 6/15/17-11/2/17* # 84809483 SEDGWICK	-90.00
11/13/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/16/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/29/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/04/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/11/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/18/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC* (P.M.)	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/18/17	INITL CHIRO	TREATMENT W/DR KRAVCHENKO* (A.M.)	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
12/22/17	PMT BY CHECK	DOS 11/16/17* # 86737683 SEDGWICK	-180.00
12/19/17	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#
02/14/18 69823

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30166150916-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: KOURTNEY CAMPOS
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs TRIMANA/HIGH RISE GOODIES REST
Date Of Injury: CT 2/1/15 - 5/11/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/03/18	PMT BY CHECK	DOS 12/4/17-12/11/17* # 86739830 SEDGWICK	-180.00
01/17/18	PMT BY CHECK	DOS 12/18/17-12/19/17* # 86743048 SEDGWICK	-180.00
01/18/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/30/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/07/18	PMT BY CHECK	DOS 1/18/18* # 86747532 SEDGWICK	-180.00

BALANCE 13260.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

0000927-0002325 0106 001 683712 SWK

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

DATE	CHECK AMOUNT	CHECK NUMBER
02/07/2018	180.00	86747532
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name		Loss Date	Claim Number
—		05/11/2016	30166150916-0001
Amt Paid: 180.00	Description:	Miscellaneous Medical	
Amt Billed: 180.00	Invoice:	69823 ~ 72283	ICN:156476596.6
Dates: 01/18/2018 - 01/18/2018	Comment:		

PAID
FEB 15 2018

SWK.RM.STD.00.NP

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/18/18 71416

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-16-006111

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: JERALD WILLIAMS
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SERVICES INC
Date Of Injury: 2/15/03 - 9/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/01/17	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/06/17	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
03/08/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
03/13/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
03/15/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
03/20/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
03/22/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
04/03/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
04/05/17	F/U CHIRO TX	CHIRO TX W/DR KRAVHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/10/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
04/19/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG @	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/18/18	71416

EAMS#(s):
ADJ
SS # : XXX-XX-N/A
DOB : 1
Terms: 60 days
Claim #(s):
BB-16-006111

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: JERALD WILLIAMS
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SERVICES INC
Date Of Injury: 2/15/03 - 9/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
		GOFNUNG CHIRO*	
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/08/17	INITIAL ACUP	W/ ACUPUNCT FEDER @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/31/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
06/05/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/08/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/12/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/16/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/19/17	FINAL ACUPT	W/ ACUPUNCT FEDER @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
07/12/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
07/18/17	PMT BY CHECK	DOS 5/8/17* =# 8197748	-230.00
07/19/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
07/28/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/07/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/14/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
08/21/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
09/13/17	PMT BY CHECK	DOS 8/21/17* =# 8249823	-90.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
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CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: JERALD WILLIAMS
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SERVICES INC
Date Of Injury: 2/15/03 - 9/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/18/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
10/16/17	FINAL CHIRO	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
12/20/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/11/18	PMT BY CHECK	DOS 10/16/17-12/20/17* =# 8353473	-180.00

BALANCE 2980.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

VOID VOID VOID

CORVEL CORPORATION
BBSI - EC
PO BOX 279350
SACRAMENTO, CA 95827

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8353473	01/11/18

Claim#: BB-16-006111

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈00083534 73⑈ ⑆121000248⑆ 4121 5140 12⑈

TACH HERE

CORVEL
Explanation of Review

DETACH HERE

Business Unit: ELLUZ CORPORATION, ONTARIO-900
950 S Broadway Fl 5
Los Angeles, CA 90015

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4158174 - 1
Reprice: CA, 92781
Billed Date: 01/03/2018
Business Rcvd: 01/09/2018
MBR Rcvd: 01/09/2018
MBR Date: 01/11/2018
Date Approved: 01/11/2018
DOS From - To: 10/16/2017 - 12/20/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 973

Treating Provider:
Referring Physician: MAYYA KRAVCHENKO
Patient Control #: 71416
Provider Tax Id: 33-0956713

Claim #: BB-16-006111
Processor Initials: LZ
DOI: 09/29/2016
RX Number:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
10/16/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00		1	$0.00	$90.00
12/20/17	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00		1	$0.00	$90.00
Sub-Totals for Bill: 4158174					**$180.00**			**$0.00**	**$180.00**
Charges not listed have been previously processed									$0.00
Totals for Bill:4158174									**$180.00**

Line Item Reason Codes and Descriptions
MV0 Market Value

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service