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Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
74551	8/20/18 - 9/28/18	2/8/2019	$ 1,670.00	Initial Chiro ($90), Initial acup. ($230), 7 f/u acup's ($180 each) & f/u chiro ($90)	$ 1,670.00	306933	2/5/2019	Advantage
73658	9/7/2018	11/2/2018	$ 180.00	PR-2	$ 180.00	163587	10/29/2018	Alaska National
	8/3/2018	9/4/2018	$ 180.00	PR-2	$ 180.00	149075	8/28/2018	Alaska National/Corvel
74337	9/12/2018	10/17/2018	$ 250.00	Depo review	$ 250.00	160023	10/12/2018	Alaska National
74849	1/11/2019	3/4/2019	$ 180.00	F/U Acup	$ 180.00	188445	2/25/2019	Alaska National/Corvel
	10/18/2018		$ 230.00	Initial exam	$ 230.00	183160	2/4/2019	
	11/15/2018		$ 180.00	PR-2	$ 180.00	183161	2/4/2019	
	11/19/2018		$ 230.00	Initial Acup.	$ 230.00	183162	2/4/2019	
	12/10/2018		$ 180.00	F/U Acup	$ 180.00	183163	2/4/2019	
	12/14/2018		$ 180.00	F/U Acup	$ 180.00	183164	2/4/2019	
	12/17/2018		$ 180.00	F/U Acup	$ 180.00	183165	2/4/2019	
	12/21/2018		$ 180.00	F/U Acup	$ 180.00	183166	2/4/2019	
	1/4/2019		$ 180.00	F/U Acup	$ 180.00	183167	2/4/2019	
	1/7/2019		$ 180.00	F/U Acup	$ 180.00	183168	2/4/2019	
75473	2/20/2019	3/20/2019	$ 250.00	Depo review	$ 250.00	193132	3/18/2019	Alaska National
75672	4/3/2019	6/4/2019	$ 180.00	PR-2	$ 180.00	202937	5/3/2019	Alaska National
	5/8/2019		$ 230.00	P&S	$ 230.00	208510	5/30/2019	
74630	9/18/2018	3/8/2019	$ 250.00	C&R reading	$ 250.00	100760954	3/5/2019	Albertsons
70408	11/26/2018	1/18/2019	$ 250.00	C&R reading	$ 250.00	00066218	1/11/2019	Amtrust/ Springfield
72067	7/3/2018	8/7/2018	$ 250.00	C&R reading	$ 250.00	02406182	8/2/2018	Amtrust/ANA UBI
72930	10/1/18 & 11/2/18	12/18/2018	$ 406.50	Board appear. WCAB LBO ($156.50), C&R reading ($250)	$ 406.50	02622230	12/13/2018	Amtrust/ANA UBI
73235	1/18/18 - 7/26/18	8/28/2018	$ 950.00	4 PR-2s ($180 each), P&S ($230)	$ 950.00	00060225	8/21/2018	Amtrust/ Springfield

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Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
73304	8/29/18 & 10/10/18	11/20/2018	$ 360.00	2 PR-2s ($180 each)	$ 360.00	02578877	11/14/2018	Amtrust/ANA UBI
73358	2/6/18 - 7/13/18	8/13/2018	$ 1,620.00	9 PR-2s ($180 each)	$ 1,620.00	02418606	8/9/2018	Amtrust/ANA UBI
73584	3/12/18 - 8/24/18	10/3/2018	$ 1,350.00	Initial Chiro ($90), 10 f/u chiro ($90 each), Med-Legal eval ($180), PR-2 ($180)	$ 1,350.00	00173354	9/27/2018	Amtrust/ Sequoia Ins
73598	3/15/18 - 8/16/18	2/26/2019	$ 1,130.00	Initial exam ($230), 5 PR-2s ($180 each)	$ 1,130.00	03583346	9/10/2018	Amtrust / Techonology Ins
	9/20/2018		$ 180.00	PR-2	$ 180.00	03641497	10/22/2018	
	11/13/2018		$ 180.00	PR-2	$ 180.00	03758966	1/2/2019	
	1/19/2019		$ 230.00	P&S	$ 230.00	03828201	2/20/2019	
73849	4/17/18 - 6/26/18	8/20/2018	$ 770.00	3 PR-2s ($180 each), P&S ($230)	$ 770.00	03513429	7/25/2018	Amtrust/ Technology Ins
74001	5/14/18 - 9/17/18	10/30/2018	$ 1,000.00	Initial exam ($230), Initial acup. ($230), 2 PR-2s ($180 each), f/u acup. ($180)	$ 1,000.00	02534211	10/26/2018	Amtrust/ANA UBI
74119	7/13/2018	4/10/2019	$ 250.00	Depo Review	$ 250.00	03534981	8/8/2018	Amtrust/ Technology Ins
	3/21/2019		$ 313.00	Full Day Board App (WCAB LBO)	$ 313.00	03898561	4/5/2019	
74132	10/10/2018	10/24/2018	$ 250.00	C&R reading	$ 250.00	02228479	11/8/2018	Amtrust / Wesco
74218	6/22/18 - 8/8/18	9/10/2018	$ 1,040.00	Initial chiro ($90), Initial acup. ($230), 4 f/u acup. ($180 each)	$ 1,040.00	02463557	9/7/2018	Amtrust/ANA UBI
74393	1/16/2019	5/6/2019	$ 180.00	PR-2	$ 180.00	02373691	2/18/2019	Amtrust / Wesco
	2/13/2019		$ 180.00	PR-2	$ 180.00	02404630	3/7/2019	
	3/13/2019		$ 180.00	PR-2	$ 180.00	02441873	3/28/2019	
	4/10/2019		$ 230.00	P&S	$ 230.00	02493101	5/1/2019	
74506	8/15/2018	11/1/2018	$ 250.00	C&R reading	$ 250.00	025306032	10/29/2018	Amtrust/ANA UBI
74509	8/13/18 & 9/12/18	10/30/2018	$ 406.50	Depo prep ($156.50), Depo review ($250)	$ 406.50	02534210	10/26/2018	Amtrust/ANA UBI

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Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
74592	8/31/2018	11/1/2018	$ 250.00	C&R reading	$ 250.00	02203093	10/29/2018	Amtrust / Wesco
74761	10/5/18 & 10/12/18	3/19/2019	$ 360.00	2 PR-2s ($180 each)	$ 360.00	00184105	3/15/2019	Amtrust / Sequoia Ins
74778	4/3/2019	7/8/2019	$ 250.00	C&R reading	$ 250.00	02924996	7/2/2019	Amtrust/ANA UBI
75120	4/10/2019	8/2/2019	$ 180.00	PR-2	$ 180.00	02963929	7/29/2019	Amtrust/ANA UBI
75475	2/23/2019	4/19/2019	$ 250.00	Depo review	$ 250.00	02806900	4/10/2019	Amtrust/ANA UBI
75715	4/4/2019	5/14/2019	$ 230.00	Initial exam	$ 230.00	02847957	5/8/2019	Amtrust/ANA UBI
74625	9/12/2018	11/2/2018	$ 250.00	C&R reading	$ 250.00	0001212190	10/30/2018	Applied Risk
73788	4/12/18 - 11/1/18	11/26/2018	$ 3,380.00	Initial Acup. ($230), 6 PR-2s ($180 each), 11 f/u acup ($180 each) & f/u chiro ($90)	$ 3,380.00	4720	11/20/2018	Athens
76002	5/15/2019	7/12/2019	$ 180.00	PR-2	$ 90.00	7195	6/25/2019	Athens
					$ 90.00	7238	7/8/2019	
74422	10/10/2018	11/9/2018	$ 250.00	Depo review	$ 250.00	0000153619	11/7/2018	Benchmark
74580	8/31/2018	3/26/2019	$ 180.00	PR-2	$ 180.00	0000169175	3/21/2019	Benchmark
75721	4/12/19 - 4/19/19	7/8/2019	$ 360.00	2 PR-2s ($180 each)	$ 360.00	0000018109	5/16/2019	Benchmark
	5/10/19 - 6/7/19		$ 410.00	PR-2 ($180), P&S ($230)	$ 410.00	0000018680	7/1/2019	

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Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
74989	11/12/18 - 4/12/19	5/9/2019	$ 1,670.00	Initial chiro ($90), Initial acup. ($230), 7 f/u acup. ($180 each), f/u chiro ($90)	$ 1,670.00	0700403333	5/6/2019	Berkley Net
75763	4/22/19 - 6/26/19	7/22/2019	$ 2,070.00	Initial chiro ($90), 11 f/u acup ($180 each)	$ 2,070.00	0700415178	7/16/2019	Berkley Net
66489	6/18/2019	7/9/2019	$ 250.00	C&R reading	$ 250.00	0583257	7/2/2019	Berkshire/ Oak River
73229	8/9/2018	10/5/2018	$ 180.00	PR-2	$ 180.00	0914091	8/29/2018	Berkshire/ Cypress
	8/30/2018		$ 230.00	P&S	$ 230.00	0925776	10/1/2018	
73736	7/10/2018	10/16/2018	$ 180.00	PR-2	$ 180.00	2386049	7/24/2018	Berkshire/ Redwood Fire & Casualty
	8/7/2018		$ 180.00	PR-2	$ 180.00	2396135	8/27/2018	
	9/7/2018		$ 230.00	P&S	$ 230.00	2410306	10/11/2018	
74349	7/13/18 - 9/14/18	11/26/2018	$ 720.00	4 PR-2s ($180 each)	$ 720.00	0552672	11/21/2018	Berkshire/ Oak River
74519	8/22/2018	10/16/2018	$ 250.00	C&R reading	$ 250.00	0929329	10/11/2018	Berkshire/ Cypress
74617	9/6/2018	10/31/2018	$ 313.00	Full Day Board App (WCAB ANA)	$ 313.00	2416249	10/29/2018	Berkshire/ Redwood Fire & Casualty
74870	1/30/2019	8/7/2019	$ 180.00	PR-2	$ 180.00	799043	3/4/2019	Berkshire Hathaway
	7/9/2019		$ 230.00	P&S	$ 230.00	874877	8/2/2019	
75080	1/31/2019	2/20/2019	$ 250.00	Depo review	$ 250.00	0971719	2/13/2019	Berkshire/ Cypress
75099	2/5/2019	2/27/2019	$ 250.00	Depo review	$ 250.00	0564761	2/25/2019	Berkshire/ Oak River
75659	5/23/2019	6/24/2019	$ 250.00	Depo review	$ 250.00	1015608	6/19/2019	Berkshire/ Cypress
76139	6/8/2019	7/22/2019	$ 250.00	Depo review	$ 250.00	0585397	7/18/2019	Berkshire/ Oak River

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Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
73273	1/25/18 - 6/6/18	9/14/2018	$ 720.00	3 PR-2s ($180 each), f/u acup. ($180)	$ 720.00	2813585	7/19/2018	Broadspire
	7/31/2018		$ 180.00	PR-2	$ 180.00	5653072899	9/7/2018	
73628	9/13/18 - 10/12/18	1/4/2019	$ 900.00	PR-2 ($180), 4 f/u acup. ($180 each)	$ 900.00	5655770721	12/26/2018	Broadspire
74116	6/27/2018	8/1/2018	$ 250.00	Depo review	$ 250.00	6750101467	7/27/2018	Broadspire
75131	12/12/18 - 2/15/19	5/29/2019	$ 680.00	Initial exam ($230), 2 PR-2s ($180 each), f/u chiro ($90)	$ 680.00	3440717	5/22/2019	Broadspire
75185	2/7/2019	2/26/2019	$ 250.00	Depo review	$ 250.00	5656751298	2/22/2019	Broadspire
76136	5/15/19 & 6/19/19	7/26/2019	$ 360.00	2 PR-2s ($180 each)	$ 360.00	5659253595	7/22/2019	Broadspire
74114	6/5/18 - 9/27/18	10/25/2018	$ 563.00	2 Board appear. (WCAB LBO) ($156.50 each), C&R reading ($250)	$ 563.00	161621847	10/22/2018	Cannon Cochran
74228	8/23/2018	10/22/2018	$ 250.00	Depo review	$ 250.00	161621640	10/18/2018	Cannon Cochran
74331	8/17/2018	9/25/2018	$ 250.00	Depo review	$ 250.00	161620065	9/21/2018	Cannon Cochran
74336	8/23/2018	9/28/2018	$ 250.00	Depo review	$ 250.00	161620183	9/25/2018	Cannon Cochran

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Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
74351	7/18/18 - 10/5/18	5/30/2019	$ 900.00	Post-op ($180), 4 PR-2s ($180 each)	$ 900.00	4903563	11/13/2018	Cannon Cochran
	10/30/18 & 11/27/18		$ 360.00	2 PR-2s ($180 each)	$ 360.00	161624876	12/14/2018	
	1/25/2019		$ 180.00	Post-op	$ 180.00	5630424	2/14/2019	
	12/19/2018		$ 180.00	PR-2	$ 180.00	5624161	2/13/2019	
	3/22/19 & 4/19/19		$ 360.00	2 PR-2s ($180 each)	$ 360.00	013613	5/23/2019	
74507	10/12/2018	11/6/2018	$ 250.00	Depo review	$ 250.00	167900080	11/2/2018	Cannon Cochran
74848	10/19/18 - 1/2/19	2/8/2019	$ 1,620.00	2 Post-ops ($180 each), 7 PR-2s ($180 each)	$ 1,620.00	5471578	1/21/2019	Cannon Cochran
74887	10/30/18 - 11/30/18	1/23/2019	$ 770.00	3 PR-2s ($180 each), P&S ($230)	$ 770.00	5471432	1/21/2019	Cannon Cochran
74973	12/21/2018	1/23/2019	$ 250.00	Depo review	$ 250.00	5471897	1/21/2019	Cannon Cochran
75004	11/16/18 - 12/21/18	4/15/2019	$ 540.00	2 Post-ops ($180 each), PR2 ($180)	$ 540.00	161627347	1/30/2019	Cannon Cochran
	3/19/2019		$ 230.00	P&S	$ 230.00	161632699	4/12/2019	
75102	12/12/18 & 1/10/19	3/8/2019	$ 406.50	Depo prep ($156.50), Depo review ($250)	$ 406.50	161629237	3/5/2019	Cannon Cochran
75128	12/6/2018	3/8/2019	$ 230.00	Initial exam	$ 230.00	161629223	3/5/2019	Cannon Cochran
75134	12/13/18 - 3/7/19	3/20/2019	$ 770.00	Initial exam ($230), 3 PR-2s ($180 each), post-op ($180)	$ 770.00	161629871	3/15/2019	Cannon Cochran
75392	2/5/19 - 3/5/19	5/2/2019	$ 540.00	Post-op ($180), 2 PR-2s ($180 each)	$ 540.00	010150	4/29/2019	Cannon Cochran

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76006	5/15/2019	7/18/2019	$ 180.00	PR-2	$ 180.00	020459	7/12/2019	Cannon Cochran
72612	5/16/19 & 6/3/19	7/12/2019	$ 406.50	Board appear. WCAB LAO ($156.50), C&R reading ($250)	$ 406.50	33920586	7/4/2019	Chartis/ AIG
74473	8/10/18 - 10/2/18	12/4/2018	$ 1,220.00	Initial exam ($230), Initial chiro ($90), 8 f/u chiro ($90 each), PR-2 ($180)	$ 1,220.00	33425493	11/13/2018	Chartis/ AIG
	10/11/18 & 10/12/18		$ 320.00	Initial exam ($230), f/u chiro ($90)	$ 320.00	33453487	11/27/2018	
	10/19/2018		$ 180.00	PR-2	$ 180.00	33453488	11/27/2018	
74817	10/9/18 - 12/8/18	3/18/2019	$ 590.00	Initial exam ($230), 2 PR-2s ($180 each)	$ 590.00	33625889	2/14/2019	Chartis/ AIG
	2/9/2019		$ 180.00	PR-2	$ 180.00	33686847	3/14/2019	
74961	1/9/2019	2/12/2019	$ 250.00	Depo review	$ 250.00	33608884	2/7/2019	Chartis/ AIG
75472	2/22/2019	4/8/2019	$ 250.00	Depo review	$ 250.00	33721539	3/30/2019	Chartis/ AIG
75640	3/19/2019	5/6/2019	$ 230.00	QME Eval	$ 230.00	33786983	4/30/2019	Chartis/ AIG
76005	6/12/2019	7/22/2019	$ 180.00	PR-2	$ 180.00	33942905	7/17/2019	Chartis/ AIG
75703	4/11/2019	6/4/2019	$ 250.00	Depo review	$ 250.00	3896889	5/30/2019	Church Mutual
71322	6/8/2019	7/22/2019	$ 250.00	Depo review	$ 250.00	81713934	7/9/2019	CIGA
73732	4/3/2018	4/30/2019	$ 180.00	PR-2	$ 180.00	1069006310	4/25/2019	CNA

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74453	8/1/18 - 12/19/18	2/13/2019	$ 900.00	5 PR-2s ($180 each)	$ 900.00	100666920	2/4/19	Compwest
74487	8/7/18 & 8/23/18	11/13/2018	$ 690.00	Initial exam (4 hrs at $230 per 2 hours), Initial acup. ($230)	$ 690.00	100539412	11/5/2018	Compwest
75532	3/7/19 - 3/28/19	4/30/2019	$ 590.00	Initial exam ($230), post-op ($180), PR-2 ($180)	$ 590.00	17834231	4/24/2019	Copper Point Mutual
72757	4/16/18 - 6/26/18	7/25/2018	$ 1,670.00	5 f/u acup. ($180 each), 3 PR-2s ($180 each), P&S ($230)	$ 1,670.00	8530079	7/19/2018	Corvel
73322	5/28/2019	7/22/2019	$ 250.00	C&R reading	$ 250.00	8855614	7/18/2019	Corvel
73878	6/14/2018	7/25/2018	$ 180.00	F/U Acup	$ 180.00	8526231	7/16/2018	Corvel
74029	5/21/18 - 6/27/18	8/30/2018	$ 1,220.00	Initial exam ($230), 8 f/u chiro ($90 each), PR-2 ($180)	$ 1,220.00	8530606	7/19/2018	Corvel
	7/11/2018		$ 180.00	PR-2	$ 180.00	8562227	8/22/2018	
74157	6/1/18 - 6/15/18	1/4/2019	$ 590.00	Initial exam ($230), 2 PR-2s ($180 each)	$ 590.00	8538799	7/27/2018	Corvel
	8/21/2018		$ 180.00	PR-2	$ 180.00	8587754	9/19/2018	
	8/31/2018		$ 180.00	PR-2	$ 180.00	8596503	9/27/2018	
	8/15/2018		$ 180.00	PR-2	$ 180.00	8606084	10/8/2018	
	10/26/18 & 11/21/18		$ 410.00	PR-2 ($180), P&S ($230)	$ 410.00	8670833	12/18/2018	
74158	6/12/18 - 12/4/18	1/30/2019	$ 2,740.00	Initial exam ($230), Initial acup ($230), 4 f/u acup ($180 each), 2 PR-2s ($180 each), 5 f/u phys therapy ($90 each), 4 L.I.N.T ($150 each), Lien filing fee ($150)	$ 2,740.00	3176198	1/23/2019	Corvel

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74171	6/21/18 - 8/2/18	5/17/2019	$ 950.00	Initial exam ($230), prep-op ($180), 3 PR-2s ($180 each)	$ 950.00	8589487	9/20/2018	Corvel
	8/23/2018		$ 180.00	PR-2	$ 180.00	8596207	9/27/2018	
	9/13/2018		$ 180.00	PR-2	$ 180.00	8617614	10/19/2018	
	10/11/2018		$ 180.00	PR-2	$ 180.00	8644760	11/16/2018	
	10/18/2018		$ 180.00	PR-2	$ 180.00	8659581	12/6/2018	
	10/25/2018		$ 180.00	PR-2	$ 180.00	8662261	12/10/2018	
	1/10/2019		$ 180.00	PR-2	$ 180.00	8712380	2/6/2019	
	1/31/2019		$ 180.00	PR-2	$ 180.00	8734061	2/28/2019	
	4/11/2019		$ 180.00	PR-2	$ 180.00	8800268	5/13/2019	
74223	6/26/18 - 7/31/18	11/6/2018	$ 360.00	Initial exam ($230 - pd at $90), Initial chiro ($90), f/u chiro ($90), P&S ($230 - pd at $90)	$ 360.00	5034387	10/9/2018	Corvel
	6/26/18 & 7/31/18		$ 280.00	Initial exam (remaining $140 pd), P&S (remaining $140 pd)	$ 280.00	5034768	11/1/2018	
74299	7/6/18 - 8/31/18	10/2/2018	$ 770.00	3 PR-2s ($180 each), P&S ($230)	$ 770.00	8598888	9/28/2018	Corvel
74348	7/5/18 - 8/23/18	6/10/2019	$ 1,080.00	Surgery ($180), Post-op ($180), 4 PR-2s ($180 each)	$ 1,080.00	8598186	9/28/2018	Corvel
	9/20/2018		$ 180.00	PR-2	$ 180.00	8617923	10/19/2018	
	9/6/18 - 10/18/18		$ 540.00	3 PR-2s ($180 each)	$ 540.00	8659320	12/6/2018	
	10/25/2018		$ 180.00	PR-2	$ 180.00	8664076	12/11/2018	
	12/6/2018		$ 180.00	PR-2	$ 180.00	8687978	1/9/2019	
	12/20/2018		$ 180.00	PR-2	$ 180.00	8697390	1/18/2019	
	1/24/2019		$ 180.00	PR-2	$ 180.00	8717195	2/12/2019	
	2/7/19 & 3/7/19		$ 360.00	2 PR-2s ($180 each)	$ 360.00	8767021	4/4/2019	
	4/18/2019		$ 230.00	P&S	$ 230.00	8820268	6/5/2019	
74528	8/15/18 - 9/26/18	12/17/2018	$ 590.00	2 PR-2s ($180 each), P&S ($230)	$ 590.00	8663682	12/11/2018	Corvel
74568	8/27/18 - 12/24/18	1/30/2019	$ 1,000.00	Initial exam ($230), Initial acup ($230), 3 PR-2s ($180 each), f/u acup ($180)	$ 1,000.00	3347	1/22/2019	Corvel
74583	1/9/2019	2/1/2019	$ 180.00	PR-2	$ 180.00	1074112	1/28/2019	Corvel

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Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
74654	9/6/18 - 11/8/18	1/8/2019	$ 900.00	Post-op ($180), 4 PR-2s ($180 each)	$ 900.00	8673883	12/20/2018	Corvel
	12/6/2018		$ 180.00	PR-2	$ 180.00	8682550	1/2/2019	
74737	9/28/2018	3/19/2019	$ 230.00	P&S	$ 230.00	8748809	3/15/2019	Corvel
74827	10/11/18 & 11/8/18	7/22/2019	$ 410.00	Initial exam ($230), PR-2 ($180)	$ 410.00	8855995	7/18/2019	Corvel
75113	12/6/2018	3/18/2019	$ 180.00	PR-2	$ 180.00	8743327	3/12/2019	Corvel
75139	6/8/2019	7/24/2019	$ 180.00	PR-2	$ 180.00	8854223	7/17/2019	Corvel
	4/13/2019		$ 230.00	P&S	$ 230.00	8799915	5/10/2019	
75197	4/17/2019	5/30/2019	$ 180.00	F/U Acup	$ 180.00	3200670	5/20/2019	Corvel
75308	1/22/19 - 3/8/19	5/20/2019	$ 720.00	Post-op ($180), 3 PR-2s ($180 each)	$ 720.00	8795089	5/6/2019	Corvel
	4/10/2019		$ 180.00	PR-2	$ 180.00	8800453	5/13/2019	
75426	2/13/19 & 2/22/19	3/12/2019	$ 360.00	2 PR-2s ($180 each)	$ 360.00	1115	3/8/2019	Corvel
75499	3/29/2019	5/6/2019	$ 250.00	Depo review	$ 250.00	8793262	5/2/2019	Corvel
73994	5/9/18 - 12/5/18	3/8/2019	$ 1,000.00	Initial exam ($230), Initial acup ($230), 3 PR-2s ($180 each)	$ 1,000.00	19223	1/11/2019	Dynamic Claims
	12/5/2018		$ 180.00	PR-2	$ 180.00	19391	3/1/2019	
75476	2/23/2019	7/8/2019	$ 250.00	Depo review	$ 250.00	19846548	7/2/2019	Employers
74021	5/15/2018	4/2/2019	$ 180.00	PR-2	$ 180.00	11144775	3/28/2019	Enstar
74250	9/28/2018	10/30/2018	$ 250.00	Depo review	$ 250.00	11123552	10/26/2018	Enstar

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Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
75786	4/27/2019	7/22/2019	$ 180.00	Depo review (billed at $250, $180 pd)	$ 180.00	11156040	6/25/2019	Enstar
			$ 70.00	Depo review (remaining $70 pd)	$ 70.00	11160218	7/18/2019	
73740	4/5/18 - 4/18/18	4/30/2019	$ 180.00	Initial exam (billed at $230, $90 pd), Initial acup (billed at $230, $90 pd)	$ 180.00	DA81346561	4/3/2019	ESIS/ Chubb
			$ 280.00	Initial exam (remaining $140 pd), Initial acup (remaining $140 pd)	$ 280.00	DA81469746	4/25/2019	
73416	2/1/2019	2/27/2019	$ 180.00	PR-2	$ 180.00	8817156270	2/22/2019	Farmers
73546	7/24/2018	6/27/2019	$ 180.00	PR-2	$ 180.00	8816951037	8/14/2018	Farmers
	8/22/2018		$ 180.00	PR-2	$ 180.00	8816987785	9/18/2018	
	5/22/2019		$ 180.00	PR-2	$ 180.00	8817287528	6/21/2019	
73606	1/18/2019	2/20/2019	$ 180.00	PR-2	$ 180.00	8817143318	2/11/2019	Farmers
74888	10/30/2018	4/4/2019	$ 180.00	PR-2	$ 180.00	8817196911	4/1/2019	Farmers
74918	2/19/2019	3/29/2019	$ 180.00	PR-2	$ 180.00	8817188676	3/24/2019	Farmers
75181	1/2/2019	2/22/2019	$ 313.00	Full Day Board App (WCAB POM)	$ 313.00	8817150164	2/18/2019	Farmers
35998	8/24/2018	9/24/2018	$ 250.00	C&R reading	$ 250.00	71151357	9/17/2018	Markel/ First Comp
52168	7/27/18 & 8/21/18	10/15/2018	$ 406.50	Depo prep ($156.50), Depo review ($250)	$ 406.50	0149381740	10/10/2018	Gallagher Bassett
55934	6/26/2018	8/2/2018	$ 180.00	PR-2	$ 180.00	0147632864	7/27/2018	Gallagher Bassett

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Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
63948	7/18/2018	9/25/2018	$ 250.00	C&R reading	$ 250.00	0148902193	9/20/2018	Gallagher Bassett
68924	8/17/2018	4/26/2019	$ 250.00	Depo review	$ 250.00	0153981884	4/19/2019	Gallagher Bassett
69952	8/9/2018	10/30/2018	$ 250.00	C&R reading	$ 250.00	0149691172	10/22/2018	Gallagher Bassett
71313	4/23/2018	2/27/2019	$ 250.00	C&R reading	$ 250.00	0152517940	2/20/2019	Gallagher Bassett
71787	10/18/2018	2/14/2019	$ 180.00	PR-2	$ 180.00	0150301523	11/14/2018	Gallagher Bassett
	11/13/2018 & 12/11/18		$ 360.00	2 PR-2s ($180 each)	$ 360.00	0151499155	1/7/2019	
72764	4/12/18 - 7/27/18	4/9/2019	$ 770.00	3 PR-2s ($180 each), P&S ($230)	$ 770.00	0153535736	4/2/2019	Gallagher Bassett
73244	12/17/18 - 1/10/19	2/26/2019	$ 1,050.00	LINT ($150), 4 f/u physical therapy ($90 each), 3 f/u acup ($180 each)	$ 1,050.00	015913276	1/24/2019	Gallagher Bassett
	1/16/19 & 1/17/19		$ 320.00	F/u physical therapy ($90), final acup ($230)	$ 320.00	0152146832	2/4/2019	
	1/23/19 & 1/24/19		$ 270.00	F/u phys therapy ($90), f/u acup ($180)	$ 270.00	0152214758	2/6/2019	
73314	1/22/18 - 2/26/19	3/19/2019	$ 563.00	Depo prep ($156.50), Depo review ($250), Board appear (WCAB LBO) ($156.50)	$ 563.00	153050389	3/13/2019	Gallagher Bassett
73450	2/23/18 - 7/18/18	11/13/2018	$ 950.00	Initial exam ($230), 3 PR-2s ($180 each), f/u acup ($180)	$ 950.00	147994014	8/13/2018	Gallagher Bassett
	8/28/2018		$ 180.00	PR-2	$ 180.00	149890943	10/30/2018	
	10/9/2018		$ 230.00	P&S	$ 230.00	150067839	11/6/2018	
73498	2/6/2019	4/10/2019	$ 250.00	C&R reading	$ 250.00	153504853	4/1/2019	Gallagher Bassett
73618	3/20/18 - 9/13/18	12/4/2018	$ 540.00	3 PR-2s ($180 each)	$ 540.00	150092309	11/7/2018	Gallagher Bassett
	11/1/2018		$ 230.00	P&S	$ 230.00	0150574646	11/28/2018	
73677	6/19/2018	7/31/2018	$ 250.00	Depo review	$ 250.00	0147610432	7/26/2018	Gallagher Bassett

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Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
73739	4/4/18 - 8/14/18	10/11/2018	$ 2,350.00	2 Initial exams ($230 each), 15 f/u chiro ($90 each) 3 PR-2s ($180 each)	$ 2,350.00	0149196622	10/2/2018	Gallagher Bassett
73765	4/11/18 & 6/4/18	7/25/2018	$ 406.50	Depo prep ($156.50), Depo review ($250)	$ 406.50	0147464163	7/20/2018	Gallagher Bassett
73779	4/13/18 - 7/6/18	3/4/2019	$ 900.00	Post-op ($180), 4 PR-2s ($180 each)	$ 900.00	0148602257	9/7/2018	Gallagher Bassett
	8/3/18 & 8/31/18		$ 410.00	PR-2 ($180), P&S ($230)	$ 410.00	0152671391	2/26/2019	
74039	7/17/2018	8/15/2018	$ 230.00	Initial exam	$ 230.00	0147886666	8/8/2018	Gallagher Bassett
	7/16/2018		$ 250.00	Depo review	$ 250.00	0147828377	8/6/2018	
74151	6/6/18 - 8/13/18	9/13/2018	$ 1,130.00	Initial exam ($230), 10 f/u chiro ($90 each)	$ 1,130.00	0148607771	9/7/2018	Gallagher Bassett
74276	8/1/2018	10/2/2018	$ 250.00	Depo review	$ 250.00	0148982933	9/25/2018	Gallagher Bassett
74284	10/8/2018	11/7/2018	$ 250.00	C&R reading	$ 250.00	0149981535	11/2/2018	Gallagher Bassett
74353	7/26/18 - 9/13/18	5/17/2019	$ 900.00	Post-op ($180), 4 PR-2s ($180 each)	$ 900.00	0149546902	10/16/2018	Gallagher Bassett
	10/4/18 - 11/29/18		$ 590.00	2 PR-2s ($180 each), P&S ($230)	$ 590.00	0154456069	5/9/2019	
74522	10/8/2018	11/26/2018	$ 250.00	Depo review	$ 250.00	0150456763	11/21/2018	Gallagher Bassett
74673	9/12/18 - 2/11/19	3/20/2019	$ 1,000.00	Initial exam ($230), 3 PR-2s ($180 each), Initial acup ($230)	$ 1,000.00	153138163	3/15/2019	Gallagher Bassett
74851	10/18/18 - 12/20/18	1/22/2019	$ 1,260.00	Post-op ($180), 6 PR-2s ($180 each)	$ 1,260.00	0151651800	1/14/2019	Gallagher Bassett
74865	10/26/18 - 12/28/18	3/6/2019	$ 540.00	Post-op ($180), 2 PR-2s ($180 each)	$ 540.00	0152724300	2/27/2019	Gallagher Bassett

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Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
74871	10/25/18 - 12/6/18	2/27/2019	$ 1,130.00	Initial acup ($230), 5 f/u acup ($180 each)	$ 1,130.00	0151691704	1/15/2019	Gallagher Bassett
	1/31/2019		$ 180.00	F/u acup	$ 180.00	0152572551	2/21/2019	
75100	12/14/18 & 1/9/19	2/8/2019	$ 406.50	Depo prep ($156.50), Depo review ($250)	$ 406.50	0151957403	1/28/2019	Gallagher Bassett
75121	12/7/18 - 1/4/19	2/11/2019	$ 770.00	Initial exam ($230), 3 PR-2s ($180 each)	$ 770.00	0152116123	2/3/2019	Gallagher Bassett
75326	1/28/19 - 4/1/19	6/4/2019	$1,040	Initial exam ($230), med-legal eval ($180), 5 f/u chiro ($90 each), PR-2 ($180)	$ 1,040.00	0154925283	5/29/2019	Gallagher Bassett
75444	2/11/19 - 5/1/19	7/22/2019	$ 590.00	Initial exam ($230), 2 PR-2s ($180 each)	$ 590.00	0155596483	6/26/2019	Gallagher Bassett
	6/12/2019		$ 180.00	PR-2	$ 180.00	0155967677	7/11/2019	
75497	2/2/2019	4/4/2019	$ 180.00	Post-op	$ 180.00	0153467566	3/29/2019	Gallagher Bassett
75544	3/6/2019	7/12/2019	$ 250.00	C&R reading	$ 250.00	0155787468	7/3/2019	Gallagher Bassett
75713	4/11/2019	6/7/2019	$ 230.00	Initial exam	$ 230.00	0154945326	5/30/2019	Gallagher Bassett
75781	4/24/2019	6/25/2019	$ 250.00	Depo review	$ 250.00	0155453136	6/20/2019	Gallagher Bassett
75783	4/25/2019	7/12/2019	$ 250.00	Depo review	$ 250.00	0155790036	7/3/2019	Gallagher Bassett
75854	5/1/19 - 5/8/19	6/14/2019	$ 360.00	Post-op ($180), PR-2 ($180)	$ 360.00	0155148133	6/7/2019	Gallagher Bassett
74362	7/18/18 & 8/27/18	12/6/2018	$ 410.00	Initial exam ($230), PR-2 ($180)	$ 410.00	3000913960	11/28/2018	Great American
73638	3/2018 - 7/19/18	12/18/2018	$ 540.00	3 PR-2s ($180 each)	$ 540.00	129248386 5	8/30/2018	Hartford
	9/20/2018		$ 180.00	PR-2	$ 180.00	129444390 9	10/19/2018	
	10/18/18 & 11/13/18		$ 360.00	2 PR-2s ($180 each)	$ 360.00	129635678 7	12/11/2018	

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Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
74166	6/12/18 -8/17/18	8/30/2018	$ 900.00	Post-op ($180), 4 PR-2s ($180 each)	$ 900.00	129203003 8	8/20/2018	Hartford
74220	6/22/18 - 7/27/18	9/7/2018	$ 820.00	Initial chiro ($90), Initial acup ($230), f/u acup ($180), consult ($230), f/u chiro ($90)	$ 820.00	129249096 9	8/30/2018	Hartford
74467	8/9/18 - 1/10/19	6/7/2019	$ 1,130.00	Initial exam ($230), 5 PR-2s ($180 each)	$ 1,130.00	129805375 7	1/28/2019	Hartford
	2/7/19 - 5/2/19		$ 590.00	2 PR-2s ($180 each), P&S ($230)	$ 590.00	130288041 1	5/31/2019	Hartford
74567	8/24/18 - 11/16/18	1/8/2019	$ 900.00	4 PR-2s ($180), Post-op ($180)	$ 900.00	129718618 4	1/2/2019	Hartford
74587	5/2/19 - 5/14/19	6/25/2019	$ 406.50	Board appear (WCAB LBO) ($156.50), C&R reading ($250)	$ 406.50	1303554735 0	6/19/2019	Hartford
75470	2/24/2019	3/19/2019	$ 250.00	Depo review ($250)	$ 250.00	129981413 1	3/13/2019	Hartford
75545	3/7/19 - 4/1/19	4/29/2019	$ 406.50	Depo prep ($156.50), Depo review ($250)	$ 406.50	130136525 4	4/22/2019	Hartford
75618	3/13/19 - 3/27/19	5/21/2019	$ 590.00	Initial exam ($230), Post-op ($180), PR-2 ($180)	$ 590.00	130216639 5	5/11/2019	Hartford
75632	3/27/2019	5/6/2019	$ 250.00	C&R reading	$ 250.00	02602880	5/1/2019	Helmsman
75802	4/25/19 - 5/1/19	5/17/2019	$ 410.00	Initial exam ($230) PR-2 ($180)	$ 410.00	130211775 0	5/10/2019	Hartford
75851	5/1/2019	7/26/2019	$ 180.00	PR-2	$ 180.00	130251544 6	5/21/2019	Hartford
	6/19/2019		$ 230.00	P&S	$ 230.00	130467180 1	7/8/2019	Hartford
70833	8/1/18 - 8/20/18	1/2/2019	$ 406.50	Depo prep ($156.50), Depo review ($250)	$ 406.50	67205025	12/19/2018	Helmsman

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70962	3/5/2019	5/9/2019	$ 390.00	Full Day Board appear (WCAB SBR) ($390)	$ 390.00	2618352	5/1/2019	Insurance Co. Of the West
73011	5/22/1 - 7/16/18	7/28/2018	$ 406.50	Depo prep ($156.50), Depo review ($250)	$ 406.50	2336174	9/19/2018	Insurance Co. Of the West
73558	8/9/18 - 8/30/18	10/16/2018	$ 360.00	2 PR-2 ($180 each)	$ 360.00	2358760	10/5/2018	Insurance Co. Of the West
73565	3/2/18 - 5/21/18	8/24/2018	$ 590.00	Initial exam ($230) 2 PR-2s ($180 each)	$ 590.00	2294039	8/16/2019	Insurance Co. Of the West
73778	4/13/18 - 4/27/18	4/15/2019	$ 360.00	2 PR-2 ($180 each)	$ 360.00	2587890	4/8/2019	Insurance Co. Of the West
74115	6/5/18 - 7/26/18	10/8/2018	$ 406.50	Depo prep ($156.50), Depo review ($250)	$ 406.50	2349403	9/28/2019	Insurance Co. Of the West
74169	6/15/18 - 6/29/18	10/16/2018	$ 590.00	Initial exam ($230) 2 PR-2s ($180 each)	$ 590.00	2358759	10/5/2018	Insurance Co. Of the West
74296	7/5/2018	3/26/2019	$ 180.00	PR-2	$ 180.00	2562345	3/19/2019	Insurance Co. Of the West
74573	6/5/2019	3/1/2019	$ 180.00	PR-2 ($180)	$ 180.00	2580521	4/2/2019	Insurance Co. Of the West
	4/30/2019		$ 230.00	P&S ($230)	$ 230.00	2650704	5/24/2019	
74649	9/20/2018	12/7/2018	$ 250.00	Depo review ($250)	$ 250.00	2428413	11/29/2018	Insurance Co. Of the West
74664	9/6/18 - 12/19/18	6/19/2019	$ 1,000.00	Initial exam ($230) 2 PR-2 ($180) Initial acup ($230) f/u acup ($180)	$ 1,000.00	2481769	1/11/2019	Insurance Co. Of the West
	5/8/2019		$ 230.00	P&S ($230)	$ 230.00	2668964	6/10/2019	
74785	10/6/2018	1/3/2019	$ 250.00	Job Description ($250)	$ 250.00	2441855	12/10/2018	Insurance Co. Of the West

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74984	4/15/2019	8/2/2019	$ 180.00	F/U acup	$ 180.00	2642656	5/20/2019	Insurance Co. Of the West
	4/22/2019		$ 180.00	PR-2	$ 180.00	2642657	5/20/2019	Insurance Co. Of the West
	6/5/2019		$ 180.00	PR-2	$ 180.00	2724267	7/24/2019	Insurance Co. Of the West
75172	3/5/2019	4/24/2019	$ 180.00	PR-2	$ 180.00	2594724	4/12/2019	Insurance Co. Of the West
75284	1/18/19 - 2/22/19	4/9/2019	$ 540.00	3 PR-2s ($180 each)	$ 540.00	2577151	3/29/2019	Insurance Co. Of the West
75606	5/15/2019	7/25/2019	$ 180.00	F/U acup	$ 180.00	2684035	6/21/2019	Insurance Co. Of the West
	5/20/2019		$ 180.00		$ 180.00	2691182	6/27/2019	
	5/31/2019		$ 180.00		$ 180.00	2695117	7/1/2019	
	6/7/2019		$ 180.00		$ 180.00	2712381	7/15/2019	
	6/12/2019		$ 180.00		$ 180.00	2712382	7/15/2019	
75718	4/12/2019	5/29/2019	$ 180.00	PR-2	$ 180.00	2638999	5/16/2019	Insurance Co. Of the West
	4/5/2019		$ 180.00	PR-2	$ 180.00	2646473	5/22/2019	
75759	4/30/2019	7/9/2019	$ 180.00	Post-Op	$ 180.00	2653065	5/28/2019	Insurance Co. Of the West
	5/8/2019		$ 180.00	PR-2	$ 180.00	2667251	6/7/2019	
	5/22/2019		$ 180.00	PR-2	$ 180.00	2691183	6/27/2019	
75826	4/3/19 - 5/1/19	8/6/2019	$ 360.00	Post-op ($180), PR-2 ($ 180)	$ 360.00	2708739	7/11/2019	Insurance Co. Of the West
	6/12/2019		$ 180.00	PR-2	$ 180.00	2726106	7/25/2019	
75934	5/8/19 - 7/3/19	7/25/2019	$ 540.00	Post-op ($180), 2 PR-2s ($180 each), P&S ($230)	$ 540.00	2715700	7/17/2019	Insurance Co. Of the West
74120	6/7/2019	11/13/2018	$ 195.00	Board appear (WCAB SBR) ($195)	$ 195.00	3247710	7/18/2018	Intercare
	8/21/2018		$ 250.00	Depo review ($250)	$ 250.00	3251092	9/20/2018	
	9/27/2018		$ 195.00	Board appear (WCAB SBR) ($195)	$ 195.00	3253047	10/17/2018	
	10/10/2018		$ 250.00	C&R reading	$ 250.00	3254157	11/6/2018	
75733	4/17/2019	6/10/2019	$ 250.00	C&R reading	$ 250.00	03690162	6/6/2019	Liberty Mutual
76140	6/9/2019	7/30/2019	$ 250.00	C&R reading	$ 250.00	02657571	7/26/2019	Liberty Mutual
73772	4/11/18 - 8/8/18	9/11/2018	$ 1,000.00	Initial exam ($230), Initial Acup ($230)& 3 PR-2s ($180)	$ 1,000.00	87645433	9/6/2018	Marriott

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75516	3/5/2019	4/30/2019	$ 250.00	C&R reading	$ 250.00	87734850	4/25/2019	Marriott
64605	6/18/18 - 9/11/18	10/8/2019	$ 563.00	Depo review ($250) & 2 Board Appear (WCAB LBO) ($156.50 each)	$ 563.00	0000042715	10/2/2018	Matrix
75553	3/8/19 - 4/29/19	6/3/2019	$ 2,750.00	Initial chiro ($90), Intial acup ($230), 13 f/u acup ($180.00) & f/u chiro ($90)	$ 2,750.00	180323309	5/22/2019	Matrix
73775	6/29/2018	7/30/2018	$ 180.00	PR-2	$ 180.00	311204	7/23/2018	Mitsui Sumitomo
74471	4/8/2019	5/8/2019	$ 180.00	PR-2	$ 180.00	384194	5/1/2019	Mitsui Sumitomo
74715	9/21/18 - 12/18/18	3/18/2019	$ 2,030.00	Initial exam ($230), Initial chiro ($90) 13 f/u chiro ($90 each), 2 PR-2s ($180)	$ 2,030.00	357130	1/16/2019	Mitsui Sumitomo
	12/21/18 - 1/8/19		$ 270.00	PR-2 ($180), f/u physical therapy ($90)	$ 270.00	362291	2/5/2019	
	1/25/2019		$ 230.00	P&S	$ 230.00	370619	3/12/2019	
75950	5/9/2019	7/17/2019	$ 180.00	PR-2	$ 180.00	401142	7/8/2019	Mitsui Sumitomo
72769	8/15/2018	9/18/2018	$ 230.00	P&S	$ 230.00	000056299	9/13/2018	National Liability & Fire
74889	3/1/2019	4/4/2019	$ 230.00	P&S	$ 230.00	000003822	3/29/2019	National Liability & Fire
75103	12/18/2018	2/26/2019	$ 250.00	C&R reading	$ 250.00	000066033	2/20/2019	National Liability & Fire
75214	1/7/2019	2/22/2019	$ 250.00	C&R reading	$ 250.00	13051307	2/18/2019	Nationwide E&S
73368	2/9/18 - 9/4/18	3/11/2019	$ 1,820.00	8 PR-2s ($180 each), P&S ($230) Lien filing fee ($150)	$ 1,820.00	10059886	3/7/2019	Packard Claims

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Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
73599	3/15/18-11/9/18	5/29/2019	$ 770.00	Initial exam($230), 3 PR-2s ($180 each)	$ 770.00	013739	5/24/2019	Packard Claims
74056	7/6/2018	10/3/2102	$ 250.00	Depo review	$ 250.00	10050406	8/7/2018	Packard Claims
74228	6/26/18 - 8/7/18	9/18/2018	$ 1,180.00	Initial exam ($230), Initial acup ($230) 3 f/u acup ($180 each), PR-2 ($180)	$ 1,180.00	10051264	8/27/2018	Packard Claims
	8/14/2018		$ 150.00	L.I.N.T.	$ 150.00	10051791	9/10/2018	
	8/9/18 - 8/13/18		$ 270.00	F/U acup ($180), f/u physical therapy ($90)	$ 270.00	10051793	9/10/2018	
74824	10/10/18 - 12/7/18	2/7/2019	$ 540.00	Post-op ($180), 2 PR-2s ($180 each)	$ 540.00	10058487	2/4/2019	Packard Claims
75673	4/3/2019	4/22/2019	$ 180.00	PR-2	$ 180.00	10062097	4/19/2019	Packard Claims
74138	7/5/2018	12/18/2018	$ 250.00	Depo review	$ 250.00	5002266352	12/13/2018	Preferred Emplyers
74968	12/28/2018	3/11/2019	$ 250.00	Depo review	$ 250.00	3548409	3/5/2019	Protective Ins. Co.
73158	10/3/2018	10/30/2018	$ 250.00	C&R reading	$ 250.00	1000449090	10/25/2018	Republic Indemnity
74285	7/27/2018	1/22/2019	$ 250.00	Depo review	$ 250.00	3000508990	8/22/2018	Republic Indemnity
	12/27/2018		$ 250.00	C&R reading	$ 250.00	3000530292	1/17/2019	
74454	8/1/18 - 9/21/18	1/2/2019	$ 590.00	2 PR-2s (180 each), P&S ($230)	$ 590.00	1000454460	12/19/2018	Republic Indemnity
64892	11/1/2018	12/14/2018	$ 313.00	Full Day Board Appear (WCAB LBO)	$ 313.00	CU-415834	12/12/2018	SCIF
68588	1/30/2019	3/5/2019	$ 250.00	C&R reading	$ 250.00	CU-423504	2/26/2019	SCIF
69080	6/1/2018	7/19/2018	$ 250.00	C&R reading	$ 250.00	CU-398998	7/16/2018	SCIF
72843	10/3/2018	2/27/2019	$ 250.00	C&R reading	$ 250.00	CU-690923	2/25/2019	SCIF

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Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
73681	3/20/18 - 6/18/18	9/28/2018	$ 563.00	2 Board Appear (WCAB LBO) ($156.50 each), Depo review ($250)	$ 563.00	CA-724370	9/25/2018	SCIF
74130	6/7/2018	8/9/2018	$ 250.00	C&R reading	$ 250.00	CU-401595	8/7/2018	SCIF
74529	4/11/2018	10/12/2018	$ 250.00	C&R reading	$ 250.00	CA-725573	10/9/2018	SCIF
74777	11/12/2018	1/3/2019	$ 250.00	Depo review	$ 250.00	CT-509498	12/28/2018	SCIF
75044	11/28/2018	2/18/2019	$ 250.00	Depo review	$ 250.00	CP-034448	2/13/2019	SCIF
75079	12/10/2018	2/26/2019	$ 250.00	C&R reading	$ 250.00	CS-690648	2/21/2019	SCIF
75251	1/21/2019	3/20/2019	$ 250.00	C&R reading	$ 250.00	CK-782133	3/18/2019	SCIF
75863	5/6/2019	7/3/2019	$ 250.00	C&R reading	$ 250.00	CU-437142	7/1/2019	SCIF
68831	9/20/18 - 10/3/18	10/30/2018	$ 406.50	Board Appear (WCAB LBO) ($156.50), C&R reading ($250)	$ 406.50	92889497	10/25/2018	Sedgwick Claims
73267	6/12/18 - 7/10/18	8/20/2018	$ 410.00	Initial exam ($230), PR-2 ($180)	$ 410.00	92694241	8/16/2018	Sedgwick Claims
73569	3/6/18 - 7/24/18	8/20/2018	$ 770.00	Post-Op ($180), 2 PR-2s ($180 each), P&S ($230)	$ 770.00	77515703	8/16/2018	Sedgwick Claims
74018	5/17/18 - 6/28/18	2/8/2018	$ 770.00	Initial exam ($230), 3 PR-2s ($180 each)	$ 770.00	90122710	8/3/2018	Sedgwick Claims
	7/12/18 - 8/9/18		$ 540.00	3 PR-2s ($180 each)	$ 540.00	92112550	8/28/2018	
	9/6/2018		$ 180.00	PR-2	$ 180.00	92124914	10/16/2018	
	9/20/2018		$ 180.00	PR-2	$ 180.00	92891124	11/1/2018	
	11/1/2018		$ 180.00	PR-2	$ 180.00	92894473	11/14/2018	
	11/8/2018		$ 180.00	PR-2	$ 180.00	82897411	11/27/2018	
	10/11/2018		$ 180.00	PR-2	$ 180.00	92897410	11/27/2018	
	12/20/2018		$ 180.00	PR-2	$ 180.00	93049444	1/11/2019	
	1/24/2019		$ 180.00	PR-2	$ 180.00	94690196	2/5/2019	

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Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
74412	3/18/2019	4/5/2019	$ 250.00	Depo review	$ 250.00	101083963	4/3/2019	Sedgwick Claims
74520	8/23/2018	10/3/2018	$ 250.00	C&R reading	$ 250.00	69684983	10/2/2018	Sedgwick Claims
74559	8/23/18 - 1/2/19	7/22/2019	$ 1,000.00	Initial exam ($ 230), Initial acup ($230), 3 PR-2s ($180 each)	$ 1,000.00	98967118	1/25/2019	Sedgwick Claims
74807	12/3/18 - 6/6/19	6/28/2019	$ 563.00	2 Depo Preps ($156.50 each), Depo review ($250)	$ 563.00	99840259	6/26/2019	Sedgwick Claims
74813	1/18/2019	6/27/2019	$ 250.00	C&R reading	$ 250.00	475934	6/24/2019	Sedgwick Claims
75449	2/15/19 - 3/22/19	7/22/2019	$ 500.00	Initial exam ($230), f/u chiro ($90), PR-2 ($180)	$ 500.00	84355712	5/2/19	Sedgwick Claims
	5/6/2019		$ 180.00	PR-2	$ 180.00	84362668	5/21/2019	
	5/29/2019		$ 180.00	PR-2	$ 180.00	85289957	6/17/2019	
	6/19/2019		$ 180.00	PR-2	$ 180.00	86433524	7/19/2019	
75500	3/21/2019	4/15/2019	$ 250.00	Depo review	$ 250.00	102482155	4/11/2019	Sedgwick Claims
75560	3/12/2019	5/6/2019	$ 250.00	C&R reading	$ 250.00	96223229	5/3/2019	Sedgwick Claims
75589	3/20/2019	4/22/2019	$ 250.00	Depo review	$ 250.00	93520314	4/19/2019	Sedgwick Claims
75736	4/22/2019	5/29/2019	$ 250.00	C&R reading	$ 250.00	87490649	5/23/2019	Sedgwick Claims
76317	5/17/19 - 6/20/19	7/26/2019	$ 563.00	Depo prep ($156.50), Board Appear (WCAB LBO) ($156.50), Depo review ($250)	$ 563.00	106745237	7/23/2019	Sedgwick Claims
65756	3/18/2019	4/2/2019	$ 313.00	Full Day Board Appear (WCAB LBO)	$ 313.00	48647106	3/27/2019	Sentry

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Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
75461	2/21/19 - 3/28/19	4/15/2019	$ 406.50	Depo prep ($156.50), C&R reading ($250)	$ 406.50	48674341	4/8/2019	Sentry
73793	7/10/2018	8/24/2018	$ 180.00	PR-2	$ 180.00	1 23 390920 K	7/19/2018	State Farm
	8/7/2018		$ 180.00	PR-2	$ 180.00	1 23 439115 K	8/20/2018	
73933	8/10/2018	9/4/2018	$ 250.00	Depo review	$ 250.00	1 23 454011 K	8/29/2018	State Farm
73418	6/21/2018	1/8/2019	$ 180.00	PR-2	$ 180.00	800210173	7/17/2018	Tokio Marine
	7/12/2018		$ 180.00	PR-2	$ 180.00	800210683	8/10/2018	
	8/2/2018		$ 180.00	PR-2	$ 180.00	800210974	8/27/2018	
	9/13/18 - 9/27/18		$ 360.00	2 PR-2s ($180 each)	$ 360.00	800212022	10/22/2018	
	10/25/2018		$ 180.00	PR-2	$ 180.00	800212559	11/30/2018	
	11/29/2018		$ 230.00	P&S	$ 230.00	800213038	1/3/2019	
75803	4/25/2019	7/22/2019	$ 230.00	Initial exam	$ 230.00	800526648	5/14/2019	Tokio Marine
	5/30/2019		$ 180.00	PR-2	$ 180.00	800527585	6/12/2019	
	6/20/2019		$ 180.00	PR-2	$ 180.00	800528736	7/12/2019	

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Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
73413	7/24/2018	3/11/2019	$ 180.00	PR-2	$ 180.00	896D 91337106	8/14/2018	Travelers
	8/29/2018		$ 180.00	PR-2	$ 180.00	896D 91599377	10/15/2018	
	10/10/2018		$ 180.00	PR-2	$ 180.00	896D 91708946	11/9/2018	
	11/19/18 - 2/21/19		$ 890.00	2 PR-2s ($180 each), FIM ($150), FCE ($150), P&S ($230)	$ 890.00	896D 92196374	3/7/2019	
73553	3/2/18 - 6/26/18	7/8/2019	$ 590.00	Initial exam ($230), 2 PR2-s ($180)	$ 590.00	896D 91251160	7/25/2018	Travelers
	7/24/2018		$ 180.00	PR-2	$ 180.00	896D 91306360	8/7/2018	
	8/29/2019		$ 180.00	PR-2	$ 180.00	896D 91599378	10/15/2018	
	10/10/2018		$ 180.00	PR-2	$ 180.00	896D 91689817	11/5/2018	
	11/19/2018		$ 180.00	PR-2	$ 180.00	896D 91827025	12/7/2018	
	12/21/2018		$ 180.00	PR-2	$ 180.00	896D 91966497	1/11/2019	
	3/13/2019		$ 180.00	PR-2	$ 180.00	896D 92265301	3/22/2019	
	5/1/2019		$ 180.00	PR-2	$ 180.00	896D 92694014	7/2/2019	

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Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
73678	4/3/2018	8/21/2018	$ 250.00	Depo Review	$ 250.00	896D 91392234	8/27/2018	Travelers
73723	4/3/2018	4/22/2019	$ 180.00	PR-2	$ 180.00	896D 92377261	4/18/2019	Travelers
73884	4/27/2018	3/22/2019	$ 410.00	PR-2 ($180), P&S ($230)	$ 410.00	896D 92246531	3/18/2019	Travelers
74030	5/18/18 - 7/10/19	9/7/2018	$ 900.00	5 PR-2s ($180 each)	$ 900.00	896D 91251161	7/25/2018	Travelers
	5/18/2018		$ 180.00	PR-2	$ 180.00	896D 91421955	9/4/2018	
74164	6/6/18 - 7/18/18	10/30/2018	$ 540.00	3 PR-2s ($180 each)	$ 540.00	896D 91399237	8/29/2018	Travelers
	8/24/2018 - 9/21/18		$ 360.00	2 PR-2s ($180 each)	$ 360.00	896D 91635946	10/24/2018	
74172	6/21/18 - 8/9/18	10/17/2018	$ 720.00	4 PR-2s ($180 each)	$ 720.00	896D 91519819	9/27/2018	Travelers
	9/6/2018		$ 230.00	P&S	$ 230.00	896D 91588397	10/12/2018	
74192	6/14/18 - 8/14/18	3/11/2019	$ 740.00	Initial exam ($230), 2 PR-2s ($180 each), FCE ($150)	$ 740.00	896D 91569353	10/8/2018	Travelers
	9/25/2018		$ 180.00	PR-2	$ 180.00	896D 9162948	10/22/2018	
	10/25/18 - 10/4/18		$ 360.00	2 PR-2s ($180 each)	$ 360.00	896D 91890087	12/21/2018	
	1/15/2019		$ 180.00	PR-2	$ 180.00	896D 92044183	1/31/2019	
	2/26/2019		$ 180.00	PR-2	$ 180.00	896D 92196375	3/7/2019	

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74244	6/28/2019	3/11/2019	$ 230.00	Initial exam	$ 230.00	896D 92192913	3/6/2019	Travelers
74297	7/5/18 - 10/8/18	1/3/2019	$ 950.00	Initial exam ($230), 4 PR-2s ($180 each)	$ 950.00	891A 89890906	12/27/2018	Travelers
74343	7/13/18 - 8/29/18	6/21/2019	$ 900.00	Surgery ($180), Post Op ($180), 3 PR-2s ($180 each)	$ 900.00	891A 89659073	9/28/2018	Travelers
	9/26/2018		$ 180.00	PR-2	$ 180.00	891A 89728021	10/25/2018	
	11/21/18 - 12/19/18		$ 360.00	2 PR-2s ($180 each)	$ 360.00	891A 89920854	1/9/2019	
	1/11/2019		$ 180.00	PR-2	$ 180.00	891A 89973008	1/29/2019	
	2/8/2019		$ 180.00	PR-2	$ 180.00	891A 900337639	2/21/2019	
	3/8/19 - 3/15/19		$ 360.00	2 PR-2s ($180 each)	$ 360.00	891A 90124397	3/26/2019	
	4/12/2019		$ 180.00	PR-2	$ 180.00	891A 90203330	4/25/2019	
	5/24/2019		$ 230.00	P&S	$ 230.00	891A 90340874	6/17/2019	
74556	8/22/18 - 5/3/16	5/22/2019	$ 2,080.00	Initial exam ($230), 8 f/u chiro ($90 each), 4 PR-2s ($180 each), Med Legal Eval ($180), P&S ($230)	$ 2,080.00	891A 90263464	5/17/2019	Travelers

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Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
74562	8/23/18 - 11/15/18	4/22/2019	$ 1,130.00	Initial exam ($230), 5 PR-2s ($180 each)	$ 1,130.00	891A 89888823	12/26/2018	Travelers
	12/13/2018		$ 180.00	PR-2	$ 180.00	891A 89939655	1/16/2019	
	1/3/2019		$ 180.00	PR-2	$ 180.00	896D 92040953	1/30/2019	
	1/31/2019		$ 180.00	PR-2	$ 180.00	891A 90019343	2/15/2019	
	2/28/2019		$ 180.00	PR-2	$ 180.00	891A 90086551	3/12/2019	
	3/28/2019		$ 180.00	PR-2	$ 180.00	891A 90180790	4/16/2019	
74689	9/13/18 - 1/17/19	6/17/2019	$ 1,670.00	Initial exam ($230), 8 PR-2s ($180 each)	$ 1,670.00	891A 8990088	2/5/2019	Travelers
	2/21/2019		$ 180.00	PR-2	$ 180.00	891A 90067469	3/5/2019	
	3/14/19 - 5/23/19		$ 720.00	4 PR-2s ($180 each)	$ 720.00	891A 90329716	8/13/2019	
74874	10/22/18 - 12/13/18	1/29/2019	$ 406.50	Depo Prep ($156.50), Depo Review ($250)	$ 406.50	896d 92013382	1/23/2019	Travelers

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74938	11/5/18 - 11/19/18	5/7/2019	$ 469.50	Full Day Board appear (WCAB LBO) ($313), Depo Prep ($156.50)	$ 469.50	891A 90226409	5/3/2019	Travelers
74651	9/2618 - 9/27/18	11/26/2018	$ 500.00	Depo Review ($250), Depo Prep ($156.50)	$ 500.00	891A 89805308	11/21/2018	Travelers
75015	11/21/18 - 5/8/19	7/22/2019	$ 1,070.00	Initial exam ($230), 3 PR-2s ($180 each), FIM ($150), FCE ($150)	$ 1,070.00	896D 92574070	6/4/2019	Travelers
	6/19/2019		$ 180.00	PR-2	$ 180.00	896D 92747489	7/16/2019	
75319	1/25/19 - 2/22/19	4/22/2019	$ 180.00	2 Post Ops (billed at $180 each, $90 pd on each)	$ 180.00	891A 90072233	3/7/2019	Travelers
	3/22/2019		$ 180.00	PR-2 (billed at $180, $90 pd)	$ 90.00	891A 90145775	4/3/2019	
	1/25/19 - 3/22/19		$ 270.00	2 Post Ops (remaining $90 pd on each), PR-2 (remaining $90 pd)	$ 270.00	891A 90183104 4/17/19	4/17/2019	
760028	6/14/2019	7/12/2019	$ 180.00	PR-2	$ 180.00	891A 90393474	7/8/2019	Travelers
74825	10/11/18 - 1/9/19	7/9/2019	$ 2,980.00	2 Initial Exams ($230 each), 14 F/U Acup ($180 each)	$ 2,980.00	175702939	2/20/2019	Tristar Risk Mgmt
	5/10/19 - 5/24/19		$ 360.00	2 F/U Acup ($180 each)	$ 360.00	182433995	7/2/2019	

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73262	1/23/18 - 3/1/19	5/16/2001	$ 336.50	PR-2 ($180), Depo Prep ($156.50)	$ 336.50	21058305	4/1/2019	York Insurance
	4/16/2019		$ 250.00	Depo Review	$ 250.00	21154226	5/6/2019	
73283	4/24/2019	5/14/2019	$ 230.00	P&S	$ 230.00	28868	8/17/1900	York Claims
	3/29/2019		$ 180.00	PR-2	$ 180.00	28105	4/16/2019	
	2/13/2019		$ 180.00	PR-2	$ 180.00	26313	2/25/2019	
	12/19/18 - 1/16/19		$ 360.00	2 PR-2s ($180 each)	$ 360.00	25482	1/31/2019	
	11/27/2019		$ 180.00	PR-2	$ 180.00	23877	12/10/2018	
	9/26/2018		$ 180.00	PR-2	$ 180.00	22396	10/19/2018	
	8/1/18 - 8/29/18		$ 360.00	2 PR-2s ($180 each)	$ 360.00	21701	9/27/2018	
73657	5/3/19 - 6/14/19	7/9/2019	$ 360.00	2 PR-2s ($180 each)	$ 360.00	12468	7/5/2019	York Claims

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73808	4/10/2018	5/29/2019	$ 180.00	PR-2	$ 180.00	14311	5/23/2019	York Claims
74251	7/5/2018	8/10/2018	$ 250.00	Depo Review	$ 250.00	276762	8/8/2018	York Claims
74421	9/21/2018	10/17/2018	$ 250.00	Depo Review	$ 250.00	69-872870	10/12/2018	York Claims
74452	8/1/18 - 9/26/19	11/8/2018	$ 720.00	2 Post Ops ($180 each), 2 PR-2s ($180 each)	$ 720.00	16697	11/6/2018	York/Avizent
74808	12/13/2018	1/14/2019	$ 250.00	Depo Review	$ 250.00	60-478049	1/9/2019	York Claims
75255	1/11/19 - 4/12/19	7/10/2019	$ 4,640.00	Initial chiro ($90), Initial acup ($230), 22 f/u acup ($180 each), 2 f/u chiro ($90 each)	$ 4,640.00	54791	7/5/2019	York Insurance
75463	2/21/2019	3/18/2019	$ 250.00	Depo Review	$ 250.00	176649	3/15/2019	York Claims
75639	3/27/2019	4/19/2019	$ 180.00	PR-2	$ 180.00	21799	4/17/2019	York Claims
75658	5/9/2019	6/28/2019	$ 250.00	Depo Review	$ 250.00	3047963	6/25/2019	York Claims
75658	3/28/2019	5/23/2019	$ 250.00	Depo Review	$ 250.00	61-496563	5/20/2019	York Claims

Spanish Language Market Rate Summary Graph (per 8 CCR, Article 5.7)
April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
75660	3/29/2019	5/29/2019	$ 250.00	Depo Review	$ 250.00	18432	5/21/2019	York Claims
76192	6/5/2019	7/15/2019	$ 180.00	PR-2	$ 180.00	21333619	7/12/2019	York Insurance
73240	6/12/18 - 7/24/18	3/18/2019	$ 360.00	2 PR-2s ($180 each)	$ 360.00	1101727408	8/17/2018	Zurich Ins.
	9/21/118		$ 180.00	PR-2	$ 180.00	1101928873	3/14/2019	
73608	3/16/18 - 4/13/18	4/15/2019	$ 410.00	PR-2 ($180), P&S ($230)	$ 410.00	1101955665	4/11/2019	Zurich Ins.
73882	10/8/2018	12/7/2018	$ 230.00	P&S	$ 230.00	1101833209	12/4/2018	Zurich Ins.
	6/18/18 - 8/20/18		$ 810.00	7 /u chiro ($90 each), PR-2 ($180)	$ 810.00	1101776490	10/5/2018	
74143	6/25/2018	7/31/2018	$ 250.00	C&R reading	$ 250.00	1101704791	7/26/2008	Zurich Ins.
74342	12/8/18 - 6/8/19	7/15/2019	$ 1,180.00	4 PR-2s ($180 each), 2 P&S ($230 each)	$ 1,180.00	1102036894	7/9/2019	Zurich Ins.
	7/16/18 - 11-13-18		$ 2,530.00	2 Initial exams ($230 each), 15 f/u chiro ($90 each), 3 PR-2s ($180 each), Med-Legal Eval ($180)	$ 2,530.00	1101864685	1/9/2019	

Spanish Language Market Rate Summary Graph (per 8 CCR, Article 5.7)
April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
74674	9/12/2018	4/26/2019	$ 180.00	PR-2	$ 180.00	1101962952	4/18/2019	Zurich Ins.
74701	9/14/18 - 11-19-18	1/21/2019	$ 640.00	Initial exam ($230), PR-2 ($180), P&S ($230)	$ 640.00	1101871217	1/16/2019	Zurich Ins.
74864	10/26/18 - 12/10/18	3/4/2019	$ 640.00	2 Initial exams ($230 each), PR-2 ($180)	$ 640.00	104875	2/27/2019	Zurich Ins.
74919	11/7/18 - 12/5/18	2/26/2019	$ 590.00	2 PR-2s ($180 each), P&S ($230)	$ 590.00	1101907249	2/21/2019	Zurich Ins.
75135	12/14/18 - 12/21/18	6/4/2019	$ 410.00	Initial Exam ($230), 2 f/u chiro ($90 each)	$ 410.00	1100147457	5/31/2019	Zurich Ins.
75345	5/3/2019	6/17/2019	$ 250.00	C&R reading	$ 250.00	1102016205	6/14/2019	Zurich Ins.
75554	3/5/19 - 5/10/19	6/19/2019	$ 720.00	2 Post Ops ($180 each), 2 PR-2s ($180 each)	$ 720.00	1102016023	6/14/2019	Zurich Ins.
75801	4/25/19 - 5/1/19	5/22/2019	$ 360.00	2 PR-2s ($180 each)	$ 360.00	1101989368	5/16/2019	Zurich Ins.
75893	5/8/19 - 6/26/19	8/7/2019	$ 1,090.00	2 Initial exams ($230 each) 3 f/u chiro ($90 each), f/u physical therapy ($90 each)	$ 1,090.00	1102061745	8/2/2019	Zurich Ins.
75929	5/8/19 -6/5/19	7/16/2019	$ 540.00	Post Op ($180), 2 PR-2s ($180 each)	$ 540.00	1102039069	7/10/2019	Zurich Ins.

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

*** INVOICE ***
Date NO#
02/08/19 74551

EAMS#(s)

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
201816015;201814581

BILL TO:
ADVANTAGE INS (120-ROCKLIN)
W. C. DEPARTMENT
ATTN: BRIGETT COFFEY
P.O. BOX 120
ROCKLIN, CA 95677

Case: vs ICON HEALTH AND FITNESS OUTLET
Date Of Injury: 8/1/18; 8/17 - 8/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/20/18	INITL CHIRO	& PHYS THERAPY W/DR CHRISTINE HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/27/18	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/29/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/05/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/07/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/14/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/19/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/21/18	FOLLOW-UP	W/ ACUPUNCT DR CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/24/18	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/28/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/05/19	PMT BY CHECK	DOS 8/20/18-9/28/18* =# 306933	-1670.00

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

*** INVOICE ***

Date	NO#
02/08/19	74551

EAMS#(s):

SS # : XXX-X..
DOB
Terms: 60 days
Claim #(s):
201816015;201814581

BILL TO:
ADVANTAGE INS (120-ROCKLIN)
W. C. DEPARTMENT
ATTN: BRIGETT COFFEY
P.O. BOX 120
ROCKLIN, CA 95677

Case: vs ICON HEALTH AND FITNESS OUTLET
Date Of Injury: 8/1/18; 8/17 - 8/18

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 **

ADVANTAGE
WORKERS COMPENSATION INSURANCE CO.

PO Box 571918
Salt Lake City, Utah 84157-1918
888.595.8750

Check Number: 306933

Feb 05, 2019

Payee Name	Page
JOYCE ALTMAN INTERPRETERS INC	1

If you feel we do not have your correct business information, send to us an updated IRS Form W-9.

Claimant Name:
Claim Number: 201816015
Provider Invoice: 74551 WCF Invoice: 11324327

Description of Services	See Msgs Below	Proc Code	Dates of Service From - To	Amount Billed	Reduction Fee Sched - PPO	Amount Paid
MISC CLAIM EXPENSE SERVICES		54	08/20/2018 to 09/28/2018	$1,670.00	$0.00	$1,670.00
					Total:	$1,670.00

Check Summary	WCF Invoice Nbr	
	11324327	$1,670.00
	Check Total:	$1,670.00

END OF CHECK

FEB 0 8 2019

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

*** INVOICE ***
Date NO#
11/02/18 73658

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 2/20/
Terms: 60 days
Claim #(s):
JC506

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

Case: vs UNIVERSAL WASTE SYSTEMS
Date Of Injury: 3/23/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/28/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/11/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/25/18	POST-OP	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/09/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/29/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/12/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/29/18	PMT BY CHECK	DOS 3/28/18-5/29/18* =# 135560	-450.00
07/06/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/13/18	PMT BY CHECK	DOS 6/12/18* =# 138850	-90.00
08/03/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/09/18	PMT BY CHECK	DOS 7/6/18* =# 144778 ALASKA/CORVEL	-90.00
08/28/18	PMT BY CHECK	DOS 8/3/18* =# 149075 ALASKA/CORVEL	-180.00
09/07/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
10/12/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
10/29/18	PMT BY CHECK	DOS 9/7/18* =# 163587	-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#
11/02/18	73658

FAMS#(s):

SS # : XXX-XX-N/A
DOB : 2/20
Terms: 60 days
Claim #(s):
JC506

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

Case: vs UNIVERSAL WASTE SYSTEMS
Date Of Injury: 3/23/18

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/ 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.

149075

89-5/1252

CLAIM #	DATE	CHECK AMOUNT
BULK# 0108	08/28/2018	*********$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

⑈00149075⑈ ⑆121000248⑆ 405000291 4⑈

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

CHECK NUMBER	149075
TAX ID #	33-0956713

CLAIM NO. POLICY NO.	CLAIMANT ACCIDENT DATE	INSURED REASON FOR PAYMENT	AMOUNT PAY TYPE
JC506-00 18C WD 09609	03/23/2018	UNIVERSAL WASTE SYSTEMS, INC. DOS:03/28/18 CPT/HCPCS: T1013 EOB Attached Acct#: 73658	0.00 MINTRP
JC506-00 18C WD 09609	03/23/2018	UNIVERSAL WASTE SYSTEMS, INC. DOS:04/11/18 CPT/HCPCS: T1013 EOB Attached Acct#: 73658	0.00 MINTRP
JC506-00 18C WD 09609	03/23/2018	UNIVERSAL WASTE SYSTEMS, INC. DOS:04/25/18 CPT/HCPCS: T1013 EOB Attached Acct#: 73658	0.00 MINTRP
JC506-00 18C WD 09609	03/23/2018	UNIVERSAL WASTE SYSTEMS, INC. DOS:05/09/18 CPT/HCPCS: T1013 EOB Attached Acct#: 73658	0.00 MINTRP
JC506-00 18C WD 09609	03/23/2018	UNIVERSAL WASTE SYSTEMS, INC. DOS:05/29/18 CPT/HCPCS: T1013 EOB Attached Acct#: 73658	0.00 MINTRP
JC506-00 18C WD 09609	03/23/2018	UNIVERSAL WASTE SYSTEMS, INC. DOS:06/12/18 CPT/HCPCS: T1013 EOB Attached Acct#: 73658	0.00 MINTRP
JC506-00 18C WD 09609	03/23/2018	UNIVERSAL WASTE SYSTEMS, INC. DOS:07/06/18 CPT/HCPCS: T1013 EOB Attached Acct#: 73658	0.00 MINTRP
JC506-00 18C WD 09609	03/23/2018	UNIVERSAL WASTE SYSTEMS, INC. DOS:08/03/18 CPT/HCPCS: T1013 EOB Attached Acct#: 73658	180.00 MINTRP

AUG 31 2018

CHECK AMOUNT	180.00

PLEASE DETACH AND RETAIN FOR YOUR RECORDS

Date	Code	Units	POS	Bill Charges TOS	DXR	Reduction	Allowed Fees
06/12/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$180.00	$0.00
	R1 , G56	1	11		1		
	Original bill [4494478,48]						
07/06/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$180.00	$0.00
	R1 , G56	1	11		1		
	Original bill [4525419,48]						
08/03/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G1 , G67	1	11		1		
Sub-Totals for Bill: 4578488				**$1,440.00**		**$1,260.00**	**$180.00**
Totals for Bill: 4578488							**$180.00**

Line Item Reason Codes and Descriptions

507 Priced According to Contract Agreement

R1 Duplicate Billing

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

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 -
UNIVERSAL WASTE SYSTEMS, INC.
PO Box 3038
Whittier, CA 90605

Payer Identification Number - 920077654
Pay- To Provider State License Number -
Rendering Provider ID -
MPN ID - 1383
Carrier Telephone Number - 1-866-355-2642
Bill Frequency Type - 0
Payment Status Code - 1

Date Paid Information
Payment Date - Date Paid information was not available at the time this EOR was created.

M.

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

WELLS FARGO BANK ALASKA, N.A.

163587

89-5/1252

CLAIM #	DATE	CHECK AMOUNT
00 JC506-00	10/29/2018	*********$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

Dana A Freethon

THIS 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

⑈00163587⑈ ⑆121000248⑆ 405000291 4⑈

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

CHECK NUMBER	163587
TAX ID #	33-0956713

CLAIM NO. POLICY NO.	CLAIMANT ACCIDENT DATE	INSURED REASON FOR PAYMENT	AMOUNT PAY TYPE
JC506-00 18C WD 09609	03/23/2018	UNIVERSAL WASTE SYSTEMS, INC. DOS:09/07/18 CPT/HCPCS: T1013 EOB Attached Acct#: 73658	180.00 MINTRP

PAID
NOV 01 2018

PLEASE DETACH AND RETAIN FOR YOUR RECORDS

CHECK AMOUNT 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#
10/17/18	74337

EAMS#(s)

SS # : XXX-XX
DOB : 3/24
Terms: 60 days
Claim #(s):
JF249; HX211

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

Case: vs OAK HARBOR FREIGHT LINES INC
Date Of Injury: 5/3/18; 10/29/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/26/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/28/18	PMT BY CHECK	DOS 7/26/18* # 149279	-156.50
09/12/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA J. RAMIREZ # 301566	0.00
10/12/18	PMT BY CHECK	DOS 9/12/8* # 160023	-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 **

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

WELLS FARGO BANK ALASKA, N.A.

160023

89-5/1252

CLAIM #	DATE	CHECK AMOUNT
00 JF249-00	10/12/2018	*********$250.00

PAY *Two Hundred And Fifty 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

⑈00160023⑈ ⑆121000248⑆ 405000291 4⑈

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

CHECK NUMBER	160023
TAX ID #	33-0956713

CLAIM NO. POLICY NO.	CLAIMANT ACCIDENT DATE	INSURED REASON FOR PAYMENT	AMOUNT PAY TYPE
JF249-00 18D WY 04364	05/03/2018	OAK HARBOR FREIGHT LINES, INC. DOS:09/12/18 CPT/HCPCS: T1013 EOB Attached Acct#: 74337	250.00 EOTHER

PAID
OCT 17 2018
BY: .....

PLEASE DETACH AND RETAIN FOR YOUR RECORDS

CHECK AMOUNT 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#
03/04/19 74849

EAMS#(s):ADJ

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
JK82800; JC10800

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

Case: ____ vs BISCOMERICA CORP
Date Of Injury: 9/23/18; 3/15/18

DOS	SERVICE	DESCRIPTION	AMOUNT
10/18/18	INITIAL EXAM	DR JOHN XIAN JIANG QIAN/DAVE FRANKE, PA @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/15/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/19/18	INITIAL ACUP	ACUPUNCT W/MIN CHOI / INITIAL @ SIDHU CHIRO*	230.00
/ /	-	CHIRO/CHRISTINA HA	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/10/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/14/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/17/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/21/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/04/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/07/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/11/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/04/19	PMT BY CHECK	DOS 10/18/18* =# 183160	-230.00
02/04/19	PMT BY CHECK	DOS 11/15/18* =# 183161	-180.00
02/04/19	PMT BY CHECK	DOS 11/19/18* =# 183162	-230.00
02/04/19	PMT BY CHECK	DOS 12/10/18* =# 183163	-180.00
02/04/19	PMT BY CHECK	DOS 12/14/18* =# 183164	-180.00
02/04/19	PMT BY CHECK	DOS 12/17/18* =# 183165	-180.00
02/04/19	PMT BY CHECK	DOS 12/21/18* =# 183166	-180.00
02/04/19	PMT BY CHECK	DOS 1/4/19* =# 183167	-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#
03/04/19 74849

EAMS#(s)

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
JK82800; JC10800

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

Case: [redacted] vs BISCOMERICA CORP
Date Of Injury: 9/23/18; 3/15/18

DOS	SERVICE	DESCRIPTION	AMOUNT
02/04/19	PMT BY CHECK	DOS 1/7/19* =# 183168	-180.00
02/25/19	PMT BY CHECK	DOS 1/11/19* =# 188445	-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 **

PAID
MAR 0 4 2019
BY: .....

M

ALASKA NATIONAL INSURANCE COMPANY
851 N. Hickory Ave, Suite 100, Meridian, ID 836428010

WELLS FARGO BANK ALASKA, N.A.

188445

CLAIM #
JC10800

DATE
02/25/2019

89-5/1252

CHECK AMOUNT
*********180.00

PAY *One Hundred Eighty Dollars And 00/100*

To the order of: **JOYCE ALTMAN INTERPRETERS**
PO BOX 4165
TUSTIN, CA 92781

AMOUNTS OVER $5000 REQUIRE TWO SIGNATURES

Dana Austin

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

⑈0000188445⑈ ⑆121000248⑆ 405000291 4⑈

Date	Code	Units	POS	Bill Charges TOS	DXR	Reduction	Allowed Fees
12/17/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$180.00	$0.00
	R1 , G56	1	11		A		
	Original bill [4868004,48]						
12/21/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$180.00	$0.00
	R1 , G56	1	11		A		
	Original bill [4868004,48]						
01/04/2019	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$180.00	$0.00
	R1 , G56	1	11		A		
	Original bill [4868004,48]						
01/07/2019	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$180.00	$0.00
	R1 , G56	1	11		A		
	Original bill [4868004,48]						
01/11/2019	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	G67, MV0	1	11		A		
Sub-Totals for Bill: 4883487				**$1,900.00**		**$1,720.00**	**$180.00**
Totals for Bill: 4883487							**$180.00**

Line Item Reason Codes and Descriptions

MV0	Market Value	R1	Duplicate Billing

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

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 -
Biscomerica
PO Box 1070
Rialto, CA 92376-0000

Payer Identification Number - 920077654
Pay- To Provider State License Number -

ALASKA NATIONAL INSURANCE COMPANY
851 N. Hickory Ave, Suite 100, Meridian, ID 83642-7010

WELLS FARGO BANK ALASKA, N.A.

183160

CLAIM #	DATE
JC10800	02/04/2019

89-5/1252

CHECK AMOUNT
*********230.00

PAY *Two Hundred Thirty Dollars And 00/100*

To the order of: **JOYCE ALTMAN INTERPRETERS**
PO BOX 4165
TUSTIN, CA 92781

AMOUNTS OVER $5000 REQUIRE TWO SIGNATURES

Dana A Fuentes

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

⑈0001831 60⑈ ⑆121000248⑆ 405000 2914⑈

FEB 11 2019

CORVEL

Explanation of Review

Employer: Biscomerica
Patient:

Business Unit: Alaska National Insurance Company - San
851 N Hickory Ave
Meridian, ID 83642

Patient DOB:
Gender: Female

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill # : 48/4868004 - 1
Reprice: CA, 92781
Billed Date: 01/16/2019
Business Rcvd: 01/24/2019
MBR Rcvd: 01/24/2019
MBR Date: 01/30/2019
Approved Date: 01/31/2019
DOS From - To: 10/18/2018 - 01/07/2019

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

Treating Provider:
Referring Physician: JOHN XIAN JIAN
Patient Control #: 74849
Provider Tax Id: 33-0956713

Claim #: JC10800
Processor Initials: CH
DOI: 03/15/2018
RX Number:

Date	*Code*	*Units*	*POS*	*Bill Charges TOS*	*DXR*	*Reduction*	*Allowed Fees*
10/18/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$230.00		$0.00	$230.00
	507, G67, RX3	1	11		A		
11/15/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		A		
11/19/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$230.00		$0.00	$230.00
	507, G67, RX3	1	11		A		
12/10/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		A		
12/14/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		A		
12/17/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		A		
12/21/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		A		

ALASKA NATIONAL INSURANCE COMPANY
851 N. Hickory Ave, Suite 100, Meridian, ID 836428010

WELLS FARGO BANK ALASKA, N.A.

183161

CLAIM #
JC10800

DATE
02/04/2019

89-5/1252

CHECK AMOUNT
**********180.00

PAY *One Hundred Eighty Dollars And 00/100*

To the order of: **JOYCE ALTMAN INTERPRETERS**
PO BOX 4165
TUSTIN, CA 92781

AMOUNTS OVER $5000 REQUIRE TWO SIGNATURES

Dana A Fenstermacher

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

⑈0000183161⑈ ⑆121000248⑆ 405000291⑆

FEB 11 2019

CORVEL

Explanation of Review

Employer: Biscomerica
Patient:

Business Unit: Alaska National Insurance Company - San
851 N Hickory Ave
Meridian, ID 83642

Patient DOB:
Gender: Female

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill # : 48/4868004 - 1
Reprice: CA, 92781
Billed Date: 01/16/2019
Business Rcvd: 01/24/2019
MBR Rcvd: 01/24/2019
MBR Date: 01/30/2019
Approved Date: 01/31/2019
DOS From - To: 10/18/2018 - 01/07/2019

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

Treating Provider:
Referring Physician: JOHN XIAN JIAN
Patient Control #: 74849
Provider Tax Id: 33-0956713

Claim #: JC10800
Processor Initials: CH
DOI: 03/15/2018
RX Number:

Date	*Code*	*Units*	*POS*	*Bill Charges TOS*	*DXR*	*Reduction*	*Allowed Fees*
10/18/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$230.00		$0.00	$230.00
	507, G67, RX3	1	11		A		
11/15/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		A		
11/19/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$230.00		$0.00	$230.00
	507, G67, RX3	1	11		A		
12/10/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		A		
12/14/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		A		
12/17/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		A		
12/21/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		A		

ALASKA NATIONAL INSURANCE COMPANY
851 N. Hickory Ave, Suite 100, Meridian, ID 836428010

WELLS FARGO BANK ALASKA, N.A.

183162

CLAIM #
JC10800

DATE
02/04/2019

89-5/1252

CHECK AMOUNT
*********230.00

PAY *Two Hundred Thirty Dollars And 00/100*

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 TIED ON WHITE PAPER • VOID IF SIMULATED WATERMARK OF ALASKA NATIONAL LOGO DOES NOT APPEAR ON BACK

⑈0001831621⑈ ⑆121000248⑆ 405000291⑆

FEB 11 2019

CORVEL

Explanation of Review

Employer: Biscomerica
Patient:

Business Unit: Alaska National Insurance Company - San
851 N Hickory Ave
Meridian, ID 83642

Patient DOB:
Gender: Female

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill # : 48/4868004 - 1
Reprice: CA, 92781
Billed Date: 01/16/2019
Business Rcvd: 01/24/2019
MBR Rcvd: 01/24/2019
MBR Date: 01/30/2019
Approved Date: 01/31/2019
DOS From - To: 10/18/2018 - 01/07/2019

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

Treating Provider:
Referring Physician: JOHN XIAN JIAN
Patient Control #: 74849
Provider Tax Id: 33-0956713

Claim #: JC10800
Processor Initials: CH
DOI: 03/15/2018
RX Number:

Date	*Code*	*Units*	*POS*	*Bill Charges* *TOS*	*DXR*	*Reduction*	*Allowed Fees*
10/18/2018	T1013 SIGN LANGUAGE/ORAL INTEPR SERVIC 507, G67, RX3	1	11	$230.00	A	$0.00	$230.00
11/15/2018	T1013 SIGN LANGUAGE/ORAL INTEPR SERVIC 507, G67, RX3	1	11	$180.00	A	$0.00	$180.00
11/19/2018	T1013 SIGN LANGUAGE/ORAL INTEPR SERVIC 507, G67, RX3	1	11	$230.00	A	$0.00	$230.00
12/10/2018	T1013 SIGN LANGUAGE/ORAL INTEPR SERVIC 507, G67, RX3	1	11	$180.00	A	$0.00	$180.00
12/14/2018	T1013 SIGN LANGUAGE/ORAL INTEPR SERVIC 507, G67, RX3	1	11	$180.00	A	$0.00	$180.00
12/17/2018	T1013 SIGN LANGUAGE/ORAL INTEPR SERVIC 507, G67, RX3	1	11	$180.00	A	$0.00	$180.00
12/21/2018	T1013 SIGN LANGUAGE/ORAL INTEPR SERVIC 507, G67, RX3	1	11	$180.00	A	$0.00	$180.00

ALASKA NATIONAL INSURANCE COMPANY
851 N. Hickory Ave, Suite 100, Meridian, ID 836428010

WELLS FARGO BANK ALASKA, N.A.

183163

CLAIM #
JC10800

DATE
02/04/2019

89-5/1252

CHECK AMOUNT
**********180.00

PAY *One Hundred Eighty Dollars And 00/100*

To the order of: **JOYCE ALTMAN INTERPRETERS**
PO BOX 4165
TUSTIN, CA 92781

AMOUNTS OVER $5000 REQUIRE TWO SIGNATURES

Dana A Faustin

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

⑈0000183163⑈ ⑆121000248⑆ 405000291 6⑈

FEB 11 2019

CORVEL

Explanation of Review

Employer: Biscomerica
Patient:

Business Unit: Alaska National Insurance Company - San
851 N Hickory Ave
Meridian, ID 83642

Patient DOB:
Gender: Female

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill # : 48/4868004 - 1
Reprice: CA, 92781
Billed Date: 01/16/2019
Business Rcvd: 01/24/2019
MBR Rcvd: 01/24/2019
MBR Date: 01/30/2019
Approved Date: 01/31/2019
DOS From - To: 10/18/2018 - 01/07/2019

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

Treating Provider:
Referring Physician: JOHN XIAN JIAN
Patient Control #: 74849
Provider Tax Id: 33-0956713

Claim #: JC10800
Processor Initials: CH
DOI: 03/15/2018
RX Number:

Date	*Code*		*Units*	*POS*	*Bill Charges TOS*	*DXR*	*Reduction*	*Allowed Fees*
10/18/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC			$230.00		$0.00	$230.00
	507, G67, RX3		1	11		A		
11/15/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$0.00	$180.00
	507, G67, RX3		1	11		A		
11/19/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC			$230.00		$0.00	$230.00
	507, G67, RX3		1	11		A		
12/10/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$0.00	$180.00
	507, G67, RX3		1	11		A		
12/14/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$0.00	$180.00
	507, G67, RX3		1	11		A		
12/17/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$0.00	$180.00
	507, G67, RX3		1	11		A		
12/21/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$0.00	$180.00
	507, G67, RX3		1	11		A		

ALASKA NATIONAL INSURANCE COMPANY
851 N. Hickory Ave, Suite 100, Meridian, ID 836428010

WELLS FARGO BANK ALASKA, N.A.

183164

CLAIM #
JC10800

DATE
02/04/2019

89-5/1252

CHECK AMOUNT
**********180.00

PAY *One Hundred Eighty Dollars And 00/100*

To the order of: **JOYCE ALTMAN INTERPRETERS**
PO BOX 4165
TUSTIN, CA 92781

AMOUNTS OVER $5000 REQUIRE TWO SIGNATURES

Dawn A Faustin

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

⑈0000183164⑈ ⑆121000248⑆ 405000291⑆

FEB 11 2019

CORVEL

Explanation of Review

Employer: Biscomerica
Patient:

Business Unit: Alaska National Insurance Company - San
851 N Hickory Ave
Meridian, ID 83642

Patient DOB:
Gender: Female

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill # : 48/4868004 - 1
Reprice: CA, 92781
Billed Date: 01/16/2019
Business Rcvd: 01/24/2019
MBR Rcvd: 01/24/2019
MBR Date: 01/30/2019
Approved Date: 01/31/2019
DOS From - To: 10/18/2018 - 01/07/2019

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

Treating Provider:
Referring Physician: JOHN XIAN JIAN
Patient Control #: 74849
Provider Tax Id: 33-0956713

Claim #: JC10800
Processor Initials: CH
DOI: 03/15/2018
RX Number:

Date	*Code*	*Units*	*POS*	*Bill Charges TOS*	*DXR*	*Reduction*	*Allowed Fees*
10/18/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$230.00		$0.00	$230.00
	507, G67, RX3	1	11		A		
11/15/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		A		
11/19/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$230.00		$0.00	$230.00
	507, G67, RX3	1	11		A		
12/10/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		A		
12/14/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		A		
12/17/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		A		
12/21/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		A		

ALASKA NATIONAL INSURANCE COMPANY
851 N. Hickory Ave, Suite 100, Meridian, ID 836428010

WELLS FARGO BANK ALASKA, N.A.

183165

CLAIM #
JC10800

DATE
02/04/2019

89-5/1252

CHECK AMOUNT
*********180.00

PAY *One Hundred Eighty Dollars And 00/100*

To the order of: **JOYCE ALTMAN INTERPRETERS**
PO BOX 4165
TUSTIN, CA 92781

AMOUNTS OVER $5000 REQUIRE TWO SIGNATURES

Dana A Fenstin

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

⑈0001831650⑈ ⑆121000248⑆ 405000291⑆

FEB 11 2019

CORVEL

Explanation of Review

Employer: Biscomerica
Patient:

Business Unit: Alaska National Insurance Company - San
851 N Hickory Ave
Meridian, ID 83642

Patient DOB:
Gender: Female

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill # : 48/4868004 - 1
Reprice: CA, 92781
Billed Date: 01/16/2019
Business Rcvd: 01/24/2019
MBR Rcvd: 01/24/2019
MBR Date: 01/30/2019
Approved Date: 01/31/2019
DOS From - To: 10/18/2018 - 01/07/2019

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

Treating Provider:
Referring Physician: JOHN XIAN JIAN
Patient Control #: 74849
Provider Tax Id: 33-0956713

Claim #: JC10800
Processor Initials: CH
DOI: 03/15/2018
RX Number:

Date	*Code*	*Units*	*POS*	*Bill Charges TOS*	*DXR*	*Reduction*	*Allowed Fees*
10/18/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$230.00		$0.00	$230.00
	507, G67, RX3	1	11		A		
11/15/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		A		
11/19/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$230.00		$0.00	$230.00
	507, G67, RX3	1	11		A		
12/10/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		A		
12/14/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		A		
12/17/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		A		
12/21/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		A		

ALASKA NATIONAL INSURANCE COMPANY
851 N. Hickory Ave, Suite 100, Meridian, ID 836428010

WELLS FARGO BANK ALASKA, N.A.

183166

CLAIM #
JC10800

DATE
02/04/2019

89-5/1252

CHECK AMOUNT
*********180.00

PAY *One Hundred Eighty Dollars And 00/100*

To the order of: **JOYCE ALTMAN INTERPRETERS**
PO BOX 4165
TUSTIN, CA 92781

AMOUNTS OVER $5000 REQUIRE TWO SIGNATURES

Dana H Fuentes

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

⑈000183166⑈ ⑆121000248⑆ 405000291⑆

FEB 11 2019

CORVEL

Explanation of Review

Employer: Biscomerica
Patient:

Business Unit: Alaska National Insurance Company - San
851 N Hickory Ave
Meridian, ID 83642

Patient DOB:
Gender: Female

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill # : 48/4868004 - 1
Reprice: CA, 92781
Billed Date: 01/16/2019
Business Rcvd: 01/24/2019
MBR Rcvd: 01/24/2019
MBR Date: 01/30/2019
Approved Date: 01/31/2019
DOS From - To: 10/18/2018 - 01/07/2019

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

Treating Provider:
Referring Physician: JOHN XIAN JIAN
Patient Control #: 74849
Provider Tax Id: 33-0956713

Claim #: JC10800
Processor Initials: CH
DOI: 03/15/2018
RX Number:

Date	*Code*	*Units*	*POS*	*Bill Charges TOS*	*DXR*	*Reduction*	*Allowed Fees*
10/18/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$230.00		$0.00	$230.00
	507, G67, RX3	1	11		A		
11/15/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		A		
11/19/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$230.00		$0.00	$230.00
	507, G67, RX3	1	11		A		
12/10/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		A		
12/14/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		A		
12/17/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		A		
12/21/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		A		

ALASKA NATIONAL INSURANCE COMPANY
851 N. Hickory Ave, Suite 100, Meridian, ID 836428010

WELLS FARGO BANK ALASKA, N.A.

18316

CLAIM #
JC10800

DATE
02/04/2019

89-5/1252

CHECK AMOUNT
*********180.00

PAY *One Hundred Eighty Dollars And 00/100*

To the order of: **JOYCE ALTMAN INTERPRETERS**
PO BOX 4165
TUSTIN, CA 92781

AMOUNTS OVER $5000 REQUIRE TWO SIGNATURES

Dana A Fuentes

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

⑈0000183167⑈ ⑆121000248⑆ 405000291 4⑈

FEB 11 2019

Date	Code	Units	POS	Bill Charges TOS	DXR	Reduction	Allowed Fees
01/04/2019	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		A		
01/07/2019	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		A		
Sub-Totals for Bill: 4868004				**$1,720.00**		**$0.00**	**$1,720.00**
Totals for Bill: 4868004							**$1,720.00**

Line Item Reason Codes and Descriptions

507 Priced According to Contract Agreement

RX3 Per BU/provider agreement amount may be negotiated

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

T14.90XA INJURY UNSPECIFIED INITIAL ENCOUNTR

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 -
Biscomerica
PO Box 1070
Rialto, CA 92376-0000

Payer Identification Number - 920077654
Pay- To Provider State License Number -
Rendering Provider ID -
MPN ID - 1799
Carrier Telephone Number - 1-866-355-2642
Bill Frequency Type - 0
Payment Status Code - 1

Date Paid Information
Payment Date - Date Paid information was not available at the time this EOR was created.

ALASKA NATIONAL INSURANCE COMPANY
851 N. Hickory Ave, Suite 100, Meridian, ID 836428010

WELLS FARGO BANK ALASKA, N.A.

183168

CLAIM #
JC10800

DATE
02/04/2019

89-5/1252

CHECK AMOUNT
**********180.00

PAY *One Hundred Eighty Dollars And 00/100*

To the order of: **JOYCE ALTMAN INTERPRETERS**
PO BOX 4165
TUSTIN, CA 92781

AMOUNTS OVER $5000 REQUIRE TWO SIGNATURES

Dana A Faustin

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

⑈0000183168⑈ ⑆121000248⑆ 405000291⑆

FEB 11 2019

Date	Code	Units	POS	Bill Charges TOS	DXR	Reduction	Allowed Fees
01/04/2019	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		A		
01/07/2019	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G67, RX3	1	11		A		
Sub-Totals for Bill: 4868004				**$1,720.00**		**$0.00**	**$1,720.00**
Totals for Bill: 4868004							**$1,720.00**

Line Item Reason Codes and Descriptions

507 Priced According to Contract Agreement

RX3 Per BU/provider agreement amount may be negotiated

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.

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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

T14.90XA INJURY UNSPECIFIED INITIAL ENCOUNTR

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 -
Biscomerica
PO Box 1070
Rialto, CA 92376-0000

Payer Identification Number - 920077654
Pay- To Provider State License Number -
Rendering Provider ID -
MPN ID - 1799
Carrier Telephone Number - 1-866-355-2642
Bill Frequency Type - 0
Payment Status Code - 1

Date Paid Information
Payment Date - Date Paid information was not available at the time this EOR was created.

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

*** INVOICE ***
Date NO#
03/20/19 75473

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
JJ846

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

Case: vs VALPRO INC
Date Of Injury: 8/9/18

DOS	SERVICE	DESCRIPTION	AMOUNT
02/20/19	LEGAL_REVIEW	DEPO REVIEW @ L/O ANTONY GLUCK	250.00
/ /	INTERPRETER:	JUAN L. PEREZ # 100777	0.00
03/18/19	PMT BY CHECK	DOS 2/20/19* # 193132	-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 **

ALASKA NATIONAL INSURANCE COMPANY
851 N. Hickory Ave, Suite 100, Meridian, ID 836428010

WELLS FARGO BANK ALASKA, N.A.

193132

CLAIM #
JJ84600

DATE
03/18/2019

89-5/1252

CHECK AMOUNT
*********250.00

PAY *Two Hundred Fifty Dollars And 00/100*

To the order of: **JOYCE ALTMAN INTERPRETERS INC**
PO BOX 4165
TUSTIN, CA 92781

PAID
MAR 20 2019

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

BY: .....

⑈0001931 32⑈ ⑆121000248⑆ 405000 2914⑈

M

ALASKA NATIONAL INSURANCE COMPANY
851 N. Hickory Ave, Suite 100, Meridian, ID 836428010

CHECK NUMBER	193132
TAX ID	XX-XXX6713

CLAIM NO. POLICY NO.	CLAIMANT ACCIDENT DATE	INSURED REASON FOR PAYMENT	AMOUNT PAY TYPE
JJ84600 18CWD10076	8/9/2018	VAL PRO, INC. 2/20/2019 - 2/20/2019 Invoice#-75473 ✓	250.00 Expense Other

PLEASE DETACH AND RETAIN FOR YOUR RECORDS

CHECK AMOUNT 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#
06/04/19 75672

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
HJ143

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

Case: vs LA AMAPOLA MARKETS
Date Of Injury: 11/15/16

DOS	SERVICE	DESCRIPTION	AMOUNT
04/03/19	PR2/REEVAL	DR ROY CAPUTO @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/03/19	PMT BY CHECK	DOS 4/3/19* # 202937	-180.00
05/08/19	P AND S	DR CAPUTO @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/30/19	PMT BY CHECK	DOS 5/8/19* =# 208510	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MC

M

PAID
MAY 09 2019

75672

PV. .....

ALASKA NATIONAL INSURANCE COMPANY
851 N. Hickory Ave, Suite 100, Meridian, ID 836428010

WELLS FARGO BANK ALASKA, N.A.

202937

CLAIM #
HJ14300

DATE
05/03/2019

89-5/1252

CHECK AMOUNT
**********180.00

PAY *One Hundred Eighty Dollars And 00/100*

To the order of: **JOYCE ALTMAN INTERPRETERS**
PO BOX 4165
TUSTIN, CA 92781

AMOUNTS OVER $5000 REQUIRE TWO SIGNATURES

Dan A Fenton

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

⑈0000202937⑈ ⑆121000248⑆ 405000291 4⑈

CORVEL

Explanation of Review

Employer: La Amapola Inc.
Patient:

Business Unit: Alaska National Insurance Company - San
851 N Hickory Ave
Meridian, ID 83642

Patient DOB:
Gender: Female

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill # : 48/5054789 - 1
Reprice: CA, 92781
Billed Date: 04/10/2019
Business Rcvd: 04/25/2019
MBR Rcvd: 04/25/2019
MBR Date: 04/30/2019
Approved Date: 04/30/2019
DOS From - To: 04/03/2019 - 04/03/2019

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

Treating Provider:
Referring Physician: ROY CAPUTO
Patient Control #: 75672
Provider Tax Id: 33-0956713

Claim #: HJ14300
Processor Initials: MDM
DOI: 11/15/2016
RX Number:

Date	*Code*	*Units*	*POS*	*Bill Charges TOS*	*DXR*	*Reduction*	*Allowed Fees*
04/03/2019	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	G67, MV0	1	11		A		
Sub-Totals for Bill: 5054789				**$180.00**		**$0.00**	**$180.00**
Totals for Bill: 5054789							**$180.00**

Line Item Reason Codes and Descriptions

MV0 Market Value

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.

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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

T14.90XA INJURY UNSPECIFIED INITIAL ENCOUNTR

m

ALASKA NATIONAL INSURANCE COMPANY
851 N. Hickory Ave, Suite 100, Meridian, ID 836428010

WELLS FARGO BANK ALASKA, N.A.

208510

CLAIM #
HJ14300

DATE
05/30/2019

89-5/1252

CHECK AMOUNT
*********230.00

PAY *Two Hundred Thirty Dollars And 00/100*

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

⑈0000208510⑈ ⑆121000248⑆ 405000291 4⑈

9

PAID
JUN 04 2019

BY: .....

CORVEL

Explanation of Review

Employer: La Amapola Inc.
Patient:

Business Unit: Alaska National Insurance Company - San
851 N Hickory Ave
Meridian, ID 83642

Patient DOB:
Gender: Female

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill # : 48/5108470 - 1
Reprice: CA, 92781
Billed Date: 05/16/2019
Business Rcvd: 05/21/2019
MBR Rcvd: 05/21/2019
MBR Date: 05/28/2019
Approved Date: 05/28/2019
DOS From - To: 04/03/2019 - 05/08/2019

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

Treating Provider:
Referring Physician: ROY CAPUTO
Patient Control #: 75672
Provider Tax Id: 33-0956713

Claim #: HJ14300
Processor Initials: MDM
DOI: 11/15/2016
RX Number:

Date	*Code*	*Units*	*POS*	*Bill Charges TOS*	*DXR*	*Reduction*	*Allowed Fees*
04/03/2019	T1013 SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$180.00	$0.00
	R1 , G56	1	11		A		
	Original bill [5054789,48]						
05/08/2019	T1013 SIGN LANGUAGE/ORAL INTEPR SERVIC			$230.00		$0.00	$230.00
	G67, MV0	1	11		A		
Sub-Totals for Bill: 5108470				**$410.00**		**$180.00**	**$230.00**
Totals for Bill: 5108470							**$230.00**

Line Item Reason Codes and Descriptions

MV0 Market Value
R1 Duplicate Billing
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.

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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.

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

*** INVOICE ***
Date NO#
03/08/19 74630

EAMS#(s):

SS # : XXX-XX-8839
DOB :
Terms: 60 days
Claim #(s):
W1439465; W1251273

BILL TO:
ALBERTSONS/VONS HOLDING (AZ)
W. C. DEPARTMENT
ATTN: NICK PARK
P.O. BOX # 29223
PHOENIX, AZ 85038

Case: vs ALBERTSONS VONS DISTRIBUTION C
Date Of Injury: 4/8/16; 8/28/11

DOS	SERVICE	DESCRIPTION	AMOUNT
09/18/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	WALTER VASQUEZ # 100770	0.00
03/05/19	PMT BY CHECK	DOS 9/18/18* # 100760954	-250.00
03/08/19	C&S_PURSUAL	PRINCIPAL PAID BUT WILL PURSUE C&S	0.99

BALANCE 0.99

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So Cal Albertsons Self Admin
P O BOX 29223
PHOENIX, AZ 85038-9223

DATE	CHECK AMOUNT	CHECK NUMBER
03/05/2019	250.00	00760954
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
570 Nor Cal Albertsons Self Admin		01 of 01

0000091-0000307 0106 001 775187

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

Claimant Name			Loss Date	Claim Number
			04/08/2016	W1439465
Amt Paid:	250.00	Description:		
Amt Billed:	250.00	Invoice:	74630	ICN:W1439465
Dates:	09/18/2018 - 09/18/2018	Comment:		

PAID
MAR 08 2019
BY: .....

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

SWK.RM.STD.00.NP

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

*** INVOICE ***
Date NO#
01/18/19 70408

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2158203; 10474936

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

Case: vs RIO RANCH MARKET
Date Of Injury: 9/10/15; 6/24/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/16/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
10/04/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/02/16	PMT BY CHECK	DOS 9/26/16* # 00025297	-156.50
11/09/16	PMT BY CHECK	DOS 9/16/16-10/4/16* # 00025691	-250.00
05/14/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/09/16	PMT BY CHECK	DOS 9/16/16-10/4/16* # 00025691	-156.50
11/26/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	BOSCO BOKSH # 301275	0.00
01/11/19	PMT BY CHECK	DOS 11/26/18* # 00066218	-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 **

SPRINGFIELD INSURANCE COMPANY
c/o AMTRUST NORTH AMERICA
PO BOX 740042
ATLANTA, GA 30374-0042

Bank of America
Los Angeles, CA

CHECK NO.
00066218
2158203-1
WCG00191507

DATE	AMOUNT
1/11/2019	$250.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 180 DAYS

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

⑈00066218⑈ ⑆122101706⑆ 4570045524 24⑈

JAN 18 2019

Check Number	00066218
Claim Number:	2158203-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WCG00191507/GLEN AVON FOODS INC. YUCAIPA TRADING COMPANY INC. DBA RIO RANCH MARKETS
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	9/10/2015
Location:	11647 cherry ave FONTANA CA 92337 -
Examiner Code:	obeyl

Amount:	$250.00
Dates of Service:	11/26/2018-11/26/2018
Explanation:	INV 70408
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

SPRINGFIELD INSURANCE COMPANY on behalf of
Springfield 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#
08/07/18 72067

EAMS#(s):
ADJ9679091
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/BOMATIC, INC.
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
07/03/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
08/02/18	PMT BY CHECK	DOS 7/3/18* # 02406182 AMTRUST	-250.00

BALANCE 0.00

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

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02406182
2519779-1
SWC1050679

DATE	AMOUNT
8/2/2018	$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

⑈02406182⑈ ⑆021309379⑆ 790262463⑈

Check Number	02406182
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

Amount:	$250.00
Dates of Service:	7/3/2018-7/3/2018
Explanation:	Invoice Number 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#
12/18/18 72930

EAMS#(s):

SS # : XXX-XX-
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: [redacted] 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	
01/26/18	PMT BY CHECK	DOS 11/29/17* # 02105850	0.00
			-250.00
02/26/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	
03/20/18	PMT BY CHECK	DOS 11/29/17-2/26/18*	0.00
		# 02186153	-156.50
10/01/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	
11/02/18	LEGAL_C&R	C&R READING @ L/O DENNIS	0.00
		FUSI*	250.00
/ /	INTERPRETER:	BOSCO BOKSH # 301275	
12/13/18	PMT BY CHECK	DOS 10/1/18* # 02622230	0.00
			-406.50

BALANCE 0.00

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

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02622230
2246864-1
SWC1085960

DATE	AMOUNT
12/13/2018	$406.50

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 180 DAYS

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

⑈02622230⑈ ⑆021309379⑆ 790262463⑈

Check Number	02622230
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:	2706 E Broadway St. Long Beach CA 90803 -
Examiner Code:	25101

DEC 1 6 2018

Amount:	$406.50
Dates of Service:	10/1/2018-10/1/2018
Explanation:	INV 72930
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#
08/28/18 73235

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2494448-1

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

Case: vs SUPER A FOODS
Date Of Injury: 1/5/17

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
03/08/18	PR2/REEVAL	DR COX @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 73235	0.00
05/10/18	PR2/REEVAL	DR EMMETT COX @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/05/18	PR2/REEVAL	DR COX @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/26/18	P AND S	DR COX @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/21/18	PMT BY CHECK	DOS 1/18/18-7/26/18* # 00060225	-950.00

BALANCE 0.00

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VOID VOID VOID

SPRINGFIELD INSURANCE COMPANY
c/o AMTRUST NORTH AMERICA
PO BOX 3029
COVINA, CA 91722

Bank of America
Los Angeles, CA

CHECK NO.
00060225
2494448-1
WCG00157621

DATE	AMOUNT
8/21/2018	$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

⑈00060225⑈ ⑆122101706⑆ 4570045524 24⑈

Check Number	00060225
Claim Number:	2494448-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WCG00157621/SUPER A FOODS INC.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	1/5/2017
Location:	6380 E Florence Ave Bell Gardens CA 90201 -
Examiner Code:	kulrich

AUG 28 2018

Amount:	$950.00
Dates of Service:	1/18/2018-7/26/2018
Explanation:	INV 73235
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

SPRINGFIELD INSURANCE COMPANY on behalf of
Springfield Insurance Company
AmTrust North America
P. O. Box 89404
Cleveland, OH 44101
626-915-1951

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

*** INVOICE ***

Date	NO#
11/20/18	73304

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2775785

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

Case: vs WISE LIVING
Date Of Injury: 8/24/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/31/18	INITIAL EXAM	DR ARBI MIRZAIANS @ PHYSICAL REHAB SVCS*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	
02/13/18	PR2/REEVAL	DR MIRZAIANS @ PRS*	0.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	180.00
02/19/18	F.I.M.	FUNTUCTIONAL INDEPENDENCE MEASURE @ PRS W/DR	0.00
/ /	-	CHRISTINE ALBARAGAN* INITIAL	150.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/14/18	PR2/REEVAL	DR MIRZAIANS @ PHYSICAL REHAB SVCS*	0.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	180.00
04/17/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	0.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	180.00
05/22/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	0.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	180.00
06/26/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	0.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	180.00
07/24/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	0.00
/ /	INTERPRETER:	JESUS CASTILLO # 500538	180.00
08/15/18	PMT BY CHECK	DOS 1/31/18-7/24/18* # 02429101	0.00
08/29/18	PR2/REEVAL	DR MIRZAIANS @ PRS*	-1460.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	180.00
10/10/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	180.00
11/14/18	PMT BY CHECK	DOS 8/29/18-10/10/18* # 02578877	0.00
			-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#
11/20/18	73304

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2775785

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

Case: vs WISE LIVING
Date Of Injury: 8/24/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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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.
02578877
2775785-1
SWC1157029

DATE	AMOUNT
11/14/2018	$360.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 180 DAYS

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

⑈02578877⑈ ⑆021309379⑆ 79026246 3⑈

Check Number	02578877
Claim Number:	2775785-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1157029/Wise Living Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	8/24/2017
Location:	2001 W 60th St Los Angeles CA 90002 -
Examiner Code:	29064

PAID
NOV 20 2018

Amount:	$360.00
Dates of Service:	8/29/2018-10/10/2018
Explanation:	73304
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
626-915-1951

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

*** INVOICE ***

Date	NO#
08/13/18	73358

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2694121

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

Case: ' vs PACIFIC SPICE CO.
Date Of Injury: 4/19/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/06/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/06/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/03/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	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 @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/08/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/12/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/29/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/13/18	PR2/REEVAL	DR FELDMAN @ HAND @ ORTHO*	180.00
/ /	INTERPRETER:	JOSE CALDERON # 101193	0.00
08/09/18	PMT BY CHECK	DOS 2/6/18-7/13/18* # 02418606	-1620.00

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

*** INVOICE ***

Date	NO#
08/13/18	73358

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2694121

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

Case: vs PACIFIC SPICE CO.
Date Of Injury: 4/19/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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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.
02418606
2694121-1
SWC1140892

DATE	AMOUNT
8/9/2018	$1,620.00

One Thousand Six Hundred Twenty 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

⑈02418606⑈ ⑆021309379⑆ 79026263⑈

Check Number	02418606
Claim Number:	2694121-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1140892/PACIFIC SPICE COMPANY INC (A Corp)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	4/19/2017
Location:	6430 E Slauson Ave Commerce CA 90040 -
Examiner Code:	28977

AUG 13 2018

Amount:	$1,620.00
Dates of Service:	2/6/2018-7/13/2018
Explanation:	INV 73358
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
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#
10/03/18 73584

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2861015

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

Case: vs YANGSTARS CORP
Date Of Injury: 11/22/14 - 2/19/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/18	INITL CHIRO	TREATMENT W/DR MAYYA KRAVCHENKO @ GOFNUNG	90.00
/ /	-	CHIRO*	0.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	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
03/26/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
04/04/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/09/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
04/11/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	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 KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/02/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	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
05/14/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/24/18	MED-LEGAL	EVAL W/DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/29/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENNKO*	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#
10/03/18 73584

EAMS#(s):

SS # : XXX-XX-
DOB
Terms: 60 days
Claim #(s):
2861015

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

Case: vs YANGSTARS CORP
Date Of Injury: 11/22/14 - 2/19/18

DOS	SERVICE	DESCRIPTION	AMOUNT
09/05/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/10/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/12/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/27/18	PMT BY CHECK	DOS 3/12/18-8/24/18* # 00173354	-1350.00

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/ 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

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
00173354
2860692-1
QWC1048045

DATE	AMOUNT
9/27/2018	$1,350.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

MK

VOID AFTER 90 DAYS

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

⑈00173354⑈ ⑆021000021⑆ 226733883⑈

Check Number	00173354
Claim Number:	2860692-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	QWC1048045/YANGSTARS CORPORATION A CORP
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	2/20/2018
Location:	3112 S. Budlong Avenue Los Angeles CA 90007 -
Examiner Code:	26711

Amount:	$1,350.00
Dates of Service:	3/12/2018-8/24/2018
Explanation:	INV 73584
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

SEQUOIA INSURANCE COMPANY on behalf of Sequoia 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#
02/26/19 73598

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2346186-1

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

Case: vs LOPIA INC DBA TRATTORIA 25
Date Of Injury: 9/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
			230.00
03/15/18	INITIAL EXAM	DR ALLEN MASSIHI @ GOFNUNG CHIRO*	0.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	180.00
04/12/18	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	0.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	180.0
05/17/18	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	0.0
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	180.0
06/14/18	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	0.0
/ /	INTERPRETER:	GLADYS REYNA # 301721	180.0
07/12/18	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	0.0
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	180.0
08/16/18	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	0.0
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	-1130.0
09/10/18	PMT BY CHECK	DOS 3/15/18-8/16/18* # 03583346	180.0
09/20/18	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	0.0
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	-180.
10/22/18	PMT BY CHECK	DOS 3/15/18-9/20/18* # 03641497	180.
11/13/18	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	0.
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	-180.
01/02/19	PMT BY CHECK	DOS 11/13/18* # 03758966	230.
01/19/19	P AND S	DR MASSIHI @ GOFNUNG CHIRO*	0.
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	-230.
02/20/19	PMT BY CHECK	DOS 9/1/16* # 03828201	

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

*** INVOICE ***

Date	NO#
02/26/19	73598

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2346186-1

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

Case: vs LOPIA INC DBA TRATTORIA 25
Date Of Injury: 9/1/16

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 **

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03583346
2346186-1
TWC3535797

DATE	AMOUNT
9/10/2018	$1,130.00

One Thousand One Hundred 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

⑈03583346⑈ ⑆021309379⑆ 601877533⑈

Check Number	03583346
Claim Number:	2346186-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3535797/Lopia Inc. A Corp.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	9/1/2016
Location:	2501 S. Santa Fe Ave., Vernon CA 90058 -
Examiner Code:	26701

Amount:	$1,130.00
Dates of Service:	3/15/2018-8/16/2018
Explanation:	73598
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

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

SEP 18 2018

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03641497
2346186-1
TWC3535797

DATE	AMOUNT
10/22/2018	$180.00

One Hundred Eighty 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

⑈03641497⑈ ⑆021309379⑆ 60187753⑈

Check Number	03641497
Claim Number:	2346186-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3535797/Lopia Inc. A Corp.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	9/1/2016
Location:	2501 S. Santa Fe Ave., Vernon CA 90058 -
Examiner Code:	26701

PAID
OCT 29 2018
BY

Amount:	$180.00
Dates of Service:	3/15/2018-9/20/2018
Explanation:	73598
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

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

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

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03758966
2346186-1
TWC3535797

DATE	AMOUNT
1/2/2019	$180.00

One Hundred Eighty and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 180 DAYS

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

⑈03758966⑈ ⑆021309379⑆ 601877533⑈

Check Number	03758966
Claim Number:	2346186-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3535797/Lopia Inc. A Corp.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	9/1/2016
Location:	2501 S. Santa Fe Ave., Vernon CA 90058 -
Examiner Code:	26701

JAN 14 2019

73598

Amount:	$180.00
Dates of Service:	11/13/2018-11/13/2018
Explanation:	Invoice Number 73598 Date of Service 11 13 2018
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
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
626-915-1951

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03828201
2346186-1
TWC3535797

DATE	AMOUNT
2/20/2019	$230.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 180 DAYS

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

⑈03828201⑈ ⑆021309379⑆ 6018775333⑈

PAID
FEB 26 2019
BY .....

Check Number	03828201
Claim Number:	2346186-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3535797/Lopia Inc. A Corp.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	9/1/2016
Location:	2501 S. Santa Fe Ave., Vernon CA 90058 -
Examiner Code:	26701

73598

Amount:	$230.00
Dates of Service:	9/1/2016-9/1/2016
Explanation:	INV 230.00
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
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
626-915-1951

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

*** INVOICE ***
Date NO#
08/20/18 73849

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2946068-1

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

Case: vs AGE NAME PLATE
Date Of Injury: 4/3/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/17/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	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 @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/26/18	P AND S	DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/25/18	PMT BY CHECK	DOS 4/17/18-6/26/18* # 03513429	-770.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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42

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03513429
2946068-1
TWC3691591

DATE	AMOUNT
7/25/2018	$770.00

Seven Hundred Seventy 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

⑈03513429⑈ ⑆021309379⑆ 601877533⑈

Check Number	03513429
Claim Number:	2946068-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3691591/A G E Incorporated (A Corp)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	4/3/2018
Location:	14423 Marquardt Ave Santa Fe Springs CA 90670 -
Examiner Code:	24818

73849

Amount:	$770.00
Dates of Service:	4/17/2018-6/26/2018
Explanation:	Interpreting Bill payment
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#
10/30/18 74001

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
292181-1; 2863016-1

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

Case: [redacted] vs ALLIED FEATHER DOWN CORP.
Date Of Injury: 2/27/18; 1/14-2/18

DOS	SERVICE	DESCRIPTION	AMOUNT
05/14/18	INITIAL EXAM	DR BARRY MARKS @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/11/18	INITIAL ACUP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/06/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/29/18	FOLLOW-UP	W/ ACUPUNCT KIM @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/17/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/26/18	PMT BY CHECK	DOS 5/14/18-9/17/18* # 02534211	-1000.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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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.
02534211
2863016-1
SWC1170155

DATE	AMOUNT
10/26/2018	$1,000.00

One Thousand 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

⑈02534211⑈ ⑆021309379⑆ 79026246 3⑈

PAID
OCT 30 2018

Check Number	02534211
Claim Number:	2863016-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1170155/Allied Feather Down A Corp
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	2/28/2018
Location:	6510 Bandini Blvd. Commerce CA 90040 -
Examiner Code:	kulrich

Amount:	$1,000.00
Dates of Service:	5/14/2018-9/17/2018
Explanation:	74001
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
626-915-1951

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

*** INVOICE ***
Date NO#
04/10/19 74119

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2812940

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

Case: vs MGH GOURMENT INC
Date Of Injury: 11/24/17

DOS	SERVICE	DESCRIPTION	AMOUNT
06/11/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
07/13/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
07/18/18	PMT BY CHECK	DOS 6/11/18* # 03504271	-156.50
08/08/18	PMT BY CHECK	DOS 6/11/18-7/18/18* # 03534981	-250.00
01/03/19	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/01/19	PMT BY CHECK	DOS 1/3/19* # 03842754	-156.5
03/21/19	LEGAL_WCAB	FULL DAY TRIAL @ WCAB LBO	313.0
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.0
04/05/19	PMT BY CHECK	DOS 3/21/19* # 03898561	-313.0

BALANCE

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clear
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. Dema
is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC
Applic of Adjud, 4600 Election letter, Depo Transcript, Complete Medical Inc
and any documentary evidence to be utilized in an attempt to defeat this lie
or Petition. ** THIS SERVES AS DEMAND FOR PAYMENT **

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03534981
2812940-1
TWC3594140

DATE	AMOUNT
8/8/2018	$250.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

MR

VOID AFTER 90 DAYS

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

⑈03534981⑈ ⑆021309379⑆ 601877533⑈

Check Number	03534981
Claim Number:	2812940-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3594140/Gourmet Foods, Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	11/24/2017
Location:	2910 E Harcourt Street Rancho Dominguez CA 90221 -
Examiner Code:	22390

AUG 13 2018

Amount:	$250.00
Dates of Service:	6/11/2018-7/18/2018
Explanation:	Inv 74119 ✓
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

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03898561
2812940-1
TWC3594140

DATE	AMOUNT
4/5/2019	$313.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 180 DAYS

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

⑈03898561⑈ ⑆021309379⑆ 601877533⑈

APR 10 2019

Check Number	03898561
Claim Number:	2812940-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3594140/Gourmet Foods Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	11/24/2017
Location:	2910 E Harcourt Street Rancho Dominguez CA 90221 -
Examiner Code:	22390

Amount:	$313.00
Dates of Service:	3/21/2019-3/21/2019
Explanation:	Invoice 74119
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

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

*** INVOICE ***
Date NO#
10/24/18 74132

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2297267-1

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

Case: vs DSS STAFFING/PERSONNEL STAFF
Date Of Injury: 7/25/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/07/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/30/18	PMT BY CHECK	DOS 6/7/18* # 02068873	-156.50
09/13/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/11/18	PMT BY CHECK	DOS 9/13/18* # 02178309	-156.50
10/10/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	WALTER VASQUEZ # 100770	0.00
11/08/18	PMT BY CHECK	DOS 10/10/18* # 02228479 AMTRUST	-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 **

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.
02228479
2297267-1
WWC3216474

DATE	AMOUNT
11/8/2018	$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

⑈02228479⑈ ⑆021309379⑆ 601894744⑈

Check Number	02228479
Claim Number:	2297267-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WWC3216474/Personnel Staffing Group LLC
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	7/25/2016
Location:	300 S. Turnbull Canyon Rd Industry CA 91745 -
Examiner Code:	22415

PAID
NOV 13 2018

Amount:	$250.00
Dates of Service:	10/10/2018-10/10/2018
Explanation:	INV 74132 ✓74894
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#
09/10/18 74218

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2937476-1

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

Case: vs WHOLESALE SHUTTER CO
Date Of Injury: 6/1/17 - 6/1/18

DOS	SERVICE	DESCRIPTION	AMOUNT
06/22/18	INITL CHIRO	& PHYS THERAPY W/DR CHRISTINE HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/27/18	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/25/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/27/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/03/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/08/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/07/18	PMT BY CHECK	DOS 6/22/18-8/8/18* # 02463557	-1040.00

BALANCE 0.00

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

VOID VOID VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02463557
2937476-1
SWC1172742

DATE	AMOUNT
9/7/2018	$1,040.00

One Thousand Forty and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

MR

VOID AFTER 90 DAYS

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

⑈02463557⑈ ⑆021309379⑆ 79026246 3⑈

¢

SEP 10 2018

Check Number	02463557
Claim Number:	2937476-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1172742/Wholesale Shutter Company A Corp
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	6/1/2018
Location:	411 OLIVE AVE BEAUMONT CA 92223 -
Examiner Code:	26711

Amount:	$1,040.00
Dates of Service:	6/22/2018-8/8/2018
Explanation:	74218
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

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

*** INVOICE ***
Date NO#
05/06/19 74393

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2959185

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

Case: vs DGK PLUMBING, INC.
Date Of Injury: 7/31/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/01/18	SURGERY	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF.	180.00
/ /	-	& DOWNEY SURGERY CTR* (LEFT FINGER)	0.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/07/18	POST-OP	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/15/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
09/12/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/10/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
10/26/18	LEGAL_PREP	DEPO PREP @ L/O HANNA, BROPHY & MCLEAN	156.50
/ /	INTERPRETER:	BOSCO BOKSH # 301275	0.00
11/07/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
11/13/18	PMT BY CHECK	DOS 8/1/18-10/10/18* # 02234528	-900.00
11/19/18	PMT BY CHECK	DOS 10/26/18* # 02242601	-156.50
12/05/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/04/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	DANIEL TRIGUEROS # 36815481	0.00
12/31/18	PMT BY CHECK	DOS 8/1/18-12/5/18* # 02304502	-360.00
01/16/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/23/19	PMT BY CHECK	DOS 12/4/18* # 02336341	-250.00
02/13/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	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#
05/06/19 74393

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2959185

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

Case: vs DGK PLUMBING, INC.
Date Of Injury: 7/31/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/18/19	PMT BY CHECK	DOS 1/16/19* # 02373691	-180.00
03/07/19	PMT BY CHECK	DOS 2/13/19* # 02404630	-180.00
03/13/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/28/19	PMT BY CHECK	DOS 3/13/19* # 02441873	-180.00
04/10/19	P AND S	DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/01/19	PMT BY CHECK	DOS 8/1/18-4/10/19* # 02493101	-230.00

BALANCE 0.00

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02373691
2959185-1
WWC3310722

DATE	AMOUNT
2/18/2019	$180.00

One Hundred Eighty and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 180 DAYS

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

⑈02373691⑈ ⑆021309379⑆ 601894744⑈

Check Number	02373691
Claim Number:	2959185-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WWC3310722/DGK PLUMBING INC.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	7/31/2018
Location:	105 S Fairfax Ave Los Angeles CA 90036 -
Examiner Code:	30304

FEB 26 2019

BY. .....

Amount:	$180.00
Dates of Service:	1/16/2019-1/16/2019
Explanation:	INV 74393
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

WESCO INSURANCE CO (Claims Funding) 1148 on behalf of Wesco Insurance Company
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
858-385-4040

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02404630
2959185-1
WWC3310722

DATE	AMOUNT
3/7/2019	$180.00

One Hundred Eighty and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 180 DAYS

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

⑈02404630⑈ ⑆021309379⑆ 601894744⑈

Check Number	02404630
Claim Number:	2959185-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WWC3310722/DGK PLUMBING INC.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	7/31/2018
Location:	105 S Fairfax Ave Los Angeles CA 90036 -
Examiner Code:	30304

PAID
MAR 11 2019
BY: .....

Amount:	$180.00
Dates of Service:	2/13/2019-2/13/2019
Explanation:	D s 2 13 2019 74393
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

WESCO INSURANCE CO (Claims Funding) 1148 on behalf of Wesco Insurance Company
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
858-385-4040

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02441873
2959185-1
WWC3310722

DATE	AMOUNT
3/28/2019	$180.00

One Hundred Eighty and 0/100s Dollars**********

M

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 180 DAYS

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

⑈02441873⑈ ⑆021309379⑆ 601894744⑈

Check Number	02441873
Claim Number:	2959185-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WWC3310722/DGK PLUMBING INC.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	7/31/2018
Location:	105 S Fairfax Ave Los Angeles CA 90036 -
Examiner Code:	30304

PAID
APR 09 2019
BY. .....

Amount:	$180.00
Dates of Service:	3/13/2019-3/13/2019
Explanation:	Invoice 74393
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

WESCO INSURANCE CO (Claims Funding) 1148 on behalf of Wesco Insurance Company
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
858-385-4040

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02493101
2959185-1
WWC3310722

DATE	AMOUNT
5/1/2019	$230.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

M

VOID AFTER 180 DAYS

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

⑈02493101⑈ ⑆021309379⑆ 601894744⑈

Check Number	02493101
Claim Number:	2959185-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WWC3310722/DGK PLUMBING INC.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	7/31/2018
Location:	105 S Fairfax Ave Los Angeles CA 90036 -
Examiner Code:	30304

PAID
MAY 06 2019
BY: .....

Amount:	$230.00
Dates of Service:	8/1/2018-4/10/2019
Explanation:	Invoice 74393
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

WESCO INSURANCE CO (Claims Funding) 1148 on behalf of Wesco 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#
11/01/18 74506

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2529712-1

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

Case: vs SUMMIT PLASTERING INC
Date Of Injury: 9/6/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/15/18	LEGAL_C&R	C&R READING @ L/O MICHELLE GAVRIEL	250.00
/ /	INTERPRETER:	MARTHA P. HAYES # 100761	0.00
10/29/18	PMT BY CHECK	DOS 8/15/18* # 025306032	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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42

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02536032
2529712-1
SWC1111714

DATE	AMOUNT
10/29/2018	$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

⑈02536032⑈ ⑆021309379⑆ 790262463⑈

Check Number	02536032
Claim Number:	2529712-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1111714/Vincent Enterprises Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	9/6/2016
Location:	2850 Kelvin Ave Irvine CA 92614 -
Examiner Code:	26430

PAID
NOV 01 2018

Amount:	$250.00
Dates of Service:	8/15/2018-8/15/2018
Explanation:	INV 74506 ✓
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#
10/30/18	74509

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2841387

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

Case: _ vs WIRE GUARD SYSTEM INC
Date Of Injury: 1/18/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/13/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	LETICIA G. URIOSTEGUI #301652	0.00
09/12/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA J. RAMIREZ # 301566	0.00
10/26/18	PMT BY CHECK	DOS 8/13/18-9/12/18* # 02534210	-406.50

BALANCE 0.00

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

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02534210
2841387-1
SWC1159929

DATE	AMOUNT
10/26/2018	$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

⑈02534210⑈ ⑆021309379⑆ 79026246 3⑈

Check Number	02534210
Claim Number:	2841387-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1159929/Wire Guard Systems Inc A Corp
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	1/18/2018
Location:	2074 Laura Ave Huntington Park CA 90255 -
Examiner Code:	26677

PAID
OCT 30 2018

Amount:	$406.50
Dates of Service:	8/13/2018-9/12/2018
Explanation:	74509
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
626-915-1951

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

*** INVOICE ***
Date NO#
11/01/18 74592

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1923651-1

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

Case: vs VENTURA CONSTRUCTION
Date Of Injury: 5/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/31/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/29/18	PMT BY CHECK	DOS 8/31/18* # 02203093	-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 **

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.
02203093
1923651-1
WWC3088432

DATE	AMOUNT
10/29/2018	$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

⑈02203093⑈ ⑆021309379⑆ 6018947446⑈

Check Number	02203093
Claim Number:	1923651-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WWC3088432/Ventura Jose An Individual
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	5/1/2015
Location:	18746 Erwin St. Tarzana CA 91335 -
Examiner Code:	22340

PAID

Amount:	$250.00
Dates of Service:	8/31/2018-8/31/2018
Explanation:	INV 74592
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#
03/19/19 74761

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2976261-1

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

Case: vs AVRA BEVERLY HILLS
Date Of Injury: 9/4/18

DOS	SERVICE	DESCRIPTION	AMOUNT
10/05/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
10/12/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/15/19	PMT BY CHECK	DOS 10/5/18-10/12/18* # 00184105	-360.00

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 **

HR

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
00184105
2976261-1
QWC1050527

DATE	AMOUNT
3/15/2019	$360.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 180 DAYS

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

⑈00184105⑈ ⑆021000021⑆ 226733883⑈

PAID
MAR 19 2019
BY

Check Number	00184105
Claim Number:	2976261-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	QWC1050527/BHA Hospitality LLC
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	9/4/2018
Location:	233 North Beverly Drive Beverly Hills CA 90210 -
Examiner Code:	jmiller2

Amount:	$360.00
Dates of Service:	10/5/2018-10/12/2018
Explanation:	INV 74761 ✓
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

SEQUOIA INSURANCE COMPANY on behalf of Sequoia 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#
07/08/19 74778

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2868143

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

Case: vs AARON CORPORATION INC A CORP
Date Of Injury: 2/8/18

DOS	SERVICE	DESCRIPTION	AMOUNT
10/05/18	LEGAL_PREP	DEPO PREP @ L/O SHAW JACOBSMEYER	156.50
/ /	INTERPRETER:	CRISTINA DIAZ # 100404	0.00
11/28/18	PMT BY CHECK	DOS 10/5/18* # 02596813 AMTRUST	-156.50
04/03/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
07/02/19	PMT BY CHECK	DOS 4/3/19-4/3/19* # 02924996	-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 **

MR

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02924996
2868143-1
SWC1161662

DATE	AMOUNT
7/2/2019	$250.00

M

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 180 DAYS

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

⑈02924996⑈ ⑆021309379⑆ 790262463⑈

Check Number	02924996
Claim Number:	2868143-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1161662/Aaron Corporation Inc A Corp
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	2/8/2018
Location:	1820 E 41st St Los Angeles CA 90058 -
Examiner Code:	25050

Amount:	$250.00
Dates of Service:	4/3/2019-4/3/2019
Explanation:	ORDER FOR INTERPRETING SERVICES ADJ11195087
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

ANA UBI Claims
AmTrust North America
P. O. Box 89404

Cleveland, OH 44101
626-915-1951

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

*** INVOICE ***
Date NO#
08/02/19 75120

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
3019015

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

Case: vs NEXT DAY FRAME INC
Date Of Injury: 11/27/18

DOS	SERVICE	DESCRIPTION	AMOUNT
12/07/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
12/28/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/25/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/08/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/20/19	PMT BY CHECK	DOS 12/7/18-1/25/19* # 02772715	-540.00
03/28/19	PMT BY CHECK	DOS 3/8/19* # 02788238	-180.00
04/10/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/28/19	PMT BY CHECK	DOS 12/2/18-3/8/19* # 02788238	-180.00
05/08/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/28/19	PMT BY CHECK	DOS 12/7/18-3/8/19* # 02788238	-180.00
06/05/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/03/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/28/19	PMT BY CHECK	DOS 6/5/19* # 02788238	-180.00
07/29/19	PMT BY CHECK	DOS 4/10/19* # 02963929	-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#
08/02/19	75120

EAMS#(s):

SS # : XXX-XX-
DOB : --/--/--
Terms: 60 days
Claim #(s):
3019015

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

Case: vs NEXT DAY FRAME INC
Date Of Injury: 11/27/18

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 **

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02963929
3019015-1
SWC1193319

DATE	AMOUNT
7/29/2019	$180.00

One Hundred Eighty and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 180 DAYS

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

⑈02963929⑈ ⑆021309379⑆ 790262463⑈

PAID
AUG 02 2019

Check Number	02963929
Claim Number:	3019015-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1193319/WL Acquisition LLC LCF Next Day Frame Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	11/27/2018
Location:	11560 Wright Rd Lynwood CA 90262 -
Examiner Code:	26995

Amount:	$180.00
Dates of Service:	4/10/2019-4/10/2019
Explanation:	INV 75120 ✓
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

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

*** INVOICE ***
Date NO#
04/19/19 75475

EAMS#(s):

SS # : XXX-XX-N/A
DOB : --,--,--
Terms: 60 days
Claim #(s):
300941; 3003942

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

Case: vs BEST WESTERN HOLLYWOOD PLAZA
Date Of Injury: 8/28/18; 9/13/18

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/19	LEGAL_REVIEW	DEPO REVIEW @ L/O ANTONY GLUCK	250.00
/ /	INTERPRETER:	JUAN L. PEREZ # 100777	0.00
04/10/19	PMT BY CHECK	DOS 2/23/19* # 02806900	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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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#
05/14/19 75715

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
3033813-1

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

Case: vs FOOD TECHNOLOGY AND DESIGN
Date Of Injury: 12/29/17

DOS	SERVICE	DESCRIPTION	AMOUNT
04/04/19	INITIAL EXAM	DR HANNA LEZINE @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	LISBETH CALDERON # 101080	0.00
05/08/19	PMT BY CHECK	DOS 4/4/19* # 02847957	-230.00

BALANCE 0.00

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

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02847957
3033813-1
SWC1136235

DATE	AMOUNT
5/8/2019	$230.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 180 DAYS

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

⑈02847957⑈ ⑆021309379⑆ 790262463⑈

PAID
MAY 14 2019

Check Number	02847957
Claim Number:	3033813-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1136235/Food Technology Design LLC
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	12/29/2017
Location:	10012 S. Painter Ave. Santa Fe CA 90670 -
Examiner Code:	rlawsonhaley

Amount:	$230.00
Dates of Service:	4/4/2019-4/4/2019
Explanation:	INV 75715
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#
11/02/18 74625

EAMS#(s):

SS # : XXX-XX-__
DOB :
Terms: 60 days
Claim #(s):
69184; 141358

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: 8/1/13;8/13-11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
09/12/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA J. RAMIREZ # 301566	0.00
10/30/18	PMT BY CHECK	DOS 9/12/18* # 0001212190	-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

Expense Payment

Check Date:	10/30/18
Service Begining:	09/12/18
Service Ending:	09/12/18

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	N/A	10/13/17	136231

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
74625	09/12/18-09/12/18	250.00	N/A	N/A	250.00

Messages

PAID
NOV 02 2018

Total	250.00

REMOVE DOCUMENT ALONG THIS PERFORATION

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

0001212190

Date: 10/30/18

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

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

VOID AFTER 60 DAYS

Amy Robb

⑆000121219⑆ ⑆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#
11/26/18 73788

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
17005508

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

Case: vs FENDER
Date Of Injury: 3/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT
04/12/18	PR2/REEVAL	DR JOHN XIAO JIANG QIAN/JOE TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/07/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/13/18	INITIAL ACUP	W/ ACUPUNCT CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/15/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/20/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/25/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/02/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/05/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/18/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/01/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/02/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/15/18	FOLLOW-UP	W/ ACUPUNCT CHOI, INITL CHIRO & PHYS TX W/DR	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/22/18	FOLLOW-UP	W/ ACUPUNCT CHIO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/28/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/06/18	PR2/REEVAL	DR JOHN QIAN/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#
11/26/18 73788

EAMS#(s):

SS # : XXX-XX
DOB
Terms: 60 days
Claim #(s):
17005508

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

Case: vs FENDER
Date Of Injury: 3/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/19/18	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/26/18	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/04/18	FOLLOW-UP	W/DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/01/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/20/18	PMT BY CHECK	DOS 4/12/18-11/1/18* # 4720	-3380.00

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 **

WELLS FARGO BANK, N.A.

Fender Musical Instruments Corporation

11-24/121
1210(8)

CHECK NO: 4720

DATE: 11/20/2018

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

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT
*******$3,380.00

CLAIMANT:
CLAIM NO: 17005508
PAY *Three Thousand Three Hundred And Eighty And 00/100 US Dollars*

PAYABLE TO JOYCE ALTMAN INTERPRETING
P.O. Box 4165
Tustin CA 92781

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00004720⑈ ⑆121000248⑆ 4289383952⑈

Provider Bill Detail

Payer: Fender Musical Instruments Corporation
Provider Patient Account #: 73788

Check Number: 4720
Check Date: 11/20/2018

Claim Number: 17005508
Claimant Name: Al
SSN: XXX-X
Date of Birth:
State of Jurisdiction: California

Date Received: 11/13/2018
Date Reviewed: 11/19/2018
Date of Injury: 3/21/2017
Document Number: 73788 — 1
Employer: Fender Musical Instruments Corporation

Examiner: cacuna
Bill Type:
Pay Code: 10392
From: 4/12/2018
Through: 11/1/2018

ICD9 Codes:

Date	Code	Mod	Description	Qty	Billed	BR Red	PPO Red	Other	Allowed	Reason
4/12/2018	99199	00 00 00	UNLISTED SPECIAL SERV/REPORT	1.00	3,380.00	0.00	0.00	0.00	3380.00	G1
			Totals:		3380.00	0.00	0.00	0.00	3380.00	

Reduction Reason Codes:

Code:	Description:
G1	

Notices:

For reconsideration of denied or reduced payment, please respond in writing to the contact information below and include 1) What specifically you wish to reconsider, 2) a copy of this Review Analysis, and 3) supporting documentation. Should you have further questions, you may contact:

Athens
PO Box 4029, Concord, CA 94524
Phone:
Fax:
Email:

PAID
NOV 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#
07/12/19 76002

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
19000452

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

Case: vs ORORA PACKAGING SOLUTIONS
Date Of Injury: 8/29/18

DOS	SERVICE	DESCRIPTION	AMOUNT
05/15/19	PR2/REEVAL	DR ROY CAPUTO @ HAND & ORTHO OF S CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/25/19	PMT BY CHECK	DOS 5/15/19* =# 7195	-90.00
07/08/19	PMT BY CHECK	DOS 5/15/19* # 7238	-90.00

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 **

HR

Orora North America

WELLS FARGO BANK, N.A.
11-24/121
1210(8)

CHECK NO: 7195

DATE: 6/25/2019

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

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT

**********$90.00

CLAIMANT:
CLAIM NO: 19000452
PAY *Ninety And 00/100 US Dollars*

PAYABLE TO Joyce Altman Interpreters, Inc.
Po Box 4165
Tustin CA 92781-4165

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTIN

⑈00007195⑈ ⑆121000248⑆ 4819935966⑈

Provider Bill Detail

Payer: Orora Packaging Solutions
Provider Patient Account #: 4073_3493

Check Number: 7195
Check Date: 6/25/2019

Claim Number: 19000452
Claimant Name:
SSN: XXX-X
Date of Birth:
State of Jurisdiction: California

Date Received: 6/18/2019
Date Reviewed: 6/24/2019
Date of Injury: 8/29/2018
Document Number: SC4073_3493
Employer: Orora Packaging Solutions

Examiner: jvillasenor
Bill Type:
Pay Code: 10392
From: 5/15/2019
Through: 5/15/2019

ICD9 Codes: T14.90

Date	Code	Mod	Description	Qty	Billed	BR Red	PPO Red	Other	Allowed	Reason
5/15/2019	99919		INTERPRETER SERVICE	1.00	180.00	90.00	0.00	0.00	90.00	G1 601 P12
			Totals:		180.00	90.00	0.00	0.00	90.00	

Reduction Reason Codes:

76002

Code:	Description:
601	CHARGES EXCEED MAXIMUM ALLOWANCE FOR INTERPRETER SERVICES
G1	THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
P12	WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.

Notices:

For reconsideration of denied or reduced payment, please respond in writing to the contact information below and include 1) What specifically you wish to reconsider, 2) a copy of this Review Analysis, and 3) supporting documentation. Should you have further questions, you may contact:

Athens Administrators
PO Box 696, Concord, CA 94522
Phone:
Fax: 925-609-5306
Email:

PAID
JUN 28 2019
BY:

Orora North America

WELLS FARGO BANK, N.A.

11-24/121
1210(8)

CHECK NO: 7238

DATE: 7/8/2019

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

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT

**********$90.00

CLAIMANT:
CLAIM NO: 19000452
PAY *Ninety And 00/100 US Dollars*

PAYABLE TO Joyce Altman Interpreters, Inc.
Po Box 4165
Tustin CA 92781-4165

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTIN

⑈00007238⑈ ⑆121000248⑆ 4819935966⑈

Provider Bill Detail

Payer: Orora Packaging Solutions
Provider Patient Account #: 76002

Check Number: 7238
Check Date: 7/8/2019

Claim Number: 19000452
Claimant Name:
SSN: XXX-XX-
Date of Birth:
State of Jurisdiction: California

Date Received: 7/1/2019
Date Reviewed: 7/7/2019
Date of Injury: 8/29/2018
Document Number: 76002
Employer: Orora Packaging Solutions

Examiner: jvillasenor
Bill Type:
Pay Code: 10392
From: 5/15/2019
Through: 5/15/2019

ICD9 Codes:

Date	Code	Mod	Description	Qty	Billed	BR Red	PPO Red	Other	Allowed	Reason
5/15/2019	99199	00 00 00	UNLISTED SPECIAL SERV/REPORT	1.00	90.00	0.00	0.00	0.00	90.00	G1
			Totals:		90.00	0.00	0.00	0.00	90.00	

Reduction Reason Codes:

Code:	Description:
G1	

RECEIVED
JUL 12 2019

Notices:
For reconsideration of denied or reduced payment, please respond in writing to the contact information below and include 1) What specifically you wish to reconsider, 2) a copy of this Review Analysis, and 3) supporting documentation. Should you have further questions, you may contact:

Athens
PO Box 4029, Concord, CA 94524
Phone:
Fax:
Email:

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

*** INVOICE ***
Date NO#
11/09/18 74422

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
6717554

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

Case: vs AMERICAN COVER DESIGN 26 INC
Date Of Injury: 2/20/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/10/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/28/18	PMT BY CHECK	DOS 8/10/18* # 0000149517	-156.50
10/10/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
11/07/18	PMT BY CHECK	DOS 10/10/18* # 0000153619	-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 **

MR

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
0000153619
Issue Date: 11/07/2018
VOID After 60 Days

Job No: 571699

For Expense from 10/10/2018 to 10/10/2018 / 74422
Claim: 6717554 / ; Language Interpreter - paid under Expense

Pay *Two Hundred Fifty and 00/100 Dollars* $ *******250.00

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

VOID
VOID

COPY

David L. Oakley
Authorized Signature

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈0000153619⑈ ⑆091000019⑆ 3987025529⑈

Claim: 6717554 / ; Accident date: 02/20/2018, Jurisdiction State: California.
Insured: American Cover Design 26, Inc., Policy: MST5000159.

The payment is for Language Interpreter - paid under Expense from 10/10/2018 to 10/10/2018.
Check: 0000153619, issued: 11/07/2018, for: $250.00, for: Expense, Invoice: 74422

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

Please contact Jill-Marie Barbosa, telephone: (800) 362-5198 Ext: 958 in CA \ Ontario Ontario CA, if you have questions regarding this payment.

PAID
NOV 09 2018

Send to Adjuster

0000521313

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

*** INVOICE ***
Date NO#
03/26/19 74580

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
6773302

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

Case: vs SC PROPERTY SERVICES, INC.
Date Of Injury: 8/24/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/31/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/21/19	PMT BY CHECK	DOS 8/31/18* # 0000169175	-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 **

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
0000169175
Issue Date: 03/21/2019
VOID After 60 Days

Form 614-BG

For Medical from 08/31/2018 to 08/31/2018. 74580
Claim: 6773302 / Language Interpreter - paid under Medical

Pay *One Hundred Eighty and 00/100 Dollars* $ *******180.00

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

David L. Oakley
Authorized Signature

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈0000169175⑈ ⑆091000019⑆ 3987025529⑈

Claim: 6773302 / Accident date: 08/24/2018, Jurisdiction State: California.
Insured: SC Property Services Inc, Policy: CST5012675.

The payment is for Language Interpreter - paid under Medical from 08/31/2018 to 08/31/2018.
Check: 0000169175, issued: 03/21/2019, for: $180.00, for: Medical, Invoice: 74580

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

Please contact Katelyn Chadeayne, telephone: (800) 362-5198 in CA \ Ontario Ontario CA, if you have questions regarding this payment.

PAID
MAR 26 2019
BY. .....

Send to Adjuster

0000554200

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

*** INVOICE ***
Date NO#
07/08/19 75721

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BWC181818-00

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

Case: vs CRAFT SOLUTIONS
Date Of Injury: 4/5/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/12/19	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/19/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/10/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/16/19	PMT BY CHECK	DOS 4/12/19-4/19/19* # 0000018109	-360.00
06/07/19	P AND S	DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/01/19	PMT BY CHECK	DOS 5/10/19-6/7/19* # 0000018680	-410.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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UR

Benchmark Insurance Company of NV Direct
Claims Account - (800) 362-5198
7881 W Charleston Blvd., Suite 210
Las Vegas NV 89117

Wells Fargo
Minneapolis, MN
17-1/910

Check Number
0000018109
Issue Date: 05/16/201
VOID After 60 Days

Form 614-BG

For Medical from 04/12/2019 to 04/19/2019. 75721
Claim: 6853830 / [redacted]. Language Interpreter - paid under Medical

M12

Pay *Three Hundred Sixty and 00/100 Dollars*

$ *******360.00

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

David L. Ashton
Authorized Signature
SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈0000018109⑈ ⑆091000019⑆ 3987025537⑈

Claim: 6853830 / [redacted], Accident date: 04/05/2019, Jurisdiction State: California.
Insured: Craft Solutions, Inc., Policy: BWC18181800.

The payment is for Language Interpreter - paid under Medical from 04/12/2019 to 04/19/2019.
Check: 0000018109, issued: 05/16/2019, for: $360.00, for: Medical, Invoice: 75721

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

Please contact Nancy Lupian, telephone: (800) 362-5198 Ext: 942 in CA \ Ontario Ontario CA, if you have questions regarding this payment.

PAID
MAY 20 2019
BY: .....

Send to Adjuster

0000571358

Benchmark Insurance Company of NV Direct
Claims Account - (800) 362-5198
7881 W Charleston Blvd., Suite 210
Las Vegas NV 89117

Wells Fargo
Minneapolis, MN
17-1/910

Check Number
0000018680
Issue Date: 07/01/2019
VOID After 60 Days

For Medical from 05/10/2019 to 06/07/2019. 5/10/19 & 6/07/19
Claim: 6853830 / Language Interpreter - paid under Medical

Pay *Four Hundred Ten and 00/100 Dollars* $ *******410.00

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

David L. Ables
Authorized Signature
SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈0000018680⑈ ⑆091000019⑆ 3987025537⑈

Claim: 6853830 / ez, Accident date: 04/05/2019, Jurisdiction State: California.
Insured: Craft Solutions, Inc., Policy: BWC18181800.

The payment is for Language Interpreter - paid under Medical from 05/10/2019 to 06/07/2019.
Check: 0000018680, issued: 07/01/2019, for: $410.00, for: Medical, Invoice: 5/10/19 & 6/07/19

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

Please contact Nancy Lupian, telephone: (800) 362-5198 Ext: 942 in CA \ Ontario Ontario CA, if you have questions regarding this payment.

75721

FILED
JUL 08 2019
BY:

U.S. Mail

0000583943

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

*** INVOICE ***
Date NO#
05/09/19 74989

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BNETWC00000002678

BILL TO:
BERKLEYNET INS (26002 DAPHNE)
W. C. DEPARTMENT
ATTN: JULIET MARINE
P.O. BOX 26002
DAPHNE, AL 36526

Case: vs WESTERN MULTI FAMILY RENOVATIO
Date Of Injury: 6/3/17

DOS	SERVICE	DESCRIPTION	AMOUNT
11/12/18	INITL CHIRO	& PHYS THERAPY W/DR CHRISTINE HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/07/18	INITIAL ACUP	W/ ACUPUNCT MIN CHOI * SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/14/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/17/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/04/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/18/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/01/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/22/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/25/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/12/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/06/19	PMT BY CHECK	DOS 11/12/18-4/12/19= # 0700403333	-1670.00

4/12

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#
05/09/19	74989

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
BNETWC00000002678

BILL TO:
BERKLEYNET INS (26002 DAPHNE)
W. C. DEPARTMENT
ATTN: JULIET MARINE
P.O. BOX 26002
DAPHNE, AL 36526

Case: vs WESTERN MULTI FAMILY RENOVATIO
Date Of Injury: 6/3/17

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/ 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 **

BERKLEY NET UNDERWRITERS
Midwest Employers Casualty Company
9301 Innovation Drive
Suite 200
Manassas, VA 20110
877-497-2637

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

Check Date	Reference Number	Supplier Number	Pay Group	AP Unit	Print Group Code	Check Number
May 06 2019	0700403333	0000152873	CL	10032	1	0700403333

Policy Number	BNUWC0137194
Insured	WESTERN MULTI FAMILY RENOVATION INC
Date of Loss	06/30/2017
Reported Date of Loss	12/14/2018
Claims System ID	bnuCCV9:13975421
Claim Number	BNET WC 000000026798
Claimant Name	
Supplier Invoice Date	05/03/2019
Supplier Invoice Number	I74989
Service Dates	11/12/2018 04/12/2019
Adjuster Name	Payment for [AIS INVOICE_NUMBER:74989]
Agency Code	
Agency Name	
Pay Amount	$ 1,670.00
Memo / Description	Payment for [AIS INVOICE_NUMBER:74989]

[AIS MAY 09 2019]

Page 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 1,670.00 ***
Page 1 through 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 1,670.00 ***

WARNING!! DO NOT ACCEPT THIS CHECK UNLESS YOU CAN SEE A TRUE WATERMARK WHEN HOLDING THE CHECK TO THE LIGHT AND PINK LOCK AND KEY ICONS THAT FADE WHEN WARMED

Berkley Insurance Company
BERKLEY NET UNDERWRITERS
Midwest Employers Casualty Company
For Questions Please Call: 877-497-2637
Claim No: BNET WC 000000026798
In Payment Of:

WELLS FARGO BANK, N.A.
56-382/412

WRBC
0700403333

Date 05/06/2019 **Pay Amount** $ 1,670.00 ***

Pay ****** ONE THOUSAND SIX HUNDRED SEVENTY AND XX/100 DOLLAR ******

To The Order Of

JOYCE ALTMAN INTERPRETERS INC

THIS CHECK EXPIRES AND IS VOID 90 DAYS FROM ISSUE DATE

Authorized Signature

Authorized Signature

PAYEE NAME ON FILE AT THE BANK

⑈0700403333⑈ ⑆041203824⑆ 9600065356⑈

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

*** INVOICE ***
Date NO#
07/22/19 75763

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BNETWC24485

BILL TO:
BERKLEY SPECIALTY UNDERWRITING
W. C. DEPARTMENT
ATTN: JULIET MARY
P.O.BOX 141299
IRVING, TX 75014

Case: vs BROOKER ASSOCIATES INC
Date Of Injury: 6/15/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/22/19	INITL CHIRO	& PHYSICAL THERAPY W/DR CHRISTINE HA @	90.00
/ /	-	SIDHU CHIRO*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/01/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/03/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/31/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/05/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/10/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/12/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/17/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/24/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

MP

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

*** INVOICE ***
Date NO#
07/22/19 75763

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
BNETWC24485

BILL TO:
BERKLEY SPECIALTY UNDERWRITING
W. C. DEPARTMENT
ATTN: JULIET MARY
P.O.BOX 141299
IRVING, TX 75014

Case: vs BROOKER ASSOCIATES INC
Date Of Injury: 6/15/18

DOS	SERVICE	DESCRIPTION	AMOUNT
06/26/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/19/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/16/19	PMT BY CHECK	DOS 4/22/19-6/26/19* # 0700415178	-2070.00

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 **

M.

BERKLEY NET UNDERWRITERS
Midwest Employers Casualty Company
9301 Innovation Drive
Suite 200
Manassas, VA 20110
877-497-2637

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

9

PAID
JUL 22 2019
BY: .....

BEA10536620_4000000135

Check Date	Reference Number	Supplier Number	Pay Group	AP Unit	Print Group Code	Check Number
Jul 16 2019	0700415178	0000152873	CL	10032	1	0700415178

Policy Number	BNUWC0135873
Insured	Brooker Associates
Date of Loss	06/15/2018
Reported Date of Loss	06/21/2018
Claims System ID	bnuCCV9:19726589
Claim Number	BNET WC 000000024485
Claimant Name	
Supplier Invoice Date	07/15/2019
Supplier Invoice Number	I75763
Service Dates	04/22/2019 06/26/2019
Adjuster Name	
Agency Code	
Agency Name	
Pay Amount	$ 2,070.00
Memo / Description	

75763

Page 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 2,070.00 ***
Page 1 through 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 2,070.00 ***

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

*** INVOICE ***

Date	NO#
07/09/19	66489

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
22027876

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

Case: vs TARBUT V TORAH COMMUNITY
Date Of Injury: 5/11/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/20/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/28/15	PMT BY CHECK	DOS 7/20/15* # 0418104	-156.50
10/29/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
08/31/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/04/17	PENALTIES	FOR DATE OF SERVICE 10/29/15	37.50
01/25/18	INTEREST	FOR DATE OF SERVICE 10/29/15	61.83
12/04/17	PENALTIES	FOR DATE OF SERVICE 8/31/16	23.48
01/24/18	INTEREST	FOR DATE OF SERVICE 8/31/16	24.60
12/18/17	PMT BY CHECK	DOS 8/31/16* # 0512194	-156.50
12/13/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CAMREN GUZMAN # 100585	0.00
01/24/18	PMT BY CHECK	DOS 12/13/17* # 0516128	-156.50
01/25/18	PMT BY CHECK	DOS 12/13/17* # 0516286	-156.50
02/23/18	INTEREST	FOR DATE OF SERVICE 10/29/15	23.98
06/18/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/05/19	PMT BY CHECK	DOS 10/29/16-1/25/18* # 0583670	-264.89
07/02/19	PMT BY CHECK	DOS 6/18/19-6/18/19* # 0583257	-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#
07/09/19	66489

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
22027876

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

Case: _____ vs TARBUT V TORAH COMMUNITY
Date Of Injury: 5/11/15

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 07/02/2019
Check Number : 0583257
Check Amount : $250.00

JWFB2G

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

cns5a
00016

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22027876		05/11/2015	66489	Interpreter Fees -	06/18/2019	06/18/2019	$250.00

16-16
4014

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

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

11-24
1210(8)

JWFB2G

DATE	CHECK NO.
07/02/2019	0583257
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

⑈0583257⑈ ⑆121000248⑆ 4121400683⑈

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

*** INVOICE ***

Date	NO#
10/05/18	73229

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
33092630

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

Case: vs QUALITY FIRST WOODWORKS, INC.
Date Of Injury: 9/25/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/18/18	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
03/08/18	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
05/25/18	PMT BY CHECK	DOS 5/3/18* # 0880169	-180.00
07/12/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/26/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/09/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/29/18	PMT BY CHECK	DOS 8/9/18* =# 0914091	-180.00
08/30/18	P AND S	DR COX @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/01/18	PMT BY CHECK	DOS 8/30/18* # 0925776	-230.00
		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/ 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 **

MR

M.

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 08/29/2018
Check Number : 0914091
Check Amount : $900.00

70V72K



xch5a
00056

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
33092630		09/25/2017	2018-08-09	Interpreter Fees -	08/09/2018	08/09/2018	$180.00
33064833		02/04/2015	33064833	Lien Payment - Medi	09/17/2015	09/17/2015	$720.00

+3229
67569

SEP 04 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)

70V72K

DATE	CHECK NO
08/29/2018	0914091
VOID AFTER 90 DAYS	CHECK AMOUNT
	$900.00

TWO SIGNATURES REQUIRED IF MORE THAN $10,000.00

PAY NINE HUNDRED & XX / 100 DOLLARS*****

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

R McDaniel

⑈0914091⑈ ⑆121000248⑆ 412670509⑈

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 10/01/2018
Check Number : 0925776
Check Amount : $230.00

31882G

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

2pi5a
00063

PAID
OCT 03 2018
BY. .....

Payment Summary

Claim #	Claim	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33092630		09/25/2017	73229	Interpreter Fees -	08/30/2018	08/30/2018	$230.00

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)

31882G

DATE	CHECK NO.
10/01/2018	0925776
VOID AFTER 90 DAYS	CHECK AMOUNT
	$230.00

TWO SIGNATURES REQUIRED IF MORE THAN $10,000.00

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

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

R McDaniel

⑈0925776⑈ ⑆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#
10/16/18 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
07/10/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101143	0.00
07/24/18	PMT BY CHECK	DOS 7/10/18* # 2386049	-180.00
08/07/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/27/18	PMT BY CHECK	DOS 8/7/18* # 2396135	-180.00
09/07/18	P AND S	DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
10/11/18	PMT BY CHECK	DOS 9/7/18* # 2410306	-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#
10/16/18	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

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 07/24/2018
Check Number : 2386049
Check Amount : $180.00

EAC725

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

r4u5a
00104

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
44038528		04/02/2018	73736	Interpreter Fees -	07/10/2018	07/10/2018	$180.00

104-104
014

M

PBU728

Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 08/27/2018
Check Number : 2396135
Check Amount : $180.00



wz85a
00127

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

AUG 29 2018

73736

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
44038528		04/02/2018	2018-08-07	Interpreter Fees -	08/07/2018	08/07/2018	$180.00

127-127

014

M

Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 10/11/2018
Check Number : 2410306
Check Amount : $230.00

HNB82R

4fz5a
00188

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

PAID
OCT 16 2018
BY. .....

73736

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
44038528		04/02/2018	2018-09-07	Interpreter Fees -	09/07/2018	09/07/2018	$230.00

188-188
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#
11/26/18 74349

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
22036465

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

Case: vs McCULLAH FENCE COMPANY
Date Of Injury: 7/2/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/13/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO CTR OF SO CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/20/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO CTR OF SO CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/17/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/14/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/21/18	PMT BY CHECK	DOS 7/13/18-9/14/18* =# 0552672	-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/ 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 **

MR

Oak River Insurance Company

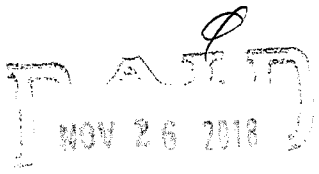
P.O. Box 881716
San Francisco, CA 94188

Check Date : 11/21/2018
Check Number : 0552672
Check Amount : $720.00

33W82E

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

b6k5a
00017



74349

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22036465		07/02/2018	2018-07-13	Interpreter Fees -	07/13/2018	07/13/2018	$180.00
22036465		07/02/2018	2018-07-20	Interpreter Fees -	07/20/2018	07/20/2018	$180.00
22036465		07/02/2018	2018-08-17	Interpreter Fees -	08/17/2018	08/17/2018	$180.00
22036465	C	07/02/2018	2018-09-14	Interpreter Fees -	09/14/2018	09/14/2018	$180.00

17-17
3814

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

*** INVOICE ***
Date NO#
10/16/18 74519

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
33092994

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

Case: vs OLD PUEBLO RANCH INC
Date Of Injury: 9/30/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/22/18	LEGAL_C&R	C&R READING @ L/O MICHELLE GAVRIEL	250.00
/ /	INTERPRETER:	MARTHA P. HAYES # 100761	0.00
10/11/18	PMT BY CHECK	DOS 8/22/18* # 0929329	-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 **

HR

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 10/11/2018
Check Number : 0929329
Check Amount : $250.00

4EB829

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

4fz5a
00090

PAID
OCT 16 2018
BY: .....

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33092994		09/30/2017	74519	Interpreter Fees -	08/22/2018	08/22/2018	$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#
10/31/18	74617

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
44023007

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

Case: vs M E MACHINING INC
Date Of Injury: 1/15/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/06/18	LEGAL_WCAB	FULL DAY MSC @ WCAB SANTA ANA	313.00
/ /	INTERPRETER:	MARIA I. SEARS # 100795	0.00
10/29/18	PMT BY CHECK	DOS 9/6/18* # 2416249	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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KMR

Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 10/29/2018
Check Number : 2416249
Check Amount : $313.00

50K82P

77w5a
00147

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

PAID
OCT 31 2018

74617

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
44023007		01/15/2016	2018-09-06	Interpreter Fees -	09/06/2018	09/06/2018	$313.00

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#
08/07/19 74870

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
55082622

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

Case: vs TIRES WAREHOUSE
Date Of Injury: 7/13/18

DOS	SERVICE	DESCRIPTION	AMOUNT
10/26/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
11/27/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/22/19	POST-OP	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/30/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/19/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/04/19	PMT BY CHECK	DOS 1/30/19* # 799043	-180.00
03/19/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/02/19	PMT BY CHECK	DOS 3/19/18* # 814263	-180.00
04/16/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/01/19	PMT BY CHECK	DOS 4/16/19* # 829260	-180.00
05/14/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/07/19	PMT BY CHECK	DOS 5/14/19* # 847820	-180.00
06/11/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/28/19	PMT BY CHECK	DOS 6/11/19* # 858618	-180.00
07/09/19	P AND S	DR ROY CAPUTO @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/02/19	PMT BY CHECK	DOS 7/9/19* =# 874877	-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#
08/07/19 74870

EAMS#(s):

SS # : XXX-XX-N/A
DOB : -, -,
Terms: 60 days
Claim #(s):
55082622

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

Case: vs TIRES WAREHOUSE
Date Of Injury: 7/13/18

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 720.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Berkshire Hathaway Homestate Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Wells Fargo Bank

420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

CHECK NO. 799043

DATE
03/04/2019

California Workers' Compensation Payment

Pay One Hundred Eighty Dollars And 00/100 **********180.00

VOID AFTER 90 DAYS

TO THE ORDER OF

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

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $10,000.00

HEAT SENSITIVE
RUB AREA TO VERIFY

⑈079904 3⑈ ⑆121000248⑆ 4125523753⑈

Payee: JOYCE ALTMAN INTERPRETERS INC

IRS/SSN: XX-XXX6713

Check Number: 799043

Check Date: 03/04/2019

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
55082622		07/13/2018	Interpreter Fees - Medical	01/30/2019	01/30/2019	02/22/2019	74870	180.00

PAID
MAR 07 2019
BY: .....

Berkshire Hathaway Homestate Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Wells Fargo Bank

420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

CHECK NO. 874877 M

DATE
08/02/2019

California Workers' Compensation Payment

**********590.00

Pay Five Hundred Ninety Dollars And 00/100

VOID AFTER 90 DAYS

TO THE ORDER OF

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $10,000.00

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

HEAT SENSITIVE
RUB AREA TO VERIFY

⑈087487⑈ ⑆121000248⑆ 4125523753⑈

Payee: JOYCE ALTMAN INTERPRETERS INC

IRS/SSN: XX-XXX6713

Check Number: 874877

Check Date: 08/02/2019

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
55082622		07/13/2018	Interpreter Fees - Medical	07/09/2019	07/09/2019	07/29/2019	74870	230.00
55095256		01/09/2019	Interpreter Fees - Medical	07/05/2019	07/05/2019	07/29/2019	75873	180.00
55095256		01/09/2019	Interpreter Fees - Medical	07/10/2019	07/10/2019	07/29/2019	75873	180.00

FAID
AUG 06 2019

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

*** INVOICE ***
Date NO#
02/20/19 75080

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33103945

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

Case: vs RC WENDT PAINTING, INC.
Date Of Injury: 8/20/18

DOS	SERVICE	DESCRIPTION	AMOUNT
11/27/18	LEGAL_PREP	DEPO PREP @ L/O DORMAN & SUAREZ (IRVINE)	156.50
/ /	INTERPRETER:	ALEXANDRA P. QUIJANO # 301921	0.00
01/24/19	PMT BY CHECK	DOS 11/27/18* # 0965173	-156.50
01/31/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA P. CORTEZ # 100533	0.00
02/04/19	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/13/19	PMT BY CHECK	DOS 1/31/19* # 0971719	-250.00

BALANCE 156.50

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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UR

M

9DT922

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 02/13/2019
Check Number : 0971719
Check Amount : $250.00

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

pnp5a
00067

PAID
FEB 18 2019
BY: .....

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33103945		08/20/2018	75080	Interpreter Fees -	01/31/2019	01/31/2019	$250.00

87-87
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#
02/27/19 75099

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
22037615

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

Case: vs UNIVERSAL TRUCK BODY INC
Date Of Injury: 9/20/18

DOS	SERVICE	DESCRIPTION	AMOUNT
12/14/18	DEPO PREP	@ THE L/O OF DORMAN & SUAREZ	156.50
/ /	INTERPRETER:	ANABEL MUNGUIA # 301374	0.00
01/18/19	PMT BY CHECK	DOS 12/14/18* # 0560121	-156.50
02/05/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
02/25/19	PMT BY CHECK	DOS 2/5/19* # 0564761	-250.00

BALANCE 0.00

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MR

M

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 02/25/2019
Check Number : 0564761
Check Amount : $250.00

SNX923

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

re25a
00018

PAID
FEB 27 2019
BY: .....

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22037615		09/20/2018	75099	Interpreter Fees -	02/05/2019	02/05/2019	$250.00

16-18
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#
06/24/19 75659

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33106358

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

Case: , vs RELIABLE PLASTERING GROUP
Date Of Injury: 11/15/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/29/19	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/31/19	PMT BY CHECK	DOS 3/29/19* =# 1009438	-156.50
05/23/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
06/19/19	PMT BY CHECK	DOS 5/29/19* # 1015608	-250.00

BALANCE 0.00

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M

XYAB24

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 06/19/2019
Check Number : 1015608
Check Amount : $250.00

agv5a
00083

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

PAID
JUN 24 2019
BY. .....

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33106358		11/15/2018	75659 ✓	Interpreter Fees -	05/23/2019	05/23/2019	$250.00

83-83
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#
07/22/19 76139

EAMS#(s):

SS # : XXX-XX-N/A
DOB : .,_.,
Terms: 60 days
Claim #(s):
22039016

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

Case: vs EMERALD LANDSCAPING SVCS INC
Date Of Injury: 1/28/19

DOS	SERVICE	DESCRIPTION	AMOUNT
06/08/19	LEGAL_REVIEW	DEPO REVIEW @ L/O ANTONY GLUCK	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
07/18/19	PMT BY CHECK	DOS 6/8/19* # 0585397	-250.00

BALANCE 0.00

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Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 07/18/2019
Check Number : 0585397
Check Amount : $250.00

UKNB2H

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

fbr5a
00019

PAID
JUL 22 2019
BY: .....

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22039016		01/28/2019	76139	Interpreter Fees -	06/08/2019	06/08/2019	$250.00

19-19
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#
09/14/18	73273

EAMS#(s):

SS # : XXX-XX-N/A
DOB : , --, --
Terms: 60 days
Claim #(s):
187629610

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

Case: vs RADISSON MID CITY HOTEL/USC
Date Of Injury: 7/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
01/25/18	PR2/REEVAL	DR HUMBERTO RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/23/18	PR2/REEVAL	DR BARRY MARKS @ AMERI*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/04/18	PR2/REEVAL	DR ZAREENA KHAN @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/06/18	FOLLOW-UP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/19/18	PMT BY CHECK	DOS 1/25/18-6/6/18* =# 2813585	-720.00
07/31/18	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/07/18	PMT BY CHECK	DOS 1/25/18-7/31/18* # 5653072899	-180.00

BALANCE 0.00

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M2

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

0000458-0001375 0106 001 722092 BSP

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

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:	187629610-001
Client Reference ID:	
VP Trans ID:	400310796 BSP0001002
Date:	07/19/2018
Amount:	$720.00
Check Number:	2813585

JUL 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-2097214

Carrier

UNIVERSITY OF SOUTHERN CALIFOR
3434 S. GRAND AVENUE
LOS ANGELES, CA 90089

Provider

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

Claimant

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS
External ID: 6713999JOALININUNKNO4165
Invoice Date: 07/09/2018
Patient Account: 73273
Payment Status Code: 1

Claim Number: 187629610-001
DOI/DOL: 07/23/2014
CR Date / BR Date: 07/12/2018 / 07/12/2018
External Claim Number: 20140812000014120736960
Social Security Number: *'
Employer/Insured: UNIVERSITY OF SOUTHERN CALIFOR
Employer/Insured Address: 3434 S. GRAND AVENUE LOS ANGELES, CA 90089
Policy Admin Information: 021495
Branch ID: BRE

Bill Details

Dates of Service: 01/25/2018 to 06/06/2018
Post Date: 07/16/2018
Client Type of Bill: 74
Adjuster: ELCAST

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	01/25/2018	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00
2	04/23/2018	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00
3	06/04/2018	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00
4	06/06/2018	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00

Totals

Total Charges:	720.00			
Bill Review Reductions:		0.00		
Network Reductions:			0.00	
Miscellaneous Reductions:				0.00
Recommended Allowance:				720.00

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

4003107796

MR

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	09/07/2018
Check Amount	:	$180.00
Check Number	:	5653072899

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

SEP 14 2018

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description Check Memo	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
187629610-001 BP WC Brea Professional Service	07/23/2014 $180.00 $180.00	 73273	 01/25/2018-07/31/2018

Please Fold on Perforation Before Tearing

VOID VOID VOID

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Claim Check Number
5653072899
SUNTRUST
SUNTRUST BANK ATLANTA
SUNTRUST BANK NORTHWEST
GA

64-79
611
8800600242

PAYABLE IF DESIRED
AT WELLS FARGO
BANK, N.A. CALIFORNIA

Void If not presented for payment within 180 days after the date of Issue

Amount
********* $180.00*

Check Date 09/07/2018

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.

Amount
*** One Hundred Eighty and 00/100 Dollars ***

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

By

Claim #: 187629610-001

⑈5653072899⑈ ⑆061100790⑆ 8800600242⑈

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

*** INVOICE ***

Date	NO#
01/04/19	73628

EAMS#(s):

SS # : XXX-XX-N/A
DOB : , --, --
Terms: 60 days
Claim #(s):
18802231

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

Case: vs YAMAMOTO OF ORIENT INC
Date Of Injury: 8/3/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/20/18	PR2/REEVAL	DR JOHN XIAO TIANG QIAN/DAVE FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/19/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/03/18	INITIAL ACUP	W/ ACUPUNCT CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/08/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/13/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/10/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/16/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/17/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/22/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/29/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/05/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/13/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/14/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIHDU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/17/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/28/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00

MS

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

*** INVOICE ***

Date	NO#
01/04/19	73628

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
18802231

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

Case: vs YAMAMOTO OF ORIENT INC
Date Of Injury: 8/3/15

DOS	SERVICE	DESCRIPTION	AMOUNT
10/12/18	PMT BY CHECK	DOS 3/20/18-9/5/18* # 5654506977	-2030.00
10/12/18	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
10/11/18	PR2/REEVAL	DR JOHN XION JIAN QIAN/DAVE FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/08/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/13/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/26/18	PMT BY CHECK	DOS 9/13/18-10/12/18* # 5655770721	-900.00

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

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	12/26/2018
Check Amount	:	$900.00
Check Number	:	5655770721

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

Claim Number / Claimant Name / Contact Info: Adjusting Office / Transaction Description / ~~Check Memo~~	Date of Loss / Amount / Transaction Amount	Adjuster Name / Invoice#	Adjuster Phone# / Invoice Date / ~~Service Dates~~
188082231-001	08/03/2015 $900.00		
KM Fresno All Other WC Medical	$900.00	Brenda J. Jordan 73628	916-850-8200 09/13/2018-10/12/2018

JAN 02 2019

Please Fold on Perforation Before Tearing

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

ON BEHALF OF: SOMPO HOLDINGS

Check Date 12/26/2018

PAY TO THE ORDER OF JOYCE ALTMAN INTERPETING

Amount *** Nine Hundred and 00/100 Dollars ***

Claim #: 188082231-001

Claim Check Number
5655770721
SUNTRUST
SUNTRUST BANK ATLANTA
SUNTRUST BANK NORTHWEST GA

64-79
611
8800600242

PAYABLE IF DESIRED AT WELLS FARGO BANK, N.A. CALIFORNIA

Void If not presented for payment within 180 days after the date of Issue

Amount
********* $900.00*

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

By

⑈5655770721⑈ ⑆061100790⑆ 8800600242⑈

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

*** INVOICE ***
Date NO#
08/01/18 74116

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
188670861

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

Case: [redacted] vs PENTAIR INC
Date Of Injury: 11/8/17

DOS	SERVICE	DESCRIPTION	AMOUNT
06/07/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/27/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/12/18	PMT BY CHECK	DOS 5/7/18* # 6750090573	-156.50
07/27/18	PMT BY CHECK	DOS 6/27/18* # 6750101467	-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 **

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

Check Date	:	07/27/2018
Check Amount	:	$250.00
Check Number	:	6750101467

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
188670861 001	11/08/2017 $250.00		
BP WC Rancho Cord-Rt		Dorothy S. Brown	707-759-3554
Professional Service	$250.00	74116	06/27/2018-06/27/2018

Please Fold on Perforation Before Tearing

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

ON BEHALF OF: AIG
INSURER: NEW HAMPSHIRE INSURANCE CO

Check Date : 07/27/2018

PAY TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS, INC.

Amount: *** Two Hundred Fifty and 00/100 Dollars ***

Claim #: 188670861-001

Claim Check Number
6750101467
BANK OF AMERICA N.A.
401 EAST LAS OLAS BLVD
FT. LAUDERDALE FL 33301-2033

64-1278
611
3299111676

Void If not presented for payment within 180 days after the date of Issue

Amount
********* **$250.00***

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

By

⑈6750101467⑈ ⑆061112788⑆ 329 911 1676⑈

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

*** INVOICE ***
Date NO#
05/29/19 75131

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
188783634-001

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

Case: vs 99 CENTS ONLY STORES
Date Of Injury: 7/12/18

DOS	SERVICE	DESCRIPTION	AMOUNT
12/12/18	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/09/19	PR2/REEVAL	W/DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/06/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/15/19	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/22/19	PMT BY CHECK	DOS 12/12/18-2/15/19* =# 3440717	-680.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MR

M

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

0000366-0001079 S0106 001 794206 BSP

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

Broadspire®
A CRAWFORD COMPANY

PAID
MAY 29 2019
BY.

75131

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:	188783634-001
Client Reference ID:	9110801771
VP Trans ID:	574949609 BSP0001002
Date:	05/22/2019
Amount:	$680.00
Check Number:	3440717

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Email
support@vpayusa.com
today to find out how.

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 VP Trans ID shown above and destroy this communication and its attachments, if any.

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-2376034

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

Provider

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

Claimant

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS INC
Invoice Date: 04/26/2019
Patient Account: 75131
Region: 9
Payment Status Code: 1

Claim Number: 188783634-001
DOI/DOL: 07/12/2018
CR Date / BR Date: 05/10/2019 / 05/10/2019
External Claim Number: 201807220023237671235 4
Social Security Number: *****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: 99 CENTS ONLT STORES
4000 UNION PACIFIC AVE
COMMERCE, CA 90023
Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Dates of Service: 12/12/2018 to 02/15/2019
Post Date: 05/17/2019
Client Type of Bill: 74
Adjuster: MDTORR

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	12/12/2018	99	99199	A	1	UNLISTED SPECIAL SERV	230.00	0.00	0.00	0.00	230.00
2	01/09/2019	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00
3	02/06/2019	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00
4	02/15/2019	99	99199	A	1	UNLISTED SPECIAL SERV	90.00	0.00	0.00	0.00	90.00

Totals

Total Charges:	680.00
Bill Review Reductions:	0.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	680.00

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

574949609

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

*** INVOICE ***
Date NO#
02/26/19 75185

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
188858629-001

BILL TO:
BROADSPIRE INS (SCAN-DEPT)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
PO BOX 14352
LEXINGTON, KY 40512

Case: vs JONES MGMT MANCHESTER/MCDONALD
Date Of Injury: 10/4/18

DOS	SERVICE	DESCRIPTION	AMOUNT
01/04/19	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	WALTER VASQUEZ # 100770	0.00
02/07/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
02/22/19	PMT BY CHECK	DOS 1/4/19* # 5656727916	-156.50
02/22/19	PMT BY CHECK	DOS 2/7/19* # 5656751298	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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HR

m

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

Check Date	:	02/22/2019
Check Amount	:	$250.00
Check Number	:	5656751298

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
188858629-001 01	10/04/2018 $250.00		
BP WC Rancho Cord-Rt Interpreter	$250.00	Karson J. Kammerer 75185	916-850-8193 02/07/2019-02/07/2019

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

ON BEHALF OF: SAFETY NATIONAL
INSURER: SAFETY NATIONAL CASUALTY CORPORATION

Check Date : 02/22/2019

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.

Amount
*** Two Hundred Fifty and 00/100 Dollars **********

Claim Check Number
5656751298
SUNTRUST
SUNTRUST BANK ATLANTA
SUNTRUST BANK NORTHWEST
GA

64-79
611
8800600242

PAYABLE IF DESIRED AT WELLS FARGO BANK, N.A. CALIFORNIA

Void If not presented for payment within 180 days after the date of Issue

Amount
********* $250.00*

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

By

Claim #: 188858629-001 01

⑈5656751298⑈ ⑆061100790⑆ 8800600242⑈

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

*** INVOICE ***
Date NO#
07/26/19 76136

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1884934753-001

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

Case: vs FOREVER 21
Date Of Injury: 1/31/16 - 1/31/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/15/19	PR2/REEVAL	DR ROY CAPUTO @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/19/19	PR2/REEVAL	DR CAPUTO @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/22/19	PMT BY CHECK	DOS 5/15/19-6/19/19* # 5659253595	-360.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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HR

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

Check Date	:	07/22/2019
Check Amount	:	$360.00
Check Number	:	5659253595

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description Check Memo	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
188434753-001 BP WC Brea All Other WC Medical Payment for DOS 5/15/19 & 6/19/19	01/07/2017 $360.00 $360.00	Frank F. Cervantes 76136	714-989-4497 05/15/2019-06/19/2019

PAID
JUL 26 2019
BY

Please Fold on Perforation Before Tearing

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

ON BEHALF OF: ACE
INSURER: ACE AMERICAN INSURANCE COMPANY

Check Date : 07/22/2019

PAY TO THE ORDER OF JOYCE ALTMAN INTERPETING

Amount *** Three Hundred Sixty and 00/100 Dollars **********

Claim #: 188434753-001

Claim Check Number
5659253595
SUNTRUST
SUNTRUST BANK ATLANTA
SUNTRUST BANK NORTHWEST GA

64-79
611
8800600242

PAYABLE IF DESIRED AT WELLS FARGO BANK, N.A. CALIFORNIA

Void If not presented for payment within 180 days after the date of Issue

Amount
********* $360.00*

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

By

⑈5659253595⑈ ⑆061100790⑆ 8800600242⑈

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

*** INVOICE ***
Date NO#
10/25/18 74114

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
18W04F556532

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: AMANDA LEE
P.O. BOX 53550
IRVINE, CA 92619

Case: vs GENEVA STAFF/PRIORITY/LEKOS DY
Date Of Injury: 1/26/18

DOS	SERVICE	DESCRIPTION	AMOUNT
06/05/18	LEGAL_WCAB	PRIORITY CONFERENCE @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/16/18	LEGAL_WCAB	TRIAL @ WCAB LBO	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
09/27/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
10/22/18	PMT BY CHECK	DOS 6/5/18-9/27/18* # 161621847	-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 **

MR

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 161621847

Date: 10/22/2018
Batch #: 302287790

Amount

$****563.00

Amount: FIVE HUNDRED SIXTY-THREE 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

⑈0161621847⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
✓ 74114	02/02/2018	18W04F556532	563.00	0.00	563.00	74114 DS 6/5/18- 9/27/18	ALEE

PAID
OCT 25 2018
BY: .....

tch #: 302287790
Check Number 161621847

Check Amount $****563.00

Loc:PRIORITY WORKFORCE - 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#
10/22/18	74288

EAMS#(s):

SS # : XXX-XX-____
DOB :
Terms: 60 days
Claim #(s):
18W03F577194

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: CHRISTINA WINDISCH
P.O. BOX 53550
IRVINE, CA 92619

Case: vs EMPLOYERS HR LLC
Date Of Injury: 4/13/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/12/18	LEGAL_PREP	DEPO PREP @ PREMIER BUSINESS	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/07/18	PMT BY CHECK	DOS 7/12/18* # 161617377	-156.50
08/23/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA J. RAMIREZ # 301566	0.00
10/18/18	PMT BY CHECK	DOS 7/12/18-8/23/18* # 161621640	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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HR

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 **161621640**

Date: 10/18/2018
Batch #: 302282858

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

⑈0161621640⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
74288	04/13/2018	18W03F577194	250.00	0.00	250.00	74288 7/12/18-8/23/18	CWINDISCH

PAID
OCT 22 2018
BY: .....

Batch #: 302282858
Check Number 161621640
Check Amount $****250.00
Loc:CULMIN STAFFING GROUP - DOWNEY

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

*** INVOICE ***
Date NO#
09/25/18 74331

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
18W03F568589

BILL TO:
CANNON COCHRAN MGMT SVCS (NV)
W. C. DEPARTMENT
ATTN: KELSIE WATTS
P.O. BOX 35350
LAS VEGAS, NV 89133

Case: vs LYNEER STAFF/EMPLOYERS HR/ST.
Date Of Injury: 4/5/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/23/18	LEGAL_PREP	DEPO PREP @ L/O COURT REPORTERS*	156.50
/ /	INTERPRETER:	CALROS TORRES # 301694	0.00
08/17/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/30/18	PMT BY CHECK	DOS 7/23/18* # 161618823 CCMSI	-156.50
09/21/18	PMT BY CHECK	DOS 8/17/18* # 161620065 CCMSI	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MR

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 161620065

Date: 09/21/2018
Batch #: 302225913

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

⑈0161620065⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
74484	74331 04/05/2018	18W03F568589	250.00	0.00	250.00	74331 8/18/18	CWATTS

¢

atch #: 302225913
Check Number 161620065
Check Amount $****250.00
Loc:80-CARSON, CA-LYNEER

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

*** INVOICE ***
Date NO#
09/28/18 74336

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
17W02F259936

BILL TO:
CANNON COCHRAN MGMT SVCS (NV)

ATTN: KEVIN COOLER
P.O. BOX 35350
LAS VEGAS, NV 89133

Case: ____ vs V-FORCE STAFFING LLC
Date Of Injury: 7/22/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/26/18	LEGAL_PREP	DEPO PREP @ L/O RK LAW (VIRTUAL OFFICE)	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/24/18	PMT BY CHECK	DOS 7/26/18* # 161618415	-156.50
08/23/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA J. RAMIREZ # 301566	0.00
09/25/18	PMT BY CHECK	DOS 7/16/18-8/24/18* # 161620183	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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HR

M

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 161620183

Date: 09/25/2018
Batch #: 302232871

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

⑈0161620183⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
74336	07/22/2017	17W02F259936	250.00	0.00	250.00	74336 DS 7/26/18 - 8/24/18	GSNODGRA

SEP 2[illegible] 2018

tch #: 302232871
Check Number 161620183

Check Amount $****250.00

Loc:VF STAFFING, LLC - SAN LEANDRO

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

*** INVOICE ***

Date	NO#
05/30/19	74351

EAMS#(s):

SS # : XXX-xx-N/A
DOB :
Terms: 60 days
Claim #(s):
18W03F641926

BILL TO:
CANNON COCHRAN MGMT SVCS (NV)
W. C. DEPARTMENT
ATTN: JENNIFER SCHAFFER
P.O. BOX 35350
LAS VEGAS, NV 89133

Case: 's CULMIN STAFFING GROUP INC
Date Of Injury: /4/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/18/18	POST-OP	DR MICHAEL FELDMAN @ HAND & ORTHO CTR OF SO CA*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/01/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/21/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
09/14/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/05/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
10/30/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/13/18	PMT BY CHECK	DOS 7/18/18-10/5/18* # 4903563	-900.00
11/27/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
12/14/18	PMT BY CHECK	DOS 7/18/18-11/27/18* # 161624876	-360.00
12/19/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/25/19	POST-OP	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/13/19	PMT BY CHECK	DOS 7/18/18-12/19/18* # 5624161	-180.00
02/14/19	PMT BY CHECK	DOS 1/25/19* # 5630424	-180.00
02/22/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/22/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/28/19	PMT BY CHECK	DOS 2/22/19* =# 161630600	-180.00

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#
05/30/19	74351

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
18W03F641926

BILL TO:
CANNON COCHRAN MGMT SVCS (NV)
W. C. DEPARTMENT
ATTN: JENNIFER SCHAFFER
P.O. BOX 35350
LAS VEGAS, NV 89133

Case: vs CULMIN STAFFING GROUP INC
Date Of Injury: 7/4/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/19/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/23/19	PMT BY CHECK	DOS 7/18/18-4/19/19* # 013613	-360.00
05/14/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00

BALANCE 180.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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AMWINS GROUP INC
2 East Main Street Suite 208
Danville, IL 61832

0001665-0004241 0106 001 749475 CCM

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

CCMSI

74351

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CCMSI Transaction ID:	519298917
VP Trans ID:	464398834
	CCM0001501
Date:	11/13/2018
Amount:	$900.00
Claimant Name:	
Invoice Number:	74351 (-$0.00)
Date of Service:	07/18/2018 to 07/18/2018 Comment: 74351 DS 7/18/1810/5/18
Check Number:	4903563
Claim Number:	18W03F641926

PAID
NOV 20 2018
BY: .....

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CCMSI

CCMSI obo
AMWINS GROUP INC
2 East Main Street Suite 208
Danville, IL 61832

METABANK
Sioux Falls, SD
72-7011/2739

4903563

11/13/2018

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

$900.00

NINE HUNDRED DOLLARS AND 00/100 DOLLARS

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

VOID AFTER 180 DAYS

MEMO 74351 (-$0.00)

464398834

⑈4903563⑈ ⑆273970116⑆ 1700100408⑈

THE FACE OF THIS CHECK CONTAINS A MICROPRINT BORDER AND A BLUE SECURITY VOID BACKGROUND PATTERN - DO NOT CASH IF VOID IS VISIBLE

CCMSI OBO STATE NATIONAL INSURANCE
2 EAST MAIN ST, SUITE 208
DANVILLE, IL 61832

2-3/710 IL

BANK OF AMERICA
CHICAGO, IL 60603

Check Number **161624876**

Date: 12/14/2018
Batch #: 302397840

Amount

$****360.00

Amount: THREE HUNDRED SIXTY 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

⑈016162487 6⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
74351	07/04/2018	18W03F641926	360.00	0.00	360.00	74351 7/18/18-11/27/18	LROCHA

DEC 18 2018

Batch #: 302397840
Check Number 161624876
Check Amount $****360.00
Loc:CULMIN STAFFING GROUP - DOWNEY

AMWINS GROUP INC
2 East Main Street Suite 208
Danville, IL 61832

0000684-0001826 S0106 001 770881 CCM

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

CCMSI

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CCMSI Transaction ID:	519732727
VP Trans ID:	516455784 CCM0001501
Date:	02/14/2019
Amount:	$180.00
Claimant Name:	
Invoice Number:	74351 (-$0.00)
Date of Service:	01/25/2019 to 01/25/2019 Comment: O 74351 DS 01-25-2019
Check Number:	5630424
Claim Number:	18W03F641926

PAID
FEB 20 2019

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CCMSI

CCMSI obo
AMWINS GROUP INC
2 East Main Street Suite 208
Danville, IL 61832

METABANK
Sioux Falls, SD
72-7011/2739

5630424

02/14/2019

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

$180.00

ONE HUNDRED EIGHTY DOLLARS AND 00/100 DOLLARS

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

VOID AFTER 180 DAYS

MEMO 74351 (-$0.00)

516455784

⑈563042⑈ ⑆273970116⑆ 1700100408⑈

AMWINS GROUP INC
2 East Main Street Suite 208
Danville, IL 61832

0000638-0001778 S0106 001 770568 CCM

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

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CCMSI Transaction ID:	519725658
VP Trans ID:	515657158
	CCM0001501
Date:	02/13/2019
Amount:	$180.00
Claimant Name:	
Invoice Number:	✓ 74351 (-$0.00)
Date of Service:	07/18/2018 to 07/18/2018 Comment: 74351 DS 07.18.18-12.19.18
Check Number:	5624161
Claim Number:	18W03F641926

PAID
FEB 20 2019

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VCard or ACH
Email
support@vpayusa.com
today to find out how.

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CCMSI

CCMSI obo
AMWINS GROUP INC
2 East Main Street Suite 208
Danville, IL 61832

METABANK
Sioux Falls, SD
72-7011/2739

5624161

02/13/2019

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$180.00**

ONE HUNDRED EIGHTY DOLLARS AND 00/100 DOLLARS

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

VOID AFTER 180 DAYS

MEMO 74351 (-$0.00)

515657158

⑈5624161⑈ ⑆273970116⑆ 1700100408⑈

THIS DOCUMENT CONTAINS A MICROPRINT BORDER AND BLUE SECURITY VOID BACKGROUND PATTERN - DO NOT CASH IF VOID IS VISIBLE.

CCMSI OBO STATE NATIONAL INSURANCE COMPANY
GREENLIGHT REINSURANCE LTD
2 EAST MAIN ST, SUITE 208
DANVILLE, IL 61832

2-3/710 IL

BANK OF AMERICA
CHICAGO, IL 60603

Check Number 013613

Date: 05/23/2019

Batch #: 302745319

Amount

$****360.00

Amount: THREE HUNDRED SIXTY 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. Gallen

⑈00001361 3⑈ ⑆071000039⑆ 867 061 6175⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
74351	07/04/2018	18W03F641926	360.00	0.00	360.00	74351 DS 07-18-2018 04-19-2019	RMCNUTT

PAID
MAY 29 2019
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#
11/06/18 74507

EAMS#(s):

SS # : XXX-XX-
DOB : --, -
Terms: 60 days
Claim #(s):
18F92F573563

BILL TO:
CANNON COCHRAN MGMT SVCS (NV)
W. C. DEPARTMENT
ATTN: CHRISTINA WINDISCH
P.O. BOX 35350
LAS VEGAS, NV 89133

Case: vs HR OUTSOURCING ASSOCIATES LLC
Date Of Injury: 4/5/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/16/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA J. RAMIREZ # 301566	0.00
10/09/18	PMT BY CHECK	DOS 8/16/18* # 159702403	-156.50
10/12/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/02/18	PMT BY CHECK	DOS 8/16/18* # 167900080	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MR

CCMSI OBO HR OUTSOURCING, INC - ZURICH
2 EAST MAIN ST, SUITE 208
DANVILLE, IL 61832

BANK OF AMERICA
CHICAGO, IL 60603

2-3/710 IL

Check Number **167900080**

Date: 11/02/2018
Batch #: 302312199

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

: Audrey J. Golden

⑈0167900080⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
74507	04/05/2018	18F92F573563	250.00	0.00	250.00	74507 8/16/18	CWINDISCH

NOV 06 2018

tch #: 302312199
Check Number 167900080

Check Amount $****250.00

Loc:LAVERNE CAR WASH, LP

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

*** INVOICE ***

Date	NO#
02/08/19	74848

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
185F56F768918

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: TAMISHA TRIM
P.O. BOX 53550
IRVINE, CA 92619

Case: vs PICK YOUR PART AUTO WRECKING
Date Of Injury: 10/12/18

DOS	SERVICE	DESCRIPTION	AMOUNT
10/19/18	POST-OP	W/DR MICHAEL FELDMAN @ HAND & ORTHO OF SO CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
10/26/18	PR2/REEVAL	W/DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
10/30/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/02/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
11/07/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
11/21/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/16/18	POST-OP	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
12/11/18	PR2/REEVAL	DR FELDMAN @ HAND @ ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/02/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/21/19	PMT BY CHECK	DOS 10/19/18-1/2/19* # 5471578	-1620.00
01/16/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/01/19	PMT BY CHECK	DOS 10/19/18* # 5523777	-180.00

HR

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

*** INVOICE ***

Date	NO#
02/08/19	74848

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
185F56F768918

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: TAMISHA TRIM
P.O. BOX 53550
IRVINE, CA 92619

Case: vs PICK YOUR PART AUTO WRECKING
Date Of Injury: 10/12/18

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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LKQ CORP
2 East Main Street Suite 208
Danville, IL 61832

0001131-0002592 S0106 001 764915 CCM

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

CCMSI®

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CCMSI Transaction ID:	519592986
VP Trans ID:	502147095
	CCM0001505
Date:	01/21/2019
Amount:	$1,620.00
Claimant Name:	
Invoice Number:	✓ 74848 (-$0.00)
Date of Service:	10/19/2018 to 10/19/2018 Comment: 74848 DS 10/19/2018-1/2/2019
Check Number:	5471578
Claim Number:	18F56F768918

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JAN 2 JAN 23 2019 2019

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CCMSI

CCMSI obo
LKQ CORP
2 East Main Street Suite 208
Danville, IL 61832

METABANK
Sioux Falls, SD
72-7011/2739

5471578

01/21/2019

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$1620.00**

ONE THOUSAND SIX HUNDRED TWENTY DOLLARS AND 00/100 DOLLARS

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

VOID AFTER 180 DAYS

MEMO 74848 (-$0.00)

502147095

⑈5471578⑈ ⑆273970116⑆ 1700100408⑈

LKQ CORP
2 East Main Street Suite 208
Danville, IL 61832

0000753-0001787 S0106 001 767689 CCM

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

CCMSI

FEB 0 8 2019

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CCMSI Transaction ID:	519671878
VP Trans ID:	509116757
	CCM0001505
Date:	02/01/2019
Amount:	$180.00
Claimant Name:	
Invoice Number:	74848 (-$0.00)
Date of Service:	10/19/2018 to 10/19/2018 Comment: 74848 DS 10/19/2018-1/16/2019
Check Number:	5523777
Claim Number:	18F56F768918

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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#
01/23/19 74887

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
18D48F779959

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: ANA MAGANA
P.O. BOX 53550
IRVINE, CA 92619

Case: _____ vs ORION PLASTIC CORP.
Date Of Injury: 10/25/18

DOS	SERVICE	DESCRIPTION	AMOUNT
10/30/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/07/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
11/13/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
11/30/18	P AND S	DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/21/19	PMT BY CHECK	DOS 10/30/18-11/20/18* # 5471432	-770.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MR

Strategic Outsourcing, Inc. Ace
2 East Main Street Suite 208
Danville, IL 61832

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

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CCMSI Transaction ID:	519592367
VP Trans ID:	502146677
	CCM0001340
Date:	01/21/2019
Amount:	$770.00
Claimant Name:	
Invoice Number:	✓74887 (-$0.00)
Date of Service:	10/30/2018 to 10/30/2018 Comment: 74887 DS 10/30/2018-11/30/2018
Check Number:	5471432
Claim Number:	18D48F779959

JAN 2 3 2019

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support@vpayusa.com
today to find out how.

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CCMSI

CCMSI obo
Strategic Outsourcing, Inc. Ace
2 East Main Street Suite 208
Danville, IL 61832

METABANK
Sioux Falls, SD
72-7011/2739

5471432

01/21/2019

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$770.00**

SEVEN HUNDRED SEVENTY DOLLARS AND 00/100 DOLLARS

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

VOID AFTER 180 DAYS

MEMO 74887 (-$0.00)

502146677

⑈5471432⑈ ⑆273970116⑆ 1700100408⑈

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

*** INVOICE ***

Date	NO#
01/23/19	74973

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
18W02F546246

BILL TO:
CANNON COCHRAN MGMT SVCS (AZ)

ATTN: DON HARINGTON
17015 N. SCOTTSDALE RD., # 325
SCOTTSDALE, AZ 85255

Case: vs VF STAFFING
Date Of Injury: 3/6/18

DOS	SERVICE	DESCRIPTION	AMOUNT
11/15/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	WALTER VASQUEZ # 100770	0.00
12/21/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/04/19	PMT BY CHECK	DOS 11/15/18* # 161625838	-156.50
01/21/19	PMT BY CHECK	DOS 11/15/18-1/4/19* # 5471897	-250.00

BALANCE 0.00

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MR

AMWINS GROUP INC
2 East Main Street Suite 208
Danville, IL 61832

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

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CCMSI Transaction ID:	519592812
VP Trans ID:	502147999 CCM0001501
Date:	01/21/2019
Amount:	$250.00
Claimant Name:	
Invoice Number:	✓ 74973 (-$0.00)
Date of Service:	11/15/2018 to 11/15/2018 Comment: 74973 11/15/18-1/4/19
Check Number:	5471897
Claim Number:	18W02F546246

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JAN 23 2019

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CCMSI

CCMSI obo
AMWINS GROUP INC
2 East Main Street Suite 208
Danville, IL 61832

METABANK
Sioux Falls, SD
72-7011/2739

5471897

01/21/2019

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$250.00**

TWO HUNDRED FIFTY DOLLARS AND 00/100 DOLLARS

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

VOID AFTER 180 DAYS

MEMO 74973 (-$0.00)

502147999

⑈5471897⑈ ⑆273970116⑆ 1700100408⑈

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

*** INVOICE ***
Date NO#
04/15/19 75004

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
18W03F791890

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: PATRICIA SMOLKA
P.O. BOX 53550
IRVINE, CA 92619

Case: vs SIMPLIFIED LABOR, INC
Date Of Injury: 11/8/18

DOS	SERVICE	DESCRIPTION	AMOUNT
11/16/18	POST-OP	W/DR MICHAEL FELDMAN @ HAND & ORTHO OF SO CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
11/27/18	PR2/REEVAL	W/DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
12/21/18	POST-OP	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/18/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/30/19	PMT BY CHECK	DOS 11/16/18-12/21/18* # 161627347	-540.00
02/15/19	PMT BY CHECK	DOS 11/16/18* # 161628299	-180.00
02/15/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/15/19	PMT BY CHECK	DOS 11/16/18-1/18/19* # 161628299	-180.00
03/19/19	P AND S	DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/12/19	PMT BY CHECK	DOS 11/16/18-3/19/19* # 161632699	-230.00
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MR

THE FACE OF THIS CHECK CONTAINS A MICROPRINT BORDER AND A BLUE SECURITY VOID BACKGROUND. PATENT PENDING. PROTECTED.

CCMSI OBO STATE NATIONAL INSURANCE
2 EAST MAIN ST, SUITE 208
DANVILLE, IL 61832

2-3/710 IL

Check Number 161627347

Date: 01/30/2019
Batch #: 302493757

BANK OF AMERICA
CHICAGO, IL 60603

Amount

$****540.00

Amount: FIVE 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

Rodney J. Golden

⑈016162734⑆ ⑆071000039⑆ 866 662 2642⑈

M

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
75004	11/08/2018	18W03F791890	540.00	0.00	540.00	75004 DS 11/16/2018-12/21/2018	CWATTS

FEB 0 5 2019

Batch #: 302493757
Check Number 161627347

Check Amount $****540.00

Loc:SIMPLIFIED LABOR SOLUTIONS, INC. RANCHO

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 **161632699**

Date: 04/12/2019
Batch #: 302660209

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. Golden

⑈0161632699⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
75004	11/08/2018	18W03F791890	230.00	0.00	230.00	75004 11/16/18-3/19/19	CWATTS

PAID
APR 15 2019
BY.....

Batch #: 302660209
Check Number 161632699

Check Amount $****230.00

Loc:SIMPLIFIED LABOR 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#
03/08/19 75102

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
18W03F708225

BILL TO:
CANNON COCHRAN MGMT SVCS (NV)
W. C. DEPARTMENT
ATTN: CHEALSE WATTS
P.O. BOX 35350
LAS VEGAS, NV 89133

Case: vs CULMIN STAFFING GROUP INC
Date Of Injury: 8/14/18

DOS	SERVICE	DESCRIPTION	AMOUNT
12/12/18	DEPO PREP	@ THE L/O OF DOMINGO ELIAS	156.50
/ /	INTERPRETER:	MARIA E. SALINAS # 301871	0.00
01/10/19	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ DENNIS FUSI	250.00
/ /	INTERPRETER:	ALEXANDRA PAEZ QUIJANO # 3011318	0.00
03/05/19	PMT BY CHECK	DOS 12/12/18-1/10/19* # 161629237	-406.50

BALANCE 0.00

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42

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 **161629237**

Date: 03/05/2019
Batch #: 302572209

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 J. Golden

⑈016162923⑦⑈ ⑆071000039⑆ 866 662 264 2⑈

M

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
75102	08/14/2018	18W03F708225	406.50	0.00	406.50	75102 DS 12/12/2018-1/10/2019	CWATTS

PAID
MAR 08 2019
BY: .....

Batch #: 302572209
Check Number 161629237
Check Amount $****406.50
Loc:CULMIN STAFFING GROUP - DOWNEY

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

*** INVOICE ***
Date NO#
03/08/19 75128

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
18W02F511655

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: ADRIANA MACHADO
P.O. BOX 53550
IRVINE, CA 92619

Case: vs CABINETS 2000/TRC STAFFING GRO
Date Of Injury: 1/22/18

DOS	SERVICE	DESCRIPTION	AMOUNT
12/06/18	INITIAL EXAM	DR EMMETT COX @ HAND & ORTHO OF SO. CALIF*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/05/19	PMT BY CHECK	DOS 12/6/18* # 161629223	-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 **

42

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 **161629223**

Date: 03/05/2019
Batch #: 302572209

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. Golden

⑈161629223⑈ ⑆071000039⑆ 866 662 2642⑈

M

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
75128	01/22/2018	18W02F511655	230.00	0.00	230.00	75128 12/6/18	KCOLLIER

PAID
MAR 08 2019
BY: .....

Batch #: 302572209
Check Number 161629223

Check Amount $****230.00

Loc:AFFLUENT STAFFING 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#
03/20/19 75134

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
18W02F800242

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: JESSICA RAMIREZ
P.O. BOX 53550
IRVINE, CA 92619

Case: rs ONE STOP EMPLOYMENT SVS
Date Of Injury: 11/16/18

DOS	SERVICE	DESCRIPTION	AMOUNT
12/13/18	INITIAL EXAM	DR EMMETT COX @ HAND & ORTHO OF SO CALIF*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/27/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/17/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. CALDERON # 101080	0.00
02/21/19	POST-OP	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/07/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/15/19	PMT BY CHECK	DOS 12/13/18-2/21/19* # 161629871	-770.00

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 **

MR

THE FACE OF THIS CHECK CONTAINS A MICROPRINT BORDER AND A BLUE SECURITY VOID BACKGROUND PATTERN - DO NOT CASH IF VOID IS VISIBLE

CCMSI OBO STATE NATIONAL INSURANCE
2 EAST MAIN ST, SUITE 208
DANVILLE, IL 61832

2-3/710 IL

Check Number 161629871

Date: 03/15/2019
Batch #: 302598123

BANK OF AMERICA
CHICAGO, IL 60603

Amount

$****770.00

Amount: SEVEN HUNDRED SEVENTY 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

⑈0161629871⑈ ⑆071000039⑆ 866 662 2642⑈

M

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
✓ 75134	11/16/2018	18W02F800242	770.00	0.00	770.00	75134 DS 12-13-2018 02-21-2019	JERAMIREZ

PAID
MAR 18 2019
BY. .....

Batch #: 302598123
Check Number 161629871

Check Amount $****770.00

Loc:ONE STOP EMPLOYMENT SERVICES, 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#
05/02/19 75392

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
19W025867005

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: KELLY NAVARRO
P.O. BOX 53550
IRVINE, CA 92619

Case: _____ vs AFFLUENT STAFFING
Date Of Injury: 1/30/19

DOS	SERVICE	DESCRIPTION	AMOUNT
02/05/19	POST-OP	DR MICHEAL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/13/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/05/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/29/19	PMT BY CHECK	DOS 2/5/19-3/5/19* # 010150	-540.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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4F

THE FACE OF THIS CHECK CONTAINS A MICROPRINT BORDER AND A BLUE SECURITY VOID BACKGROUND PATTERN - DO NOT CASH IF VOID IS VISIBLE.

CCMSI OBO STATE NATIONAL INSURANCE COMPANY
GREENLIGHT REINSURANCE LTD
2 EAST MAIN ST, SUITE 208
DANVILLE, IL 61832

2-3/710 IL

Check Number 010150

Date: 04/29/2019

Batch #: 302690895

BANK OF AMERICA
CHICAGO, IL 60603

Amount

$****540.00

Amount: FIVE 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

Rodney J. Golden

⑈000010150⑈ ⑆071000039⑆ 867 061 6175⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
75392	01/30/2019	19W02F867005	540.00	0.00	540.00	75392 DS 02-05-2019 03-05-92019	KNAVARR

PAID
MAY 02 2019
BY: .....

Batch #: 302690895
Check Number 010150
Check Amount $****540.00
Loc:AFFLUENT STAFFING 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#
07/18/19 76006

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
18W02F622890

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: KEVIN COOLER
P.O. BOX 53550
IRVINE, CA 92619

Case: vs WEST COAST STAFFING
Date Of Injury: 6/7/18

DOS	SERVICE	DESCRIPTION	AMOUNT
05/15/19	PR2/REEVAL	DR ROY CAPUTO @ HAND & ORTHO OF S CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/26/19	P AND S	DR CAPUTO @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/12/19	PMT BY CHECK	DOS 5/15/19* # 020459	-180.00

BALANCE 230.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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ML

CCMSI OBO STATE NATIONAL INSURANCE COMPANY
GREENLIGHT REINSURANCE LTD
2 EAST MAIN ST, SUITE 208
DANVILLE, IL 61832

2-3/710 IL

Check Number 020459

Date: 07/12/2019
Batch #: 302842601

BANK OF AMERICA
CHICAGO, IL 60603

Amount

$****180.00

Amount: ONE HUNDRED EIGHTY 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

⑈00000204 59⑈ ⑆071000039⑆ 867 061 6175⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment		Adjuster
✓ 76006	06/07/2018	18W02F622890	180.00	0.00	180.00	76006 DS 05.15.19	W	JBRADSHA

PAID
JUL 15 2019
BY

Batch #: 302842601
Check Number 020459

Check Amount $****180.00

Loc:WEST COAST STAFFING - 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#
07/12/19 72612

EAMS#(s):

SS # : XXX-XX-n/a
DOB :
Terms: 60 days
Claim #(s):
710867000

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

Case: vs AMPAM PARKS MECHANICAL
Date Of Injury: 2/28/13

DOS	SERVICE	DESCRIPTION	AMOUNT
09/07/17	LEGAL_PREP	DEPO PREP @ L/O STOCKWELL & HARRIS	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/11/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/11/17	PMT BY CHECK	DOS 10/11/17* =# 32512844	-250.00
12/15/17	PMT BY CHECK	DOS 9/7/17* =# 32597673	-156.50
08/21/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LAO	156.50
/ /	INTERPRETER:	ROBERT ARROYO # 301531	0.00
09/20/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LAO	156.50
/ /	INTERPRETER:	ELENA WILSON # 100363	0.00
09/29/18	PMT BY CHECK	DOS 8/21/18* # 33324625	-156.50
10/23/18	PMT BY CHECK	DOS 9/7/17-9/20/18* # 33376888	-156.50
05/16/19	LEGAL_WCAB	MSC @ WCAB LOS ANGELES	156.50
/ /	INTERPRETER:	ROBERT ARROYO # 301531	0.00
06/03/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/04/19	PMT BY CHECK	DOS 5/16/19-6/3/19* # 33920586	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MR

P4000028001

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

201907050117

Electronic Service Requested

1 OF 4 F

ENV 13227

ALL FOR AADC 926
13227 0.9555 AB 0.409

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165 80
TUSTIN, CA 92781-4165

Check No.: 33920586
RFP No.: 781665
Check Date: 07/04/2019
Check Amount: 406.50
Insured: AMPAM PARKS MECHANICAL, INC.
Claimant:

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

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID
JUL 12 2019

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000035896639	00867000	001	02/28/2013	MED	O	406.50

Total Amount 406.50

Reason for Payment
051619-060319

Use File # 710/00867000 on all correspondence for prompt processing.
For check information call: 877-802-5246

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

COMMERCE AND INDUSTRY INSURANCE CO.

50-937/213

Claim No: 00867000 Policy No.: 000035896639
Reason for Payment 051619-060319

**********Four Hundred Six & 50/100 Dollars*****

CHECK No.	33920586
RFP No.	00781665
DATE	07/04/2019

AMOUNT PAID
*******$406.50

Void after 90 Days

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

JPMORGAN CHASE BANK, N.A.
SYRACUSE, NY 13206

AUTHORIZED SIGNATURE

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

⑈33920586⑈ ⑆021309379⑆ 7864205 39⑈

019645

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

*** INVOICE ***
Date NO#
12/04/18 74473

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
572019758

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

Case: vs BEHAVIORAL SYSTEMS SOUTHWEST
Date Of Injury: 11/12/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/10/18	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/14/18	INITL CHIRO	TX W/DR KRAVCHENKO @ GOFNUNG*	90.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
08/17/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/28/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/04/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/11/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/14/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/18/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/21/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHECKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/25/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/02/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
10/05/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH CALDERON # 101080	0.00
10/09/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/11/18	INITIAL EXAM	DR ALLEN MASSIHI @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
10/12/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	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#
12/04/18	74473

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
572019758

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

Case: [redacted] vs BEHAVIORAL SYSTEMS SOUTHWEST
Date Of Injury: 11/12/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/16/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/19/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/13/18	PMT BY CHECK	DOS 8/10/18-10/2/18* =# 33425493	-1220.00
11/27/18	PMT BY CHECK	DOS 10/11/18-10/12/18* =# 33453487	-320.00
11/27/18	PMT BY CHECK	DOS 10/19/18* =# 33453488	-180.00

BALANCE 270.00

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

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

4

201811130126

Electronic Service Requested

ENV 26552 1 OF 3 F

ALL FOR AADC 926
26552 0.7648 AB 0.405
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165
348

Check No.: 33425493
RFP No.: 334607
Check Date: 11/13/2018
Check Amount: 1,220.00
Insured: BEHAVIORAL SYSTEMS SOUTHWEST,
Claimant:

Claim Office: 572
Insuring Company: THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

PAID
NOV 20 2018

Payee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000014220511	00019758	001	11/12/2017	MED	O	1,220.00
					Total Amount	1,220.00

Reason for Payment
ORG: 1220.00 ACT: 74473 081018-100218

Use File # 572/00019758 on all correspondence for prompt processing.
For check information call: 877-802-5246

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

THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

50-937/213

Claim No.: 00019758 Policy No.: 000014220511
Reason for Payment: ORG: 1220.00 ACT: 74473 081018-100218

CHECK No. 33425493
RFP No. 00334607
DATE 11/13/2018

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

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

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

Void after 90 Days

JPMORGAN CHASE BANK, N.A
SYRACUSE, NY 13206

AUTHORIZED SIGNATURE

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

⑈334254 93⑈ ⑆021309379⑆ 7864205 39⑈

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

Invoice #: 1830500443
Control #: 06183090182100

ENV 26552 2 OF 3 F

ALL FOR AADC 926
26552 0.7648 AB 0.405

JOYCE ALTMAN INTERPRETERS INC 348
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 #: 5720197580000
Claimant:
Date of Injury: 11/12/2017
Claimant SSN: 563-35-8676

State Claim #:
Patient Acct #: 74473
Service Dates: 08/10/2018-10/02/2018

Policy #: 000014220511
Employer: BEHAVIORAL SYSTEMS SOUTHWEST,
Insurer: INS CO OF THE STATE OF PA

Date Received: 10/23/2018
Date Reviewed: 11/05/2018
Date Processed: 11/10/2018

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
08/10/2018	T1013	T1013	8.00	230.00	230.00	0.00	230.00	
08/14/2018	T1013	T1013	8.00	90.00	90.00	0.00	90.00	
08/17/2018	T1013	T1013	8.00	90.00	90.00	0.00	90.00	
08/28/2018	T1013	T1013	8.00	90.00	90.00	0.00	90.00	
09/04/2018	T1013	T1013	8.00	90.00	90.00	0.00	90.00	
09/11/2018	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
09/14/2018	T1013	T1013	8.00	90.00	90.00	0.00	90.00	
09/18/2018	T1013	T1013	8.00	90.00	90.00	0.00	90.00	
09/21/2018	T1013	T1013	8.00	90.00	90.00	0.00	90.00	
09/25/2018	T1013	T1013	8.00	90.00	90.00	0.00	90.00	
10/02/2018	T1013	T1013	8.00	90.00	90.00	0.00	90.00	
		Totals		1,220.00	1,220.00	0.00	1,220.00	

Diagnosis:
T1490 INJURY, UNSPECIFIED

-In accordance with section 9789.12.2(a) of the California Official Medical Fee Schedule, reimbursement is based on the on-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 riteria 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 IG Claims, Inc. have entered into a contractual agreement with TMESYS a Pharmacy Benefit Network. As of March 1, 2011 all harmacy transactions should be processed through TMESYS. For questions regarding how to process transactions through TMESYS lease 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, r billing agent, assignee that disputes the amount paid may submit an appeal, reconsideration, Request for Second Review to the aims administrator within 90 days of the service of the explanation or review. The Request for Second Review must conform to the equirements of the Division of Workers' Compensation Medical Billing Guide, and regulations at title 8. California Code of egulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility,

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

CONTINUED

P40000028000

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

201811270132

Electronic Service Requested

ALL FOR AADC 926
15956 0.9555 AB 0.405

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

183

Check No.: 33453487
RFP No.: 345257
Check Date: 11/27/2018
Check Amount: 320.00
Insured: BEHAVIORAL SYSTEMS SOUTHWEST
Claimant: [redacted]

Claim Office: 572
Insuring Company: THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

Payee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000014220511	00019758	001	11/12/2017	MED	O	320.00
				Total Amount		320.00

Reason for Payment
ORG: 1720.00 ACT: 74473 081018-101218

Use File # 572/00019758 on all correspondence for prompt processing.
For check information call: 877-802-5246

ENV 15956 1 OF 4 F

AIG

EXPLANATION OF BILL REVIEW

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

Invoice #: 1831801338
Control #: 06183230303000

ALL FOR AADC 926
15956 0.9555 AB 0.405

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

183

2 OF 4 F

ENV 15956

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

Claim #: 5720197580000
Claimant:
Date of Injury: 11/12/2017
Claimant SSN: 563-35-8676

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

State Claim #:
Patient Acct #: 74473
Service Dates: 08/10/2018-10/12/2018

Date Received: 11/05/2018
Date Reviewed: 11/19/2018
Date Processed: 11/26/2018

Rendering Provider:

Tax ID/NPI #:

Policy #: 000014220511
Employer: BEHAVIORAL SYSTEMS SOUTHWEST,
Insurer: INS CO OF THE STATE OF PA

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
08/10/2018	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1 ,2 ,3 ,4
08/14/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1 ,2 ,3
08/17/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1 ,2 ,3
08/28/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1 ,2 ,3
09/04/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1 ,2 ,3
09/11/2018	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
09/14/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1 ,2 ,3
09/18/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1 ,2 ,3
09/21/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1 ,2 ,3
09/25/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1 ,2 ,3
10/02/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1 ,2 ,3
10/05/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1 ,2 ,3
10/09/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1 ,2 ,3
10/11/2018	T1013	T1013	8.00	230.00	230.00	0.00	230.00	
10/12/2018	T1013	T1013	8.00	90.00	90.00	0.00	90.00	
		Totals		1,720.00	320.00	0.00	320.00	

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.
4 -The provider or a different provider has billed for the exact service on a previous bill where no allowance was originally recommended.
5 -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)
6 -California is a jurisdictional state. This review has been conducted based on the Official Medical Fee Schedule (OMFS) or other

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

CONTINUED

201811270132

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

Electronic Service Requested

ALL FOR AADC 926
15956 0.9555 AB 0.405

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

183

Check No.: 33453488
RFP No.: 345268
Check Date: 11/27/2018
Check Amount: 180.00
Insured: BEHAVIORAL SYSTEMS SOUTHWEST,
Claimant:

Claim Office: 572
Insuring Company: THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

Payee Name: JOYCE ALTMAN INTERPRETERS

ENV 15956 3 OF 4 F

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000014220511	00019758	001	11/12/2017	MED	O	180.00
				Total Amount		180.00

Reason for Payment
ORG: 1990.00 ACT: 74473 081018-101918

Use File # 572/00019758 on all correspondence for prompt processing.
For check information call: 877-802-5246

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

Invoice #: 1832002087
Control #: 06183260030100

4 OF 4 F

ENV 15956

ALL FOR AADC 926
15956 0.9555 AB 0.405

JOYCE ALTMAN INTERPRETERS INC 183
PO BOX 4165
TUSTIN, CA 92781-4165

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

Claim #: 5720197580000
Claimant:
Date of Injury: 11/12/2017
Claimant SSN: 563-35-8676

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

State Claim #:
Patient Acct #: 74473
Service Dates: 08/10/2018-10/19/2018

Date Received: 11/06/2018
Date Reviewed: 11/22/2018
Date Processed: 11/26/2018

Rendering Provider:

Tax ID/NPI #:

Policy #: 000014220511
Employer: BEHAVIORAL SYSTEMS SOUTHWEST,
Insurer: INS CO OF THE STATE OF PA

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
08/10/2018	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1 ,2 ,3
08/14/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1 ,2 ,3
08/17/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1 ,2 ,3
08/28/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1 ,2 ,3
09/04/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1 ,2 ,3
09/11/2018	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,4
09/14/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1 ,2 ,4
09/18/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1 ,2 ,3
09/21/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1 ,2 ,3
09/25/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1 ,2 ,3
10/02/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1 ,2 ,3
10/05/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1 ,2 ,3
10/09/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1 ,2 ,3
10/11/2018	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1 ,2 ,3
10/12/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1 ,2 ,3
10/16/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1 ,2 ,3
10/19/2018	T1013	T1013	8.00	180.00	180.00	0.00	180.00	1 ,2 ,3 ,4
		Totals		1,990.00	180.00	0.00	180.00	

Diagnosis:
T1490 INJURY, UNSPECIFIED

- This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a 'balance forward bill' ontaining a duplicate charge and billing for a new service.
-DUPLICATE CHARGE (X143)
-The provider has billed for the exact services on a previous bill.
-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 on-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#
03/18/19 74817

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
710981990

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

Case: SOUTH CENTRAL LOS ANGELES REGL
Date of Injury: 1/20/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/09/18	INITIAL EXAM	DR ALLEN MASSIHI @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/13/18	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/08/18	PR2/REEVAL	W/DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/14/19	PMT BY CHECK	DOS 10/9/18-12/8/18* # 33625889	-590.00
02/09/19	PR2/REEVAL	W/DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/14/19	PMT BY CHECK	DOS 2/9/19* =# 33686847	-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 **

MR

P4000028000

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

201902141609

Electronic Service Requested

MIXED AADC 926
1397 0.5738 MB 0.425

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

Check No.: 33625889
RFP No.: 728416
Check Date: 02/14/2019
Check Amount: 590.00
Insured: SOUTH CENTRAL LOS ANGELES REGI
Claimant: /

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

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000065257993	00969506	001	08/19/2015	MED	O	590.00
					Total Amount	590.00

Reason for Payment
ORG: 590.00 ACT: 74817 100918-120818

Use File # 710/00969506 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID
FEB 20 2019
BY .....

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

NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH 50-937/213

Claim No.: 00969506 Policy No.: 000065257993
Reason for Payment: ORG: 590.00 ACT: 74817 100918-120818

CHECK No. 33625889
RFP No. 00728416
DATE 02/14/2019

**********Five Hundred Ninety Dollars*****

AMOUNT PAID
*******$590.00

Void after 90 Days

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

6302080

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

⑈33625889⑈ ⑆021309379⑆ 7864205 39⑈

ENV 1397 1 OF 2 F

AIG

EXPLANATION OF BILL REVIEW

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

Invoice #: 1903800632
Control #: 06190420339400

MIXED AADC 926
1397 0.5738 MB 0.425

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

2 OF 2 F
ENV 1397

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

Claim #: 7109695060000
Claimant: [redacted]
Date of Injury: 08/19/2015
Claimant SSN: [redacted]

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

Rendering Provider:

Tax ID/NPI #:

State Claim #:
Patient Acct #: 74817
Service Dates: 10/09/2018-12/08/2018

Policy #: 000065257993
Employer: SOUTH CENTRAL LOS ANGELES REGI
Insurer: N U F I CO OF PITTSBURGH PA

Date Received: 02/01/2019
Date Reviewed: 02/11/2019
Date Processed: 02/13/2019

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
10/09/2018	T1013	T1013	8.00	230.00	230.00	0.00	230.00	
11/13/2018	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
12/08/2018	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

P4000028000

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

201903140123

Electronic Service Requested

ALL FOR AADC 926
18573 0.7648 AB 0.409

JOYCE ALTMAN INTERPRETERS INC 230
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 18573 1 OF 3 F

Check No.: 33686847
RFP No.: 739742
Check Date: 03/14/2019
Check Amount: 180.00
Insured: SOUTH CENTRAL LOS ANGELES REGI
Claimant:

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

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000065257993	00969506	001	08/19/2015	MED	O	180.00
				Total Amount		180.00

Reason for Payment
ORG: 770.00 ACT: 74817 100918-020919

Use File # 710/00969506 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID
MAR 18 2019

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

NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH 50-937/213

Claim No.: 00969506 Policy No.: 000065257993
Reason for Payment: ORG: 770.00 ACT: 74817 100918-020919

CHECK No. 33686847
RFP No. 00739742
DATE 03/14/2019

*********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

1727740

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

⑈33686847⑈ ⑆021309379⑆ 7864205390⑈

AIG

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

Invoice #: 1906401041
Control #: 06190700174000

ALL FOR AADC 926
18573 0.7648 AB 0.409

JOYCE ALTMAN INTERPRETERS INC 230
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 18573 2 OF 3 F

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

Claim #: 7109695060000
Claimant:
Date of Injury: 08/19/2015
Claimant SSN:

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

State Claim #: A
Patient Acct #: 74817
Service Dates: 10/09/2018-02/09/2019

Date Received: 02/26/2019
Date Reviewed: 03/11/2019
Date Processed: 03/13/2019

Rendering Provider:

Tax ID/NPI #:

Policy #: 000065257993
Employer: SOUTH CENTRAL LOS ANGELES REGI
Insurer: N U F I CO OF PITTSBURGH PA

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
10/09/2018	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1 ,2 ,3
11/13/2018	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
12/08/2018	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
02/09/2019	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
		Totals		770.00	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 -The 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#
02/12/19 74961

EAMS#(s):

SS # : XXX-XX-____
DOB :
Terms: 60 days
Claim #(s):
555221397

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

Case: vs ACAPULCO POLISHING CORP.
Date Of Injury: 1/19/16

DOS	SERVICE	DESCRIPTION	AMOUNT
11/12/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/09/19	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PAEZ QUIJANO,ALEXANDRA M # 3011318	0.00
01/23/19	PMT BY CHECK	DOS 11/12/18* =# 33573154	-156.50
02/07/19	PMT BY CHECK	DOS 11/12/18-1/9/18* # 33608884	-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 **

HR

P4000028000

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

20190207161

Electronic Service Requested

MIXED AADC 926
1467 0.5738 MB 0.425

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

125

Check No.: 33608884
RFP No.: 814808
Check Date: 02/07/2019
Check Amount: 250.00
Insured: ACAPULCO POLISHING CORP

Claimant:

Claim Office: 555
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000019609408	00221397	001	01/19/2016	MED	O	250.00
					Total Amount	250.00

Reason for Payment
ORG: 406.50 ACT: 74961 111218-010919

Use File # 555/00221397 on all correspondence for prompt processing.
For check information call: 877-802-5246

FEB 12 2019

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.: 00221397 Policy No.: 000019609408
Reason for Payment: ORG: 406.50 ACT: 74961 111218-010919

CHECK No. 33608884
RFP No. 00814808
DATE 02/07/2019

**********Two Hundred Fifty Dollars***

AMOUNT PAID
*******$250.00

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

⑈33608884⑈ ⑆021309379⑆ 7864205394⑈

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

*** INVOICE ***
Date NO#
04/08/19 75472

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
572039610

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

Case: vs CAITAC GARMENT PROCESSING INC
Date Of Injury: 7/21/18

DOS	SERVICE	DESCRIPTION	AMOUNT
02/22/19	LEGAL_REVIEW	DEPO REVIEW @ L/O ANTONY GLUCK	250.00
/ /	INTERPRETER:	JUAN L. PEREZ # 100777	0.00
03/30/19	PMT BY CHECK	DOS 2/22/19* # 33721539	-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 **

MR

P4000028000

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

201903010118

M

Electronic Service Requested

ENV 20571 1 OF 3 F

ALL FOR AADC 926
20571 0.7648 AB 0.409

JOYCE ALTMAN INTERPRETERS INC 292
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 33721539
RFP No.: 432981
Check Date: 03/30/2019
Check Amount: 250.00
Insured: CAITAC GARMENT PROCESSING INC
Claima

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
000055816348	00039612	001	02/21/2018	MED	O	250.00
					Total Amount	250.00

Reason for Payment
ORG: 250.00 ACT: 75472 022219-022219

Use File # 572/00039612 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID
APR 08 2019

BY .....

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.: 00039612 Policy No.: 000055816348
Reason for Payment: ORG: 250.00 ACT: 75472 022219-022219

CHECK No.	33721539
RFP No.	00432981
DATE	03/30/2019

*********Two Hundred Fifty Dollars***

AMOUNT PAID
*******$250.00

Void after 90 Days

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

537600

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

⑈33721539⑈ ⑆021309379⑆ 7864205390⑈

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

*** INVOICE ***
Date NO#
05/06/19 75640

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
572-039692

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

Case: _____ vs CONSOLIDATED STAFFING SOLUTION
Date Of Injury: 7/17/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/19/19	QME EVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/30/19	PMT BY CHECK	DOS 3/19/19* # 33786983	-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 **

HR

P4000028000

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

2019043001119

Electronic Service Requested

PAID
MAY 06 2019

ALL FOR AADC 926
16416 0.9555 AB 0.409

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165 211

ENV 16416 1 OF 4 F

Check No.: 33786983
RFP No.: 456325
Check Date: 04/30/2019
Check Amount: 230.00
Insured: CONSOLIDATED STAFFING SOLUTION
Claimant:

Claim Office: 572
Insuring Company: COMMERCE AND INDUSTRY INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000019397878	00039692	001	07/17/2016	MED	O	230.00
					Total Amount	230.00

Reason for Payment
ORG: 230.00 ACT: 75640 031919-031919

Use File # 572/00039692 on all correspondence for prompt processing.
For check information call: 877-802-5246

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

COMMERCE AND INDUSTRY INSURANCE CO.

50-937/213

Claim No.: 00039692 Policy No.: 000019397878
Reason for Payment: ORG: 230.00 ACT: 75640 031919-031919

*********Two Hundred Thirty Dollars***

CHECK No.	**33786983**
RFP No.	**00456325**
DATE	**04/30/2019**
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

⑈33786983⑈ ⑆021309379⑆ 7864205 39⑈

932894 5

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

*** INVOICE ***
Date NO#
07/22/19 76005

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
572-037187

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

Case: vs UNISERVE
Date Of Injury: 8/27/18

DOS	SERVICE	DESCRIPTION	AMOUNT
05/15/19	PR2/REEVAL	DR ROY CAPUTO @ HAND & ORTHO OF S CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/12/19	PR2/REEVAL	DR CAPUTO @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/09/19	PMT BY CHECK	DOS 5/15/19* =# 33924657	-180.00
07/17/19	PMT BY CHECK	DOS 6/12/19* =# 33942905	-180.00

BALANCE 0.00

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MP

P4000028000

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

201907171611

Electronic Service Requested

MIXED AADC 926
1734 0.5738 MB 0.425

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

128

Check No.: 33942905
RFP No.: 512129
Check Date: 07/17/2019
Check Amount: 180.00
Insured: DECISIONHR I, INC.

Claimant:

Claim Office: 572
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

RECEIVED
JUL 22 2019

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000020771407	00037187	001	08/27/2018	MED	O	180.00
				Total Amount		180.00

Reason for Payment ✓
ORG: 360.00 ACT: 76005 051519-061219

Use File # 572/00037187 on all correspondence for prompt processing.
For check information call: 877-802-5246

ENV 1734 1 OF 2 F

EXPLANATION OF BILL REVIEW

AIG

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

Invoice #: 1918900775
Control #: 06191930043200

MIXED AADC 926
1734 0.5738 MB 0.425
JOYCE ALTMAN INTERPRETERS INC 128
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 #: 5720371870000
Claimant:
Date of Injury: 08/27/2018
Claimant SSN: 625-13-0892

State Claim #:
Patient Acct #: 76005
Service Dates: 05/15/2019-06/12/2019

Policy #: 000020771407
Employer: DECISIONHR I, INC.
Insurer: AMERICAN HOME ASSURANCE CO

Date Received: 06/28/2019
Date Reviewed: 07/12/2019
Date Processed: 07/16/2019

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
05/15/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
06/12/2019	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
			Totals	360.00	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 -The 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)
* -Any request for reconsideration of this workers' compensation payment should be accompanied by a copy of this explanation of review. (Z656)

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

CONTINUED

2019071611
2 OF 2 F
ENV 1734

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

*** INVOICE ***
Date NO#
06/04/19 75703

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1331679

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

Case: vs CONGREGATION NER TAMID OF SO.
Date Of Injury: 10/6/17

DOS	SERVICE	DESCRIPTION	AMOUNT
04/11/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	ANABEL MUNGUIA # 301374	0.00
05/30/19	PMT BY CHECK	DOS 4/11/19* # 3896889	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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HR

VOID VOID VOID VOID VOID VOID VOID VOID

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

Claim Check No. 3896889

Associated Bank
www.associatedbank.com

79-7142
2915

M

DATE	AMOUNT
05/30/19	$********250.00

VOID AFTER 180 DAYS

Pay Exactly
Two Hundred Fifty Dollars and 00/100 Cents

Pay to the Order of
JOYCE ALTMAN INTERPRETERS INC

Richard V. Pamie
AUTHORIZED SIGNATURE

PATENTS 5,197,795 5,340,159

⑈3896889⑈ ⑆291571429⑆ 2173 325 412⑈

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

Detach before depositing - Please cash within 30 days

Account/Policy No.:	0305090-07-946098	Date of Check:	05/30/19
Claim No.:	1331679	Check No.:	3896889
Date of Loss:	10/06/17		

Insured: CONGREGATION NER TAMID OF SOUTH BAY
RANCHO PALOS VERDES, CA 90275-4999

Claimant:

Description of Loss: Workers Compensation

PAID
JUN 04 2019
BY .....

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

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

The above check reflects payment for the following: 75703

Payment: $250.00

Billing Ref. No.: 75703
Service Dates: 04/11/19 To 04/11/19

MEDICAL - TT OR TPD
Miscellaneous

For questions concerning your claim, please call 1-800-554-2642. Select option 2 and enter my extension number; Laurie J. Strobel, Ext. 4538.

Control No: 4636894

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

*** INVOICE ***
Date NO#
07/22/19 71322

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
135-WCCA4011

BILL TO:
CIGA (GLENDALE)
W. C. DEPARTMENT
ATTN: DAN RIDER
P.O. BOX # 29066
GLENDALE, CA 91209-9066

Case:
Date Of Injury: 5/2/12

vs NORTH STATE MARKETING

DOS	SERVICE	DESCRIPTION	AMOUNT
11/18/15	LEGAL_WCAB	MSC @ WCAB SAN BERNARDINO	156.50
/ /	INTERPRETER:	MARTHA ESTEVEZ # 100682	0.00
02/03/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB SB	156.50
/ /	INTERPRETER:	MARTHA ESTEVEZ # 100682	0.00
04/20/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB SB	156.50
/ /	INTERPRETER:	MARTHA ESTEVEZ # 100682	0.00
12/21/16	LEGAL_WCAB	MSC @ WCAB SB	195.00
/ /	INTERPRETER:	JESSICA LUNA # 100690	0.00
04/19/17	LEGAL_WCAB	MSC @ WCAB SBR	195.00
/ /	INTERPRETER:	MARTHA ESTEVEZ # 100682	0.00
06/21/17	LEGAL_WCAB	MSC @ WCAB SBR	195.00
/ /	INTERPRETER:	MARTHA ESTEVEZ # 100682	0.00
08/22/17	LEGAL_PREP	DEPO PREP @ L/O HANNA BROPHY	156.50
/ /	INTERPRETER:	CARLOS ARIAS # 301574	0.00
03/07/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB SBR	156.50
/ /	INTERPRETER:	MARTHA ESTEVEZ # 100682	0.00
04/04/18	PMT BY CHECK	DOS 11/18/15-3/7/18* # 81270887 CIGA	-1367.50
05/04/18	PENALTIES	FOR DATE OF SERVICE 11/18/15	23.48
04/04/18	INTEREST	FOR DATE OF SERVICE 11/18/15	19.62
05/04/18	PENALTIES	FOR DATE OF SERVICE 2/3/16	23.48
04/04/18	INTEREST	FOR DATE OF SERVICE 2/3/16	19.62
05/04/18	PENALTIES	FOR DATE OF SERVICE 4/20/16	23.48
04/04/18	INTEREST	FOR DATE OF SERVICE 4/20/16	19.62
05/04/18	PENALTIES	FOR DATE OF SERVICE 12/21/16	29.25
04/04/18	INTEREST	FOR DATE OF SERVICE 12/21/16	24.45
05/04/18	PENALTIES	FOR DATE OF SERVICE 4/19/17	29.25
04/04/18	INTEREST	FOR DATE OF SERVICE 4/19/17	20.15
05/04/18	PENALTIES	FOR DATE OF SERVICE 6/21/17	29.25
04/04/18	INTEREST	FOR DATE OF SERVICE 6/21/17	16.28
05/04/18	PENALTIES	FOR DATE OF SERVICE 8/22/17	23.48

MR

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

*** INVOICE ***
Date NO#
07/22/19 71322

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
135-WCCA4011

BILL TO:
CIGA (GLENDALE)
W. C. DEPARTMENT
ATTN: DAN RIDER
P.O. BOX # 29066
GLENDALE, CA 91209-9066

Case:
Date Of Injury: 5/2/12

vs NORTH STATE MARKETING

DOS	SERVICE	DESCRIPTION	AMOUNT
04/04/18	INTEREST	FOR DATE OF SERVICE 8/22/17	9.57
06/08/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/09/19	PMT BY CHECK	DOS 6/8/19* # 81713394 CIGA	-250.00

BALANCE 310.98

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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 **

CALIFORNIA INSURANCE GUARANTEE ASSOC.
P.O. BOX 29066
GLENDALE, CA 91209-9066

Address Service Requested

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

000169-000001-000001-000169 2209594 1040CK01 1
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781

Phone: (818) 844-4300

CHECK NUMBER: 81713934

Description	Invoice	Claim #	G/L Code	Serv/From	Serv/To	Amount
112-Interpreter	71322 ✓	135-WCCA4011		06/08/2019	06/08/2019	$250.00
TOTAL:	67884 68090					$250.00

PAID
JUL 17 2019
BY. .....

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

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

BANK OF AMERICA NT SA
LOS ANGELES, CA 90067

16-66/1220

CHECK NO. 81713934

DATE: 07/09/2019

Claim#: 135-WCCA4011
Claimant:
Insured: NORTH STATE
DOL: 05/02/2012

VOID 120 DAYS AFTER DATE OF ISSUE

PAY TWO HUNDRED FIFTY AND 00/100

*****$250.00

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bradley A Rocha
Authorized Signature

Anthony Kennedy
Authorized Signature

Memo: INV #: 71322

1040-CK01

⑈81713934⑈ ⑆122000661⑆ 14177⑈50212⑈

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

*** INVOICE ***
Date NO#
04/30/19 73732

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E3362870

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

Case: ___ vs KING TACO RESTAURANT
Date Of Injury: 5/14/16 - 5/14/17

DOS	SERVICE	DESCRIPTION	AMOUNT
04/03/18	PR2/REEVAL	DR JOHN XIAO JIANG QIAN/DAVE FRANKE,PA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/25/19	PMT BY CHECK	DOS 4/3/18* # 1069006310	-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 **

CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

000689

JOYCE ALTMAN INTERPRETERS INC

PO BOX #4165
TUSTIN CA 92781-4165

RECEIVED
APR 30 2019
BY: .....

MR

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

Claim Number *
E3 362870P7

Insured/Client
KING TACO RESTAURANT INC

Claimant

ATT
04/25/19

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
05/14/17		04/03/18-04/03/18	MED	23		MI	$180.00
							$180.00

Reason
INV# 73732 04/12/19

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

106906310
Date Issued
04/25/19

66-156
531
Bank Acct.
475962809

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 362870	P7	KING TACO RESTAURANT INC	2C
Prefix & Contract No. WC -2074978367		Claimant	Date of Loss 05/14/17
From-thru (Dates) 04/03/18	In Payment of 04/03/18	INV# 73732 04/12/19	

PAY ONE HUNDRED EIGHTY AND NO/100THS ---------- Dollars

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

********$180.00

Wells Fargo Bank, N.A

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

L137648F

⑈0106906310⑈ ⑆053101561⑆ 4759628092⑈

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

*** INVOICE ***
Date NO#
02/13/19 74453

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
CWC230068558

BILL TO:
COMPWEST INS. (LASING-MI)
W. C. DEPARTMENT
ATTN: KARLA NATIVIDAD
P.O. BOX 40790
LANSING, MI 48901

Case: vs WEST COAST LAB (CHARLES)
Date Of Injury: 5/23/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/01/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO CALIF*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/29/18	PR2/REEVAL	DR FLEDMAN @ HAND @ ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
09/26/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
11/21/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/19/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/30/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/04/19	PMT BY CHECK	DOS 8/1/18-12/19/18* # 100666920	-900.00

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 **

WP

AF Group | PO Box 40790 Lansing, MI 48901-7990

on behalf of
Accident Fund Insurance Company of America

Security features included. Details on back.

VOID AFTER 180 DAYS

Check Number 100666920

JPMorgan Chase Bank, N.A.
Columbus, OH
56-1544/441

Check Date 02/04/2019 **Pay This Amount**

Pay the Sum of *Nine hundred and 00/100 Dollars*

****$900.00****

Pay To The Order Of:

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

⑈100666920⑈ ⑆044115443⑆ 268937353⑈ M

CompWest
Part of the AF Group

PO Box 40790
Lansing, MI 48901-7990
CompWestInsurance.com

CHECK DATE : 02/04/2019
CHECK NUMBER : 100666920

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
CWC230068558	08/01/2018 Claim CWC230068558	12/19/2018		74453 - 080118,082918,092618,112118,121918	$900.00
				TOTAL	$900.00

74453

FEB 1 1 2019

Questions may be directed to us at : 888-266-7937
Check Number : 100666920

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

*** INVOICE ***
Date NO#
11/13/18 74487

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
56215

BILL TO:
COMPWEST INS. (LASING-MI)
W. C. DEPARTMENT
ATTN: CHRIS BROWN
P.O. BOX 40790
LANSING, MI 48901

Case: vs LAWNDALE HEALTHCARE & WELLNESS
Date Of Injury: 12/9/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/07/18	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE (4HR)	460.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/23/18	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/05/18	PMT BY CHECK	DOS 8/7/18-8/23/18* # 100539412	-690.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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HL

M

CompWest
Part of the AF Group

PO Box 40790
Lansing, MI 48901-7990
CompWestInsurance.com

CHECK DATE : 11/05/2018
CHECK NUMBER : 100539412

74487

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
0000056215	08/07/2018 Claim 0000056215	08/23/2018		74487	$690.00
				TOTAL	$690.00

PAID
NOV 13 2018

Questions may be directed to us at : 888-266-7937
Check Number : 100539412

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

*** INVOICE ***
Date NO#
04/30/19 75532

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
1000005904

BILL TO:
COPPER POINT INS (PHX AZ)
W. C. DEPARTMENT
ATTN: MARY DANIELS
3030 N 3RD ST.
PHOENIX, AZ 85012

Case: vs PACE PACIFIC
Date Of Injury: 3/7/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/07/19	INITIAL EXAM	DR EMMETT COX @ HAND & ORTHO OF SO. CALIF*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/14/19	POST-OP	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/28/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/24/19	PMT BY CHECK	DOS 3/7/19-3/28/19* =# 17834231	-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 **

MR

Electronic Payment Clearinghouse
CopperPoint Mutual Insurance Company
CopperPoint American
3030 N 3rd St
Phoenix AZ 85012

HUNTINGTON NATIONAL BANK 56-1512
Westerville OH 43081 441
Electronic Payment Clearinghouse
Echo Health, Inc.

DRAFT NO. 178934231
DRAFT DATE 04/24/2019

Form 614-BG

PAYABLE THROUGH DRAFT Five Hundred Ninety & 00 / 100 Dollars

AMOUNT
**********$590.00

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

William A Trimmer

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈178934231⑈ ⑆044115126⑆ ⑈0166950861 2⑈

APR 30 2019

Your name, Joyce Altman Interpreters Inc, and Tax ID have been verified by the IRS.

Tax ID: 330956713 *EPC Draft #:* 178934231 *Payment Date:* 04/24/2019

Payor: CopperPoint American
3030 N 3rd Street
Phoenix AZ 85012

Payor ID:

Payee ID: abccPrd:37806

Billing Provider: Joyce Altman Interpreters Inc
Billing Provider Address: PO Box 4165
Tustin CA 92781
Provider State License # :
Rendering Provider: JOYCE ALTMAN INTERPRETERS
Rendering Provider NPI:

PROVIDER BILL DETAIL:

Claimant:

D.O.B:
SSN:
Bill Control #: 220190409CPICPIC75786
Patient Acct #: 75532
Employer: Pace Pacific Corp
Employer Address: 3731 E. University Dr.
Phoenix AZ 85034
Diagnosis Codes: T1490

Claim Number: 1000005904
Bill Review #: CPI-CPAZ-89485
Jurisdiction: AZ
Reviewed by:
Adjuster: cpellerin
Network:
PPO/MPN ID:

Date Received: 04/09/2019
Date of Injury: 03/07/2019
Date Reviewed: 04/17/2019
Date of Bill: 04/04/2019
Bill Type: PROF
Payment Type: MED
PPO Subnet:

Service Date	Billed Code/Mod	TOS	POS	Qty	Charged	F/S Amount	PPO Amount	Other	Allowed	Explanation Codes
3/7/19	99927	9	99	1	230.00	0.00	0.00	0.00	230.00	
3/14/19	99927	9	99	1	180.00	0.00	0.00	0.00	180.00	
3/28/19	99927	9	99	1	180.00	0.00	0.00	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#
07/25/18 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

MR

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

*** INVOICE ***
Date NO#
07/25/18 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
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#
07/25/18 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	
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
03/12/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/22/18	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#
07/25/18 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:	JESUS A. CASTILLO # 500358	0.00
03/26/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/27/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/29/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 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
04/16/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/23/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/24/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/01/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/03/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/09/18	FOLLOW UP	PHYSICAL TX W/DR MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/22/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/24/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/29/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	DIANA RODRIGUEZ # 009611	0.00
06/14/18	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#
07/25/18 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:	JESUS CASTILLO # 500358	0.00
06/21/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/26/18	P AND S	DR ROSTAMI @ EPC*	230.00
/ /	INTERPRETER:	DIANA RODRIGUEZ # 009611	0.00
06/28/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/19/18	PMT BY CHECK	DOS 4/16/18-6/26/18* =# 8530079	-1670.00

BALANCE 2700.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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
BBSI - EC
PO BOX 279350
SACRAMENTO, CA 95827

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8530079	07/19/18

Claim#: BB-17-002297

PAY EXACTLY: *One thousand six hundred seventy and 00/100 Dollars*

******$1,670.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈0008530079⑈ ⑆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:

Patient DOB:

JUL 23 2018

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4511701 - 1
Reprice: CA, 92781
Billed Date: 07/09/2018
Business Rcvd: 07/13/2018
MBR Rcvd: 07/13/2018
MBR Date: 07/19/2018
Date Approved: 07/19/2018
DOS From - To: 04/16/2018 - 06/26/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 4099
Vendor #:
PIN:

Treating Provider:
Referring Physician: SHERRY ROSTAMI
Patient Control #: 72757
Provider Tax Id: 33-0956713

Claim #: BB-17-002297
Processor Initials:
DOI: 04/21/2017
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
04/16/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
04/23/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
04/24/18	T1013 G57	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	The service for which interpreting was performed is not authorized and/or denied. Please provide authorization for the service rendered.								
05/01/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00

05/03/18	T1013 G57	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00 $0.00

The service for which interpreting was performed is not authorized and/or denied. Please provide authorization for the service rendered.

05/09/18	T1013 G69	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00	A	$90.00 $0.00

The service for which interpreting was performed is not authorized and/or denied. Please provide authorization for the service rendered.

05/22/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$0.00 $180.00
05/24/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$0.00 $180.00
05/29/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$0.00 $180.00
06/14/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$0.00 $180.00
06/21/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$0.00 $180.00
06/26/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00	A	$0.00 $230.00

Sub-Totals for Bill: 4511701	**$2120.00**	**$450.00**	**$1670.00**
Charges not listed have been previously processed			$0.00
Totals for Bill:4511701			**$1670.00**

Line Item Reason Codes and Descriptions
MV0 Market Value

RX3 Per BU/provider agreement amount may be negotiated

Line Item Reason Codes and Descriptions
G57 This service requires prior authorization and none was identified.
G67 Payment based on individual pre-negotiated agreement for this specific service
G69 Payment was denied as the service was provided outside the designated network

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

*** INVOICE ***
Date NO#
07/22/19 73322

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-17-005899

BILL TO:
CORVEL CORPORATION (CHINO)

ATTN: LAURA PITTENGER
P.O. BOX 669
CHINO, CA 91708

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
04/30/19	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/31/19	PMT BY CHECK	DOS 4/30/19* =# 8817071	-156.50
05/28/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	ANABEL MUNGUIA # 301374	0.00
07/18/19	PMT BY CHECK	DOS 5/28/19* =# 8855614	-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 **

MR

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

AS ADMINISTRATOR OF:
Ace American Insurance Company

Claim#: BB-17-005899

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8855614	07/18/19

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

*******$250.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

⑈00088556 14⑈ ⑆121000248⑆ 4121 5140 12⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: OC BAKING COMPANY, SANTA ANA
540 W Freedom Ave
Orange, CA 92865

Employer
Patient:

PAID
JUL 22 2019

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB:	Workers' Compensation
Site/Bill #:	48/5174722 - 1
Reprice:	CA, 92781
Billed Date:	06/07/2019
Business Rcvd:	06/20/2019
MBR Rcvd:	06/20/2019
MBR Date:	07/18/2019
Date Approved:	07/18/2019
DOS From - To:	01/30/2018 - 05/28/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 1888

Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 73322
Provider Tax Id: 33-0956713

Claim #: BB-17-005899
Processor Initials: ML
DOI: 05/27/2017
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
01/30/18	T1013 R1 . G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$156.50		A	$156.50	$0.00
	Original bill [4273691.48]								
	Billed: 99199; Units: 1								
02/20/18	T1013 R1 . G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$250.00		A	$250.00	$0.00
	Original bill [4273691.48]								
	Billed: 99199; Units: 1								
04/30/19	T1013 R1 . G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$156.50		A	$156.50	$0.00
	Original bill [5088743.48]								
	Billed: 99199; Units: 1								

05/28/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$250.00			$0.00	$250.00
	G67, MV0, RZZ		1	11		A		
	Compromise & Release Interpreter - Anabel Munguia # 301374 / Lakewood Ca							
	Billed: 99199; Units: 1							
Sub-Totals for Bill: 5174722				**$813.00**			**$563.00**	**$250.00**

Totals for Bill:5174722 **$250.00**

Line Item Reason Codes and Descriptions

MV0 Market Value

R1 Duplicate Billing

RZZ Payer/ Provider agreement in place

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

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.

****"Please note our new mailing address for bill submission: PO Box 6966, Portland, OR 97228."****

ICD Diagnosis Code

T14.90XA INJURY UNSPECIFIED INITIAL ENCOUNTR

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 -

Payer Identification Number - 952371728
Pay- To Provider State License Number -
Rendering Provider ID -
MPN ID - 0409, 2364
Carrier Telephone Number -
Bill Frequency Type - 0
Payment Status Code - 1

Date Paid Information
Method of Payment - Check
Payment ID Number - 8855615
Payment Date - 07/18/2019

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

*** INVOICE ***
Date NO#
07/25/18 73878

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-18-001600

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

Case: vs BARRETT BUSINESS/AVALON PRESTI
Date Of Injury: CT 4/5/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/24/18	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/03/18	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/17/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/22/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/24/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/31/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/07/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/14/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/21/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500358	0.00
06/26/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500358	0.00
06/18/18	INITIAL EXAM	DR TOSHA BROWN @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/28/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/16/18	PMT BY CHECK	DOS 6/14/18* =# 8526231	-180.00

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#
07/25/18 73878

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-18-001600

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

Case: vs BARRETT BUSINESS/AVALON PRESTI
Date Of Injury: CT 4/5/18

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 2130.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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

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

*** INVOICE ***

Date	NO#
08/30/18	74029

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-18-00-1730

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

Case: vs VINCENT RAGS, INC
Date Of Injury: 4/10/18; 7/01-5/18

DOS	SERVICE	DESCRIPTION	AMOUNT
05/21/18	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/25/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/30/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/01/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/04/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/11/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
06/13/18	PR2/REEVAL	DR GOFNUNG @ GONFUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/18/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
06/25/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
06/27/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/22/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/09/18	F/U CHIRO TX	CHIRO TX KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/11/18	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/16/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/19/18	PMT BY CHECK	DOS 5/21/18-6/27/18* =# 8530606	-1220.00

UR

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

*** INVOICE ***

Date	NO#
08/30/18	74029

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-18-00-1730

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

Case: vs VINCENT RAGS, INC
Date Of Injury: 4/10/18; 7/01-5/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/27/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/30/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/25/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/26/18	PMT BY CHECK	DOS 7/9/18* =# 8537256	-90.00
08/15/18	MED-LEGAL	EVAL W/DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
08/17/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/20/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
08/22/18	PMT BY CHECK	DOS 7/11/18* =# 8562227	-180.00

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

VOID VOID VOID

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

CORVEL

Bank Code= BBSEC
11:24
1210(8)

CHECK NUMBER	CHECK DATE
8530606	07/19/18

Claim#: BB-18-001730

PAY EXACTLY: *One thousand two hundred twenty and 00/100 Dollars*

******$1,220.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008530606⑈ ⑆121000248⑆ 4121 5140 12⑈

ATCH HERE

DETACH HERE

CORVEL
Explanation of Review

Business Unit: VINCENT RAGS, INC., ONTARIO-9038
1933 W 60th St
Los Angeles, CA 90047

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

JUL 23 2018

LOB: Workers' Compensation
Site/Bill #: 48/4511629 - 1
Reprice: CA, 92781
Billed Date: 07/11/2018
Business Rcvd: 07/13/2018
MBR Rcvd: 07/13/2018
MBR Date: 07/19/2018
Date Approved: 07/19/2018
DOS From - To: 05/21/2018 - 06/27/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 3237
Vendor #:
PIN:

Treating Provider:
Referring Physician: MAYYA KRAVCHENKO
Patient Control #: 74029
Provider Tax Id: 33-0956713

Claim #: BB-18-001730
Processor Initials: AS
DOI: 04/10/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
05/21/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		A	$0.00	$230.00
05/25/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00		A	$0.00	$90.00
05/30/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00		A	$0.00	$90.00
06/01/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00		A	$0.00	$90.00

CORVEL

06/04/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00	A	$0.00 $90.00
06/11/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00	A	$0.00 $90.00
06/13/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$0.00 $180.00
06/18/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00	A	$0.00 $90.00
06/22/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00	A	$0.00 $90.00
06/25/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00	A	$0.00 $90.00
06/27/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00	A	$0.00 $90.00
Sub-Totals for Bill: 4511629					**$1220.00**		**$0.00 $1220.00**

Totals for Bill:4511629 **$1220.00**

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.
****"Please note our new mailing address for bill submission: PO Box 6966, Portland, OR 97228."****

ICD Diagnosis Code
T14.90XA INJURY UNSPECIFIED INITIAL ENCOUNTR

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 -

VOID VOID VOID

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

CORVEL

Bank Code= BBSEC
11-24
1210(8)

M

CHECK NUMBER	CHECK DATE
8562227	08/22/18

Claim#: BB-18-001730

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈000856 2227⑈ ⑆121000248⑆ 4121 5140 12⑈

TACH HERE

CORVEL

Explanation of Review

DETACH HERE

Business Unit: VINCENT RAGS, INC., ONTARIO-9038
1933 W 60th St
Los Angeles, CA 90047

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

AUG 28 2018

LOB: Workers' Compensation
Site/Bill #: 48/4539084 - 1
Reprice: CA, 92781
Billed Date: 07/23/2018
Business Rcvd: 07/27/2018
MBR Rcvd: 07/27/2018
MBR Date: 08/22/2018
Date Approved: 08/22/2018
DOS From - To: 07/11/2018 - 07/11/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 3237
Vendor #:
PIN:

Treating Provider:
Referring Physician: MAYYA KRAVCHENKO
Patient Control #: 74029
Provider Tax Id: 33-0956713

Claim #: BB-18-001730
Processor Initials: AS
DOI: 04/10/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
07/11/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00

Sub-Totals for Bill: 4539084	$180.00	$0.00	$180.00
Charges not listed have been previously processed			$0.00
Totals for Bill:4539084			$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

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.
****"Please note our new mailing address for bill submission: PO Box 6966, Portland, OR 97228."****

ICD Diagnosis Code
T14.90XA INJURY UNSPECIFIED INITIAL ENCOUNTR

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 -

Payer Identification Number - 952371728
Pay- To Provider State License Number -
Rendering Provider ID -
MPN ID - 0409
Carrier Telephone Number -
Bill Frequency Type - 0
Payment Status Code - 1

Date Paid Information
Method of Payment - Check
Payment ID Number - 8562227
Payment Date - 08/22/2018

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#
01/04/19 74157

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-18-002592

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

Case: vs MAYA STEEL
Date Of Injury: 5/30/18

DOS	SERVICE	DESCRIPTION	AMOUNT
06/01/18	INITIAL EXAM	DR MICHAEL FELDMAN @ HAND & ORTHO CTR OF CA*	230.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
06/08/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/15/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/27/18	PMT BY CHECK	DOS 6/1/18-6/15/18* =# 8538799	-590.00
08/21/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/31/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/15/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
09/19/18	PMT BY CHECK	DOS 8/21/18* =# 8587754	-180.00
09/27/18	PMT BY CHECK	DOS 8/31/18* =# 8596503	-180.00
09/28/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
10/08/18	PMT BY CHECK	DOS 8/15/18* =# 8606084	-180.00
10/26/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
11/21/18	P AND S	DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/18/18	PMT BY CHECK	DOS 10/26/18-11/21/18* =# 8670833	-410.00

MP

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

*** INVOICE ***

Date	NO#
01/04/19	74157

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-18-002592

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

Case: vs MAYA STEEL
Date Of Injury: 5/30/18

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

VOID VOID VOID

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

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8538799	07/27/18

Claim#: BB-18-002592

PAY EXACTLY: *Five hundred ninety and 00/100 Dollars*

*******$590.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008538799⑈ ⑆121000248⑆ 4121 514012⑈

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DETACH HERE

CORVEL
Explanation of Review

Business Unit: MAYA STEEL FABRICATIONS, INC., V
301 E Compton Blvd
Gardena, CA 90248

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4527776 - 1
Reprice: CA, 92781
Billed Date: 07/18/2018
Business Rcvd: 07/20/2018
MBR Rcvd: 07/20/2018
MBR Date: 07/26/2018
Date Approved: 07/26/2018
DOS From - To: 06/01/2018 - 06/15/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 2254

Vendor #:
PIN:

Treating Provider:
Referring Physician: MICHAEL FELDMAN
Patient Control #: 74157
Provider Tax Id: 33-0956713

Claim #: BB-18-002592
Processor Initials: BK
DOI: 05/30/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
06/01/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		A	$0.00	$230.00
06/08/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
06/15/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
Sub-Totals for Bill: 4527776					$590.00			$0.00	$590.00
Totals for Bill:4527776									$590.00

Line Item Reason Codes and Descriptions

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
8587754	09/19/18

Claim#: BB-18-002592

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008587754⑈ ⑆121000248⑆ 4121 514012⑈

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CORVEL
Explanation of Review

Business Unit: MAYA STEEL FABRICATIONS, INC., V
301 E Compton Blvd
Gardena, CA 90248

Employer
Patient:

Patient DOB:

SEP 25 2018

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4616660 - 1
Reprice: CA, 92781
Billed Date: 08/31/2018
Business Rcvd: 09/05/2018
MBR Rcvd: 09/05/2018
MBR Date: 09/18/2018
Date Approved: 09/18/2018
DOS From - To: 08/21/2018 - 08/21/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 1578

Treating Provider:
Referring Physician: MICHAEL FELDMAN
Patient Control #: 74157
Provider Tax Id: 33-0956713 ✓

Claim #: BB-18-002592
Processor Initials: BB
DOI: 05/30/2018
RX Number:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
08/21/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 4616660					**$180.00**			**$0.00**	**$180.00**
Totals for Bill:4616660									**$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

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
8596503	09/27/18

Claim#: BB-18-002592

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈0008596503⑈ ⑆121000248⑆ 4121 514012⑈

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CORVEL

Explanation of Review

DETACH HERE

Business Unit: MAYA STEEL FABRICATIONS, INC., V
301 E Compton Blvd
Gardena, CA 90248

Employer
Patient:

PAID
OCT 02 2018

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4636456 - 1
Reprice: CA, 92781
Billed Date: 09/14/2018
Business Rcvd: 09/17/2018
MBR Rcvd: 09/17/2018
MBR Date: 09/26/2018
Date Approved: 09/26/2018
DOS From - To: 06/01/2018 - 08/31/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 1578
Vendor #:
PIN:

Treating Provider:
Referring Physician: MICHAEL FELDMAN
Patient Control #: 74157
Provider Tax Id: 33-0956713

Claim #: BB-18-002592
Processor Initials: BB
DOI: 05/30/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
08/31/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00

Sub-Totals for Bill: 4636456 $180.00 $0.00 $180.00

Charges not listed have been previously processed

Totals for Bill:4636456 $0.00

$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

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
8606084	10/08/18

Claim#: BB-18-002592

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008606084⑈ ⑆121000248⑆ 4121 514012⑈

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CORVEL
Explanation of Review

Business Unit: MAYA STEEL FABRICATIONS, INC., V
301 E Compton Blvd
Gardena, CA 90248

Employer
Patient:

RECEIVED
OCT 16 2018
BY:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4648327 - 1
Reprice: CA, 92781
Billed Date: 09/18/2018
Business Rcvd: 09/24/2018
MBR Rcvd: 09/24/2018
MBR Date: 10/08/2018
Date Approved: 10/08/2018
DOS From - To: 08/15/2018 - 08/15/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 1578
Vendor #:
PIN:

Treating Provider:
Referring Physician: MICHAEL FELDMAN
Patient Control #: 74157
Provider Tax Id: 33-0956713

Claim #: BB-18-002592
Processor Initials: BB
DOI: 05/30/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
08/15/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 4648327					**$180.00**			**$0.00**	**$180.00**
Charges not listed have been previously processed									$0.00
Totals for Bill:4648327									**$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

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
8670833	12/18/18

Claim#: BB-18-002592

PAY EXACTLY: *Four hundred ten and 00/100 Dollars*

*******$410.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

Richard Schaeppi

M

⑈0008670833⑈ ⑆121000248⑆ 4121 514012⑈

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DETACH HERE

CORVEL
Explanation of Review

Business Unit: MAYA STEEL FABRICATIONS, INC., V
301 E Compton Blvd
Gardena, CA 90248

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

JAN 02 2019

LOB: Workers' Compensation
Site/Bill #: 48/4783231 - 1
Reprice: CA, 92781
Billed Date: 11/21/2018
Business Rcvd: 12/07/2018
MBR Rcvd: 12/07/2018
MBR Date: 12/18/2018
Date Approved: 12/18/2018
DOS From - To: 06/01/2018 - 11/21/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 1578
Vendor #:
PIN:

Treating Provider:
Referring Physician: MICHAEL FELDMAN
Patient Control #: 74157
Provider Tax Id: 33-0956713

Claim #: BB-18-002592
Processor Initials: BB
DOI: 05/30/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
06/01/18	T1013 R1 . G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		A	$230.00	$0.00
	Original bill [4527776.48]								
06/08/18	T1013 R1 . G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	Original bill [4527776.48]								
06/15/18	T1013 R1 . G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	Original bill [4527776.48]								

CORVEL

08/15/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4648327,48]							
08/21/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4616660,48]							
08/31/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4636456,48]							
09/28/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4695063,48]							
10/26/18	T1013 507, G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$0.00	$180.00
11/21/18	T1013 507, G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00	A	$0.00	$230.00
Sub-Totals for Bill: 4783231					**$1720.00**		**$1310.00**	**$410.00**

Totals for Bill:4783231 **$410.00**

Line Item Reason Codes and Descriptions
507 Priced According to Contract Agreement
R1 Duplicate Billing

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

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.
****"Please note our new mailing address for bill submission: PO Box 6966, Portland, OR 97228."****

ICD Diagnosis Code
T14.90XA INJURY UNSPECIFIED INITIAL ENCOUNTR

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

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

*** INVOICE ***
Date NO#
01/30/19 74158

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0545-WC-17-0003182

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

Case: vs COSWAY CO. INC./EMPLOYBRIDGE
Date Of Injury: 9/6/17

DOS	SERVICE	DESCRIPTION	AMOUNT
06/12/18	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/20/18	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/28/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/12/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/17/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/19/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/26/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/07/18	FOLLOW UP	PHYSICAL TX W/DR MINA LAHIJANI @ EPC*	90.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/13/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/28/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/10/18	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ EPC*	150.00
/ /	INTERPRETER:	JESUS CATILLO # 500358	0.00
09/17/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/24/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/15/18	L.I.N.T.	LOCALIZED INTENSE NEURO-	150.00

HR

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

*** INVOICE ***
Date NO#
01/30/19 74158

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0545-WC-17-0003182

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

Case: vs COSWAY CO. INC./EMPLOYBRIDGE
Date Of Injury: 9/6/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	STIMULATION @ EPC* ALBERTO VILLAGOMEZ # 500341	0.00
10/22/18	L.I.N.T.	LOCALIZED INTENSE NEURO- STIMULATION @ EPC*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/29/18	L.I.N.T.	LOCALIZED INTENSE NEURO- STIMULATION @ EPC	150.00
/ /	-	W/DR LAHIJANI*	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/08/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/04/18	LIEN FIL FEE	LIEN FILING FEE	150.00
01/23/19	PMT BY CHECK	DOS 6/12/18-12/4/18* =# 3176198	-2740.00

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 **

CORVEL ENTERPRISE COMP, INC.
EMPLOYBRIDGE
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= EMPLO
11-24
1210(8)

CHECK NUMBER	CHECK DATE
3176198	01/23/19

Claim#: 0545-WC-17-0000255

******$2,740.00

Two thousand seven hundred forty and 00/100 Dollars

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0003176198⑈ ⑆121000248⑆ 4178 523411⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

JAN 29 2019

Business Unit: 505400-00071-COSWAY CO.
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 #: 48/4841035 - 1
Reprice: CA, 92781
Billed Date: 12/27/2018
Business Rcvd: 01/11/2019
MBR Rcvd: 01/11/2019
MBR Date: 01/23/2019
Date Approved: 01/23/2019
DOS From - To: 06/12/2018 - 12/04/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Chavez, Clarissa
Vendor #:
PIN:

Treating Provider:
Referring Physician: SHERRY ROSTAMI
Patient Control #: 74158
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: 0545-WC-17-0000255
Processor Initials: CXC
DOI: 02/07/2017
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
06/12/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		A	$0.00	$230.00
06/21/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		A	$0.00	$230.00
06/28/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
07/12/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00

07/17/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1 11	$180.00		A	$0.00	$180.00
07/19/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1 11	$180.00		A	$0.00	$180.00
07/26/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1 11	$180.00		A	$0.00	$180.00
08/07/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1 11	$90.00		A	$0.00	$90.00
08/13/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1 11	$90.00		A	$0.00	$90.00
08/28/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1 11	$180.00		A	$0.00	$180.00
09/10/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1 11	$150.00		A	$0.00	$150.00
09/17/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1 11	$90.00		A	$0.00	$90.00
09/24/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1 11	$90.00		A	$0.00	$90.00
10/08/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1 11	$90.00		A	$0.00	$90.00
10/15/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1 11	$150.00		A	$0.00	$150.00
10/22/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1 11	$150.00		A	$0.00	$150.00
10/29/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1 11	$150.00		A	$0.00	$150.00
12/04/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1 11	$150.00		A	$0.00	$150.00
Sub-Totals for Bill: 4841035			**$2740.00**			**$0.00**	**$2740.00**

Totals for Bill:4841035 **$2740.00**

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#
05/17/19 74171

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB18002706

BILL TO:
CORVEL CORPORATION (CHINO)
W. C. DEPARTMENT
ATTN: REBECCA TORRES
P.O. BOX 669
CHINO, CA 91708

Case: vs BBSI
Date Of Injury: 6/4/18

DOS	SERVICE	DESCRIPTION	AMOUNT
06/21/18	INITIAL EXAM	DR EMMETT COX @ HAND & ORTHO CTR OF CA*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/05/18	PRE-OP	DR MICHAEL FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/12/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/19/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/02/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/23/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/20/18	PMT BY CHECK	DOS 6/21/18-8/2/18* =# 8589487	-950.00
09/27/18	PMT BY CHECK	DOS 8/23/18* =# 8596207	-180.00
09/13/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/19/18	PMT BY CHECK	DOS 9/13/18* =# 8617614	-180.00
10/11/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/18/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/25/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/16/18	PMT BY CHECK	DOS 10/11/18* =# 8644760	-180.00
12/06/18	PMT BY CHECK	DOS 10/18/18* =# 8659581	-180.00
12/10/18	PMT BY CHECK	DOS 10/25/18* =# 8662261	-180.00
12/13/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00

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#
05/17/19 74171

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB18002706

BILL TO:
CORVEL CORPORATION (CHINO)
W. C. DEPARTMENT
ATTN: REBECCA TORRES
P.O. BOX 669
CHINO, CA 91708

Case: vs BBSI
Date Of Injury: 6/4/18

DOS	SERVICE	DESCRIPTION	AMOUNT
01/10/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/22/19	PMT BY CHECK	DOS 12/13/18* =# 8698941	-90.00
01/31/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/06/19	PMT BY CHECK	DOS 1/10/19* =# 8712380	-180.00
02/28/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/28/19	PMT BY CHECK	DOS 1/31/19* =# 8734061	-180.00
03/26/19	PMT BY CHECK	DOS 2/28/19* =# 8758220	-180.00
04/04/19	PMT BY CHECK	DOS 12/13/18* =# 8766176	-90.00
04/11/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/13/19	PMT BY CHECK	DOS 4/11/19* =# 8800268	-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 **

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
8589487	09/20/18

Claim#: BB-18-002706

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

*******$950.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈0008589487⑈ ⑆121000248⑆ 4121 514012⑈

TACH HERE

DETACH HERE

CORVEL
Explanation of Review

Business Unit: BASE FRAMING, INC., CAMARILLO-90
1336 Moorpark Rd Ste 292
Thousand Oaks, CA 91360

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4598412 - 1
Reprice: CA, 92781
Billed Date: 08/20/2018
Business Rcvd: 08/27/2018
MBR Rcvd: 08/27/2018
MBR Date: 09/20/2018
Date Approved: 09/20/2018
DOS From - To: 06/21/2018 - 08/02/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 4079
Vendor #:
PIN:

Treating Provider:
Referring Physician: EMMETT COX
Patient Control #: 74171
Provider Tax Id: 33-0956713

Claim #: BB-18-002706
Processor Initials:
DOI: 06/04/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
06/21/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		A	$0.00	$230.00
07/05/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
07/12/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
07/19/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00

CORVEL

08/02/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$0.00	$180.00

Sub-Totals for Bill: 4598412	**$950.00**	**$0.00**	**$950.00**

Totals for Bill:4598412 **$950.00**

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.
****"Please note our new mailing address for bill submission: PO Box 6966, Portland, OR 97228."****

ICD Diagnosis Code
T14.90XA INJURY UNSPECIFIED INITIAL ENCOUNTR

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 -

Payer Identification Number - 952371728
Pay- To Provider State License Number -
Rendering Provider ID -
MPN ID - 0409
Carrier Telephone Number -
Bill Frequency Type - 0
Payment Status Code - 1

Date Paid Information
Method of Payment - Check
Payment ID Number - 8589488
Payment Date - 09/20/2018

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
8596207	09/27/18

Claim#: BB-18-002706

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008596207⑈ ⑆121000248⑆ 4121 514012⑈

TACH HERE

DETACH HERE

CORVEL

Explanation of Review

PAID
OCT 02 2018

Business Unit: BASE FRAMING, INC., CAMARILLO-90
1336 Moorpark Rd Ste 292
Thousand Oaks, CA 91360

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4623909 - 1
Reprice: CA, 92780
Billed Date: 09/04/2018
Business Rcvd: 09/10/2018
MBR Rcvd: 09/10/2018
MBR Date: 09/26/2018
Date Approved: 09/26/2018
DOS From - To: 06/21/2018 - 08/23/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 4079
Vendor #:
PIN:

Treating Provider:
Referring Physician: EMMETT COX
Patient Control #: 74171
Provider Tax Id: 33-0956713

Claim #: BB-18-002706
Processor Initials: HF
DOI: 06/04/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
08/23/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 4623909					**$180.00**			**$0.00**	**$180.00**
Charges not listed have been previously processed									$0.00
Totals for Bill:4623909									**$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

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
8617614	10/19/18

Claim#: BB-18-002706

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008617614⑈ ⑆121000248⑆ 4121 5140 12⑈

TACH HERE

CORVEL

DETACH HERE

Explanation of Review

Business Unit: BASE FRAMING, INC., CAMARILLO-90
1336 Moorpark Rd Ste 292
Thousand Oaks, CA 91360

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

FAXED
OCT 24 2018

LOB:	Workers' Compensation
Site/Bill #:	48/4686518 - 1
Reprice:	CA, 92781
Billed Date:	10/04/2018
Business Rcvd:	10/15/2018
MBR Rcvd:	10/15/2018
MBR Date:	10/18/2018
Date Approved:	10/18/2018
DOS From - To:	09/13/2018 - 09/13/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 4079

Vendor #:
PIN:

Treating Provider:
Referring Physician: EMMETT COX
Patient Control #: 74171
Provider Tax Id: 33-0956713

Claim #: BB-18-002706
Processor Initials:
DOI: 06/04/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
09/13/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
Sub-Totals for Bill: 4686518					**$180.00**			**$0.00**	**$180.00**
Charges not listed have been previously processed									$0.00
Totals for Bill:4686518									$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

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
8644760	11/16/18

Claim#: BB-18-002706

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

PAID
NOV 20 2018

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈00086447 60⑈ ⑆121000248⑆ 4121 5140 12⑈

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CORVEL
Explanation of Review

DETACH HERE

Business Unit: BASE FRAMING, INC., CAMARILLO-90
1336 Moorpark Rd Ste 292
Thousand Oaks, CA 91360

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

74171

LOB: Workers' Compensation
Site/Bill #: 48/4727054 - 1
Reprice: CA, 92781
Billed Date: 10/30/2018
Business Rcvd: 11/05/2018
MBR Rcvd: 11/05/2018
MBR Date: 11/15/2018
Date Approved: 11/15/2018
DOS From - To: 10/11/2018 - 10/11/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 4079
Vendor #:
PIN:

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

Claim #: BB-18-002706
Processor Initials:
DOI: 06/04/2018
RX Number:

Date	Code	Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
10/11/18	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	11	$180.00		A	$0.00	$180.00
		1						
Sub-Totals for Bill: 4727054				**$180.00**			**$0.00**	**$180.00**
Charges not listed have been previously processed								$0.00
Totals for Bill:4727054								**$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

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
8659581	12/06/18

Claim#: BB-18-002706

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

DEC 10 2018

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008659581⑈ ⑆121000248⑆ 4121 5140 12⑈

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CORVEL

Explanation of Review

DETACH HERE

Business Unit: BASE FRAMING, INC., CAMARILLO-90
1336 Moorpark Rd Ste 292
Thousand Oaks, CA 91360

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4733960 - 1
Reprice: CA, 92781
Billed Date: 11/02/2018
Business Rcvd: 11/09/2018
MBR Rcvd: 11/09/2018
MBR Date: 12/05/2018
Date Approved: 12/05/2018
DOS From - To: 06/21/2018 - 10/18/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 4079
Vendor #:
PIN:

Treating Provider:
Referring Physician: EMMETT COX
Patient Control #: 74171
Provider Tax Id: 33-0956713

Claim #: BB-18-002706
Processor Initials:
DOI: 06/04/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
06/21/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$230.00	$0.00
	Original bill [4598412.48]								
07/05/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$180.00	$0.00
	Original bill [4598412.48]								
07/12/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$180.00	$0.00
	Original bill [4598412.48]								

07/19/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [4598412,48]							
08/02/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [4598412,48]							
08/23/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [4623909,48]							
09/13/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [4686518,48]							
10/11/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [4727054,48]							
10/18/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00	$180.00
Sub-Totals for Bill: 4733960					**$1670.00**		**$1490.00**	**$180.00**

Totals for Bill:4733960 **$180.00**

Line Item Reason Codes and Descriptions

MV0 Market Value

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

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.

****"Please note our new mailing address for bill submission: PO Box 6966, Portland, OR 97228."****

ICD Diagnosis Code

T14.90 INJURY UNSPECIFIED

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

CORVEL

Bank Code= BBSEC
1124
1210(8)

CHECK NUMBER	CHECK DATE
8662261	12/10/18

Claim#: BB-18-002706

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈000866226⑈ ⑆121000248⑆ 4121 514012⑈

TACH HERE

CORVEL

Explanation of Review

DETACH HERE

Business Unit: BASE FRAMING, INC., CAMARILLO-90
1336 Moorpark Rd Ste 292
Thousand Oaks, CA 91360

Employer
Patient: Victor Ixtos
438 S Rampart Blvd Apt 9
Los Angeles, CA 90057

DEC 14 2018

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4748420 - 1
Reprice: CA, 92781
Billed Date: 11/06/2018
Business Rcvd: 11/16/2018
MBR Rcvd: 11/16/2018
MBR Date: 12/10/2018
Date Approved: 12/10/2018
DOS From - To: 06/21/2018 - 10/25/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 4079
Vendor #:
PIN:

Treating Provider:
Referring Physician: EMMETT COX
Patient Control #: 74171
Provider Tax Id: 33-0956713

Claim #: BB-18-002706
Processor Initials:
DOI: 06/04/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
06/21/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		A	$230.00	$0.00
	Original bill [4598412,48]								
07/05/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	Original bill [4598412,48]								
07/12/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	Original bill [4598412,48]								

07/19/18	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00		$180.00	$0.00
	R1 , G56		1	11	A		
	Original bill [4598412,48]						
08/02/18	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00		$180.00	$0.00
	R1 , G56		1	11	A		
	Original bill [4598412,48]						
08/23/18	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00		$180.00	$0.00
	R1 , G56		1	11	A		
	Original bill [4623909,48]						
09/13/18	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00		$180.00	$0.00
	R1 , G56		1	11	A		
	Original bill [4686518,48]						
10/11/18	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00		$180.00	$0.00
	R1 , G56		1	11	A		
	Original bill [4727054,48]						
10/18/18	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00		$180.00	$0.00
	R1 , G56		1	11	A		
	Original bill [4733960,48]						
10/25/18	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00		$0.00	* $180.00
	G67, MV0		1	11	A		
Sub-Totals for Bill: 4748420				**$1850.00**		**$1670.00**	**$180.00**
Totals for Bill:4748420							**$180.00**

Line Item Reason Codes and Descriptions

MV0 Market Value

R1 Duplicate Billing

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

SAMPLE

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

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8712380	02/06/19

Claim#: BB-18-002706

One hundred eighty and 00/100 Dollars

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈0008712380⑈ ⑆121000248⑆ 4121 514012⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: BASE FRAMING, INC., CAMARILLO-90
1336 Moorpark Rd Ste 292
Thousand Oaks, CA 91360

Employer
Patient:

FEB 12 2019

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4876266 - 1
Reprice: CA, 92781
Billed Date: 01/17/2019
Business Rcvd: 01/29/2019
MBR Rcvd: 01/29/2019
MBR Date: 02/05/2019
Date Approved: 02/05/2019
DOS From - To: 01/10/2019 - 01/10/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 4079
Vendor #:
PIN:

Treating Provider:
Referring Physician: EMMETT COX
Patient Control #: 74171
Provider Tax Id: 33-0956713

Claim #: BB-18-002706
Processor Initials:
DOI: 06/04/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
01/10/19	T1013 G67, RX3, MVO	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 4876266					**$180.00**			**$0.00**	**$180.00**
Charges not listed have been previously processed									$0.00
Totals for Bill:4876266									**$180.00**

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

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

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8734061	02/28/19

Claim#: BB-18-002706

*******$180.00

One hundred eighty and 00/100 Dollars

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008734061⑈ ⑆121000248⑆ 4121 514012⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

FAXED
MAR 04 2019
BY: .....

Business Unit: BASE FRAMING, INC., CAMARILLO-90
1336 Moorpark Rd Ste 292
Thousand Oaks, CA 91360

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4918771 - 1
Reprice: CA, 92781
Billed Date: 02/07/2019
Business Rcvd: 02/19/2019
MBR Rcvd: 02/19/2019
MBR Date: 02/28/2019
Date Approved: 02/28/2019
DOS From - To: 01/31/2019 - 01/31/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 4079
Vendor #:
PIN:

Treating Provider:
Referring Physician: EMMETT COX
Patient Control #: 74171
Provider Tax Id: 33-0956713

Claim #: BB-18-002706
Processor Initials:
DOI: 06/04/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
01/31/19	T1013 G67, RX3, MVO	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
Sub-Totals for Bill: 4918771					**$180.00**			**$0.00**	**$180.00**
Charges not listed have been previously processed									$0.00
Totals for Bill:4918771									**$180.00**

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

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
8800268	05/13/19

Claim#: BB-18-002706

One hundred eighty and 00/100 Dollars

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈0008800268⑈ ⑆121000248⑆ 4121 5140 12⑈

DETACH HERE

CORVEL

Explanation of Review

DETACH HERE

Business Unit: BASE FRAMING, INC., CAMARILLO-90
1336 Moorpark Rd Ste 292
Thousand Oaks, CA 91360

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

PAID
MAY 17 2019

LOB: Workers' Compensation
Site/Bill #: 48/5062009 - 1
Reprice: CA, 92781
Billed Date: 04/16/2019
Business Rcvd: 04/29/2019
MBR Rcvd: 04/29/2019
MBR Date: 05/10/2019
Date Approved: 05/10/2019
DOS From - To: 06/21/2018 - 04/11/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 4079
Vendor #:
PIN:

Treating Provider:
Referring Physician: EMMETT COX
Patient Control #: 74171
Provider Tax Id: 33-0956713

Claim #: BB-18-002706
Processor Initials:
DOI: 06/04/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
06/21/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		A	$230.00	$0.00
	Original bill [4598412,48]								
07/05/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	Original bill [4598412,48]								
07/12/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	Original bill [4598412,48]								

07/19/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4598412.48]							
08/02/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4598412.48]							
08/23/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4623909.48]							
09/13/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4686518.48]							
10/11/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4727054.48]							
10/18/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4733960.48]							
10/25/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4748420.48]							
12/13/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4834585.48]							
01/10/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4876266.48]							
01/31/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4918771.48]							
02/28/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4964959.48]							
04/11/19	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$0.00	$180.00
Sub-Totals for Bill: 5062009					**$2750.00**		**$2570.00**	**$180.00**
Totals for Bill:5062009								**$180.00**

Line Item Reason Codes and Descriptions

MV0 Market Value

R1 Duplicate Billing

RZZ Payer/ Provider agreement in place

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#
11/06/18 74223

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
AC16010011; AC16010012

BILL TO:
CORVEL CORPORATION (CHINO)
W. C. DEPARTMENT
ATTN: VERONICA MORALES
P.O. BOX 669
CHINO, CA 91708

Case: vs NIGEL BEAUTY EMPORIUM
Date Of Injury: 6/23/16; 9/28/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/26/18	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/03/18	INITL CHIRO	TREATMENT W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
07/13/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/31/18	P AND S	DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/09/18	PMT BY CHECK	DOS 6/26/18-7/31/18* =# 5034387	-360.00
11/01/18	PMT BY CHECK	DOS 6/26/18* # 5034768	-280.00

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 **

MR

VOID VOID VOID

CORVEL

07/13/18	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$90.00			$0.00	$90.00
	G1		1	99		1			
	Billed: 99199; Units: 1								
07/31/18	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$230.00			$140.00	$90.00
	G1		1	99		1			
	Billed: 99199; Units: 1								
Sub-Totals for Bill: 12968771					**$640.00**			**$280.00**	**$360.00**

Totals for Bill:12968771 **$360.00**

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.

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:

Orange_Pr@CorVel.com (underscore before PR)
PO Box 6966
Portland, OR 97228

Toll free: 800-987-1007
Phone:
FAX: 888-851-9190

California DWC
Employer Address -

Payer Identification Number - 950865765
Pay- To Provider State License Number -
Rendering Provider ID -
MPN ID -
Carrier Telephone Number -
Bill Frequency Type - 0
Payment Status Code - 1

Date Paid Information
Method of Payment - Check
Payment ID Number - 5034388
Payment Date - 10/09/2018

CORVEL ENTERPRISE COMP, INC.
INTERINSURANCE EXCHANGE OF THE AUTOMOBILE CLUB
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= IEAC
90-3152
1222

CHECK NUMBER	CHECK DATE
5034768	11/01/18

Claim#: AC-16-010012

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

*******$280.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

CALIFORNIA BANK & TRUST IRVINE, CA

⑈0005034768⑈ ⑆122003396⑆ 351103565⑈

DETACH HERE

CORVEL
Explanation of Review

Business Unit: Autoclub - Workers' Compensation C
3333 Fairview Rd
Costa Mesa, CA 92626

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB:	Workers' Compensation
Site/Bill #:	6/13043090 - 1
Reprice:	CA, 92781
Billed Date:	10/17/2018
Business Rcvd:	10/22/2018
MBR Rcvd:	10/22/2018
MBR Date:	11/01/2018
Date Approved:	11/01/2018
DOS From - To:	06/26/2018 - 07/31/2018

74223

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 3053

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

Claim #: AC-16-010012
Processor Initials: VAM
DOI: 09/28/2016
RX Number:

Vendor #:
PIN:
Autoclub Claim Number :

PAID
NOV 05 2018

Bill Comments
Invoice # 74223

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
06/26/18	T1013 G1 . G67. MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$280.00		A	$0.00	$280.00
	Remaining balance of DOS: 6/26/18. 7/3/18. 7/13/18. 7/31/18								
Sub-Totals for Bill: 13043090					$280.00			$0.00	$280.00
Totals for Bill:13043090									$280.00

Line Item Reason Codes and Descriptions
MV0 Market Value

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#
10/02/18 74299

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
bb18003120

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

Case: vs JOSUE CALDERON/SUNSET LANDSCAP
Date Of Injury: 6/26/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/06/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO CTR OF SO CA*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/13/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSE CALDERON # 101193	0.00
08/03/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/31/18	P AND S	DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
09/28/18	PMT BY CHECK	DOS 7/6/18-8/31/18* =# 8598888	-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 **

AR

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
8598888	09/28/18

Claim#: BB-18-003120

PAY EXACTLY: *Seven hundred seventy and 00/100 Dollars*

*******$770.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008598888⑈ ⑆121000248⑆ 4121 514012⑈

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DETACH HERE

CORVEL
Explanation of Review

RECD
OCT 02 2018

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

Business Unit: SUNSET LANDSCAPE MAINTENANCE
27201 Burbank
Foothill Ranch, CA 92610

LOB: Workers' Compensation
Site/Bill #: 48/4653385 - 1
Reprice: CA, 92781
Billed Date: 09/19/2018
Business Rcvd: 09/26/2018
MBR Rcvd: 09/26/2018
MBR Date: 09/28/2018
Date Approved: 09/28/2018
DOS From - To: 07/06/2018 - 08/31/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 2855
Vendor #:
PIN:

Treating Provider:
Referring Physician: MICHAEL FELDMAN
Patient Control #: 74299
Provider Tax Id: 33-0956713

Claim #: BB-18-003120
Processor Initials: LS
DOI: 06/26/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
07/06/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
07/13/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
08/03/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
08/31/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$0.00	$230.00
Sub-Totals for Bill: 4653385					**$770.00**			**$0.00**	**$770.00**

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

*** INVOICE ***
Date NO#
06/10/19 74348

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB18-003315

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

Case: vs ENDPAK PACKAGING
Date Of Injury: 7/5/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/05/18	SURGERY	DR EMMETT COX @ DOWNEY SURGERY CTR*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193 (LFT INDEX FINGER)	0.00
07/12/18	POST-OP	DR EMMETT COX @ HAND & ORTHO CTR OF SO CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/19/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/26/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/09/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/23/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/28/18	PMT BY CHECK	DOS 7/5/18-8/23/18* =# 8598186	-1080.00
09/20/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/06/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/04/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/19/18	PMT BY CHECK	DOS 9/20/18* =# 8617923	-180.00
10/18/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/25/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/01/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	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#
06/10/19	74348

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB18-003315

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

Case: vs ENDPAK PACKAGING
Date Of Injury: 7/5/18

DOS	SERVICE	DESCRIPTION	AMOUNT
11/15/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/06/18	PMT BY CHECK	DOS 9/6/18-10/18/18* =# 8659320	-540.00
12/06/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/11/18	PMT BY CHECK	DOS 10/25/18* =# 8664076	-180.00
12/20/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/27/18	PMT BY CHECK	DOS 11/1/18-11/15/18* =# 8677998	-360.00
01/09/19	PMT BY CHECK	DOS 12/6/18* =# 8687978	-180.00
01/10/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/18/19	PMT BY CHECK	DOS 12/20/18* =# 8697390	-180.00
01/24/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/07/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/06/19	PMT BY CHECK	DOS 1/10/19* =# 8712611	-180.00
02/12/19	PMT BY CHECK	DOS 1/24/19* =# 8717195	-180.00
03/07/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/04/19	PMT BY CHECK	DOS 2/7/19-3/7/19* =# 8767021	-360.00
04/18/19	P AND S	DR COX @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/05/19	PMT BY CHECK	DOS 4/18/19* =# 8820268	-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#
06/10/19	74348

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB18-003315

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

Case: vs ENDPAK PACKAGING
Date Of Injury: 7/5/18

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 **

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
8598186	09/28/18

Claim#: BB-18-003315

PAY EXACTLY: *One thousand eighty and 00/100 Dollars*

******$1,080.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008598186⑈ ⑆121000248⑆ 4121 514012⑈

TACH HERE

CORVEL

Explanation of Review

DETACH HERE

Business Unit: ENDPAK PACKAGING INC, SANTA AN
9101 Perkins St
Pico Rivera, CA 90660

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

RECEIVED
OCT 02 2018

LOB: Workers' Compensation
Site/Bill #: 48/4653383 - 1
Reprice: CA, 92781
Billed Date: 09/19/2018
Business Rcvd: 09/26/2018
MBR Rcvd: 09/26/2018
MBR Date: 09/27/2018
Date Approved: 09/27/2018
DOS From - To: 07/05/2018 - 08/23/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 3160

Vendor #:
PIN:

Treating Provider:
Referring Physician: EMMETT COX
Patient Control #: 74348
Provider Tax Id: 33-0956713

Claim #: BB-18-003315
Processor Initials: MI
DOI: 07/05/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
07/05/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
07/12/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
07/19/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
07/26/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00

08/09/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00	$180.00
08/23/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00	$180.00
Sub-Totals for Bill: 4653383					**$1080.00**		**$0.00**	**$1080.00**

Totals for Bill:4653383 **$1080.00**

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.
****"Please note our new mailing address for bill submission: PO Box 6966, Portland, OR 97228."****

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

California DWC
Employer Address -

Payer Identification Number - 952371728
Pay- To Provider State License Number -
Rendering Provider ID -
MPN ID - 0409
Carrier Telephone Number -
Bill Frequency Type - 0
Payment Status Code - 1

Date Paid Information
Payment Date - Date Paid information was not available at the time this EOR was created.

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

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8617923	10/19/18

Claim#: BB-18-003315

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈000861792③⑈ ⑆121000248⑆ 4121 514012⑈

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CORVEL
Explanation of Review

Business Unit: ENDPAK PACKAGING INC, SANTA AN
9101 Perkins St
Pico Rivera, CA 90660

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB:	Workers' Compensation
Site/Bill #:	48/4686359 - 1
Reprice:	CA, 92781
Billed Date:	10/10/2018
Business Rcvd:	10/15/2018
MBR Rcvd:	10/15/2018
MBR Date:	10/18/2018
Date Approved:	10/18/2018
DOS From - To:	09/20/2018 - 09/20/2018

Network:		**Treating Provider:**		**Claim #:**	BB-18-003315
Network Branch:		**Referring Physician:**	EMMETT COX	**Processor Initials:**	MI
Sub Network:		**Patient Control #:**	74348	**DOI:**	07/05/2018
Contract:		**Provider Tax Id:**	33-0956713	**RX Number:**	
Claim Rep.:	3160				

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
09/20/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
Sub-Totals for Bill: 4686359					$180.00			$0.00	$180.00

Charges not listed have been previously processed

Totals for Bill:4686359 $0.00

$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

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
8659320	12/06/18

Claim#: BB-18-003315

PAY EXACTLY: *Five hundred forty and 00/100 Dollars*

*******$540.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008659320⑈ ⑆121000248⑆ 4121 514012⑈

TACH HERE

DETACH HERE

CORVEL
Explanation of Review

Business Unit: ENDPAK PACKAGING INC, SANTA AN
9101 Perkins St
Pico Rivera, CA 90660

Employer
Patient:

PAID
DEC 10 2018

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4731481 - 1
Reprice: CA, 92781
Billed Date: 11/02/2018
Business Rcvd: 11/07/2018
MBR Rcvd: 11/07/2018
MBR Date: 12/05/2018
Date Approved: 12/05/2018
DOS From - To: 07/05/2018 - 10/18/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 3160
Vendor #:
PIN:

Treating Provider:
Referring Physician: EMMETT COX
Patient Control #: 74348
Provider Tax Id: 33-0956713

Claim #: BB-18-003315
Processor Initials: MI
DOI: 07/05/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
07/05/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	Original bill [4653383.48]								
07/12/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	Original bill [4653383.48]								
07/19/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	Original bill [4653383.48]								

07/26/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4653383.48]							
08/09/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4653383.48]							
08/23/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4653383.48]							
09/06/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$0.00	$180.00
09/20/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4686359.48]							
10/04/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$0.00	$180.00
10/18/18	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$0.00	$180.00
	Original bill [2188733.27]							
Sub-Totals for Bill: 4731481					**$1800.00**		**$1260.00**	**$540.00**

Totals for Bill:4731481 **$540.00**

Line Item Reason Codes and Descriptions

MV0 Market Value

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

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
8664076	12/11/18

Claim#: BB-18-003315

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

"0008664076" :121000248: 4121 514012"

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DETACH HERE

CORVEL
Explanation of Review

Business Unit: ENDPAK PACKAGING INC, SANTA AN
9101 Perkins St
Pico Rivera, CA 90660

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4742394 - 1
Reprice: CA, 92781
Billed Date: 11/06/2018
Business Rcvd: 11/13/2018
MBR Rcvd: 11/13/2018
MBR Date: 12/11/2018
Date Approved: 12/11/2018
DOS From - To: 07/05/2018 - 10/25/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 3160

Treating Provider:
Referring Physician: EMMETT COX
Patient Control #: 74348
Provider Tax Id: 33-0956713

Claim #: BB-18-003315
Processor Initials: MI
DOI: 07/05/2018
RX Number:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
07/05/18	T1013 R1 . G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$180.00	$0.00
	Original bill [4653383,48]								
07/12/18	T1013 R1 . G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$180.00	$0.00
	Original bill [4653383,48]								
07/19/18	T1013 R1 . G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$180.00	$0.00
	Original bill [4653383,48]								

DEC 17 2018

07/26/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [4653383,48]							
08/09/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [4653383,48]							
08/23/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [4653383,48]							
09/06/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [4731481,48]							
09/20/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [4686359,48]							
10/04/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [4731481,48]							
10/18/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [4731481,48]							
10/25/18	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00	$180.00
Sub-Totals for Bill: 4742394					**$1980.00**		**$1800.00**	**$180.00**
Totals for Bill:4742394								**$180.00**

Line Item Reason Codes and Descriptions

MV0 Market Value

R1 Duplicate Billing

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

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
8687978	01/09/19

Claim#: BB-18-003315

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈0008687978⑈ ⑆121000248⑆ 4121 514012⑈

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DETACH HE

CORVEL

Explanation of Review

Business Unit: ENDPAK PACKAGING INC, SANTA A
9101 Perkins St
Pico Rivera, CA 90660

Employer
Patient:

Patient DOB:

JAN 14 2019

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4820932 - 1
Reprice: CA, 92781
Billed Date: 12/14/2018
Business Rcvd: 12/19/2018
MBR Rcvd: 12/19/2018
MBR Date: 01/09/2019
Date Approved: 01/09/2019
DOS From - To: 07/05/2018 - 12/06/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 2201

Vendor #:
PIN:

Treating Provider:
Referring Physician: EMMETT COX
Patient Control #: 74348
Provider Tax Id: 33-0956713

Claim #: BB-18-003315
Processor Initials:
DOI: 07/05/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
07/05/18	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00			$180.00	$0.00
	R1 , G56		1	11			A		
	Original bill [4653383,48]								
	Billed: 99199; Units: 1								
07/12/18	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00			$180.00	$0.00
	R1 , G56		1	11			A		
	Original bill [4653383,48]								
	Billed: 99199; Units: 1								
07/19/18	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00			$180.00	$0.00
	R1 , G56		1	11			A		
	Original bill [4653383,48]								
	Billed: 99199; Units: 1								

07/26/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4653383.48]							
	Billed: 99199; Units: 1							
08/09/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4653383.48]							
	Billed: 99199; Units: 1							
08/23/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4653383.48]							
	Billed: 99199; Units: 1							
09/06/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4731481.48]							
	Billed: 99199; Units: 1							
09/20/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4686359.48]							
	Billed: 99199; Units: 1							
10/04/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4731481.48]							
	Billed: 99199; Units: 1							
10/18/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4731481.48]							
	Billed: 99199; Units: 1							
10/25/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4742394.48]							
	Billed: 99199; Units: 1							
11/01/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4777902.48]							
	Billed: 99199; Units: 1							
11/15/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4777902.48]							
	Billed: 99199; Units: 1							
12/06/18	T1013 507, G67, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$0.00	$180.00
	Billed: 99199; Units: 1							

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

CORVEL

Bank Code= BBSED
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8697390	01/18/19

Claim#: BB-18-003315

One hundred eighty and 00/100 Dollars

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

JAN 22 2019

Richard Schweppe

⑈0008697390⑈ ⑆121000248⑆ 4121 514012⑈

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CORVEL

Explanation of Review

DETACH HERE

Business Unit: ENDPAK PACKAGING INC, SANTA AN
9101 Perkins St
Pico Rivera, CA 90660

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4841020 - 1
Reprice: CA, 92781
Billed Date: 01/04/2019
Business Rcvd: 01/11/2019
MBR Rcvd: 01/11/2019
MBR Date: 01/18/2019
Date Approved: 01/18/2019
DOS From - To: 12/20/2018 - 12/20/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 2201

Treating Provider:
Referring Physician: EMMETT COX
Patient Control #: 74348
Provider Tax Id: 33-0956713

Claim #: BB-18-003315
Processor Initials:
DOI: 07/05/2018
RX Number:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
12/20/18	T1013 G67, RX3, MVO	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$180.00		A	$0.00	$180.00
Sub-Totals for Bill: 4841020					**$180.00**			**$0.00**	**$180.00**
Charges not listed have been previously processed									$0.00
Totals for Bill:4841020									**$180.00**

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

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

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8717195	02/12/19

Claim#: BB-18-003315

One hundred eighty and 00/100 Dollars

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008717195⑈ ⑆121000248⑆ 4121 514012⑈

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DETACH HERE

CORVEL

Explanation of Review

Business Unit: ENDPAK PACKAGING INC, SANTA AN
9101 Perkins St
Pico Rivera, CA 90660

Employer
Patient:

FEB 19 2019

DV.

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4890162 - 1
Reprice: CA, 92781
Billed Date: 01/30/2019
Business Rcvd: 02/05/2019
MBR Rcvd: 02/05/2019
MBR Date: 02/12/2019
Date Approved: 02/12/2019
DOS From - To: 11/15/2018 - 01/24/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 2201
Vendor #:
PIN:

Treating Provider:
Referring Physician: COX
Patient Control #: 74348
Provider Tax Id: 33-0956713

Claim #: BB-18-003315
Processor Initials:
DOI: 07/05/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
11/15/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	Original bill [4777902.48]								
12/06/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	Original bill [4820932.48]								
12/20/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	Original bill [4841020.48]								

CORVEL

01/10/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4866002.48]							
01/24/19	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$0.00	$180.00
	Interpreting for Dr Cox/ Hand & Ortho							
Sub-Totals for Bill: 4890162					**$900.00**		**$720.00**	**$180.00**

Totals for Bill:4890162 **$180.00**

Line Item Reason Codes and Descriptions
MV0 Market Value
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

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.
****"Please note our new mailing address for bill submission: PO Box 6966, Portland, OR 97228."****

ICD Diagnosis Code
T14.90XA INJURY UNSPECIFIED INITIAL ENCOUNTR

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 -

Payer Identification Number - 952371728
Pay- To Provider State License Number -
Rendering Provider ID -
MPN ID - 0409
Carrier Telephone Number -
Bill Frequency Type - 0
Payment Status Code - 1

Date Paid Information
Method of Payment - Check
Payment ID Number - 8717194

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

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8767021	04/04/19

Claim#: BB-18-003315

*******$360.00

Three hundred sixty and 00/100 Dollars

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008767021⑈ ⑆121000248⑆ 4121 514012⑈

DETACH HERE

CORVEL

Explanation of Review

DETACH HERE

Business Unit: ENDPAK PACKAGING INC, SANTA AN
9101 Perkins St
Pico Rivera, CA 90660

Employer
Patient:

RECEIVED
APR 09 2019
PV.

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4985437 - 1
Reprice: CA, 92781
Billed Date: 03/11/2019
Business Rcvd: 03/21/2019
MBR Rcvd: 03/21/2019
MBR Date: 04/04/2019
Date Approved: 04/04/2019
DOS From - To: 07/05/2018 - 03/07/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 2201
Vendor #:
PIN:

Treating Provider:
Referring Physician: EMMETT COX
Patient Control #: 74348
Provider Tax Id: 33-0956713

Claim #: BB-18-003315
Processor Initials:
DOI: 07/05/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
07/05/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	Original bill [4653383,48]								
07/12/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	Original bill [4653383,48]								
07/19/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	Original bill [4653383,48]								

CORVEL

01/24/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1		11	$180.00	A	$180.00	$0.00
	Original bill [4890162.48]							
02/07/19	T1013 507, G67, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1		11	$180.00	A	$0.00	$180.00
	The documentation submitted does not indicate the total time spent; therefore we have paid the fee schedule minimum rate. Interpretingfor Dr Cox							
03/07/19	T1013 507, G67, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1		11	$180.00	A	$0.00	$180.00
	The documentation submitted does not indicate the total time spent; therefore we have paid the fee schedule minimum rate. Interpreting for Dr Cox							
Sub-Totals for Bill: 4985437					**$3420.00**		**$3060.00**	**$360.00**

Totals for Bill:4985437 **$360.00**

Line Item Reason Codes and Descriptions
507 Priced According to Contract Agreement
R1 Duplicate Billing
RZZ Payer/ Provider agreement in place

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

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.
****"Please note our new mailing address for bill submission: PO Box 6966, Portland, OR 97228."****

ICD Diagnosis Code
T14.90XA INJURY UNSPECIFIED INITIAL ENCOUNTR

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 -

Payer Identification Number - 952371728
Pay- To Provider State License Number -
Rendering Provider ID -
MPN ID - 0409, 2364

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

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8820268	06/05/19

Claim#: BB-18-003315

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

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈00088 20 268⑈ ⑆121000248⑆ 4121 514012⑈

DETACH HERE

CORVEL

Explanation of Review

FAIR
JUN 10 2019
BY

DETACH HERE

Business Unit: ENDPAK PACKAGING INC, SANTA AN
9101 Perkins St
Pico Rivera, CA 90660

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/5076746 - 1
Reprice: CA, 92781
Billed Date: 04/23/2019
Business Rcvd: 05/06/2019
MBR Rcvd: 05/06/2019
MBR Date: 06/05/2019
Date Approved: 06/05/2019
DOS From - To: 07/05/2018 - 04/18/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 2201
Vendor #:
PIN:

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

Claim #: BB-18-003315
Processor Initials:
DOI: 07/05/2018
RX Number:

74348

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
07/05/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	Original bill [4653383.48]								
07/12/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	Original bill [4653383.48]								
07/19/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	Original bill [4653383.48]								

01/24/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4890162,48]							
02/07/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4985437,48]							
03/07/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4985437,48]							
04/18/19	T1013 MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00	A	$0.00	$230.00
	The documentation submitted does not indicate the total time spent; therefore we have paid the fee schedule minimum rate. Interpreting for P&S Dr Cox.							
Sub-Totals for Bill: 5076746					**$3650.00**		**$3420.00**	**$230.00**

Totals for Bill:5076746 **$230.00**

Line Item Reason Codes and Descriptions

MV0 Market Value

R1 Duplicate Billing

RZZ Payer/ Provider agreement in place

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.

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.

****"Please note our new mailing address for bill submission: PO Box 6966, Portland, OR 97228."****

ICD Diagnosis Code

T14.90XA INJURY UNSPECIFIED INITIAL ENCOUNTR

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 -

Payer Identification Number - 952371728

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

*** INVOICE ***

Date	NO#
12/17/18	74528

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-18-003934

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

Case: vs BBSI - SAN JOSE
Date Of Injury: 8/3/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/15/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO CTR OF SO.CA*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/29/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
09/26/18	P AND S	DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
12/11/18	PMT BY CHECK	DOS 8/15/18-9/29/18* =# 8663682	-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 **

HR

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#
01/30/19 74568

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1260WC180000084;18000085

BILL TO:
CORVEL CORPORATION (CHINO)
W. C. DEPARTMENT
ATTN: ESMINE PEARL
P.O. BOX 669
CHINO, CA 91708

Case: vs 99 RANCH MARKET/TAWA SUPER MAR
Date Of Injury: 7/20/18 & 7/29/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/27/18	INITIAL EXAM	DR ZAREENA KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/01/18	INITIAL ACUP	W/ ACUPUNCT KIM MIN JOO @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/08/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/16/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/24/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/07/19	FOLLOW-UP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/22/19	PMT BY CHECK	DOS 8/27/18-12/24/18* =# 3347	-1000.00

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 **

MR

CORVEL ENTERPRISE COMP, INC.
TAWA SERVICES, INC. PAID ON BEHALF OF
SAFETY NATIONAL / SAFETY FIRST INSURANCE COMPANY
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= TAWA
11-24
1210(8)

CHECK NUMBER	CHECK DATE
3347	01/22/19

Claim#: 1260-WC-18-0000084

******$1,000.00

One thousand and 00/100 Dollars

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe M

WELLS FARGO BANK PORTLAND, OR

⑈0000003347⑈ ⑆121000248⑆ 4380 945345⑈

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CORVEL

Explanation of Review

Business Unit: 1208-Tawa Services-San Gabriel
140 W Valley Blvd
San Gabriel, CA 91776

Employer
Patient:

Patient DOB: XXX-XX-

JAN 28 2019

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 6/13259060 - 1
Reprice: CA, 92781
Billed Date: 01/07/2019
Business Rcvd: 01/15/2019
MBR Rcvd: 01/15/2019
MBR Date: 01/21/2019
Date Approved: 01/21/2019
DOS From - To: 08/27/2018 - 12/24/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Peart, Esmine
Vendor #:
PIN:

Treating Provider:
Referring Physician: ZAREENA KHAN
Patient Control #: 74568
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: 1260-WC-18-0000084
Processor Initials:
DOI: 07/20/2018
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
08/27/18	T1013 507, G1 , G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$0.00	$230.00
10/01/18	T1013 507, G1 , G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$0.00	$230.00
10/08/18	T1013 507, G1 , G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
11/16/18	T1013 507, G1 , G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00

12/24/18	T1013 507, G1 , G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00	$180.00
Sub-Totals for Bill: 13259060					**$1000.00**		**$0.00**	**$1000.00**

Totals for Bill:13259060 **$1000.00**

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

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
T14.90XA INJURY UNSPECIFIED INITIAL ENCOUNTR

Questions regarding this bill may be sent to:

CorVel Corporation - MedCheck
1851 E First St
Suite 300
Santa Ana, CA 92705

Toll free:
Phone: 714-939-5621
FAX:

California DWC
Employer Address -

Payer Identification Number - 431901552
Pay- To Provider State License Number -
Rendering Provider ID -
MPN ID -
Carrier Telephone Number -
Bill Frequency Type - 0
Payment Status Code - 1

Date Paid Information
Payment Date - Date Paid information was not available at the time this EOR was created.

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

*** INVOICE ***
Date NO#
02/01/19 74583

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1276-WC-18-0510980

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

Case: vs FRESHPOINT SOUTHERN CALIFORNIA
Date Of Injury: 3/27/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/23/18	INITIAL EXAM	DR HUMBERTO RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/12/18	INITIAL ACUP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/15/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/30/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/17/18	PMT BY CHECK	DOS 8/23/18-11/30/18* # 1057306	-820.00
01/09/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/28/19	PMT BY CHECK	DOS 8/23/18-1/9/19* # 1074112	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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HR

CORVEL ENTERPRISE COMP, INC.
SYSCO CORPORATION
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

bankcode=SYSCO
56-382
412

CHECK NUMBER	CHECK DATE
1074112	01/28/19

*******$180.00

One hundred eighty and 00/100 Dollars

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS, INC.
P.O. Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0001074112⑈ ⑆041203824⑆ 9645482242⑈

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Claim No.	D/A	Claimant	From	Thru	Remittance
1276-WC-18-0510980	03/27/2018		08/23/2018	01/09/2019	*******$180.00

Invoice Reference/Comments
inv #: 74583

FEB 01 2019

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

*** INVOICE ***
Date NO#
01/08/19 74654

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-18-004447

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

Case: AGUILAR vs BBSI
Date Of Injury: 8/29/18

DOS	SERVICE	DESCRIPTION	AMOUNT
09/06/18	POST-OP	DR EMMETT COX @ HAND & ORTHO OF SO CALIF*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO #101080	0.00
09/20/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/04/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/18/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/08/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
12/06/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/20/18	PMT BY CHECK	DOS 9/6/18-11/8/18* =# 8673883	-900.00
01/02/19	PMT BY CHECK	DOS 12/6/18* =# 8682550	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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HR

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

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8673883	12/20/18

Claim#: BB-18-004447

PAY EXACTLY: *Nine hundred and 00/100 Dollars*

*******$900.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈00867388 3⑈ ⑆121000248⑆ 4121 5140 12⑈

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CORVEL
Explanation of Review

Business Unit: JK RESIDENTIAL SERVICES, ONTARI
2016 Riverside Dr
Los Angeles, CA 90039-3707

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4789199 - 1
Reprice: CA, 92781
Billed Date: 12/05/2018
Business Rcvd: 12/12/2018
MBR Rcvd: 12/12/2018
MBR Date: 12/20/2018
Date Approved: 12/20/2018
DOS From - To: 09/06/2018 - 11/08/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 1578

Treating Provider:
Referring Physician: EMMETT COX
Patient Control #: 74654
Provider Tax Id: 33-0956713

Claim #: BB-18-004447
Processor Initials: BB
DOI: 08/29/2018
RX Number:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
09/06/18	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
09/20/18	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
10/04/18	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
10/18/18	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00

JAN 02 2019

CORVEL

11/08/18	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$0.00	$180.00

Sub-Totals for Bill: 4789199	**$900.00**	**$0.00**	**$900.00**

Totals for Bill:4789199 **$900.00**

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

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.
****"Please note our new mailing address for bill submission: PO Box 6966, Portland, OR 97228."****

ICD Diagnosis Code
T14.90XA INJURY UNSPECIFIED INITIAL ENCOUNTR

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 -

Payer Identification Number - 952371728
Pay- To Provider State License Number -
Rendering Provider ID -
MPN ID - 0409
Carrier Telephone Number -
Bill Frequency Type - 0
Payment Status Code - 1

Date Paid Information
Method of Payment - Check
Payment ID Number - 8673883
Payment Date - 12/20/2018

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
8682550	01/02/19

Claim#: BB-18-004447

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008682550⑈ ⑆121000248⑆ 4121 514012⑈

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CORVEL

Explanation of Review

JAN 08 2019

Business Unit: JK RESIDENTIAL SERVICES, ONTARI
2016 Riverside Dr
Los Angeles, CA 90039-3707

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4803147 - 1
Reprice: CA, 92781
Billed Date: 12/14/2018
Business Rcvd: 12/19/2018
MBR Rcvd: 12/19/2018
MBR Date: 01/02/2019
Date Approved: 01/02/2019
DOS From--To: 12/06/2018 - 12/06/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 1578

Vendor #:
PIN:

Treating Provider:
Referring Physician: EMMET COX
Patient Control #: 74654
Provider Tax Id: 33-0956713

Claim #: BB-18-004447
Processor Initials: BB
DOI: 08/29/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
12/06/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
Sub-Totals for Bill: 4803147					**$180.00**			**$0.00**	**$180.00**
Charges not listed have been previously processed									$0.00
Totals for Bill:4803147									**$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.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/19/19 74737

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB18004764

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

Case: vs EUDPAK PACKAGING
Date Of Injury: 9/14/18

DOS	SERVICE	DESCRIPTION	AMOUNT
09/28/18	P AND S	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO CALIF*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/15/19	PMT BY CHECK	DOS 09/28/18* # 8748809	-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 **

MR

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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#
07/22/19 74827

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-18-001414

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

Case: vs CANYON SPRINGS LANDSCAPING
Date Of Injury: 3/7/17 - 3/7/18

DOS	SERVICE	DESCRIPTION	AMOUNT
10/11/18	INITIAL EXAM	DR JOHN QIAN TIANG QIAN/DAVE FRANKE @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/08/18	PR2/REEVAL	DR JOHN QIAN /DAVE FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/18/19	PMT BY CHECK	DOS 10/11/18-11/8/18* =# 8855995	-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/ 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 **

4

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

AS ADMINISTRATOR OF:
Ace American Insurance Company

Claim#: BB-18-001414

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8855995	07/18/19

PAY EXACTLY: *Four hundred ten and 00/100 Dollars*

*******$410.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

⑈0008855995⑈ ⑆121000248⑆ 4121 514012⑈

DETACH HERE

DETACH HER

CORVEL

Explanation of Review

RECEIVED
JUL 22 2019

Business Unit: CANYON SPRINGS LANDSCA, TEMC
28924 Old Town Frnt St Ste 101
Temecula, CA 92590-2803

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/5196819 - 1
Reprice: CA, 92781
Billed Date: 06/21/2019
Business Rcvd: 07/05/2019
MBR Rcvd: 07/05/2019
MBR Date: 07/18/2019
Date Approved: 07/18/2019
DOS From - To: 10/11/2018 - 11/08/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 3939

Vendor #:
PIN:

Treating Provider:
Referring Physician: JOHN QIAN TIANG QIAN
Patient Control #: 74827
Provider Tax Id: 33-0956713

Claim #: BB-18-001414
Processor Initials:
DOI: 03/07/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
10/11/18	T1013 G67, MVO	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$230.00		A	$0.00	$230.00
11/08/18	T1013 G67, MVO	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$180.00		A	$0.00	$180.00
Sub-Totals for Bill: 5196819					**$410.00**			**$0.00**	**$410.00**

Totals for Bill:5196819 **$410.00**

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#
03/18/19 75113

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-18-005899

BILL TO:
CORVEL CORP. (SAC-279350)
W. C. DEPARTMENT
ATTN: CLAUDIA QUEZADA
P.O. BOX 279350
SACRAMENTO, CA 95827

Case: vs BBSI/ROUND TRIP TRANSPORTATION
Date Of Injury: 11/12/18

DOS	SERVICE	DESCRIPTION	AMOUNT
12/06/18	PR2/REEVAL	DR EMMETT COX @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/12/19	PMT BY CHECK	DOS 12/6/18* # 8743327	-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 **

MR

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

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8743327	03/12/19

Claim#: BB-18-005899

*******$180.00

One hundred eighty and 00/100 Dollars

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008743327⑈ ⑆121000248⑆ 4121 5140 12⑈

DETACH HERE

CORVEL

Explanation of Review

RECEIVED
MAR 18 2019
BY:

M
DETACH HERE

Business Unit: ROUND TRIP TRANSPORTATION, SA
2140 Durfee Ave
El Monte, CA 91733

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4941363 - 1
Reprice: CA, 92781
Billed Date: 02/21/2019
Business Rcvd: 03/01/2019
MBR Rcvd: 03/01/2019
MBR Date: 03/12/2019
Date Approved: 03/12/2019
DOS From - To: 12/06/2018 - 12/06/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 1460
Vendor #:
PIN:

Treating Provider:
Referring Physician: EMMETT COX
Patient Control #: 75113
Provider Tax Id: 33-0956713

Claim #: BB-18-005899
Processor Initials: AS
DOI: 11/12/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
12/06/18	T1013 507, G67, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$180.00		A	$0.00	$180.00
Sub-Totals for Bill: 4941363					**$180.00**			**$0.00**	**$180.00**
Totals for Bill:4941363									**$180.00**

Line Item Reason Codes and Descriptions
507 Priced According to Contract Agreement

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#
07/24/19 75139

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-17-006854

BILL TO:
CORVEL CORP. (SAC-279350)
W. C. DEPARTMENT
ATTN: KATRINA MINOR
P.O. BOX 279350
SACRAMENTO, CA 95827

Case: vs BBSI DBA RACING GREEN LTD
Date Of Injury: 1/5/17

DOS	SERVICE	DESCRIPTION	AMOUNT
12/18/18	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
01/22/19	MED-LEGAL	EVAL W/DR KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
01/29/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/19/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/05/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
04/11/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/13/19	INITIAL EXAM	DR ALLEN MASSIHI @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/23/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/30/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/10/19	PMT BY CHECK	DOS 4/13/19* =# 8799915	-230.00
05/11/19	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/14/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/23/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH PARENO # 101080	0.00
06/08/19	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/17/19	PMT BY CHECK	DOS 6/8/19* =# 8854223	-180.00

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#
07/24/19	75139

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-17-006854

BILL TO:
CORVEL CORP. (SAC-279350)
W. C. DEPARTMENT
ATTN: KATRINA MINOR
P.O. BOX 279350
SACRAMENTO, CA 95827

Case: vs BBSI DBA RACING GREEN LTD
Date Of Injury: 1/5/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 1490.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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
BBSI - EC
PO BOX 279350
SACRAMENTO, CA 95827

CORVEL

Bank Code= BBSEC
11-24
1210(8)

AS ADMINISTRATOR OF:
Ace American Insurance Company

Claim#: BB-17-006854

CHECK NUMBER	CHECK DATE
8854223	07/17/19

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

PAID
JUL 23 2019

WELLS FARGO BANK PORTLAND, OR

BY: .....

⑈0008854223⑈ ⑆121000248⑆ 4121 514012⑈

DETACH HERE

CORVEL

Explanation of Review

DETACH HERE

Business Unit: RACING GREEN, LTD., VALENCIA - 9
3873 Berry Dr
Los Angeles, CA 91604

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/5194346 - 1
Reprice: CA, 92781
Billed Date: 06/21/2019
Business Rcvd: 07/05/2019
MBR Rcvd: 07/05/2019
MBR Date: 07/17/2019
Date Approved: 07/17/2019
DOS From - To: 12/18/2018 - 06/08/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 973
Vendor #:
PIN:

Treating Provider:
Referring Physician: MAYYA KRAVCHENKO
Patient Control #: 75139
Provider Tax Id: 33-0956713

Claim #: BB-17-006854
Processor Initials: LZ
DOI: 01/05/2017
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
12/18/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		A	$230.00	$0.00
	These services have been previously objected to. Original bill [4987078,48]								
01/22/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	These services have been previously objected to. Original bill [4987078,48]								
01/29/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00		A	$90.00	$0.00
	These services have been previously objected to. Original bill [4987078,48]								

CORVEL

03/19/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1 11	$180.00	A	$180.00	$0.00
	These services have been previously objected to. Original bill [5014149.48]						
04/05/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1 11	$90.00	A	$90.00	$0.00
	These services have been previously objected to. Original bill [5054888.48]						
04/11/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1 11	$90.00	A	$90.00	$0.00
	These services have been previously objected to. Original bill [5054888.48]						
04/13/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1 11	$230.00	A	$230.00	$0.00
	Original bill [5062046.48]						
04/23/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1 11	$90.00	A	$90.00	$0.00
	These services have been previously objected to. Original bill [5082271.48]						
04/30/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1 11	$90.00	A	$90.00	$0.00
	These services have been previously objected to. Original bill [5082271.48]						
05/11/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1 11	$180.00	A	$180.00	$0.00
	These services have been previously objected to. Original bill [5147461.48]						
05/14/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1 11	$90.00	A	$90.00	$0.00
	These services have been previously objected to. Original bill [5147461.48]						
05/23/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1 11	$180.00	A	$180.00	$0.00
	Original bill [5184418.48]						
06/08/19	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1 11	$180.00	A	$0.00	$180.00
Sub-Totals for Bill: 5194346				**$1900.00**		**$1720.00**	**$180.00**
Totals for Bill:5194346							**$180.00**

Line Item Reason Codes and Descriptions

MV0 Market Value

R1 Duplicate Billing

RZZ Payer/ Provider agreement in place

Line Item Reason Codes and Descriptions

M

Bank Code= BBSEC
11-24
1210(8)

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

CORVEL

CHECK NUMBER	CHECK DATE
8799915	05/10/19

Claim#: BB-17-006854

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

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈0008799915⑈ ⑆121000248⑆ 4121 5140 12⑈

DETACH HERE

CORVEL

Explanation of Review

DETACH HER

Business Unit: RACING GREEN, LTD., VALENCIA - 9
3873 Berry Dr
Los Angeles, CA 91604

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/5062046 - 1
Reprice: CA, 92781
Billed Date: 04/18/2019
Business Rcvd: 04/29/2019
MBR Rcvd: 04/29/2019
MBR Date: 05/10/2019
Date Approved: 05/10/2019
DOS From - To: 12/18/2018 - 04/13/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 973
Vendor #:
PIN:

Treating Provider:
Referring Physician: MAYYA KRAVCHENKO
Patient Control #: 75139
Provider Tax Id: 33-0956713

Claim #: BB-17-006854
Processor Initials: LZ
DOI: 01/05/2017
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
12/18/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		A	$230.00	$0.00
	These services have been previously objected to. Original bill [4987078,48]								
01/22/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	These services have been previously objected to. Original bill [4987078,48]								
01/29/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00		A	$90.00	$0.00
	These services have been previously objected to. Original bill [4987078,48]								

CORVEL

03/19/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1 11	$180.00	A	$180.00	$0.00
	These services have been previously objected to. Original bill [5014149.48]						
04/05/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1 11	$90.00	A	$90.00	$0.00
	These services have been previously objected to. Original bill [5054888.48]						
04/11/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1 11	$90.00	A	$90.00	$0.00
	These services have been previously objected to. Original bill [5054888.48]						
04/13/19	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1 11	$230.00	A	$0.00	$230.00
Sub-Totals for Bill: 5062046				**$1090.00**		**$860.00**	**$230.00**

Totals for Bill:5062046 **$230.00**

Line Item Reason Codes and Descriptions
MV0 Market Value
R1 Duplicate Billing
RZZ Payer/ Provider agreement in place

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

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.
****Please note our new mailing address for bill submission: PO Box 6966, Portland, OR 97228.****

ICD Diagnosis Code
T14.90XA INJURY UNSPECIFIED INITIAL ENCOUNTR

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#
05/30/19 75197

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0545-WC-18-0002806;0545-W

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: BONNIE MACARTHUR/MEGAN MA
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs SELECT STAFFING
Date Of Injury: 10/3/18; 10/25/18

DOS	SERVICE	DESCRIPTION	AMOUNT
01/02/19	INITL CHIRO	& PHYSICAL THERAPY W/DR CHRISTINE HA @	90.00
/ /	-	SIDHU CHIRO*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/04/19	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/09/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/11/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/18/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/25/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
01/30/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/13/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
02/15/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/01/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/06/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/13/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/22/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

HR

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

*** INVOICE ***
Date NO#
05/30/19 75197

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0545-WC-18-0002806;0545-W

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: BONNIE MACARTHUR/MEGAN MA
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs SELECT STAFFING
Date Of Injury: 10/3/18; 10/25/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/27/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/29/19	F/U CHIRO TX	& PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/03/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/05/19	F/U CHIRO TX	CHIRO TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/10/19	F/U CHIRO TX	CHIRO TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/17/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/24/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/26/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/03/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/20/19	PMT BY CHECK	DOS 4/17/19* =# 3200670	-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#
05/30/19	75197

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0545-WC-18-0002806;0545-W

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: BONNIE MACARTHUR/MEGAN MA
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs SELECT STAFFING
Date Of Injury: 10/3/18; 10/25/18

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 2930.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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
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
3200670	05/20/19

Claim#: 0545-WC-18-0002806

One hundred eighty and 00/100 Dollars

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈0003200670⑈ ⑆121000248⑆ 4178 523411⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: 505689-00021-IDS USA Inc.
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

RECEIVED
MAY 24 2019
BY:

LOB: Workers' Compensation
Site/Bill #: 48/5077658 - 1
Reprice: CA, 92781
Billed Date: 04/23/2019
Business Rcvd: 05/06/2019
MBR Rcvd: 05/06/2019
MBR Date: 05/17/2019
Date Approved: 05/17/2019
DOS From - To: 01/02/2019 - 04/17/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Leos, June

Vendor #:
PIN:

Treating Provider:
Referring Physician: CHRISTINE
Patient Control #: 75197
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: 0545-WC-18-0002806
Processor Initials: JL
DOI: 10/03/2018
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
01/02/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00		A	$90.00	$0.00
	These services have been previously objected to. Original bill [4984844.48]								
01/04/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		A	$230.00	$0.00
	These services have been previously objected to. Original bill [4984844.48]								
01/09/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	These services have been previously objected to. Original bill [4984844.48]								

03/22/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$90.00			$90.00	$0.00
	R1 , G56		1	11		A		
	These services have been previously objected to. Original bill [5045273.48]							
03/27/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$90.00			$90.00	$0.00
	R1 , G56		1	11		A		
	These services have been previously objected to. Original bill [5045273.48]							
03/29/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$90.00			$90.00	$0.00
	R1 , G56		1	11		A		
	These services have been previously objected to. Original bill [5045273.48]							
04/03/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$90.00			$90.00	$0.00
	R1 , G56		1	11		A		
	These services have been previously objected to. Original bill [5045273.48]							
04/05/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$90.00			$90.00	$0.00
	R1 , G56		1	11		A		
	These services have been previously objected to. Original bill [5058955.48]							
04/10/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$90.00			$90.00	$0.00
	R1 , G56		1	11		A		
	These services have been previously objected to. Original bill [5065245.48]							
04/17/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$0.00	$180.00
	G67, MV0		1	11		A		

Sub-Totals for Bill: 5077658	**$2750.00**	**$2570.00**	**$180.00**

Totals for Bill:5077658 **$180.00**

Line Item Reason Codes and Descriptions

MV0 Market Value

R1 Duplicate Billing

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#
05/20/19 75308

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB19000197

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

Case: vs BARRETT BUSINESS SERVICES
Date Of Injury: 1/16/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/22/19	POST-OP	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/01/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/08/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/08/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/10/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/06/19	PMT BY CHECK	DOS 1/22/19-3/8/19* =# 8795089	-720.00
05/08/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/13/19	PMT BY CHECK	DOS 4/10/19* =# 8800453	-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 **

42

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

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8795089	05/06/19

Claim#: BB-19-000197

Seven hundred twenty and 00/100 Dollars

*******$720.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

PAID
MAY 14 2019

Richard Schweppe

"0008795089" "121000248" 4121 514012"

PW.

DETACH HERE

DETACH HER

CORVEL

Explanation of Review

Business Unit: GP MERGER SUB-9088071-SANTA AN
9401 Ann St
Santa Fe Springs, CA 90670

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/5041336 - 1
Reprice: CA, 92781
Billed Date: 04/04/2019
Business Rcvd: 04/17/2019
MBR Rcvd: 04/17/2019
MBR Date: 05/06/2019
Date Approved: 05/06/2019
DOS From - To: 01/22/2019 - 03/08/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 3490

Treating Provider:
Referring Physician: MICHAEL FELDMAN
Patient Control #: 75308
Provider Tax Id: 33-0956713

Claim #: BB-19-000197
Processor Initials: KS
DOI: 01/16/2019
RX Number:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
01/22/19	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$180.00		A	$0.00	$180.00
02/01/19	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$180.00		A	$0.00	$180.00
02/08/19	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$180.00		A	$0.00	$180.00
03/08/19	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$180.00		A	$0.00	$180.00
Sub-Totals for Bill: 5041336					**$720.00**			**$0.00**	**$720.00**

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
8800453	05/13/19

Claim#: BB-19-000197

One hundred eighty and 00/100 Dollars

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈00088004 53⑈ ⑆121000248⑆ 4121 5140 12⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: GP MERGER SUB-9088071-SANTA AN
9401 Ann St
Santa Fe Springs, CA 90670

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

FAX
MAY 17 2019

LOB:	Workers' Compensation
Site/Bill #:	48/5062134 - 1
Reprice:	CA, 92781
Billed Date:	04/16/2019
Business Rcvd:	04/29/2019
MBR Rcvd:	04/29/2019
MBR Date:	05/13/2019
Date Approved:	05/13/2019
DOS From - To:	01/22/2019 - 04/10/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 3490
Vendor #:
PIN:

Treating Provider:
Referring Physician: MICHAEL FELDMAN
Patient Control #: 75308
Provider Tax Id: 33-0956713

Claim #: BB-19-000197
Processor Initials: KS
DOI: 01/16/2019
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
01/22/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	Original bill [5041336,48]								
02/01/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	Original bill [5041336,48]								
02/08/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	Original bill [5041336,48]								

CORVEL

03/08/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [5041336.48]							
04/10/19	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$0.00	$180.00
Sub-Totals for Bill: 5062134					**$900.00**		**$720.00**	**$180.00**

Totals for Bill:5062134 **$180.00**

Line Item Reason Codes and Descriptions

MV0 Market Value

R1 Duplicate Billing

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

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.

****"Please note our new mailing address for bill submission: PO Box 6966, Portland, OR 97228."****

ICD Diagnosis Code

T14.90XA INJURY UNSPECIFIED INITIAL ENCOUNTR

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 -

Payer Identification Number - 952371728
Pay- To Provider State License Number -
Rendering Provider ID -
MPN ID - 0409, 2364
Carrier Telephone Number -
Bill Frequency Type - 0
Payment Status Code - 1

Date Paid Information
Method of Payment - Check
Payment ID Number - 8800453
Payment Date - 05/13/2019

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

*** INVOICE ***
Date NO#
03/12/19 75426

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1345-WC-19-0000012

BILL TO:
CORVEL CORP. (CLOUGHERTY - OR)
W. C. DEPARTMENT
ATTN: JESSICA PAGE
P.O. BOX 6966
PORTLAND, OR 97228

Case: vs HOLLANDER SLEEP PRODUCTS
Date Of Injury: 2/5/19

DOS	SERVICE	DESCRIPTION	AMOUNT
02/13/19	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/22/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/08/19	PMT BY CHECK	DOS 2/13/19-2/22/19* # 1115	-360.00

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 **

MR

bankcode=DREAM
11-24
1210(8)

CORVEL ENTERPRISE COMP, INC.
DREAM II HOLDINGS, LLC PAID ON BEHALF OF
SAFETY NATIONAL / SAFETY FIRST INSURANCE COMPANY
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

CHECK NUMBER	CHECK DATE
1115	03/08/19

*******$360.00

Three hundred sixty and 00/100 Dollars

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS, INC.
P.O. Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈000001115⑈ ⑆121000248⑆ 4211 189998⑈

DETACH HERE

CORVEL

DETACH HERE

Claim No.	D/A	Claimant	From	Thru	Remittance
1345-WC-19-0000012	02/05/2019		02/13/2019	02/22/2019	*******$360.00

Invoice Reference/Comments
75426

PAID
MAR 12 2019

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

*** INVOICE ***
Date NO#
05/06/19 75499

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-18-006164

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

Case: vs BARRETT BUSINESS SERVICES INC
Date Of Injury: 11/24/18

DOS	SERVICE	DESCRIPTION	AMOUNT
02/25/19	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
03/29/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	WALTER VASQUEZ # 100770	0.00
04/01/19	PMT BY CHECK	DOS 2/25/19* =# 8762607	-156.50
05/02/19	PMT BY CHECK	DOS 3/29/19* =# 8793262	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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VR

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
8793262	05/02/19

Claim#: BB-18-006164

Two hundred fifty and 00/100 Dollars

*******$250.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈00879326 2⑈ ⑆121000248⑆ 4121 5140 12⑈

DETACH HERE

CORVEL

Explanation of Review

DETACH HERE

Business Unit: C & B DELIVERY SERVICE, INC., ONT
1405 E Franklin Ave
Pomona, CA 91766

Employer
Patient:

RECD
MAY 06 2019

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB:	Workers' Compensation
Site/Bill #:	48/5044732 - 1
Reprice:	CA, 92781
Billed Date:	04/08/2019
Business Rcvd:	04/17/2019
MBR Rcvd:	04/17/2019
MBR Date:	05/02/2019
Date Approved:	05/02/2019
DOS From - To:	02/25/2019 - 03/29/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 3711
Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 75499
Provider Tax Id: 33-0956713

Claim #: BB-18-006164
Processor Initials: ML
DOI: 11/24/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
02/25/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$156.50		A	$156.50	$0.00
	Original bill [4983631,48]								
03/29/19	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$250.00		A	$0.00	$250.00
Sub-Totals for Bill: 5044732					**$406.50**			**$156.50**	**$250.00**
Totals for Bill:5044732									**$250.00**

Line Item Reason Codes and Descriptions
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#
03/08/19 73994

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC3371349CA

BILL TO:
DYNAMIC CLAIMS (51152 IRVINE)
W. C. DEPARTMENT
ATTN: PAMELA CRAIG
P.O. BOX 51152
IRVINE, CA 92619

Case: vs NATIONWIDE OUTSIDE SERVICES CO
Date Of Injury: 10/25/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/09/18	INITIAL EXAM	DR BARRY MARKS @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/16/18	INITIAL ACUP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/01/18	PR2/REEVAL	DR ZAREENA KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/12/18	PR2/REEVAL	DR HUMBERTO RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/24/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/05/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/11/19	PMT BY CHECK	DOS 5/9/18-10/24/18* # 19223	-1000.00
01/16/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/01/19	PMT BY CHECK	DOS 12/5/18* # 19391	-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 **

MR

19223

Bank of America

www.bankofamerica.com

94-72/1224

DYNAMIC INTEGRATED SYSTEMS SOLUTIONS CORP.
6218 W. DESERT INN ROAD
LAS VEGAS, NV 89146

1/11/2019

PAY TO THE ORDER OF Joyce Altman Interpreters, Inc

$ **1,000.00

One Thousand and 00/100********** DOLLARS

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

MEMO Inv # 73994 -

AUTHORIZED SIGNATURE

TRUE WATERMARK PAPER. HOLD AT AN ANGLE TO VIEW. | THE SENSITIVE RED IMAGE DISAPPEARS WITH HEAT.

⑈019223⑈ ⑆122400724⑆ 501018260687⑈

M

DYNAMIC INTEGRATED SYSTEMS SOLUTIONS CORP.

19223

Joyce Altman Interpreters, Inc	73994	1/11/2019	1,000.00

JAN 21 2019

BOA - 0687 Inv # 73994 - 1,000.00

19391

Bank of America

www.bankofamerica.com

94-72/1224

DYNAMIC INTEGRATED SYSTEMS SOLUTIONS CORP.
6218 W. DESERT INN ROAD
LAS VEGAS, NV 89146

3/1/2019

PAY TO THE ORDER OF Joyce Altman Interpreters, Inc

$ **180.00

One Hundred Eighty and 00/100**********DOLLARS

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

MEMO inv # 73994

AUTHORIZED SIGNATURE

TRUE WATERMARK PAPER — HEAT SENSITIVE RED IMAGE DISAPPEARS WITH HEAT

⑈019391⑈ ⑆122400724⑆ 501018260687⑈

M

DYNAMIC INTEGRATED SYSTEMS SOLUTIONS CORP.

19391

Joyce Altman Interpreters, Inc		3/1/2019
	DOS 12/05/18	180.00

MAR 07 2019

MAR 07 2019

BOA - 0687 inv # 73994 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#
07/08/19 75476

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2017371397

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: ERIC BRAVERMAN
P.O. BOX 32036
LAKELAND, FL 33802

Case: [redacted] BETANCOURT vs STARS ON HOLLYWOOD INC
Date Of Injury: 4/16/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/19	LEGAL_REVIEW	DEPO REVIEW @ L/O ANTONY GLUCK	250.00
/ /	INTERPRETER:	JUAN L. PEREZ # 100777	0.00
07/02/19	PMT BY CHECK	DOS 7/1/19-7/1/19* =# 19846548	-250.00

BALANCE 0.00

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HR

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000168-0000915 D0106 001 806003 EIG

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

EMPLOYERS®

America's small business insurance specialist®

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:	2017371397
Client Reference ID:	241120095
VP Trans ID:	600236140
	EIG0001001
Date:	07/02/2019
Amount:	$250.00
Check Number:	19846548

PAID
JUL 08 2019
BY:

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Email **support@vpayusa.com** today to find out how.

EIG.OT

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EMPLOYERS provides workers compensation insurance through Employers Preferred Insurance Company, Employers Assurance Company, Employers Compensation Insurance Company and Employers Insurance Company of Nevada. EIG Services, Inc. (in California, dba EIG Insurance Services) is an affiliated agency and adjuster.
Form #: CL_VEN_0033_US Rev. 3/2017

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

EMPLOYERS
America's small business insurance specialist®

Employers Preferred Insurance Company
PO BOX 32036
Lakeland FL, 33802-2036

VPay
1-855-523-9634

METABANK
Sioux Falls, SD
72-7011/2739

19846548

07/02/2019

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$250.00**

TWO HUNDRED FIFTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

600236140

⑈19846548⑈ ⑆273970116⑆ 17000129941⑈

600236140

EMPLOYERS

America's small business insurance specialist®

PO BOX 32036
Lakeland FL, 33802-2036

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
Tustin, CA 927814165

Insurer Name:	Employers Preferred Insurance Company
Payee/Provider:	JOYCE ALTMAN INTERPRETERS INC
Client Reference ID:	241120095
Amount:	$250.0

Injured Employee	Claim Number	Payment Id	Invoice Number	Account Number	Payment From	Payment Through	Billed Amount	Allowed Amount	Comment
	2017371397	241120095			07/01/2019	07/01/2019	250.00	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#
04/02/19 74021

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
LB001335787

BILL TO:
ENSTAR INS (COLUMBIA OH)
W. C. DEPARTMENT
ATTN: EVELYN HARDING
P.O. BOX 100239
COLUMBIA, SC 29202

Case: vs MAG AEROSPACE
Date Of Injury: 2/28/18

DOS	SERVICE	DESCRIPTION	AMOUNT
05/15/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/28/19	PMT BY CHECK	DOS 5/15/18* # 11144775	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MR

000 0000867 00000000 001 001 00569 INS: 0 0

M

CHECK NO : 11144775

PAYEE: Joyce Altman Interpreting

DATE: 03/28/2019

AMOUNT: 180.00

PAGE: 1 of 1

Item #: 1
Acct:
Date of Loss: 02/28/2018
Claimant:

Invoice No: 74021
Service Dates: 05/15/2018 - 05/15/2018
Ref No: cc:12862036

Insured: MAG Aerospace Industries, LLC
Description: Miscellaneous medical
Memo: Claim 000-00-072742
Claim: LB001335787

74021

Amount: 180.00

TOTAL: 180.00

PAID
APR 02 2019
PV. .....

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StarStone National Insurance Company
Enstar (US) Inc.
475 Kilvert St., Suite 330
Warwick, RI 02886

63-4 / 630 FL
Bank of America

Check No
11144775

03/28/2019

PAY One Hundred Eighty And 0/100 Dollars $180.00

VOID AFTER SIX MONTHS

PAY TO THE ORDER OF:

Joyce Altman Interpreting
PO BOX 4165
TUSTIN, CA 92781-4165

TWO SIGNATURES REQUIRED

CHECKS REQUIRE TWO SIGNATURES

SIGNATURE HAS A BLUE-GREEN BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈11144775⑈ ⑆063000047⑆ 8980684386 22⑈

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

*** INVOICE ***
Date NO#
10/30/18 74250

EAMS#(s): ---

SS # : XXX-X
DOB :
Terms: 60 days
Claim #(s):
000-00-100672/100673

BILL TO:
ENSTAR INS (SC-100239)
W. C. DEPARTMENT
ATTN: TRACEY KIDCER
P.O. BOX 100239
COLUMBIA, SC 29202

Case: ---------- vs MORLEY BUILDERS
Date Of Injury: 8/1/15; 8/15-3/18

DOS	SERVICE	DESCRIPTION	AMOUNT
06/07/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA E. PACO CORTEZ # 100533	0.00
07/05/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA J. RAMIREZ # 301566	0.00
07/19/18	PMT BY CHECK	DOS 6/7/18* # 275165 YORK RISK	-156.50
08/08/18	PMT BY CHECK	DOS 6/7/18-7/19/18* # 276762 YORK RISK	-250.00
08/17/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI II	156.50
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
09/13/18	PMT BY CHECK	DOS 8/17/18* # 11118310 STARSTONE NATIONAL	-156.50
09/28/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
10/26/18	PMT BY CHECK	DOS 9/28/18* # 11123552 STARSTONE NATIONAL	-250.00

BALANCE 0.00

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MR

000 0000627 00000000 001 001 00623 INS: 0 0

CHECK NO : 11123552

PAYEE: Joyce Altman Interpreting

DATE: 10/26/2018

AMOUNT: 250.00

PAGE: 1 of 1

Item #: 1 | Invoice No: 74250 ✓74131-74251 | Insured: Morley Builders Inc

Acct: | Service Dates: 09/28/2018 - 09/28/2018 | Description: Miscellaneous Indemnity

Date of Loss: 08/01/2015 | Ref No: cc:12158919 | Memo: Claim 000-00-100672

Claimant: | Claim: LB001339132 | Amount: 250.00

TOTAL: 250.00

PAID

OCT 30 2018

WARNING: THIS DOCUMENT CONTAINS SEVERAL DOCUMENT SECURITY FEATURES - DO NOT CASH IF THE WORD VOID IS VISIBLE - SEE REVERSE SIDE FOR LIST OF SECURITY FEATURES

StarStone National Insurance Company
Enstar (US) Inc.
475 Kilvert St., Suite 330
Warwick, RI 02886

63-4 / 630 FL
Bank of America

Check No
11123552

10/26/2018

PAY Two Hundred Fifty And 0/100 Dollars $250.00

VOID AFTER SIX MONTHS

PAY TO THE ORDER OF:

Joyce Altman Interpreting
PO BOX 4165
TUSTIN, CA 92781-4165

TWO SIGNATURES REQUIRED

CHECKS REQUIRE TWO SIGNATURES

SIGNATURE HAS A BLUE-GREEN BACKGROUND - BORDER CONTAINS MICROPRINTING MP

⑈11123552⑈ ⑆063000047⑆ 8980684386 22⑈

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

*** INVOICE ***
Date NO#
07/22/19 75786

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
000-00-272122/272546

BILL TO:
ENSTAR INS (100239 SC)
W. C. DEPARTMENT
ATTN: MARIANNE KOSTICH
P.O. BOX 100239
COLUMBIA, SC 29202

Case: vs GALLERIA MARKET LP
Date Of Injury: 11/14/19; 12/21/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/27/19	LEGAL_REVIEW	DEPO REVIEW @ L/O ANTONY GLUCK	250.00
/ /	INTERPRETER:	JUAN L. PEREZ # 100777	0.00
06/25/19	PMT BY CHECK	DOS 4/27/19-4/27/19* # 11156040	-180.00
07/18/19	PMT BY CHECK	DOS 4/27/19* # 11160218	-70.00

BALANCE 0.00

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HL

000 0001032 00000000 001 001 00733 INS: 0 0

CHECK NO : 11156040

PAYEE: JOYCE ALTMAN INTERPRETERS INC.

DATE: 06/25/2019

AMOUNT: 180.00

PAGE: 1 of 1

Item #: 1	Invoice No: 75786	Insured: Galleria Market LP	
Acct:	Service Dates: 04/27/2019 - 04/27/2019	Description: Miscellaneous indemnity	
Date of Loss: 12/21/2018	Ref No: cc:12947701	Memo: Claim 000-00-272546	
Claimant:		Claim: 000-00-272546	Amount: 180.00

TOTAL: 180.00

PAID

1 2

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

StarStone National Insurance Company
Enstar (US) Inc.
475 Kilvert St., Suite 330
Warwick, RI 02886

63-4 / 630 FL
Bank of America

Check No
11156040

06/25/2019

PAY One Hundred Eighty And 0/100 Dollars $180.00

VOID AFTER SIX MONTHS

PAY TO THE ORDER OF:

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

TWO SIGNATURES REQUIRED

CHECKS REQUIRE TWO SIGNATURES

SIGNATURE HAS A BLUE-GREEN BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈11156040⑈ ⑆063000047⑆ 8980684386 22⑈

000 0000124 00000000 001 002 00114 INS: 0 0

CHECK NO : 11160218

PAYEE: JOYCE ALTMAN INTERPRETERS INC.

DATE: 07/18/2019

AMOUNT: 70.00

Item #: 1	Invoice No: 75786	Insured: Galleria Market LP	
Acct:	Service Dates: 04/27/2019 - 06/25/2019	Description: Miscellaneous indemnity	
Date of Loss: 12/21/2018	Ref No: cc:12984555	Memo: Claim 000-00-272546	
Claimant:		Claim: 000-00-272546	Amount: 70.00

TOTAL: 70.00

PAID
JUL 22 2019

WARNING! THIS DOCUMENT CONTAINS SEVERAL DOCUMENT SECURITY FEATURES - DO NOT CASH IF THE WORD VOID IS VISIBLE - SEE REVERSE SIDE FOR LIST OF SECURITY FEATURES

StarStone National Insurance Company
Enstar (US) Inc.
475 Kilvert St., Suite 330
Warwick, RI 02886

63-4 / 630 FL
Bank of America

Check No
11160218

07/18/2019

PAY Seventy And 0/100 Dollars $70.00

VOID AFTER SIX MONTHS

PAY TO THE ORDER OF:

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

TWO SIGNATURES REQUIRED

CHECKS REQUIRE TWO SIGNATURES

SIGNATURE, MICR & BLUE SPECKLE BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈11160218⑈ ⑆063000047⑆ 8980684386 22⑈

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

*** INVOICE ***
Date NO#
04/30/19 73740

EAMS#(s):

SS # : XXX-
DOB :
Terms: 60 days
Claim #(s):
877C6899178

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

Case: [redacted] BRIGHTVIEW LANDSCAPE DEVELOPME
Date Of Injury: 2/8/17

DOS	SERVICE	DESCRIPTION	AMOUNT
04/05/18	INITIAL EXAM	DR HUMBERTO RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/18/18	INITIAL ACUP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/03/19	PMT BY CHECK	DOS 4/5/18-4/18/18* =# DA81346561	-180.00
04/25/19	PMT BY CHECK	DOS 4/5/18-4/18/18* # DA81469746	-280.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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HL

P7092028004

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

201904020137

Electronic Service Requested

MIXED AADC 926
600 0.5738 MB 0.425
JOYCE ALTMAN INTERPRETERS INC 117
PO BOX 4165
TUSTIN, CA 92781-4165

DATE: 04/03/19
CHECK NO: **DA81346561**

STATEMENT

CHUBB

1 OF 2 F
ENV 600

CHUBB
ACE Property and Casualty Insurance Company

FILE ID	DOLLARS
877C6899178	$ 180.00

* **NOT NEGOTIABLE** *

INVOICE # 73740
AGENCY CLAIM # 201803011418428287376 8

FOR
SERVICES FROM 04/05/18 THRU 04/18/18 PAT.#73740

CLAIMANT

DATE OF EVENT
02/08/17

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.

PAID
APR 08 2019
BY .....

EM-BOA18B

DETACH THIS PORTION BEFORE CASHING

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

CHUBB

CHUBB
ACE Property and Casualty Insurance Company

64-1278/611 GA

DATE 04/03/19

DA81346561

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

Bank of America

FILE ID 877C6899178

$ *****$180.00*

Pay One Hundred Eighty Dollars

2822449

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

FOR
SERVICES FROM 04/05/18 THRU 04/18/18
POLICY HOLDER
BRIGHTVIEW LANDSCAPES, LLC

CLAIM OFFICE
WOODLAND HILLS WC
CLAIMANT
MUNOZ;MIGUEL

SPECIAL HANDLING
00

CHUBB

AUTHORIZED SIGNATURE

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

⑈618134656⑈ ⑆061112788⑆ 00329978640 2⑈

P7092028014

ESIS MedBill Impact
P.O. Box 6561; Scranton, PA
18505-6561

Review Analysis oo

Control Number: 506676205
Bill Index Number: X506676205
Date Reviewed: 03/29/2019
Reviewed By: 9196
Rep/Sup: 611/208

ENV 600 2 OF 2 F

Claim Number: C877C6899178
Patient Name:
Provider Tax ID:330956713
Provider NPI: 0

Date Of Injury: 02/08/2017
Patient ID: XXXXX
Patient Account: 73740
Payor Receipt Date: 03/19/2019

State Jurisdiction:CA
MPN Name:
PPO Name:
PPO ID: (PPOID: 0)

Impact Receipt Date: 03/20/2019
MPN ID
Provider Invoice:

Branch Name: 345
Employer Name:BRIGHTVIEW

Provider	Rendering Provider	Insurer
St Lic No 999999999	NPI:	TIN:952371728
JOYCE ALTMAN	Company:	ACE American
INTERPRETERS INC	First Name:	436 WALNUT ST ny
PO BOX # 4165	Last Name:	Philadelphia, PA
TUSTIN, CA 92781		19106

ICD Codes: T14.90 Injury, unspecified

Date of Service	Billed Procedure	Reviewed Procedure	Qty	Provider Charges	Bill Review	REDUCTION PPO	REDUCTION OON	Recommend Allowance	Notes
4/5/18	T1013 00		1	$230.00	$140.00	$0.00	$0.00	$90.00	1,2,3,4
SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN									
4/18/18	T1013 00		1	$230.00	$140.00	$0.00	$0.00	$90.00	1,2,3,4
SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN									
				$460.00	$280.00	$0.00	$0.00	$180.00	

Notes/Messages:
1 Charge exceeds Fee Schedule allowance (222)
2 P12 - Workers compensation jurisdictional fee schedule adjustment. (ANSIP12)
3 A technical Bill Review (TBR) has been performed. (ETBR)
4 G1: The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance. (G1)

Copyright B) 2000-2019 All rights reserved. 3/29 4:52 am

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

M.

DATE 04/25/19
CHECK NO. **DA81469746**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company

CHUBB

5900A11DA 00 00372 DA81469746

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

FILE ID 877C6899178

DOLLARS $********280.00

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201803011418428287376 8

FOR
04/05/18 THRU 04/18/18 73740 ✓
CLAIMANT

DATE OF EVENT
02/08/17

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.

PAID
APR 30 2019
BY. .....

PDTIDMCD-001873-01-01-00

BOA18B (07/2016)

DETACH THIS PORTION BEFORE CASHING

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

CHUBB

Chubb
ACE Property and Casualty Insurance Company

64-1278
611

DATE 04/25/19

DA81469746

FILE ID
877C6899178

CWA12404190000120375

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

Pay **TWO HUNDRED EIGHTY DOLLARS AND 00 CENTS**

$********280.00

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

FOR
04/05/18 THRU 04/18/18 73740

CLAIM OFFICE
WOODLAND HILLS WC

POLICYHOLDER
BRIGHTVIEW LANDSCAPES, LLC

CLAIMANT
--

DATE OF EVENT
02/08/17

CHUBB
AUTHORIZED SIGNATURE

Bank of America

NBS-1GS-11

COPYRIGHT ANTI-FRAUD PROTECTION

⑈618146974⑈ ⑆061112788⑆ 003299786402⑈

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#
02/27/19	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
07/18/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/24/18	PMT BY CHECK	DOS 6/20/17* =# 8816925315	-180.00
08/01/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/20/18	PMT BY CHECK	DOS 2/14/18-7/18/18	-180.00
08/28/18	PMT BY CHECK	DOS 8/1/18* =# 8816966916	-90.00
08/24/18	POST-OP	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
09/07/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
10/05/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
10/14/18	PMT BY CHECK	DOS 9/7/18* =# 8817017686	-90.00
11/02/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON #101193	0.00
11/30/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00

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#
02/27/19 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
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
12/17/18	PMT BY CHECK	DOS 10/5/18-11/2/18* =# 8817083433	-180.00
12/21/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
12/26/18	PMT BY CHECK	DOS 11/30/18* =# 8817093657	-90.00
01/16/19	PMT BY CHECK	DOS 12/21/18* =# 8817115337	-90.00
01/30/19	PMT BY CHECK	DOS 8/7/18* =# 8817130773	-90.00
02/01/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/15/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/22/19	PMT BY CHECK	DOS 2/1/19* =# 8817156270	-180.00

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/ 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: 8817156270
Date: 02/22/2019

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

73416-1

Claimant/Patient:			
Insured:	J.D. FIELDS LUMBER COMPANY		
Date of Loss:	08/01/2017	Claim Representative:	Diane Kassis
Claim Number:	WC10140203	Office Phone Number:	8185402256
Correspondence Reference:	MZ4D6H8BN	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 - 02/01/19	Interpreter	$180.00

PAID
FEB 26 2019

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 #: WC10140203

Check No. 8817156270
Date: 02/22/2019

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.

⑈8817156270⑈ ⑆031100209⑆ 3872438⑈

Date	Code		Units	POS	Bill Charges TOS	DXR	Reduction	Allow Fe
06/20/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$180.00	$0.
	R1 , G56		1	11		A		
	Original bill [12762906,6]							
07/18/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$180.00	$0.00
	R1 , G56		1	11		A		
	Original bill [12824563,6]							
08/01/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$180.00	$0.00
	R1 , G56		1	11		A		
	Original bill [12843842,6]							
08/24/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$180.00	$0.00
	R1 , G56		1	11		A		
	Original bill [12979555,6]							
09/07/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$180.00	$0.00
	R1 , G56		1	11		A		
	Original bill [12984667,6]							
10/05/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$180.00	$0.00
	R1 , G56		1	11		A		
	Original bill [13118923,6]							
11/02/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$180.00	$0.00
	R1 , G56		1	11		A		
	Original bill [13118923,6]							
11/30/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$180.00	$0.00
	R1 , G56		1	11		A		
	Original bill [13183655,6]							
12/21/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$180.00	$0.00
	R1 , G56		1	11		A		
	Original bill [13239699,6]							
02/01/2019	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$0.00	$180.00
	523, RX3		1	11		A		
Sub-Totals for Bill: 13348905					**$2,520.00**		**$2,340.00**	**$180.00**
Totals for Bill: 13348905								**$180.00**

Line Item Reason Codes and Descriptions

523 Reduced per administrative rules

R1 Duplicate Billing

RX3 Per BU/provider agreement amount may be negotiated

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.

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

T14.90XA INJURY UNSPECIFIED INITIAL ENCOUNTR

04 03 000360 MZ4D6H8BN1 CE0222P2 05 [ ] 000360

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

*** INVOICE ***
Date NO#
06/27/19 73546

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
WC10136292

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

Case: vs RASHELICA ENTERPRICES LLC
Date Of Injury: 3/25/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/18	INITIAL EXAM	DR ARBI MIRZAIANS @ PHYSICAL REHAB SERVS.	230.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
04/17/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/18/18	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR CHRISTINE ABARYAN @	150.00
/ /	-	PHYS. REHAB SVCS* INITIAL	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/22/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/26/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
07/24/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/18/18	PMT BY CHECK	DOS 6/26/18* =# 8816917816	-180.00
08/14/18	PMT BY CHECK	DOS 7/24/18* =# 8816951037	-180.00
08/22/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/18/18	PMT BY CHECK	DOS 8/22/18* =# 8816987785	-180.00
10/03/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
11/05/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/10/18	PR2/REEVAL	DR MIRZAIANS @ PRS*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
01/02/19	PMT BY CHECK	DOS 10/3/18-12/10/18* =# 8817101027	-540.00
01/16/19	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/30/19	PMT BY CHECK	DOS 3/2/18-5/22/18*	-360.00

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#
06/27/19 73546

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
WC10136292

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

Case: vs RASHELICA ENTERPRICES LLC
Date Of Injury: 3/25/17

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 8817130916	
02/01/19	PMT BY CHECK	DOS 1/16/19* =# 8817133849	-90.00
02/21/19	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/13/19	PMT BY CHECK	DOS 2/21/19* =# 8817175565	-180.00
04/10/19	PR2/REEVAL	DR ABGARYAN @ PRS*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/25/19	PMT BY CHECK	DOS 4/10/19* =# 8817224033	-90.00
05/22/19	PR2/REEVAL	DR ABGARYAN @ PHYS REHAB*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/21/19	PMT BY CHECK	DOS 5/22/19* =# 8817287528	-180.00

BALANCE 560.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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: 8816951037
Date: 08/14/2018

Amount: $180.00******



01 01 000390 VFBB3RQWN1 CE0814P2 04 [ ] 000666

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS
PO Box 1465
Tustin CA 92781

73546

Claimant/Patient:			
Insured:	RASHELICA ENTERPRISES LLC		
Date of Loss:	03/25/2017	Claim Representative:	Jared Abrams
Claim Number:	WC10136292	Office Phone Number:	8185402231
Correspondence Reference:	VFBB3RQWN	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
03/02/18 - 07/24/18	Interpreter	$180.00

AUG 20 2018

DETACH FOLD AND CLEAR IN CHECK ON RED LINE BELOW

CORVEL

Explanation of Review

Employer: RASHELICA ENTERPRISES LLC
Patient: [redacted]

Business Unit: Mid Century Insurance Company - WES
PO Box 108843
Oklahoma City, OK 73101-8843

Patient DOB: [redacted]
Gender:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill # : 6/12818359 - 1
Reprice: CA, 92781
Billed Date: 08/02/2018
Business Rcvd: 08/06/2018
MBR Rcvd: 08/07/2018
MBR Date: 08/10/2018
Approved Date: 08/10/2018
DOS From - To: 03/02/2018 - 07/24/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: USWJDA04
Vendor #:
PIN:
Invoice Number :
Alt DCN : 1046075489:P8_PROD
Pay Codes: 19 Interpreter

Treating Provider:
Referring Physician: ARBI MIRZAIANS
Patient Control #: 73546
Provider Tax Id: 33-0956713

Claim #: WC10136292
Processor Initials: JA
DOI: 03/25/2017
RX Number:

Date	*Code*		*Units*	*POS*	*Bill Charges TOS*	*DXR*	*Reduction*	*Allowed Fees*
03/02/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC	1	11	$230.00	A	$230.00	$0.00
	R1 , G56							
	Original bill [12647661,6]							
04/17/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC	1	11	$180.00	A	$180.00	$0.00
	R1 , G56							
	Original bill [12647661,6]							
05/18/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC	1	11	$150.00	A	$150.00	$0.00
	R1 , G56							
	Original bill [12647661,6]							
05/22/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC	1	11	$180.00	A	$180.00	$0.00
	R1 , G56							
	Original bill [12647661,6]							

03 02 000666 VFBB3RQWN1 CEOB14P2 04 [ ] 000666

Date	Code	Units	POS	Bill Charges TOS	DXR	Reduction	Allow Fe
06/26/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$180.00	$0.
	R1 , G56	1	11		A		
	Original bill [12749803,6]						
07/24/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	231, G1 , RX3	1	11		A		
Sub-Totals for Bill: 12818359				**$1,100.00**		**$920.00**	**$180.00**
Totals for Bill: 12818359							**$180.00**

Line Item Reason Codes and Descriptions

231 Services paid in full

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.

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

T14.90XA INJURY UNSPECIFIED INITIAL ENCOUNTR

Questions regarding this bill may be sent to:

Orange_PR@CorVel.com (underscore before PR)
CorVel Bill Review
1851 E 1st St # 300
Santa Ana, CA 92705

Toll free: (800) 987-1007
Phone: (714) 939-5620
Fax: ( ) -

California DWC

Employer Address -
RASHELICA ENTERPRISES LLC
1501 Front St Unit 117
San Diego, CA

Payer Identification Number - 956016640
Pay- To Provider State License Number -
Rendering Provider ID -
MPN ID - 1591
Carrier Telephone Number -
Bill Frequency Type - 0
Payment Status Code - 1

Date Paid Information
Payment Date - Date Paid information was not available at the time this EOR was created.

03 03 000666 VFBB3RQWN1 CE0814P2 04 [ ] 000666

MID-CENTURY INSURANCE COMPANY

Check Number: 8816987785
Date: 09/18/2018

Amount: $180.00******

01 01 000529 2TBF6HFMN1 CE0918P2 05 [ ] 000881

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS
PO Box 1465
Tustin CA 92781

73546 +

Claimant/Patient:			
Insured:	RASHELICA ENTERPRISES LLC		
Date of Loss:	03/25/2017	Claim Representative:	Jared Abrams
Claim Number:	WC10136292	Office Phone Number:	8185402231
Correspondence Reference:	2TBF6HFMN	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
03/02/18 - 08/22/18	Interpreter	$180.00

PLEASE DETACH AND RETAIN STUB ABOVE OR BELOW

FARMERS INSURANCE

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

62-20/311

MID-CENTURY INSURANCE COMPANY
Westlake
Farmers WC Imaging Center, P. O. Box 108843
Oklahoma City, OK 73101-8843

Claim #: WC10136292

Check No. 8816987785
Date: 09/18/2018

Payable If Desired At Any Citibank

PAY One Hundred Eighty Dollars And No Cents

$180.00******

NOT GOOD AFTER SIX MONTHS

FARMERS INSURANCE

To the order of
JOYCE ALTMAN INTERPRETERS
PO Box 1465
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.

⑈8816987785⑈ ⑆031100209⑆ 3872438 9⑈

Date	Code		Units	POS	Bill Charges TOS	DXR	Reduction	Allow Fe
06/26/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$180.00	$0.
	R1 , G56		1	11		1		
	Original bill [12749803,6]							
07/24/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$180.00	$0.00
	R1 , G56		1	11		1		
	Original bill [12818359,6]							
08/22/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$0.00	$180.00
	523, G67, RX3		1	11		1		
Sub-Totals for Bill: 12900212					**$1,280.00**		**$1,100.00**	**$180.00**
Totals for Bill: 12900212								**$180.00**

Line Item Reason Codes and Descriptions

523 Reduced per administrative rules

R1 Duplicate Billing

RX3 Per BU/provider agreement amount may be negotiated

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

T14.90 INJURY UNSPECIFIED

Questions regarding this bill may be sent to:

Orange_PR@CorVel.com (underscore before PR)
CorVel Bill Review
851 E 1st St # 300
Santa Ana, CA 92705

Toll free: (800) 987-1007
Phone: (714) 939-5620
Fax: ( ) -

California DWC

Employer Address -
RASHELICA ENTERPRISES LLC
1501 Front St Unit 117
San Diego, CA

Payer Identification Number - 956016640
Pay- To Provider State License Number -
Rendering Provider ID -
PPN ID - 1591
Carrier Telephone Number -
Bill Frequency Type - 0
Payment Status Code - 1

PP

18248006095932273888, 111623816 - 1

04 03 000881 2TBF6HFMN1 CE0918P2 05 [ ] 000881

MID-CENTURY INSURANCE COMPANY

Check Number: 8817287528
Date: 06/21/2019

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

Claimant/Patient:			
Insured:	RASHELICA ENTERPRISES LLC		
Date of Loss:	03/25/2017	Claim Representative:	Mike Dellacort
Claim Number:	WC10136292	Office Phone Number:	8185402223
Correspondence Reference:	46$71RNDN	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
03/02/18 - 05/22/19	Interpreter	$180.00

PAID

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 #: WC10136292

Check No. 8817287528
Date: 06/21/2019

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

Thomas S. Noh

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.

⑈8817287528⑈ ⑆031100209⑆ 38724389⑈

CORVEL

Explanation of Review

Employer: RASHELICA ENTERPRISES LLC
Patient:

Business Unit: Mid Century Insurance Company - WES
PO Box 108843
Oklahoma City, OK 73101-8843

Patient DOB:
Gender:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill # : 6/13684119 - 1
Reprice: CA, 92781
Billed Date: 06/04/2019
Business Rcvd: 06/07/2019
MBR Rcvd: 06/11/2019
MBR Date: 06/19/2019
Approved Date: 06/19/2019
DOS From - To: 03/02/2018 - 05/22/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: MIKE.DELLACORT
Vendor #:
PIN:
Invoice Number :
Alt DCN : 1076006570:P8_PROD
Pay Codes: 19 Interpreter

Treating Provider:
Referring Physician: ARBI MIRZAIANS
Patient Control #: 73546
Provider Tax Id: 33-0956713

Claim #: WC10136292
Processor Initials: AP
DOI: 03/25/2017
RX Number:

Bill Comments
invoice 73546

Date	*Code*		*Units*	*POS*	*Bill Charges TOS*	*DXR*	*Reduction*	*Allowed Fees*
03/02/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC	1	11	$230.00	A	$230.00	$0.00
	R1 , G56							
	Original bill [12647661,6]							
04/17/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC	1	11	$180.00	A	$180.00	$0.00
	R1 , G56							
	Original bill [12647661,6]							
05/18/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC	1	11	$150.00	A	$150.00	$0.00
	R1 , G56							
	Original bill [12647661,6]							

Date	Code	Units	POS	Bill Charges TOS	DXR	Reduction	Allow Fe
05/22/2018	T1013 SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$180.00	$0.
	R1 , G56	1	11		A		
	Original bill [12647661,6]						
06/26/2018	T1013 SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$180.00	$0.00
	R1 , G56	1	11		A		
	Original bill [12749803,6]						
07/24/2018	T1013 SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$180.00	$0.00
	R1 , G56	1	11		A		
	Original bill [12818359,6]						
08/22/2018	T1013 SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$180.00	$0.00
	R1 , G56	1	11		A		
	Original bill [12900212,6]						
10/03/2018	T1013 SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$180.00	$0.00
	R1 , G56	1	11		A		
	Original bill [13198960,6]						
11/05/2018	T1013 SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$180.00	$0.00
	R1 , G56	1	11		A		
	Original bill [13198960,6]						
12/10/2018	T1013 SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$180.00	$0.00
	R1 , G56	1	11		A		
	Original bill [13198960,6]						
01/16/2019	T1013 SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$180.00	$0.00
	R1 , G56	1	11		A		
	Original bill [13294226,6]						
02/21/2019	T1013 SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$180.00	$0.00
	R1 , G56	1	11		A		
	Original bill [13403133,6]						
04/10/2019	T1013 SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$180.00	$0.00
	R1 , G56	1	11		A		
	Original bill [13546165,6]						
05/22/2019	T1013 SIGN LANGUAGE/ORAL INTEPR SERVIC			$180.00		$0.00	$180.00
	231, G67, RZZ	1	11		A		
Sub-Totals for Bill: 13684119				**$2,540.00**		**$2,360.00**	**$180.00**
Totals for Bill: 13684119							**$180.00**

Line Item Reason Codes and Descriptions

231	Services paid in full	R1	Duplicate Billing
RZZ	Payer/ Provider agreement in place		

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#
02/20/19 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: [redacted] /s 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
06/15/18	PR2/REEVAL	DR FELDMAN # HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/13/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/17/18	PMT BY CHECK	DOS 6/15/18* =# 8816916112	-90.00
08/17/18	PR2/REEVAL	DR FELDMAN @ HAND @ ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/14/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/12/18	PMT BY CHECK	DOS 8/17/18-9/14/18* =# 8817016319	-180.00
10/12/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
11/15/18	PMT BY CHECK	DOS 10/12/18* =# 8817052892	-90.00
11/16/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
12/13/18	PMT BY CHECK	DOS 11/16/18* =# 8817080554	-90.00

HR

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

*** INVOICE ***
Date NO#
02/20/19 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
12/14/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/09/19	PMT BY CHECK	DOS 12/14/18* =# 8817108285	-90.00
01/18/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/11/19	PMT BY CHECK	DOS 1/18/19* =# 8817143318	-180.00

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/ 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: 8817143318
Date: 02/11/2019

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

73606

Claimant/Patient:			
Insured:	BYER CALIFORNIA, INC.		
Date of Loss:	02/07/2018	Claim Representative:	Daniel Yona
Claim Number:	WC10146033	Office Phone Number:	8185402237
Correspondence Reference:	V1171RF4N	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
03/16/18 - 01/18/19	Interpreter	$180.00

PAID
FEB 18 2019
BY: .....

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 #: WC10146033

Check No. 8817143318
Date: 02/11/2019

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.

⑈8817143318⑈ ⑆031100209⑆ 3872438⑈

01 01 000515 V1171RF4N1 CE0212P1 05 [ ] 000892

Date	Code	Units	POS	Bill Charges TOS	DXR	Reduction	Allow Fe
05/18/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$180.00	$0.
	R1 , G56	1	11		A		
	Original bill [12632974,6]						
06/15/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$180.00	$0.00
	R1 , G56	1	11		A		
	Original bill [12730478,6]						
07/13/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$180.00	$0.00
	R1 , G56	1	11		A		
	Original bill [12805278,6]						
08/17/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$180.00	$0.00
	R1 , G56	1	11		A		
	Original bill [12998680,6]						
09/14/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$180.00	$0.00
	R1 , G56	1	11		A		
	Original bill [12998680,6]						
10/12/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$180.00	$0.00
	R1 , G56	1	11		A		
	Original bill [13082261,6]						
11/16/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$180.00	$0.00
	R1 , G56	1	11		A		
	Original bill [13147807,6]						
12/14/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$180.00	$0.00
	R1 , G56	1	11		A		
	Original bill [13219098,6]						
01/18/2019	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	231, G67, RX3	1	11		A		
	Josue Calderon interpreter 101193						
Sub-Totals for Bill: 13310372				**$2,340.00**		**$2,160.00**	**$180.00**
Totals for Bill: 13310372							**$180.00**

Line Item Reason Codes and Descriptions

231	Services paid in full	R1	Duplicate Billing
RX3	Per BU/provider agreement amount may be negotiated		
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

T14.90XA INJURY UNSPECIFIED INITIAL ENCOUNTR

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

*** INVOICE ***
Date NO#
04/04/19 74888

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
301533087830001

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

Case: [redacted] vs SOUTH COAST WOODWORKS
Date Of Injury: 10/24/18

DOS	SERVICE	DESCRIPTION	AMOUNT
10/30/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/01/19	PMT BY CHECK	DOS 10/30/18* # 8817196911	-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 **

MR

MID-CENTURY INSURANCE COMPANY

Check Number: 8817196911
Date: 04/01/2019

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

74888

Claimant/Patient:			
Insured:	SOUTH COAST WOODWORKS, INC		
Date of Loss:	10/24/2018	Claim Representative:	Stephanie Schneider
Claim Number:	WC10156265	Office Phone Number:	8185402227
Correspondence Reference:	V6$51R5WN	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
10/30/18 - 10/30/18	Interpreter	$180.00

RECEIVED
APR 04 2019
HSV

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 #: WC10156265

Check No. 8817196911
Date: 04/01/2019

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.

⑈8817196911⑈ ⑆031100209⑆ 3872438⑈

CORVEL

Explanation of Review

Employer: South Coast Woodworks, Inc
Patient:

Business Unit: Mid Century Insurance Company - WES
PO Box 108843
Oklahoma City, OK 73101-8843

Patient DOB:
Gender:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill # : 6/13454702 - 1
Reprice: CA, 92781
Billed Date: 03/14/2019
Business Rcvd: 03/19/2019
MBR Rcvd: 03/20/2019
MBR Date: 03/28/2019
Approved Date: 03/29/2019
DOS From - To: 10/30/2018 - 10/30/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: STEPHANIE.SCHNEIDER2
Vendor #:
PIN:
Invoice Number :
Alt DCN : 1067911214:P8_PROD
Pay Codes: 19 Interpreter

Treating Provider:
Referring Physician: MICHAEL FELDMAN
Patient Control #: 74888
Provider Tax Id: 33-0956713

Claim #: WC10156265
Processor Initials: HC
DOI: 10/24/2018
RX Number:

Bill Comments
invoice 74888

Date	*Code*	*Units*	*POS*	*Bill Charges TOS*	*DXR*	*Reduction*	*Allowed Fees*
10/30/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$180.00		$0.00	$180.00
	507, G1 , RZZ	1	11		A		
Sub-Totals for Bill: 13454702				**$180.00**		**$0.00**	**$180.00**
Totals for Bill: 13454702							**$180.00**

Line Item Reason Codes and Descriptions

507 Priced According to Contract Agreement
RZZ Payer/ Provider agreement in place
G1 The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.

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

*** INVOICE ***
Date NO#
03/29/19 74918

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC10155395

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

Case: 's VEPE CORP. LAUNDRY SYSTEMS
Date Of Injury: 9/27/18

DOS	SERVICE	DESCRIPTION	AMOUNT
11/07/18	INITIAL EXAM	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO CALIF*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
11/30/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
12/21/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/22/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/10/19	PMT BY CHECK	DOS 11/7/18-12/21/18* =# 8817142941	-270.00
02/12/19	PMT BY CHECK	DOS 1/22/19* =# 8817144913	-90.00
02/19/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/19/19	P AND S	DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/24/19	PMT BY CHECK	DOS 2/19/19* =# 8817188676	-180.00

BALANCE 640.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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 **

MR

MID-CENTURY INSURANCE COMPANY

Check Number: 8817188676
Date: 03/24/2019

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

74918 - 1

Claimant/Patient:
Insured: VEPO CORP
Date of Loss: 09/27/2018
Claim Number: WC10155395
Correspondence Reference: $F1P1RH0N

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
11/07/18 - 02/19/19	Interpreter	$180.00

PAID
MAR 28 2019
BY .....

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

FARMERS INSURANCE

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

62-20/311

MID-CENTURY INSURANCE COMPANY
Westlake
Farmers WC Imaging Center, P. O. Box 108843
Oklahoma City, OK 73101-8843

Claim #: WC10155395

Check No. 8817188676
Date: 03/24/2019

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.

⑈8817188676⑈ ⑆031100209⑆ 3872438 9⑈

Date	Code		Units	POS	Bill Charges TOS	DXR	Reduction	Allow. Fe
01/22/2019	T1013 R1 , G56 Original bill [13316908,6]	SIGN LANGUAGE/ORAL INTEPR SERVIC	1	11	$180.00	A	$180.00	$0.
02/19/2019	T1013 507, G67	SIGN LANGUAGE/ORAL INTEPR SERVIC 01193	1	11	$180.00	A	$0.00	$180.00
Sub-Totals for Bill: 13398937					**$950.00**		**$770.00**	**$180.00**
Totals for Bill: 13398937								**$180.00**

Line Item Reason Codes and Descriptions

507 Priced According to Contract Agreement

R1 Duplicate Billing

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

T14.90XA INJURY UNSPECIFIED INITIAL ENCOUNTR

Questions regarding this bill may be sent to:

Orange_PR@CorVel.com (underscore before PR)
CorVel Bill Review
1851 E 1st St # 300
Santa Ana, CA 92705

Toll free: (800) 987-1007
Phone: (714) 939-5620
Fax: ( ) -

California DWC

Employer Address -
Vepe Corporation Laundry Systems
428 N Moss St
Burbank, CA

Payer Identification Number - 956016640
Pay- To Provider State License Number -
Rendering Provider ID -
MPN ID - 1591
Carrier Telephone Number -
Bill Frequency Type - 0
Payment Status Code - 1

Date Paid Information
Payment Date - Date Paid information was not available at the time this EOR was created.

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

*** INVOICE ***
Date NO#
02/22/19 75181

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10134037;WC10122678

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

Case: vs LC JANITORIAL SERVICES
Date Of Injury: 11/3/16;8/8/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/02/19	LEGAL_WCAB	FULL DAY MSC @ WCAB POMONA	313.00
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
02/18/19	PMT BY CHECK	DOS 1/2/19* # 8817150164	-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/ 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 **

MR

MID-CENTURY INSURANCE COMPANY

Check Number: 8817150164
Date: 02/18/2019

Amount: $313.00******

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

Claimant/Patient:
Insured: LM JANITORIAL SERVICES, INC
Date of Loss: 08/08/2015
Claim Number: WC10122678
Correspondence Reference: 45B4$R74N
Claim Representative: Nicole Tapia
Office Phone Number: 8185402229
Applicable Coverage: Workers' Compensation

Additional Information:
INV-75181 If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 754-3260 or claims office at the address on the check.

From/To Dates	Benefit Type	Benefit Amount	Overpayment W/H	Net Amount
01/02/19 - 01/02/19	Other Specified Indemnity	$313.00		$313.00

TOTAL Benefits Paid To Date :

Other Specified Indemnity	$313.00	

PAID
FEB 22 2019
BY .....

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 #: WC10122678

Check No. 8817150164
Date: 02/18/2019

Payable If Desired At Any Citibank

PAY Three Hundred Thirteen Dollars And No Cents $313.00******

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 THIS ENDORSEMENT.

⑈8817150164⑈ ⑆031100209⑆ 38724389⑈

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

*** INVOICE ***

Date	NO#
09/24/18	35998

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
SCA900115266

BILL TO:
FIRST COMP/MARKEL INS (OMAHA)
W. C. DEPARTMENT
ATTN: TRECI BONFILS
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs GUERRA'S TRUCKING CO.
Date Of Injury: 4/8/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/02/09	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
12/04/09	INITIAL EXAM	DR HOSSAIN @ GARFIELD HEALTH*	230.00
02/05/10	PR2/REEVAL	DR KATTAR* ALBERTO VILLAGOMEZ # 500341	180.00
01/04/16	ACT FEE_OFFS	CASE NOT PURSUED DUE TO ACTIVATION FEE	-640.00
02/09/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
03/14/16	LEGAL_PREP	DEPO PREP @ L/O STOCKWELL HARRIS	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
07/28/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/06/16	PMT BY CHECK	DOS 11/2/09-7/28/16* # 71138550	-469.50
08/09/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/18/18	PENALTIES	FOR DATE OF SERVICE 2/9/16	23.48
09/06/16	INTEREST	FOR DATE OF SERVICE 2/9/16	10.50
01/18/18	PENALTIES	FOR DATE OF SERVICE 3/14/16	23.48
09/06/16	INTEREST	FOR DATE OF SERVICE 3/14/16	9.32
01/18/18	PENALTIES	FOR DATE OF SERVICE 8/9/17	23.48
03/01/18	INTEREST	FOR DATE OF SERVICE 8/9/17	9.71
03/01/18	PMT BY CHECK	DOS 8/9/17* =# 71148559 FIRST COMP	-156.50
08/01/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/24/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA J. RAMIREZ # 301566	0.00
09/17/18	PMT BY CHECK	DOS 8/24/18* =# 71151357 FIRST COMP	-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#
09/24/18	35998

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
SCA900115266

BILL TO:
FIRST COMP/MARKEL INS (OMAHA)
W. C. DEPARTMENT
ATTN: TRECI BONFILS
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs GUERRA'S TRUCKING CO.
Date Of Injury: 4/8/09

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 256.47

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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 3188
Omaha, NE 68103-3188

H

35998 - 1
73162 - 1
73167

Claims Disbursement

CLAIM #: SCA900115266
PAYEE: JOYCE ALTMAN INTERPRETERS INC

CHECK NUMBER: 71151357
CHECK DATE: 09/17/2018
CHECK AMOUNT: $250.00

Check Information



CLAIMANT NAME:
POLICY #: WSI0013563-01
INVOICE #: 35998wcab
INVOICE DATE: 09/07/2018
BILL ID #: 3692422
BILL REVIEW ID #:
BENEFIT BEGIN: 11/02/2009
BENEFIT END: 08/24/2018
RESERVE TYPE: EX
SUB-RESERVE TYPE: Experts and Consultants

CHECK MEMO:

Please contact our Customer Service Department at 1-888-500-3344 if you have any questions.

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

*** INVOICE ***

Date	NO#
10/15/18	52168

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
003000-220528-WC-01

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

Case: vs WASTE MANAGEMENT
Date Of Injury: 1/21/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/13/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/21/12	PMT BY CHECK	DOS 3/13/12 # 0093668253	-250.00
07/12/12	WCAB LB	PRIORITY-CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/02/12	PMT BY CHECK	DOS 7/12/12 # 0095298010	-156.50
02/23/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/07/16	PMT BY CHECK	DOS 2/23/16* # 00126191716	-156.50
05/12/16	LEGAL_WCAB	EXPEDITED HEARING @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/31/16	PMT BY CHECK	DOS 5/12/16* # 0128374860	-156.50
07/18/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/18/16	PMT BY CHECK	DOS 3/13/12-7/18/16* # 0130350714	-156.50
05/08/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
05/23/17	PMT BY CHECK	DOS 5/8/17-5/8/17* # 0137200195	-156.50
05/22/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/15/18	PMT BY CHECK	DOS 5/22/18* # 0146620524	-156.50
06/14/18	LEGAL_PREP	DEPO PREP @ L/O SLADE NEIGHBORS VOL II	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
07/17/18	PMT BY CHECK	DOS 6/14/18* # 0147358474	-156.50
07/27/18	LEGAL_PREP	DEPO PREP @ L/O SLADE NEIGHBORS (III)	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00

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#
10/15/18 52168

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
003000-220528-WC-01

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

Case: vs WASTE MANAGEMENT
Date Of Injury: 1/21/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/21/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI II (AMENDED DATE)	250.00
/ /	INTERPRETER:	JOHANNA J. RAMIREZ # 301566	0.00
10/10/18	PMT BY CHECK	DOS 8/21/18* # 0149381740	-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 **

MDG2009 00004390 1 MB .424 1
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID
OCT 15 2018
BY: .....

GALLAGHER BASSETT SERVICES INC
FOR WASTE MANAGEMENT, INC

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 003000 220528 WC 01 (2963)
CLAIMANT:
DESCRIPTION: INV #: 52168 ✓

DATES OF SERVICE: 27Jul18 **THRU** 21Aug18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 21Jan09

NO.: 0149381740
VN: 0003699653
DATE: 10Oct18
AMOUNT: 406.50

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004390 005093 001 001

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

GALLAGHER BASSETT SERVICES INC
FOR WASTE MANAGEMENT, INC

CHECK NO. 0149381740 003809
VN. 0003699653
DATE: 10Oct18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **406.50

CLAIM NO.: 003000 220528 WC 01 (2963) **BRANCH NO.:** 094
PAY FOUR HUNDRED SIX AND 50/100 DOLLARS**********

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

Donna M. Korte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0149381740⑈ ⑆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#
08/02/18 55934

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011975074033WC01

BILL TO:
GALLAGHER BASSETT (SACRAMENTO)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 4040
SACRAMENTO, CA 95812-4040

Case: vs ORION ORNAMENTAL IRON
Date Of Injury: 4/2/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/01/12	CT SCAN	REF BY DR KRACHENKO: BRAIN & HEAD @ CALIF IMAG*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
10/10/12	ULTRASOUND	DIAG STUDY REF BY DR ZLOTOLOW : ECHO @ CA IMG*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
12/04/14	SURGERY	DR WILKER: LT SHDR @ MONROVIA HOSP (5.5 hrs)	495.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/24/16	PENALTIES	FOR DATE OF SERVICE 10/1/12	22.50
05/24/16	INTEREST	FOR DATE OF SERVICE 10/1/12	13.89
05/24/16	PENALTIES	FOR DATE OF SERVICE 10/10/12	22.50
05/24/16	INTEREST	FOR DATE OF SERVICE 10/10/12	13.89
05/24/16	PENALTIES	FOR DATE OF SERVICE 12/4/14	74.25
05/24/16	INTEREST	FOR DATE OF SERVICE 12/4/14	45.85
05/31/16	LIEN FIL FEE	LIEN FILING FEE	150.00
06/17/16	PMT BY CHECK	DOS 10/1/12-5/31/16* # 1321495 ICW	-1137.88
06/26/18	PR2/REEVAL	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/27/18	PMT BY CHECK	DOS 10/1/12-6/26/18* # 0147632864 GALLAGH	-180.00

YR

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

*** INVOICE ***

Date	NO#
08/02/18	55934

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011975074033WC01

BILL TO:
GALLAGHER BASSETT (SACRAMENTO)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 4040
SACRAMENTO, CA 95812-4040

Case: vs ORION ORNAMENTAL IRON
Date Of Injury: 4/2/12

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/ 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

011975 PAGE 1 OF 1 006029

M?

MDG2009 00008002 1 MB .424 1

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

AUG 0 2 2018

GALLAGHER BASSETT SERVICES INC
FOR PENNSYLVANIA MANUFACTURERS
ASSURANCE

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

**

CLAIM NO.: 011975 074033 WC 01 (0383216P)
CLAIMANT: I
DESCRIPTION: INV #: 55934 - 69487-69488
DATES OF SERVICE: 01Oct12 THRU 26Jun18
BENEFIT PERIOD: THRU

BRANCH NO.: 502
ACC DATE: 02Apr12

NO.: 0147632864
VN: 0002322093
DATE: 27Jul18
AMOUNT: 180.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0008002 009117 001 001

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

ALLAGHER BASSETT SERVICES INC
OR PENNSYLVANIA MANUFACTURERS
SSURANCE

CHECK NO. 0147632864 006029
VN. 0002322093
DATE: 27Jul18 62-20/311

LAIM NO.: 011975 074033 WC 01 (0383216P) BRANCH NO.: 502
AY ONE HUNDRED EIGHTY AND 00/100 DOLLARS**********

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **180.00

O THE JOYCE ALTMAN INTERPRETERS, INC.
RDER OF 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

⑈0147632864⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
09/25/18 63948

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
003610-000666-WC01

BILL TO:
GALLAGHER BASSETT (CORONA)
W. C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX # 6900
CORONA, CA 92878-6900

Case: vs PACIFIC OUTDOOR LIVING
Date Of Injury: 8/23/11

DOS	SERVICE	DESCRIPTION	AMOUNT
10/02/14	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/12/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/07/15	PMT BY CHECK	DOS 10/2/14-12/14* # 0118531394	-313.00
07/18/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
09/20/18	PMT BY CHECK	DOS 7/18/18* # 0148902193	-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 **

GALLAGHER BASSETT - CORONA, CA
PO BOX 2934
CLINTON IA 52733-2934

003610 PAGE 1 OF 1 003139

M

MDG2009 00005040 1 MB .424 1

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

GALLAGHER BASSETT SERVICES INC
FOR SPARTA INSURANCE COMPANY

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 003610 000666 WC 01 (PCP0003901)
CLAIMANT:
DESCRIPTION: INV#63948

DATES OF SERVICE: 18Jul18 **THRU** 18Jul18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 23Aug11

NO.: 0148902193
VN: 0000053468
DATE: 20Sep18

AMOUNT: 250.00

SEP 25 2018

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005040 005670 001 002

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

GALLAGHER BASSETT SERVICES INC
FOR SPARTA INSURANCE COMPANY

CHECK NO. 0148902193 003139
VN. 0000053468
DATE: 20Sep18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **250.00

CLAIM NO.: 003610 000666 WC 01 (PCP0003901) **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. Korte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0148902193⑈ ⑆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#
04/26/19 68924

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
004448-000108-WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)

ATTN: CINDY MORENO
P.O. BOX 2934
CLINTON, IA 52733

Case: vs TELEDYNE RELAYS
Date Of Injury: 6/10/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/18/14	WCAB MDR	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	ANDREA KRULAC # 100786	0.00
09/15/14	DEPO PREP	@ THE L/O OF STOCKWELL , HARRIS, WOOLVERTON	156.50
/ /	INTERPRETER:	SUSANA SARDAS # 100498	0.00
10/09/14	PMT BY CHECK	DOS 6/18/14-9/18/14* # 1100011038	-313.00
10/20/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/05/16	PMT BY CHECK	DOS 10/20/14* # 0127737104 GALLAGHER	-250.00
04/24/17	LEGAL_WCAB	MSC @ WCAB MDR	156.50
/ /	INTERPRETER:	GERMENA GARIBAY # 301352	0.00
06/08/17	PMT BY CHECK	DOS 4/24/17* # 0137622643 GALLAGHER	-156.50
07/30/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA J. RAMIREZ # 301566	0.00
08/17/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/19/19	PMT BY CHECK	DOS 4/30/18* # 0153981883 GALLAGHER	-156.50
04/19/19	PMT BY CHECK	DOS 8/17/18* # 0153981884 GALLAGHER	-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#
04/26/19	68924

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
004448-000108-WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)

ATTN: CINDY MORENO
P.O. BOX 2934
CLINTON, IA 52733

Case: . vs TELEDYNE RELAYS
Date Of Injury: 6/10/13

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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GALLAGHER BASSETT-LA/ORANGE CA
PO BOX 2934
CLINTON IA 52733-2934

004448 PAGE 1 OF 1 009746

M

DATED
APR 26 2019
BY: .....

MDG2009 00001087 1 MB .428 1

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

GALLAGHER BASSETT SERVICES INC
FOR SAFETY NATIONAL CASUALTY
CORP

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

CLAIM NO.: 004448 001046 WC 01 (197052)
CLAIMANT:
DESCRIPTION: INV#-68924 - 62311
DATES OF SERVICE: 17Aug18 **THRU** 17Aug18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 138
ACC DATE: 16Apr18

NO.: 0153981884
VN: 0000037580
DATE: 19Apr19
AMOUNT: 250.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0001087 002192 001 002

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39602

GALLAGHER BASSETT SERVICES INC
FOR SAFETY NATIONAL CASUALTY
CORP

CHECK NO. 0153981884 009746
VN. 0000037580
DATE: 19Apr19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **250.00

CLAIM NO.: 004448 001046 WC 01 (197052) **BRANCH NO.:** 138
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

⑈0153981884⑈ ⑆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#
10/30/18 69952

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002912009893WC01; 0029120

BILL TO:
GALLAGHER BASSETT (CLINTON)

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

Case: , vs JACK IN THE BOX
Date Of Injury: 3/1/13; 1/15 - 11/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/14/16	LEGAL_PREP	DEPO PREP @ L/O STOCKWELL, HARRIS & WOLVERTON	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
09/02/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
10/09/16	PMT BY CHECK	DOS 7/14/16-9/2/16* # 0131617359	-406.50
07/25/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/17/18	PMT BY CHECK	DOS 7/14/16-10/9/16* # 0148121123	-156.50
08/09/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA J. RAMIREZ # 301566	0.00
10/22/18	PMT BY CHECK	DOS 7/14/16-8/9/18* # 0149691172	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MR

GALLAGHER BASSETT-SAN DIEGO
PO BOX 2934
CLINTON IA 52733-2934

002912 PAGE 1 OF 1 020132

MR

MDG2009 00000993 1 MB .424 1
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

GALLAGHER BASSETT SERVICES INC
FOR ACE AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 619-471-1219
GALLAGHER BASSETT-SAN DIEGO
PO BOX 2934
CLINTON IA 52733-2934

RECEIVED
OCT 30 2018

CLAIM NO.: 002912 009893 WC 01 (000233)
CLAIMANT:
DESCRIPTION: INV #69952 ✓

BRANCH NO.: 187
ACC DATE: 01Mar13

NO.: 0149691172
VN: 0000383191
DATE: 22Oct18

DATES OF SERVICE: 14Jul16 THRU 09Aug18
BENEFIT PERIOD: THRU

AMOUNT: 250.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0000993 001940 001 001

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

GALLAGHER BASSETT SERVICES INC
FOR ACE AMERICAN INS CO

CHECK NO. 0149691172 020132
VN. 0000383191
DATE: 22Oct18 62-20/311

CLAIM NO.: 002912 009893 WC 01 (000233) BRANCH NO.: 187

NOT VALID AFTER 90 DAYS
PAY EXACTLY:
$ **250.00

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

⑈0149691172⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
02/27/19 71313

EAMS#(s):

SS # : xXX-XX-
DOB :
Terms: 60 days
Claim #(s):
000808-104963WC-01;000808

BILL TO:
GALLAGHER BASSETT (CLINTON)

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

Case: vs SODEXO/SDM SERVICES WEST
Date Of Injury: 6/1/13; 6/13-5/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/28/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/16/17	INITIAL EXAM	DR GALAL GOUBRAN/ANDREW MILES @ SIDHU*	258.75
/ /	-	(2HRS 15MIN) DOI: BOTH	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/20/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/03/17	INITIAL ACUP	W/ ACUPUNCT CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/21/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS F	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA 3 003693	0.00
05/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/18/17	PMT BY CHECK	DOS 2/28/17-4/20/17* # 0137094802	-595.25
06/02/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/08/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/13/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/18/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
08/10/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/14/17	PR2/REEVAL	DR MICHAEL PRICE/TAYLOR @ 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#
02/27/19 71313

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
000808-104963WC-01;000808

BILL TO:
GALLAGHER BASSETT (CLINTON)

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

Case: vs SODEXO/SDM SERVICES WEST
Date Of Injury: 6/1/13; 6/13-5/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/26/17	PR2/REEVAL	DR PRICE/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/30/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/23/18	LEGAL_C&R	C&R READING @ L/O DENNIS	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/23/18	LIEN FIL FEE	LIEN FILING FEE	150.00
12/12/18	PENALTIES	FOR DATE OF SERVICE 5/3/17	34.50
02/20/19	INTEREST	FOR DATE OF SERVICE 5/3/17	46.74
02/20/19	PMT BY CHECK	DOS 4/21/17* # 0152517942	-250.00
02/20/19	PMT BY CHECK	DOS 7/18/17* # 0152517941	-156.50
02/20/19	PMT BY CHECK	DOS 4/23/18* # 0152517940	-250.00

BALANCE 2081.24

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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-SACRAMENTO WEST
PO BOX 2934
CLINTON IA 52733-2934

000808 PAGE 1 OF 1 003173

M

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

GALLAGHER BASSETT SERVICES INC
FOR NEW HAMPSHIRE INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: 916-929-7581
GB-SACRAMENTO WEST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 000808 104961 WC 01 (78633001)
CLAIMANT:
DESCRIPTION: C&R READING 4/23/18

DATES OF SERVICE: 23Apr18 **THRU** 23Apr18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 011
ACC DATE: 01Jun13

NO.: 0152517940
VN: 0002755943
DATE: 20Feb19

AMOUNT: 250.00

PAID
FEB 26 2019

BY. .....

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004149 004757 003 003

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

GALLAGHER BASSETT SERVICES INC
FOR NEW HAMPSHIRE INSURANCE CO

CHECK NO. 0152517940 003173
VN. 0002755943
DATE: 20Feb19 62-20/311

CLAIM NO.: 000808 104961 WC 01 (78633001) **BRANCH NO.:** 011

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **250.00

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

⑈0152517940⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
02/14/19 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

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#
02/14/19 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#
02/14/19	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#
02/14/19 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
05/17/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/14/18	PR2/REEVAL	DR QIAN/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/31/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/23/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/25/18	PMT BY CHECK	DOS 6/14/18-8/23/18* # 0148987070	-540.00
09/20/18	PR2/REEVAL	DR QIAN/FRANKE @ 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#
02/14/19 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
10/18/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOBSA # 500267	0.00
10/31/18	PMT BY CHECK	DOS 9/20/18* # 0149932853	-180.00
11/14/18	PMT BY CHECK	DOS 10/18/18* # 0150301523	-180.00
11/13/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/11/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/07/19	PMT BY CHECK	DOS 11/13/18-12/11/18* # 0151499155	-360.00
02/08/19	PMT BY CHECK	DOS 12/11/18* # 0152285368	-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/ 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-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

011260 PAGE 1 OF 1 023809

MDG2009 00001202 1 MB .424 1

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

PAID
NOV 20 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 059237 WC 01 (4020415-07)
CLAIMANT:
DESCRIPTION: INV # 71787

BRANCH NO.: 094
ACC DATE: 29Nov16

NO.: 0150301523
VN: 0001909695
DATE: 14Nov18

DATES OF SERVICE: 18Oct18 **THRU** 18Oct18
BENEFIT PERIOD: **THRU**

AMOUNT: 180.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0001202 002448 001 001

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

CHECK NO. 0150301523 023809
VN. 0001909695
DATE: 14Nov18 62-20/311

CLAIM NO.: 011260 059237 WC 01 (4020415-07) **BRANCH NO.:** 094

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **180.00

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

⑈0150301523⑈ ⑆031100209⑆ 4007490⑈

GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

011260 PAGE 1 OF 1 015894

M

MDG2009 00001346 1 MB .424 1

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

JAN 15 2019

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 059237 WC 01 (4020415-07)
CLAIMANT:
DESCRIPTION: INV# 71787 ✓

DATES OF SERVICE: 13Nov18 **THRU** 11Dec18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 29Nov16

NO.: 0151499155
VN: 0001955985
DATE: 07Jan19

AMOUNT: 360.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0001346 002705 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. 0151499155 015894
VN. 0001955985
DATE: 07Jan19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **360.00

CLAIM NO.: 011260 059237 WC 01 (4020415-07) **BRANCH NO.:** 094
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. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0151499155⑈ ⑆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#
04/09/19 72764

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
008532-000117-WC-01

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

Case: vs SHERATON UNIVERSAL HOTEL
Date Of Injury: 5/1/16 - 5/1/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/13/17	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/17/17	INITL CHIRO	TREATMENT W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/20/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/24/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/27/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/31/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
11/03/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/07/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/10/17	F/U CHIRO TX	CHIRO TX W/DR KRAVHCENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/17/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/01/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO #101143	0.00
12/07/17	INITIAL EXAM	DR ALLEN MASSIHI @ GOFNUNG*	230.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
12/08/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/12/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
12/15/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00

HR

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

*** INVOICE ***
Date NO#
04/09/19 72764

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
008532-000117-WC-01

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

Case: vs SHERATON UNIVERSAL HOTEL
Date Of Injury: 5/1/16 - 5/1/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/21/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/05/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/02/18	PR2/REEVAL	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
01/11/18	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/02/18	PR2/REEVAL	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/09/18	P AND S	DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/15/18	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/12/18	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/01/18	PMT BY CHECK	DOS 10/13/17-3/15/18* # 0145501276	-2850.00
05/18/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/14/18	P AND S	DR MASSIHI @ GOFNUNG*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/27/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/02/19	PMT BY CHECK	DOS 4/12/18-7/27/18* # 0153535736	-770.00

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

*** INVOICE ***
Date NO#
04/09/19 72764

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
008532-000117-WC-01

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

Case: vs SHERATON UNIVERSAL HOTEL
Date Of Injury: 5/1/16 - 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/ 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 CALIFORNIA SOUTH WC
PO BOX 2934
CLINTON IA 52733-2934

008532 PAGE 1 OF 1 005904

M

MDG2009 00004323 1 MB .428 1

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

PAID
APR 09 2019
BY.

GALLAGHER BASSETT SERVICES INC
FOR FEDERAL INSURANCE COMPANY

DIRECT CHECK INQUIRIES TO:
PHONE: 818-638-2330
GB-CARRIER CALIFORNIA SOUTH WC
PO BOX 2934
CLINTON IA 52733-2934

**

CLAIM NO.: 008532 000117 WC 01 (003)
CLAIMANT:
DESCRIPTION: INV#-72764

BRANCH NO.: 243
ACC DATE: 01May17

NO.: 0153535736
VN: 0000007942
DATE: 02Apr19

DATES OF SERVICE: 12Apr18 **THRU** 27Jul18
BENEFIT PERIOD: **THRU**

AMOUNT: 770.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004323 004981 001 001

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

GALLAGHER BASSETT SERVICES INC
FOR FEDERAL INSURANCE COMPANY

CHECK NO. 0153535736 005904
VN. 0000007942
DATE: 02Apr19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **770.00

CLAIM NO.: 008532 000117 WC 01 (003) **BRANCH NO.:** 243
PAY SEVEN HUNDRED SEVENTY AND 00/100 DOLLARS**********

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

Donna M. Korte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0153535736⑈ ⑆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#
02/26/19	73244

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011260062795-WC01

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

Case: vs CHARTWELL STAFFING SOLUTIONS
Date Of Injury: 8/20/16

DOS	SERVICE	DESCRIPTION	AMOUNT
01/16/18	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/25/18	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ ENHANCED PRECISION*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/01/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/05/18	FOLLOW-UP	W/ ACUPUNCT YOUN RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/12/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/19/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/20/18	PR2/REEVAL	DR ROSTAMI @ 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
03/14/18	FOLLOW UP	PHYSICAL TX W/DR MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/27/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/24/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/30/18	EMG TESTING	& NCV BY DR BHARATWAL: L/E @ EPC*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/02/18	FOLLOW UP	PHYSICAL TX W/DR MENDOZA*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/22/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00

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#
02/26/19 73244

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011260062795-WC01

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

Case: vs CHARTWELL STAFFING SOLUTIONS
Date Of Injury: 8/20/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/31/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/07/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/14/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/18/18	PR2/REEVAL	DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/21/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/26/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/05/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/19/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/26/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/06/18	FINAL P.T.	FINAL PHYS TX EVAL W/DR MINA LAJIJANI @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/07/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/09/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/14/18	FOLLOW UP	PHYS TX W/DR MINA LAHIJANI @ EPC*	90.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/16/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ 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#
02/26/19 73244

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011260062795-WC01

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

Case: vs CHARTWELL STAFFING SOLUTIONS
Date Of Injury: 8/20/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/21/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/23/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/30/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500341	0.00
09/05/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/13/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
09/11/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/17/18	PR2/REEVAL	DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/20/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/21/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ #500341	0.00
09/27/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/04/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/05/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/11/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/18/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/23/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	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#
02/26/19 73244

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011260062795-WC01

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

Case: vs CHARTWELL STAFFING SOLUTIONS
Date Of Injury: 8/20/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/25/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/01/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/27/18	PR2/REEVAL	DR RON MARINARO @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/28/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/29/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/03/18	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ EPC	150.00
/ /	-	DR LAHIJANI*	0.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/05/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/06/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/10/18	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ ACS	150.00
/ /	-	DR LAHIJANI @ EPC*	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/11/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/12/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/17/18	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ EPC	150.00
/ /	-	W/DR LAHIJANI*	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/19/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	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#
02/26/19 73244

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011260062795-WC01

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

Case: vs CHARTWELL STAFFING SOLUTIONS
Date Of Injury: 8/20/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/20/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/27/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/26/18	FOLLOW UP	PHYSICAL TX W/DR MINA LAHIJANI @ EPC*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/02/19	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI @ EPC*	90.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
01/09/19	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/10/19	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/09/19	PMT BY CHECK	DOS 8/20/16-12/12/18* # 0151565222	-8610.00
01/16/19	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/17/19	FINAL ACUPT	W/ ACUPUNCT RHEE @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/23/19	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/24/19	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/24/19	PMT BY CHECK	DOS 12/13/18-1/10/19* # 0151913276	-1050.00
02/05/19	P AND S	DR SHERRY ROSTAMI @ EPC*	230.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
02/06/19	PMT BY CHECK	DOS 1/23/19-1/24/19* # 0152214758	-270.00

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

*** INVOICE ***

Date	NO#
02/26/19	73244

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011260062795-WC01

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

Case: vs CHARTWELL STAFFING SOLUTIONS
Date Of Injury: 8/20/16

DOS	SERVICE	DESCRIPTION	AMOUNT
02/04/19	PMT BY CHECK	DOS 1/16/19-1/17/19* # 0152146832	-320.00
02/19/19	PMT BY CHECK	DOS 2/5/19* # 0152514647	-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 **

GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

MDG2009 00001282 1 MB .428 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
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 011260 062795 WC 01 (131-805)
CLAIMANT:
DESCRIPTION: PAYMENT OF INVOICE 73244 IN FULL

DATES OF SERVICE: 05Feb19 **THRU** 05Feb19
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 20Aug16

NO.: 0152514647
VN: 0001997481
DATE: 19Feb19

AMOUNT: 230.00

PAID
FEB 26 2019

BY. .....

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0001282 002539 001 001

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

39602

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

CHECK NO. 0152514647 013396
VN. 0001997481
DATE: 19Feb19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **230.00

CLAIM NO.: 011260 062795 WC 01 (131-805) **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

⑈0152514647⑈ ⑆031100209⑆ 4007490⑈

GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

M

MDG2009 00001287 1 MB .424 1

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

JAN 3 0 2019

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

73244 -1

CLAIM NO.: 011260 062795 WC 01 (131-805)
CLAIMANT:
DESCRIPTION: PAYMENT OF INVOICE 73244 IN FULL
DATES OF SERVICE: 13Dec18 **THRU** 10Jan19
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 20Aug16

NO.: 0151913276
VN: 0001973348
DATE: 24Jan19
AMOUNT: 1050.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0001287 002512 001 001

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

39602

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

CHECK NO. 0151913276 014253
VN. 0001973348
DATE: 24Jan19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **1050.00

CLAIM NO.: 011260 062795 WC 01 (131-805) **BRANCH NO.:** 094
PAY ONE THOUSAND 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

⑈0151913276⑈ ⑆031100209⑆ 4007490 1⑈

PO BOX 2934
CLINTON IA 52733-2934

011260 PAGE 1 OF 1 014519

MDG2009 00001242 1 MB .428 1

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

FEB 1 2 2019

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 062795 WC 01 (131-805)
CLAIMANT.
DESCRIPTION: PAYMENT OF INVOICE 73244 IN FULL

DATES OF SERVICE: 16Jan19 **THRU** 17Jan19
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 20Aug16

NO.: 0152146832
VN: 0001982627
DATE: 04Feb19

AMOUNT: 320.00

73244 – 1

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE.

P 0001242 002435 001 002

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GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

CHECK NO. 0152146832 014519
VN. 0001982627
DATE: 04Feb19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **320.00

CLAIM NO.: 011260 062795 WC 01 (131-805) **BRANCH NO.:** 094
PAY THREE 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

⑈0152146832⑈ ⑆031100209⑆ 40074901⑈

GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

011260 PAGE 1 OF 1 016710

MDG2009 00001236 1 MB .428 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
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 011260 062795 WC 01 (131-805)
CLAIMANT:
DESCRIPTION: PAYMENT OF INVOICE 73244 IN FULL

BRANCH NO.: 094
ACC DATE: 20Aug16

NO.: 0152214758
VN: 0001985327
DATE: 06Feb19

DATES OF SERVICE: 23Jan19 **THRU** 24Jan19
BENEFIT PERIOD: **THRU**

AMOUNT: 270.00

FEB 12 2019

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0001236 002476 001 001

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35602

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

CHECK NO. 0152214758 016710
VN. 0001985327
DATE: 06Feb19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **270.00

CLAIM NO.: 011260 062795 WC 01 (131-805) **BRANCH NO.:** 094
PAY TWO HUNDRED SEVENTY 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

⑈0152214758⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
03/19/19 73314

EAMS#(s):

SS # : XXX-XX-.
DOB :
Terms: 60 days
Claim #(s):
002227-001554-WC-01

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

Case: . . vs OPTIMUS GROUP INC
Date Of Injury: 2/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/22/18	LEGAL_PREP	DEPO PREP @ L/O CRYSTAL CUNNINGHAM	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/14/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
02/26/19	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/13/19	PMT BY CHECK	DOS 1/22/18-2/26/19* # 0153050389	-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 **

HR

GB-CARRIER CALIFORNIA SOUTH WC
PO BOX 2934
CLINTON IA 52733-2934

MDG2009 00001252 1 MB .428 1

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

BERKLEY INSURANCE COMPANY
GALLAGHER BASSETT SERVICES INC
MIDWEST EMPLOYERS CASUALTY

DIRECT CHECK INQUIRIES TO:
PHONE: 818-638-2330
GB-CARRIER CALIFORNIA SOUTH WC
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 002227 001554 WC 01 (8010001601)
CLAIMANT:
DESCRIPTION: INV#-73314

BRANCH NO.: 243
ACC DATE: 21Feb17

NO.: 0153050389
VN: 0000067558
DATE: 13Mar19

DATES OF SERVICE: 22Jan18 **THRU** 26Feb19
BENEFIT PERIOD: **THRU**

AMOUNT: 563.00

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MAR 19 2019
BY: .....

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39602

BERKLEY INSURANCE COMPANY
GALLAGHER BASSETT SERVICES INC
MIDWEST EMPLOYERS CASUALTY

CHECK NO. 0153050389 019592
VN. 0000067558
DATE: 13Mar19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **563.00

CLAIM NO.: 002227 001554 WC 01 (8010001601) **BRANCH NO.:** 243
PAY FIVE HUNDRED SIXTY-THREE 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

⑈0153050389⑈ ⑆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#
11/13/18	73450

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002042-017194WC01

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

Case: [redacted] vs PERFORMANCE TEAM LLC
Date Of Injury: 10/17/16

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/18	INITIAL EXAM	DR HUMBERTO RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/05/18	PR2/REEVAL	DR RODRIGUEZ @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/16/18	PR2/REEVAL	DR BARRY MARKS @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/23/18	FOLLOW-UP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/18/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/13/18	PMT BY CHECK	DOS 2/23/18-7/18/18* # 0147994014	-950.00
08/28/18	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/09/18	P AND S	DR RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/30/18	PMT BY CHECK	DOS 8/28/18* # 0149890943	-180.00
11/06/18	PMT BY CHECK	DOS 10/9/18* # 0150067839	-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 **

MR

GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

002042 PAGE 1 OF 1 003592

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

9.

AUG 20 2018

GALLAGHER BASSETT SERVICES INC
ON BEHALF OF NATIONAL UNION
FIRE INSURANCE COMPANY
AND ITS AFFILIATES

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 002042 017194 WC 01 (206-04)
CLAIMANT:
DESCRIPTION: INV# 73450

BRANCH NO.: 094
ACC DATE: 17Oct16

NO.: 0147994014
VN: 0000611767
DATE: 13Aug18

DATES OF SERVICE: 23Feb18 THRU 18Jul18
BENEFIT PERIOD: THRU

AMOUNT: 950.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

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GALLAGHER BASSETT SERVICES INC
ON BEHALF OF NATIONAL UNION
FIRE INSURANCE COMPANY
AND ITS AFFILIATES

CHECK NO. 0147994014 003592
VN. 0000611767
DATE: 13Aug18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **950.00

CLAIM NO.: 002042 017194 WC 01 (206-04) BRANCH NO.: 094
PAY NINE 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

⑈0147994014⑈ ⑆031100209⑆ 4007490 1⑈

GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

002042 PAGE 1 OF 1 027036

MDG2009 00001280 1 MB .424 1

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

PAID
NOV 06 2018

GALLAGHER BASSETT SERVICES INC
ON BEHALF OF NATIONAL UNION
FIRE INSURANCE COMPANY
AND ITS AFFILIATES

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

**

CLAIM NO.: 002042 017194 WC 01 (206-04)
CLAIMANT:
DESCRIPTION: INV #: 73450

BRANCH NO.: 094
ACC DATE: 17Oct16

NO.: 0149890943
VN: 0000639980
DATE: 30Oct18

DATES OF SERVICE: 28Aug18 THRU 28Aug18
BENEFIT PERIOD: THRU

AMOUNT: 180.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0001280 002550 001 001

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GALLAGHER BASSETT SERVICES INC
ON BEHALF OF NATIONAL UNION
FIRE INSURANCE COMPANY
AND ITS AFFILIATES

CHECK NO. 0149890943 027036
VN: 0000639980
DATE: 30Oct18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **180.00

CLAIM NO.: 002042 017194 WC 01 (206-04) 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. Korte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0149890943⑈ ⑆031100209⑆ 4007490⑈

GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

002042 PAGE 1 OF 1 027398

MDG2009 00001328 1 MB .424 1

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

PAID
NOV 13 2018

GALLAGHER BASSETT SERVICES INC
ON BEHALF OF NATIONAL UNION
FIRE INSURANCE COMPANY
AND ITS AFFILIATES

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

**

CLAIM NO.: 002042 017194 WC 01 (206-04)
CLAIMANT:
DESCRIPTION: INV #: 73450 ✓

BRANCH NO.: 094
ACC DATE: 17Oct16

NO.: 0150067839
VN: 0000642786
DATE: 06Nov18

DATES OF SERVICE: 09Oct18 THRU 09Oct18
BENEFIT PERIOD: THRU

AMOUNT: 230.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0001328 002615 001 001

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GALLAGHER BASSETT SERVICES INC
ON BEHALF OF NATIONAL UNION
IRE INSURANCE COMPANY
ND ITS AFFILIATES

CHECK NO. 0150067839 027398
VN. 0000642786
DATE: 06Nov18 62-20/311

LAIM NO.: 002042 017194 WC 01 (206-04) BRANCH NO.: 094
AY TWO HUNDRED THIRTY AND 00/100 DOLLARS**********

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **230.00

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

Donna M. Korte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0150067839⑈ ⑆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#
12/04/18 73618

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002979-072367-WC01

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

Case: vs 20/20 PLUMBING HEATING
Date Of Injury: 7/25/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/20/18	PR2/REEVAL	DR JOHN XIAO TIANG QIAN/DAVE FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/05/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/13/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/01/18	P AND S	DR JOHN QIAN/FRANKE @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/07/18	PMT BY CHECK	DOS 3/20/18-9/13/18* # 0150092309	-540.00
11/28/18	PMT BY CHECK	DOS 11/1/18* # 0150574646	-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 **

VR

PO BOX 2934
CLINTON IA 52733-2934

002979 PAGE 1 OF 1 003169

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

PAID
NOV 14 2018

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS OF PA

DIRECT CHECK INQUIRIES TO:
PHONE: 818-638-2330
GB-CARRIER CALIFORNIA SOUTH WC
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 002979 072367 WC 01 (DYNAMICFS)
CLAIMANT:
DESCRIPTION: INV #: 73618

BRANCH NO.: 243
ACC DATE: 25Jul17

NO.: 0150092309
VN: 0002927153
DATE: 07Nov18

DATES OF SERVICE: 20Mar18 THRU 13Sep18
BENEFIT PERIOD: THRU

AMOUNT: 540.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004336 004945 001 001

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LLAGHER BASSETT SERVICES INC
R OLD REPUBLIC INS OF PA

CHECK NO. 0150092309 003169
VN. 0002927153
DATE: 07Nov18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **540.00

AIM NO.: 002979 072367 WC 01 (DYNAMICFS) BRANCH NO.: 243
Y FIVE HUNDRED FORTY AND 00/100 DOLLARS**********

THE JOYCE ALTMAN INTERPRETERS, INC.
DER OF 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

⑈0150092309⑈ ⑆031100209⑆ 4007490⑈

GB-CARRIER CALIFORNIA SOUTH WC
PO BOX 2934
CLINTON IA 52733-2934

M

MDG2009 00004758 1 MB .424 1

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

DEC 04 2018

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS OF PA

DIRECT CHECK INQUIRIES TO:
PHONE: 818-638-2330
GB-CARRIER CALIFORNIA SOUTH WC
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 002979 072367 WC 01 (DYNAMICFS)
CLAIMANT:
DESCRIPTION: INV#73618

BRANCH NO.: 243
ACC DATE: 25Jul17

NO.: 0150574646
VN: 0002940839
DATE: 28Nov18

DATES OF SERVICE: 01Nov18 **THRU** 01Nov18
BENEFIT PERIOD: **THRU**

AMOUNT: 230.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004758 005558 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#
07/31/18 73677

EAMS#(s):

SS # : XXX-XX
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
06/19/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL II	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
07/26/18	PMT BY CHECK	DOS 6/19/18* # 0147610432	-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 **

MR

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

0101823 01 RE 0.421 **AUTO T5 1 1645 92781 -P01824

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

GALLAGHER BASSETT SERVICES INC FOR STARR INDEMNIT

CLAIM NO. 004747 000862 WC 01

CLAIMANT:

DESCRIPTION: INV #: 73677

DATE OF SERVICE: 19-Jun-2018 TO 19-Jun-2018

BRANCH NO. 502

ACC. DATE 21-Apr-2017

CHECK NO. 0147610432

VN. 0000068404

DATE: 26-Jul-2018

PAYMENT AMOUNT: $250.00

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0147610432 ATTACHED BELOW

GALLAGHER BASSETT SERVICES INC FOR STARR INDEMNITY & LIAB CO

CHECK NO. 0147610432

VN. 0000068404

CLAIM NO. 004747 000862 WC 01 (OC01) BRANCH NO.: 502

DATE: 07/26/2018

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. Kurte
AUTHORIZED SIGNATURE

Or Payable at
Citibank, FSB California

Citibank
Citibank N.A.
Processed by Citibank (Delaware)

⑈0147610432⑈ ⑆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#
10/11/18	73739

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
005485013564WC-01

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

Case: vs HCSG WEST LLC DBA GARDENA CONV
Date Of Injury: 2/28/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/04/18	INITIAL EXAM	DR ERIC GOFNUNG @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
04/13/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/09/18	F/U CHIRO TX	CHIRO TX W/DR MAYA KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	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 KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/25/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/30/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
05/02/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/07/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	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
05/18/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	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	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/30/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/06/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENNKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00

HR

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

*** INVOICE ***
Date NO#
10/11/18 73739

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
005485013564WC-01

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

Case: vs HCSG WEST LLC DBA GARDENA CONV
Date Of Injury: 2/28/18

DOS	SERVICE	DESCRIPTION	AMOUNT
06/12/18	INITIAL EXAM	DR ALLEN MASSIHI @ GOFNUNG*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/18/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
06/25/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
07/02/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
08/14/18	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
09/11/18	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
10/02/18	PMT BY CHECK	DOS 4/4/18-8/14/18* # 0149196622	-2350.00

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 **

GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

005485 PAGE 1 OF 1 019848

MDG2009 00001133 1 MB .424 1

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

PAID
OCT 09 2018

GALLAGHER BASSETT SERVICES INC
FOR NEW HAMPSHIRE INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 005485 013564 WC 01 (GARDE08)
CLAIMANT:
DESCRIPTION: INV#73739
DATES OF SERVICE: 04Apr18 **THRU** 14Aug18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 28Feb18

NO.: 0149196622
VN: 0000413664
DATE: 02Oct18
AMOUNT: 2350.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0001133 002237 001 002

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

GALLAGHER BASSETT SERVICES INC
FOR NEW HAMPSHIRE INS CO

CHECK NO. 0149196622 019848
VN. 0000413664
DATE: 02Oct18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **2350.00

CLAIM NO.: 005485 013564 WC 01 (GARDE08) **BRANCH NO.:** 094
PAY TWO THOUSAND THREE 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

⑈0149196622⑈ ⑆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#
07/25/18 73765

EAMS#(s):I

BILL TO:
GALLAGHER BASSETT (CLINTON)

ATTN: DANIELLE VARBKETT
P.O. BOX 2934
CLINTON, IA 52733

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
005350-001390-WC-01

Case: S vs MOLINA HEALTHCARE OF CA
Date Of Injury: 8/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
04/11/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI DOI: BOTH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/04/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI DOI: BOTH	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
07/20/18	PMT BY CHECK	DOS 4/11/18-6/4/18* # 0147464163	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MR

PO BOX 2934
CLINTON IA 52733-2934

005350 PAGE 1 OF 1 006562

MDG2009 00007531 1 MB .424 1

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

GALLAGHER BASSETT SERVICES INC
FOR TRAVELERS CAS INS CO OF AM

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 005350 001390 WC 01 (CAHPADM01)
CLAIMANT:
DESCRIPTION: INV# 73765

BRANCH NO.: 170
ACC DATE: 11Aug17

NO.: 0147464163
VN: 0000049231
DATE: 20Jul18

DATES OF SERVICE: 11Apr18 **THRU** 04Jun18
BENEFIT PERIOD: **THRU**

AMOUNT: 406.50

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0007531 008521 001 002

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

LLAGHER BASSETT SERVICES INC
R TRAVELERS CAS INS CO OF AM

CHECK NO. 0147464163 006562
VN. 0000049231
DATE: 20Jul18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **406.50

AIM NO.: 005350 001390 WC 01 (CAHPADM01) **BRANCH NO.:** 170
Y FOUR HUNDRED SIX AND 50/100 DOLLARS**********

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

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

Donna M. Korte
AUTHORIZED SIGNATURE

"0147464163" :031100209: 40074901"

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

*** INVOICE ***
Date NO#
03/04/19 73779

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002979-076038-WC-01

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

Case: vs SILVELINE CONSTRUCTION
Date Of Injury: 3/19/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/13/18	POST-OP	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	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
05/11/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/08/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/06/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/03/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
09/07/18	PMT BY CHECK	DOS 4/13/18-7/6/18* # 0148602257	-900.00
08/31/18	P AND S	DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	JOSUE CALDERON 101193	0.00
02/26/19	PMT BY CHECK	DOS 8/31/18-9/7/18* # 0152671391	-410.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MR

MR

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

SEP 12 2018

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS OF PA

DIRECT CHECK INQUIRIES TO:
PHONE: 818-638-2330
GB-CARRIER CALIFORNIA SOUTH WC
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 002979 076038 WC 01 (1W4940003)
CLAIMANT:
DESCRIPTION: INV#73779
DATES OF SERVICE: 13Apr18 **THRU** 06Jul18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 243
ACC DATE: 16Mar18

NO.: 0148602257
VN: 0002884673
DATE: 07Sep18
AMOUNT: 900.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0008010 009030 003 003

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS OF PA

CHECK NO. 0148602257 005717
VN. 0002884673
DATE: 07Sep18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **900.00

CLAIM NO.: 002979 076038 WC 01 (1W4940003) **BRANCH NO.:** 243
PAY NINE HUNDRED AND 00/100 DOLLARS**********

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

Donna M. Korte
AUTHORIZED SIGNATURE

OR PAYABLE AT CITIBANK,FSB CALIFORNIA

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

⑈0148602257⑈ ⑆031100209⑆ 4007490⑈

GB-CARRIER CALIFORNIA SOUTH WC
PO BOX 2934
CLINTON IA 52733-2934

002979 PAGE 1 OF 1 014270

MDG2009 00001280 1 MB .428 1

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS OF PA

DIRECT CHECK INQUIRIES TO:
PHONE: 818-638-2330
GB-CARRIER CALIFORNIA SOUTH WC
PO BOX 2934
CLINTON IA 52733-2934

73779

CLAIM NO.: 002979 076038 WC 01 (1W4940003)
CLAIMANT:
DESCRIPTION: DOS: 08/31/18 - 09/07/18

DATES OF SERVICE: 31Aug18 **THRU** 07Sep18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 243
ACC DATE: 16Mar18

NO.: 0152671391
VN: 0003000604
DATE: 26Feb19
AMOUNT: 410.00

**

PAID
MAR 04 2019

DV. .....

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0001280 002655 001 001

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS OF PA

CHECK NO. 0152671391 014270
VN. 0003000604
DATE: 26Feb19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **410.00

CLAIM NO.: 002979 076038 WC 01 (1W4940003) **BRANCH NO.:** 243
PAY FOUR HUNDRED TEN 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

⑈0152671391⑈ ⑆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#
08/15/18	74039

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
005497-0000545-WC-01

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

Case: vs THE COMMERCE CASINO
Date Of Injury: 3/9/18

DOS	SERVICE	DESCRIPTION	AMOUNT
05/29/18	LEGAL_PREP	DEPO PREP @ L/O DIETZ GILMOR	156.50
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
06/27/18	PMT BY CHECK	DOS 5/29/18 # 0146895192	-156.50
07/16/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
07/17/18	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/24/18	INITIAL PHYS	THERAPY W/DR CHRIS MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/26/18	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/02/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/06/18	PMT BY CHECK	DOS 7/16/18* # 0147828377	-250.00
08/08/18	PMT BY CHECK	DOS 7/17/18* # 0147886666	-230.00
08/07/18	FOLLOW UP	PHYSICAL THERAPY W/DR MINA LAHIJANI @ EPC*	90.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00

LR

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

*** INVOICE ***

Date	NO#
08/15/18	74039

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
005497-0000545-WC-01

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

Case: vs THE COMMERCE CASINO
Date Of Injury: 3/9/18

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 590.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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 00004784 1 MB .424 1

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

AUG 13 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 000545 WC 01 (28)
CLAIMANT:
DESCRIPTION: INV #: 74039

BRANCH NO.: 138
ACC DATE: 09Mar18

NO.: 0147886666
VN: 0000061851
DATE: 08Aug18

DATES OF SERVICE: 17Jul18 THRU 17Jul18
BENEFIT PERIOD: THRU

AMOUNT: 230.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE.

C 0004784 005566 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. 0147886666 007682
VN: 0000061851
DATE: 08Aug18 62-20/311

CLAIM NO.: 005497 000545 WC 01 (28) BRANCH NO.: 138

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **230.00

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. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0147886666⑈ ⑆031100209⑆ 4007490 1⑈

PO BOX 2934
CLINTON IA 52733-2934

005497 PAGE 1 OF 1 003459

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

AUG 13 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 000545 WC 01 (28)
CLAIMANT:
DESCRIPTION: INV #: 74039

BRANCH NO.: 138
ACC DATE: 09Mar18

NO.: 0147828377
VN: 0000061730
DATE: 06Aug18

DATES OF SERVICE: 16Jul18 **THRU** 16Jul18
BENEFIT PERIOD: **THRU**

AMOUNT: 250.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004649 005294 002 002

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. 0147828377 003459
VN. 0000061730
DATE: 06Aug18 62-20/311

VOID VOID VOID

CLAIM NO.: 005497 000545 WC 01 (28) **BRANCH NO.:** 138

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **250.00

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

⑈0147828377⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
09/13/18 74151

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
009067-000108-WC-01

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

Case: vs THE BICYCLE CASINO
Date Of Injury: 5/9/18

DOS	SERVICE	DESCRIPTION	AMOUNT
06/06/18	INITIAL EXAM	DR ERIC GOFNUNG @ GOFNUNG CHIROPRACTIC*	230.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
06/13/18	F/U CHIRO TX	CHIRO TX W/DR MAYA KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/15/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
06/18/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/20/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/25/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
06/27/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/03/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/06/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
08/08/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/13/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/15/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
08/20/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00

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#
09/13/18 74151

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
009067-000108-WC-01

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

Case: , vs THE BICYCLE CASINO
Date Of Injury: 5/9/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
08/22/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/29/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/07/18	PMT BY CHECK	DOS 6/6/18-8/13/18* # 0148607771	-1130.00

BALANCE 450.00

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

GALLAGHER BASSETT-SAN DIEGO
PO BOX 2934
CLINTON IA 52733-2934

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

SEP 12 2018

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: 619-471-1219
GALLAGHER BASSETT-SAN DIEGO
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 009067 000108 WC 01 (BIKE)
CLAIMANT:
DESCRIPTION: INV# 74151

DATES OF SERVICE: 06Jun18 **THRU** 13Aug18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 187
ACC DATE: 09May18

NO.: 0148607771
VN: 0000002854
DATE: 07Sep18

AMOUNT: 1130.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0008010 009029 002 003

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE CO

CHECK NO. 0148607771 005716
VN. 0000002854
DATE: 07Sep18 62-20/311

NOT VALID AFTER 90 DAYS

CLAIM NO.: 009067 000108 WC 01 (BIKE) **BRANCH NO.:** 187

PAY ONE THOUSAND ONE HUNDRED THIRTY AND 00/100 DOLLARS

PAY EXACTLY $ **1130.00

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

⑈0148607771⑈ ⑆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#
10/02/18 74276

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
005485012988-WC01

BILL TO:
GALLAGHER BASSETT (CLINTON)

ATTN: CHRISTINE BARTHE
P.O. BOX 2934
CLINTON, IA 52733

Case: vs OLIVE VISTA BEHAVIORAL HEALTH
Date Of Injury: 1/29/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/05/18	LEGAL_PREP	DEPO PREP @ L/O USHER LAW GROUP	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
08/05/18	PMT BY CHECK	DOS 7/5/18* # 0147856252	-156.50
08/01/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA J. RAMIREZ # 301566	0.00
09/25/18	PMT BY CHECK	DOS 8/1/18* # 0148982933	-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 **

MR

GB-SACRAMENTO EAST
GALLAGHER BASSETT SERVICES INC FOR NEW HAMPSHIRE
PO BOX 2934
CLINTON IA 52733

GALLAGHER BASSETT
GUIDE. GUARD. GO BEYOND.

9/12/18 12:52 PM 4 0000955 20180925 NI7E7101 ECHO 1 oz DOM NI7E710000* 158568 GK

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

PAID
OCT 02 2018

Your name, Joyce Altman Interpreters Inc, and Tax ID have been verified by the IRS.

EFT is now being offered in partnership with Jopari Solutions. You may register and enroll for EFT at: https://rg.jopari.net. To complete registration, please have a recent EOB for validation. For authentication purposes, EPC Draft # and Payment Amount is required for registration. Please direct all EFT registration inquires via email to: remit_gateway@jopari.com or via phone from 8:00am to 8:00pm ET, M-F at: 1-800-630-3060. Jopari will assist with any training and support.

Bill Detail

Tax ID: 330956713 **EPC Draft #:** 168435706 **Payment Date:** 09/25/2018

Insurer: GALLAGHER BASSETT SERVICES INC FOR NEW HAMPSHIRE
Insurer #:
Insurer Tax ID:
File:
VN: VN. 0000410711

Claimant Name:		Amount:	250.00
Claim #:	005485012988WC01 (OLIVE45)	Invoice Date:	
Branch #:	E005485012988WC01	Invoice #:	0054850000410711
From-To:	8/1/18-8/1/18	Incident Date:	01/29/2018
Remarks:	INV #: 74276	Check #:	0148982933
		VN:	VN. 0000410711

Comments

NOTE-001 FOR INQUIRIES PLEASE CALL: GB-SACRAMENTO EAST AT 8668410167 OR SEND THE BILL AND THE ANALYSIS TO: PO BOX 2934 CLINTON IA 52733-2934

Please send refunds/returned Payments directly to Gallagher Bassett.

Electronic Payment Clearinghouse
GB-SACRAMENTO EAST
GALLAGHER BASSETT SERVICES INC FOR NEW HAMPSHIRE
PO BOX 2934

PNC Bank, N.A. 001
Electronic Payment Clearinghouse
Echo Health, Inc.

60-162
433

DRAFT NO. 168435706
DRAFT DATE 09/25/2018

PAYABLE THROUGH DRAFT Two Hundred Fifty & 00 / 100 DOLLARS

Claim Number :005485012988WC01 (OLIVE45)

AMOUNT
**********$250.00

VOID AFTER 180 DAYS

TO THE ORDER OF Joyce Altman Interpreters Inc
PO Box 4165

Tustin CA 92781

⑈168435706⑈ ⑆043301627⑆ 106991197⑆

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

*** INVOICE ***
Date NO#
11/07/18 74284

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011202057704-WC01

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

Case:) vs HYATT HOTEL CORPORATION
Date Of Injury: 8/10/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/12/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
08/07/18	PMT BY CHECK	DOS 7/12/18* # 0147858297	-156.50
08/23/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA J. RAMIREZ # 301566	0.00
09/19/18	PMT BY CHECK	DOS 8/23/18* # 0148870940	-250.00
10/08/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P REYNA # 30121	0.00
11/02/18	PMT BY CHECK	DOS 10/8/18* # 0149981535	-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 **

MR

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

011202 PAGE 1 OF 1 005278

MDG2009 00007632 1 MB .424 1
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

GALLAGHER BASSETT SERVICES INC
FOR NATIONAL UNION FIRE INS CO

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

CLAIM NO.: 011202 057704 WC 01 (4150)
CLAIMANT:
DESCRIPTION: INV #: 74284

BRANCH NO.: 138
ACC DATE: 10Aug17

NO.: 0149981535
VN: 0001211443
DATE: 02Nov18

DATES OF SERVICE: 08Oct18 **THRU** 08Oct18
BENEFIT PERIOD: **THRU**

AMOUNT: 250.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0007632 008548 001 001

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GALLAGHER BASSETT SERVICES INC
FOR NATIONAL UNION FIRE INS CO

CHECK NO. 0149981535 005278
VN. 0001211443
DATE: 02Nov18 62-20/311

CLAIM NO.: 011202 057704 WC 01 (4150) **BRANCH NO.:** 138

PAY TWO HUNDRED FIFTY AND 00/100 DOLLARS**********

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **250.00

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

"0149981535" :031100209: 0007490 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#
05/17/19 74353

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
002992-024071

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

Case: vs VALMONT CALWEST GALVANIZING
Date Of Injury: 7/18/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/26/18	POST-OP	EMMETT COX @ HAND & ORTHO CTR OF SO CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/02/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/09/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/23/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/13/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/04/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO #101080	0.00
10/16/18	PMT BY CHECK	DOS 7/26/18-9/13/18* # 0149546902	-900.00
11/01/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/29/18	P AND S	DR COX @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/09/19	PMT BY CHECK	DOS 10/4/18-11/29/18* # 0154456069	-590.00

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#
05/17/19	74353

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
002992-024071

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

Case: vs VALMONT CALWEST GALVANIZING
Date Of Injury: 7/18/18

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

GALLAGHER BASSETT-LA/ONTARIO
PO BOX 2934
CLINTON IA 52733-2934

002992 PAGE 1 OF 1 018545

MDG2009 00001324 1 MB .424 1

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

PAID
OCT 22 2018
BY:

GALLAGHER BASSETT SERVICES INC
FOR ACE AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 909-581-1919
GALLAGHER BASSETT-LA/ONTARIO
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 002992 024071 WC 01 (A00036)
CLAIMANT:
DESCRIPTION: INV #: 74353 ✓

DATES OF SERVICE: 26Jul18 **THRU** 13Sep18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 164
ACC DATE: 18Jul18

NO.: 0149546902
VN: 0000144368
DATE: 16Oct18

AMOUNT: 900.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0001324 002763 001 001

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GALLAGHER BASSETT SERVICES INC
FOR ACE AMERICAN INS CO

CHECK NO. 0149546902 018545
VN. 0000144368
DATE: 16Oct18 62-20/311

CLAIM NO.: 002992 024071 WC 01 (A00036) **BRANCH NO.:** 164

PAY NINE HUNDRED AND 00/100 DOLLARS**********

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **900.00

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

⑈0149546902⑈ ⑆031100209⑆ 4007490⑈

PO BOX 2934
CLINTON IA 52733-2934

002992 PAGE 1 OF 1 011578

M

MDG2009 00001243 1 MB .428 1

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

PAID
MAY 17 2019
BY

GALLAGHER BASSETT SERVICES INC
FOR ACE AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 909-581-1919
GALLAGHER BASSETT-LA/ONTARIO
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 002992 024071 WC 01 (A00036)
CLAIMANT:
DESCRIPTION: INV#-74353 ✓

DATES OF SERVICE: 04Oct18 **THRU** 29Nov18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 164
ACC DATE: 18Jul18

NO.: 0154456069
VN: 0000151531
DATE: 09May19

AMOUNT: 590.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0001243 002429 001 002

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

39602

GALLAGHER BASSETT SERVICES INC
FOR ACE AMERICAN INS CO

CHECK NO. 0154456069 011578
VN. 0000151531
DATE: 09May19 62-20/311

CLAIM NO.: 002992 024071 WC 01 (A00036) **BRANCH NO.:** 164

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **590.00

PAY FIVE HUNDRED NINETY 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

⑈0154456069⑈ ⑆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#
11/26/18	74522

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
005485-014038-WC-01

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

Case: vs HEALTHCARE SVS GROUP/QUALITY
Date Of Injury: 5/7/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/24/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/08/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
11/21/18	PMT BY CHECK	DOS 8/24/18* # 0150456762	-156.50
11/21/18	PMT BY CHECK	DOS 10/8/18* # 0150456763	-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 **

MR

MDG2009 00002876 1 MB .424 1

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

GALLAGHER BASSETT SERVICES INC
FOR NEW HAMPSHIRE INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 005485 014038 WC 01 (ANAHE04)
CLAIMANT:
DESCRIPTION: INV# 74522

BRANCH NO.: 094
ACC DATE: 07May18

NO.: 0150456763
VN: 0000429228
DATE: 21Nov18

DATES OF SERVICE: 08Oct18 THRU 08Oct18
BENEFIT PERIOD: THRU

AMOUNT: 250.00

PAID
NOV 26 2018

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE.

C 0002876 003451 001 002

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

GALLAGHER BASSETT SERVICES INC
FOR NEW HAMPSHIRE INS CO

CHECK NO. 0150456763 002364
VN. 0000429228
DATE: 21Nov18 62-20/311

CLAIM NO.: 005485 014038 WC 01 (ANAHE04) BRANCH NO.: 094

PAY TWO HUNDRED FIFTY AND 00/100 DOLLARS**********

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **250.00

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

⑈0150456763⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
03/20/19 74673

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
011260-079129-WC-01

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

Case: vs CITISTAFF SOLUTIONS INC
Date Of Injury: 11/28/17

DOS	SERVICE	DESCRIPTION	AMOUNT
09/12/18	INITIAL EXAM	DR HUMBERTO RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON #100802	0.00
10/26/18	PR2/REEVAL	DR ZAREENA KHAN @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/29/18	INITIAL ACUP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/05/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/11/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/15/19	PMT BY CHECK	DOS 9/12/18-2/11/19* # 0153138163	-1000.00

BALANCE 0.00

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

HR

PO BOX 2934
CLINTON IA 52733-2934

011260 PAGE 1 OF 1 020442

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MDG2009 00001210 1 MB .428 1

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

PAID
MAR 20 2019

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 079129 WC 01 (4020150-13)
CLAIMANT:
DESCRIPTION: INV 74673 V

DATES OF SERVICE: 12Sep18 **THRU** 11Feb19
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 28Nov17

NO.: 0153138163
VN: 0002022412
DATE: 15Mar19

AMOUNT: 1000.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0001210 002449 001 001

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GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

CHECK NO. 0153138163 020442
VN. 0002022412
DATE: 15Mar19 62-20/311

CLAIM NO.: 011260 079129 WC 01 (4020150-13) **BRANCH NO.:** 094

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **1000.00

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

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

Donna M. Korte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0153138163⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
01/22/19 74851

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
001960135478WC-01

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

Case: vs BRADY COMPANY (L.A.)
Date Of Injury: 10/9/18

DOS	SERVICE	DESCRIPTION	AMOUNT
10/18/18	POST-OP	DR EMMETT COX @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/25/18	PR2/REEVAL	DR EMMETT COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/01/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/08/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/15/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/06/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/20/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/03/19	POST-OP	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/14/19	PMT BY CHECK	DOS 10/18/18-12/20/18* # 0151651800	-1260.00

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 **

MR

GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

001960 PAGE 1 OF 1 014431

M

MDG2009 00001311 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 135478 WC 01 (00277-03)
CLAIMANT:
DESCRIPTION: INV# 74851

BRANCH NO.: 094
ACC DATE: 09Oct18

NO.: 0151651800
VN: 0002738238
DATE: 14Jan19

DATES OF SERVICE: 18Oct18 **THRU** 20Dec18
BENEFIT PERIOD: **THRU**

AMOUNT: 1260.00

**

JAN 2 1 2019

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE.

P 0001311 002611 001 001

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GALLAGHER BASSETT SERVICES INC
FOR AMERICAN ZURICH INSURANCE

CHECK NO. 0151651800 014431
VN. 0002738238
DATE: 14Jan19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **1260.00

CLAIM NO.: 001960 135478 WC 01 (00277-03) **BRANCH NO.:** 094

PAY ONE THOUSAND TWO HUNDRED SIXTY AND 00/100 DOLLARS**********

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

Donna M. Korte

AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0151651800⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
03/06/19 74865

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
009085001720WC-01

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

Case: vs LSG SKYCHEFS INC
Date Of Injury: 10/8/18

DOS	SERVICE	DESCRIPTION	AMOUNT
10/26/18	POST-OP	MICHAEL FELDMAN @ HAND & ORTHO OF SO CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
11/30/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
12/28/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/01/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/13/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/27/19	PMT BY CHECK	DOS 10/26/18-12/28/18* # 0152724300	-540.00

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/ 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 **

HR

GALLAGHER BASSETT-LA/ONTARIO
PO BOX 2934
CLINTON IA 52733-2934

009085 PAGE 1 OF 1 013574

MDG2009 00001285 1 MB .428 1

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

PAID
MAR 04 2019
BY.

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 909-581-1919
GALLAGHER BASSETT-LA/ONTARIO
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 009085 001720 WC 01 (LAX0370)
CLAIMANT:
DESCRIPTION: INV #: 74865

DATES OF SERVICE: 26Oct18 **THRU** 28Dec18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 164
ACC DATE: 08Oct18

NO.: 0152724300
VN: 0000030446
DATE: 27Feb19

AMOUNT: 540.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0001285 002601 001 001

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39602

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INSURANCE

CHECK NO. 0152724300 013574
VN. 0000030446
DATE: 27Feb19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **540.00

CLAIM NO.: 009085 001720 WC 01 (LAX0370) **BRANCH NO.:** 164
PAY FIVE HUNDRED FORTY AND 00/100 DOLLARS**********
****

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

Donna M. Korte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0152724300⑈ ⑆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#
02/27/19 74871

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
004742011563WC-01

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

Case: vs ENTERSTATE/DOUBLETREE HILTON
Date Of Injury: 5/12/18

DOS	SERVICE	DESCRIPTION	AMOUNT
10/25/18	INITIAL ACUP	W/ ACUPUNCT DR YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
11/01/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/08/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/15/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/29/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/06/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
01/15/19	PMT BY CHECK	DOS 10/25/18-12/6/18* # 0151691704	-1130.00
01/31/19	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/07/19	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
02/14/19	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/21/19	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
02/21/19	PMT BY CHECK	DOS 1/31/19* # 0152572551	-180.00

NR

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

*** INVOICE ***

Date	NO#
02/27/19	74871

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
004742011563WC-01

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

Case: vs ENTERSTATE/DOUBLETREE HILTON
Date Of Injury: 5/12/18

DOS	SERVICE	DESCRIPTION	AMOUNT

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

GALLAGHER BASSETT-LA/ONTARIO
PO BOX 2934
CLINTON IA 52733-2934

004742 PAGE 1 OF 1 022550

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MDG2009 00001374 1 MB .424 1

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

JAN 2 1 2019

GALAGHER BASSETT SERVICES INC
FOR STARR INDEMNITY & LIAB CO

DIRECT CHECK INQUIRIES TO:
PHONE: 909-581-1919
GALLAGHER BASSETT-LA/ONTARIO
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 004742 011563 WC 01 (704)
CLAIMANT:
DESCRIPTION: INV #: 74871

DATES OF SERVICE: 25Oct18 **THRU** 06Dec18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 164
ACC DATE: 12May18

NO.: 0151691704
VN: 0000181994
DATE: 15Jan19

AMOUNT: 1130.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0001374 002709 001 001

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39602

GALAGHER BASSETT SERVICES INC
FOR STARR INDEMNITY & LIAB CO

CHECK NO. 0151691704 022550
VN. 0000181994
DATE: 15Jan19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **1130.00

CLAIM NO.: 004742 011563 WC 01 (704) **BRANCH NO.:** 164
PAY ONE THOUSAND ONE 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

⑈0151691704⑈ ⑆031100209⑆ 40074901⑈

GALLAGHER BASSETT-LA/ONTARIO
PO BOX 2934
CLINTON IA 52733-2934

M

MDG2009 00001218 1 MB .428 1

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

PAID
FEB 26 2019
BY

GALAGHER BASSETT SERVICES INC
FOR STARR INDEMNITY & LIAB CO

DIRECT CHECK INQUIRIES TO:
PHONE: 909-581-1919
GALLAGHER BASSETT-LA/ONTARIO
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 004742 011563 WC 01 (704)
CLAIMANT:
DESCRIPTION: INV #: 74871

DATES OF SERVICE: 31Jan19 **THRU** 31Jan19
BENEFIT PERIOD: **THRU**

BRANCH NO.: 164
ACC DATE: 12May18

NO.: 0152572551
VN: 0000186048
DATE: 21Feb19

AMOUNT: 180.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0001218 002409 001 001

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

39302

GALAGHER BASSETT SERVICES INC
FOR STARR INDEMNITY & LIAB CO

CHECK NO. 0152572551 019853
VN. 0000186048
DATE: 21Feb19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **180.00

CLAIM NO.: 004742 011563 WC 01 (704) **BRANCH NO.:** 164
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

⑈0152572551⑈ ⑆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#
02/08/19 75100

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
000714073943-WC-01

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

Case: vs READY PAC PRODUCE
Date Of Injury: 11/5/17

DOS	SERVICE	DESCRIPTION	AMOUNT
12/14/18	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/09/19	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	@ L/O DENNIS FUSI PAEZ QUIJANO,ALEXANDRA M. # 3011318	0.00
01/28/19	PMT BY CHECK	DOS 12/14/18-1/9/19* # 0151957403	-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 **

MR

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

000714 PAGE 1 OF 1 014285

M

MDG2009 00001233 1 MB .428 1

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

FEB 08 2019

GALLAGHER BASSETT SERVICES
ZURICH AMERICAN INS.

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

CLAIM NO.: 000714 073943 WC 01 (13035899)
CLAIMANT:
DESCRIPTION: INV#-75100

BRANCH NO.: 138
ACC DATE: 05Nov17

NO.: 0151957403
VN: 0001954375
DATE: 28Jan19

DATES OF SERVICE: 14Dec18 **THRU** 09Jan19
BENEFIT PERIOD: **THRU**

AMOUNT: 406.50

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0001233 002396 001 001

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

396022

GALLAGHER BASSETT SERVICES
ZURICH AMERICAN INS.

CHECK NO. 0151957403 014285
VN. 0001954375
DATE: 28Jan19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **406.50

CLAIM NO.: 000714 073943 WC 01 (13035899) **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

⑈0151957403⑈ ⑆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#
02/11/19 75121

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
001627145241-WC-01

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

Case: vs DECTON STAFFING
Date Of Injury: 12/6/18

DOS	SERVICE	DESCRIPTION	AMOUNT
12/07/18	INITIAL EXAM	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO CALIF*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
12/14/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
12/21/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/04/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/18/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/03/19	PMT BY CHECK	DOS 12/7/18-1/4/19* # 0152116123	-770.00

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 **

HR

GALLAGHER BASSETT-LA/ALISO VIE
PO BOX 2934
CLINTON IA 52733-2934

001627 PAGE 1 OF 1 000962

M

MDG2009 00000106 1 SP .500 2

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

FEB 08 2019

GALLAGHER BASSETT SERVICES INC
ZURICH AMERICAN INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: 949-458-0181
GALLAGHER BASSETT-LA/ALISO VIE
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 001627 145241 WC 01 (0055-DECAR)
CLAIMANT:
DESCRIPTION: INV#-75121 ✓

DATES OF SERVICE: 07Dec18 **THRU** 04Jan19
BENEFIT PERIOD: **THRU**

BRANCH NO.: 174
ACC DATE: 06Dec18

NO.: 0152116123
VN: 0002707431
DATE: 03Feb19

AMOUNT: 770.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0000106 000173 001 001

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

39602

GALLAGHER BASSETT SERVICES INC
ZURICH AMERICAN INSURANCE CO

CHECK NO. 0152116123 000962
VN. 0002707431
DATE: 03Feb19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **770.00

CLAIM NO.: 001627 145241 WC 01 (0055-DECAR) **BRANCH NO.:** 174
PAY SEVEN HUNDRED SEVENTY 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

⑈0152116123⑈ ⑆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#
06/04/19 75326

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
004742013053-WC-01

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

Case: vs INTERSTATE MANAGEMENT COMPANY
Date Of Injury: 10/10/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/28/19	INITIAL EXAM	DR ERIC GOFNUNG @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/30/19	MED-LEGAL	EVAL W/DR GOFNUNG @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/15/19	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/25/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/04/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/11/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/20/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/01/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/10/19	LIEN FIL FEE	LIEN FILING FEE	150.00
05/29/19	PMT BY CHECK	DOS 5/28/19* # 0154925283	-1040.00
06/04/19	BLCE OFF SET	BALANCE OFF SET	-150.00
		BALANCE	0.00

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

MDG2009 00000838 1 MB .428 1

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

GALAGHER BASSETT SERVICES INC
FOR STARR INDEMNITY & LIAB CO

DIRECT CHECK INQUIRIES TO:
PHONE: 909-581-1919
GALLAGHER BASSETT-LA/ONTARIO
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 004742 013053 WC 01 (804)
CLAIMANT:
DESCRIPTION: FULL & FINAL SETTLEMENT OF LIEN

BRANCH NO.: 164
ACC DATE: 10Oct17

NO.: 0154925283
VN: 0000197296
DATE: 29May19

DATES OF SERVICE: 28May19 **THRU** 28May19
BENEFIT PERIOD: **THRU**

AMOUNT: 1040.00

PAID
JUN 04 2019

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0000838 001548 001 002

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

GALAGHER BASSETT SERVICES INC
FOR STARR INDEMNITY & LIAB CO

CHECK NO. 0154925283 007471
VN. 0000197296
DATE: 29May19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **1040.00

CLAIM NO.: 004742 013053 WC 01 (804) **BRANCH NO.:** 164
PAY ONE THOUSAND FORTY 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

⑈0154925283⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***

Date	NO#
07/22/19	75444

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
003000372464-WC-01

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

Case: . vs WASTE MANAGEMENT
Date Of Injury: 7/31/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/11/19	INITIAL EXAM	DR ARBI MIRZAIANS @ PHYSICAL REHAB SVCS*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/13/19	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/01/19	PR2/REEVAL	DR CHRISTINE ABGARYAN @ PHYS REHAB SVCS*	180.00
/ /	INTERPRETER:	ALEJANDRO MENDEZ # 011850	0.00
06/12/19	PR2/REEVAL	DR ABGARYAN @ PHYS REHAB*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/26/19	PMT BY CHECK	DOS 2/11/19-5/1/19* # 0155596483	-590.00
07/11/19	PMT BY CHECK	DOS 6/12/19* # 0155967677	-180.00

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

PAID
JUL 0 2 2019
BY: .....

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

GALLAGHER BASSETT SERVICES INC
FOR WASTE MANAGEMENT, INC

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 003000 372464 WC 01 (2960)
CLAIMANT:
DESCRIPTION: INV#: 75444

BRANCH NO.: 094
ACC DATE: 31Jul17

NO.: 0155596483
VN: 0003815077
DATE: 26Jun19

DATES OF SERVICE: 11Feb19 **THRU** 01May19
BENEFIT PERIOD: **THRU**

AMOUNT: 590.00

[redacted]

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0002297 004552 002 002

GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

003000 PAGE 1 OF 1 011209

PAID
JUL 22 2019
BY

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

GALLAGHER BASSETT SERVICES INC
FOR WASTE MANAGEMENT, INC

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 003000 372464 WC 01 (2960)
CLAIMANT:
DESCRIPTION: INV#-75444

DATES OF SERVICE: 12Jun19 **THRU** 12Jun19
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 31Jul17

NO.: 0155967677
VN: 0003821630
DATE: 11Jul19

AMOUNT: 180.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0001975 003817 003 003

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#
04/04/19 75497

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
011260-095101-WC-01

BILL TO:
GALLAGHER BASSETT (CLINT-2840)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 2840
CLINTON, IA 52733

Case: vs RANDALL FARMS
Date Of Injury: 2/13/19

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/19	POST-OP	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/29/19	PMT BY CHECK	DOS 3/14/19* # 0153467566	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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HR

PO BOX 2934
CLINTON IA 52733-2934

011260 PAGE 1 OF 1 006273

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

PAID
APR 04 2019

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

DV.

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 011260 095101 WC 01 (4020150-02)
CLAIMANT:
DESCRIPTION: INV# 75497 DOS: 02/02/2019 - 02/02/2019

DATES OF SERVICE: 14Mar19 **THRU** 14Mar19
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 13Feb19

NO.: 0153467566
VN: 0002036190
DATE: 29Mar19

AMOUNT: 180.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0006455 007193 001 001

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GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

CHECK NO. 0153467566 006273
VN. 0002036190
DATE: 29Mar19 62-20/311

CLAIM NO.: 011260 095101 WC 01 (4020150-02) **BRANCH NO.:** 094

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **180.00

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

⑈0153467566⑈ ⑆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#
07/12/19 75544

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002979044579-WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)

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

Case: vs ANDRE LANDSCAPING
Date Of Injury: 8/5/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/06/19	LEGAL_C&R	C&R READING @ L/O MICHELLE GAVRIEL	250.00
/ /	INTERPRETER:	MARTHA P. HAYES # 100761	0.00
07/03/19	PMT BY CHECK	DOS 3/6/19* # 0155787468	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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46

GB-CARRIER CALIFORNIA SOUTH WC
PO BOX 2934
CLINTON IA 52733-2934

002979 PAGE 1 OF 1 002455

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS OF PA

DIRECT CHECK INQUIRIES TO:
PHONE: 818-638-2330
GB-CARRIER CALIFORNIA SOUTH WC
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 002979 044579 WC 01 (1W9755001)
CLAIMANT:
DESCRIPTION:

BRANCH NO.: 243
ACC DATE: 05Aug13

NO.: 0155787468
VN: 0003083864
DATE: 03Jul19

DATES OF SERVICE: 06Mar19 **THRU** 06Mar19
BENEFIT PERIOD: **THRU**

AMOUNT: 250.00

PAID
JUL 12 2019

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0002904 003551 002 002

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GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS OF PA

CHECK NO. 0155787468 002455
VN. 0003083864
DATE: 03Jul19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **250.00

CLAIM NO.: 002979 044579 WC 01 (1W9755001) **BRANCH NO.:** 243
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

⑈0155787468⑈ ⑆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#
06/07/19 75713

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
000714-072158-WC-01

BILL TO:
GALLAGHER BASSETT (CLINT-2840)
W. C. DEPARTMENT
ATTN: WALTER WON
P.O. BOX 2840
CLINTON, IA 52733

Case: vs AVITUS GROUP
Date Of Injury: 6/12/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/11/19	INITIAL EXAM	DR EMMETT COX @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	LISBETH CALDERON #101080	0.00
05/30/19	PMT BY CHECK	DOS 4/11/19* # 0154945326	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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HP

PO BOX 2934
CLINTON IA 52733-2934

M

MDG2009 00001097 1 MB .428 1

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

PAID
JUN 07 2019
BY.

GALLAGHER BASSETT SERVICES
ZURICH AMERICAN INS.

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

**

CLAIM NO.: 000714 072158 WC 01 (BV6-CA-BBS) **BRANCH NO.:** 138 **NO.:** 0154945326
CLAIMANT: **ACC DATE:** 12Jun18 **VN:** 0002033887
DESCRIPTION: INV#-75713 **DATE:** 30May19
DATES OF SERVICE: 11Apr19 **THRU** 11Apr19 **AMOUNT:** 230.00
BENEFIT PERIOD: **THRU**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0001097 002073 001 001

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GALLAGHER BASSETT SERVICES
ZURICH AMERICAN INS.

CHECK NO. 0154945326 021652
VN. 0002033887
DATE: 30May19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **230.00

CLAIM NO.: 000714 072158 WC 01 (BV6-CA-BBS) **BRANCH NO.:** 138
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

⑈0154945326⑈ ⑆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#
06/25/19 75781

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
004387003267WC-01

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

Case: vs LG STAFFING SOLUTIONS ON DEMAN
Date Of Injury: 8/14/16; 8/16-8/17

DOS	SERVICE	DESCRIPTION	AMOUNT
04/24/19	LEGAL_REVIEW	DEPO REVIEW @ L/O ANTONY GLUCK	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
06/20/19	PMT BY CHECK	DOS 4/24/19* # 0155453136 GALLAGHER	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MR

GB-CARRIER CALIFORNIA NORTH WC
PO BOX 2934
CLINTON IA 52733-2934

M

0101742 01 RE 0.425 **AUTO T4 0 1620 92781-416565 -P01743

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

PAID
JUN 24 2019
BY. .....

DIRECT INQUIRIES TO:

PHONE: 1-916-576-8200
GB-CARRIER CALIFORNIA NOR
PO BOX 2934
CLINTON IA 52733-2934

GALLAGHER BASSETT SERVICES INC FOR EVEREST INSURA

CLAIM NO. 004387 003267 WC 01

CLAIMANT:

DESCRIPTION: INV#-75781 – 76092

DATE OF SERVICE: 24-Apr-2019 TO 24-Apr-2019

BRANCH NO. 502

ACC. DATE 14-Aug-2017

PAYMENT AMOUNT: $250.00

CHECK NO. 0155453136

VN. 0000153437

DATE: 20-Jun-2019

RE0101742-0001_of_0001 1620-0001920 (G25D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0155453136 ATTACHED BELOW

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

*** INVOICE ***
Date NO#
07/12/19 75783

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011260093867-WC-01

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

Case: vs CITISTAFF SOLUTIONS
Date Of Injury: 11/17/17 - 11/17/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/25/19	LEGAL_REVIEW	DEPO REVIEW @ L/O ANTONY GLUCK	250.00
/ /	INTERPRETER:	JUAN L. PEREZ # 100777	0.00
07/03/19	PMT BY CHECK	DOS 4/25/19* # 0155790036	-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 **

MGA

GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

011260 PAGE 1 OF 1 002454

MDG2009 00002904 1 MB .428 1

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

RECEIVED
JUL 12 2019
BY:

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 093867 WC 01 (4020150-13)
CLAIMANT:
DESCRIPTION: INV#-75783
DATES OF SERVICE: 25Apr19 **THRU** 25Apr19
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 17Nov18

NO.: 0155790036
VN: 0002123066
DATE: 03Jul19
AMOUNT: 250.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0002904 003550 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. 0155790036 002454
VN. 0002123066
DATE: 03Jul19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **250.00

CLAIM NO.: 011260 093867 WC 01 (4020150-13) **BRANCH NO.:** 094
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

⑈0155790036⑈ ⑆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#
06/14/19 75854

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
012188-001730-WC-01

BILL TO:
GALLAGHER BASSETT (CLINT-2840)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 2840
CLINTON, IA 52733

Case: vs HILTON LONG BEACH HOTEL
Date Of Injury: 4/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/01/19	POST-OP	DR ROY CAPUTO @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/08/19	PR2/REEVAL	DR CAPUTO @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/30/19	PR2/REEVAL	DR CAPUTO @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/07/19	PMT BY CHECK	DOS 5/1/19-5/8/19* # 0155148133	-360.00

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 **

MR

SOMPO WC
P.O. BOX 2971
CLINTON IA 52733-2971

012188 PAGE 1 OF 1 004513

M

MDG2009 00006810 1 MB .428 1

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

PAID
JUN 12 2019
BY.

SOMPO GRS
ON BEHALF OF SOMPO AMERICA INS
POWERED BY GALLAGHER BASSETT

DIRECT CHECK INQUIRIES TO:
PHONE: 844-258-3642
SOMPO WC
P.O. BOX 2971
CLINTON IA 52733-2971

CLAIM NO.: 012188 001730 WC 01 (LGBLH)
CLAIMANT:
DESCRIPTION: INV#-75854 ✓

BRANCH NO.: 245
ACC DATE: 15Apr19

NO.: 0155148133
VN: 0000008380
DATE: 07Jun19

DATES OF SERVICE: 01May19 **THRU** 08May19
BENEFIT PERIOD: **THRU**

AMOUNT: 360.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0006810 007646 001 003

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

SOMPO GRS
ON BEHALF OF SOMPO AMERICA INS
POWERED BY GALLAGHER BASSETT

CHECK NO. 0155148133 004513
VN. 0000008380
DATE: 07Jun19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **360.00

CLAIM NO.: 012188 001730 WC 01 (LGBLH) **BRANCH NO.:** 245
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. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0155148133⑈ ⑆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#
12/06/18	74362

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
A00170347

BILL TO:
GREAT AMERICAN INS (OHIO)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 5432
CINCINNATI, OH 45201-5432

Case: vs EXCEL CABINETS
Date Of Injury: 7/9/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/18/18	INITIAL EXAM	DR ZAREENA KHAN @ AMERI CHIRO *	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/27/18	PR2/REEVAL	DR KHAN @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/15/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO *	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/28/18	PMT BY CHECK	DOS 7/18/18-8/27/18* # 3000913960	-410.00

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 **

HR

M

1034322188

AGENT:
PROGRAMS PLUS INC.
9111 CYPRESS WATERS BLVD, SUITE 350
COPPELL, TX 75019

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

PAYEE:
CP JOYCE ALTMAN INTERPRETERS INC

74362

CHECK # 3000913960 AMT $410.00 ISSUED 11/28/18
FOR: DOS: 07.18.18 AND 08.27.18

DEC 04 2018

INSURED: EXCEL CABINETS INC
CLAIMANT:
POLICY # 3392165 CLAIM # A00170347 DATE OF LOSS 6/25/18

IMPORTANT: WHEN CORRESPONDING WITH THE CLAIM OFFICE, PLEASE REFER TO YOUR CLAIM NUMBER AND CONTACT THE ADJUSTER SHOWN BELOW:
CINDY GROOMS
GREAT AMERICAN ASSURANCE COMPANY
1431 GREENWAY DR, STE 620
IRVING, TX 75308

608-318-4021

3000913960

THE ENCLOSED INSTRUMENT WILL NOT BE PAID UNLESS IT BEARS THE ENDORSEMENTS OF ALL PARTIES NAMED AS PAYEES. ENDORSERS MUST SIGN EXACTLY AS THE NAME APPEARS ON THE FACE OF THE INSTRUMENT. IF THE ENDORSER IS A CORPORATION, SHOW THE FULL CORPORATE NAME WITH A SIGNATURE BY A DULY AUTHORIZED OFFICER AND TITLE. IF THE ENDORSER IS A PARTNERSHIP, ALL PARTIES MUST SIGN. IF AN ATTORNEY, EXECUTOR, ADMINISTRATOR, TRUSTEE OR GUARDIAN IS SIGNING A PAYEE'S NAME, SATISFACTORY EVIDENCE OF AUTHORITY MUST ACCOMPANY THE INSTRUMENT. IT IS RECOMMENDED THAT YOU DISCUSS THIS WITH YOUR CLAIMS REPRESENTATIVE BEFORE PRESENTING THE INSTRUMENT FOR PAYMENT AS ANY PAPERS SUBMITTED WITH THE CHECK WILL SLOW DOWN THE PROCESS. IF YOU HAVE ANY QUESTIONS CONCERNING THE PROPER ENDORSEMENT OF THE CHECK, PLEASE CONTACT YOUR CLAIMS REPRESENTATIVE. RHODE ISLAND ONLY: NOTICE: A RECIPIENT OF WEEKLY WORKERS' COMPENSATION BENEFITS HAS AN AFFIRMATIVE DUTY TO REPORT EARNINGS SO THAT COMPENSATION BENEFITS MAY BE PROPERLY COMPUTED. FAILURE TO REPORT EARNINGS MAY SUBJECT THE RECIPIENT TO CIVIL OR CRIMINAL LIABILITY.

F-11531H (9/14)

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

*** INVOICE ***
Date NO#
12/18/18 73638

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
YMQ15907C

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

Case: ' vs WEST COAST WAREHOUSE
Date Of Injury: 11/19/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/20/18	PR2/REEVAL	DR JOHN XIAO JIANG QIAN/DAVE FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/21/18	PR2/REEVAL	DR QIAN/JOE TRUJILLO @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/19/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/30/18	PMT BY CHECK	DOS 3/20/18-7/19/18* # 129248386 5	-540.00
09/20/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/19/18	PMT BY CHECK	DOS 9/20/18* # 129444390 9	-180.00
10/18/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
11/13/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/11/18	PMT BY CHECK	DOS 10/18/18-11/13/18* # 12935678 7	-360.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MR

M.

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2303855

001095 1/1

MB 01 001095 30286 B 5 E

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

SEP 06 2018

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
73638 ✓ 11/19/2013	12WB FX8058 YMQC 15907	WAITEX INTERNATIONAL CO. LTD.	$540.00

Nature of Benefits:	Nature of Payment:	Service Dates	Amount Paid
Miscellaneous Medical	Payment Reason - Misc Medical	03/20/2018 07/19/2018	$540.00

Claim Handler: MEREDITH BACZKO
8664019222 x2303855
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	08/30/2018	Check Number	129248386 5	Total Check Amount	$540.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

11665478b

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2303855

MB 01 001812 72270 B 8 A

001812 1/1

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

PAID
OCT 29 2018

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
73638 ✓ 11/19/2013	12WB FX8058 YMQC 15907	WAITEX INTERNATIONAL CO. LTD.		$180.00
Nature of Benefits: Miscellaneous Medical		Nature of Payment: Payment Reason - Misc Medical	Service Dates 09/20/2018 09/20/2018	$180.00

Claim Handler: MEREDITH BACZKO
8664019222 x2303855
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	10/19/2018	Check Number	129444390 9	Total Check Amount	$180.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

11982309 1

THE HARTFORD

ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington KY 40512-4472
877/469-9222

MB 01 001715 16192 B 7 A

001715 1/1

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

DEC 18 2018

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
73638 ✓ 11/19/2013	12WB FX8058 YMQC 15907	WAITEX INTERNATIONAL CO. LTD.	$360.00

Nature of Benefits:	Nature of Payment:	Service Dates	Amount
Miscellaneous Medical	Payment Reason - Misc Medical	10/18/2018 11/13/2018	$360.00

Claim Handler: LEO RAMIREZ
877/469-9222
ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington, KY 40512-4472

Additional Comments:

Issue Date	12/11/2018	Check Number	129635678 7	Total Check Amount	$360.00

Please keep the above information for your records.

117228788

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

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

*** INVOICE ***
Date NO#
08/30/18 74166

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
Y2PC08970

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

Case: vs AMC CABINETS
Date Of Injury: 5/31/18

DOS	SERVICE	DESCRIPTION	AMOUNT
06/12/18	POST-OP	DR MICHAEL FELDMAN @ HAND & ORTHO CR OF CA*	180.00
/ /	INTERPRETER:	LISBETH Y.C. PARRENO # 101080	0.00
06/22/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	DIANA RODRIGUEZ # 009611	0.00
06/29/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/06/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/20/18	PR2/REEVAL	DR FELDMAN @ HAND @ ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/17/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/20/18	PMT BY CHECK	DOS 6/12/18-7/20/18* # 129203003 8	-900.00
		BALANCE	180.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MR

THE HARTFORD

ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington KY 40512-4472
8774699222 x2307178

000524 1/1

MB 01 000524 21850 B 2 D

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

AUG 28 2018

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
74166 05/31/2018	72WEA ZR8594 Y2PC 08970	A M CABINETS INC		$900.00
Nature of Benefits: Miscellaneous Medical		Nature of Payment: Payment Reason - Misc Medical	Service Dates 06/12/2018 07/20/2018	$900.00

Claim Handler: KAYLA TROWBRIDGE
8774699222 x2307178
ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington, KY 40512-4472

Additional Comments:

Issue Date	08/20/2018	Check Number	129203003 8	Total Check Amount	$900.00

114002119

Please keep the above information for your records.

FOLD AT DOTTED LINE AND DETACH

HAR-100-2

THE HARTFORD

ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington, KY 40512-4472

56-1544
441

Check Number: 129203003 8

Issue Date: 08/20/2018

$**********900.00

JPMorgan Chase Bank, N.A.
Columbus, OH 43085

Pay
NINE HUNDRED DOLLARS AND 00/100

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

VOID VOID VOID

Authorized Signature

⑈129203003⑈ ⑆044115443⑆ 63255973⑈

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

*** INVOICE ***
Date NO#
09/07/18 74220

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y2PC06274

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

Case: --- vs PRODUCT DEVELOPMENT CORP
Date Of Injury: 2/1/18

DOS	SERVICE	DESCRIPTION	AMOUNT
06/22/18	INITL CHIRO	& PHYS THERAPY W/DR CHRISTINE HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/25/18	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/02/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/18/18	CONSULT	DR HA @ SIDHU* (READING OF TEST RESULTS)	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/27/18	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/31/18	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/30/18	PMT BY CHECK	DOS 6/22/18-7/27/18* # 129249096 9	-820.00

BALANCE 90.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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S/M



ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington KY 40512-4472
8774699222 x2308212

SEP 06 2018

001096 1/1

MB 01 001096 30286 B 5 E

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

74220

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
74220 02/01/2018	57WN S36706 Y2PC 06274	PRODUCT DEVELOPMENT CORPORATION	$820.00

Nature of Benefits:	Nature of Payment:	Service Dates	Amount Paid
Other Medical	Payment Reason - Other Medical	06/22/2018 07/27/2018	$820.00

Claim Handler: ROBERT WERNER
8774699222 x2308212
ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington, KY 40512-4472

Additional Comments:

Issue Date	08/30/2018	Check Number	129249096 9	Total Check Amount	$820.00

Please keep the above information for your records.

116654787

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

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

*** INVOICE ***
Date NO#
06/07/19 74467

EAMS#(s):
08/23/2018
SS # : XXX-XX-
DOB : 9
Terms: 60 days
Claim #(s):
Y67C78440

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

Case: --- vs NEILL AIRCRAFT COMPANY
Date Of Injury: 3/2/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/09/18	INITIAL EXAM	DR EMMETT COX @ HAND & ORTHO CTR OF SO. CALIF*	230.00
			0.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	180.00
08/30/18	PR2/REEVAL	DR COX @ HAND & ORTHO* (RT WRIST INJECTION)	
			0.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	180.00
09/20/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	0.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	180.00
10/25/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	0.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	180.00
11/29/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	0.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	180.00
01/10/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	0.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	-1130.00
01/28/19	PMT BY CHECK	DOS 8/9/18-1/10/19* # 129805375 7	
			180.00
02/07/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	0.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	180.00
03/07/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	0.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	230.00
05/02/19	P AND S	DR COX @ HAND & ORTHO*	0.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	-590.00
05/31/19	PMT BY CHECK	DOS 2/7/19-5/2/19* # 130288041 1	

HR

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

*** INVOICE ***
Date NO#
06/07/19 74467

EAMS#(s):
08/23/2018NOADJFOUND
SS # : XXX-XX-
DOB : , --, --
Terms: 60 days
Claim #(s):
Y67C78440

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

Case: vs NEILL AIRCRAFT COMPANY
Date Of Injury: 3/2/18

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 **

M

THE HARTFORD

ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington KY 40512-4472
8774699222 x2307982

MB 01 002834 75253 B 9 A

002834 1/1

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

4

FEB 04 2019

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
74467 03/02/2018	72WE EN5289 Y67C 78440	NEILL AIRCRAFT COMPANY		$1,130.00
Nature of Benefits: Miscellaneous Medical		Nature of Payment: Payment Reason - Misc Medical	Service Dates 08/09/2018 01/10/2019	$1,130.00

Claim Handler: BRANDON RODGER
8774699222 x2307982
ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington, KY 40512-4472

Additional Comments:

Issue Date	01/28/2019	Check Number	129805375 7	Total Check Amount	$1,130.00

Please keep the above information for your records.

120211754

m

THE HARTFORD

ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington KY 40512-4472
8774699222 x2307982

PAID
JUN 07 2019
BY: .....

MB 01 003352 74478 B 11 D

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

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
74467 ✓ 03/02/2018	72WE EN5289 Y67C 78440	NEILL AIRCRAFT COMPANY		$590.00
Nature of Benefits: Miscellaneous Medical		Nature of Payment: Payment Reason - Misc Medical	Service Dates 02/07/2019 05/02/2019	$590.00

Claim Handler: BRANDON RODGER
8774699222 x2307982
ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington, KY 40512-4472

Additional Comments:

Issue Date	05/31/2019	Check Number	130288041 1	Total Check Amount	$590.00

Please keep the above information for your records.

11781094O

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

*** INVOICE ***
Date NO#
01/08/19 74567

EAMS#(s):

SS # : XXX-XX-
DOB : , ,
Terms: 60 days
Claim #(s):
Y2PC21030

BILL TO:
THE HARTFORD (LEXINGTON-14187)
W. C. DEPARTMENT
ATTN: JULIAN DOESSEL
P.O. BOX # 14187
LEXINGTON, KY 40512

Case: vs NORTH STAR COMPANY/GARDENA
Date Of Injury: 8/17/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/24/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO CTR S. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/31/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
09/21/18	POST-OP	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
10/19/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
11/16/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/02/19	PMT BY CHECK	DOS 8/24/18-11/16/18* # 129718618 4	-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/ 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 **

MR

M. 1



ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington KY 40512-4472
8774699222 x2307321

MB 01 003986 36717 B 14 E

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

JAN 08 2019

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
74567 08/17/2018	20WN S38001 Y2PC 21030	UMC ACQUISITION CORP	$900.00

Nature of Benefits:	Nature of Payment:	Service Dates	Amount
Miscellaneous Medical	Payment Reason - Misc Medical	08/24/2018 11/16/2018	$900.00

Claim Handler: JULIANN DOESSEL
8774699222 x2307321
ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington, KY 40512-4472

Additional Comments:

Issue Date	01/02/2019	Check Number	129718618 4	Total Check Amount	$900.00

Please keep the above information for your records.

[redacted]

117353346

HAB 100.2

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#
06/25/19 74587

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y67C810

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

Case: vs TAYI & YU INVMTS/MIMIS BOBEE
Date Of Injury: 5/26/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/28/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/10/18	PMT BY CHECK	DOS 8/28/18* # 129405848 7	-156.50
05/02/19	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
05/14/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	ANABEL MUNGUIA # 301374	0.00
06/19/19	PMT BY CHECK	DOS 5/2/19-5/14/19* # 13054735 0	-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 **

MR

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2303249

MB 01 003156 90133 B 10 D

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

PAID
JUN 24 2019
BY: .....

003156 1/1

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
74587 ✓ 03/16/2015	72WEC GI8972 Y67C 81058	YU INVESTMENT GROUP		$406.50
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Payment Reason - Interpreter Fees at Hrng	Service Dates 05/02/2019 05/14/2019	$406.50

Claim Handler: AUDREY FABER
8664019222 x2303249
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	06/19/2019	Check Number	130354735 0	Total Check Amount	$406.50

Please keep the above information for your records.

11791364O

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

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

*** INVOICE ***
Date NO#
03/19/19 75470

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y67C92142

BILL TO:
THE HARTFORD (LEXINGTON-14475)

ATTN: BRYCE BONBECK
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs LRC COIL COMPANY
Date Of Injury: 8/15/18

DOS	SERVICE	DESCRIPTION	AMOUNT
02/24/19	LEGAL_REVIEW	DEPO REVIEW @ L/O ANTONY GLUCK	250.00
/ /	INTERPRETER:	JUAN L. PEREZ # 100777	0.00
03/13/19	PMT BY CHECK	DOS 2/24/19* # 129981413 1	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MR

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2307999

002780 1/1

MB 01 002780 10488 B 9 D

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

PAID
MAR 19 2019
BY: .....

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
75470 ✓ 10/19/2018	72WEC ES3499 Y67C 92817	LMW ENTERPRISES LLC		$250.00
Nature of Benefits: Miscellaneous Legal Expenses		Nature of Payment: Payment Reason - Misc Legal Expense	Service Dates 02/24/2019 02/24/2019	$250.00

Claim Handler: BRYCE BOMBECK
8664019222 x2307999
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	03/13/2019	Check Number	129981413 1	Total Check Amount	$250.00

Please keep the above information for your records.

120475140

HAR 100 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#
04/29/19 75545

EAMS#(s):

SS # : XXX-XX-
DOB : . .
Terms: 60 days
Claim #(s):
Y67C96153

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

Case: vs GILLI, INC.
Date Of Injury: 11/2/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/07/19	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
04/01/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	WALTER VASQUEZ # 100770	0.00
04/22/19	PMT BY CHECK	DOS 3/7/19-4/1/19* # 130136525 4	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MR

M

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2304221

MB 01 002542 43093 B 8 D

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

4

PAID
APR 29 2019

BY: .....

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
75545 ✓ 11/02/2018	72WE AA9WK3 Y67C 96153	GILLI. INC. DBA LE LIS, HAIL3Y23		$406.50
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Payment Reason - Interpreter Fees at Hrng	Service Dates 03/07/2019 04/01/2019	$406.50

Claim Handler: MELISSA GRIFFIN
8664019222 x2304221
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:
Interpreter Fees Reduced per CA CCR 9795.3

Issue Date	04/22/2019	Check Number	130136525 4	Total Check Amount	$406.50

Please keep the above information for your records.

1175A5A55

HAR 100 2

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

*** INVOICE ***
Date NO#
05/21/19 75618

EAMS#(s):
03/28/201.
SS # : XXX-XX-
DOB : 1
Terms: 60 days
Claim #(s):
Y2EC03431

BILL TO:
THE HARTFORD (LEXINGTON-14187)
W. C. DEPARTMENT
ATTN: SARAH COOK
P.O. BOX 14187
LEXINGTON, KY 40512

Case: - vs SPOON HOUSE CO.
Date Of Injury: 3/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/13/19	INITIAL EXAM	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/19/19	POST-OP	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSE CALDERON # 101193	0.00
03/27/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/11/19	PMT BY CHECK	DOS 3/13/19-3/27/19* =# 130216639 5	-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 **

MR

M

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2303772

MB 01 000791 58766 B 4 A

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

75618

Attention: This remittance incorporates 0 claim payments

Special Handling 99

PAID
MAY 21 2019
BY.....

Please keep the above information for your records.

117697804

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

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

56-1544
441

Check Number: 130216639 5

Issue Date: 05/11/2019

$********590.00**

JPMorgan Chase Bank, N.A.
Columbus, OH 43085

Pay
FIVE HUNDRED NINETY DOLLARS AND 00/100

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

Authorized Signature

117697804

⑈130216639⑈ ⑆044115443⑆ 632559738⑈

The Hartford Medical Bill Processing Center 39

Process Date: 05/10/2019
Control Number: 213355603
EOR Page 1 of 2
Rev/Aud: RA/SS

Claim Number: Y2EC03431
Claimant:
Provider Tax ID: 330956713 Vendor: 0013541032-1
Provider Ref: 75618 Geo Zip: 92867
Provider License: 99999999

PPO/OSR ID:
NPI Number:
Claimant SSN: XXX-XX
Date Of Injury: 03/12/2019
Claims Received Date: 04/22/2019
Packet Control Number: 4191129009193

000791 2/3

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 26

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
03/13/19	11	T1013		SIGN LANGUAGE/(	1.000	230.00	0.00	0.00	0.00	230.00	
03/19/19	11	T1013		SIGN LANGUAGE/(	1.000	180.00	0.00	0.00	0.00	180.00	
03/27/19	11	T1013		SIGN LANGUAGE/(	1.000	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: DR MICHAEL FELDMAN MD
Rendering Provider NPI:

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

*** INVOICE ***
Date NO#
05/06/19 75632

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC608C87754

BILL TO:
HELMSMAN MGMT SVCS (ROCKLIN)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 779008
ROCKLIN, CA 95677

Case: vs REDLANDS COUNTRY CLUB
Date Of Injury: 1/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/27/19	LEGAL_C&R	C&R READING @ L/O MICHELLE GAVRIEL	250.00
/ /	INTERPRETER:	MARTHA P. HAYES # 100761	0.00
05/01/19	PMT BY CHECK	DOS 3/27/19* # 02602880	-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 **

HR

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Helmsman
Management Services LLC

B. CODE	CHECK NUMBER	CHECK DATE
199	02602880	05/01/19
	CHECK AMOUNT ****$250.00	BLOCK NUMBER 002439

CLAIM #: WC 608-C87754
CONTRACT #: WP8-65B-290306-296

OSN: EE2801050103-002540

CONTROL #: 000004149 ID: CRWE093

PAYEE: JOYCE ALTMAN INTERPRETERS INC

75632

DATE OF INJURY: 01/11/17
EMPLOYEE:

EMPLOYER: ADP TOTALSOURCE FL XVI INC.
DATES OF SERVICE 03/27/19-03/27/19
LOCATION CODE: 84TNCTS

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
03/27/19	03/27/19	EXPENSE		.00	250.00	250.00	

NOTE: PAYS INVOICE NO. 75632 _ 04/11/2019

TOTAL GROSS	250.00
TOTAL PAYABLE:	250.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	250.00

PAID
MAY 06 2019

BY: .....

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STUB

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

*** INVOICE ***
Date NO#
05/17/19 75802

EAMS#(s):
05/02/201[illegible]
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
Y2PC51988

BILL TO:
THE HARTFORD (LEXINGTON-14187)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 14187
LEXINGTON, KY 40512

Case: JOSE CAMPOS vs HORIZON
Date Of Injury: 4/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/25/19	INITIAL EXAM	DR ROY CAPUTO @ HAND & ORTHO OF SO. CALIF*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/01/19	PR2/REEVAL	DR CAPUTO @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/10/19	PMT BY CHECK	DOS 4/25/19-5/1/19* # 130211775 0	-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/ 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 **

MR

THE HARTFORD

ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington KY 40512-4472
8774699222 x2304178

MB 01 003484 58151 B 12 D

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

PAID
MAY 17 2019
BY: .....

003484 1/1

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
75802 04/15/2019	02NO COVRGE Y2PC 51988	HORIZON PERSONNEL SERVICES INC	$410.00

Nature of Benefits:	Nature of Payment:	Service Dates	Amount
Miscellaneous Medical	Payment Reason - Misc Medical	04/25/2019 05/01/2019	$410.00

Claim Handler: MADELINE KERSWELL
8774699222 x2304178
ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington, KY 40512-4472

Additional Comments:

Issue Date	05/10/2019	Check Number	130211775 0	Total Check Amount	$410.00

Please keep the above information for your records.

117702735

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

*** INVOICE ***
Date NO#
07/26/19 75851

EAMS#(s):
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y2PC12404

BILL TO:
THE HARTFORD (LEXINGTON-14187)
W. C. DEPARTMENT
ATTN: FRANCES TARIFA
P.O. BOX 14187
LEXINGTON, KY 40512

Case: vs MARTINEZ STEEL CORPORATION
Date Of Injury: 6/22/18

DOS	SERVICE	DESCRIPTION	AMOUNT
05/01/19	PR2/REEVAL	DR ROY CAPUTO @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/21/19	PMT BY CHECK	DOS 5/1/19* # 130251544 6	-180.00
06/19/19	P AND S	DR CAPUTO @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/18/19	PMT BY CHECK	DOS 6/19/19* # 130467180 1	-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 **

MR

M

THE HARTFORD

ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington KY 40512-4472
8774699222 x2308236

MB 01 002812 66478 B 10 B

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

75851

Attention: This remittance incorporates 0 claim payments

Special Handling 99

PAID
MAY 29 2019
BY .....

Please keep the above information for your records.

117755571

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington, KY 40512-4472

56-1544
441

Check Number: 130251544 6

Issue Date: 05/21/2019

$********180.00**

JPMorgan Chase Bank, N.A.
Columbus, OH 43085

Pay
ONE HUNDRED EIGHTY DOLLARS AND 00/100

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

Authorized Signature

⑈130251544⑈ ⑆044115443⑆ 63255973⑧⑈

Process Date: 05/21/2019
Control Number: 213425136
EOR Page 1 of 2
Rev/Aud: BB/NP

Claim Number: Y2PC12404
Claimant:
Provider Tax ID: 330956713 Vendor: 0013541032-1
Provider Ref: 75851 Geo Zip: 92807
Provider License: 99999999

PPO/OSR ID:
NPI Number:
Claimant SSN: XXX-XX
Date Of Injury: 06/22/2018
Claims Received Date: 05/13/2019
Packet Control Number: 4191339030350

002812 2/3

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 26

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
05/01/19	11	T1013		SIGN LANGUAGE/(	8.000	180.00	0.00	0.00	0.00	180.00	
			TOTALS:			**180.00**	**0.00**	**0.00**	**0.00**	**180.00**	
			TOTAL RECOMMENDED ALLOWANCE:							**180.00**	

Rendering Provider Name: DR ROY CAPUTO
Rendering Provider NPI:

M.

THE HARTFORD

ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington KY 40512-4472
8774699222 x2308236

001870 1/1

MB 01 001870 15705 B 7 C

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

PAID
JUL 26 2019
BY

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
75851 06/22/2018	72WN OV5240 Y2PC 12404	MARTINEZ STEEL CORPORATION		$230.00
Nature of Benefits: Miscellaneous Medical		Nature of Payment: Payment Reason - Misc Medical	Service Dates 06/19/2019 06/19/2019	$230.00

Claim Handler: FRANCES TARIFA
8774699222 x2308236
ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington, KY 40512-4472

Additional Comments:

Issue Date	07/18/2019	Check Number	130467180 1	Total Check Amount	$230.00

Please keep the above information for your records.

118078839

HAR 100 2

FOLD AT DOTTED LINE AND DETACH

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

*** INVOICE ***
Date NO#
01/02/19 70833

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC608C65464; WC608-D56651

BILL TO:
HELMSMAN MGMT SVCS (ROCKLIN)
W. C. DEPARTMENT
ATTN: SANDRA SCOTT
P.O. BOX 779008
ROCKLIN, CA 95677

Case: vs ALCOA
Date Of Injury: 6/13-7/14; 2/15/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/13/14	LEGAL_PREP	DEPO PREP @ L/O BAGBY, GAJ & ZACHARY	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/06/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/17/14	PMT BY CHECK	DOS 10/13/14-11/6/14* # 0054493712	-406.50
05/05/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOYCE C. ALTMAN # 300624	0.00
11/17/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/10/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/23/17	PENALTIES	FOR DATE OF SERVICE 5/5/16	23.48
08/02/17	INTEREST	FOR DATE OF SERVICE 5/5/16	22.83
06/23/17	PENALTIES	FOR DATE OF SERVICE 11/17/16	23.48
08/02/17	INTEREST	FOR DATE OF SERVICE 11/17/16	13.17
06/23/17	PENALTIES	FOR DATE OF SERVICE 1/10/17	23.48
08/02/17	INTEREST	FOR DATE OF SERVICE 1/10/17	10.65
08/02/17	PMT BY CHECK	DOS 7/6/17* # 02215431 HELMSMAN	-469.50
08/29/17	PMT BY CHECK	DOS 7/6/17* # 02231852 HELMSMAN	-117.09
11/02/17	COSTS	ADD'L COSTS AWARDED	1500.00
11/02/17	PMT BY CHECK	DOS 1/18/17* # 02270056 HELMSMAN	-1500.00
08/01/18	LEGAL_PREP	DEPO PREP @ L/O VINCENT PURITON -DOI:2/15/17	156.50
/ /	INTERPRETER:	JOHANNA J. RAMIREZ # 301566	0.00
08/20/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA J. RAMIREZ # 301566	0.00

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#
01/02/19 70833

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC608C65464; WC608-D56651

BILL TO:
HELMSMAN MGMT SVCS (ROCKLIN)
W. C. DEPARTMENT
ATTN: SANDRA SCOTT
P.O. BOX 779008
ROCKLIN, CA 95677

Case: vs ALCOA
Date Of Injury: 6/13-7/14; 2/15/17

DOS	SERVICE	DESCRIPTION	AMOUNT
12/19/18	PMT BY CHECK	DOS 8/1/18-8/20/18* # 67205025 HELMSMAN	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Helmsman
Management Services LLC™

B. CODE	CHECK NUMBER	CHECK DATE
002	67205025	12/19/18
	CHECK AMOUNT ****$406.50	BLOCK NUMBER 002380

OSN: EE2801121903-002376

CLAIM #: WC 608-D56651
CONTRACT #: WP8-68B-054536-026

CONTROL #: 000003854 ID: CRWEE94
PROVIDER #: 33095671314902

PAYEE: JOYCE ALTMAN INTERPRETERS INC

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX # 4165
TUSTIN, CA 92781

PROVIDER:

DATE OF INJURY: 02/15/17
EMPLOYEE:

EMPLOYER: ARCONIC
DATES OF SERVICE 08/01/18-08/20/18
LOCATION CODE: 03200

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
08/01/18	08/20/18	MISC		406.50	406.50	

NOTE: INV#70833 – C3963

TOTAL CHARGES	406.50
TOTAL PAYABLE:	406.50
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	406.50

PAID
JAN 02 2019

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

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

*** INVOICE ***
Date NO#
05/09/19 70962

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1010-14-10852

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

Case: vs TOTAL LANDCARE
Date Of Injury: 10/27/14

DOS	SERVICE	DESCRIPTION	AMOUNT
			190.00
12/19/16	LEGAL_WCAB	MSC @ WCAB SBR	0.00
/ /	INTERPRETER:	JESSICA M. LUNA # 100690	-190.00
03/09/17	PMT BY CHECK	DOS 12/19/16* # 1648846	195.00
01/22/18	LEGAL_WCAB	EXP. HEARING @ WCAB SBR	0.00
/ /	INTERPRETER:	MARTHA ESTEVEZ # 100682	-195.00
03/09/18	PMT BY CHECK	DOS 12/19/16-1/22/18* # 2087313	
06/05/18	LEGAL_WCAB	MSC @ WCAB SAN BERNARDINO	195.00
/ /	INTERPRETER:	MARTHA ESTEVEZ # 100682	0.00
07/23/18	PMT BY CHECK	DOS 6/5/18* # 2260012	-195.00
03/05/19	LEGAL_WCAB	FULL DAY MSC @ WCAB SBR (AMENDED)	390.00
/ /	INTERPRETER:	MARTHA ESTEVEZ # 100682	0.00
05/01/19	PMT BY CHECK	DOS 12/19/16-3/5/19* # 2618352	-390.00

BALANCE 0.00

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HR

M

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

Check Date: 05/01/2019
Check Number: 2618352
Check Amount: $390.00

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,FDBYBU

FDBYBU

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
10101410852		10/27/2014	70962	492	12/19/2016	03/05/2019	$390.00

Category	Stub Notes	Stub Amount
492	PARTIAL DUP IWCA 3087869\nIf you disagree with the	$0.00

PAID
MAY 09 2019
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#
07/28/18 73011

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2017015466

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

Case: vs SOUTH BAY CORP dba McDONALD'S
Date Of Injury: 7/25/17

DOS	SERVICE	DESCRIPTION	AMOUNT
12/08/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/10/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/03/18	PMT BY CHECK	DOS 12/10/17 & 1/10/18* # 2158193	-406.50
05/25/18	PENALTIES	FOR DATE OF SERVICE 12/5/17	23.48
05/03/18	INTEREST	FOR DATE OF SERVICE 12/5/17	5.62
05/25/18	PENALTIES	FOR DATE OF SERVICE 1/10/18	37.50
05/03/18	INTEREST	FOR DATE OF SERVICE 1/10/18	7.96
05/22/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI II	156.50
/ /	INTERPRETER:	JOHANNA J. RAMIREZ # 301566	0.00
07/16/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI II	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
09/07/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI III	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/19/18	PMT BY CHECK	DOS 5/22/18-7/16/18* # 2336174	-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#
07/28/18 73011

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2017015466

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

Case: vs SOUTH BAY CORP dba McDONALD'S
Date Of Injury: 7/25/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 231.06

* 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: 09/19/2018
Check Number: 2336174
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,B4748P

B4748P

5/23/18 10:49 AM 3 0001825 20180920 NI5YC104 JOP-FEC 1 oz DOM NI5YC10000* 161261 CK

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

73011-1

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
017012713		07/08/2017	InterpretationDOS 492		05/22/2018	07/16/2018	$406.50

Category	Stub Notes	Stub Amount
492	Interpretation DOS 5.22.18 & 7.16.18	$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#
10/16/18 73558

EAMS#(s):

SS # : XXX-XX-'
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
07/12/18	PR2/REEVAL	DR COX @ HAND @ ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/09/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/30/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/17/18	PMT BY CHECK	DOS 7/12/18* # 2332641	-180.00
10/05/18	PMT BY CHECK	DOS 8/9/18-8/30/18* # 2358760	-360.00
		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 **

HR

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

Check Date: 10/05/2018
Check Number: 2358760
Check Amount: $360.00

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,771E85

771E85

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID
OCT 16 2018

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
2017023167		12/01/2017	73558	180	08/09/2018	08/30/2018	$360.00

Category	Stub Notes	Stub Amount
180	Joyce Altman Interpreters-Interpreter	$0.00

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

*** INVOICE ***
Date NO#
08/24/18 73565

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2016016089

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

Case: vs FOOD TECHNOLOGY DESIGN
Date Of Injury: 5/17/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/18	INITIAL EXAM	DR HUMBERTO RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/09/18	PR2/REEVAL	DR BARRY MARKS @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 1010802	0.00
05/21/18	PR2/REEVAL	DR BARRY MARKS @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/16/18	PMT BY CHECK	DOS 3/2/18-5/21/18* # 2294039	-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 **

MR

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

Check Date: 08/16/2018
Check Number: 2294039
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,2W7X79

2W7X79

5/23/18 10:49 AM 3 0001276 20180817 NH5Q1103 JOP-FEC 1 oz DOM NH5Q110000* 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
2016016089		05/17/2016	73565	180	03/02/2018	05/21/2018	$590.00

Category	Stub Notes	Stub Amount
180	JOYCE ALTMAN INTERPRETERS - INTERPRETATION	$0.00

AUG 24 2018

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

2W7X79

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

DATE	CHECK NO.
08/16/2018	2294039
	CHECK AMOUNT
VOID AFTER 90 DAYS	$590.00

PAY: FIVE HUNDRED NINETY & 00 / 100 DOLLARS*****

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

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

MEMO: Claim#: 2016016089

⑈2294039⑈ ⑆122000661⑆ 145953994③⑈

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

*** INVOICE ***
Date NO#
04/15/19 73778

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2018005522

BILL TO:
INSURANCE CO. OF THE WEST (IA)
W. C. DEPARTMENT
ATTN: CHARLES LUNSFORD
PO BOX 2965
CLINTON, IA 52733

Case: vs BEST ROLLUP ROLL
Date Of Injury: 3/28/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/13/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	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
04/08/19	PMT BY CHECK	DOS 4/13/18-4/27/18* =# 2587890	-360.00

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 **

MR

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

Check Date: 04/08/2019
Check Number: 2587890
Check Amount: $360.00

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,7ZSJBF

7ZSJBF

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

73778

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2018005522		03/28/2018	$360.00	$0.00	$360.00

Category	Stub Notes	Stub Amount
180	The charges have been paid per ICW s usual and cus	$0.00

PAID
APR 15 2019
BY: .....

See attached page(s) for Explanations of Review

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

*** INVOICE ***

Date	NO#
10/08/18	74115

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0101-15-12188

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

Case: vs WEST CENTRAL PRODUCE
Date Of Injury: 12/31/13

DOS	SERVICE	DESCRIPTION	AMOUNT
09/23/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
10/21/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/10/17	LEGAL_WCAB	EXP HEARING @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/05/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI II	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
07/26/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL II	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
09/28/18	PMT BY CHECK	DOS 6/5/18-7/26/18* # 2349403	-406.50

BALANCE 563.00

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

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

Check Date: 09/28/2018
Check Number: 2349403
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,M4J98R

5/23/18 10:49 AM 3 0001169 20181001 NJ08O103 JOP-FEC 1 oz DOM NJ08O10000* 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
10101512188		12/31/2013	74115	492	06/05/2018	07/26/2018	$406.50

Category	Stub Notes	Stub Amount
492	JOYCE ALTMAN INTERPRETERS INC - MISCELLANEOUS	$0.00

PAID
OCT 05 2018
BY: .....

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

*** INVOICE ***
Date NO#
10/16/18 74169

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2018010903

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

Case: vs ALPHA ALUMINIUM PRODUCTS
Date Of Injury: 6/14/18

DOS	SERVICE	DESCRIPTION	AMOUNT
06/15/18	INITIAL EXAM	DR MICHAEL FELDMAN @ HAND & ORTHO CTR OF CA*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/22/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	DIANA RODRIGUEZ # 009611	0.00
06/29/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
10/05/18	PMT BY CHECK	DOS 6/15/18-6/29/18* # 2358759	-590.00

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: 10/05/2018
Check Number: 2358759
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,871E88

871E88

5/23/18 10:49 AM 3 0001558 20181008 NJ2VF104 JOP-FEC 1 oz DOM NJ2VF10000* 181281 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
2018010903		06/14/2018	74169	492	06/15/2018	06/29/2018	$590.00

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

PAID
OCT 16 2018
BY: .....

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

*** INVOICE ***
Date NO#
03/26/19 74296

EAMS#(s):

SS # : XXX-xx-
DOB :
Terms: 60 days
Claim #(s):
2018011165

BILL TO:
INSURANCE CO. OF THE WEST (IA)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
PO BOX 2965
CLINTON, IA 52733

Case: vs GENERAL GRINDING
Date Of Injury: 6/21/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/05/18	PR2/REEVAL	DR EMMETT COX @ HAND & ORTHO CTR OF SO CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/19/19	PMT BY CHECK	DOS 7/5/18* # 2562345	-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 **

MR

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

Check Date: 03/19/2019
Check Number: 2562345
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,ANE8B6

ANE8B6

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

74296

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2018011165		06/21/2018	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
180	The charges have been paid per ICW s usual and cus	$0.00

PAID
MAR 26 2019
BY .....

See attached page(s) for Explanations of Review

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

*** INVOICE ***
Date NO#
06/05/19 74573

EAMS#(s):

SS # : xxX-XX
DOB :
Terms: 60 days
Claim #(s):
2018016046

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

Case: vs MONTE ALLEN
Date Of Injury: 8/24/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/29/18	POST-OP	DR MICHAEL FELDMAN @ HAND & ORTHO CTR SO CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
09/07/18	POST-OP	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
09/14/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/05/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
11/02/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
12/07/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/04/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/01/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/01/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/02/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/02/19	PMT BY CHECK	DOS 3/1/19* =# 2580521	-180.00
04/30/19	P AND S	DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/06/19	PMT BY CHECK	DOS 4/2/19* =# 2623047	-180.00
05/24/19	PMT BY CHECK	DOS 4/30/19* =# 2650704	-230.00

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#
06/05/19	74573

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2018016046

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

Case: vs MONTE ALLEN
Date Of Injury: 8/24/18

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 1440.00

* 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: 04/02/2019
Check Number: 2580521
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,7PXFBJ

7PXFBJ

11/9/18 3:44 PM 3 0000934 20190403 OD13L102 JOP-FEC 1 oz DOM OD13L10000* 161281 CK

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

74573

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2018016046		08/24/2018	$1,620.00	$1,440.00	$180.00

Category	Stub Notes	Stub Amount
180	PARTIAL DUPLICATE IWCA 3041619\n\nNO INTERPRETING	$0.00

FILED
APR 09 2019
BY: .....

See attached page(s) for Explanations of Review

Payer: Insurance Company of the West
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2580521
Check Date: 04/02/2019

Claim #: 2018016046 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 08/29/2018 **Through:** 03/01/2019 **Adjuster:** Bugaj, Kristina
Claimant:
SS#: XXX-XX- **Date of Birth:** **Date of Injury:** 08/24/2018
Reviewed By: V5 **Date Received:** 03/16/2019 **Date Reviewed:** 03/25/2019 **Bill Review #:** FIC-IWCA-3087145
Patient Acct #: 74573 **Bill Control #:** FIC-IWCA-3087145 **PPO Subnet:**
Employer: MONTE ALLEN INTERIORS INC

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
08/29/2018	001	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
09/07/2018	002	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
09/14/2018	003	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
10/05/2018	004	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
11/02/2018	005	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
12/07/2018	006	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
01/04/2019	007	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
02/01/2019	008	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
03/01/2019	009	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
Totals:					1,620.00	1,440.00	0.00	0.00	0.00	180.00	

Comments:

PARTIAL DUPLICATE IWCA 3041619

NO INTERPRETING TIME WAS NOTED ON THE BILLING.
If you disagree with the above, you may object to the Explanation of Review and adjudicate this in front of the Workers' Compensation Appeals Board. Pursuant to Labor Code section 4622(c) and 8 CCR 10451.1(c)(2), you may object to this denial within 90 days of service of the explanation of review. If you object to this denial within 90 days of the service of the Explanation of Review, we shall file a Petition for Determination of Non-IBR Medical-Legal Dispute and a Declaration of Readiness to Proceed within 60 days of the service of your objection, as required by Labor Code section 4322(c) and 8 CCR 10451.1(c)(2)(B). If you fail to object to this denial within 90 days, neither the employer nor the employee shall be liable for the amount that was denied. If a non-IBR medical-legal expense dispute is resolved in your favor, then any outstanding issue over the amount payable under an Official Medical Fee Schedule shall be resolved through IBR per Labor Code 4622(b)(1), if applicable.
The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
224	G2	P12	A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
402			PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
790	G2		WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.

ANSI Claim Adjustment Reason Codes:

Code	Description
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

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

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

Check Date: 05/24/2019
Check Number: 2650704
Check Amount: $230.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,FZ1BCY

FZ1BCY

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2018016046	74573	08/24/2018	$2,030.00	$1,800.00	$230.00

Category	Stub Notes	Stub Amount
180	PARTIAL DUP IWCA 3041619 3087145 3134771\nNO INTER	$0.00

PAID
JUN 04 2019
BY: .....

See attached page(s) for Explanations of Review

Payer: Insurance Company of the West
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2650704
Check Date: 05/24/2019

Claim #: 2018016046 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 08/29/2018 **Through:** 04/30/2019 **Adjuster:** Bugaj, Kristina
Claimant:
SS#: **Date of Birth:** 1 **Date of Injury:** 08/24/2018
Reviewed By: 2N **Date Received:** 05/11/2019 **Date Reviewed:** 05/16/2019 **Bill Review #:** FIC-IWCA-3172263
Patient Acct #: 74573 **Bill Control #:** FIC-IWCA-3172263 **PPO Subnet:**
Employer: MONTE ALLEN INTERIORS INC

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
08/29/2018	001	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
09/07/2018	002	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
09/14/2018	003	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
10/05/2018	004	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
11/02/2018	005	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
12/07/2018	006	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
01/04/2019	007	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
02/01/2019	008	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
03/01/2019	009	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
04/02/2019	010	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
04/30/2019	011	11	T1013	1	230.00	0.00	0.00	0.00	0.00	230.00	790, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
Totals:					2,030.00	1,800.00	0.00	0.00	0.00	230.00	

Comments:

PARTIAL DUP IWCA 3041619 3087145 3134771
NO INTERPRETING TIME WAS NOTED ON THE BILLING.
If you disagree with the above, you may object to the Explanation of Review and adjudicate this in front of the Workers' Compensation Appeals Board. Pursuant to Labor Code section 4622(c) and 8 CCR 10451.1(c)(2), you may object to this denial within 90 days of service of the explanation of review. If you object to this denial within 90 days of the service of the Explanation of Review, we shall file a Petition for Determination of Non-IBR Medical-Legal Dispute and a Declaration of Readiness to Proceed within 60 days of the service of your objection, as required by Labor Code section 4322(c) and 8 CCR 10451.1(c)(2)(B). If you fail to object to this denial within 90 days, neither the employer nor the employee shall be liable for the amount that was denied. If a non-IBR medical-legal expense dispute is resolved in your favor, then any outstanding issue over the amount payable under an Official Medical Fee Schedule shall be resolved through IBR per Labor Code 4622(b)(1), if applicable.
The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
224	G2	P12	A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
402			PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
790	G2		WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.

ANSI Claim Adjustment Reason Codes:

Code	Description
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

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

*** INVOICE ***
Date NO#
12/07/18 74649

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2017020092

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

Case: vs REDONDO VAN AND STORAGE
Date Of Injury: 8/2/17

DOS	SERVICE	DESCRIPTION	AMOUNT
09/20/18	LEGAL_REVIEW	DEPO REVIEW @ L/O CANTRELL & GREEN	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/29/18	PMT BY CHECK	DOS 9/20/18* # 2428413	-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 **

MR

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

Check Date: 11/29/2018
Check Number: 2428413
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,VARD98

VARD98

11/9/18 3:44 PM 3 0001251 20181130 NK8IV103 JOP-FEC 1 oz DOM NK8IV10000* 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
2017020092		08/02/2017	74649	492	09/20/2018	09/20/2018	$250.00

Category	Stub Notes	Stub Amount
492	Joyce Altman Interpreters, Inc-DEPO REVIEW	$0.00

DEC 07 2018

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

*** INVOICE ***

Date	NO#
06/19/19	74664

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2018017337

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

Case: vs ANDY INVST CO./GOOD NIGHT INN
Date Of Injury: 8/30/18

DOS	SERVICE	DESCRIPTION	AMOUNT
09/06/18	INITIAL EXAM	DR HUMBERTO RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON #100802	0.00
10/12/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/17/18	INITIAL ACUP	W/ ACUPUNCT KIM MIN JOO @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/21/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/19/18	FOLLOW-UP	W/ ACUPUNCT KIM MIN JOO @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/09/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/11/19	PMT BY CHECK	DOS 9/6/18-12/19/18* # 2481769	-1000.00
02/06/19	FOLLOW-UP	W/ ACUPUNCT KIM MIN JOO @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/18/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/29/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/27/19	PMT BY CHECK	DOS 2/18/19* = 2572931	-180.00
04/29/19	PMT BY CHECK	DOS 3/29/19* =# 2614357	-180.00
05/08/19	P AND S	DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/10/19	PMT BY CHECK	DOS 5/8/19* =# 2668964	-230.00

HR

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

*** INVOICE ***

Date	NO#
06/19/19	74664

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2018017337

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

Case: vs ANDY INVST CO./GOOD NIGHT INN
Date Of Injury: 8/30/18

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

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

Check Date: 01/11/2019
Check Number: 2481769
Check Amount: $1,000.00

M

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,T2G5A0

T2G5A0

11/9/18 3:44 PM 3 0000901 20190114 OA3W1102 JOP-FEC 1 oz DOM OA3W110000* 161281 CK

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

JAN 2 1 2019

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
2018017337		08/30/2018	74664	180	09/06/2018	12/19/2018	$1,000.00

Category	Stub Notes	Stub Amount
180	JOYCE ALTMAN INTERPRETERS INC - Interpretation	$0.00

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

Check Date: 06/10/2019
Check Number: 2668964
Check Amount: $230.00

M

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,Y34JCZ

Y34JCZ

11/9/18 3:44 PM 3 0001413 20190611 OF37S103 JOP-FEC 1 oz DOM OF37S10000* 161281 CK

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

74664 — 1

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reductions	Total Payment
2018017337		08/30/2018	$1,950.00	$1,720.00	$230.00

Category	Stub Notes	Stub Amount
180	PARTIAL DUP IWCA 3048122,3066752\nNO INTERPRETING	$0.00

FAXED
JUN 17 2019
BY. .....

See attached page(s) for Explanations of Review

Payer: Insurance Company of the West
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2668964
Check Date: 06/10/2019

Claim #: 2018017337 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 09/06/2018 **Through:** 05/08/2019 **Adjuster:** Cohen, Kristie
Claimant:
SS#: **Date of Birth:** **Date of Injury:** 08/30/2018
Reviewed By: OB **Date Received:** 05/25/2019 **Date Reviewed:** 05/29/2019 **Bill Review #:** FIC-IWCA-3190901
Patient Acct #: 74664 **Bill Control #:** FIC-IWCA-3190901 **PPO Subnet:**
Employer: CHIU, WEN HSI (PARTNER)

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
09/06/2018	001	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
10/12/2018	002	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
10/17/2018	003	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
11/21/2018	004	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
12/19/2018	005	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
01/09/2019	006	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
02/06/2019	007	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
02/18/2019	008	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
03/29/2019	009	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
05/08/2019	010	11	T1013	1	230.00	0.00	0.00	0.00	0.00	230.00	
			Totals:		1,950.00	1,720.00	0.00	0.00	0.00	230.00	

Comments:

PARTIAL DUP IWCA 3048122,3066752
NO INTERPRETING TIME WAS NOTED ON THE BILLING.

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
224	G2	P12	A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
402			PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.

ANSI Claim Adjustment Reason Codes:

Code	Description
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

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
Request for Second Review (SBR): After an 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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 (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, the claims administrator will review

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

*** INVOICE ***

Date	NO#
01/03/19	74785

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1010-12-03086

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

Case: vs GLOBE IRON FOUNDRY
Date Of Injury: 6/29/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/06/18	LEGAL_MISC	JOB DESC @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
12/10/18	PMT BY CHECK	DOS 10/6/18* # 2441855	-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 **

MR

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

Check Date: 12/10/2018
Check Number: 2441855
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,4N5M9Z

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

74785

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
10101203086		06/19/2012	74785	492	10/06/2018	10/06/2018	$250.00

Category	Stub Notes	Stub Amount
492	JOYCE ALTMAN INTERPRETERS - MISC.	$0.00

JAN 0 2 2019

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

*** INVOICE ***
Date NO#
08/02/19 74984

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2018020871

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

Case: vs DECORE ATIVE SPECIALTIES INC
Date Of Injury: 10/26/18

DOS	SERVICE	DESCRIPTION	AMOUNT
11/09/18	INITIAL EXAM	DR ZAREENA KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/03/18	INITIAL ACUP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/17/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/06/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/20/19	FOLLOW-UP	W/ ACUPUNCT KIM @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/22/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/25/19	PMT BY CHECK	DOS 2/20/19* =# 2569251	-180.00
04/15/19	FOLLOW-UP	W/ ACUPUNCT KIM @ AMERI*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/22/19	PR2/REEVAL	DR ZAREENA @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/24/19	PMT BY CHECK	DOS 3/22/19* =# 2609063	-180.00
05/20/19	PMT BY CHECK	DOS 4/15/19* =# 2642656	-180.00
05/20/19	PMT BY CHECK	DOS 4/22/19* =# 2642657	-180.00
06/05/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/15/19	P AND S	DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/24/19	PMT BY CHECK	DOS 6/5/19* =# 2724267	-180.00

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#
08/02/19 74984

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2018020871

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

Case: vs DECORE ATIVE SPECIALTIES INC
Date Of Injury: 10/26/18

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 1050.00

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

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

Check Date: 05/20/2019
Check Number: 2642656
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,8448CM

8448CM

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

74984

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2018020871		10/26/2018	$1,360.00	$1,180.00	$180.00

Category	Stub Notes	Stub Amount
180	PARTIAL IWCA 3048118, 3072324, 3119476\nThe charge	$0.00

PAID
MAY 29 2019
BY: .....

See attached page(s) for Explanations of Review

Payer: Insurance Company of the West
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2642656
Check Date: 05/20/2019

Claim #: 2018020871 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 11/09/2018 **Through:** 04/15/2019 **Adjuster:** Markle, Sandra
Claimant:
SS#: **Date of Birth:** **Date of Injury:** 10/26/2018
Reviewed By: YA **Date Received:** 05/02/2019 **Date Reviewed:** 05/07/2019 **Bill Review #:** FIC-IWCA-3157457
Patient Acct #: 74984 **Bill Control #:** FIC-IWCA-3157457 **PPO Subnet:**
Employer: DECORE ATIVE SPECIALTIES INC

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
11/09/2018	001	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
12/03/2018	002	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
12/17/2018	003	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
02/06/2019	004	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
02/20/2019	005	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
03/22/2019	006	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/15/2019	007	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
			Totals:		1,360.00	1,180.00	0.00	0.00	0.00	180.00	

Comments:

PARTIAL IWCA 3048118, 3072324, 3119476
The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
224	G2	P12	A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
402			PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
790	G2		WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.

ANSI Claim Adjustment Reason Codes:

Code	Description
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

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

Request for Second Review (SBR): After an 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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 (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or billing agent/assignee fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.

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

Check Date: 05/20/2019
Check Number: 2642657
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,6448CE

6448CE

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2018020871	[redacted]	10/26/2018	$1,540.00	$1,360.00	$180.00

Category	Stub Notes	Stub Amount
180	PARTIAL IWCA 3048118, 3072324, 3119476, 3157457\nN	$0.00

PAID
MAY 29 2019
BY: .....

See attached page(s) for Explanations of Review

Payer: Insurance Company of the West
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2642657
Check Date: 05/20/2019

Claim #: 2018020871 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 11/09/2018 **Through:** 04/22/2019 **Adjuster:** Markle, Sandra
Claimant:
SS#: **Date of Birth:** **Date of Injury:** 10/26/2018
Reviewed By: 9I **Date Received:** 05/04/2019 **Date Reviewed:** 05/09/2019 **Bill Review #:** FIC-IWCA-3160407
Patient Acct #: 74984 **Bill Control #:** FIC-IWCA-3160407 **PPO Subnet:**
Employer: DECORE ATIVE SPECIALTIES INC

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
11/09/2018	001	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
12/03/2018	002	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
12/17/2018	003	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
02/06/2019	004	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
02/20/2019	005	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
03/22/2019	006	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/15/2019	007	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/22/2019	008	11	T1013	1	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
			Totals:		1,540.00	1,360.00	0.00	0.00	0.00	180.00	

Comments:

PARTIAL IWCA 3048118, 3072324, 3119476, 3157457
NO INTERPRETING TIME WAS NOTED ON THE BILLING.
The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
224	G2	P12	A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
402			PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
790	G2		WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.

ANSI Claim Adjustment Reason Codes:

Code	Description
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

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

Request for Second Review (SBR): After an 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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 (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or

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

Check Date: 07/24/2019
Check Number: 2724267
Check Amount: $180.00

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T1W5DC

11/9/18 3:44 PM 3 0001509 20190725 OG7XZ104 JOP-FEC 1 oz DOM OG7XZ10000* 161281 CK

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

74984

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Paymen
2018020871		10/26/2018	$1,720.00	$1,540.00	$180.00

Category	Stub Notes	Stub Amount
180	PARTIAL DUP IWCA 3048118 3072324 3119476 3157457 3	$0.00

PAID
AUG 01 2019
BY: .....

See attached page(s) for Explanations of Review

Payer: Insurance Company of the West
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2724267
Check Date: 07/24/2019

Claim #: 2018020871 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 11/09/2018 **Through:** 06/05/2019 **Adjuster:** Markle, Sandra
Claimant:
SS#: , **Date of Birth:** **Date of Injury:** 10/26/2018
Reviewed By: 2N **Date Received:** 06/28/2019 **Date Reviewed:** 07/02/2019 **Bill Review #:** FIC-IWCA-3239067
Patient Acct #: 74984 **Bill Control #:** FIC-IWCA-3239067 **PPO Subnet:**
Employer: DECORE ATIVE SPECIALTIES INC

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
11/09/2018	001	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
12/03/2018	002	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
12/17/2018	003	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
02/06/2019	004	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
02/20/2019	005	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
03/22/2019	006	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/15/2019	007	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/22/2019	008	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
06/05/2019	009	11	T1013	1	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
			Totals:		1,720.00	1,540.00	0.00	0.00	0.00	180.00	

Comments:

PARTIAL DUP IWCA 3048118 3072324 3119476 3157457 3160407

NO INTERPRETING TIME WAS NOTED ON THE BILLING.
The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
224	G2	P12	A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
402			PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
790	G2		WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.

ANSI Claim Adjustment Reason Codes:

Code	Description
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

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
Request for Second Review (SBR): After an 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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 (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, the claims administrator will review

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

*** INVOICE ***
Date NO#
04/24/19 75172

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2018023847

BILL TO:
INSURANCE CO. OF THE WEST (IA)
W. C. DEPARTMENT
ATTN: NORA ARREOLA DURHAN
PO BOX 2965
CLINTON, IA 52733

Case: -- vs CAL COAST PACKING
Date Of Injury: 12/17/18

DOS	SERVICE	DESCRIPTION	AMOUNT
12/28/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/04/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/11/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/18/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/05/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/05/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/16/19	P AND S	DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/12/19	PMT BY CHECK	DOS 3/5/19* =# 2594724	-180.00

BALANCE 1130.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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 **

MR

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

Check Date: 04/12/2019
Check Number: 2594724
Check Amount: $180.00

M

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V0MNB3

11/9/18 3:44 PM 3 0001726 20190415 OD4X1104 JOP-FEC 1 oz DOM OD4X110000* 161281 CK

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

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Paymen
2018023847		12/17/2018	$1,080.00	$900.00	$180.0(

Category	Stub Notes	Stub Amount
180	PARTIAL DUP IWCA 3064985\nThe charges have been pa 75172	$0.00

RECD
APR 22 2019
DW.

See attached page(s) for Explanations of Review

Payer: Insurance Company of the West
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2594724
Check Date: 04/12/2019

Claim #: 2018023847 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 12/28/2018 **Through:** 03/05/2019 **Adjuster:** Arreola-Durham, Nora
Claimant:
SS#: **Date of Birth:** **Date of Injury:** 12/17/2018
Reviewed By: 9I **Date Received:** 03/22/2019 **Date Reviewed:** 03/29/2019 **Bill Review #:** FIC-IWCA-3094018
Patient Acct #: 75172 **Bill Control #:** FIC-IWCA-3094018 **PPO Subnet:**
Employer: CAL COAST PACKING & CRATING INC

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
12/28/2018	001	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
01/04/2019	002	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
01/11/2019	003	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
01/18/2019	004	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
02/05/2019	005	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	402, 224
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
03/05/2019	006	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
			Totals:		1,080.00	900.00	0.00	0.00	0.00	180.00	

Comments:

PARTIAL DUP IWCA 3064985
The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
224	G2	P12	A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
402	G56	18	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
402			PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
790	G2		WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.
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.

ANSI Claim Adjustment Reason Codes:

Code	Description
18	Exact duplicate claim/service
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

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

Request for Second Review (SBR): After an 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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 (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or

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

*** INVOICE ***
Date NO#
04/09/19 75284

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
20190000515

BILL TO:
INSURANCE CO. OF THE WEST (IA)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
PO BOX 2965
CLINTON, IA 52733

Case: vs Z POWER DISTRIBUTION, INC.
Date Of Injury: 1/9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/18/19	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/30/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/22/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/29/19	PMT BY CHECK	DOS 1/18/19-2/22/19* =# 2577151	-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/ 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 **

MR

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

Check Date: 03/29/2019
Check Number: 2577151
Check Amount: $540.00

M

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,SZBEBR

SZBEBR

11/9/18 3:44 PM 3 0001393 20190401 OD05I103 JOP-FEC 1 oz DOM OD05I10000* 161281 CK

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

75284

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2019000515		01/09/2019	$540.00	$0.00	$540.00

Category	Stub Notes	Stub Amount
180	The charges have been paid per ICW s usual and cus	$0.00

PAID
APR 09 2019
BY: .....

Payer: Insurance Company of the West
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2577151
Check Date: 03/29/2019

Claim #: 2019000515 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 01/18/2019 **Through:** 02/22/2019 **Adjuster:** Vianna-Garcia, Monique
Claimant:
SS#: **Date of Birth:** **Date of Injury:** 01/09/2019
Reviewed By: I9 **Date Received:** 03/07/2019 **Date Reviewed:** 03/13/2019 **Bill Review #:** FIC-IWCA-3067733
Patient Acct #: 75284 **Bill Control #:** FIC-IWCA-3067733 **PPO Subnet:**
Employer: B 2 SALES INC

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
01/18/2019	001	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 790
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
01/30/2019	002	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 790
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
02/22/2019	003	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 790
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
			Totals:		540.00	0.00	0.00	0.00	0.00	540.00	

Comments:

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
402	G1		PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
790			WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9

Explanation of State/ANSI Reduction Codes:

Code	Description
G1	THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

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

Request for Second Review (SBR): After an 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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 (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or billing agent/assignee fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.

If you have any questions regarding this analysis, please call Mitchell International, Inc. at (800) 732-0153 or send your bill and analysis to:
ICW Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446

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

*** INVOICE ***
Date NO#
07/25/19 75606

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
201813763

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

Case: vs SUN & SANDS ENTERPR/PRIME TIME
Date Of Injury: 7/10/17 - 7/27/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/22/19	INITL CHIRO	& PHYSICAL THERAPY W/DR CHRISTINE HA @	90.00
/ /	-	SIDHU CHIRO*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/25/19	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, F/U CHIRO & PHYS THERAPY	230.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/01/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/12/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/17/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/24/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/03/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/15/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/20/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00

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#
07/25/19 75606

EAMS#(s):

SS # : XXX-XX-
DOB :

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

Terms: 60 days
Claim #(s):
201813763

Case: vs SUN & SANDS ENTERPR/PRIME TIME
Date Of Injury: 7/10/17 - 7/27/18

DOS	SERVICE	DESCRIPTION	AMOUNT
05/31/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/03/19	PMT BY CHECK	DOS 5/6/19* =# 2660044	-180.00
06/07/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/12/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/21/19	PMT BY CHECK	DOS 5/15/19* =# 2684035	-180.00
06/19/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/27/19	PMT BY CHECK	DOS 5/20/19* =# 2691182	-180.00
07/01/19	PMT BY CHECK	DOS 5/31/19* =# 2695117	-180.00
06/26/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/03/19	F/U CHIRO TX	& PHYS TX HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/15/19	PMT BY CHECK	DOS 6/7/19* =# 2712381	-180.00
07/15/19	PMT BY CHECK	DOS 6/12/19* =# 2712382	-180.00
07/10/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	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#
07/25/19	75606

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
201813763

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

Case: vs SUN & SANDS ENTERPR/PRIME TIME
Date Of Injury: 7/10/17 - 7/27/18

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 1760.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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

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

Check Date: 06/21/2019
Check Number: 2684035
Check Amount: $180.00

CEZRCA

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11/9/18 3:44 PM 3 0001306 20190624 OF77S103 JOP-FEC 1 oz DOM OF77S10000* 161281 CK

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

Payment Summary

Claim#	Claimant	Date of Injury	Total Billed	Total Reductions	Total Payment
2018013763		07/10/2018	$1,580.00	$1,400.00	$180.00

Category	Stub Notes	Stub Amount
180	NO INTERPRETING TIME WAS NOTED ON THE BILLING.\n\n	$0.00

PAID
JUL 01 2019
BY.

See attached page(s) for Explanations of Review

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

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

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

CEZRCA

DATE	CHECK NO.
06/21/2019	2684035
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

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

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

MEMO: Claim#: 2018013763

⑈2684035⑈ ⑆122000661⑆ 145953994 3⑈

Payer: Insurance Company of the West
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2684035
Check Date: 06/21/2019

Claim #: 2018013763 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 03/22/2019 **Through:** 05/15/2019 **Adjuster:** Parham, Robert
Claimant:
SS#: **Date of Birth:**
Reviewed By: I9 **Date Received:** 06/07/2019 **Date Reviewed:** 06/11/2019 **Date of Injury:** 07/10/2018
Patient Acct #: 75606 **Bill Control #:** FIC-IWCA-3204821 **Bill Review #:** FIC-IWCA-3204821
Employer: SUN & SANDS ENTERPRISES LLC **PPO Subnet:**

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
03/22/2019	001	11	T1013	0	90.00	90.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
03/25/2019	002	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/01/2019	003	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/12/2019	004	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/17/2019	005	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/24/2019	006	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
05/03/2019	007	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
05/06/2019	008	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
05/15/2019	009	11	T1013	1	180.00	0.00	0.00	0.00	0.00	180.00	402, 790
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
			Totals:		1,580.00	1,400.00	0.00	0.00	0.00	180.00	

Comments:

NO INTERPRETING TIME WAS NOTED ON THE BILLING.

PARTIAL DUP IWCA 3176420 & 3179909
The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
224	G2	P12	A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
402	G1		PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
402			PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
790			WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9

Explanation of State/ANSI Reduction Codes:

Code	Description
G1	THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.

ANSI Claim Adjustment Reason Codes:

Code	Description
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

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
Request for Second Review (SBR): After an 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must

M

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

Check Date: 06/27/2019
Check Number: 2691182
Check Amount: $180.00

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3NMUCS

11/9/18 3:44 PM 3 0001537 20190628 OF8VT104 JOP-FEC 1 oz DOM OF8VT10000* 161261 CK

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

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2018013763		07/10/2018	$1,760.00	$1,580.00	$180.00

Category	Stub Notes	Stub Amount
180	PARTIAL DUP IWCA 3176420,3179909,3204821\nThe char	$0.00

75606

PAID
JUL 08 2019
BY

See attached page(s) for Explanations of Review

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

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

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

3NMUCS

DATE	CHECK NO.
06/27/2019	2691182
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

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

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

MEMO: Claim#: 2018013763

⑈2691182⑈ ⑆122000661⑆ 145953994 3⑈

Payer: Insurance Company of the West
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2691182
Check Date: 06/27/2019

Claim #: 2018013763 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 03/22/2019 **Through:** 05/20/2019 **Adjuster:** Parham, Robert
Claimant: I
SS#:)
Reviewed By: ZQ **Date Received:** 06/12/2019 **Date Reviewed:** 06/18/2019 **Date of Injury:** 07/10/2018
Patient Acct #: 75606 **Bill Control #:** FIC-IWCA-3216121 **Bill Review #:** FIC-IWCA-3216121
Employer: SUN & SANDS ENTERPRISES LLC **PPO Subnet:**

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
03/22/2019	001	11	T1013	0	90.00	90.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
03/25/2019	002	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
04/01/2019	003	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
04/12/2019	004	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
04/17/2019	005	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
04/24/2019	006	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
05/03/2019	007	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
05/06/2019	008	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
05/15/2019	009	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
05/20/2019	010	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
Totals:					1,760.00	1,580.00	0.00	0.00	0.00	180.00	

Comments:

PARTIAL DUP IWCA 3176420,3179909,3204821
The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
224	G2	P12	A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
402			PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
790	G2		WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.

ANSI Claim Adjustment Reason Codes:

Code	Description
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

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Request for Independent Bill Review (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, the claims administrator will review

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

M

Check Date: 07/01/2019
Check Number: 2695117
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,4JZVCU

4JZVCU

11/9/18 3:44 PM 3 0001467 20190702 OG0NT103 JOP-FEC 1 oz DOM OG0NT10000* 161281 CK

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

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2018013763		07/10/2018	$1,940.00	$1,760.00	$180.00

Category	Stub Notes	Stub Amount
180	PARTIAL DUPLICATE IWCA 3176420, 3179909, 3204821,	$0.00

75606

PAID
JUL 08 2019
BY: .....

See attached page(s) for Explanations of Review

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

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

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

4JZVCU

DATE	CHECK NO.
07/01/2019	2695117
VOID AFTER 90 DAYS	CHECK AMOUNT $180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

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

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

MEMO: Claim#: 2018013763

⑈2695117⑈ ⑆122000661⑆ 145953994 3⑈

Payer: Insurance Company of the West
Check Number: 2695117
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
Check Date: 07/01/2019
TIN: 330956713
Payee ID: 49459

Claim #: 2018013763 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 03/22/2019 **Through:** 05/31/2019 **Adjuster:** Parham, Robert
Claimant:
SS#: **Date of Birth:** **Date of Injury:** 07/10/2018
Reviewed By: 9D **Date Received:** 06/14/2019 **Date Reviewed:** 06/19/2019 **Bill Review #:** FIC-IWCA-3218747
Patient Acct#: 75606 **Bill Control #:** FIC-IWCA-3218747 **PPO Subnet:**
Employer: SUN & SANDS ENTERPRISES LLC

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
03/22/2019	001	11	T1013	0	90.00	90.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
03/25/2019	002	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/01/2019	003	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/12/2019	004	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/17/2019	005	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/24/2019	006	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
05/03/2019	007	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
05/06/2019	008	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	402, 224
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
05/15/2019	009	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
05/20/2019	010	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
05/31/2019	011	11	T1013	1	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
			Totals:		1,940.00	1,760.00	0.00	0.00	0.00	180.00	

Comments:

PARTIAL DUPLICATE IWCA 3176420, 3179909, 3204821, 3216121
No interpreting time was noted on the billing.

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
224	G2	P12	A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
402	G56	18	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
402			PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
790	G2		WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.
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.

ANSI Claim Adjustment Reason Codes:

Code	Description
18	Exact duplicate claim/service
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

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

Check Date: 07/15/2019
Check Number: 2712381
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,4TB2DF

11/9/18 3:44 PM 3 0001252 20190716 OG4VW103 JOP-FEC 1 oz DOM OG4VW10000* 161281 CK

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

75606

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2018013763		07/10/2018	$2,120.00	$1,940.00	$180.00

Category	Stub Notes	Stub Amount
180	PARTIAL DUP IWCA 3176420, 3179909, 3204821, 321612	$0.00

RECEIVED
JUL 22 2019
BY: .....

See attached page(s) for Explanations of Review

Payer: Insurance Company of the West
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2712381
Check Date: 07/15/2019

Claim #: 2018013763
From: 03/22/2019 **Through:** 06/07/2019
Claimant
SS#:
Reviewed By: 8K
Patient Acct #: 75606
Employer: SUN & SANDS ENTERPRISES LLC

Bill Type: PROF **Jurisdiction:** CA **Payment Type:** MED
Adjuster: Parham, Robert
Date of Birth:
Date Received: 07/02/2019 **Date Reviewed:** 07/03/2019
Bill Control #: FIC-IWCA-3241849
Date of Injury: 07/10/2018
Bill Review #: FIC-IWCA-3241849
PPO Subnet:

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
03/22/2019	001	11	T1013	0	90.00	90.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
03/25/2019	002	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/01/2019	003	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/12/2019	004	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/17/2019	005	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/24/2019	006	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
05/03/2019	007	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
05/06/2019	008	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
05/15/2019	009	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
05/20/2019	010	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
05/31/2019	011	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
06/07/2019	012	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
			Totals:		2,120.00	1,940.00	0.00	0.00	0.00	180.00	

Comments:

PARTIAL DUP IWCA 3176420, 3179909, 3204821, 3216121 & 3218747

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
224	G2	P12	A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
402	G56	18	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
402			PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
790	G2		WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.
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.

ANSI Claim Adjustment Reason Codes:

Code	Description
18	Exact duplicate claim/service
P12	Workers' compensation jurisdictional fee schedule adjustment.

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

Check Date: 07/15/2019
Check Number: 2712382
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,5TB2DJ

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

75606-1

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2018013763		07/10/2018	$2,120.00	$1,940.00	$180.00

Category	Stub Notes	Stub Amount
180	PARTIAL DUP IWCA 3176420, 3204821, 3218747,3241849	$0.00

PAID
JUL 22 2019
BY: .....

See attached page(s) for Explanations of Review

Payer: Insurance Company of the West
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2712382
Check Date: 07/15/2019

Claim #: 2018013763
From: 03/22/2019 **Through:** 06/12/2019
Claimant:
SS#:
Reviewed By: 8H
Patient Acct #: 75606
Employer: SUN & SANDS ENTERPRISES LLC

Bill Type: PROF **Jurisdiction:** CA **Payment Type:** MED
Adjuster: Parham, Robert
Date of Birth:
Date Received: 07/03/2019 **Date Reviewed:** 07/04/2019
Bill Control #: FIC-IWCA-3243159

Date of Injury: 07/10/2018
Bill Review #: FIC-IWCA-3243159
PPO Subnet:

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
03/22/2019	001	11	T1013	0	90.00	90.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
03/25/2019	002	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
04/01/2019	003	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
04/12/2019	004	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
04/17/2019	005	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
04/24/2019	006	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
05/03/2019	007	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
05/15/2019	008	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
05/20/2019	009	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
05/31/2019	010	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
06/07/2019	011	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
06/12/2019	012	11	T1013	1	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
			Totals:		2,120.00	1,940.00	0.00	0.00	0.00	180.00	

Comments:

PARTIAL DUP IWCA 3176420, 3204821, 3218747,3241849.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
224	G2	P12	A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
402			PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
790	G2		WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.

ANSI Claim Adjustment Reason Codes:

Code	Description
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

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

Request for Second Review (SBR): After an 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4

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#
05/29/19 75718

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2019005457

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

Case: vs DECOR-ATIVE SPECIALTIES
Date Of Injury: 3/29/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/12/19	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
04/05/19	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/16/19	PMT BY CHECK	DOS 4/12/19* =# 2638999	-180.00
05/22/19	PMT BY CHECK	DOS 4/5/19* =# 2646473	-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 **

MR

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

M

Check Date: 05/16/2019
Check Number: 2638999
Check Amount: $180.00

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UNN6CC

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

75718

Payment Summary

Claim #	Date of Injury	Total Billed	Total Reduction	Total Payment
2019005457	03/29/2019	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
180	NO INTERPRETING TIME WAS NOTED ON THE BILLING.\nTh	$0.00

PAID
MAY 24 2019
BY: .....

See attached page(s) for Explanations of Review

Payer: Insurance Company of the West
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2638999
Check Date: 05/16/2019

Claim #: 2019005457 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 04/12/2019 **Through:** 04/12/2019 **Adjuster:** Matteson, Nichole
Claimant:
SS#: **Date of Birth** **Date of Injury:** 03/29/2019
Reviewed By: V4 **Date Received:** 05/02/2019 **Date Reviewed:** 05/07/2019 **Bill Review #:** FIC-IWCA-3157094
Patient Acct #: 75718 **Bill Control #:** FIC-IWCA-3157094 **PPO Subnet:**
Employer: DECORE ATIVE SPECIALTIES INC

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
04/12/2019	001	11	T1013	1	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
Totals:					180.00	0.00	0.00	0.00	0.00	180.00	

Comments:

NO INTERPRETING TIME WAS NOTED ON THE BILLING.
The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
402			PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
790	G2		WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

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

Request for Second Review (SBR): After an 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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 (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or billing agent/assignee fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.

If you have any questions regarding this analysis, please call Mitchell International, Inc. at (800) 732-0153 or send your bill and analysis to:
ICW Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446

M

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

Check Date: 05/22/2019
Check Number: 2646473
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,P9J9CE

P9J9CE

11/9/18 3:44 PM 3 0001602 20190523 OE7IW104 JOP-FEC 1 oz DOM OE7IW10000* 161281 CK

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

75718

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2019005457		03/29/2019	$360.00	$180.00	$180.00

Category	Stub Notes	Stub Amount
180	PARTIAL DUP IWCA 3157094\nNO INTERPRETING TIME WAS	$0.00

PAID
MAY 29 2019
BY: .....

See attached page(s) for Explanations of Review

Payer: Insurance Company of the West
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2646473
Check Date: 05/22/2019

Claim #: 2019005457 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 04/05/2019 **Through:** 04/12/2019 **Adjuster:** Matteson, Nichole
Claimant:
SS#: **Date of Birth:** **Date of Injury:** 03/29/2019
Reviewed By: 9I **Date Received:** 05/04/2019 **Date Reviewed:** 05/09/2019 **Bill Review #:** FIC-IWCA-3160403
Patient Acct #: 75718 **Bill Control #:** FIC-IWCA-3160403 **PPO Subnet:**
Employer: DECORE ATIVE SPECIALTIES INC

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
04/05/2019	001	11	T1013	1	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/12/2019	002	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
			Totals:		360.00	180.00	0.00	0.00	0.00	180.00	

Comments:

PARTIAL DUP IWCA 3157094
NO INTERPRETING TIME WAS NOTED ON THE BILLING.
The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
224	G2	P12	A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
402			PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
790	G2		WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.

ANSI Claim Adjustment Reason Codes:

Code	Description
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

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

Request for Second Review (SBR): After an 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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 (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or billing agent/assignee fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.

If you have any questions regarding this analysis, please call Mitchell International, Inc. at (800) 732-0153 or send your bill and analysis to:
ICW Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446

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

*** INVOICE ***
Date NO#
07/09/19 75759

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2019005997

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

Case: vs TRI-FITTING MFG.
Date Of Injury: 4/9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/19/19	INITIAL EXAM	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/30/19	POST-OP	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/08/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/20/19	PMT BY CHECK	DOS 4/19/19* =# 2642655	-180.00
05/22/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/28/19	PMT BY CHECK	DOS 4/30/19* =# 2653065	-180.00
06/07/19	PMT BY CHECK	DOS 5/8/19* =# 2667251	-180.00
06/19/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/27/19	PMT BY CHECK	DOS 5/22/19* =# 2691183	-180.00

BALANCE 230.00

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

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

Check Date: 05/28/2019
Check Number: 2653065
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,1D4CCC

1D4CCC

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2019005997	75759	04/09/2019	$410.00	$230.00	$180.00

Category	Stub Notes	Stub Amount
180	PARTIAL DUP IWCA 3160411\nNO INTERPRETING TIME WAS	$0.00

PAID
JUN 04 2019
BY: .....

See attached page(s) for Explanations of Review

[redacted]

Payer: Insurance Company of the West
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2653065
Check Date: 05/28/2019

Claim #: 2019005997 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 04/19/2019 **Through:** 04/30/2019 **Adjuster:** Almeida, Marcy
Claimant: Romero,Karla, 2228 Potrelo Ave, South El Monte, CA 91733
SS#: XXX-XX-6982 **Date of Birth:** 11/08/1987 **Date of Injury:** 04/09/2019
Reviewed By: 2N **Date Received:** 05/11/2019 **Date Reviewed:** 05/16/2019 **Bill Review #:** FIC-IWCA-3172250
Patient Acct #: 75759 **Bill Control #:** FIC-IWCA-3172250 **PPO Subnet:**
Employer: TRI-FITTING MFG. COMPANY

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
04/19/2019	001	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	224
04/30/2019	002	11	T1013	1	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
					This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.						
			Totals:		410.00	230.00	0.00	0.00	0.00	180.00	

Comments:

PARTIAL DUP IWCA 3160411
NO INTERPRETING TIME WAS NOTED ON THE BILLING.
The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
224			A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
402			PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
790	G2		WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

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

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ICW Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446

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

Check Date: 06/07/2019
Check Number: 2667251
Check Amount: $180.00

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11/9/18 3:44 PM 3 0001202 20190610 OF2T2103 JOP-FEC 1 oz DOM OF2T210000* 161281 CK

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

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2019005997	75759	04/09/2019	$590.00	$410.00	$180.00

Category	Stub Notes	Stub Amount
180	PARTIAL DUP IWCA 3160411,3172250\nNO INTERPRETING	$0.00

PAID
JUN 17 2019
BY. .....

See attached page(s) for Explanations of Review

Payer: Insurance Company of the West
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2667251
Check Date: 06/07/2019

Claim #: 2019005997 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 04/19/2019 **Through:** 05/08/2019 **Adjuster:** Almeida, Marcy
Claimant
SS# **Date of Birth:** **Date of Injury:** 04/09/2019
Reviewed By: OB **Date Received:** 05/25/2019 **Date Reviewed:** 05/29/2019 **Bill Review #:** FIC-IWCA-3190853
Patient Acct #: 75759 **Bill Control #:** FIC-IWCA-3190853 **PPO Subnet:**
Employer: TRI-FITTING MFG. COMPANY

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
04/19/2019	001	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/30/2019	002	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
05/08/2019	003	11	T1013	1	180.00	0.00	0.00	0.00	0.00	180.00	
			Totals:		590.00	410.00	0.00	0.00	0.00	180.00	

Comments:

PARTIAL DUP IWCA 3160411,3172250
NO INTERPRETING TIME WAS NOTED ON THE BILL
The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
224	G2	P12	A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
402			PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.

ANSI Claim Adjustment Reason Codes:

Code	Description
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

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ICW Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446

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

Check Date: 06/27/2019
Check Number: 2691183
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,2NMUCN

2NMUCN

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reductions	Total Payment
2019005997		04/09/2019	$770.00	$590.00	$180.00

Category	Stub Notes	Stub Amount
180	PARTIAL DUP IWCA-3160411,3172250,3190853\nThe char	$0.00

PAID
JUL 08 2019
BY: .....

See attached page(s) for Explanations of Review

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

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

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

2NMUCN

DATE	CHECK NO.
06/27/2019	2691183
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

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

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

MEMO: Claim#: 2019005997

⑈2691183⑈ ⑆122000661⑆ 145953994 3⑈

Payer: Insurance Company of the West
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2691183
Check Date: 06/27/2019

Claim #: 2019005997 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 04/19/2019 **Through:** 05/22/2019 **Adjuster:** Almeida, Marcy
Claimant:
SS#: **Date of Birth:** **Date of Injury:** 04/09/2019
Reviewed By: 4H **Date Received:** 06/12/2019 **Date Reviewed:** 06/17/2019 **Bill Review #:** FIC-IWCA-3216553
Patient Acct #: 75759 **Bill Control #:** FIC-IWCA-3216553 **PPO Subnet:**
Employer: TRI-FITTING MFG. COMPANY

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
04/19/2019	001	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	224
04/30/2019	002	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224
05/08/2019	003	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224
05/22/2019	004	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
Totals:					770.00	590.00	0.00	0.00	0.00	180.00	

Comments:

PARTIAL DUP IWCA-3160411,3172250,3190853
The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

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Code	Description
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Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

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ICW Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446

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

*** INVOICE ***
Date NO#
08/06/19 75826

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2019005339

BILL TO:
INSURANCE CO. OF THE WEST (IA)
W. C. DEPARTMENT
ATTN: NORA ARREOLA DURHAM
PO BOX 2965
CLINTON, IA 52733

Case: vs AFE INDUSTRIES, INC.
Date Of Injury: 3/28/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/03/19	POST-OP	DR ROY CAPUTO @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/01/19	PR2/REEVAL	DR CAPUTO @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/12/19	PR2/REEVAL	DR CAPUTO @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/11/19	PMT BY CHECK	DOS 4/3/19-5/1/19* =# 2708739	-360.00
07/24/19	PR2/REEVAL	DR CAPUTO @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/25/19	PMT BY CHECK	DOS 6/12/19* =# 2726106	-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 **

42

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

Check Date: 07/11/2019
Check Number: 2708739
Check Amount: $360.00

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,9Y41DD

9Y41DD

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant		Date of Injury	Total Billed	Total Reduction	Total Payment
2019005339		75826	03/28/2019	$360.00	$0.00	$360.00

Category	Stub Notes	Stub Amount
180	\nIf you disagree with the above, you may object t	$0.00

PAID
JUL 22 2019

See attached page(s) for Explanations of Review

[redacted]

Payer: Insurance Company of the West
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2708739
Check Date: 07/11/2019

Claim #: 2019005339 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 04/03/2019 **Through:** 05/01/2019 **Adjuster:** Arreola-Durham, Nora
Claimant: Gonzalez,Alejandra, 5789 Newton St, Riverside, CA 92509
SS#: XXX-XX-6047 **Date of Birth:** 12/09/1968 **Date of Injury:** 03/28/2019
Reviewed By: Y0 **Date Received:** 06/25/2019 **Date Reviewed:** 06/30/2019 **Bill Review #:** FIC-IWCA-3233871
Patient Acct #: 75826 **Bill Control #:** FIC-IWCA-3233871 **PPO Subnet:**
Employer: AFE INDUSTRIES INC

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
04/03/2019	001	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
05/01/2019	002	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
			Totals:		360.00	0.00	0.00	0.00	0.00	360.00	

Comments:

If you disagree with the above, you may object to the Explanation of Review and adjudicate this in front of the Workers' Compensation Appeals Board. Pursuant to Labor Code section 4622(c) and 8 CCR 10451.1(c)(2), you may object to this denial within 90 days of service of the explanation of review. If you object to this denial within 90 days of the service of the Explanation of Review, we shall file a Petition for Determination of Non-IBR Medical-Legal Dispute and a Declaration of Readiness to Proceed within 60 days of the service of your objection, as required by Labor Code section 4322(c) and 8 CCR 10451.1(c)(2)(B). If you fail to object to this denial within 90 days, neither the employer nor the employee shall be liable for the amount that was denied. If a non-IBR medical-legal expense dispute is resolved in your favor, then any outstanding issue over the amount payable under an Official Medical Fee Schedule shall be resolved through IBR per Labor Code 4622(b)(1), if applicable.
The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
402			PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
790	G2		WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

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
Request for Second Review (SBR): After an 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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 (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or billing agent/assignee fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.

If you have any questions regarding this analysis, please call Mitchell International, Inc. at (800) 732-0153 or send your bill and analysis to:
ICW Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446

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

Check Date: 07/25/2019
Check Number: 2726106
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,YND6D3

YND6D3

11/9/18 3:44 PM 3 0000884 20190726 OG8CP102 JOP-FEC 1 oz DOM OG8CP10000* 161281 CK

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

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2019005339	75826	03/28/2019	$540.00	$360.00	$180.00

Category	Stub Notes	Stub Amount
180	PARTIAL DUP 3233871\nThe charges have been paid pe	$0.00

PAID
AUG 02 2019
BY: .....

See attached page(s) for Explanations of Review

Payer: Insurance Company of the West
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2726106
Check Date: 07/25/2019

Claim #: 2019005339 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 04/03/2019 **Through:** 06/12/2019 **Adjuster:** Arreola-Durham, Nora
Claimant:
SS#: **Date of Birth:** **Date of Injury:** 03/28/2019
Reviewed By: I8 **Date Received:** 07/02/2019 **Date Reviewed:** 07/03/2019 **Bill Review #:** FIC-IWCA-3241957
Patient Acct #: 75826 **Bill Control #:** FIC-IWCA-3241957 **PPO Subnet:**
Employer: AFE INDUSTRIES INC

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
04/03/2019	001	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
05/01/2019	002	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
06/12/2019	003	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
			Totals:		540.00	360.00	0.00	0.00	0.00	180.00	

Comments:

PARTIAL DUP 3233871
The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
224	G2	P12	A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
402			PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
790	G2		WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.

ANSI Claim Adjustment Reason Codes:

Code	Description
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

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ICW Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446

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

*** INVOICE ***
Date NO#
07/25/19 75934

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2019007500

BILL TO:
INSURANCE CO. OF THE WEST (IA)
W. C. DEPARTMENT
ATTN: ROBERT MAGELLAN
PO BOX 2965
CLINTON, IA 52733

Case: vs RAMCAR BATTERIES INC
Date Of Injury: 4/30/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/08/19	POST-OP	DR MICHAEL FELDMAN @ HAND & ORTHO OF S CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/14/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/05/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/03/19	P AND S	DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/17/19	PMT BY CHECK	DOS 5/8/19-6/5/19* =# 2715700	-540.00

BALANCE 230.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MR

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

Check Date: 07/17/2019
Check Number: 2715700
Check Amount: $540.00

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,DZE3DU

DZE3DU

11/9/18 3:44 PM 3 0001383 20190718 OG5QI103 JOP-FEC 1 oz DOM OG5QI10000* 161281 CK

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

75934

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Paymen
2019007500		04/30/2019	$540.00	$0.00	$540.0(

Category	Stub Notes	Stub Amount
180	The charges have been paid per ICW s usual and cus	$0.00

PAID
JUL 2 2019
BY: .....

PAID
JUL 25 2019
BY: .....

See attached page(s) for Explanations of Review

Payer: Insurance Company of the West
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2715700
Check Date: 07/17/2019

Claim #: 2019007500 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 05/08/2019 **Through:** 06/05/2019 **Adjuster:** Magellan, Robert
Claimant:
SS#: **Date of Birth:** **Date of Injury:** 04/30/2019
Reviewed By: Y0 **Date Received:** 06/25/2019 **Date Reviewed:** 06/30/2019 **Bill Review #:** FIC-IWCA-3233887
Patient Acct #: 75934 **Bill Control #:** FIC-IWCA-3233887 **PPO Subnet:**
Employer: RAMCAR BATTERIES INC

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
05/08/2019	001	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
05/14/2019	002	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
06/05/2019	003	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
			Totals:		540.00	0.00	0.00	0.00	0.00	540.00	

Comments:

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BR	State	ANSI	BR Description
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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#
11/13/18 74120

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
17-103608

BILL TO:
INTERCARE INS (ROSEVILLE)

ATTN: CLAUDIA MCWILLIAMS
P.O. BOX # 579
ROSEVILLE, CA 95661

Case: vs CS VENTURE GROUP INC DBA PINNA
Date Of Injury: 7/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/07/18	LEGAL_WCAB	MSC @ WCAB SAN BERNARDINO	195.00
/ /	INTERPRETER:	RAFAEL ESTEVEZ # 100703	0.00
07/18/18	PMT BY CHECK	DOS 6/7/18* # 3247710 INTERCARE	-195.00
07/10/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/03/18	PMT BY CHECK	DOS 7/10/18* # 3248576 INTERCARE	-156.50
08/21/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA J. RAMIREZ # 301566	0.00
09/20/18	PMT BY CHECK	DOS 8/21/18* # 3251092 INTERCARE	-250.00
09/27/18	LEGAL_WCAB	MSC @ WCAB SBR	195.00
/ /	INTERPRETER:	JOHN MCCANDLESS # 300688	0.00
10/17/18	PMT BY CHECK	DOS 9/27/18* =# 3253047 INTERCARE	-195.00
10/10/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	WALTER VASQUEZ # 100770	0.00
11/06/18	PMT BY CHECK	DOS 10/10/18* # 3254157	-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 **

MR

20180719O114

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

Electronic Service Requested

ALL FOR AADC 926
26825 0.5738 AB 0.405

Joyce Altman Interpeters 300
PO BOX 4165
TUSTIN, CA 92781-4165

Payee:	Joyce Altman Interpeters
Company Name:	Clarendon National Insurance Compan
Facility:	Pinnacle Holdings Group, Inc.
Policy ID:	WGCCWC000034604
IRS/SSN:	XXXXX6713
Administrator:	CMcWilliam
Claim Number:	17-103608
Check #:	3247710
Check Total:	195.00
Check Date:	07/18/2018

Explanation of Benefits

Incident Date	Claim Number / Invoice Number	Account Number / From/Through Date	Claimant Name / Document Number	Description / Amount
7/1/2014	17-103608 74120	06/07/18-06/07/18		Interpreter: Non-Medical Relat 195.00
			Totals:	**195.00**

74183

JUL 23 2018

ENV 26825

P8528028002

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

20180921O106

Electronic Service Requested

ENV 26578 1 OF 1

ALL FOR AADC 926
26578 0.3820 AB 0.405

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

342

Payee:	Joyce Altman Interpeters
Company Name:	Clarendon National Insurance Compan
Facility:	Pinnacle Holdings Group, Inc.
Policy ID:	WGCCWC000034604
IRS/SSN:	XXXXX6713
Administrator:	CMcWilliam
Claim Number:	17-103608
Check #:	3251092
Check Total:	250.00
Check Date:	09/20/2018

Explanation of Benefits

Incident Date	Claim Number / Invoice Number	Account Number / From/Through Date	Claimant Name / Document Number	Description / Amount
7/1/2014	17-103608			Interpreter: Non-Medical Relat
	74120	08/21/18-08/21/18		250.00
			Totals:	**250.00**

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

intercare Clarendon National Insurance Company
INTERCARE HOLDINGS INSURANCE SERVICES
P.O. Box 100165, Columbia, SC 29202-3165

90-3752
1211

Comerica Bank
455 Capitol Mall Ste., 400
Sacramento CA 95814

CHECK NO.: 3251092
CHECK DATE: 09/20/2018
Void After 90 Days

PAY Two Hundred Fifty Dollars

AMOUNT
*****$250.00

TO THE ORDER OF: Joyce Altman Interpeters

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits. ADVERTENCIA: Es necesario que usted le avise a su patron o a su compania de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por este cheque, y antes de cambiar este cheque. Si usted no sigue estos reglamentos, usted puede estar en violacion de la ley y el castigo podria ser carcel o prision, una multa, y perdida de beneficios.

Alan B Arnett

Two Signatures Required over $5,000

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

⑈3251092⑈ ⑆121137522⑆ 1894791720⑈

P8528028002

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

201810180106

Electronic Service Requested

ALL FOR AADC 926
45863 0.3820 AB 0.405

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

650

Payee:	Joyce Altman Interpeters
Company Name:	Clarendon National Insurance Compan
Facility:	Pinnacle Holdings Group, Inc.
Policy ID:	WGCCWC000034604
IRS/SSN:	XXXXX6713
Administrator:	CMcWilliam
Claim Number:	17-103608
Check #:	3253047
Check Total:	195.00
Check Date:	10/17/2018

1 OF 1

ENV 45863

Explanation of Benefits

Incident Date	Claim Number / Invoice Number	Account Number / From/Through Date	Claimant Name / Document Number	Description / Amount
7/1/2014	17-103608 74120	09/27/18-09/27/18		Interpreter: Non-Medical Relat 195.00

74183

Totals: 195.00

PAID
OCT 22 2018
BY: .....

P8528028002

M

[redacted]

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

201811070104

Electronic Service Requested

1 OF 1

ENV 35236

ALL FOR AADC 926
35236 0.3820 AB 0.405

Joyce Altman Interpeters
PO BOX 4165 503
TUSTIN, CA 92781-4165

Payee:	Joyce Altman Interpeters
Company Name:	Clarendon National Insurance Compan
Facility:	Pinnacle Holdings Group, Inc.
Policy ID:	WGCCWC000034604
IRS/SSN:	XXXXX6713
Administrator:	CMcWilliam
Claim Number:	17-103608
Check #:	3254157
Check Total:	250.00
Check Date:	11/06/2018

Explanation of Benefits

Incident Date	Claim Number / Invoice Number	Account Number / From/Through Date	Claimant Name / Document Number	Description / Amount
7/1/2014	17-103608 74120	10/10/18-10/10/18		Interpreter: Non-Medical Relat 250.00

Totals: 250.00

RECEIVED
NOV 13 2018
BY: .....

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

*** INVOICE ***
Date NO#
06/10/19 75733

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC648C63632

BILL TO:
LIBERTY MUTUAL (ROCKLIN779008)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 779008
ROCKLIN, CA 95677

Case: [redacted] vs BUENA VISTA CARE CENTER
Date Of Injury: 6/27/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/17/19	LEGAL_C&R	C&R READING @ L/O ANTHONY GLUCK	250.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
06/06/19	PMT BY CHECK	DOS 4/17/19* # 03690162	-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 **

MP

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
818-240-1234

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	03690162	06/06/19
	CHECK AMOUNT ****$250.00	BLOCK NUMBER 002430

CLAIM #: WC 648-C63632
CONTRACT #: WA7-69D-466796-037

OSN: EE3001060603-002532

CONTROL #: 000003778 ID: C413D16
PROVIDER #: 33095671399538 75733

PAYEE: JOYCE ALTMAN INTERPRETERS INC

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PROVIDER:

PAID
JUN 10 2019
BY: .....

DATE OF INJURY: 06/27/18
EMPLOYEE:

EMPLOYER: CAMBRIDGE HEALTHCARE SERVICES
DATES OF SERVICE 04/17/19-04/17/19
LOCATION CODE: 1000103

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
04/17/19	04/17/19	MISC		250.00	250.00	

NOTE: INV#75733

TOTAL CHARGES	250.00
TOTAL PAYABLE:	250.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	250.00

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

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

*** INVOICE ***
Date NO#
07/30/19 76140

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
WC608-D93807

BILL TO:
LIBERTY/HELMSMAN (ROCKLIN)
W. C. DEPARTMENT
ATTN: RAFAEL HERNANDEZ
P.O. BOX 779008
ROCKLIN, CA 95677

Case: vs SANDBERG FURNITURE MFG. CO.
Date Of Injury: CT 5/16/18

DOS	SERVICE	DESCRIPTION	AMOUNT
06/09/19	LEGAL_REVIEW	DEPO REVIEW @ L/O ANTONY GLUCK	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
07/26/19	PMT BY CHECK	DOS 6/9/19* # 02657571	-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 **

MR

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Helmsman
Management Services LLC

B. CODE	CHECK NUMBER	CHECK DATE
199	02657571	07/26/19
	CHECK AMOUNT ****$250.00	BLOCK NUMBER 003683

CLAIM #: WC 608-D93807
CONTRACT #: WP8-65B-290306-297

OSN: EE2801072603-003564

CONTROL #: 000001164 ID: CRWE067

PAYEE: JOYCE ALTMAN INTERPRETERS INC

PAID
JUL 30 2019
BY.....

DATE OF INJURY: 05/16/18
EMPLOYEE:

EMPLOYER: ADP TOTALSOURCE I, INC.
DATES OF SERVICE 06/09/19-06/09/19
LOCATION CODE: FG9NCTS

76140

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
06/09/19	06/09/19	EXPENSE		.00	250.00	250.00	

NOTE: PAYS INVOICE# 6140, INTER#10077 DOS 6/9/19

TOTAL GROSS	250.00
TOTAL PAYABLE:	250.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	250.00

CAREFULLY DETACH CHECK BEFORE DEPOSITING

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

*** INVOICE ***
Date NO#
09/11/18 73772

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
623494

BILL TO:
MARRIOTT CLAIMS SVCS (29210)
W. C. DEPARTMENT
ATTN: DOUG DEIMEKE
P.O. BOX 29210
HOT SPRINGS NATIONAL PARK, AR 71903

Case: vs STARWOOD HOTELS AND RESORTS
Date Of Injury: 3/1/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/11/18	INITIAL EXAM	DR BARRY LEROY MARKS @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/16/18	INITIAL ACUP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/23/18	PR2/REEVAL	DR MARKS @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/02/18	PR2/REEVAL	DR KHAN @ AMERI*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/08/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/06/18	PMT BY CHECK	DOS 4/11/18-8/18/18* # 87645433	-1000.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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LR

MCS - on behalf of Marriott

73772

WC (Employee Work Injury)

PO Box 261866 Plano, TX 75026-1866

Payee: Joyce Altman Interpreting, Inc.
Employer: SHERATON FAIRPLEX HOTEL &
Claim Number: 623494
Claimant Name:
Injury Date: 03/01/2018
Description: Translation/Medical
Body Part: Abdomen
Instruction: No Attachment or Special Instruction Required
Comment:
Document Number:
Jurisdiction:

IRS/SSN: 330956713
Check Number: 87645433
Claimant SSN: NNN-NN-
Invoice Number: 73772
Account Number:
Payee NPI:

Examiner: PSEVILLA
Check Total: 1,000.00
Check Date: 09/06/2018
From Date: 04/11/2018
Through Date: 08/18/2018
Status: Open

Delivery Type: Regular Mail

Rendering Physician:

Rendering Physician NPI:

SEP 14 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#
04/30/19	75516

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
618096

BILL TO:
MARRIOTT CLAIMS SVCS (29210)
W. C. DEPARTMENT
ATTN: DEBBIE MARQUEZ
P.O. BOX 29210
HOT SPRINGS NATIONAL PARK, AR 71903

Case: [redacted] vs THE WESTIN SOUTH COAST PLAZA
Date Of Injury: 2/14/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/05/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
04/25/19	PMT BY CHECK	DOS 3/5/19* # 87734850	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MR

MCS - on behalf of Marriott

PO Box 261866 Plano, TX 75026-1866

WC (Employee Work Injury)

M

Payee: Joyce Altman Interpreting, Inc.
Employer: THE WESTIN SOUTH COAST PLAZA,
Claim Number: 618096
Claimant Name:
Injury Date: 02/14/2018
Description: Translation/Investigative
Body Part: Elbow
Instruction: No Attachment or Special Instruction Required
Comment:
Document Number:
Jurisdiction:

IRS/SSN: 330956713
Check Number: 87734850
Claimant SSN: NNN-N
Invoice Number: 75516
Account Number:
Payee NPI:

Examiner: DMARQUEZ
Check Total: 250.00
Check Date: 04/25/2019
From Date: 03/05/2019
Through Date: 03/05/2019
Status: Open

Delivery Type: Regular Mail

Rendering Physician:

Rendering Physician NPI:

RECEIVED
APR 30 2019
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#
10/08/18	64605

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
4803486

BILL TO:
MATRIX (CLINTON - 2987)
W. C. DEPARTMENT
ATTN: THIA FRAZIER
P.O. BOX 2987
CLINTON, IA 52733

Case: vs 99 RANCH MARKET TAWA SUPERMARK
Date Of Injury: 5/1/11-7/30/13; 7/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/02/14	LEGAL_PREP	DEPO PREP @ L/O OF KEGEL, TOBIN & TRUCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/16/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ SIDHU W/DR SADEGHI*	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267 (INITIAL)	0.00
01/21/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/21/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR SADEGHI @ SIDHU*	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267 (FINAL)	0.00
07/11/16	LIEN FIL FEE	LIEN FILING FEE	150.00
07/19/16	PMT BY CHECK	DOS 12/2/14-1/21/15* # 0000025700	-406.50
08/09/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/19/17	PMT BY CHECK	DOS 8/9/17* # 0000036125	-156.50
02/28/18	PENALTIES	FOR DATE OF SERVICE 12/2/14	23.48
09/19/17	INTEREST	FOR DATE OF SERVICE 12/2/14	46.60
02/28/18	PENALTIES	FOR DATE OF SERVICE 1/21/15	37.50
09/19/17	INTEREST	FOR DATE OF SERVICE 1/21/15	72.86
06/18/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL II	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
06/20/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/11/18	LEGAL_WCAB	TRIAL @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/02/18	PMT BY CHECK	DOS 6/18/18-9/11/18*	-563.00

LR

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

*** INVOICE ***
Date NO#
10/08/18 64605

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
4803486

BILL TO:
MATRIX (CLINTON - 2987)
W. C. DEPARTMENT
ATTN: THIA FRAZIER
P.O. BOX 2987
CLINTON, IA 52733

Case: , vs 99 RANCH MARKET TAWA SUPERMARK
Date Of Injury: 5/1/11-7/30/13; 7/14

DOS	SERVICE	DESCRIPTION	AMOUNT

0000042715

BALANCE 630.44

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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 **

P9741028001

Matrix Absence Management, Inc.
2421 W. Peoria Avenue, Suite 200
PHOENIX, AZ 85029-4940

M

201810021608

Electronic Service Requested

ENV 2006 1 OF 1

MIXED AADC 926
2006 0.3820 MB 0.421

Joyce Altman Interpreters
PO BOX 4165 149
TUSTIN, CA 92781-4165

64605 - 1

Claim: 4803486 / Accident date: 07/30/2014, Jurisdiction State: California.
Insured: Tawa Supermarket, Inc., Policy: LDM4043389.

~~The payment is for Language~~ Interpreter - paid under Expense from 06/18/2018 to 09/11/2018.
Check: 0000042715, issued: 10/01/2018, for: $563.00, for: Expense, Invoice: 00036

To the Order of: Joyce Altman Interpreters
: PO Box 4165
: Tustin, CA 927814165

Please contact Thia Frazier, telephone: (866) 560-1447 Ext: 20320 in CA \ Roseville Phoenix AZ, email: THIA.FRAZIER@MATRIXCOS.COM, if you have questions regarding this payment.

PAID
OCT 05 2018
BY: .....

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

TAWA Supermarket Inc.
Payable on behalf of
SNCC
Matrix Absence Management, Inc. 2421 W Peoria Ave
Phoenix AZ 85029

US BANK
17-2
910

CHECK NO.: 0000042715
ISSUE DATE: 10/02/18
VOID After 60 Days

For Expense from 06/18/2018 to 09/11/2018. 00036
Claim: 4803486 / Esther Celis. Language Interpreter - paid under Expense

Five Hundred Sixty Three Dollars $ *****563.00

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

usbank. Five Star Service Guaranteed

Authorized Signature

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

⑈000004271⑤⑈ ⑆091000022⑆ 104790513873⑈

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

*** INVOICE ***
Date NO#
06/03/19 75553

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
6660933

BILL TO:
MATRIX (CLINTON - 2987)
W. C. DEPARTMENT
ATTN: PAJEL CIFUENTES
P.O. BOX 2987
CLINTON, IA 52733

Case: ; vs WEST COAST DRYWALL CO., INC.
Date Of Injury: 2/23/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/08/19	INITL CHIRO	& PHYSICAL THERAPY W/DR CHRISTINE HA @	90.00
/ /	-	SIDHU CHIRO*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/11/19	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, F/U CHIRO & PHYS THERAPY	230.00
/ /	-	W/DR HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 03693	0.00
03/13/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/18/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/20/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/25/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/27/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/01/19	FOLLOW UP	PHYSICAL TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/05/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/08/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/10/19	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#
06/03/19 75553

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
6660933

BILL TO:
MATRIX (CLINTON - 2987)
W. C. DEPARTMENT
ATTN: PAJEL CIFUENTES
P.O. BOX 2987
CLINTON, IA 52733

Case: vs WEST COAST DRYWALL CO., INC.
Date Of Injury: 2/23/18

DOS	SERVICE	DESCRIPTION	AMOUNT
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/15/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/17/19	FOLLOW-UP	W/ ACUPUNCT CHIO, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/24/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/26/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/29/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/01/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/06/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/08/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/13/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/15/19	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#
06/03/19	75553

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
6660933

BILL TO:
MATRIX (CLINTON - 2987)
W. C. DEPARTMENT
ATTN: PAJEL CIFUENTES
P.O. BOX 2987
CLINTON, IA 52733

Case: vs WEST COAST DRYWALL CO., INC.
Date Of Injury: 2/23/18

DOS	SERVICE	DESCRIPTION	AMOUNT
05/22/19	PMT BY CHECK	DOS 3/8/19-4/29/19* =# 180323309	-2750.00

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/ 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

Control #: 26191291617100 Bill ID: MATEDI-05/09/2019-0019-0004

Explanation of Review

Medical Bill Audit - Explanation of Review

Provider Copy

WORKERS' COMPENSATION DIVISION
3611 QUEEN PALM DRIVE
TAMPA, FL 336190000

Patient Name: [redacted]
Info 1: 1733 1213
Info 2: BP03 6660933

Claim #: 6660933
Patient Acct #: 75553
Patient ID #: 555992400
Service Dates: 03/08/19 - 04/29/19
Date Processed: 05/21/19
Date of Injury: 02/23/18
Payor Receipt Date: 05/07/19
Prescription Date:
Coverage: C
Adjuster: PAVEL CIFUENTES
Billing NPI:
Billing Tax ID: 330956713
Bill Frequency Type:
Claimant Jurisdiction: CA
Bill Jurisdiction: CA
Payment Status Code: 1
Billing Prov Taxonomy:

Provider Name and Address:
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

ICD DX (1) T14.90XA **(2)** **(3)** **(4)**
Version: 0
POA:
ICD PX (1) **(2)** **(3)**
Version:
Surgery Dates:
Rendering NPI:
Rendering Name: JOYCE ALTMAN INTERPRETERS INC
Presc Phys Lic#:
Attd Phys Lic#:
Method of Payment:

State Claim #: 201803021344073319303 3
DRG:
MPN ID Number: 0127
MPN Name: FIRST HEALTH COMP AMERICA SELECT HCO
Billing Prov Lic#:
Condition Codes:
Payment ID Number:

Payment Date:

Payor Information
Tax ID: 430727872
Name and Address:
SAFETY NATIONAL CASUALTY CORPO
1832 SCHUETZ ROAD
SAINT LOUIS, MO 63146

Employer Information
Policy #/ID: LDM4044852
Name and Address:
WEST COAST DRYWALL COMPANY
1610 LINDEN STREET
RIVERSIDE, CA 92507

Third Party Administrator
Name and Address:
MATRIX ABSENCE MANAGEMENT INC
2421 W. PEORIA AVENUE SUITE 200
PHOENIX, AZ 850294944

Dates of Service	Procedure / Desc of Service	Billed Units	Reviewed Units	Bill Charges	Bill Review Reductions	Network Reductions	OON Reductions	Allowance	Notes
03/08/19	T1013 SIGN LANGUAGE/ORAL IN	1	1	90.00				90.00	
03/11/19	T1013 SIGN LANGUAGE/ORAL IN	1	1	230.00				230.00	
03/13/19	T1013 SIGN LANGUAGE/ORAL IN	1	1	180.00				180.00	
03/18/19	T1013 SIGN LANGUAGE/ORAL IN	1	1	180.00				180.00	
03/20/19	T1013 SIGN LANGUAGE/ORAL IN	1	1	180.00				180.00	
03/25/19	T1013 SIGN LANGUAGE/ORAL IN	1	1	180.00				180.00	
03/27/19	T1013 SIGN LANGUAGE/ORAL IN	1	1	180.00				180.00	

Disp Fee / Sales Tax / DME Purchase / DME Rental / Adjustment Qty / DME Unit Indicator / Prescription Number / Rend Prov Lic # / State Notes / Rend Prov Name / Contract Code

CONTINUED

Explanation of Review

Medical Bill Audit - Explanation of Review

Provider Copy

WORKERS' COMPENSATION DIVISION
3611 QUEEN PALM DRIVE
TAMPA, FL 336190000

Patient Name
Info 1: 1733 1213
Info 2: BP03 6660933

Claim #: 6660933
Patient Acct #: 75553
Patient ID #: 555992400
Service Dates: 03/08/19 - 04/29/19
Date Processed: 05/21/19
Date of Injury: 02/23/18
Payor Receipt Date: 05/07/19
Prescription Date:
Coverage: C
Adjuster: PAVEL CIFUENTES
Billing NPI:
Billing Tax ID: 330956713
Bill Frequency Type:
Claimant Jurisdiction: CA
Bill Jurisdiction: CA
Payment Status Code: 1
Billing Prov Taxonomy:

Provider Name and Address:
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

ICD DX (1) T14.90XA **(2)** **(3)** **(4)**
Version: 0
POA:
ICD PX (1) **(2)** **(3)**
Version:
Surgery Dates:
Rendering NPI:
Rendering Name: JOYCE ALTMAN INTERPRETERS INC
Presc Phys Lic#:
Attd Phys Lic#:
Method of Payment:

State Claim #: 201803021344073319303 3
DRG:
MPN ID Number: 0127
MPN Name: FIRST HEALTH COMP AMERICA SELECT HCO
Billing Prov Lic#:
Condition Codes:
Payment ID Number:

Payment Date:

Payor Information
Tax ID: 430727872
Name and Address:
SAFETY NATIONAL CASUALTY CORPO
1832 SCHUETZ ROAD
SAINT LOUIS, MO 63146

Employer Information
Policy #/ID: LDM4044852
Name and Address:
WEST COAST DRYWALL COMPANY
1610 LINDEN STREET
RIVERSIDE, CA 92507

Third Party Administrator
Name and Address:
MATRIX ABSENCE MANAGEMENT INC
2421 W. PEORIA AVENUE SUITE 200
PHOENIX, AZ 850294944

Dates of Service / Desc of Service	Billed Procedure / Disp Fee	Reviewed Procedure / DME Purchase	Billed Units / DME Rental	Reviewed Units / DME Unit Indicator	Bill Charges / Sales Tax / Adjustment Qty / Prescription Number / Rend Prov Lic #	Bill Review Reductions / State Notes / Rend Prov Name	Network Reductions / Contract Code	OON Reductions	Allowance	Notes
04/01/19	T1013	1	1	90.00					90.00	
SIGN LANGUAGE/ORAL IN				0						
04/05/19	T1013	1	1	180.00					180.00	
SIGN LANGUAGE/ORAL IN				0						
04/08/19	T1013	1	1	180.00					180.00	
SIGN LANGUAGE/ORAL IN				0						
04/10/19	T1013	1	1	180.00					180.00	
SIGN LANGUAGE/ORAL IN				0						
04/15/19	T1013	1	1	180.00					180.00	
SIGN LANGUAGE/ORAL IN				0						
04/17/19	T1013	1	1	180.00					180.00	
SIGN LANGUAGE/ORAL IN				0						
04/24/19	T1013	1	1	180.00					180.00	
SIGN LANGUAGE/ORAL IN				0						

C O N T I N U E D

Explanation of Review

Medical Bill Audit - Explanation of Review

Provider Copy

WORKERS' COMPENSATION DIVISION
3611 QUEEN PALM DRIVE
TAMPA, FL 336190000

Patient Name:
Info 1: 1733 1213
Info 2: BP03 6660933

Claim #: 6660933
Patient Acct #: 75553
Patient ID #: 555992400
Service Dates: 03/08/19 - 04/29/19
Date Processed: 05/21/19
Date of Injury: 02/23/18
Payor Receipt Date: 05/07/19
Prescription Date:
Coverage: C
Adjuster: PAVEL CIFUENTES
Billing NPI:
Billing Tax ID: 330956713
Bill Frequency Type:
Claimant Jurisdiction: CA
Bill Jurisdiction: CA
Payment Status Code: 1
Billing Prov Taxonomy:

Provider Name and Address:
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

ICD DX (1) T14.90XA **(2)** **(3)** **(4)**
Version: 0
POA:
ICD PX (1) **(2)** **(3)**
Version:
Surgery Dates:
Rendering NPI:
Rendering Name: JOYCE ALTMAN INTERPRETERS INC
Presc Phys Lic#:
Attd Phys Lic#:
Method of Payment:

State Claim #: 201803021344073319303 3
DRG:
MPN ID Number: 0127
MPN Name: FIRST HEALTH COMP AMERICA SELECT HCO
Billing Prov Lic#:
Condition Codes:
Payment ID Number:

Payment Date:

Payor Information
Tax ID: 430727872
Name and Address:
SAFETY NATIONAL CASUALTY CORPO
1832 SCHUETZ ROAD
SAINT LOUIS, MO 63146

Employer Information
Policy #/ID: LDM4044852
Name and Address:
WEST COAST DRYWALL COMPANY
1610 LINDEN STREET
RIVERSIDE, CA 92507

Third Party Administrator
Name and Address:
MATRIX ABSENCE MANAGEMENT INC
2421 W. PEORIA AVENUE SUITE 200
PHOENIX, AZ 850294944

Dates of Service	Billed Procedure	Reviewed Procedure	Billed Units	Reviewed Units	Bill Charges	Bill Review Reductions	Network Reductions	OON Reductions	Allowance	Notes
Desc of Service		Sales Tax		Adjustment Qty		Prescription Number		State Notes		Contract Code
Disp Fee		DME Purchase		DME Rental		DME Unit Indicator		Rend Prov Lic #		Rend Prov Name

* - 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)

* - Payer Contact Name: Matrix Absence Management, Payer Contact Phone Number: 1-800-866-2301. (ZC46)

* - 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)

CONTINUED

Explanation of Review

Medical Bill Audit - Explanation of Review

Provider Copy

WORKERS' COMPENSATION DIVISION
3611 QUEEN PALM DRIVE
TAMPA, FL 336190000

Patient Name: '
Info 1: 1733 1213
Info 2: BP03 6660933

Claim #: 6660933
Patient Acct #: 75553
Patient ID #: 555992400
Service Dates: 03/08/19 - 04/29/19
Date Processed: 05/21/19
Date of Injury: 02/23/18
Payor Receipt Date: 05/07/19
Prescription Date:
Coverage: C
Adjuster: PAVEL CIFUENTES
Billing NPI:
Billing Tax ID: 330956713
Bill Frequency Type:
Claimant Jurisdiction: CA
Bill Jurisdiction: CA
Payment Status Code: 1
Billing Prov Taxonomy:

Provider Name and Address:
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

ICD DX (1) T14.90XA **(2)** **(3)** **(4)**
Version: 0
POA:
ICD PX (1) **(2)** **(3)**
Version:
Surgery Dates:
Rendering NPI:
Rendering Name: JOYCE ALTMAN INTERPRETERS INC
Presc Phys Lic#:
Attd Phys Lic#:
Method of Payment:

State Claim #: 201803021344073319303 3
DRG:
MPN ID Number: 0127
MPN Name: FIRST HEALTH COMP AMERICA SELECT HCO
Billing Prov Lic#:
Condition Codes:
Payment ID Number:

Payment Date:

Payor Information
Tax ID: 430727872
Name and Address:
SAFETY NATIONAL CASUALTY CORPO
1832 SCHUETZ ROAD
SAINT LOUIS, MO 63146

Employer Information
Policy #/ID: LDM4044852
Name and Address:
WEST COAST DRYWALL COMPANY
1610 LINDEN STREET
RIVERSIDE, CA 92507

Third Party Administrator
Name and Address:
MATRIX ABSENCE MANAGEMENT INC
2421 W. PEORIA AVENUE SUITE 200
PHOENIX, AZ 850294944

Dates of Service / Desc of Service	Billed Procedure / Disp Fee	Reviewed Procedure / Sales Tax / DME Purchase	Billed Units / DME Rental	Reviewed Units / Adjustment Qty / DME Unit Indicator	Bill Charges / Prescription Number / Rend Prov Lic #	Bill Review Reductions / State Notes / Rend Prov Name	Network Reductions / Contract Code	OON Reductions	Allowance	Notes
04/26/19		T1013	1	1	180.00				180.00	
SIGN LANGUAGE/ORAL IN				0						
04/29/19		T1013	1	1	180.00				180.00	
SIGN LANGUAGE/ORAL IN				0						
				Totals:	2,750.00				2,750.00	

Notes / Messages:

* - 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 the service of the EOR. The Request for Independent Bill Review must conform to the requirements of the 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. (ZD49)

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

*** INVOICE ***
Date NO#
07/30/18 73775

EAMS#(s):
04/24/2018NOADJFOUND
SS # : XXX-XX-1
DOB : -,
Terms: 60 days
Claim #(s):
WA220079

BILL TO:
MITSUI SUMITOMO INS (N.J.)
W. C. DEPARTMENT
ATTN: VERONICA CANCEL
P.O. BOX 61000
NEWARK, NJ 07101

Case: vs SIGN RESOURCE
Date Of Injury: 3/7/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/06/18	POST-OP	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/13/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/27/18	SURGERY	DR FELDMAN:LT MIDDLE FINGER @ DOWNEY SURGERY CTR*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/04/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/01/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/29/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/06/18	PMT BY CHECK	DOS 4/6/18-6/1/18* =# 306725	-900.00
07/23/18	PMT BY CHECK	DOS 6/29/18* =# 311204	-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 **

HR

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
311204	07/23/18

Claim#: WA220079

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈000031120⑈ ⑆121000248⑆ 4129 655528⑈

CORVEL

Explanation of Review

Business Unit: SIGN RESOURCE, INC.-06
15 Independence Blvd
Warren, NJ 07059

Employer Patient: SIGN RESOURCE

Patient DOB: 601-10-1975

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4522112 - 1
Reprice: CA, 92781
Billed Date: 07/11/2018
Business Rcvd: 07/18/2018
MBR Rcvd: 07/18/2018
MBR Date: 07/20/2018
Date Approved: 07/20/2018
DOS From - To: 06/29/2018 - 06/29/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Cancel, Veronica
Vendor #:
PIN:

Treating Provider:
Referring Physician: MICHAEL FELDMAN
Patient Control #: 73775
Provider Tax Id: 33-0956713
Claim Rep Phone #: 818-972-3938

Claim #: WA220079
Processor Initials:
DOI: 03/15/2018
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
06/29/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 4522112					$180.00			$0.00	$180.00
Charges not listed have been previously processed									$0.00
Totals for Bill:4522112									$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.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/08/19 74471

EAMS#(s):
46
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WA22185; WA204522

BILL TO:
MITSUI SUMITOMO INS (N.J.)
W. C. DEPARTMENT
ATTN: TO WHOM IT MAY CONCERN
P.O. BOX 61000
NEWARK, NJ 07101

Case: [redacted] vs CALIFORNIA FOOD MANAGEMENT LLC
Date Of Injury: 1/28/18; 8/28/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/10/18	INITIAL EXAM	DR ERIC GOFNUNG @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/13/18	F/U CHIRO TX	CHIRO TX W/DR MAYA KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/15/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
08/20/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
08/22/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/27/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/29/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/05/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/10/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/12/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/24/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/26/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/03/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/05/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG @ GOFNUNG CHIRO*	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#
05/08/19 74471

EAMS#(s):
ADJ11422546
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WA22185; WA204522

BILL TO:
MITSUI SUMITOMO INS (N.J.)
W. C. DEPARTMENT
ATTN: TO WHOM IT MAY CONCERN
P.O. BOX 61000
NEWARK, NJ 07101

Case: vs CALIFORNIA FOOD MANAGEMENT LLC
Date Of Injury: 1/28/18; 8/28/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/08/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
10/15/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/17/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/03/18	P AND S	DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/04/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 301871	0.00
03/07/19	PMT BY CHECK	DOS 10/17/18-2/4/19* =# 369470	-590.00
04/08/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500241	0.00
05/01/19	PMT BY CHECK	DOS 4/8/19* =# 384194	-180.00

BALANCE 1670.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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
384194	05/01/19

Claim#: WA204522

One hundred eighty and 00/100 Dollars

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO JOYCE ALTMAN INTERPRETERS
THE ORDER PO Box 4165
OF Tustin, CA 92781

PAID
MAY 06 2019

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

DV.

⑈0000384194⑈ ⑆121000248⑆ 4129 655528⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: CALIFORNIA FOOD MANAGEMEN-06
15 Independence Blvd
Warren, NJ 07059

Employer Patient: CALIFORNIA FOOD MANAGEMENT,

Patient DOB: 618-98-7740

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/5051270 - 1
Reprice: CA, 92781
Billed Date: 04/15/2019
Business Rcvd: 04/23/2019
MBR Rcvd: 04/23/2019
MBR Date: 04/30/2019
Date Approved: 04/30/2019
DOS From - To: 04/08/2019 - 04/08/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Yoose, Eric

Treating Provider:
Referring Physician: ERIC GOFNUNG
Patient Control #: 74471
Provider Tax Id: 33-0956713
Claim Rep Phone #: 818-942-3944

Claim #: WA204522
Processor Initials: EY
DOI: 08/28/2016
RX Number:
Claim Rep Ext.:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
04/08/19	T1013 G67, MVO	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$180.00		A	$0.00	$180.00
Sub-Totals for Bill: 5051270					**$180.00**			**$0.00**	**$180.00**
Charges not listed have been previously processed									$0.00
Totals for Bill:5051270									**$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

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
369470	03/07/19

Claim#: WA204522

Five hundred ninety and 00/100 Dollars

*******$590.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈000036947O⑈ ⑆121000248⑆ 4129 655528⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: CALIFORNIA FOOD MANAGEMEN-06
15 Independence Blvd
Warren, NJ 07059

Employer Patient: CALIFORNIA FOOD MANAGEMENT,

Patient DOB: 618-98-7740

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

FAXED
MAR 12 2019
BY: .....

LOB: Workers' Compensation
Site/Bill #: 48/4933697 - 1
Reprice: CA, 92781
Billed Date: 02/08/2019
Business Rcvd: 02/21/2019
MBR Rcvd: 02/21/2019
MBR Date: 03/06/2019
Date Approved: 03/06/2019
DOS From - To: 10/17/2018 - 02/04/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Yoose, Eric
Vendor #:
PIN:

Treating Provider:
Referring Physician: ERIC GOFNUNG
Patient Control #: 74471
Provider Tax Id: 33-0956713
Claim Rep Phone #: 818-942-3944

Claim #: WA204522
Processor Initials: EY
DOI: 08/28/2016
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
10/17/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$180.00		A	$0.00	$180.00
12/03/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$230.00		A	$0.00	$230.00
02/04/19	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$180.00		A	$0.00	$180.00
Sub-Totals for Bill: 4933697					$590.00			$0.00	$590.00

Totals for Bill:4933697 $590.00

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#
03/18/19 74715

EAMS#(s):

SS # : XXX-XX-9
DOB :
Terms: 60 days
Claim #(s):
WA221792

BILL TO:
MITSUI SUMITOMO INS (N.J.)
W. C. DEPARTMENT
ATTN: ERIL VICHEZ
P.O. BOX 61000
NEWARK, NJ 07101

Case: vs 7 ELEVEN
Date Of Injury: 5/10/18

DOS	SERVICE	DESCRIPTION	AMOUNT
09/21/18	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/28/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/25/18	INITL CHIRO	TREATMENT W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/05/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH CALDERON # 101080	0.00
10/09/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/12/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/19/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/02/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO #101080	0.00
11/06/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/09/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETHC. PARRENO # 101080	0.00
11/16/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/20/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/27/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/30/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/04/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00

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#
03/18/19 74715

EAMS#(s):
ADJ11323357
SS # : XXX-XX-9345
DOB : 5/21/74
Terms: 60 days
Claim #(s):
WA221792

BILL TO:
MITSUI SUMITOMO INS (N.J.)
W. C. DEPARTMENT
ATTN: ERIL VICHEZ
P.O. BOX 61000
NEWARK, NJ 07101

Case: JOEL MARTINEZ vs 7 ELEVEN
Date Of Injury: 5/10/18

DOS	SERVICE	DESCRIPTION	AMOUNT
12/07/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
12/14/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/18/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 1011143	0.00
12/11/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/21/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/08/19	FOLLOW UP	PHYSICAL TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
01/16/19	PMT BY CHECK	DOS 9/21/18-12/18/18* =# 357130	-2030.00
01/25/19	P AND S	W/DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/05/19	PMT BY CHECK	DOS 12/21/18-1/8/19* =# 362291	-270.00
03/12/19	PMT BY CHECK	DOS 1/25/19* =# 370619	-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 **

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
357130	01/16/19

Claim#: WA221792

******$2,030.00

Two thousand thirty and 00/100 Dollars

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0003571 30⑈ ⑆121000248⑆ 4129 655528⑈

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CORVEL

Explanation of Review

Business Unit: 7-11 BARBOT-05
15 Independence Blvd
Warren, NJ 07059

Employer: HDK CORPORATION
Patient:

JAN 22 2019

Patient DOB: 854-11-9345

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4837820 - 1
Reprice: CA, 92781
Billed Date: 01/03/2019
Business Rcvd: 01/09/2019
MBR Rcvd: 01/09/2019
MBR Date: 01/15/2019
Date Approved: 01/15/2019
DOS From - To: 09/21/2018 - 12/18/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Vichez, Eric

Treating Provider:
Referring Physician: MAYYA KRAVCHENKO
Patient Control #: 74715
Provider Tax Id: 33-0956713
Claim Rep Phone #: 818-942-3952

Claim #: WA221792
Processor Initials: DV
DOI: 05/10/2018
RX Number:
Claim Rep Ext.:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
09/21/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$230.00		A	$0.00	$230.00
09/25/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$90.00		A	$0.00	$90.00
09/28/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$90.00		A	$0.00	$90.00
10/05/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$90.00		A	$0.00	$90.00

10/09/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00	A	$0.00	$90.00
10/12/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00	A	$0.00	$90.00
10/19/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$0.00	$180.00
11/02/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00	A	$0.00	$90.00
11/06/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00	A	$0.00	$90.00
11/09/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00	A	$0.00	$90.00
11/16/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00	A	$0.00	$90.00
11/20/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00	A	$0.00	$90.00
11/27/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00	A	$0.00	$90.00
11/30/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$0.00	$180.00
12/04/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00	A	$0.00	$90.00
12/07/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00	A	$0.00	$90.00
12/11/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00	A	$0.00	$90.00
12/14/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00	A	$0.00	$90.00
12/18/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00	A	$0.00	$90.00
Sub-Totals for Bill: 4837820					**$2030.00**		**$0.00**	**$2030.00**

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
362291	02/05/19

Claim#: WA221792

Two hundred seventy and 00/100 Dollars

*******$270.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO JOYCE ALTMAN INTERPRETERS
THE ORDER PO Box 4165
OF Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈000036229⑆ ⑆121000248⑆ 4129 655528⑈

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DETACH HER

CORVEL

Explanation of Review

Business Unit: 7-11 BARBOT-05
15 Independence Blvd
Warren, NJ 07059

Employer Patient: HDK CORPORATION

FEB 12 2019

Patient DOB: 854-11-9345

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4876558 - 1
Reprice: CA, 92781
Billed Date: 01/22/2019
Business Rcvd: 01/29/2019
MBR Rcvd: 01/29/2019
MBR Date: 02/05/2019
Date Approved: 02/05/2019
DOS From - To: 12/21/2018 - 01/08/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Vichez, Eric

Treating Provider:
Referring Physician: MAYYA KRAVCHENKO
Patient Control #: 74715
Provider Tax Id: 33-0956713
Claim Rep Phone #: 818-942-3952

Claim #: WA221792
Processor Initials: DV
DOI: 05/10/2018
RX Number:
Claim Rep Ext.:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
12/21/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
01/08/19	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00		A	$0.00	$90.00
Sub-Totals for Bill: 4876558					**$270.00**			**$0.00**	**$270.00**
Charges not listed have been previously processed									$0.00
Totals for Bill:4876558									**$270.00**

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

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
370619	03/12/19

Claim#: WA221792

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

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈0000370619⑈ ⑆121000248⑆ 4129 655528⑈

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CORVEL

Explanation of Review

MAR 18 2019

Employer Patient: HDK CORPORATION

Patient DOB: 854-11-9345

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

Business Unit: 7-11 BARBOT-05
15 Independence Blvd
Warren, NJ 07059

LOB: Workers' Compensation
Site/Bill #: 48/4924908 - 1
Reprice: CA, 92781
Billed Date: 02/13/2019
Business Rcvd: 02/22/2019
MBR Rcvd: 02/22/2019
MBR Date: 03/12/2019
Date Approved: 03/12/2019
DOS From - To: 09/21/2018 - 01/25/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Vichez, Eric
Vendor #:
PIN:

Treating Provider:
Referring Physician: MAYYA KRAVCHENKO
Patient Control #: 74715
Provider Tax Id: 33-0956713
Claim Rep Phone #: 818-942-3952

Claim #: WA221792
Processor Initials: DV
DOI: 05/10/2018
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
09/21/18	T1013 R1 . G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		A	$230.00	$0.00
	Original bill [4837820.48]								
09/25/18	T1013 R1 . G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00		A	$90.00	$0.00
	Original bill [4837820.48]								
09/28/18	T1013 R1 . G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00		A	$90.00	$0.00
	Original bill [4837820.48]								

12/11/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00	A	$90.00	$0.00
	Original bill [4837820,48]							
12/14/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00	A	$90.00	$0.00
	Original bill [4837820,48]							
12/18/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00	A	$90.00	$0.00
	Original bill [4837820,48]							
12/21/18	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [4876558,48]							
01/08/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00	A	$90.00	$0.00
	Original bill [4876558,48]							
• 01/25/19	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00	A	$0.00	$230.00 •
Sub-Totals for Bill: 4924908					**$2530.00**		**$2300.00**	**$230.00**
Totals for Bill:4924908								**$230.00**

Line Item Reason Codes and Descriptions

MV0 Market Value

R1 Duplicate Billing

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#
07/17/19 75950

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WA227989

BILL TO:
MITSUI SUMITOMO INS (L.A.)
W. C. DEPARTMENT
ATTN: VERONICA CANCEL
777 S. FIGUEROA ST., STE 3600
LOS ANGELES, CA 90017

Case: [redacted] /s SIGN RESOURCE
Date Of Injury: 1/9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/09/19	PR2/REEVAL	DR ROY CAPUTO @ HAND & ORTHO OF S CALIF*	180.00
/ /	INTERPRETER:	LISBETH CALDERON # 101080	0.00
06/19/19	PR2/REEVAL	DR CAPUTO @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/08/19	PMT BY CHECK	DOS 5/9/19* =# 401142	-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 **

MR

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
401142	07/08/19

Claim#: WA227989

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

⑈0000401142⑈ ⑆121000248⑆ 4129 655528⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: SIGN RESOURCE, INC.-06
15 Independence Blvd
Warren, NJ 07059

Employer Patient: SIGN RESOURCE. LLC

Patient DOB: XXX-XX

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/5171562 - 1
Reprice: CA, 92781
Billed Date: 06/11/2019
Business Rcvd: 06/21/2019
MBR Rcvd: 06/21/2019
MBR Date: 07/07/2019
Date Approved: 07/07/2019
DOS From - To: 05/09/2019 - 05/09/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Cancel, Veronica

Vendor #:
PIN:

Treating Provider:
Referring Physician: ROY CAPUTO
Patient Control #: 75950
Provider Tax Id: 33-0956713
Claim Rep Phone #: 818-972-3938

Claim #: WA227989
Processor Initials:
DOI: 01/09/2019
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
05/09/19	T1013 G67, MVO	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
Sub-Totals for Bill: 5171562					$180.00			$0.00	$180.00
Totals for Bill:5171562									$180.00

PAID
JUL 16 2019

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 PY.

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

*** INVOICE ***

Date	NO#
09/18/18	72769

EAMS#(s):

SS # : XXX-XX
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
08/15/18	P AND S	DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
09/13/18	PMT BY CHECK	DOS 8/15/18* # 000056299	-230.00

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#
09/18/18	72769

EAMS#(s):

SS # : XXX-XX-
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 **

000056299

72769 MK

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Please see attached documentation.

4

SEP 18 2018

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

National Liability & Fire Insurance Company

P.O. Box 113247
Stamford, CT 06911-3247

Wells Fargo Bank, N.A.

11-24
1210

000056299

DATE 09/13/2018

AMOUNT ********$230.00

⇨⇨⇨⇨⇨PAY ONLY $230.00
DOLLAR TWO THREE ZERO PERIOD ZERO ZERO

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

■ TWO HUNDRED THIRTY DOLLARS AND 00 CENTS**********

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

VOID OVER $230.00

⑈000056299⑈ ⑆121000248⑆ 4125306548⑈

MP

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-29891

Claimant

1521 SOUTH ARLINGTON
AVENUE #17
LOS ANGELES. CA 90019

NPI:
Rendering NPI:
Tax ID: 33-0956713 **Type:** OT **Specialty (1):** AO
License: A9999999 **Specialty (2):** AO
Rendering Provider: JOYCE ALTMAN INTERPRETERS
External ID: 5386
Invoice No: 72769
Invoice Date: 08-27-2018
Patient Account: 72769

Claim Number: A9WC603798-001
DOI/DOL: 09-28-2016
External Claim Number: A9603798001

Payment Status Code: 1

Bill Details

Dates of Service: 08-15-2018
Post Date: 09-11-2018

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	ONR	Other	Allow.
1	08-15-2018	99	T1013	A	1	SIGN LANG/ORAL INTERPRET			
				230.00					230.00

Totals

Total Charges: 230.00
Recommended Allowance: **230.00**

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: 180830GUAGUCA70686

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

*** INVOICE ***
Date NO#
04/04/19 74889

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
N9WC9455029-0001

BILL TO:
NATIONAL LIABILITY & FIRE INS.
W. C. DEPARTMENT
ATTN: AMY CLARK
P.O. BOX 113247
STAMFORD, CT 06911

Case: vs CENTRAK TRUCK & OIL SUPPLY
Date Of Injury: 9/14/18

DOS	SERVICE	DESCRIPTION	AMOUNT
10/30/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/07/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
11/27/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/16/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/13/19	P AND S	DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/01/19	PMT BY CHECK	DOS 10/30/18-1/16/19* =# 000003618	-720.00
03/29/19	PMT BY CHECK	DOS 2/13/19* # 000003822	-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 **

M2

000003822

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

74889

Please see attached documentation.

PAID
APR 04 2019
BY: .....

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

Berkshire Hathaway Direct Insurance Company Wells Fargo Bank, N.A. 000003822

11-24
1210

P.O. Box 113247
Stamford, CT 06911-3247

VOID

DATE 03/29/2019 AMOUNT ********$230.00

⇨⇨⇨⇨⇨PAY ONLY $230.00
DOLLAR TWO THREE ZERO PERIOD ZERO ZERO

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

■ TWO HUNDRED THIRTY DOLLARS AND 00 CENTS**********

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

VOID OVER $230.00

⑈000003822⑈ ⑆121000248⑆ 461372064 8⑈

Explanation of Review

A BERKSHIRE HATHAWAY COMPANY
biBERK
BUSINESS INSURANCE

Carrier

Carrier No:
Carrier: BERKSHIRE HATHAWAY DIRECT INSU
100 FIRST STAMFORD PLACE / PO BOX 113247
STAMFORD, CT 06911-3247

Bill: GUA-BHCA-589

Provider

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

Claimant

8710 MORY ST
DOWNEY, CA 90242

NPI: **Rendering NPI:**
Tax ID: 33-0956713 **Type:** OT **Specialty (1):** AO
License: A9999999 **Specialty (2):** AO
Rendering Provider: JOYCE ALTMAN INTERPRETERS
External ID: 5386
Invoice No: 74889
Invoice Date: 03-08-2019
Patient Account: 74889

Claim Number: N9WC945029-001
DOI/DOL: 09-14-2018
External Claim Number: N9945029001

Region: 26 **Payment Status Code:** 1

Bill Details

Dates of Service: 02-13-2019
Post Date: 03-27-2019
Reviewer: LI/
Pay Auth: 0
Client Type of Bill: LANG
Adjuster: HOLLIE.G

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	02-13-2019	99	T1013	A	1	SIGN LANG/ORAL INTERPRET			
				230.00					230.00

Totals

Total Charges: 230.00
Recommended Allowance: **230.00**

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE SEND THE BILL AND THE ANALYSIS TO:

BIBERK BUSINESS INSURANCE, PO BOX 113247, STAMFORD, CT 06911-3247

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DCN Number: 190311GUAGUCA74138

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

*** INVOICE ***
Date NO#
02/26/19 75103

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
A9WC731416-002

BILL TO:
NATIONAL LIABILITY & FIRE INS.
W. C. DEPARTMENT
ATTN: HOLLIE GAREY
P.O. BOX 113247
STAMFORD, CT 06911

Case: vs CLASS 302
Date Of Injury: 9/17/16

DOS	SERVICE	DESCRIPTION	AMOUNT
12/18/18	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	ALEXANDRA P. QUIJANO #3011318	0.00
02/20/19	PMT BY CHECK	DOS 12/18/18* # 000066033	-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 **

MR

W

000066033

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

02/20/2019 330956713-0000 JOYCE ALTMAN INTERPRETERS INC
(E030) 250.00 A9WC731416-002 DOL:09/17/2016
Inv/Case#: 75103
:12/18/2018

PAID
FEB 26 2019

BY .....

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

National Liability & Fire Insurance Company

P.O. Box 113247
Stamford, CT 06911-3247

Wells Fargo Bank, N.A.

11-24
1210

000066033

DATE
02/20/2019

AMOUNT
********$250.00

⇨⇨⇨⇨⇨PAY ONLY $250.00

DOLLAR TWO FIVE ZERO PERIOD ZERO ZERO

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

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

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

VOID OVER $250.00

⑈000066033⑈ ⑆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#
02/22/19 75214

EAMS#(s):
SS # : XXX-XX-
DOB
Terms: 60 days
Claim #(s):
720909-ZF;196955-GG

BILL TO:
NATIONWIDE E&S INS.
W. C. DEPARTMENT
ATTN: MICHAEL KROGMAN
1100 LOCUST ST
DES MOINES, IA 50391

Case: vs EQUINOX HOLDINGS INC
Date Of Injury: 8/4/17;6/1/16-9/8/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/07/19	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	WALTER VASQUEZ CERT # 100770	0.00
02/18/19	PMT BY CHECK	DOS 1/7/19* # 13051307	-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 **

MR

M

Nationwide

Nationwide Insurance
PO Box 182066
Columbus, OH 43218-2066
1-800-421-3535

Policy Holder:
Policy Number:
Contract Number:

Claim Key: 196955-GG
Check Number: 13051307
Check Issued: 02-18-2019 krogmam

0585700557 4013

Below Check Covers Items Indicated

Company: NATIONAL CASUALTY COMPANY

Payment of $250.00 is being paid for Miscellaneous/Other under this policy.

Memo: Claim 196955-GG
Invoice Number: 75214 ✓

Service/Wage Period Start: 01-07-2019 Service/Wage Period End: 01-07-2019
If you have questions about this check please contact Michael Krogman 515-508-3738

Claimant Name:

PAID
FEB 22 2019
PV. .....

Detach Stub Before Cashing And Keep For Your Record

G-2002.2D (3/1(

THIS IS WATERMARKED PAPER - HOLD TO LIGHT TO VERIFY WATERMARK

Nationwide Insurance
PO Box 182066
Columbus, OH 43218-2066
1-800-421-3535

Nationwide

Check No: 13051307
Date: 02-18-2019
Void If Not Cashed Within 180 Days
Ref: 196955-GG
13051307

56-1544
441

PAY EXACTLY **TWO HUNDRED FIFTY AND 00/100 DOLLARS**

Pay To The Order Of JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

$*250.00*

Authorized Signature

JPMorgan Chase Bank, N.A.
Columbus, OH

⑈13051307⑈ ⑆044115443⑆ 976485235⑈

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

*** INVOICE ***
Date NO#
03/11/19 73368

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2017049959

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

Case: vs PRIORITY WORKFORCE
Date Of Injury: 9/22/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/09/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/09/18	PR2/REEVAL	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
05/09/18	PR2/REEVAL	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
06/12/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/10/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/07/18	PR2/REEVAL	DR FELDMAN @ HAND @ ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
09/04/18	P AND S	DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/12/19	LIEN FIL FEE	LIEN FILING FEE	150.00
03/07/19	PMT BY CHECK	DOS 2/9/18-2/12/19* =# 10059886	-1820.00

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#
03/11/19	73368

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2017049959

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

Case: vs PRIORITY WORKFORCE
Date Of Injury: 9/22/17

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/ 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

PAID
MAR 11 2019

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: ###-##-4251
Incident Date: 09/22/2017
Claim Number: 2017049959
Division Claim No.: 2017100512513

Policy ID: CWC 71949-0578
Examiner: JMIANO
Check Number: 10059886
Check Amount: $1,820.00
Check Date: 03/07/2019
Description: Translation
Invoice No: 73368

Document: PRA-PKCA-80625
Received Date: 06/28/2018
Reviewed: 03/04/2019

Bill Type: Doctors Office - 50 73368 From: 02/09/2018 Through: 02/12/2019
Primary ICD: T14.90 Injury, unspecified
PPO Name:
Pharmacy No.:
DRG Code: T14

Srvc	Mod	Units	Service Description	Srvc Date	Billed	BR Red	PPO Red	Other	Allowanc	Reason Code
T1013		1.00	INTERPRETER	02/09/2018	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	03/09/2018	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	04/17/2018	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	05/09/2018	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	05/11/2018	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	06/12/2018	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	07/10/2018	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	08/07/2018	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	09/04/2018	230.00	0.00	0.00	0.00	230.00	
T1013		1.00	INTERPRETER	02/12/2019	150.00	0.00	0.00	0.00	150.00	
				Totals:	1,820.00	0.00	0.00	0.00	1,820.00	

WARNING — THIS CHECK IS PROTECTED BY SPECIAL SECURITY FEATURES

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

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

CHECK NO. 10059886

DATE 03/07/2019

AMOUNT $1,820.00

PAY Eighteen Hundred Twenty Dollars And 00/100

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

SECURE FEATURES INCLUDE MICROPRINTING • VOID FEATURE PANTOGRAPH • ENDORSEMENT BACKER

⑈10059886⑈ ⑆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#
05/29/19 73599

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2018051921

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

Case: vs AFFLUENT STAFFING
Date Of Injury: 3/1/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/15/18	INITIAL EXAM	DR HUMBERTO RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/13/18	PR2/REEVAL	DR ZAREENA KHAN @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/25/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/09/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/24/19	PMT BY CHECK	DOS 3/15/18-11/9/18* # 013739	-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 **

MR

CCMSI OBO STATE NATIONAL INSURANCE COMPANY
GREENLIGHT REINSURANCE LTD
2 EAST MAIN ST, SUITE 208
DANVILLE, IL 61832

BANK OF AMERICA
CHICAGO, IL 60603

2-3/710 IL

Check Number 013739

Date: 05/24/2019

Batch #: 302748431

Amount

$****770.00

Amount: SEVEN HUNDRED SEVENTY 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

⑈000013739⑈ ⑆071000039⑆ 867 061 6175⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
73599	03/01/2018	18W02F788724	770.00	0.00	770.00	73599 DS 03.15.18-11.09.18	KCOLLIER

PAID
MAY 29 2019
BY: .....

Batch #: 302748431
Check Number 013739
Check Amount $****770.00
Loc:AFFLUENT STAFFING 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#
08/10/18 74056

EAMS#(s):

SS # : XXX-XX-[illegible]
DOB :
Terms: 60 days
Claim #(s):
2017049414

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

Case: [illegible] vs SOUTHEAST EMPLOYEE LEASING
Date Of Injury: 6/9/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/31/18	LEGAL_PREP	DEPO PREP @ L/O KEGEL TOBIN	156.50
/ /	INTERPRETER:	ANTHONY JOHN VALLE # 301884	0.00
06/29/18	PMT BY CHECK	DOS 5/31/18* # 10048854	-156.50
07/06/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA J. RAMIREZ # 301566	0.00
08/07/18	PMT BY CHECK	DOS 7/6/18* =# 10050406	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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HR

Explanation Of Bill Review

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

74056

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: ###-##-7311
Incident Date: 06/09/2017
Claim Number: 2017049414
Division Claim No.: 2017080907362

Policy ID: CWC 71949-0477
Examiner: LGAUGHF
Check Number: 10050406
Check Amount: $250.00
Check Date: 08/07/2018
Description: Translation
Invoice No: 74056

Document PRA-PKCA-57686
Received Date: 07/23/2018
Reviewed 08/06/2018

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

From: 05/31/2018 **Through:** 07/06/2018
Pharmacy No.:
DRG Code: T14

Srvc	Mod	Units	Service Description	Srvc Date	Billed	BR Red	PPO Red	Other	Allowanc	Reason Code
T1013		1.00	INTERPRETER	05/31/2018	156.50	156.50	0.00	0.00	0.00	224 G56
T1013		1.00	INTERPRETER	07/06/2018	250.00	0.00	0.00	0.00	250.00	
				Totals:	406.50	156.50	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

* 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.

AUG 10 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. 10050406

DATE 08/07/2018

AMOUNT $**250.00

PAY Two Hundred Fifty Dollars And 00/100

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

VOID VOID VOID

SECURE FEATURES INCLUDE MICROPRINTING, VOID FEATURE, PANTOGRAPH, ENDORSEMENT BACKER

⑈10050406⑈ ⑆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#
09/18/18	74228

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2018052552

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

Case: vs SOUTH EAST EMPLOYEE LEASING SE
Date Of Injury: 5/4/18

DOS	SERVICE	DESCRIPTION	AMOUNT
06/26/18	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	DIANA RODRIGUEZ # 009611	0.00
07/05/18	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/19/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/12/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/02/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/07/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/09/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/13/18	FOLLOW UP	PHYSICAL TX W/DR MINA LAHIJANI @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/14/18	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ ACS	150.00
/ /	-	W/DR MINA LAHIJANI*	0.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/27/18	PMT BY CHECK	DOS 6/26/18-8/7/18* =# 10051264	-1180.00
09/10/18	PMT BY CHECK	DOS 8/14/18* =# 10051791	-150.00
09/10/18	PMT BY CHECK	DOS 8/9/18-8/13/18* =# 10051793	-270.00

HR

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

*** INVOICE ***

Date	NO#
09/18/18	74228

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2018052552

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

Case: [redacted] vs SOUTH EAST EMPLOYEE LEASING SE
Date Of Injury: 5/4/18

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 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: ###-##-6489
Incident Date: 05/14/2018
Claim Number: 2018052552
Division Claim No.: 2018061415260

Policy ID: CWC 71949-0401
Examiner: NCACERES
Check Number: 10051264
Check Amount: $1,180.00
Check Date: 08/27/2018
Description: Translation
Invoice No: 74228

Document PRA-PKCA-60152
Received Date: 08/23/2018
Reviewed 08/26/2018

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

From: 06/26/2018 **Through:** 08/07/2018
Pharmacy No.:
DRG Code: T14

Srvc	Mod	Units	Service Description	Srvc Date	Billed	BR Red	PPO Red	Other	Allowanc	Reason Code
T1013		1.00	INTERPRETER	06/26/2018	230.00	0.00	0.00	0.00	230.00	
T1013		1.00	INTERPRETER	07/05/2018	230.00	0.00	0.00	0.00	230.00	
T1013		1.00	INTERPRETER	07/12/2018	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	07/19/2018	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	08/02/2018	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	08/07/2018	180.00	0.00	0.00	0.00	180.00	
				Totals:	1,180.00	0.00	0.00	0.00	1,180.00	

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

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AUG 31 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.
10051264

DATE
08/27/2018

AMOUNT
$1,180.00

PAY Eleven Hundred Eighty Dollars And 00/100

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

SECURE FEATURES INCLUDE MICROPRINTING, VOID FEATURE, FANTOGRAPH, ENDORSEMENT BACKER

⑈10051264⑈ ⑆121000248⑆ 4463595157⑈

Explanation Of Bill Review

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

74228

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: ###-##-6489
Incident Date: 05/14/2018
Claim Number: 2018052552
Division Claim No.: 2018061415260

Policy ID: CWC 71949-0401
Examiner: NCACERES
Check Number: 10051791
Check Amount: $150.00
Check Date: 09/10/2018
Description: Translation
Invoice No: 74228

Document PRA-PKCA-61105
Received Date: 09/04/2018
Reviewed 09/07/2018

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

From: 06/26/2018 **Through:** 08/14/2018
Pharmacy No.:
DRG Code: T14

Srvc	Mod	Units	Service Description	Srvc Date	Billed	BR Red	PPO Red	Other	Allowanc	Reason Code
T1013		1.00	INTERPRETER	06/26/2018	230.00	230.00	0.00	0.00	0.00	224 G56
T1013		1.00	INTERPRETER	07/05/2018	230.00	230.00	0.00	0.00	0.00	224 G56
T1013		1.00	INTERPRETER	07/12/2018	180.00	180.00	0.00	0.00	0.00	224 G56
T1013		1.00	INTERPRETER	07/19/2018	180.00	180.00	0.00	0.00	0.00	224 G56
T1013		1.00	INTERPRETER	08/02/2018	180.00	180.00	0.00	0.00	0.00	224 G56
T1013		1.00	INTERPRETER	08/07/2018	180.00	180.00	0.00	0.00	0.00	224 G56
T1013		1.00	INTERPRETER	08/09/2018	180.00	180.00	0.00	0.00	0.00	224 G56
T1013		1.00	INTERPRETER	08/13/2018	90.00	90.00	0.00	0.00	0.00	224 G56
T1013		1.00	INTERPRETER	08/14/2018	150.00	0.00	0.00	0.00	150.00	
				Totals:	1,600.00	1,450.00	0.00	0.00	150.00	

WARNING — THIS CHECK IS PROTECTED BY SPECIAL SECURITY FEATURES

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

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

CHECK NO. 10051791

DATE 09/10/2018

AMOUNT $**150.00

PAY One Hundred Fifty Dollars And 00/100

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

VOID

SECURE FEATURES INCLUDE MICROPRINTING · VOID FEATURE PANTOGRAPH · ENDORSEMENT BACKER

⑈10051791⑈ ⑆121000248⑆ 4463595157⑈

Explanation Of Bill Review

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

74228

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: ###-##-6489
Incident Date: 05/14/2018
Claim Number: 2018052552
Division Claim No.: 2018061415260

Policy ID: CWC 71949-0401
Examiner: NCACERES
Check Number: 10051793
Check Amount: $270.00
Check Date: 09/10/2018
Description: Translation
Invoice No: 74228

Document PRA-PKCA-60977
Received Date: 09/04/2018
Reviewed 09/07/2018

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

From: 06/26/2018 **Through:** 08/13/2018
Pharmacy No.:
DRG Code: T14

Srvc	Mod	Units	Service Description	Srvc Date	Billed	BR Red	PPO Red	Other	Allowanc	Reason Code
T1013		1.00	INTERPRETER	06/26/2018	230.00	230.00	0.00	0.00	0.00	224 G56
T1013		1.00	INTERPRETER	07/05/2018	230.00	230.00	0.00	0.00	0.00	224 G56
T1013		1.00	INTERPRETER	07/12/2018	180.00	180.00	0.00	0.00	0.00	224 G56
T1013		1.00	INTERPRETER	07/19/2018	180.00	180.00	0.00	0.00	0.00	224 G56
T1013		1.00	INTERPRETER	08/02/2018	180.00	180.00	0.00	0.00	0.00	224 G56
T1013		1.00	INTERPRETER	08/07/2018	180.00	180.00	0.00	0.00	0.00	224 G56
T1013		1.00	INTERPRETER	08/09/2018	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	08/13/2018	90.00	0.00	0.00	0.00	90.00	
				Totals:	1,450.00	1,180.00	0.00	0.00	270.00	

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

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

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. 10051793

DATE 09/10/2018

AMOUNT $**270.00

PAY Two Hundred Seventy Dollars And 00/100

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

SECURE FEATURES INCLUDE MICROPRINTING - VOID FEATURE PANTOGRAPH - ENDORSEMENT BACKER

⑈10051793⑈ ⑆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#
02/07/19 74824

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2018053594

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

Case: _ - vs PRIORITY WORKFORCE
Date Of Injury: 8/29/18

DOS	SERVICE	DESCRIPTION	AMOUNT
10/10/18	POST-OP	DR MICHAEL FELDMAN @ HAND & ORTHO CTR SO CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
11/07/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
12/07/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/04/19	PMT BY CHECK	DOS 10/10/18-128/7/18* =# 10058487	-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/ 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 **

MR

M

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

74824

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

Claimant Name:
Claimant SSN: ###-##-0700
Incident Date: 08/29/2018
Claim Number: 2018053594
Division Claim No.: 2018090713172

Policy ID: CWC 71949-1017
Examiner: ASMITH
Check Number: 10058487
Check Amount: $540.00
Check Date: 02/04/2019
Description: Translation
Invoice No: 74824

Document PRA-PKCA-77367 **Bill Type:** Doctors Office - 50 **From:** 10/10/2018 **Through:** 12/07/2018
Received Date: 01/28/2019 **Primary ICD:** T14.90 Injury, unspecified **Pharmacy No.:**
Reviewed 01/31/2019 **PPO Name:** **DRG Code:** T14

Srvc	Mod	Units	Service Description	Srvc Date	Billed	BR Red	PPO Red	Other	Allowanc	Reason Code
T1013		1.00	INTERPRETER	10/10/2018	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	11/07/2018	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	12/07/2018	180.00	0.00	0.00	0.00	180.00	
				Totals:	540.00	0.00	0.00	0.00	540.00	

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.

FEB 07 2019

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. 10058487

DATE 02/04/2019

AMOUNT **$**540.00**

PAY Five Hundred Forty Dollars And 00/100

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

SECURE FEATURES INCLUDE MICROPRINTING • VOID FEATURE PANTOGRAPH • ENDORSEMENT BACKER

⑈10058487⑈ ⑆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#
04/22/19 75673

EAMS#(s):
04/09/2019NOADJFOUND
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2018053670

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

Case: vs SOUTHEAST EMPLOYEE LEASING SVC
Date Of Injury: 8/14/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/03/19	PR2/REEVAL	DR ROY CAPUTO @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/19/19	PMT BY CHECK	DOS 4/3/19* # 10062097	-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 **

Explanation Of Bill Review

M

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

75673

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

Claimant Name:
Claimant SSN: ###-##-5481
Incident Date: 08/14/2018
Claim Number: 2018053670 ✓
Division Claim No.: 2018091717161

Policy ID: CWC 71949-1017
Examiner: NCACERES
Check Number: 10062097
Check Amount: $180.00
Check Date: 04/19/2019
Description: Translation
Invoice No: 75673 ✓

Document PRA-PKCA-86092
Received Date: 04/15/2019
Reviewed 04/18/2019

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

From: 04/03/2019 **Through:** 04/03/2019
Pharmacy No.:
DRG Code: T14

Srvc	Mod	Units	Service Description	Srvc Date	Billed	BR Red	PPO Red	Other	Allowanc	Reason Code
T1013		1.00	INTERPRETER	04/03/2019	180.00	0.00	0.00	0.00	180.00	
				Totals:	180.00	0.00	0.00	0.00	180.00	

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

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PAID
APR 22 2019

BY: .....

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

*** INVOICE ***
Date NO#
12/18/18 74138

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
PEGWC000000014530;PEGWC00

BILL TO:
PREFERRED EMPLOYERS (SAN DIEG)
W. C. DEPARTMENT
ATTN: BIANCA BORSYE
P.O. BOX # 85838
SAN DIEGO, CA 92186-5838

Case: vs MAY ENTEPRISE LLC DBA SUNRISE
Date Of Injury: CT 1/1/09; 10/22/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/19/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
07/05/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA J. RAMIREZ # 301566	0.00
07/20/18	PMT BY CHECK	DOS 6/19/18* # 5002227046	-156.50
12/13/18	PMT BY CHECK	DOS 7/5/18* # 5002266352	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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VR

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

M

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

74138

Check Date	Reference Number	Supplier Number	Pay Group	AP Unit	Print Group Code	Check Number
Dec 13 2018	5002266352	0000056979	CL	10045	1	5002266352

Policy Number	WKN149237-3
Insured	MAY ENTERPRISES L L C
Date of Loss	11/03/2015
Reported Date of Loss	02/26/2016
Claims System ID	btsCCPR:16463783
Claim Number	PEG WC 000000014530
Claimant Name	
Supplier Invoice Date	12/12/2018
Supplier Invoice Number	IbtsCCPR:16463783
Service Dates	07/05/2018 07/05/2018
Adjuster Name	Bianca Dorsey (Walnut Creek 4)
Agency Code	
Agency Name	
Pay Amount	$ 250.00
Memo / Description	

DEC 18 2018

Page 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 250.00 ***
Page 1 through 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 250.00 ***

WARNING! DO NOT ACCEPT THIS CHECK UNLESS YOU CAN SEE A TRUE WATERMARK THE WORD VOID IN THE BACK OF THE CHECK TO THE LIGHT AND LOOK FOR LOCK AND KEY ICONS THAT FADE WHEN WARMED

Berkley Insurance Company
PREFERRED EMPLOYERS GROUP
Preferred Employers Insurance Company
For Questions Please Call: 888-472-9001
Claim No: PEG WC 000000014530
In Payment Of:

WELLS FARGO BANK, N.A.
56-382/412

WRBC
5002266352

Date 12/13/2018 **Pay Amount** $ 250.00 ***

Pay **** TWO HUNDRED FIFTY AND XX/100 DOLLAR ****

To The Order Of

JOYCE ALTMAN INTERPRETERS INC.

THIS CHECK EXPIRES AND IS VOID 90 DAYS FROM ISSUE DATE

Authorized Signature

Authorized Signature

THIS CHECK CLEARS THROUGH POSITIVE PAY

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

*** INVOICE ***
Date NO#
03/11/19 74968

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
WD-00010783

BILL TO:
PROTECTIVE INS CO (INDIANAPOLI
W. C. DEPARTMENT
ATTN: PERSONNEL STAFFING
PO BOX 7099
INDIANAPOLIS, IN 46207

Case: vs PERSONNEL STAFFING GROUP LLC
Date Of Injury: 5/31/18

DOS	SERVICE	DESCRIPTION	AMOUNT
11/14/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	BOSCO BOKSH # 301275	0.00
12/28/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/23/19	PMT BY CHECK	DOS 11/14/18* # 3534536	-156.50
03/05/19	PMT BY CHECK	DOS 11/14/18-1/23/19* # 3548409	-250.00

BALANCE 0.00

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MR

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

CHECK NO. 3548409

Protective Insurance Company
P.O. Box 7099
Indianapolis, IN 46207

PNC Bank, N.A.
10 W. Second Street
Ashland, OH 44805

56–389
412

DATE
03/05/2019

**********250.00

VOID AFTER 90 DAYS

Pay Two Hundred Fifty Dollars And 00/100

TO THE ORDER OF

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

⑈3548409⑈ ⑆041203895⑆ 4239697784⑈

Payee: Joyce Altman Interpreters, Inc.

IRS/SSN: XX-XXX6713

Check Number: 3548409

Check Date: 03/05/2019

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
WD-0001078[illegible]		05/31/2018	Deposition Fees	11/14/2018	01/23/2019		74968 ✓	250.00

Comments: AO_NC ALF

PAID
MAR 11 2019
BY: .....

ID: 10316

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

*** INVOICE ***
Date NO#
10/30/18 73158

EAMS#(s):

SS # : XXX-XX-
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: 's 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
10/03/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	DIANA DEL OLMO # 301577	0.00
10/25/18	PMT BY CHECK	DOS 10/3/18* # 1000449090	-250.00

BALANCE 0.00

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MR

REPUBLIC INDEMNITY COMPANY OF AMERICA
P.O. Box 20036
Encino, CA 91416
818-990-9860

Republic Indemnity

Date: 10/25/2018
Check #: 1000449090
Payment Amount: 250.00

002016 R3N7T1A
Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00066498		73158	10/19/2018	10/03/18	10/03/18	250.00	250.00	
	122 Interpreter For Medical/WCAB							
						Total	250.00	

PAID
OCT 30 2018

PLEASE DETACH BEFORE DEPOSITING CHECK

SHADED AREA MUST GRADUALLY CHANGE FROM BLUE AT TOP TO GREEN AT BOTTOM

REPUBLIC INDEMNITY COMPANY OF AMERICA
P.O. Box 20036
Encino, CA 91416
818-990-9860

Republic Indemnity

11-24/1210

Date: 10/25/2018
Check #: 1000449090

Pay Exactly **Two Hundred Fifty and 00/100 -US Dollars **

Amount
$*****250.00

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 180 DAYS

WELLS FARGO BANK, N.A.

Authorized Signer

Void Void Void Void Void Void Void Void Void Void Void Void

⑈1000449090⑈ ⑆121000248⑆ 4584708143⑈

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

*** INVOICE ***
Date NO#
01/22/19 74285

EAMS#(s):1 - - -

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
R00065392; R00071478

BILL TO:
REPUBLIC INDEMNITY (ENCINO)
W. C. DEPARTMENT
ATTN: JESSIE MANDUJUAO
P.O. BOX # 20036
ENCINO, CA 91416-0036

Case: ____ vs NICKS DOOR CORPORATION
Date Of Injury: 2/13/18;2/9/18;CT2/1

DOS	SERVICE	DESCRIPTION	AMOUNT
07/12/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JUAN L. PEREZ # 100777	0.00
08/01/18	PMT BY CHECK	DOS 7/12/18* # 3000505931	-156.50
07/27/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/22/18	PMT BY CHECK	DOS 7/27/18* # 3000508990	-250.00
12/27/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	ALEXANDRA QUIJANO # 3011318	0.00
01/17/19	PMT BY CHECK	DOS 12/27/18* # 3000530292	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MR

REPUBLIC INDEMNITY COMPANY OF CALIFORNIA
P.O. Box 20036
Encino, CA 91416
818-990-9860

Republic Indemnity

Date: 08/22/2018
Check #: 3000508990
Payment Amount: 250.00

002080 R3N7T1A
Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00065392		74285	08/07/2018	07/27/18	07/27/18	0.00	250.00	
		643 Deposition - Interpreter						
						Total	250.00	

AUG 28 2018

PLEASE DETACH BEFORE DEPOSITING CHECK

SHADED AREA MUST GRADUALLY CHANGE FROM BLUE AT TOP TO GREEN AT BOTTOM

REPUBLIC INDEMNITY COMPANY OF CALIFORNIA
P.O. Box 20036
Encino, CA 91416
818-990-9860

Republic Indemnity

11-24/1210

Date: 08/22/2018
Check #: 3000508990

Pay Exactly **Two Hundred Fifty and 00/100 -US Dollars **

Amount
$***250.00**

VOID AFTER 180 DAYS

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

WELLS FARGO BANK, N.A.

Authorized Signer

⑈3000508990⑈ ⑆121000248⑆ 4584711196⑈

REPUBLIC INDEMNITY COMPANY OF CALIFORNIA
P.O. Box 20036
Encino, CA 91416
818-990-9860

Republic Indemnity

Date: 01/17/2019
Check #: 3000530292
Payment Amount: 250.00

002765 R3N7T1A

Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

JAN 22 2019

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00065392		74285	01/09/2019	12/27/18	12/27/18	0.00	250.00	
	643 Deposition - Interpreter							
						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#
01/02/19	74454

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
R00074388

BILL TO:
REPUBLIC INDEMNITY (ENCINO)
W. C. DEPARTMENT
ATTN: JASON BLACK
P.O. BOX # 20036
ENCINO, CA 91416-0036

Case: vs MBS/INDSTRIAL
Date Of Injury: 7/24/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/01/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF CALIF*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/17/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/21/18	P AND S	DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
12/19/18	PMT BY CHECK	DOS 8/1/18-9/21/18* # 1000454460	-590.00

BALANCE 0.00

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HR

REPUBLIC INDEMNITY COMPANY OF AMERICA
P.O. Box 20036
Encino, CA 91416
818-990-9860

Republic Indemnity

MR

Date: 12/19/2018
Check #: 1000454460
Payment Amount: 590.00

002913 R3N7T1A
Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00074388		74454	12/12/2018	08/01/18	09/21/18	590.00	590.00	
	122 Interpreter For Medical/WCAB							
						Total	590.00	

JAN 02 2019

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#
12/14/18	64892

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06049910

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: KAREN GREEN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs MONARCH ALUMINUM
Date Of Injury: CT 3/1/12-10/21/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/04/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/30/15	LEGAL_WCAB	EXH HEARING @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/11/15	PMT BY CHECK	DOS 2/2/15-3/30/15* # 00791268 AMTRUST	-563.00
11/01/18	LEGAL_WCAB	FULL DAY MSC @ WCAB LBO	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/12/18	PMT BY CHECK	DOS 11/1/18* =# CU-415834 SCIF	-313.00

BALANCE 0.00

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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals (888)782-8338

Provider Number: XXXXX6713

Check #: **CU-415834**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 12/12/18
Doc #: 033960062

Medical

64892 -65190 - 74955

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 04347566		**Date of Injury:** 12/05/05		
SSN: XXX-XX-1094	Employer name: CASANOVA CONCRETE, INC				Employer ID: 000000168479705O				
1	SF1-SPCA-397201	11/01/18	999Q9	Interpreter Deposit-	1	[illegible]	.00		[illegible]
	Patient Name: 64892				**Claim #:** 06049910		**Date of Injury:** 05/28/12		
SSN: XXX-XX-4209	Employer name: MONARCH ALUMINUM CASTING CO				Employer ID: 000000195238211O				
2	SF1-SPCA-397200	11/01/18	999Q8	Interpreter Deposit-	1	313.00	.00		313.00

Total Allowances: **$469.50**

MR

DEC 14 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"

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

State Compensation Insurance Fund

Medical
SA

Glendale District Office
PO BOX 65005
Fresno, CA 93650-5005

CU-415834
Union Bank
Los Angeles, California

90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
December 12, 2018	**$*******469.50**

PAY ****Four Hundred Sixty-Nine and 50/100 Dollars****ONLY

To The Order Of
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Please negotiate at your local Union Bank Branch.

⑈521041583⑈ ⑆122241501⑆ ⑈908100104 3⑈

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : (888)782-8338

Provider Number: XXXXX6713

Check #: **CU-415834**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 12/12/18
Doc #: 033960062

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SPCA-397201	04347566	40124	156.50	.00	156.50	.00	156.50
Provider NPI:	Rendering Provider NPI:		Rendering Provider:				
Patient Acct #:	ReviewerID: þ©	Carrier Receive Date: 11/19/18	Review Date: 12/10/18	Payment Code: 1	UB04:		
SF1-SPCA-397200	06049910	64892	313.00	.00	313.00	.00	313.00
Provider NPI:	Rendering Provider NPI:		Rendering Provider:				
Patient Acct #:	ReviewerID: þ©	Carrier Receive Date: 11/19/18	Review Date: 12/10/18	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.

01363911033960062001 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#
03/05/19 68588

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06122338; 06110498; 06122

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: JAMIES AILES
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs SEAFOOD ZONE
Date Of Injury: 11/15/14; 5/15/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/19/16	LEGAL_PREP	DEPO PREP @ L/O HUTCHINS COURT REPORTERS	156.50
/ /	INTERPRETER:	LETICIA GUZMAN URIOSTEGUI # 301652	0.00
04/14/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
03/16/18	PMT BY CHECK	DOS 2/19/16-4/14/16* =# CU-384426	-406.50
03/27/18	PENALTIES	FOR DATE OF SERVICE 2/19/16	23.48
03/16/18	INTEREST	FOR DATE OF SERVICE 2/19/16	35.60
03/27/18	PENALTIES	FOR DATE OF SERVICE 4/14/16	37.50
03/16/18	INTEREST	FOR DATE OF SERVICE 4/14/16	54.27
01/30/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA P. CORTEZ # 100533	0.00
02/26/19	PMT BY CHECK	DOS 1/30/19* # CU-423504	-250.00

BALANCE 150.85

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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 **

M2

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : (888)782-8338

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-423504**

Issue Date: 02/26/19
Doc #: 034168220

Medical

68588

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	06122338	**Date of Injury:**	11/15/14	
SSN: XXX-XX-8923	Employer name: THE SEAFOOD ZONE			Employer ID: 0000(	)95539142				
1	SF1-SPCA-413081	01/30/19	999Q9	Interpreter Deposit-	1	250.00	.00	911 G5 375	250.00
						Total Allowances:			**$250.00**

FAX
MAR 01 2019
BY: .....

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
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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"

0136673603416822000 1 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#
07/19/18 69080

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06049776

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: MARINE HERGELIAN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs TODAYS FRESH START
Date Of Injury: 11/3/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/08/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
05/13/16	PMT BY CHECK	DOS 5/13/16* # CU-287605	-90.00
06/10/16	PMT BY CHECK	DOS 4/8/16* # CU-292897	-66.50
06/09/16	LEGAL_WCAB	EXPEDITED HEARING @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/22/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/18/16	PMT BY CHECK	DOS 6/9/16* # CU-299765	-156.50
07/25/16	PMT BY CHECK	DOS 6/22/16* # CU-301067	-250.00
06/01/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/16/18	PMT BY CHECK	DOS 6/1/18* # CU-398998	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MR

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-398998**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 07/16/18
Doc #: 033526675

Medical

69080

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06049776		**Date of Injury:** 11/03/14		
SSN: XXX-XX-4381	Employer name: TODAY'S FRESH START CHRTR SCHL				Employer ID: 0000001718363140				
1	SF1-SPCA-368207	06/01/18	999Q9	Interpreter Deposit-	1	250.00	.00	375 911 G5	250.00
					Total Allowances:				**$250.00**

0135800603352667500 1 3

JUL 19 2018

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#
02/27/19	72843

EAMS#(s):

SS # : XXX-XX-
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
04/19/18	PR2/REEVAL	DR JOHN XIAO JIANG QIAN/DAVE FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/03/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	WALTER VASQUEZ # 1007700	0.00
01/16/19	BLCE OFF SET	BALANCE OFF SET - FOR MEDICAL DOS 4/19/18	-180.00
02/25/19	PMT BY CHECK	DOS 10/3/18* # CS-690923	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MP

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : (888)782-8338

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CS-690923**

Issue Date: 02/25/19
Doc #: 034165805

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06232704		**Date of Injury:** 08/14/14		
SSN: XXX-XX-3640	Employer name: VICTORS GROVE SERVICE				Employer ID: 0000001960691140				
1	SF1-SPCA-411131	10/03/18	999Q9	Interpreter Deposit-	1	250.00	.00	G5 375 911	250.00
					Total Allowances:				**$250.00**

FAXED
FEB 27 2019
BY: .....

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#
09/28/18 73681

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06250222; 06251674

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: CAROL BAUTISTA
P.O. BOX # 65005
FRESNO, CA 93650

Case: : vs SLC COLD STORAGE
Date Of Injury: 3/1/15;3/1/15-11/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/20/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	JOYCE C. ALTMAN # 300624	0.00
05/24/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
06/18/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
09/05/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/25/18	PMT BY CHECK	DOS 3/20/18-6/18/18* =# CA-724370 SCIF	-563.00

BALANCE 156.50

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Explanation of Review (EOR)

State Compensation Insurance Fund
PO Box 3171
Suisun City, CA 94585-6171

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CA-724370**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/25/18
Doc #: 033738245

73681 - 741613

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06251674		**Date of Injury:** 11/27/16		
SSN: XXX-XX-0993	Employer name: SAN JOSE COLD STORAGE LLC				Employer ID: 0000009140755160				
1	SF1-SPCA-384736	03/20/18	999Q9	Interpreter Deposit-	1	156.50	.00	375 911 G5	156.50
2	SF1-SPCA-384736	05/24/18	999Q9	Interpreter Deposit-	1	156.50	.00	375 911 G5	156.50
3	SF1-SPCA-384736	06/18/18	999Q9	Interpreter Deposit-	1	250.00	.00	375 911 G5	250.00
						Total Allowances:			**$563.00**

0136095803373824500 1 2

SEP 27 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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"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#
08/09/18 74130

EAMS#(s):

SS # : XXX-XX-
DOB
Terms: 60 days
Claim #(s):
06336436

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: VANESSA GOMEZ
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs AZTECA JEANS INC
Date Of Injury: 2/20/16 - 12/20/17

DOS	SERVICE	DESCRIPTION	AMOUNT
06/07/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI DOI: BOTH	250.00
/ /	INTERPRETER:	MARIA E PACO CORTEZ # 100533	0.00
08/07/18	PMT BY CHECK	DOS 6/7/18* # CU-401595	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Explanation of Review (EOR)

M.

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-401595**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 08/07/18
Doc #: 033593998

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:** 06336436		**Date of Injury:** 03/06/17		
SSN: XXX-XX-0006	Employer name: MS JEANS INC			Employer ID: 0000009154559170					
1	SF1-SPCA-370024	06/07/18	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
						Total Allowances:			**$250.00**

AUG 09 2018

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

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0135895103593998001 2

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

*** INVOICE ***
Date NO#
10/12/18 74529

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06251674

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: ROSELINE HILL
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs SLC COLD STORAGE
Date Of Injury: 10/14/16

DOS	SERVICE	DESCRIPTION	AMOUNT
04/11/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/09/18	PMT BY CHECK	DOS 4/11/18* # CA-725573	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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42

Explanation of Review (EOR)

State Compensation Insurance Fund
PO Box 3171
Suisun City, CA 94585-6171

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CA-725573**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 10/09/18
Doc #: 033776593

Medical

74529

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06251674		**Date of Injury:** 11/27/16		
SSN: XXX-XX-0993 Employer name: SAN JOSE COLD STORAGE LLC					Employer ID: 0000009140755160				
1	SF1-SPCA-385820	04/11/18	999Q9	Interpreter Deposit-	1	250.00	.00	911 G5 375	250.00
				Total Allowances:					**$250.00**

PAID
OCT 12 2018
BY: .....

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
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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"

0136156303377659300 1 2

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

*** INVOICE ***
Date NO#
01/03/19 74777

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
06374198

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN:
P.O. BOX # 65005
FRESNO, CA 93650

Case: GOMEZ vs MIDWAY GLASS
Date Of Injury: 4/20/18

DOS	SERVICE	DESCRIPTION	AMOUNT
10/05/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	WALTER VASQUEZ # 100770	0.00
11/12/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/11/18	PMT BY CHECK	DOS 10/5/18* # CT-508700	-156.50
12/28/18	PMT BY CHECK	DOS 11/12/18* # CT-509498	-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 **

Explanation of Review (EOR)

M

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : (888)782-8338

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CT-509498**

Issue Date: 12/28/18
Doc #: 034005035

Medical

74777

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:** 06374198		**Date of Injury:** 04/20/18		
SSN: XXX-XX-0006	Employer name: MIDWAY GLASS			Employer ID: 0000001966895180					
1	SF1-SPCA-399671	11/12/18	999Q9	Interpreter Deposit-	1	250.00	.00	911 G5 375	250.00
					Total Allowances:				**$250.00**

RECEIVED
JAN 02 2019

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"

0136450703400503500l 3

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

*** INVOICE ***
Date NO#
02/18/19 75044

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06265080

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs SIGNET DESIGN CORP
Date Of Injury: 2/20/17

DOS	SERVICE	DESCRIPTION	AMOUNT
11/28/18	LEGAL REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	WALTER VASQUEZ # 100770	0.00
02/13/19	PMT BY CHECK	DOS 11/28/18* # CP-034448	-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 **

M2

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : (888)782-8338

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CP-034448**

Issue Date: 02/13/19
Doc #: 034133435

Medical

75044

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06265080		**Date of Injury:** 02/20/17		
SSN: XXX-XX-8491	Employer name: SIGNET DESIGN & CONSTRUCTION MGMT				Employer ID: 0000009030963160				
1	SF1-SPCA-407798	11/28/18	999Q9	Interpreter Deposit-	1	250.00	.00	911 G5 375	250.00
					Total Allowances:				**$250.00**

9

PAID
FEB 18 2019
BY: .....

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

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

*** INVOICE ***

Date	NO#
02/26/19	75079

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
06216610

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs LANDMARK MEDICAL CENTER
Date Of Injury: 8/12/16

DOS	SERVICE	DESCRIPTION	AMOUNT
12/10/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/21/19	PMT BY CHECK	DOS 12/10/18* # CS-690648	-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 **

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : (888)782-8338

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CS-690648**

Issue Date: 02/21/19
Doc #: 034157477

Medical

75079

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06216610		**Date of Injury:** 08/01/16		
SSN: XXX-XX-2087 Employer name: LANDMARK MEDICAL CENTER					Employer ID: 0000009119410150				
1	SF1-SPCA-409258	12/10/18	999Q9	Interpreter Deposit-	1	250.00	.00	911 G5 375	250.00
					Total Allowances:				**$250.00**

PAID
FEB 26 2019
BY: .....

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

0136657103415747700 1 2

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

*** INVOICE ***
Date NO#
03/20/19 75251

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06202310

BILL TO:
SCIF (SUISUN CITY)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 3171
SUISUN CITY, CA 94585-6171

Case: vs F AND E LAWN SVCS & LAWN MOWER
Date Of Injury: 6/8/16

DOS	SERVICE	DESCRIPTION	AMOUNT
01/21/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/18/19	PMT BY CHECK	DOS 2/21/19* # CK-782133	-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 **

Explanation of Review (EOR)

State Compensation Insurance Fund
PO Box 3171
Suisun City, CA 94585-6171

Questions & Appeals : (888)782-8338

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CK-782133**

Issue Date: 03/18/19
Doc #: 034227302

Medical

75251

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:** 06202310		**Date of Injury:** 06/08/16		
SSN: XXX-XX-0006	Employer name: F & E LAWNMOWER			Employer ID: 0000001610016150					
1	SF1-SPCA-415335	01/21/19	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
						Total Allowances:			**$250.00**

PAID
MAR 20 2019
BY: .....

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

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

*** INVOICE ***
Date NO#
07/03/19 75863

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
05911972

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs HANMI GLASS
Date Of Injury: 7/26/09

DOS	SERVICE	DESCRIPTION	AMOUNT
05/06/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
07/01/19	PMT BY CHECK	DOS 5/6/19* # CU-437142	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MC

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : (888)782-8338

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-437142**

Issue Date: 07/01/19
Doc #: 034530328

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06317914		**Date of Injury:** 10/01/16		
SSN: XXX-XX-2101 Employer name: BEAVER CONSTRUCTION CO					Employer ID: 0000009027279150				
ICD-10 Code:T14.90 INJURY, UNSPECIFIED									
1	SF1-SFCA-20071858	04/03/19	MDS10	Settlement For Dispu	1	360.00	160.00	G5 375 G67 961	
Patient Name:					**Claim #:** 05911972		**Date of Injury:** 07/26/09		
SSN: XXX-XX-0006 Employer name: HANMI GLASS					Employer ID: 0000001818384090				
2	SF1-SPCA-435252	05/06/19	999Q9	Interpreter Deposit-	1	250.00	.00	911 G5 375	250.00

Total Allowances: **$450.00**

75863

PAID
JUL 03 2019
BY:

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"

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

State Compensation Insurance Fund

Medical
SA

Glendale District Office
PO BOX 65005
Fresno, CA 93650-5005

CU-437142
Union Bank
Los Angeles, California

90-4150
1222

2639696

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
July 01, 2019	**$*******450.00**

PAY ****Four Hundred Fifty and 00/100 Dollars****ONLY

To The Order Of

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Please negotiate at your local Union Bank Branch.

⑈521043714 2⑈ ⑆122241501⑆ ⑈908100104 3⑈

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : (888)782-8338

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-437142**

Issue Date: 07/01/19
Doc #: 034530328

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-20071858	06317914	LS	360.00	160.00	200.00	.00	200.00
Provider NPI:	Rendering Provider NPI:		Rendering Provider:				
Patient Acct #: LS	ReviewerID: 2U	Carrier Receive Date: 06/26/19	Review Date: 06/28/19	Payment Code: 1	UB04:		
SF1-SPCA-435252	05911972	75863	250.00	.00	250.00	.00	250.00
Provider NPI:	Rendering Provider NPI:		Rendering Provider:				
Patient Acct #:	ReviewerID: þ©	Carrier Receive Date: 06/14/19	Review Date: 06/25/19	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.

State Fund will only accept paper bills served in accordance with 8 CCR 10505(b)(1),(2) or electronic bills compliant with The California Division of Workers' Compensation Electronic Medical Billing and Payment Companion Guide. State Fund does not agree to and will not accept bills served in any other manner, including, but not limited to facsimile (fax) and e-mail.

EOR Reduction Code Explanation:

375 : PLEASE SEE SPECIAL *NOTE* BELOW.

911 : Per CA code of Regulations, Title 8 9795.3(b)(1):
For appeals board hearings, arbitration and depositions, the interpreter fees must be billed and paid at the greater of:
1. the rate for one half day or one full day as defined in the Superior Court fee schedule for interpreters in the county where the service was provided; or
2. the market rate.

961 : Allowance reflects the lump sum settlement amount

G5 : This charge was adjusted for the reasons set forth in the attached letter.

G67 : Payment based on individual pre-negotiated agreement for this specific service.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : (888)782-8338

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-437142**

Issue Date: 07/01/19
Doc #: 034530328

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals

Reviewer's Comments:

SF1-SPCA-435252 BR Message 375: Your invoice was paid in accordance with our Market Rate Agreement. Should you wish to update your Market Rate Agreement with State Fund, please submit the following to State Fund, Claims Processing Center Pleasanton, 5880 Owens Drive, Pleasanton CA 94588: 1. Formal request for a Market Rate Agreement or Update 2. At least five paid invoices from five different carriers (paid by carrier within the last 12 months). 3. Address(es) and TIN number(s) to be used for that market rate agreement. Thank you, State Fund, Claims Processing Center

SF1-SFCA-20071858 375: Settlement covers the following Date(s) of service 07/31/17 to 04/30/19

0137167303453032800 2 3

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

*** INVOICE ***

Date	NO#
10/30/18	68831

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
301533568230001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: LINDA LA ROSA
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs AUTOMOTIVE CREATIONS
Date Of Injury: CT 10/15/13-3/13/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/17/16	LEGAL_PREP	DEPO PREP @ L/O ADELSON, TESTAN & BRUNDO	156.50
/ /	INTERPRETER:	MARIO VALDEZ # 301322	0.00
04/17/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
05/16/16	PMT BY CHECK	DOS 3/17/16* # 0068145907	-406.50
09/20/18	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/03/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	WALTER VASQUEZ # 100770	0.00
10/25/18	PMT BY CHECK	DOS 9/20/18-10/3/18* # 92889497	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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HR

M

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

0003445-0010865 0106 001 745319 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
10/25/2018	406.50	92889497
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
	03/13/2014	30153356823-0001
Amt Paid: 406.50	Description:	
Amt Billed: 406.50	Invoice: 68831	ICN:301533568230001
Dates: 09/20/2018 - 10/03/2018	Comment:	

PAID
OCT 30 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: 10/25/2018

92889497
62-22
311

PAY: ******FOUR HUNDRED SIX AND 50/100 DOLLARS

$406.50

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

454488395

MO: MP

Everest National Insurance Co, Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈92889497⑈ ⑆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#
08/20/18 73267

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
301790427201-0001;

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W. C. DEPARTMENT
ATTN: ALISSA MANASALA
PO BOX # 14421
LEXINGTON, KY 40512-4421

Case: vs BEVERLY HILTON HOTEL
Date Of Injury: CT 11/13/17

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

M2

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

*** INVOICE ***
Date NO#
08/20/18 73267

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
301790427201-0001;

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W. C. DEPARTMENT
ATTN: ALISSA MANASALA
PO BOX # 14421
LEXINGTON, KY 40512-4421

Case: vs BEVERLY HILTON HOTEL
Date Of Injury: CT 11/13/17

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
05/23/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/08/18	PMT BY CHECK	DOS 1/24/18-5/29/18* # 89658782	-90.00
06/20/18	PMT BY CHECK	DOS 1/24/18-6/8/18* # 89660267	-90.00
06/12/18	INITIAL EXAM	DR ALLEN MASSIHI @ GOFNUNG*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/10/18	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/16/18	PMT BY CHECK	DOS 1/24/18-7/10/18* # 92694241	-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/ 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 **

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

DATE	CHECK AMOUNT	CHECK NUMBER
08/16/2018	410.00	92694241
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

0000648-0002077 0106 001 728428

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

Claimant Name	Loss Date	Claim Number
	11/13/2017	30179042720-0001
Amt Paid: 410.00	Description:	
Amt Billed: 410.00	Invoice: 73267	ICN:301790427200001
Dates: 01/24/2018 - 07/10/2018	Comment:	

AUG 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

HBM Global Risk Corp.
ACE American Insurance Company

ORIGIN 6004263
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 08/16/2018

92694241
62-22
311

PAY: ******FOUR HUNDRED TEN AND 00/100 DOLLARS

$410.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

HBM Global Risk Corp., Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈92694241⑈ ⑆031100225⑆ 207995005970 3⑈

415183918

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

*** INVOICE ***
Date NO#
08/20/18 73569

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30189624347-0001

BILL TO:
SEDGWICK CLAIMS (LEX-14779)
W. C. DEPARTMENT
ATTN: MARIA ILLARUEL
P.O. BOX 14779
LEXINGTON, KY 40512

Case: vs HERAEUS PRECIOUS METAL
Date Of Injury: 2/27/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/06/18	POST-OP	DR MICHAEL FELDMAN @ HAND & ORTHO CTR*	180.00
/ /	INTERPRETER:	LISBETH Y.C. PARRENO # 101080	0.00
04/11/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/20/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/24/18	P AND S	DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	LSIBETH C. PARRENO # 101080	0.00
08/16/18	PMT BY CHECK	DOS 3/6/18-7/24/18* # 77515703	-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 **

HR

Sedgwick Claims Management Services, Inc
PO Box 14154
Lexington, KY 40512-4154

0000648-0002075 0106 001 728428 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
08/16/2018	770.00	77515703
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
		02/27/2018	30189624347-0001
Amt Paid: 770.00	Description:	Telephonic Case Management Fee	
Amt Billed: 770.00	Invoice:	73569	ICN:301896243470001
Dates: 03/06/2018 - 07/24/2018	Comment:		

AUG 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 Heraeus Inc
Property & Casualty Insurance Company

ORIGIN 6004267

Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 08/16/2018

77515703

62-22
311

PAY: ******SEVEN HUNDRED SEVENTY AND 00/100 DOLLARS

$770.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

415168877

MEMO: MP

Heraeus Inc, Principal
Sedgwick Claims Management Services, Inc., Agent By:

Bob Blankenship

⑈77515703⑈ ⑆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#
02/08/19 74018

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30180196259-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: DEMITRIES SHERLY
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs RA PHILLIPS INDUSTRIES INC
Date Of Injury: 5/15/18

DOS	SERVICE	DESCRIPTION	AMOUNT
05/17/18	INITIAL EXAM	DR EMMETT COX @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/07/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/21/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/28/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/12/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/26/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/03/18	PMT BY CHECK	DOS 5/17/18-6/28/18* # 90122710	-770.00
08/09/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 10180	0.00
08/28/18	PMT BY CHECK	DOS 5/17/18-8/9/18* # 92112550	-540.00
09/06/18	PR2/REEVAL	DR. COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/20/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/16/18	PMT BY CHECK	DOS 9/6/18* # 92124914	-180.00
10/11/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/01/18	PMT BY CHECK	DOS 9/20/18* # 92891124	-180.00
11/01/18	PR2/REEVAL	DR COX & HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/04/18	PMT BY CHECK	DOS 11/1/18* # 92894473	-180.00
11/08/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	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#
02/08/19	74018

EAMS#(s):

SS # : XXX-XX-
DOB : , --, --
Terms: 60 days
Claim #(s):
30180196259-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: DEMITRIES SHERLY
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs RA PHILLIPS INDUSTRIES INC
Date Of Injury: 5/15/18

DOS	SERVICE	DESCRIPTION	AMOUNT
11/27/18	PMT BY CHECK	DOS 11/6/18-11/6/18* # 92897411	-180.00
11/27/18	PMT BY CHECK	DOS 11/4/18-11/4/18* # 92897410	-180.00
12/20/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/11/19	PMT BY CHECK	DOS 12/20/18* # 93049444	-180.00
01/24/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/05/19	PMT BY CHECK	DOS 1/24/19* # 94690196	-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 **

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

0004132-0013097 0106 001 725505 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
08/03/2018	770.00	90122710
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
		05/15/2018	30180196259-0001
Amt Paid: 770.00	Description:	Interpreter	
Amt Billed: 770.00	Invoice:	74018	ICN:164246783.6
Dates: 05/17/2018 - 06/28/2018	Comment:		

AUG 07 2018

SWK.RM.STD.00.NP

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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: 08/03/2018

90122710
62-22
311

PAY: ******SEVEN HUNDRED SEVENTY AND 00/100 DOLLARS

$770.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

408779622

Bob Blankenship

MEMO: MP

Everest National Insurance Co, Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈90122710⑈ ⑆031100225⑆ 2079950059703⑈

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

0002479-0008129 0106 001 730955 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
08/28/2018	540.00	92112550
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
		05/15/2018	30180196259-0001
Amt Paid: 540.00	Description:	Interpreter	
Amt Billed: 540.00	Invoice:	74018 ✓	ICN:165468178.6
Dates: 05/17/2018 - 08/09/2018	Comment:		

AUG 31 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: 08/28/2018

92112550
62-22
311

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

$540.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

Everest National Insurance Co, Principal
Sedgwick Claims Management Services, Inc., Agent By:

421484071

⑈92112550⑈ ⑆031100225⑆ 20799500597 03⑈

M

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

0004203-0013567 0106 001 743170 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
10/16/2018	180.00	92124914
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
			05/15/2018	30180196259-0001
Amt Paid:	180.00	Description:	Interpreter	
Amt Billed:	180.00	Invoice:	74018	ICN:166033280.6
Dates:	09/06/2018 - 09/06/2018	Comment:		

PAID
OCT 19 2018
BY: .....

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: 10/16/2018

92124914
62-22
311

PAY: ******ONE HUNDRED EIGHTY AND 00/100 DOLLARS

$180.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

Everest National Insurance Co, Principal
Sedgwick Claims Management Services, Inc., Agent By:

448600498

⑈92124914⑈ ⑆031100225⑆ 207995005970 3⑈

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

0008169-0027799 0106 001 746670 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
11/01/2018	180.00	92891124
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
	05/15/2018	30180196259-0001
Amt Paid: 180.00	Description: Interpreter	
Amt Billed: 180.00	Invoice: 74018	ICN:301801962590001
Dates: 09/20/2018 - 09/20/2018	Comment:	

PAID
NOV 06 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: 11/01/2018

92891124
62-22
311

PAY: ******ONE HUNDRED EIGHTY AND 00/100 DOLLARS

$180.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

Everest National Insurance Co, Principal
Sedgwick Claims Management Services, Inc., Agent By:

457876303

⑈92891124⑈ ⑆031100225⑆ 207995005970 3⑈

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

DATE	CHECK AMOUNT	CHECK NUMBER
11/14/2018	180.00	92894473
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

0000639-0002339 0106 001 749802

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

Claimant Name		Loss Date	Claim Number
ARIAS, ESTHER		05/15/2018	30180196259-0001
Amt Paid: 180.00	Description:	Interpreter	
Amt Billed: 180.00	Invoice:	74018	ICN:301801962590001 74018
Dates: 11/01/2018 - 11/01/2018	Comment:		

PAID
NOV 16 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: 11/14/2018

92894473
62-22
311

PAY: ******ONE HUNDRED EIGHTY AND 00/100 DOLLARS

$180.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

Everest National Insurance Co, Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈92894473⑈ ⑆031100225⑆ 207995005970 3⑈

14

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

DATE	CHECK AMOUNT	CHECK NUMBER
11/27/2018	180.00	92897411
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

0002888-0010167 0106 001 752380

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

Claimant Name			Loss Date	Claim Number
			05/15/2018	30180196259-0001
Amt Paid:	180.00	Description:	Interpreter	
Amt Billed:	180.00	Invoice:	74018	ICN:301801962590001
Dates:	11/08/2018 - 11/08/2018	Comment:		

NOV 30 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: 11/27/2018

92897411

62-22
311

PAY: ******ONE HUNDRED EIGHTY AND 00/100 DOLLARS

$180.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

Everest National Insurance Co, Principal
Sedgwick Claims Management Services, Inc., Agent By:

472032651

⑈92897411⑈ ⑆031100225⑆ 20799500597 03⑈

N

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

0002888-0010165 0106 001 752380 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
11/27/2018	180.00	92897410
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
		05/15/2018	30180196259-0001
Amt Paid:	180.00	Description: Interpreter	
Amt Billed:	180.00	Invoice: 74018	ICN:301801962590001
Dates:	11/04/2018 - 11/04/2018	Comment:	

NOV 30 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: 11/27/2018

92897410

62-22
311

PAY: ******ONE HUNDRED EIGHTY AND 00/100 DOLLARS

$180.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

Everest National Insurance Co, Principal
Sedgwick Claims Management Services, Inc., Agent By:

472029638

⑈92897410⑈ ⑆031100225⑆ 20799500597 03⑈

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

0002217-0005813 0106 001 762474 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
01/11/2019	180.00	93049444
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

m

Claimant Name		Loss Date	Claim Number
		05/15/2018	30180196259-0001
Amt Paid:	180.00	Description: Interpreter	
Amt Billed:	180.00	Invoice: 74018 ✓	ICN:175242953.6
Dates:	12/20/2018 - 12/20/2018	Comment:	

JAN 1 4 2019

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: 01/11/2019

93049444
62-22
311

PAY: ******ONE HUNDRED EIGHTY AND 00/100 DOLLARS

$180.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

Everest National Insurance Co, Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈93049444⑈ ⑆031100225⑆ 207995005970 3⑈

M

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

0004290-0014811 0106 001 768560 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
02/05/2019	180.00	94690196
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
			05/15/2018	30180196259-0001
Amt Paid:	180.00	Description:	Interpreter	
Amt Billed:	180.00	Invoice:	74018	ICN:301801962590001
Dates:	01/24/2019 - 01/24/2019	Comment:		

FEB 08 2019

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: 02/05/2019

94690196

62-22
311

PAY: ******ONE HUNDRED EIGHTY AND 00/100 DOLLARS

$180.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

Everest National Insurance Co, Principal
Sedgwick Claims Management Services, Inc., Agent By:

511367525

⑈94690196⑈ ⑆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#
04/05/19 74412

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
3017227622-001

BILL TO:
SEDGWICK CLAIMS (LEX-14779)
W. C. DEPARTMENT
ATTN: TANIA ARLANDER
P.O. BOX 14779
LEXINGTON, KY 40512

Case: vs CARE PLUS HOME CARE
Date Of Injury: 7/2/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/03/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	BOSCO BOKSH # 301275	0.00
10/05/18	PMT BY CHECK	DOS 8/3/18* # 96705868	-156.50
03/18/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	WALTER VASQUEZ # 100770	0.00
04/03/19	PMT BY CHECK	DOS 3/18/19* # 101083963	-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 **

MR

Sedgwick Claims Management Services, Inc
PO Box 14779
Lexington, KY 40512

0003960-0010767 0106 001 781573 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
04/03/2019	250.00	101083963
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
523 Sedgwick Claims Management Services, Inc		01 of 01

M

74412—

Claimant Name			Loss Date	Claim Number
			07/02/2017	30178227622-0001
Amt Paid:	250.00	Description:		
Amt Billed:	250.00	Invoice:		ICN:233563277.339
Dates:	03/18/2019 - 03/18/2019	Comment:	3/18/19 DEPO REVIEW	

PAID
APR 05 2019
BY: .....

SWK.RM.STD.00.NP

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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
Falls Lake Fire and Casualty Company

ORIGIN 5236200
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 04/03/2019

101083963
62-22
311

PAY: ******TWO HUNDRED FIFTY AND 00/100 DOLLARS

$250.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

Falls Lake Fire and Casualty C, Principal
Sedgwick Claims Management Services, Inc., Agent By:

5448306623

⑈101083963⑈ ⑆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#
10/03/18 74520

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30179005873-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: JULIANA TRAVIS
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs BIG LOTS
Date Of Injury: 5/13/12

DOS	SERVICE	DESCRIPTION	AMOUNT
08/23/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA J. RAMIREZ # 301566	0.00
10/02/18	PMT BY CHECK	DOS 8/23/18* # 69684983	-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 **

M

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

0001187-0004653 0106 001 739915 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
10/02/2018	250.00	69684983
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
		05/13/2012	30179005873-0001
Amt Paid: 250.00	Description:		
Amt Billed: 250.00	Invoice:		ICN:301790058730001
Dates: 08/23/2018 - 08/23/2018	Comment:	74520 ✓	

PAID
OCT 03 2018
BY: .....

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: 10/02/2018

69684983

62-22
311

PAY: ******TWO HUNDRED FIFTY AND 00/100 DOLLARS

$250.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

Big Lots, Principal
Sedgwick Claims Management Services, Inc., Agent By:

441034128

⑈69684983⑈ ⑆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#
07/22/19 74559

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30180266207-001; 30180984

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: ASHELY MALACHY
P.O. BOX 14440
LEXINGTON, KY 40512

Case: [redacted] vs BAAAAM LLC DBA CHICK FIL A
Date Of Injury: 7/21/18 & 4/28/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/23/18	INITIAL EXAM	DR HUMBERTO RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/19/18	INITIAL ACUP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/03/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/19/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/02/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/25/19	PMT BY CHECK	DOS 8/23/18-1/2/19* # 98967118	-1000.00
02/25/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/26/19	PMT BY CHECK	DOS 1/2/19-2/25/19* =# 101720122	-180.00
04/15/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/09/19	PMT BY CHECK	DOS 4/15/19* # 101720512	-90.00
06/26/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/17/19	PMT BY CHECK	DOS 6/23/18-6/26/19* # 85667403	-270.00

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#
07/22/19 74559

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30180266207-001; 30180984

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: ASHELY MALACHY
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs BAAAAM LLC DBA CHICK FIL A
Date Of Injury: 7/21/18 & 4/28/18

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
P O Box 14440
Lexington, KY 40512-4440

0000351-0001183 0106 001 766133 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
01/25/2019	1,000.00	98967118
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
670 Sedgwick Claims Management Services, Inc		01 of 01

M

Claimant Name		Loss Date	Claim Number
		04/28/2018	30180266207-0001
Amt Paid: 1,000.00	Description: Interpreter		
Amt Billed: 1,000.00	Invoice:		ICN:301802662070001
Dates: 08/23/2018 - 01/02/2019	Comment: 74559		

1

JAN 29 2019

SWK.RM.STD.00.NP

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

On behalf of National Union
and its affiliates
AMERICAN HOME ASSURANCE CO.

ORIGIN 6701970
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 01/25/2019

98967118
62-22
311

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

$1,000.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO

AIG, Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈98967118⑈ ⑆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#
06/28/19 74807

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
B828109142-000-1-01

BILL TO:
SEDGWICK CLAIMS (LEX-14154)
W. C. DEPARTMENT
ATTN: MICHELLE DOWNEY
P.O. BOX 14154
LEXINGTON, KY 40512

Case: vs NURSES INTERNET STAFFING SVS
Date Of Injury: 1/25/18

DOS	SERVICE	DESCRIPTION	AMOUNT
10/12/18	LEGAL_PREP	DEPO PREP @ L/O STOCKWELL HARRIS LOS ANGELES	156.50
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
11/28/18	PMT BY CHECK	DOS 10/12/18-10/12/18* # 95255083	-156.50
12/03/18	LEGAL_PREP	DEPO PREP @ L/O STOCKWELL & HARRIS	156.50
/ /	INTERPRETER:	MARIO B. VALDEZ # 301322	0.00
04/12/19	DEPO PREP	@ THE L/O OF STOCKWELL & HARRIS	156.50
/ /	INTERPRETER:	DANIEL TRIGUEROS # 368115481	0.00
06/06/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	DANIEL TRIGUEROS # 36815481	0.00
06/26/19	PMT BY CHECK	DOS 10/12/18-6/6/19* # 99840259	-563.00
06/28/19	C&S_PURSUAL	PRINCIPAL PAID BUT WILL PURSUE C&S	

BALANCE

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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42

M

Sedgwick Claims Management Services, Inc
P.O. Box 975
Sun Prairie, WI 53590-0975

0010577-0032157 0106 001 804290 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
06/26/2019	563.00	99840259

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

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

Claimant Name	Loss Date	Claim Number
	01/25/2018	B828109142-0001-01

Amt Paid: 563.00
Amt Billed: 563.00
Dates: 10/12/2018 - 06/06/2019
Description:
Invoice: 74807
Comment:
ICN:44190227.848

SWK.RM.STD.00.NP

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QBE North America
Praetorian Insurance Company

ORIGIN 2816224
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 06/26/2019

99840259
62-22
311

PAY: ******FIVE HUNDRED SIXTY THREE AND 00/100 DOLLARS

$563.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

QBE, Principal
Sedgwick Claims Management Services, Inc., Agent By:

595886447

⑈99840259⑈ ⑆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#
06/27/19 74913

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
30130816162-0001

BILL TO:
SEDGWICK CLAIMS (LEX-14779)
W. C. DEPARTMENT
ATTN: MARTIN ABUTIN
P.O. BOX 14779
LEXINGTON, KY 40512

Case: ___ vs AARON CORPORATION INC A CORP
Date Of Injury: 7/9/12-7/9/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/05/18	LEGAL_PREP	DEPO PREP @ L/O SHAW JACOBSMEYER	156.50
/ /	INTERPRETER:	CRISTINA DIAZ # 100404	0.00
11/28/18	PMT BY CHECK	DOS 10/5/18* # 02596813 AMTRUST	-156.50
01/18/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/24/19	PMT BY CHECK	DOS 1/18/19* # 475934	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MR

74913

Sedgwick Claims Management Services, Inc
PO Box 14779
Lexington, KY 40512

0004132-0016013 0106 001 802941 SWK

DATE	CHECK AMOUNT	CHECK NUMBER
06/24/2019	250.00	475934
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
523 Sedgwick Claims Management Services, Inc		01 of 01

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

Claimant Name			Loss Date	Claim Number
			07/09/2013	30130816162-0001
Amt Paid:	250.00	Description:		
Amt Billed:	250.00	Invoice:		ICN:301308161620001
Dates:	01/18/2019 - 01/18/2019	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

Republic Underwriters Insurance Co.
Claims Account
Republic Underwriters Insurance Company

ORIGIN 5236200
JP Morgan Chase
Dallas, TX

VOID AFTER 60 DAYS

DATE: 06/24/2019

475934

32-61/1110

******TWO HUNDRED FIFTY AND 00/100 DOLLARS

$250.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Debra Davenport

MEMO: MP

594796349

⑈475934⑈ ⑆111000614⑆ 211197056⑈

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

*** INVOICE ***
Date NO#
07/22/19 75449

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
CA18645360-001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W. C. DEPARTMENT
ATTN: CLAIM ASDJUSTER
PO BOX # 14421
LEXINGTON, KY 40512-4421

Case: s TARGET
Date Of Injury: 9/21/18

DOS	SERVICE	DESCRIPTION	AMOUNT
02/15/19	INITIAL EXAM	DR ERIC GOFNUNG @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/08/19	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/22/19	PR2/REEVAL	DR GOFNUNG @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/02/19	PMT BY CHECK	DOS 2/15/19-3/22/19* # 84355712	-500.00
05/06/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ 3 100727	0.00
05/21/19	PMT BY CHECK	DOS 5/6/19* # 84362668	-180.00
05/29/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/17/19	PMT BY CHECK	DOS 5/29/19* # 85289957	-180.00
06/19/19	PR2/REEVAL	DR GOFNUNG @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/19/19	PMT BY CHECK	DOS 6/19/19* # 86433524	-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 **

MR

M

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

0001331-0004153 0106 001 789577 SWK

DATE	CHECK AMOUNT	CHECK NUMBER
05/02/2019	500.00	84355712
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		******6713
SCMS UNIT		PAGE
213 Sedgwick Claims Management Services Inc.		01 of 01

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

75449

Claimant Name		Loss Date	Claim Number
		09/21/2018	CA18645360-0001
Amt Paid: 500.00	Description:		
Amt Billed: 500.00	Invoice:		ICN:234377626.339
Dates: 02/15/2019 - 03/22/2019	Comment:		

FAXED
MAY 06 2019
BY: .....

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 Target Corporation

ORIGIN 2131639
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 05/02/2019

84355712
62-22
311

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

$500.00

563296075

Bob Blankenship

MEMO: MP

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

⑈84355712⑈ ⑆031100225⑆ 207995005970 3⑈

M

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

0001506-0005989 0106 001 793959 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
05/21/2019	180.00	84362668
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
213 Sedgwick Claims Management Services Inc.		01 of 01

Claimant Name		Loss Date	Claim Number
		09/21/2018	CA18645360-0001
Amt Paid: 180.00	Description:		
Amt Billed: 180.00	Invoice:	75449	ICN:234906783.339
Dates: 05/06/2019 - 05/06/2019	Comment:		

PAID
MAY 24 2019
BY: .....

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 Target Corporation

ORIGIN 2131639
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 05/21/2019

84362668
62-22
311

PAY: ******ONE HUNDRED EIGHTY AND 00/100 DOLLARS

$180.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

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

⑈84362668⑈ ⑆031100225⑆ 207995005970 3⑈

D744UU03

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

0001094-0004399 0106 001 800309 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
06/17/2019	180.00	85289957
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
213 Sedgwick Claims Management Services Inc.		01 of 01

M

75449

Claimant Name			Loss Date	Claim Number
			09/21/2018	CA18645360-0001
Amt Paid:	180.00	Description:		
Amt Billed:	180.00	Invoice:		ICN:235803180.339
Dates:	05/29/2019 - 05/29/2019	Comment:		

PAID
JUN 19 2019
BY

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 Target Corporation

ORIGIN 2131639
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 06/17/2019

85289957
62-22
311

PAY: ******ONE HUNDRED EIGHTY AND 00/100 DOLLARS

$180.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

Target Corporation, Principal
Sedgwick Claims Management Services, Inc., Agent By:

590365565

⑈85289957⑈ ⑆031100225⑆ 207995005970 3⑈

M1

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

0001236-0004493 0106 001 '810241 SWK

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

DATE	CHECK AMOUNT	CHECK NUMBER
07/19/2019	180.00	86433524
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
213 Sedgwick Claims Management Services Inc.		01 of 01

75449

Claimant Name			Loss Date	Claim Number
			09/21/2018	CA18645360-0001
Amt Paid:	180.00	Description:		
Amt Billed:	180.00	Invoice:		ICN:236853751.339
Dates:	06/19/2019 - 06/19/2019	Comment:		

PAID
JUL 22 2019

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 Target Corporation

ORIGIN 2131639
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 07/19/2019

86433524
62-22
311

PAY: ******ONE HUNDRED EIGHTY AND 00/100 DOLLARS

$180.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

Target Corporation, Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈86433524⑈ ⑆031100225⑆ 20799500597 03⑈

6109/3569

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/15/19 75500

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0995-0000134

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: MARGARET TORRES
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs SMOKEHOUSE PET PRODUCTS INC
Date Of Injury: 10/26/16

DOS	SERVICE	DESCRIPTION	AMOUNT
02/26/19	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
03/21/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	WALTER VASQUEZ # 100770	0.00
04/03/19	PMT BY CHECK	DOS 2/26/19* # 102398797	-156.50
04/11/19	PMT BY CHECK	DOS 3/21/19* # 102482155	-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 **

HR

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

0001549-0005615 0106 001 784801 SWK

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

DATE	CHECK AMOUNT	CHECK NUMBER
04/11/2019	250.00	102482155
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
527 Sedgwick Claims Management Services, Inc		01 of 01

PAID
APR 15 2019

DW. .....

Claimant Name	Loss Date	Claim Number
	10/26/2016	0995-0000134
Amt Paid: 250.00	Description: Miscellaneous Medical	
Amt Billed: 250.00	Invoice: 75500	ICN:583105
Dates: 03/21/2019 - 03/21/2019	Comment:	

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#
05/06/19 75560

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30178292089-0001

BILL TO:
SEDGWICK CLAIMS (LEX-14424)
W. C. DEPARTMENT
ATTN: TONY SPEARS
P.O. BOX 14424
LEXINGTON, KY 40512

Case: vs DEL REAL FOODS
Date Of Injury: 5/5/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/19	LEGAL_C&R	C&R READING @ L/O MICHELLE GAVRIEL	250.00
/ /	INTERPRETER:	MARTHA PATRICIA HAYES #100761	0.00
05/03/19	PMT BY CHECK	DOS 3/12/19* # 96223229	-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 **

HR

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

0009535-0022567 0106 001 789636 SWK

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

DATE	CHECK AMOUNT	CHECK NUMBER
05/03/2019	250.00	96223229
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
		05/05/2017	30178292089-0001
Amt Paid: 250.00	Description:		
Amt Billed: 250.00	Invoice: 75560		ICN:179236024.6
Dates: 03/12/2019 - 03/12/2019	Comment:		

75560

PAID
MAY 06 2019
BY: .....

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: 05/03/2019

96223229
62-22
311

PAY: ******TWO HUNDRED FIFTY AND 00/100 DOLLARS

$250.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

Everest National Insurance Co, Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈96223229⑈ ⑆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#
04/22/19	75589

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30100596610-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)

ATTN: CLAIM ADJUSTER
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case: vs CARLTON FORGE WORKS
Date Of Injury: 5/2/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/20/19	LEGAL_REVIEW	DEPO REVIEW @ L/O CANTRELL, GREEN, PEKISH, CRUZ	250.00
/ /	INTERPRETER:	WALTER VASQUEZ # 100770	0.00
04/19/19	PMT BY CHECK	DOS 3/20/19* # 93520314	-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 **

YR

M

Sedgwick Claims Management Services, Inc
P O Box 14433
Lexington, KY 40512-4433

0000747-0002651 0106 001 786661 SWK

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

DATE	CHECK AMOUNT	CHECK NUMBER
04/19/2019	250.00	93520314
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
225 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name			Loss Date	Claim Number
			05/05/2010	30100596610-0001
Amt Paid:	250.00	Description:		
Amt Billed:	250.00	Invoice:	75589 ✓	ICN:301005966100001
Dates:	03/20/2019 - 03/20/2019	Comment:		

PAID
APR 22 2019
BY: .....

SWK.RM.STD.00.NP

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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: 04/19/2019

93520314
62-22
311

PAY: ******TWO HUNDRED FIFTY AND 00/100 DOLLARS

$250.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

Precision Castparts Corporation, Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈93520314⑈ ⑆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#
05/29/19 75736

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30154655411-0001

BILL TO:
SEDGWICK CLAIMS (LEX-14154)
W. C. DEPARTMENT
ATTN: LASONDRA BAKER
P.O. BOX 14154
LEXINGTON, KY 40512

Case: vs TAPIA ENTERPRISES
Date Of Injury: 9/7/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/22/19	LEGAL_C&R	C&R READING @ L/O ANTONY GLUCK	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
05/23/19	PMT BY CHECK	DOS 4/22/19* # 87490649	-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 **

HR

M

Sedgwick Claims Management Services, Inc
PO Box 14154
Lexington, KY 40512-4154

0004228-0012961 0106 001 794306 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
05/23/2019	250.00	87490649
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
226 Sedgwick Claims Management Services, Inc		01 of 01

75736

Claimant Name		Loss Date	Claim Number
		09/07/2015	30154655411-0001
Amt Paid: 250.00	Description:	Interpreter	
Amt Billed: 250.00	Invoice:	5312019051723346	ICN:3489-58356
Dates: 04/22/2019 - 04/22/2019	Comment:		

PAID
MAY 29 2019
BY: .....

SWK.RM.STD.00.NP

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THE FACE OF THIS CHECK IS PRINTED BLUE - THE BACK CONTAINS A SIMULATED WATERMARK - SEE BACK FOR DETAILS

Sedgwick as agent for Technology Insurance Company, Inc
Technology Insurance Company Inc.

ORIGIN 2263489 Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 05/23/2019

87490649
62-22
311

PAY: ******TWO HUNDRED FIFTY AND 00/100 DOLLARS

$250.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Bob Blankenship

MEMO: MP

Am Trust Underwriters, Inc, Principal
Sedgwick Claims Management Services, Inc., Agent By:

05537163

⑈87490649⑈ ⑆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#
07/26/19 76317

EAMS#(s).

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30181545226-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: CICILIA SANTOS
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs CLEANTECH ENVIRONMENTAL INC
Date Of Injury: 12/7/18

DOS	SERVICE	DESCRIPTION	AMOUNT
05/17/19	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	DANIEL TRIGUEROS # 36815481	0.00
06/11/19	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/20/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	WALTER VASQUEZ # 100770	0.00
07/01/19	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI II	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
07/23/19	PMT BY CHECK	DOS 5/17/19-620/19* # 106745237	-563.00

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/ 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 **

MR

M

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

0002275-0008883 0106 001 811059 SWK

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

DATE	CHECK AMOUNT	CHECK NUMBER
07/23/2019	563.00	106745237
PAYEE		**TAX ID**
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		**PAGE**
527 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name	Loss Date	Claim Number
	12/07/2018	30181545226-0001

Amt Paid: 563.00
Amt Billed: 563.00
Dates: 05/17/2019 - 06/20/2019

Description:
Invoice: 76317 – 76057 ICN:301815452260001
Comment:

PAID
JUL 25 2019
BY:

SWK.RM.STD.00.NP

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Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/02/19 65756

EAMS#(s):
ADJ9773752
SS # : XXX-XX-
DOB : , ,
Terms: 60 days
Claim #(s):
51C954942; 55C183840

BILL TO:
SENTRY INSURANCE (WI-8032)
W. C. DEPARTMENT
ATTN: BEN GULLICKSON
P.O. BOX 8032
STEVENS POINT, WI 54481

Case: vs COTY/OPI PRODUCTS
Date Of Injury: 11/11-12/14;1/14-12/

DOS	SERVICE	DESCRIPTION	AMOUNT
04/15/15	LEGAL_PREP	DEPO PREP @ L/O GOLDMAN	156.50
		DOI: BOTH	
/ /	INTERPRETER:	CARMEN GONZALEZ # 49448683	0.00
06/26/15	PMT BY CHECK	DOS 4/15/15* # 45653612	-156.50
06/23/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
		DOI: BOTH	
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
07/15/15	PMT BY CHECK	DOS 6/23/15* # 45681515	-250.00
11/07/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
		DOI: BOTH	
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/01/16	PMT BY CHECK	DOS 11/7/16* # 46716287	-156.50
01/04/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
		DOI: BOTH	
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/23/17	PMT BY CHECK	DOS 4/15/15-1/4/17 *	-156.50
		# 46825586	
02/22/17	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
		DOI: BOTH	
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/08/17	PMT BY CHECK	DOS 1/4/17* =# 46934820	-156.50
08/08/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/08/17	PMT BY CHECK	DOS 1/4/17* # 46934820	-23.50
09/26/17	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/23/17	PMT BY CHECK	DOS 8/8/17-9/26/17*	-289.50
		# 47457118	
12/05/17	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/03/18	PMT BY CHECK	DOS 12/5/17* # 47620722	-156.50

MZ

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/02/19 65756

EAMS#(s):
ADJ9773752
SS # : XXX-XX-
DOB : [illegible]
Terms: 60 days
Claim #(s):
51C954942; 55C183840

BILL TO:
SENTRY INSURANCE (WI-8032)
W. C. DEPARTMENT
ATTN: BEN GULLICKSON
P.O. BOX 8032
STEVENS POINT, WI 54481

Case: [illegible]s COTY/OPI PRODUCTS
Date Of Injury: 11/11-12/14;1/14-12/

DOS	SERVICE	DESCRIPTION	AMOUNT
07/02/18	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/27/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/20/18	PMT BY CHECK	DOS 7/2/18-11/27/18* # 48431393	-313.00
01/17/19	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
01/30/19	PMT BY CHECK	DOS 1/17/19* # 48516471	-156.50
03/18/19	LEGAL_WCAB	FULL DAY TRIAL @ WCAB LBO	313.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/27/19	PMT BY CHECK	DOS 3/18/19* # 48647106	-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/ 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 **

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 48647106

0000828

Sentry®

JOYCE ALTMAN INTERPRETERS, INC
PO BOX # 4165
TUSTIN CA 92781-4165

INVOICE# !

PAID
APR 02 2019

65756

REFERENCE NO.: 111933705
EMPLOYEE/PATIENT:

CL NO. 55C315277
NOT NEGOTIABLE
$******313.00

THIS PAYMENT COVERS -- 041515 THRU 031819 ACCT#RODRIGUEZ

1 00001 0000828 19086 N A 0 190327102817.9400 00270200443493766214927814165 65 55C315277

20-656B ▼ Detach Here ▼ (10/1

Sentry®

CLAIM ACCOUNT

No. 48647106

56-382 / 412 WELLS FARGO BANK, N.A. VAN WERT, OH 45891

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C315277	06/21/16	COTY, INC	03/27/19

PAYMENT COVERS	AMOUNT
041515 THRU 031819 ACCT#RODRIGUEZ	$******313.00

THREE HUNDRED THIRTEEN AND NO/100 DOLLARS

SENTRY CASUALTY COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

Jerry Boars

⑈48647106⑈ ⑆041203824⑆ 9600031681⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/15/19 75461

EAMS#(s):

SS # : XXX-XX-
DOB : 1
Terms: 60 days
Claim #(s):
55C440871

BILL TO:
SENTRY INSURANCE (WI-8032)
W. C. DEPARTMENT
ATTN: STEVE SNELL
P.O. BOX 8032
STEVENS POINT, WI 54481

Case: vs BON APPETIT DANISH INC
Date Of Injury: 7/15/18

DOS	SERVICE	DESCRIPTION	AMOUNT
02/21/19	LEGAL_PREP	DEPO PREP @ L/O ADELSON TESTAN LONG BEACH	156.50
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
03/28/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
04/08/19	PMT BY CHECK	DOS 02/21/19-3/28/19* # 48674341	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 48674341

0000855

Sentry®

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

INVOICE# 75461 ✓

PAID
APR 15 2019
BY: .....

REFERENCE NO.: 111963947
EMPLOYEE/PATIENT:

CL NO. 55C440871
NOT NEGOTIABLE
$******406.50

THIS PAYMENT COVERS -- 022119 THRU 032819 ACCT#75461

1 00001 0000855 19098 N A 0 190408101813.9400 00270200443495747492927814165 65 55C440871

0-656B ▼ Detach Here ▼ (10/13)

Sentry®

CLAIM ACCOUNT

No. 48674341

56-382
412

WELLS FARGO BANK, N.A.
VAN WERT, OH 45891

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C440871	09/06/18	BON APPETIT DANISH INC	04/08/19

PAYMENT COVERS	AMOUNT
022119 THRU 032819 ACCT#75461	$******406.50

FOUR HUNDRED SIX AND 50/100 DOLLARS

SENTRY CASUALTY COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Jerry Baars

⑈48674341⑈ ⑆041203824⑆ 9600031684⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/24/18 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: __ /s 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
06/29/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/10/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101193	0.00
07/16/18	PMT BY CHECK	DOS 6/29/18-6/29/18 * # 1 23 384787 K	-180.00
07/19/18	PMT BY CHECK	DOS 7/10/18* # 1 23 390920 K	-180.00
08/07/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/20/18	PMT BY CHECK	DOS 8/7/18-8/7/18* # 1 23 439115 K	-180.00

MZ

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/24/18 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

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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 390920 K
PAYMENT AMOUNT $180.00
ISSUE DATE 07-19-2018
AUTHORIZED BY BOZZO, STEVE
PHONE (916) 636-4409

CLAIM NO 75-3645-X09
LOSS DATE 04-05-2018
POLICY NO 92-EQB709-8
INSURED MOLINA, VERONICA R

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

JUL 23 2018

START DATE 07-10-2018
END DATE 07-10-2018

REMARKS Invoice 73793

COVERAGE DESCRIPTION	ON BEHALF OF	AMOUNT
WORK COMP - MEDICAL - NON-HOSPITAL	ORTIZ, ALEJANDRA	180.00

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 390920 K

07-19-2018
DATE MM DD YYYY

CLAIM NO 75-3645-X09 INSURED
LOSS DATE 04-05-2018

**********EXACTLY ONE HUNDRED EIGHTY AND 00/100 DOLLARS $********180.00

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

⑈231239092⑈ ⑆044115443⑆ 777145210⑈

M

PAYMENT NO 1 23 439115 K
PAYMENT AMOUNT $180.00
ISSUE DATE 08-20-2018
AUTHORIZED BY BOZZO, STEVE
PHONE (916) 636-4409

CLAIM NO 75-3645-X09
LOSS DATE 04-05-2018
POLICY NO 92-EQB709-8
INSURED MOLINA, VERONICA R

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

START DATE 08-07-2018
END DATE 08-07-2018

REMARKS Invoice #73793

COVERAGE DESCRIPTION	ON BEHALF OF	AMOUNT
WORK COMP - MEDICAL - NON-HOSPITAL		180.00

RETAIN STUB FOR RECORDS

SCREEN DROPOUT APPEARS ON FACE OF DOCUMENT

StateFarm STATE FARM FIRE AND CASUALTY COMPANY
FIRE
WORK COMP ASSIST P26PCL8

JPMORGAN CHASE BANK, NA 56-1544/441
COLUMBUS, OH

1 23 439115 K

DATE 08-20-2018 MM DD YYYY

CLAIM NO 75-3645-X09 INSURED
LOSS DATE 04-05-2018

**********EXACTLY ONE HUNDRED EIGHTY AND 00/100 DOLLARS $*******180.00

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

⑈231243911 5⑈ ⑆044115443⑆ 7771452 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#
09/04/18 73933

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
753054534

BILL TO:
STATE FARM CALIF. W.C.C. (AZ)
W. C. DEPARTMENT
ATTN: MICHAEL VIRAMONTES
P.O. BOX 52298
PHOENIX, AZ 85072

Case: vs ARM MGMT INC DBA PAPA JOHNS
Date Of Injury: 12/1/16 - 12/1/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/04/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
06/19/18	PMT BY CHECK	DOS 5/4/18* # 1 23 345672 K	-156.50
08/10/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
08/29/18	PMT BY CHECK	DOS 5/4/18-8/10/18* # 1 23 454011 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/ 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 454011 K
PAYMENT AMOUNT	$250.00
ISSUE DATE	08-29-2018
AUTHORIZED BY	KULLING, PATRICIA
PHONE	(916) 636-4401

CLAIM NO	75-3054-S34
LOSS DATE	12-01-2017
POLICY NO	92-EKS747-5
INSURED	ARM MANAGEMENT INC

MR

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

START DATE 05-04-2018
END DATE 08-10-2018

REMARKS inv# 73933 ✓

SEP 04 2018

COVERAGE DESCRIPTION	ON BEHALF OF	AMOUNT
WORK COMP - MEDICAL - NON-HOSPITAL		250.00

RETAIN STUB FOR RECORDS

StateFarm STATE FARM FIRE AND CASUALTY COMPANY
FIRE
WORK COMP ASSIST P12PGL278

JPMORGAN CHASE BANK, NA 56-1544/441
COLUMBUS, OH

1 23 454011 K

CLAIM NO 75-3054-S34
LOSS DATE 12-01-2017

INSURED ARM MANAGEMENT INC

DATE 08-29-2018
MM DD YYYY

**********EXACTLY TWO HUNDRED FIFTY AND 00/100 DOLLARS

$*******250.00

Pay to the Order of JOYCE ALTMAN INTERPRETERS INC

PRESIDENT

TREASURER

SECURED DOCUMENT WATERMARK APPEARS ON BACK, HOLD AT 45° ANGLE FOR VIEWING

VOID IF GREEN COLORED BACKGROUND IS MISSING

⑈231245401⑈ ⑆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#
01/08/19 73418

EAMS#(s):

SS # : XXX-XX-
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
06/21/18	PR2/REEVAL	DR COX @ HOC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/12/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/17/18	PMT BY CHECK	DOS 6/21/18* # 800210173	-180.00
08/02/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/10/18	PMT BY CHECK	DOS 7/12/18* # 800210683	-180.00
08/23/18	PR2/REEVAL	& INJECTION W/DR COX @ HOC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/27/18	PMT BY CHECK	DOS 8/2/18* # 800210974	-180.00
08/30/18	PMT BY CHECK	DOS 6/21/18* # 800211037	-180.00
09/13/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/27/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/22/18	PMT BY CHECK	DOS 12/15/18-9/27/18* # 800212022	-360.00

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#
01/08/19 73418

EAMS#(s):

SS # : XXX-XX-
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: [redacted] vs CALIFORNIA RICE CENTER
Date Of Injury: 7/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/25/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/29/18	P AND S	DR COX @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/30/18	PMT BY CHECK	DOS 10/25/18* # 800212559	-180.00
01/03/19	PMT BY CHECK	DOS 11/29/18* # 800213038	-230.00

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. 800210173

cc:3264263

ONE HUNDRED EIGHTY AND 00/100 Dollars

$180.00

PAY TO THE ORDER OF: Joyce Altman Interpreters

Date of Issue 07/17/2018
Date of Loss 07/21/2017

FOR: 73418

Insured/Claimant
CALIFORNIA RICE CENTER, INC.

AUTHORIZED SIGNATURE

Payment No. 1 of 1

VOID AFTER 90 DAYS

THIS CHECK CONTAINS SECURITY FEATURES: VOID PANTOGRAPH - WATERMARK ON BACK (HOLD AT ANGLE TO VIEW) - CHEMICAL PROTECTION

⑈800210173⑈ ⑆122000496⑆ 13914723⑈

Check No. 800210173

Trans Pacific Insurance Company
499 Washington Blvd, Suite 1500
Jersey City, NJ 07310

FROM 06/21/2018 TO 06/21/2018
Claim WC0000126154

Payment explanations may be mailed to you separately.

73418

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

JUL 23 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.

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. cc:3277259
CHECK NO. 800210683

ONE HUNDRED EIGHTY AND 00/100 Dollars

$180.00

PAY TO THE ORDER OF: Joyce Altman Interpreters

Date of Issue 08/10/2018
Date of Loss 07/21/2017

FOR: 73418

Insured/Claimant
CALIFORNIA RICE CENTER, INC.

AUTHORIZED SIGNATURE

Payment No. 1 of 1

VOID AFTER 90 DAYS

THIS CHECK CONTAINS SECURITY FEATURES: VOID PANTOGRAPH - WATERMARK ON BACK (HOLD AT ANGLE TO VIEW) - CHEMICAL PROTECTION

⑈800210683⑈ ⑆122000496⑆ 139147233⑈

Check No. 800210683

Trans Pacific Insurance Company
499 Washington Blvd, Suite 1500
Jersey City, NJ 07310

FROM 07/12/2018 TO 07/12/2018
Claim WC0000126154

73418

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

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.

AUG 1 1 2018

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. cc:3284432
CHECK NO. 800210974

ONE HUNDRED EIGHTY AND 00/100 Dollars

$180.00

PAY TO THE ORDER OF: Joyce Altman Interpreters

Date of Issue 08/27/2018
Date of Loss 07/21/2017

FOR: 73418

Insured/Claimant
CALIFORNIA RICE CENTER, INC.

AUTHORIZED SIGNATURE

Payment No. 1 of 1

VOID AFTER 90 DAYS

THIS CHECK CONTAINS SECURITY FEATURES: VOID PANTOGRAPH - WATERMARK ON BACK (HOLD AT ANGLE TO VIEW) - CHEMICAL PROTECTION

⑈800210974⑈ ⑆122000496⑆ 13914723⑈

Check No. 800210974

Trans Pacific Insurance Company
499 Washington Blvd, Suite 1500
Jersey City, NJ 07310

FROM 08/02/2018 TO 08/02/2018
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

SEP 04 2018

73418

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.

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. **800212022**

cc:3309675

*****THREE HUNDRED SIXTY AND 00/100 Dollars*****

$360.00

PAY TO THE ORDER OF Joyce Altman Interpreters

Date of Issue 10/22/2018
Date of Loss 07/21/2017

FOR: 73418

Insured/Claimant
CALIFORNIA RICE CENTER, INC.
F

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

⑈800212022⑈ ⑆122000496⑆ 13914723⑈

Check No. 800212022

Trans Pacific Insurance Company
499 Washington Blvd, Suite 1500
Jersey City, NJ 07310

FROM 02/15/2018 TO 09/27/2018
Claim WC0000126154

Payment explanations may be mailed to you separately.

MAIL TO
Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781
Attn. To:

PAID
OCT 30 2018

AGENT
DAIWA INSURANCE MARKETING, INC.
21515 HAWTHORNE BLVD # 900
TORRANCE, CA 905036546

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.

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. cc:3328677
CHECK NO. **800212559**

*****ONE HUNDRED EIGHTY AND 00/100 Dollars*****

$180.00

PAY TO THE ORDER OF: Joyce Altman Interpreters

Date of Issue 11/30/2018
Date of Loss 07/21/2017

FOR: 73418

KG Pauciello

AUTHORIZED SIGNATURE

Insured/Claimant
CALIFORNIA RICE CENTER, INC.

Payment No. 1 of 1

VOID AFTER 90 DAYS

THIS CHECK CONTAINS SECURITY FEATURES: VOID PANTOGRAPH - WATERMARK ON BACK (HOLD AT ANGLE TO VIEW) - CHEMICAL PROTECTION

⑈800212559⑈ ⑆122000496⑆ 13914723⑈

Check No. 800212559

Trans Pacific Insurance Company
499 Washington Blvd, Suite 1500
Jersey City, NJ 07310

FROM 10/25/2018 TO 10/25/2018
Claim WC0000126154

73418

Payment explanations may be mailed to you separately.

MAIL TO
Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781
Attn. To:

DEC 07 2018

AGENT
DAIWA INSURANCE MARKETING, INC.
21515 HAWTHORNE BLVD # 900
TORRANCE, CA 905036546

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.

Trans Pacific Insurance Company
CLAIMS ACCOUNT
499 Washington Blvd, Suite 1500
Jersey City, NJ 07310

UNION BANK
445 S. Figueroa Street, Los Angeles, CA 90071-1602

Claim Number: 210WC0000126154
Policy Number: WC 6409325-00

16-49-6 / 1220

CONTROL NO. co:3342972
CHECK NO. 800213038

TWO HUNDRED THIRTY AND 00/100 Dollars

$230.00

PAY TO THE ORDER OF: Joyce Altman Interpreters

Date of Issue 01/03/2019
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

⑈800213038⑈ ⑆122000496⑆ 139144723⑈

Check No. 800213038

Trans Pacific Insurance Company
499 Washington Blvd, Suite 1500
Jersey City, NJ 07310

FROM 11/29/2018 TO 11/29/2018
Claim WC0000126154

Payment explanations may be mailed to you separately.

MAIL TO
Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781
Attn. To:

JAN 08 2019

AGENT
DAIWA INSURANCE MARKETING, INC.
21515 HAWTHORNE BLVD # 900
TORRANCE, CA 905036546

73418

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#
07/22/19 75803

EAMS#(s):
05/02/2019
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC0000140896

BILL TO:
TOKIO MARINE MGMT (483-JERSEY)
W. C. DEPARTMENT
ATTN: ERIC CHAVIRA
P.O. BOX 483
JERSEY CITY, NJ 07303

Case: __ vs YUSEN LOGISTICS
Date Of Injury: 12/2/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/25/19	INITIAL EXAM	DR EMMETT COX @ HAND & ORTHO OF SO. CALIF*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/14/19	PMT BY CHECK	DOS 4/25/19* # 800526648	-230.00
05/30/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/12/19	PMT BY CHECK	DOS 5/30/19* # 800527585	-180.00
06/20/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/12/19	PMT BY CHECK	DOS 6/20/19* # 800528736	-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 **

MR

M

Tokio Marine America Insurance Company
CLAIMS ACCOUNT
499 Washington Blvd, Suite 1500
Jersey City, NJ 07310

UNION BANK
445 S. Figueroa Streeet, Los Angeles, CA 90071-1602

Claim Number
210WC0000140896

Policy Number
WC 6405463-07

90-415
1222

CONTROL NO.
CHECK NO.

cc:3401935
800526648

TWO HUNDRED THIRTY AND 00/100 Dollars

$230.00

PAY TO THE ORDER OF Joyce Altman Interpreters

Date of Issue 05/14/2019
Date of Loss 12/02/2018

FOR: 75803

Insured/Claimant
NYK GROUP AMERICAS 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

⑈800526648⑈ ⑆122241501⑆ 908001366O⑈

Check No. 800526648

Tokio Marine America Insurance Company
499 Washington Blvd, Suite 1500
Jersey City, NJ 07310

FROM 04/25/2019 TO 04/25/2019
Claim WC0000140896

Payment explanations may be mailed to you separately.

MAIL TO
Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781
Attn. To:

AGENT
ABD INSURANCE & FINANCIAL SERVICES, INC.
1201 THIRD AVENUE, SUITE 1600
SEATTLE, WA 98101

75803

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.

PAID
MAY 20 2019

BY: .....

Tokio Marine America Insurance Company
CLAIMS ACCOUNT
499 Washington Blvd, Suite 1500
Jersey City, NJ 07310

Claim Number: 210WC0000140896
Policy Number: WC 6405463-07

UNION BANK
445 S. Figueroa Streeet, Los Angeles, CA 90071-1602

90-415
1222

CONTROL NO.
CHECK NO. 800527585

cc:3414775

ONE HUNDRED EIGHTY AND 00/100 Dollars

$180.00

PAY TO THE ORDER OF: Joyce Altman Interpreters

Date of Issue 06/12/2019
Date of Loss 12/02/2018

FOR: 75803

AUTHORIZED SIGNATURE

Insured/Claimant
NYK GROUP AMERICAS INC.

Payment No. 1 of 1

VOID AFTER 90 DAYS

THIS CHECK CONTAINS SECURITY FEATURES: VOID PANTOGRAPH - WATERMARK ON BACK (HOLD AT ANGLE TO VIEW) - CHEMICAL PROTECTION

⑈800527585⑈ ⑆122241501⑆ 908001366O⑈

75803 Check No. 800527585

Tokio Marine America Insurance Company
499 Washington Blvd, Suite 1500
Jersey City, NJ 07310

FROM 05/30/2019 TO 05/30/2019
Claim WC0000140896

Payment explanations may be mailed to you separately.

MAIL TO
Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781
Attn. To:

AGENT
ABD INSURANCE & FINANCIAL SERVICES, INC.
1201 THIRD AVENUE, SUITE 1600
SEATTLE, WA 98101

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.

PAID
JUN 17 2019

BY: .....

Tokio Marine America Insurance Company
CLAIMS ACCOUNT
499 Washington Blvd, Suite 1500
Jersey City, NJ 07310

Claim Number
210WC0000140896

Policy Number
WC 6405463-07

UNION BANK
445 S. Figueroa Streeet, Los Angeles, CA 90071-1602

90-415
1222

CONTROL NO. cc:3429681
CHECK NO. **800528736**

*****ONE HUNDRED EIGHTY AND 00/100 Dollars*****

$180.00

PAY TO THE ORDER OF Joyce Altman Interpreters

Date of Issue 07/12/2019
Date of Loss 12/02/2018

FOR: 75803

Insured/Claimant
NYK GROUP AMERICAS INC.

AUTHORIZED SIGNATURE

Payment No. 1 of 1

VOID AFTER 90 DAYS

THIS CHECK CONTAINS SECURITY FEATURES: VOID PANTOGRAPH + WATERMARK ON BACK (HOLD AT ANGLE TO VIEW) - CHEMICAL PROTECTION

⑈800528736⑈ ⑆122241501⑆ 908001366O⑈

Check No. 800528736

Tokio Marine America Insurance Company
499 Washington Blvd, Suite 1500
Jersey City, NJ 07310

FROM 06/20/2019 TO 06/20/2019
Claim WC0000140896

Payment explanations may be mailed to you separately.

MAIL TO
Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781
Attn. To:

PAID
JUL 22 2019

AGENT
ABD INSURANCE & FINANCIAL SERVICES, INC.
1201 THIRD AVENUE, SUITE 1600
SEATTLE, WA 98101

75803

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#
03/11/19	73413

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
FBA2721

BILL TO:
SAINT PAUL TRAVELERS (DALLAS)
W. C. DEPARTMENT
ATTN: SHARON GONZALEZ
P.O. BOX # 660055
DALLAS, TX 75266

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
07/24/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/14/18	PMT BY CHECK	DOS 7/24/18* # 896D 91337106	-180.00
08/29/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/15/18	PMT BY CHECK	DOS 8/29/18* # 896D 91599377	-180.00
10/10/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/09/18	PMT BY CHECK	DOS 10/10/18* # 896D 91708946	-180.00
11/19/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
11/28/18	F.I.M.	FUNTUCTIONAL INDEPENDENCE MEASURE @ PHYS REHAB	150.00
/ /	-	W/DR CHRISTINE ABGARYAN* INIT	0.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00

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#
03/11/19 73413

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
FBA2721

BILL TO:
SAINT PAUL TRAVELERS (DALLAS)
W. C. DEPARTMENT
ATTN: SHARON GONZALEZ
P.O. BOX # 660055
DALLAS, TX 75266

Case: vs MASONITE CORP
Date Of Injury: 10/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/09/19	PR2/REEVAL	W/DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
02/08/19	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR ABGARYAN @ PRS* FINA	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/21/19	P AND S	DR MIRZAIANS @ PHYS REHAB*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/07/19	PMT BY CHECK	DOS 2/14/18-2/21/19* # 896D 92196374	-890.00

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 **

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA09490

896D 91337106

TRAVELERS

DATE: 08/14/18
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: 7/24/2018

TOTAL PAID: $180.00
TAX INFO: 330956713 Y C
PAY MISC: 73413
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

AUG 20 2018

FOR ADDITIONAL INFORMATION, CONTACT: SHARON F GONZALEZ AT (909)612-3897

226009589
DETACH CHECK

UNSUMM OVRPUNS2-121295
DETACH CHECK

001993

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266--005
SD00445

896D 91599377

M.

TRAVELERS

DATE: 10/15/18
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: 8/29/2018

TOTAL PAID: $180.00
TAX INFO: 330956713 Y C
PAY MISC: 73413
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
OCT 19 2018
BY: .....

FOR ADDITIONAL INFORMATION, CONTACT: SHARON F GONZALEZ AT (909)612-3897

:88008692
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

THE TRAVELERS - CLAIM CENTRALIZED S
ONE TOWER SQUARE
HARTFORD CT 06183

896D 91708946

SB00359

TRAVELERS

DATE: 11/09/18
LOSS DATE: 10/27/17
FILE NUMBER: 152 CB FBA2721 H

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

EMPLOYEE

ACCOUNT NAME:
MASONITE CORPORATION

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Med Interpreting Srvc

SERVICE DATE: 10/10/2018

TOTAL PAID: $180.00
TAX INFO: 330956713 Y C
PAY MISC: 73413
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
NOV 13 2018

FOR ADDITIONAL INFORMATION, CONTACT: LORI-ANN GODIN AT (860)954-1590

313010389
DETACH CHECK

DETACH CHECK

002759

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SD00636

896D 92196374

M

TRAVELERS

DATE: 03/07/19
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: 2/21/2019

TOTAL PAID: $890.00
TAX INFO: 330956713 Y C
PAY MISC: 73413
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
MAR 11 2019

FOR ADDITIONAL INFORMATION, CONTACT: SHARON F GONZALEZ AT (909)612-3897

066011486
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121298
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/08/19 73553

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E7R9690

BILL TO:
SAINT PAUL TRAVELERS (DALLAS)
W. C. DEPARTMENT
ATTN: LINDA MORA
P.O. BOX # 660055
DALLAS, TX 75266

Case: vs EMTEK PRODUCTS INC
Date Of Injury: 2/28/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/18	INITIAL EXAM	DR ARBI MIRZAIANS @ PHYSICAL REHAB SVS*	230.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
04/17/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/26/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/24/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/25/18	PMT BY CHECK	DOS 3/2/18-6/26/18* # 896D 91251160	-590.00
08/07/18	PMT BY CHECK	DOS 7/24/18* # 896D 91309842	-180.00
08/29/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/15/18	PMT BY CHECK	DOS 8/29/18* # 896D 91599378	-180.00
10/10/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/05/18	PMT BY CHECK	DOS 10/10/18* # 896D 91689817	-180.00
11/19/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
12/07/18	PMT BY CHECK	DOS 11/19/18* # 896D 91827025	-180.00
12/21/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/11/19	PMT BY CHECK	DOS 12/21/18* # 896D 91966497	-180.00
03/13/19	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/22/19	PMT BY CHECK	DOS 3/13/19* # 896D 92265301	-180.00
05/01/19	PR2/REEVAL	DR ABGARYAN @ PHYS REHAB*	180.00
/ /	INTERPRETER:	ALEJANDRO MENDEZ # 011850	0.00
07/02/19	PMT BY CHECK	DOS 5/1/19* # 896D 92694014	-180.00

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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#
07/08/19	73553

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E7R9690

BILL TO:
SAINT PAUL TRAVELERS (DALLAS)
W. C. DEPARTMENT
ATTN: LINDA MORA
P.O. BOX # 660055
DALLAS, TX 75266

Case: vs EMTEK PRODUCTS INC
Date Of Injury: 2/28/17

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/ or Petitioner is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Applic of Adjud, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien/ or Petition. ** THIS SERVES AS DEMAND FOR PAYMENT **

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA09123

896D 91251160

M

TRAVELERS

DATE: 07/25/18
LOSS DATE: 02/28/17
FILE NUMBER: 152 CB E7R9690 H

EMPLOYEE

ACCOUNT NAME:
ASSA ABLOY INC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Med Interpreting Srvc

SERVICE DATE: 3/2/2018 TO: 6/26/2018

TOTAL PAID: $590.00
TAX INFO: 330956713 Y C
PAY MISC: 73553
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

JUL 31 2018

FOR ADDITIONAL INFORMATION, CONTACT: LINDA G MORA AT (909)612-3815

06009226
— DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA09458

896D 91306360

TRAVELERS

DATE: 08/07/18
LOSS DATE: 02/28/17
FILE NUMBER: 152 CB E7R9690 H

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

EMPLOYEE

ACCOUNT NAME:
ASSA ABLOY INC

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Med Interpreting Srvc

SERVICE DATE: 7/24/2018

TOTAL PAID: $180.00
TAX INFO: 330956713 Y C
PAY MISC: 73553
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

AUG 14 2018

FOR ADDITIONAL INFORMATION, CONTACT: LINDA G MORA AT (909)612-3815

219009558
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

001994

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266--005
0

896D 91599378

M.

TRAVELERS

DATE: 10/15/18
LOSS DATE: 02/28/17
FILE NUMBER: 152 CB E7R9690 H

EMPLOYEE

ACCOUNT NAME:
ASSA ABLOY INC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Med Interpreting Srvc

SERVICE DATE: 8/29/2018

TOTAL PAID: $180.00
TAX INFO: 330956713 Y C
PAY MISC: 73553
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
OCT 19 2018
BY .....

FOR ADDITIONAL INFORMATION, CONTACT: LINDA G MORA AT (909)612-3815

:88008693
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266--005
SA07153

896D 91689817

M

TRAVELERS

DATE: 11/05/18
LOSS DATE: 02/28/17
FILE NUMBER: 152 CB E7R9690 H

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

EMPLOYEE

ACCOUNT NAME:
ASSA ABLOY INC

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Med Interpreting Srvc

SERVICE DATE: 10/10/2018

TOTAL PAID: $180.00
TAX INFO: 330956713 Y C
PAY MISC: 73553
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
NOV 09 2018

FOR ADDITIONAL INFORMATION, CONTACT: LINDA G MORA AT (909)612-3815

09007230
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

019639

M.

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266--005
SA09773

896D 91827025

TRAVELERS

DATE: 12/07/18
LOSS DATE: 02/28/17
FILE NUMBER: 152 CB E7R9690 H

EMPLOYEE

ACCOUNT NAME:
ASSA ABLOY INC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

DEC 11 2018

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Med Interpreting Srvc

SERVICE DATE: 11/19/2018

TOTAL PAID: $180.00
TAX INFO: 330956713 Y C
PAY MISC: 73553 ✓
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: LINDA G MORA AT (909)612-3815

341009866
DETACH CHECK

UNSUMM-111311
CVRPUNS2-121295
DETACH CHECK

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SB00263

896D 91966497

TRAVELERS

DATE: 01/11/19
LOSS DATE: 02/28/17
FILE NUMBER: 152 CB E7R9690 H

EMPLOYEE

ACCOUNT NAME:
ASSA ABLOY INC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Med Interpreting Srvc

SERVICE DATE: 12/21/2018

JAN 22 2019

TOTAL PAID: $180.00
TAX INFO: 330956713 Y C
PAY MISC: 73553
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: LINDA G MORA AT (909)612-3815

011010281
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SA09620

896D 92265301

M

TRAVELERS

DATE: 03/22/19
LOSS DATE: 02/28/17
FILE NUMBER: 152 CB E7R9690 H

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

EMPLOYEE

ACCOUNT NAME:
ASSA ABLOY INC

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Med Interpreting Srvc

SERVICE DATE: 3/13/2019

TOTAL PAID: $180.00
TAX INFO: 330956713 Y C
PAY MISC: 73553
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
MAR 2 2019

PAID
MAR 27 2019

BY.....

FOR ADDITIONAL INFORMATION, CONTACT: LINDA G MORA AT (909)612-3815

081009731
DETACH CHECK

UNSHMM-11131
OVRPUNS2-12128
DETACH CHECK

018896

M

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SA09413

896D 92694014

TRAVELERS

DATE: 07/02/19
LOSS DATE: 02/28/17
FILE NUMBER: 152 CB E7R9690 H

EMPLOYEE

ACCOUNT NAME:
ASSA ABLOY INC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Med Interpreting Srvc

SERVICE DATE: 5/1/2019

TOTAL PAID: $180.00
TAX INFO: 330956713 Y C
PAY MISC: 73553
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
JUL 08 2019
BY

FOR ADDITIONAL INFORMATION, CONTACT: LINDA G MORA AT (909)612-3815

183009483
DETACH CHECK

UNSUMM -11131
OVRPUNS2-121295
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 660055
DALLAS TX 75266-0055
(909)612-3815

896D 92694014 62-20 311

DATE	ACCOUNT NUMBER	FILE NUMBER
07/02/19	IT2	152 CB E7R9690 H

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

ONE HUNDRED EIGHTY AND 00/100 ---------- PAY: $******180.00 XU94

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

018896
SA09413

Douglas K. Russell
AUTHORIZED SIGNATURE

⑈92694014⑈ ⑆031100209⑆ 3862289211⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/31/18 73678

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
FBA4873

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: KRIT HARRISON
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs NOBEST
Date Of Injury: 8/14/17

DOS	SERVICE	DESCRIPTION	AMOUNT
04/03/18	LEGAL_REVIEW	DEPO REVIEW @ L/O CANTRELL GREEN	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/27/18	PMT BY CHECK	DOS 4/3/18* # 896D 91392234	-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 **

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA07692

896D 91392234

TRAVELERS

DATE: 08/27/18
LOSS DATE: 11/09/17
FILE NUMBER: 152 CB FBA4873 E

EMPLOYEE

ACCOUNT NAME:
NOBEST, 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: 4/3/2018

TOTAL PAID: $250.00
TAX INFO: 330956713 Y C
PAY MISC: 73678
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

AUG 31 2018

FOR ADDITIONAL INFORMATION, CONTACT: KIRT HARRISON AT (909)612-3865

39007784
DETACH CHECK

HNSUMM-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#
04/22/19 73723

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E5Z8372

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 660055
DALLAS, TX 75266

Case: , vs CLAREMONT MCKENNA COLLEGE
Date Of Injury: 5/21/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/03/18	PR2/REEVAL	JOHN XIAO JIANG QIAN/DAVE FRANKE, PA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/18/19	PMT BY CHECK	DOS 4/3/18* # 896D 92377261	-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 **

017484

M

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SA08703

896D 92377261

TRAVELERS

DATE: 04/18/19
LOSS DATE: 05/21/13 ✓
FILE NUMBER: 152 CB E5Z8372 E

EMPLOYEE

ACCOUNT NAME:
CLAREMONT UNIVERSITY CONSORTI

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: 4/3/2018

TOTAL PAID: $180.00
TAX INFO: 330956713 Y C
PAY MISC: 73723 ✓
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
APR 22 2019
PW.

FOR ADDITIONAL INFORMATION, CONTACT: NATASHA L COLBY AT (909)612-3324

108008781
DETACH CHECK

UNSUMM-111313
OVRPUNS2-121298
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/22/19 73884

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E7R5614

BILL TO:
SAINT PAUL TRAVELERS (DALLAS)
W. C. DEPARTMENT
ATTN: ECHO COLON
P.O. BOX # 660055
DALLAS, TX 75266

Case: vs R C BECKER AND SON INC
Date Of Injury: 12/14/16

DOS	SERVICE	DESCRIPTION	AMOUNT
04/27/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/08/18	P AND S	DR EMMETT COX @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/18/19	PMT BY CHECK	DOS 4/27/18-6/8/18* # 896D 92246531	-410.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MR

013656

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SA06790

896D 92246531

TRAVELERS

DATE: 03/18/19
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

Our Customer Service Phone is 1-800-258-3710 .
Please contact us if you have any questions.

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
[redacted]	152 CB ESB2481E	09/20/17	$ 156.50		70269
	152 CB E7R5614H	04/27/18 - 06/08/18	$ 410.00		73884
		Total Amount Paid	$******566.50		

PAID
MAR 22 2019
DV.

SUMM 111311
OVRPSUM2-02150

077006866
DETACH CHECK

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 660055
DALLAS TX 75266-0055

896D 92246531

62-20
311

DATE	ACCOUNT NUMBER	TIN NUMBER	FILE NUMBER
03/18/19	J99	330956713	SUMMARIZED

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

FIVE HUNDRED SIXTY SIX AND 50/100 ----------

PAY: $****566.50**

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

013656
SA06790

Douglas K. Russell
AUTHORIZED SIGNATURE

⑈9224653⑈ ⑆031100209⑆ 3862289 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#
09/07/18 74030

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
FDD4226

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: KIMBERLY REYES
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: , vs LANDMARK ELECTRIC
Date Of Injury: 4/11/18

DOS	SERVICE	DESCRIPTION	AMOUNT
05/18/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/01/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/15/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/22/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	DIANA RODRIGUEZ # 009611	0.00
07/10/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/25/18	PMT BY CHECK	DOS 5/18/18-7/10/18* # 896D 91251161	-900.00
08/15/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
09/04/18	PMT BY CHECK	DOS 8/15/18* # 896D 91421955	-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 **

MR

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
0

896D 91251161

M

TRAVELERS

DATE: 07/25/18
LOSS DATE: 04/11/18
FILE NUMBER: 152 CB FDD4226 R

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

EMPLOYEE

ACCOUNT NAME:
LAND MARK ELECTRIC, INC.

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Med Interpreting Srvc

SERVICE DATE: 5/18/2018 TO: 7/10/2018

TOTAL PAID: $900.00
TAX INFO: 330956713 Y C
PAY MISC: 74030
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: KIMBERLY REYES AT (909)612-3076

06009227
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266--005
SA02727

896D 91421955

MR

TRAVELERS

DATE: 09/04/18
LOSS DATE: 04/11/18
FILE NUMBER: 152 CB FDD4226 R

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

9

SEP 07 2018

EMPLOYEE

ACCOUNT NAME:
LAND MARK ELECTRIC, INC.

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Med Interpreting Srvc

SERVICE DATE: 5/18/2018 TO: 8/15/2018

TOTAL PAID: $180.00
TAX INFO: 330956713 Y C
PAY MISC: 74030 ✓
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: KIMBERLY REYES AT (909)612-3076

247002755
DETACH CHECK

UNSUMM-111311
OVRFUNS2-121295
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#
10/30/18	74164

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
FCR1667

BILL TO:
SAINT PAUL TRAVELERS (DALLAS)
W. C. DEPARTMENT
ATTN: JESSICA CASTILLO
P.O. BOX # 660055
DALLAS, TX 75266

Case: , vs VT WEST INDUSTIRES
Date Of Injury: 5/11/18

DOS	SERVICE	DESCRIPTION	AMOUNT
06/06/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
06/26/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/18/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/29/18	PMT BY CHECK	DOS 6/6/18-7/18/18* # 896D 91399237	-540.00
08/24/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
09/21/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
10/24/18	PMT BY CHECK	DOS 8/24/18-9/21/18* # 896D 91635946	-360.00

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 **

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA09587

896D 91399237

M.

TRAVELERS

DATE: 08/29/18
LOSS DATE: 05/04/18
FILE NUMBER: 152 CB FCR1667 F

EMPLOYEE

ACCOUNT NAME:
VT INDUSTRIES 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: 6/6/2018 TO: 7/18/2018

TOTAL PAID: $540.00
TAX INFO: 330956713 Y C
PAY MISC: 74164
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

SEP 05 2018

FOR ADDITIONAL INFORMATION, CONTACT: JESSICA E CASTILLO AT (909)612-3459

:41009678
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121293
DETACH CHECK

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266--005

SA09674

896D 91635946

M

TRAVELERS

DATE: 10/24/18
LOSS DATE: 05/04/18
FILE NUMBER: 152 CB FCR1667 F

EMPLOYEE

ACCOUNT NAME:
VT INDUSTRIES 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: 8/24/2018 TO: 9/21/2018

TOTAL PAID: $360.00
TAX INFO: 330956713 Y C
PAY MISC: 74164
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
OCT 30 2018

FOR ADDITIONAL INFORMATION, CONTACT: JESSICA E CASTILLO AT (909)612-3459

97009757
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#
10/17/18 74172

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
FCR2781

BILL TO:
SAINT PAUL TRAVELERS (DALLAS)
W. C. DEPARTMENT
ATTN: JENNY GALLEGOS
P.O. BOX # 660055
DALLAS, TX 75266

Case: vs LAKESHORE LEARNING MATERIALS
Date Of Injury: 6/14/18

DOS	SERVICE	DESCRIPTION	AMOUNT
06/21/18	PR2/REEVAL	DR EMMETT COX @ HAND & ORTHO CTR OF CA*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/05/18	PR2/REEVAL	DR COX @ HAND & COX*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/19/18	PR2/REEVAL	DR COX @ HAND & REHAB*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/09/18	PR2/REEVAL	DR COX @ HOC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/06/18	P AND S	DR COX @ HAND ORTHO CTR*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO	0.00
09/27/18	PMT BY CHECK	DOS 6/21/18-8/9/18* 896D 91519819	-720.00
10/12/18	PMT BY CHECK	DOS 9/6/18* # 896D 91588397	-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 **

018675

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266--005

SA09290

896D 91519819

TRAVELERS

DATE: 09/27/18
LOSS DATE: 06/14/18
FILE NUMBER: 152 CB FCR2781 A

EMPLOYEE

ACCOUNT NAME:
LAKESHORE EQUIPMENT CO

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: 6/21/2018 TO: 8/9/2018

TOTAL PAID: $720.00
TAX INFO: 330956713 Y C
PAY MISC: 74172
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

OCT 01 2018

FOR ADDITIONAL INFORMATION, CONTACT: INDIA J KING AT (909)612-3159

270009385
DETACH CHECK

UNSHMM 111311
OVRPUNS2 121295
DETACH CHECK

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266--005
SA09813

896D 91588397

TRAVELERS

DATE: 10/12/18
LOSS DATE: 06/14/18
FILE NUMBER: 152 CB FCR2781 A

EMPLOYEE

ACCOUNT NAME:
LAKESHORE EQUIPMENT CO

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: 9/6/2018

TOTAL PAID: $230.00
TAX INFO: 330956713 Y C
PAY MISC: 74172
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
OCT 17 2018

BY:

FOR ADDITIONAL INFORMATION, CONTACT: INDIA J KING AT (909)612-3159

285009895
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#
03/11/19 74192

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E4G7969

BILL TO:
SAINT PAUL TRAVELERS (DALLAS)
W. C. DEPARTMENT
ATTN: SCOTT STECKEL
P.O. BOX # 660055
DALLAS, TX 75266

Case: vs 4 WALL ENTERTAINMENT
Date Of Injury: 5/31/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/14/18	INITIAL EXAM	DR ARBI MIRZAIANS @ PHYSICAL REHAB SVCS*	230.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
07/10/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/12/18	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR CHRISTINE ABGARYAN @	150.00
/ /	-	PHYS REHAB SVCS* (INITIAL)	0.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/14/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/25/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/08/18	PMT BY CHECK	DOS 6/14/18-8/14/18* # 896D 91569353	-740.00
10/22/18	PMT BY CHECK	DOS 9/25/18* # 896D 91629648	-180.00
10/25/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
12/04/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/21/18	PMT BY CHECK	DOS 6/14/18-12/4/18* # 896D 91890087	-360.00
01/15/19	PR2/REEVAL	DR MIRZAIANS/DR CHRISTINE ABGARYAN @ PRS*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/31/19	PMT BY CHECK	DOS 1/15/19* # 896D 92044183	-180.00
02/26/19	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/07/19	PMT BY CHECK	DOS 2/26/19* # 896D 92196375	-180.00

HZ

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/11/19	74192

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E4G7969

BILL TO:
SAINT PAUL TRAVELERS (DALLAS)
W. C. DEPARTMENT
ATTN: SCOTT STECKEL
P.O. BOX # 660055
DALLAS, TX 75266

Case: vs 4 WALL ENTERTAINMENT
Date Of Injury: 5/31/16

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 **

014004

M.

THE TRAVELERS - TRAVELERS CUSTOM CO
TRAVELERS CUSTOM COMP CLAIMS
PO BOX 660055
DALLAS TX 75266-0055
SA06960

896D 91569353

TRAVELERS

DATE: 10/08/18
LOSS DATE: 05/31/16
FILE NUMBER: 480 CB E4G7969 J

EMPLOYEE

ACCOUNT NAME:
ACADIA MANAGEMENT, 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: 6/14/2018 TO: 8/14/2018

TOTAL PAID: $740.00
TAX INFO: 330956713 Y C
PAY MISC: 74192 — 1
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
SEP 12 2018
PD.

FOR ADDITIONAL INFORMATION, CONTACT: SCOTT STUCKEY AT (916)638-6644

31007044
— DETACH CHECK

UNSHMM
OVRPUNS2-121295
DETACH CHECK

014779

THE TRAVELERS - TRAVELERS CUSTOM CO
TRAVELERS CUSTOM COMP CLAIMS
PO BOX 660055
DALLAS TX 75266-0055
0

896D 91629648

TRAVELERS

DATE: 10/22/18
LOSS DATE: 05/31/16
FILE NUMBER: 480 CB E4G7969 J

EMPLOYEE

ACCOUNT NAME:
ACADIA MANAGEMENT, 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: 9/25/2018

TOTAL PAID: $180.00
TAX INFO: 330956713 Y C
PAY MISC: 74192
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
OCT 29 2018

FOR ADDITIONAL INFORMATION, CONTACT: SCOTT STUCKEY AT (916)638-6644

295007438
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

THE TRAVELERS - TRAVELERS CUSTOM CO
TRAVELERS CUSTOM COMP CLAIMS
PO BOX 660055
DALLAS TX 75266-0055
SB03519

896D 91890087

TRAVELERS

DATE: 12/21/18
LOSS DATE: 05/31/16
FILE NUMBER: 480 CB E4G7969 J

EMPLOYEE

ACCOUNT NAME:
ACADIA MANAGEMENT, 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: 6/14/2018 TO: 12/4/2018

TOTAL PAID: $360.00
TAX INFO: 330956713 Y C
PAY MISC: 74192
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

4

JAN 0 2 2019

FOR ADDITIONAL INFORMATION, CONTACT: SCOTT STUCKEY AT (916)638-6644

355013609
DETACH CHECK

UVAPUNS2-121285
DETACH CHECK

THE TRAVELERS - TRAVELERS WORKERS C
TRAVELERS WORKERS COMP CLAIMS
PO BOX 660055
DALLAS TX 75266-0055
0

896D 92044183

M

TRAVELERS

DATE: 01/31/19
LOSS DATE: 05/31/16
FILE NUMBER: 480 CB E4G7969 J

EMPLOYEE

ACCOUNT NAME:
ACADIA MANAGEMENT, 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: 1/15/2019

TOTAL PAID: $180.00
TAX INFO: 330956713 Y C
PAY MISC: 74192
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FEB 05 2019

FOR ADDITIONAL INFORMATION, CONTACT: SCOTT STUCKEY AT (916)638-6644

031008598
DETACH CHECK

UNSUMM-11131
OVRPUNS2-12129
DETACH CHECK

002761

THE TRAVELERS - TRAVELERS WORKERS C
TRAVELERS WORKERS COMP CLAIMS
PO BOX 660055
DALLAS TX 75266-0055
0

896D 92196375

TRAVELERS

DATE: 03/07/19
LOSS DATE: 05/31/16
FILE NUMBER: 480 CB E4G7969 J

EMPLOYEE

ACCOUNT NAME:
ACADIA MANAGEMENT, 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: 2/26/2019

TOTAL PAID: $180.00
TAX INFO: 330956713 Y C
PAY MISC: 74192
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
MAR 1 1 2019

PV. .....

FOR ADDITIONAL INFORMATION, CONTACT: SCOTT STUCKEY AT (916)638-6644

066011488
DETACH CHECK

UNSUMM-11131-
OVRPUNS2-12129-
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#
03/11/19 74244

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
FDZ1160

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: MONICA MOGICA
P.O. BOX 660055
DALLAS, TX 75266

Case: vs PL DEVELOPMENT
Date Of Injury: 5/21/18

DOS	SERVICE	DESCRIPTION	AMOUNT
06/28/18	INITIAL EXAM	DR EMMETT COX @ HAND & ORTHO CTR OF SO CALIF*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/06/19	PMT BY CHECK	DOS 6/28/18* # 896D 92192913	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THE TRAVELERS - PC CLAIM - WORKERS'
PC CLAIM - WORKERS' COMP
PO BOX 660456
DALLAS TX 75266-0456

0

896D 92192913

M

TRAVELERS

DATE: 03/06/19
LOSS DATE: 05/21/18
FILE NUMBER: 480 CB FDZ1160 M

EMPLOYEE

ACCOUNT NAME:
P & L DEVELOPMENT LLC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

THE CHARTER OAK FIRE INS CO

EXPLANATION OF PAYMENT

Med Interpreting Srvc

SERVICE DATE: 6/28/2018

TOTAL PAID: $230.00
TAX INFO: 330956713 Y C
PAY MISC: 74244
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
MAR 11 2019
PD. .....

FOR ADDITIONAL INFORMATION, CONTACT: VICTOR GAUTIER AT (916)638-6680

065009171
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#
01/03/19 74297

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
FDD7856

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: JENNY GALLEGOS
P.O. BOX 660055
DALLAS, TX 75266

Case: vs FILM TOOLS
Date Of Injury: 4/12/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/05/18	INITIAL EXAM	DR EMMETT COX @ HAND & ORTHO CTR OF SO CALIF*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/26/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
09/27/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/18/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/08/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO 3 101080	0.00
12/27/18	PMT BY CHECK	DOS 7/5/18-10/8/18* # 891A 89890906	-950.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MR

016712

M.

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266--005
SA08320

891A 89890906

TRAVELERS

DATE: 12/27/18
LOSS DATE: 04/12/18
FILE NUMBER: 152 CB FDD7865 R

EMPLOYEE

ACCOUNT NAME:
J & R FILM COMPANY, INC.

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Med Interpreting Srvc

SERVICE DATE: 7/5/2018 TO: 10/8/2018

TOTAL PAID: $950.00
TAX INFO: 330956713 Y C
PAY MISC: 74297
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

JAN 0 2 2019

FOR ADDITIONAL INFORMATION, CONTACT: KELLEEN L CANTU AT (909)612-3844

161008392
DETACH CHECK

UNSHMM-111311
OVRPUNS2-121295
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/21/19 74343

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
FCR3815

BILL TO:
SAINT PAUL TRAVELERS (DALLAS)
W. C. DEPARTMENT
ATTN: ANNA QUINTERO
P.O. BOX # 660055
DALLAS, TX 75266

Case: vs BASIN VALVE CO
Date Of Injury: 7/12/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/13/18	SURGERY	DR MICHAEL FELDMAN @ DOWNEY SURGERY CENTER*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/20/18	POST-OP	DR FELDMAN @ HAND & ORTHO CTR OF SO CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/27/18	PR2/REEVAL	DR ROY CAPUTO @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON 3 101193	0.00
08/07/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/29/18	PR2/REEVAL	DR FELDMAN @ HAND @ ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
09/28/18	PMT BY CHECK	DOS 7/13/18-8/29/18* # 891A 89659073	-900.00
09/26/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
10/25/18	PMT BY CHECK	DOS 7/13/18-9/26/18* # 891A 89728021	-180.00
11/21/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/19/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/09/19	PMT BY CHECK	DOS 1/2/19* # 891A 89920854	-360.00
01/11/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/29/19	PMT BY CHECK	DOS 1/11/19* # 891A 89973008	-180.00
02/08/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/21/19	PMT BY CHECK	DOS 2/8/19* # 891A 90033739	-180.00
03/08/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00

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#
06/21/19 74343

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
FCR3815

BILL TO:
SAINT PAUL TRAVELERS (DALLAS)
W. C. DEPARTMENT
ATTN: ANNA QUINTERO
P.O. BOX # 660055
DALLAS, TX 75266

Case: vs BASIN VALVE CO
Date Of Injury: 7/12/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/15/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/26/19	PMT BY CHECK	DOS 3/8/19-3/15/19* # 891A 90124397	-360.00
04/12/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/25/19	PMT BY CHECK	DOS 4/12/19* # 891A 90203330	-180.00
05/24/19	P AND S	DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/17/19	PMT BY CHECK	DOS 5/24/19* # 891A 90340874	-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 **

000498

M

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266--005
SB00243

891A 89659073

TRAVELERS

DATE: 09/28/18
LOSS DATE: 07/12/18
FILE NUMBER: 152 CB FCR3815 J

EMPLOYEE

ACCOUNT NAME:
BLAIR-MARTIN CO., INC.

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Med Interpreting Srvc

SERVICE DATE: 7/13/2018 TO: 8/29/2018

TOTAL PAID: $900.00
TAX INFO: 330956713 Y C
PAY MISC: 74343
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
OCT 05 2018

FOR ADDITIONAL INFORMATION, CONTACT: ANNA C QUINTERO AT (909)612-3352

271010255
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

018816

M

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266--005

SA09364

891A 89728021

TRAVELERS

DATE: 10/25/18
LOSS DATE: 07/12/18
FILE NUMBER: 152 CB FCR3815 J

EMPLOYEE

ACCOUNT NAME:
BLAIR-MARTIN CO., INC.

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Med Interpreting Srvc

SERVICE DATE: 7/13/2018 TO: 9/26/2018

TOTAL PAID: $180.00
TAX INFO: 330956713 Y C
PAY MISC: 74343 ✓
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
OCT 30 2018

FOR ADDITIONAL INFORMATION, CONTACT: ANNA C QUINTERO AT (909)612-3352

298009452
DETACH CHECK

UNSUMM-111211
OVRPUNS2-121295
DETACH CHECK

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SA09636

891A 89920854

TRAVELERS

DATE: 01/09/19
LOSS DATE: 07/12/18
FILE NUMBER: 152 CB FCR3815 J

EMPLOYEE

ACCOUNT NAME:
BLAIR-MARTIN CO., 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: 1/2/2019

TOTAL PAID: $360.00
TAX INFO: 330956713 Y C
PAY MISC: 74343
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

JAN 14 2019

FOR ADDITIONAL INFORMATION, CONTACT: ANNA C QUINTERO AT (909)612-3352

)9009730
— DETACH CHECK

UNSUMM-111311
OVPUNS2-121295
DETACH CHECK —

017987

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
0

891A 89973008

M

TRAVELERS

DATE: 01/29/19
LOSS DATE: 07/12/18
FILE NUMBER: 152 CB FCR3815 J

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

EMPLOYEE

ACCOUNT NAME:
BLAIR-MARTIN CO., INC.

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 1/11/2019

TOTAL PAID: $180.00
TAX INFO: 330956713 Y C
PAY MISC: 74343
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

Ø

FEB 0 4 2019

FOR ADDITIONAL INFORMATION, CONTACT: ANNA C QUINTERO AT (909)612-3352

029009044
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

M

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SA08744

891A 90033739

TRAVELERS

DATE: 02/21/19
LOSS DATE: 07/12/18
FILE NUMBER: 152 CB FCR3815 J

EMPLOYEE

ACCOUNT NAME:
BLAIR-MARTIN CO., 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: 2/8/2019

TOTAL PAID: $180.00
TAX INFO: 330956713 Y C
PAY MISC: 74343
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
FEB 26 2019
BY .....

FOR ADDITIONAL INFORMATION, CONTACT: ANNA C QUINTERO AT (909)612-3352

052008822
DETACH CHECK

UNSUMM-11131
OVRFUNS2-12129
DETACH CHECK

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SA08897

891A 90124397

TRAVELERS

DATE: 03/26/19
LOSS DATE: 07/12/18
FILE NUMBER: 152 CB FCR3815 J

EMPLOYEE

ACCOUNT NAME:
BLAIR-MARTIN CO., 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: 3/8/2019 TO: 3/15/2019

TOTAL PAID: $360.00
TAX INFO: 330956713 Y C
PAY MISC: 74343 ✓
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
APR 01 2019
PV. .....

FOR ADDITIONAL INFORMATION, CONTACT: ANNA C QUINTERO AT (909)612-3352

085008997
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055

SA08488

891A 90203330

M

TRAVELERS

DATE: 04/25/19
LOSS DATE: 07/12/18
FILE NUMBER: 152 CB FCR3815 J

EMPLOYEE

ACCOUNT NAME:
BLAIR-MARTIN CO., 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: 4/12/2019

TOTAL PAID: $180.00
TAX INFO: 330956713 Y C
PAY MISC: 74343
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
APR 29 2019

BY: .....

FOR ADDITIONAL INFORMATION, CONTACT: ANNA C QUINTERO AT (909)612-3352

115008573
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055

SA07745

891A 90340874 UP

TRAVELERS

DATE: 06/17/19
LOSS DATE: 07/12/18
FILE NUMBER: 152 CB FCR3815 J

EMPLOYEE

ACCOUNT NAME:
BLAIR-MARTIN CO., 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: 5/24/2019

TOTAL PAID: $230.00
TAX INFO: 330956713 Y C
PAY MISC: 74343
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
JUN 21 2019

FOR ADDITIONAL INFORMATION, CONTACT: ANNA C QUINTERO AT (909)612-3352

168007828
DETACH CHECK

UNSUMM -111311
OVRPUNS2-121295
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/22/19 74556

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
ECR1075

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: MAYRA MCKENZIE
P.O. BOX 660055
DALLAS, TX 75266

Case: vs MARIETTA CORPORATION
Date Of Injury: 7/25/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/22/18	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/10/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/12/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/17/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
09/21/18	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/24/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/26/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/01/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/03/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/08/18	CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
10/24/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/21/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/11/19	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/22/19	MED-LEGAL	EVAL W/DR GOFNUNG @ GOFNUNG*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/22/19 74556

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
ECR1075

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: MAYRA MCKENZIE
P.O. BOX 660055
DALLAS, TX 75266

Case: vs MARIETTA CORPORATION
Date Of Injury: 7/25/11

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/03/19	P AND S	DR GOFNUNG @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/17/19	PMT BY CHECK	DOS 8/22/18-5/3/19*	-2080.00
		# 891A 90263464	

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ or Petitioner is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Applic of Adjud, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien/ or Petition. ** THIS SERVES AS DEMAND FOR PAYMENT **

THE TRAVELERS - TRAVELERS WORKERS C
TRAVELERS WORKERS COMP CLAIMS
PO BOX 660055
DALLAS TX 75266-0055
SA09220

891A 90263464

M.

TRAVELERS

DATE: 05/17/19
LOSS DATE: 07/25/11
FILE NUMBER: 158 CB EPR1075 M

EMPLOYEE

ACCOUNT NAME:
MARIETTA 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: 8/22/2018 TO: 5/3/2019

TOTAL PAID: $2080.00
TAX INFO: 330956713 Y C
PAY MISC: 74556 ✓
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
MAY 22 2019

FOR ADDITIONAL INFORMATION, CONTACT: MAYRA C MACKENZIE AT (916)859-2681

137009270
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#
04/22/19 74562

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
FEL2173

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: JILL CASPERITE
P.O. BOX 660055
DALLAS, TX 75266

Case: vs TUBE TAINER, INC.
Date Of Injury: 7/25/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/23/18	INITIAL EXAM	DR EMMETT COX @ HAND & ORTHO CTR OF SO. CALIF*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/13/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO 101080	0.00
10/11/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/18/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/08/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/15/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/13/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/26/18	PMT BY CHECK	DOS 8/23/18-11/15/18* # 891A 89888823	-1130.00
01/03/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. CALDERON # 101080	0.00
01/16/19	PMT BY CHECK	DOS 12/13/18* # 891A 89939655	-180.00
01/30/19	PMT BY CHECK	DOS 18/3/19* =# 896D 92040953	-180.00
01/31/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/15/19	PMT BY CHECK	DOS 1/31/19* # 891A 90019343	-180.00
02/28/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/12/19	PMT BY CHECK	DOS 2/28/19* # 891A 90086551	-180.00
03/28/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/16/19	PMT BY CHECK	DOS 3/28/19* # 891A 90180790	-180.00

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#
04/22/19	74562

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
FEL2173

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: JILL CASPERITE
P.O. BOX 660055
DALLAS, TX 75266

Case: vs TUBE TAINER, INC.
Date Of Injury: 7/25/18

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 **

011210

M

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266--005

SA05576

891A 89888823

TRAVELERS

DATE: 12/26/18
LOSS DATE: 07/25/18
FILE NUMBER: 152 CB FEL2173 N

EMPLOYEE

ACCOUNT NAME:
TUBE-TAINER 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: 8/23/2018 TO: 11/15/2018

TOTAL PAID: $1130.00
TAX INFO: 330956713 Y C
PAY MISC: 74562
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

JAN 02 2019

FOR ADDITIONAL INFORMATION, CONTACT: JILL CASPERITE AT (909)612-3168

30005634
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SA09650

891A 89939655

M

TRAVELERS

DATE: 01/16/19
LOSS DATE: 07/25/18
FILE NUMBER: 152 CB FEL2173 N

EMPLOYEE

ACCOUNT NAME:
TUBE-TAINER 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: 12/13/2018

JAN 22 2019

TOTAL PAID: $180.00
TAX INFO: 330956713 Y C
PAY MISC: 74562
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: JILL CASPERITE AT (909)612-3168

016009760
DETACH CHECK

UNSUMM-111311
OVAPUNS2-121295
DETACH CHECK

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SA08968

896D 92040953

TRAVELERS

DATE: 01/30/19
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

Our Customer Service Phone is (877)228-2758
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 E2F2455R	04/04/18 - 11/07/18	$ 1,563.00		
	152 CB FEL2173N	01/03/19	$ 180.00		74562
	152 CB FJQ7455R	11/30/18 - 01/11/19	$ 360.00		75022

FEB 04 2019

Total Amount Paid $*****2103.00

PAYMENT INQUIRIES? E-MAIL MBMPINQS@TRAVELERS.COM, FAX 888-558-8656, PH. 877-228-2758.

030009046
DETACH CHECK

SUMM 111311
OVRPSUM2-02150

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 660055
DALLAS TX 75266-0055

896D 92040953

82-20
311

DATE	ACCOUNT NUMBER	TIN NUMBER	FILE NUMBER
01/30/19	J99	330956713	SUMMARIZED

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

TWO THOUSAND ONE HUNDRED THREE AND 00/100 ----------

PAY: $*****2103.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

018014
SA08968

Douglas K. Russell
AUTHORIZED SIGNATURE

⑈92040953⑈ ⑆031100209⑆ 3862289 2⑈

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SA09503

891A 90019343

M

TRAVELERS

DATE: 02/15/19
LOSS DATE: 07/25/18
FILE NUMBER: 152 CB FEL2173 N

EMPLOYEE

ACCOUNT NAME:
TUBE-TAINER 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: 1/31/2019

TOTAL PAID: $180.00
TAX INFO: 330956713 Y C
PAY MISC: 74562
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
FEB 20 2019
BY .....

FOR ADDITIONAL INFORMATION, CONTACT: JILL CASPERITE AT (909)612-3168

046009583
DETACH CHECK

HNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SA09793

891A 90086551

M

TRAVELERS

DATE: 03/12/19
LOSS DATE: 07/25/18
FILE NUMBER: 152 CB FEL2173 N

EMPLOYEE

ACCOUNT NAME:
TUBE-TAINER 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: 2/28/2019

TOTAL PAID: $180.00
TAX INFO: 330956713 Y C
PAY MISC: 74562 ✓
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
MAR 18 2019
BY .....

FOR ADDITIONAL INFORMATION, CONTACT: JILL CASPERITE AT (909)612-3168

071009896
DETACH CHECK

UNSUMM-11131
OVRPUNS2-12129
DETACH CHECK

017065

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SA08496

891A 90180790

M

TRAVELERS

DATE: 04/16/19
LOSS DATE: 07/25/18
FILE NUMBER: 152 CB FEL2173 N

EMPLOYEE

ACCOUNT NAME:
TUBE-TAINER 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: 3/28/2019

TOTAL PAID: $180.00
TAX INFO: 330956713 Y C
PAY MISC: 74562 ✓
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
APR 22 2019
BY. .....

FOR ADDITIONAL INFORMATION, CONTACT: JILL CASPERITE AT (909)612-3168

106008569
DETACH CHECK

UNSUMM-11131
OVAP-UNS2-12129

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#
06/17/19 74689

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
FDZ3061

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: ROSE CAVALLO
P.O. BOX 660055
DALLAS, TX 75266

Case: vs BEST EXPRESS AUTO SPA
Date Of Injury: 5/26/18

DOS	SERVICE	DESCRIPTION	AMOUNT
09/13/18	INITIAL EXAM	DR EMMETT COX @ HAND & ORTHO OF SO CALIF*	230.00
/ /	INTERPRETER:	LISBETH C PARRENO #101080	0.00
09/20/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/25/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/15/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/06/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/13/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/20/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/27/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/17/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/31/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/05/19	PMT BY CHECK	DOS 9/13/18-1/17/19* # 891A 89990088	-1670.00
02/14/19	PMT BY CHECK	DOS 9/13/18-1/31/19* # 891A 90013860	-180.00
02/21/19	PR2/REEVAL	W/DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/05/19	PMT BY CHECK	DOS 2/21/19* # 891A 90067469	-180.00
03/14/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/18/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00

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#
06/17/19 74689

EAMS#(s):

SS # : xXX-XX
DOB :
Terms: 60 days
Claim #(s):
FDZ3061

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: ROSE CAVALLO
P.O. BOX 660055
DALLAS, TX 75266

Case: vs BEST EXPRESS AUTO SPA
Date Of Injury: 5/26/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/09/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/23/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/13/19	PMT BY CHECK	DOS 9/13/18-5/23/19* # 891A 90329716	-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/ or Petitioner is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Applic of Adjud, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien/ or Petition. ** THIS SERVES AS DEMAND FOR PAYMENT **

THE TRAVELERS - TRAVELERS WORKERS C
TRAVELERS WORKERS COMP CLAIMS
PO BOX 660055
DALLAS TX 75266-0055
0

891A 89990088

TRAVELERS

DATE: 02/05/19
LOSS DATE: 05/26/18
FILE NUMBER: 158 CB FDZ3061 T

EMPLOYEE

ACCOUNT NAME:
ABRAHAMIAN, HAROUT

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: 9/13/2018 TO: 1/17/2019

TOTAL PAID: $1670.00
TAX INFO: 330956713 Y C
PAY MISC: 74689
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FEB 1 1 2019

FOR ADDITIONAL INFORMATION, CONTACT: ROSE G CAVALLO AT (916)859-2644

036008890
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121298
DETACH CHECK

THE TRAVELERS - TRAVELERS WORKERS C
TRAVELERS WORKERS COMP CLAIMS
PO BOX 660055
DALLAS TX 75266-0055
SA08635

891A 90067469

TRAVELERS

DATE: 03/05/19
LOSS DATE: 05/26/18
FILE NUMBER: 158 CB FDZ3061 T

EMPLOYEE

ACCOUNT NAME:
ABRAHAMIAN, HAROUT

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: 2/21/2019

TOTAL PAID: $180.00
TAX INFO: 330956713 Y C
PAY MISC: 74689
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
MAR 1 1 2019
BY. .....

FOR ADDITIONAL INFORMATION, CONTACT: ROSE G CAVALLO AT (916)859-2644

064008714
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

019020

THE TRAVELERS - TRAVELERS WORKERS C
TRAVELERS WORKERS COMP CLAIMS
PO BOX 660055
DALLAS TX 75266-0055

SA09472

891A 90329716

M

TRAVELERS

DATE: 06/13/19
LOSS DATE: 05/26/18
FILE NUMBER: 480 CB FDZ3061 T

EMPLOYEE

ACCOUNT NAME:
ABRAHAMIAN, HAROUT

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: 9/13/2018 TO: 5/23/2019

TOTAL PAID: $720.00
TAX INFO: 330956713 Y C
PAY MISC: 74689 ✓
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

A.J.T.
JUN 17 2019
BY.

FOR ADDITIONAL INFORMATION, CONTACT: NATALIE PONCE AT (916)638-6555

164009548
DETACH CHECK

UNSUMM -11131
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#
01/29/19 74874

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E9H2298

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: MICHAEL RUVACALBA
P.O. BOX 660055
DALLAS, TX 75266

Case: vs MOLDED FIBER GLASS CO. WEST
Date Of Injury: 4/13/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/22/18	LEGAL_PREP	DEPO PREP @ L/O DIMACULANGAN & ASSOC.	156.50
/ /	INTERPRETER:	DANIEL FATTORI # 36586781	0.00
12/13/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALACON # 100802	0.00
01/23/19	PMT BY CHECK	DOS 10/22/18-12/13/18* # 896D 92013382	-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 **

MC

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SA08772

896D 92013382

TRAVELERS

DATE: 01/23/19
LOSS DATE: 04/13/17
FILE NUMBER: 152 CB E9H2298 T

EMPLOYEE

ACCOUNT NAME:
MOLDED FIBER GLASS COMPANIES

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 10/22/2018 TO: 12/13/2018

TOTAL PAID: $406.50
TAX INFO: 330956713 Y C
PAY MISC: 74874
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

JAN 29 2019

FOR ADDITIONAL INFORMATION, CONTACT: MICHAEL RUBALCAVA AT (909)612-3034

023008857
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/07/19 74938

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
FDZ9199

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: ALEX FERREL
P.O. BOX 660055
DALLAS, TX 75266

Case: vs BAY CITIES CONTAINER CORPORATI
Date Of Injury: 6/15/18

DOS	SERVICE	DESCRIPTION	AMOUNT
11/05/18	LEGAL_WCAB	EXP HEARING @ WCAB LONG BEACH FULL DAY	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/19/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	WALTER VASQUEZ # 100770	0.00
05/03/19	PMT BY CHECK	DOS 11/5/18-11/19/18* # 891A 90226409	-469.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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HR

019184

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SA09561

891A 90226409

TRAVELERS

DATE: 05/03/19
LOSS DATE: 06/15/18
FILE NUMBER: 152 CB FDZ9199 T

EMPLOYEE

ACCOUNT NAME:
BAY CITIES CONTAINER

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

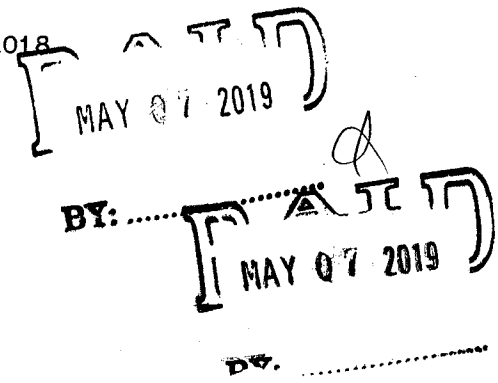
TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 11/5/2018 TO: 11/19/2018

TOTAL PAID: $469.50
TAX INFO: 330956713 Y C
PAY MISC: 74938
PAYEE:
JOYCE ALTMAN INTERPRETERS INC



FOR ADDITIONAL INFORMATION, CONTACT: ALEX FERREL AT (909)612-3073

123009623
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#
11/26/18 74651

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E5Z9735

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: VALERIE NORMINTON
P.O. BOX 660055
DALLAS, TX 75266

Case: vs SUPERIOR ELECTRICAL ADVERTISIN
Date Of Injury: 8/16/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/26/18	LEGAL_REVIEW	DEPO REVIEW @ L/O CANTRELL GREEN	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
09/27/18	LEGAL_REVIEW	DEPO REVIEW @ L/O CANTRELL GREEN II	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
11/21/18	PMT BY CHECK	DOS 9/26/18-9/27/18* # 891A 89805308	-500.00

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 660055
DALLAS TX 75266--005
SB03867

891A 89805308

TRAVELERS

DATE: 11/21/18
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

PAID
NOV 26 2018

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 E5Z9735M	09/26/18 - 09/27/18	$ 500.00		74651
	152 CB FCT9142K	10/08/18	$ 156.50		74783
		Total Amount Paid	$******656.50		

5013928
DETACH CHECK

SUMM 111311
OVRPSUM2-021509
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/22/19	75015

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
FCR8407

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: ANA QUINTERO
P.O. BOX 660055
DALLAS, TX 75266

Case: _ vs 4EARTH FARMS
Date Of Injury: 7/1/16 - 07/18

DOS	SERVICE	DESCRIPTION	AMOUNT
11/21/18	INITIAL EXAM	DR ARBI MIRZAIANS @ PHYSICAL REHAB SERVICE*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/21/18	PR2/REEVAL	DR MIRZAIANS @ PHY REHAB*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/03/19	F.I.M.	FUNTUCTIONAL INDEPENDENCE MEASURE @ PHY REHAB	150.00
/ /	-	W/DR CHRISTINE ABGARYAN*	0.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/30/19	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR CHRISTINE ABGARYAN	150.00
/ /	-	@ PHYS REHB SVCS* INITIAL	0.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/21/19	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/08/19	PR2/REEVAL	DR ABGARYAN @ PHYS REHAB*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/04/19	PMT BY CHECK	DOS 11/21/18-5/8/19* # 896D 92574070	-1070.00
06/19/19	PR2/REEVAL	DR ABGARYAN @ PHYS REHAB*	180.00
/ /	INTERPRETER:	ALEJANDRO MENDEZ # 011850	0.00
07/16/19	PMT BY CHECK	DOS 11/21/18-6/19/19* # 896D 92747489	-180.00

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#
07/22/19	75015

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
FCR8407

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: ANA QUINTERO
P.O. BOX 660055
DALLAS, TX 75266

Case: vs 4EARTH FARMS
Date Of Injury: 7/1/16 - 07/18

DOS	SERVICE	DESCRIPTION	AMOUNT

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 660055
DALLAS TX 75266-0055

SA08969

896D 92574070

M

TRAVELERS

DATE: 06/04/19
LOSS DATE: 07/01/18
FILE NUMBER: 152 CB FCR8407 P

EMPLOYEE

ACCOUNT NAME:
4EARTH FARMS 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: 11/21/2018 TO: 5/8/2019

TOTAL PAID: $1070.00
TAX INFO: 330956713 Y C
PAY MISC: 75015 ✓
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
JUN 10 2019
BY .....

FOR ADDITIONAL INFORMATION, CONTACT: ANNA C QUINTERO AT (909)612-3352

155009034
DETACH CHECK

UNSUMM -11131
OVRPUNS2-12129
DETACH CHECK

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055

SA09086

896D 92747489

TRAVELERS

DATE: 07/16/19
LOSS DATE: 07/01/18
FILE NUMBER: 152 CB FCR8407 P

EMPLOYEE

ACCOUNT NAME:
4EARTH FARMS 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: 11/21/2018 TO: 6/19/2019

TOTAL PAID: $180.00
TAX INFO: 330956713 Y C
PAY MISC: 75015
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
JUL 22 2019
BY .....

FOR ADDITIONAL INFORMATION, CONTACT: ANNA C QUINTERO AT (909)612-3352

197009193
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#
04/22/19 75319

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
FKY0205

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: JUANITA GALLEGOS
P.O. BOX 660055
DALLAS, TX 75266

Case: vs GLOBAL TRADE, INC.
Date Of Injury: 1/18/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/25/19	POST-OP	DR MICAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/22/19	POST-OP	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/07/19	PMT BY CHECK	DOS 1/25/19-2/22/19* # 891A 90072233	-180.00
03/22/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/03/19	PMT BY CHECK	DOS 1/25/19-3/22/19* # 891A 90145775	-90.00
04/17/19	PMT BY CHECK	DOS 1/25/19-4/3/19* # 891A 90183104	-270.00

BALANCE 0.00

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UK

002780

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
0

891A 90072233

TRAVELERS

DATE: 03/07/19
LOSS DATE: 01/18/19
FILE NUMBER: 152 CB FKY0205 T

EMPLOYEE
ELIODORO GONZALES

ACCOUNT NAME:
GLOBAL TRADE MARKETING, INC.

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

75319

THIS BILL HAS BEEN REPRICED. THE EXPLANATION FOR THE REPRICING HAS BEEN SENT UNDER SEPARATE COVER.

FROM: 01/25/19 TO: 02/22/19

75319
TOTAL PAID: $180.00

PAID
MAR 11 2019

FOR ADDITIONAL INFORMATION, CONTACT: JUANITA I GALLEGOS AT (909)612-3857

66011487
DETACH CHECK

UNSUMM-111211
OVRPUNS2-121203
DETACH CHECK

017598

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SA08763

891A 90145775

TRAVELERS

DATE: 04/03/19
LOSS DATE: 01/18/19
FILE NUMBER: 152 CB FKY0205 T

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

EMPLOYEE
ELIODORO GONZALES

ACCOUNT NAME:
GLOBAL TRADE MARKETING, INC.

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Med Interpreting Srvc

SERVICE DATE: 1/25/2019 TO: 3/22/2019

TOTAL PAID: $90.00
TAX INFO: 330956713 Y C
PAY MISC: 75319
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
APR 09 2019

BY. .....

FOR ADDITIONAL INFORMATION, CONTACT: JUANITA I GALLEGOS AT (909)612-3857

093008835
DETACH CHECK

UNSUMM-111311
OVAPONS2-121293
DETACH CHECK

[redacted]

017926

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SA08917

891A 90183104

TRAVELERS

DATE: 04/17/19
LOSS DATE: 01/18/19
FILE NUMBER: 152 CB FKY0205 T

EMPLOYEE

ACCOUNT NAME:
GLOBAL TRADE MARKETING, INC.

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

PAID
APR 22 2019

PD. .....

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Med Interpreting Srvc

SERVICE DATE: 1/25/2019 TO: 4/3/2019

TOTAL PAID: $270.00
TAX INFO: 330956713 Y C
PAY MISC: 75319
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: JUANITA I GALLEGOS AT (909)612-3857

107009009
DETACH CHECK

UNSUMM-11131
OVRPUNS2-12129

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#
07/12/19 76028

EAMS#(s):

SS # : XXX-XX-.
DOB :
Terms: 60 days
Claim #(s):
FLR9163

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: WENDY CRUZ
P.O. BOX 660055
DALLAS, TX 75266

Case: vs TOMARCO CONTRACTOR SPECIALTIES
Date Of Injury: 5/11/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/22/19	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF S CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/24/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/31/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/14/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/28/19	PMT BY CHECK	5/22/19-5/31/19*	-540.00
07/08/19	PMT BY CHECK	DOS 5/22/19-6/14/19* =# 891A 90393474	-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 **

MR

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SA06800

891A 90393474

TRAVELERS

DATE: 07/08/19
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 FKJ2059T	06/13/19	$ 90.00		75065
	152 CB FLR9163J	05/22/19 - 06/14/19	$ 180.00		76028
		Total Amount Paid	$******270.00		

PAID
JUL 12 2019

189006863
DETACH CHECK

SUMM -11131
OVRPSUM1-0215(
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 660055
DALLAS TX 75266-0055

891A 90393474 62-20 311

DATE	ACCOUNT NUMBER	TIN NUMBER	FILE NUMBER
07/08/19	J99	330956713	SUMMARIZED

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

TWO HUNDRED SEVENTY AND 00/100 ---------- PAY: $******270.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781
013663
SA06800

Douglas K. Russell
AUTHORIZED SIGNATURE

⑈90393474⑈ ⑆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#
07/09/19 74825

EAMS#(s):

SS # : XXX-XX-
DOB
Terms: 60 days
Claim #(s):
18738748CT

BILL TO:
TRISTAR RISK MGMT (CLINT-2805)
W. C. DEPARTMENT
ATTN: ERICKA MACKENZIE
P.O. BOX # 2805
CLINTON, IA 52733

Case: vs REDLANDS RANCH MARKET/ABOUT FO
Date Of Injury: 12/6/17-9/7/18

DOS	SERVICE	DESCRIPTION	AMOUNT
10/11/18	INITIAL EXAM	DR JOHN XIAO JIAN QIAN/DAVE FRANKE @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/17/18	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/24/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/31/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/07/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/08/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/14/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/21/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/30/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/05/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/12/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/13/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/19/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/26/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/02/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00

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#
07/09/19 74825

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
18738748CT

BILL TO:
TRISTAR RISK MGMT (CLINT-2805)
W. C. DEPARTMENT
ATTN: ERICKA MACKENZIE
P.O. BOX # 2805
CLINTON, IA 52733

Case: vs REDLANDS RANCH MARKET/ABOUT FO
Date Of Injury: 12/6/17-9/7/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/09/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA @ 500267	0.00
01/16/19	INITL CHIRO	& PHYSICAL THERAPY W/DR CHRISTINE HA @SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/18/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/23/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/01/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/08/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/13/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
02/20/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
02/22/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/20/19	PMT BY CHECK	DOS 11/30/18-1/9/19* =# 175702939	-2980.00
03/01/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/08/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/15/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	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#
07/09/19 74825

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
18738748CT

BILL TO:
TRISTAR RISK MGMT (CLINT-2805)
W. C. DEPARTMENT
ATTN: ERICKA MACKENZIE
P.O. BOX # 2805
CLINTON, IA 52733

Case: vs REDLANDS RANCH MARKET/ABOUT FO
Date Of Injury: 12/6/17-9/7/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/20/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/27/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/26/19	PMT BY CHECK	DOS 3/1/19* # 177270352	-90.00
04/05/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/12/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/19/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/24/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/26/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/03/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/06/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/10/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/17/19	PMT BY CHECK	DOS 4/24/19* =# 180116864	-90.00
05/21/19	PMT BY CHECK	DOS 4/26/19* =# 180219892	-90.00
05/22/19	PMT BY CHECK	DOS 5/3/19* =# 180278303	-90.00
05/24/19	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#
07/09/19 74825

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
18738748CT

BILL TO:
TRISTAR RISK MGMT (CLINT-2805)
W. C. DEPARTMENT
ATTN: ERICKA MACKENZIE
P.O. BOX # 2805
CLINTON, IA 52733

Case: vs REDLANDS RANCH MARKET/ABOUT FO
Date Of Injury: 12/6/17-9/7/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/31/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/07/19	PMT BY CHECK	DOS 5/6/19* =# 181174989	-90.00
06/07/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/14/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/21/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/02/19	PMT BY CHECK	DOS 4/24/19-12/26/18* =# 182433995	-360.00

BALANCE 3510.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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 BY VOID

Electronic Payment Clearinghouse
TRISTAR Risk Management
PO Box 2805
Clinton, IA 52733-2805

Wells Fargo Bank, N.A.

Electronic Payment Clearinghouse
Echo Health, Inc.

DRAFT NO. 175702939
DRAFT DATE 02/20/2019

PAYABLE THROUGH DRAFT Two Thousand Nine Hundred Eighty & 00 / 100 DOLLARS

AMOUNT
**********$2,980.00

VOID AFTER 180 DAYS

TO THE ORDER OF Joyce Altman Interpreters Inc
PO Box 4165

Tustin CA 92781

⑈175702939⑈ ⑆041203824⑆ 9604000621⑈

74825 - 1

PAID
MAR 01 2019

BY: .....

TRISTAR Risk Management
PO Box 2805
Clinton, IA 52733-2805

5/10/18 2:31 PM 3 0000219 20190221 OB6AG101 ECHO 1 oz DOM OB6AG10000* 158568 TE

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

Your name, Joyce Altman Interpreters Inc, and Tax ID have been verified by the IRS.

See www.providerpayments.com for any payment questions

Tax ID: 330956713 *EPC Draft #: 175702939* *Payment Week: 7* *Payment Date: 02/20/2019*

Claimant/Employee:
Claim Number: 18738748
Primary ICD-9: T14.90
Bill Tracking Code: 3002891067TMC

Received Date: 01/24/2019
Reviewed Date: 02/19/2019
Incident Date: 09/07/2018
Invoice #: 74825

Client About Food Inc - CA
PPO Name #: TRISTAR SPECIALTY REVIEW
DRG Code: 000
Payment Type: LANGUAGE TRANSLATOR

Service Date(s)	Procedure Code/Mod	Service Description	Units	Billed Amount	Bill Review Reduction	PPO Reduction	Other Reduction	Allowance	Reason Code
11/30/18	T1013	INTERPRETER	1	180.00	0.00	0.00	0.00	180.00	
12/05/18	T1013	INTERPRETER	1	180.00	0.00	0.00	0.00	180.00	
12/12/18	T1013	INTERPRETER	1	180.00	0.00	0.00	0.00	180.00	
11/08/18	T1013	INTERPRETER	1	180.00	0.00	0.00	0.00	180.00	
11/14/18	T1013	INTERPRETER	1	180.00	0.00	0.00	0.00	180.00	
11/21/18	T1013	INTERPRETER	1	180.00	0.00	0.00	0.00	180.00	
10/24/18	T1013	INTERPRETER	1	180.00	0.00	0.00	0.00	180.00	
10/31/18	T1013	INTERPRETER	1	180.00	0.00	0.00	0.00	180.00	
11/07/18	T1013	INTERPRETER	1	180.00	0.00	0.00	0.00	180.00	
10/11/18	T1013	INTERPRETER	1	230.00	0.00	0.00	0.00	230.00	
10/17/18	T1013	INTERPRETER	1	230.00	0.00	0.00	0.00	230.00	
12/13/18	T1013	INTERPRETER	1	180.00	0.00	0.00	0.00	180.00	
12/19/18	T1013	INTERPRETER	1	180.00	0.00	0.00	0.00	180.00	
12/26/18	T1013	INTERPRETER	1	180.00	0.00	0.00	0.00	180.00	
01/02/19	T1013	INTERPRETER	1	180.00	0.00	0.00	0.00	180.00	
01/09/19	T1013	INTERPRETER	1	180.00	0.00	0.00	0.00	180.00	
			Totals:	2,980.00	0.00	0.00	0.00	2,980.00	

Statement Summary	Billed Amount	Reduction	Allowance
Statement Total	2,980.00	0.00	2,980.00

VOID BY VOID BY VOID BY

TRISTAR Risk Management
PO Box 2805
Clinton, IA 52733-2805

5/10/18 2:31 PM 3 0000172 20190702 OG0U4101 ECHO 1 oz DOM OG0U410000* 158568 TE

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

See www.providerpayments.com for any payment questions

Your name, Joyce Altman Interpreters Inc, and Tax ID have been verified by the IRS.

Tax ID: 330956713 *EPC Draft #: 182433995* *Payment Week: 26* *Payment Date: 07/02/2019*

Claimant/Employee:
Claim Number: 18738748
Primary ICD-9: T14.90
Bill Tracking Code: 3003044528TMC

Received Date: 06/21/2019
Reviewed Date: 07/01/2019
Incident Date: 09/07/2018
Invoice #: 74825

Client About Food Inc - CA
PPO Name #:
DRG Code: 000
Payment Type: LANGUAGE TRANSLATOR

Service Date(s)	Procedure Code/Mod	Service Description	Units	Billed Amount	Bill Review Reduction	PPO Reduction	Other Reduction	Allowance	Reason Code
04/24/19	T1013	INTERPRETER	8	90.00	90.00	0.00	0.00	0.00	G56 60
04/26/19	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
05/03/19	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
05/06/19	T1013	INTERPRETER	8	90.00	90.00	0.00	0.00	0.00	G56 60
05/10/19	T1013	INTERPRETER	8	180.00	0.00	0.00	0.00	180.00	
05/24/19	T1013	INTERPRETER	8	180.00	0.00	0.00	0.00	180.00	
02/22/19	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
03/01/19	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
03/08/19	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
03/15/19	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
03/20/19	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
03/27/19	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
04/05/19	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
04/12/19	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
04/19/19	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
02/08/19	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
02/13/19	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
02/20/19	T1013	INTERPRETER	8	90.00	90.00	0.00	0.00	0.00	G56 60
01/18/19	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
01/23/19	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
02/01/19	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
01/02/19	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
01/09/19	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
01/16/19	T1013	INTERPRETER	8	90.00	90.00	0.00	0.00	0.00	G56 60
10/11/18	T1013	INTERPRETER	8	230.00	230.00	0.00	0.00	0.00	G56 60

10/17/18	T1013	INTERPRETER	8	230.00	230.00	0.00	0.00	0.00	G56 60
10/24/18	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
10/31/18	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
11/07/18	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
11/08/18	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
11/14/18	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
11/21/18	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
11/30/18	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
12/05/18	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
12/12/18	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
12/13/18	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
12/19/18	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
12/26/18	T1013	INTERPRETER	8	180.00	180.00	0.00	0.00	0.00	G56 60
			Totals:	6,580.00	6,220.00	0.00	0.00	360.00	

Statement Summary	Billed Amount	Reduction	Allowance
Statement Total	6,580.00	6,220.00	360.00

Explanations	Code	Description
	60	The provider has billed for the exact services on a previous bill.
	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.

DISCLAIMER Charges in excess of the allowance are objected to for the above reasons. If you disagree with the reductions you may contact us at the address and phone number listed, or you may file an application or lien with the Workers'Compensation Appeals Board. California Labor Code Section 3751 (b) prohibits attempts to collect any balance due from the injured worker. TIME LIMITS TO DISPUTE PAYMENT AMOUNT Request for Second Review After an 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 Payment and Billing Guide, and either California Labor Code 4622, or 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 the Division of Workers' Compensation Medical Payment and Billing Guide, and either California Labor Code 4622, or regulations at 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.

Please direct inquiries to: Tristar Managed Care, Fax: (714) 972-4976, 5820 S Eastern Ave Suite 250, Las Vegas, NV 89119 Phone: (877) 287-4782

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/16/19 73262

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
7738916

BILL TO:
YORK INSURANCE SVCS (LEXINGTON
W. C. DEPARTMENT
ATTN: JANICE LEBEAU
P.O. BOX 14731
LEXINGTON, KY 40512

Case: vs WALMART
Date Of Injury: 3/30/16

DOS	SERVICE	DESCRIPTION	AMOUNT
01/23/18	PR2/REEVAL	DR JACQUELINE HANNA @ HAND & ORTHO OF SO CALIF*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/01/19	LEGAL_PREP	DEPO PREP @ L/O STANDER, RUEBENS	156.50
/ /	INTERPRETER:	LETICIA G. URIOSTEGUI #301652	0.00
04/01/19	PMT BY CHECK	DOS 1/23/18-3/1/19* # 21058305	-336.50
04/16/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	WALTER VASQUEZ # 100770	0.00
05/06/19	PMT BY CHECK	DOS 4/16/19* # 21154226	-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 **

HR

Claims Management, Inc.- Walmart
P.O. Box 14731
Lexington, KY 40512-4731

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-1460

Claim Number: 7738916
Case No.:
Check Amount: $336.50
Check No.: 21058305
Claimant Name:
Coverage:
Invoice No.: 73262
Service/Indemnity From: 01/23/2018 Thru: 03/01/2019
Date:
Vendor Tax ID No.: 330956713
Comments: DCN 201903222003077001 (1/23/18: medical appt; 3/1/19: depo prep)
Insurance Company: National Union Fire
Invoice Comments:

PAID
APR 04 2019
BY: .....

↓ DETACH AT PERFORATION ↓

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIE

Claims Management, Inc.- Walmart
P.O. Box 14731
Lexington, KY 40512-4731

Claim No. : 7738916
Claimant Name : Benita Monroy
Store No. : 3477

Check No : 21058305
Issue Date : 04/01/2019

Wells Fargo Bank, N.A.

66-156
531

PAY: Three Hundred Thirty-Six Dollars And 50/100

$ 336.50
VOID AFTER 120 DAYS

To The Order Of JOYCE ALTMAN INTERPRETERS INC

Chief Financial Officer

⑈21058305⑈ ⑆053101561⑆ 20799001247 69⑈

M

Claims Management, Inc.- Walmart
P.O. Box 14731
Lexington, KY 40512-4731

Claim Number: 7738916
Case No.:
Check Amount: $250.00
Check No.: 21154226
Claimant Name:
Coverage:
Invoice No.:
Service/Indemnity From: 04/16/2019 Thru: 04/16/2019
Date:
Vendor Tax ID No.: 330956713
Comments: Depo Review
Insurance Company: National Union Fire
Invoice Comments: NO# 73262

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-1460

PAID
MAY 14 2019

DETACH AT PERFORATION

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

Claims Management, Inc.- Walmart
P.O. Box 14731
Lexington, KY 40512-4731

Claim No.: 7738916
Claimant Name: Benita Monroy
Store No.: 3477

Check No: 21154226
Issue Date: 05/06/2019
Wells Fargo Bank, N.A.

66-156
531

PAY: Two Hundred Fifty Dollars And 00/100

$ 250.00
VOID AFTER 120 DAYS

To The Order Of JOYCE ALTMAN INTERPRETERS INC

Chief Financial Officer

⑈21154226⑈ ⑆053101561⑆ 207990012476 9⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/14/19 73283

EAMS#(s):
03/15/18
SS # : XXX-XX-
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
04/12/18	PMT BY CHECK	DOS 1/26/18-3/23/18* # 17234	-180.00
05/18/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/12/18	PMT BY CHECK	DOS 1/26/18-3/23/18* # 17234	-180.00
06/12/18	POST-OP	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/12/18	PMT BY CHECK	DOS 1/26/18-3/23/18* # 17234	-180.00
06/20/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/12/18	PMT BY CHECK	DOS 1/26/18-3/23/18* # 17234	-180.00
07/06/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/12/18	PMT BY CHECK	DOS 1/26/18-3/23/18*	-180.00

HR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/14/19 73283

EAMS#(s):
03/15/181
SS # : XXX-XX-
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: [redacted] vs GALLEHER HWP ALONDRA LOCATION
Date Of Injury: 11/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 17234	
08/01/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/29/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
09/27/18	PMT BY CHECK	DOS 8/1/18-8/29/18*	-360.00
		# 21701	
09/26/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
10/19/18	PMT BY CHECK	DOS 9/26/18* # 22396	-180.00
11/27/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
12/10/18	PMT BY CHECK	DOS 11/27/18* # 23877	-180.00
12/19/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/16/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/31/19	PMT BY CHECK	DOS 12/19/18-1/16/19*	-360.00
		# 25482	
02/13/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/25/19	PMT BY CHECK	DOS 2/13/19* # 26313	-180.00
03/29/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/16/19	PMT BY CHECK	DOS 1/26/18-3/29/19*	-180.00
		# 28105	
04/24/19	P AND S	DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/08/19	PMT BY CHECK	DOS 1/26/18-4/24/19*	-230.00
		# 28868	

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/14/19	73283

EAMS#(s):
03/15/18
SS # : XXX-XX-
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: s GALLEHER HWP ALONDRA LOCATION
Date Of Injury: 11/27/17

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/ 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

Mailing Information:

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX # 4165
TUSTIN, CA 92781-4165

PAID
MAY 14 2019
BY: .....

Claim Number:	NAVI-1945
Claimant:	
Date of Loss:	11/27/2017
Check Number:	28868
Check Date:	05/08/2019
Check Amount:	$230.00
Type of Payment:	
	MP 176 - INTERPRETER MED
Location:	7401-005 Galleher MidCo, LLC 9303 Greenleaf Avenue of Galleher, LLC
For Period:	01/26/2018 to 04/24/2019
InvoiceNo:	73283
IRS #:	33-0956713
Handling Office:	642-Anaheim WC Profit Center, 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.

YORK RISK SERVICES GROUP, INC. CLIENT ESCROW (D/7047)
ACCOUNT obo ARCH INSURANCE COMPANY
NAVIGATOR CASUALTY CAPTIVE PROGRAM
P.O. Box 182364
Columbus, OH 43218-2364

Wells Fargo Bank, N A
190 River Road
Summit, NJ 07901-1444
62-22/311

REF. NUMBER	
NAVI-1945	
DATE	CHECK NO
5/8/2019	**28868**
AMOUNT	
***$230.00	

PAY TWO HUNDRED THIRTY 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

⑈00 28868⑈ ⑆121000248⑆ 4124436726⑈

M

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:	28105
Check Date:	04/16/2019
Check Amount:	$180.00
Type of Payment:	
	MP 176 - INTERPRETER MED
Location:	7401-005 Galleher MidCo, LLC 9303 Greenleaf Avenue of Galleher, LLC
For Period:	01/26/2018 to 03/29/2019
InvoiceNo:	73283
IRS #:	33-0956713
Handling Office:	642-Anaheim WC Profit Center, Roseville, CA

PAID
APR 22 2019
BY: .....

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK • HOLD UP TO LIGHT TO VIEW • CHECK CONTAINS VISIBLE AND INVISIBLE FIBERS

York Risk Services Group, Inc.

YORK RISK SERVICES GROUP, INC. CLIENT ESCROW (D/7047)
ACCOUNT obo ARCH INSURANCE COMPANY
NAVIGATOR CASUALTY CAPTIVE PROGRAM
P.O. Box 182364
Columbus, OH 43218-2364

Wells Fargo Bank, N A
190 River Road
Summit, NJ 07901-1444
62-22/311

REF. NUMBER	
NAVI-1945	
DATE	CHECK NO
4/16/2019	**28105**
AMOUNT	
***$180.00	

PAY ONE HUNDRED EIGHTY AND 0/100

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.
Mail to: P.O. BOX # 4165
TUSTIN, CA 92781-4165

Richard Talbot

Not Negotiable After 180 Days

⑈00 28 105⑈ ⑆1 21000 248⑆ 4 1 24 4 36 7 26⑈

M

Mailing Information:

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX # 4165
TUSTIN, CA 92781-4165

PAID
MAR 04 2019
BY: .....

Claim Number:	NAVI-1945
Claimant:	
Date of Loss:	11/27/2017
Check Number:	26313
Check Date:	02/25/2019
Check Amount:	$180.00
Type of Payment:	
	MP 176 - INTERPRETER MED
Location:	7401-005 Galleher MidCo, LLC 9303 Greenleaf Avenue of Galleher, LLC
For Period:	02/13/2019 to 02/13/2019
InvoiceNo:	73283 ✓
IRS #:	33-0956713
Handling Office:	642-Anaheim WC Profit Center, Roseville, CA

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK - HOLD AT ACUTE ANGLE 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 43218-2364

Wells Fargo Bank, N A
190 River Road
Summit, NJ 07901-1444
62-22/311

REF. NUMBER	
NAVI-1945	
DATE	CHECK NO
2/25/2019	**26313**
AMOUNT	
***$180.00	

PAY ONE HUNDRED EIGHTY 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

York Risk Services Group, Inc.

⑈00 26 3 1 3⑈ ⑆1 2 1 0 0 0 2 4 8⑆ 4 1 2 4 4 3 6 7 2 6⑈

m

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:	25482
Check Date:	01/31/2019
Check Amount:	$360.00
Type of Payment:	MP 176 - INTERPRETER MED
Location:	7401-005 Galleher MidCo, LLC 9303 Greenleaf Avenue of Galleher, LLC
For Period:	12/19/2018 to 01/16/2019
InvoiceNo:	73283
IRS #:	33-0956713
Handling Office:	642-Anaheim WC Profit Center, Roseville, CA

FEB 05 2019

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 43218-2364

Wells Fargo Bank, N A
190 River Road
Summit, NJ 07901-1444
62-22/311

REF. NUMBER	
NAVI-1945	
DATE	CHECK NO
1/31/2019	25482
AMOUNT	
***$360.00	

PAY THREE HUNDRED SIXTY 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

York Risk Services Group, Inc.

⑈002548⑈ ⑆121000248⑆ 4124436726⑈

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:	23877
Check Date:	12/10/2018
Check Amount:	$180.00
Type of Payment:	
	MP 176 - INTERPRETER MED
Location:	7401-005 Galleher MidCo, LLC 9303 Greenleaf Avenue of Galleher, LLC
For Period:	01/26/2018 to 11/27/2018
InvoiceNo:	73283
IRS #:	33-0956713
Handling Office:	642-Anaheim WC Profit Center, Roseville, CA
Detail:	INTERPRETER FOR MEDICAL

DEC 18 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 43218-2364

Wells Fargo Bank, N A
190 River Road
Summit, NJ 07901-1444
62-22/311

REF. NUMBER	
NAVI-1945	
DATE	CHECK NO
12/10/2018	23877
AMOUNT	
***$180.00	

PAY ONE HUNDRED EIGHTY 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

Mailing Information:

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX # 4165
TUSTIN, CA 92781-4165

PAID
OCT 22 2018
BY:

Claim Number:	NAVI-1945
Claimant:	
Date of Loss:	11/27/2017
Check Number:	22396
Check Date:	10/19/2018
Check Amount:	$180.00
Type of Payment:	MP 176 - INTERPRETER MED
Location:	401 001 Galleher MidCo, LLC 9303 Greenleaf Ave. of Galleher, LLC
For Period:	09/26/2018 to 09/26/2018
InvoiceNo:	73283
IRS #:	33-0956713
Handling Office:	642-Anaheim WC Profit Center, 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. CLIENT ESCROW (D/7047)
ACCOUNT obo ARCH INSURANCE COMPANY
NAVIGATOR CASUALTY CAPTIVE PROGRAM
P.O. Box 182364
Columbus, OH 43218-2364

Wells Fargo Bank, N A
190 River Road
Summit, NJ 07901-1444
62-22/311

REF. NUMBER	
NAVI-1945	
DATE	CHECK NO
10/19/2018	22396
AMOUNT	
***$180.00	

PAY ONE HUNDRED EIGHTY AND 0/100

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.
Mail to: P.O. BOX # 4165
TUSTIN, CA 92781-4165

Richard Talbot

Not Negotiable After 180 Days

⑈0022396⑈ ⑆121000248⑆ 4124436726⑈

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:	21701
Check Date:	09/27/2018
Check Amount:	$360.00
Type of Payment:	
	MP 176 - INTERPRETER MED
Location:	401 001 Galleher MidCo, LLC 9303 Greenleaf Ave. of Galleher, LLC
For Period:	08/01/2018 to 08/29/2018
InvoiceNo:	73283
IRS #:	33-0956713
Handling Office:	642-Anaheim WC Profit Center, 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. CLIENT ESCROW (D/7047)
ACCOUNT obo ARCH INSURANCE COMPANY
NAVIGATOR CASUALTY CAPTIVE PROGRAM
P.O. Box 182364
Columbus, OH 43218-2364

Wells Fargo Bank, N A
190 River Road
Summit, NJ 07901-1444
62-22/311

REF. NUMBER	
NAVI-1945	
DATE	CHECK NO
9/27/2018	21701
AMOUNT	
***$360.00	

PAY THREE HUNDRED SIXTY 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

⑈0021701⑈ ⑆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#
07/09/19 73657

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
FGCA-0602

BILL TO:
YORK/AVIZENT (ROSEVILLE)
W. C. DEPARTMENT
ATTN: LAURENE POLLACK
P.O. BOX 619079
ROSEVILLE, CA 95661-9079

Case: vs DESK MAKERS, INC.
Date Of Injury: 3/20/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/28/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/03/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	LISBETH Y. CALDERON # 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 @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/26/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/13/18	PR2/REEVAL	DR FELDMAN @ HAND @ ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/03/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/24/18	PMT BY CHECK	DOS 3/28/18-8/3/18* # 6737	-630.00
09/28/18	POST-OP	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
10/23/18	PMT BY CHECK	DOS 3/28/18-9/28/18* # 7741	-810.00
11/21/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/12/18	PMT BY CHECK	DOS 12/3/18* # 8535	-180.00
01/02/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/25/19	PMT BY CHECK	DOS 1/2/19* # 9207	-180.00
05/03/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/14/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00

HR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/09/19	73657

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
FGCA-0602

BILL TO:
YORK/AVIZENT (ROSEVILLE)
W. C. DEPARTMENT
ATTN: LAURENE POLLACK
P.O. BOX 619079
ROSEVILLE, CA 95661-9079

Case: _ vs DESK MAKERS, INC.
Date Of Injury: 3/20/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/05/19	PMT BY CHECK	DOS 3/2818-6/14/19* # 12468	-360.00

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 **

M

Mailing Information:

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN, CA 92781-4165

Claim Number:	FGCA-0602
Claimant:	
Date of Loss:	03/20/2018
Check Number:	12468
Check Date:	07/05/2019
Check Amount:	$360.00
Type of Payment:	
	MP 176 - INTERPRETER MED
Location:	45086-01 Deskmakers, Inc. 6525 Flotilla St. of Deskmakers, Inc.
For Period:	03/28/2018 to 06/14/2019
InvoiceNo:	73657
IRS #:	33-0956713
Handling Office:	642-Anaheim WC Profit Center, Roseville, CA

VOID

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/7878)
ACCOUNT obo ARCH INSURANCE COMPANY - FORTIS INSURANCE (CAYMAN), LTD. (5/1/16 TO 7/1/17)
P.O. Box 182364
Columbus, OH 43218-2364

Wells Fargo Bank, N A
190 River Road
Summit, NJ 07901-1444
62-22/311

REF. NUMBER	
FGCA-0602	
DATE	CHECK NO
7/5/2019	**12468**
AMOUNT	
	***$360.00

THREE HUNDRED SIXTY AND 0/100

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.
Mail to: P.O. BOX 4165
TUSTIN, CA 92781-4165

Samata Mukherjee

Not Negotiable After 180 Days

York Risk Services Group, Inc.

⑈0012468⑈ ⑆121000248⑆ 4409155009⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/29/19	73808

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
6200130

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: [redacted] vs SIERRA ALUMINIUM
Date Of Injury: 5/6/16

DOS	SERVICE	DESCRIPTION	AMOUNT
04/10/18	PR2/REEVAL	DR JOHN XIAO JIANG QIAN/DAVE FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/23/19	PMT BY CHECK	DOS 4/10/18* # 0000014311	-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 **

MR



M.

Please see attached list of 1 items paid by check: 0000014311, issued: 05/23/2019, for $180.00.

73808

PAID
MAY 29 2019
BY. .....

U.S. Mail

0008156173

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 0000014311
Issue Date: 05/23/2019
VOID After 60 Days

For Please see attached listing for items paid by this check.

$ *******180.00

One Hundred Eighty and 00/100 Dollars

York Risk

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

CHASE

Richard Tabuchi
Authorized Signature

⑈0000014311⑈ ⑆065400137⑆ 0751222311⑈

Bulk check detail sheet for check number 0000014311. Issue date: 05/23/2019
Payable to: JOYCE ALTMAN INTERPRETERS

00081561731

Invoice Number	Amount	Service From	Service To	ClaimId	Claimant	Description
73808	$ 180.00	04/10/2018	04/10/2018	6200130	[redacted]	Medical from 04/10/2018 to 04/10/2018. 73808

Total Amount: $ 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#
08/10/18 74251

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
SIWC3917

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: JENIFFER BROWN
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs MORLEY BUILDERS
Date Of Injury: 4/1/17

DOS	SERVICE	DESCRIPTION	AMOUNT
06/07/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA E. PACO CORTEZ # 100533	0.00
07/05/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA J. RAMIREZ # 301566	0.00
07/19/18	PMT BY CHECK	DOS 6/7/18* # 275165 YORK RISK	-156.50
08/08/18	PMT BY CHECK	DOS 6/7/18-7/19/18* # 276762 YORK RISK	-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 **

MK

mc

Mailing Information:

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX # 4165
TUSTIN, CA 92781-4165

Claim Number:	SIWC-3917
Claimant:	
Date of Loss:	04/01/2017
Check Number:	276762
Check Date:	08/08/2018
Check Amount:	$250.00
Type of Payment:	
	EP 108 - DEPOSITION COSTS
Location:	2888 MORLEY BUILDERS, INC 3330 OCEAN PARK BLVD (of MORLEY BUILDERS, INC
For Period:	06/07/2018 to 07/19/2018
InvoiceNo:	74251 - 74250 - 74131
IRS #:	33-0956713
Handling Office:	705-Los Angeles, Roseville, CA

AUG 10 2018

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK • HOLD UP TO LIGHT TO VIEW • CHECK CONTAINS VISIBLE AND INVISIBLE FIBERS

York Risk Services Group, Inc.
on behalf of 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-3917

DATE
8/8/2018

CHECK NO
276762

PAY TWO HUNDRED FIFTY AND 0/100

AMOUNT
***$250.00**

TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS, INC.
Mail to: P.O. BOX # 4165
TUSTIN, CA 92781-4165

Richard Tabler

Not Negotiable After 180 Days

⑈027676 2⑈ ⑆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#
10/17/18 74421

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
SCIH045429

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: MARY BAKER
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs DEPT OF SOCIAL SERVICE IHSS
Date Of Injury: 2/6/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/09/18	LEGAL_PREP	DEPO PREP @ L/O ALBERT MACKENZIE	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
09/13/18	PMT BY CHECK	DOS 8/9/18* # 69-647963	-156.50
09/21/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
10/12/18	PMT BY CHECK	DOS 9/21/18* # 69-872870	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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STATE OF CALIFORNIA

WARRANT NUMBER 69-872870

THE TREASURER OF THE STATE WILL PAY OUT OF THE IDENTIFICATION NO. XXXXX978

FUND NO. 0001 FUND NAME GENERAL FUND

5180 MO. 10 DAY 12 YR. 2018

90-1342/1211
69872870

TO: 872870
JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN CA 92781

DOLLARS	CENTS
$*****250.	00

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

⑆121134231⑆ 69872870⑈

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

69-872870

ISSUE DATE: 10/12/2018
CLAIM NUMBER: SCIH-045429
CLAIMANT NAME:
DATE OF INJURY: 02-06-2018
PAY DESCRIPTION: DEPOSITION COSTS
PERIOD FROM - PERIOD TO: 09-21-2018 - 09-21-2018

74421

PAID
OCT 17 2018
BY .....

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/08/18	74452

EAMS#(s):
08/22/2018
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
AMTX0307

BILL TO:
YORK/AVIZENT (ROSEVILLE)
W. C. DEPARTMENT
ATTN: PAULA BAUMGARTNER
P.O. BOX 619079
ROSEVILLE, CA 95661-9079

Case: [redacted] vs MEDICO
Date Of Injury: 7/25/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/01/18	POST-OP	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/07/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/29/18	POST-OP	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
09/26/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
11/06/18	PMT BY CHECK	DOS 8/1/18-9/26/18* =# 16697	-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/ 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.

74452

York Risk Services Group, Inc. Client Escrow Account
American Textile Maintenance Company 7235/W
P.O. Box 1700
Rancho Cucamonga,CA 91729

Payee: JOYCE ALTMAN INTERPRETERS, INC

IRS/SSN#: *****6713
Invoice#: 15415379

DOS From: 08/01/2018
DOS Thru: 09/26/2018
Description: MP 26-TREATING PHYSICIAN

PPO Name:
Handling Office: 705-Los Angeles, Roseville, CA

Reviewed Date: 11/05/2018
Claim#: AMTX-0307
Date of Injury/Loss: 07/25/2018
Claimant:
Location: 2201 E. Carson St., Long Beach, Ca 90807 2201 E. Carson St.

Diagnosis Codes:
T149XA

Check#: 16697
Check Date: 11/06/2018
Check Total: $720.00

Document#: 15415379-M
Batch#: 1105180924

#	Billed Code	Reviewed Code	Units	Begin DOS	End DOS	Service Description	Amount Billed	BR Reduction	PPO Reduction	Other Reductions	Net Allowed	Reason Code
1	T1013	T1013	1	08/01/18	08/01/18	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
2	T1013	T1013	1	08/07/18	08/07/18	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
3	T1013	T1013	1	08/29/18	08/29/18	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
4	T1013	T1013	1	09/26/18	09/26/18	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
						TOTAL:	$720.00	$0.00	$0.00	$0.00	$720.00	

*Unless otherwise noted, reductions are per applicable CA medical fee schedules; reasons are shown above. If you disagree with any reduction you may contact us at the address/phone below. For svcs prior to 1/1/13, you may adjudicate the dispute with the Workers' Compensation Appeals Board. For svcs on/after 1/1/13: Per Labor Code Secs 4603.6(a) or 4622(b)(1), disputes shall be resolved by requesting a 2nd review via DWC form SBR-1 within ninety (90) days of receipt of this EOR, or an Independent Bill Review (IBR) on DWC form IBR-1 within thirty (30) days of receipt of the 2nd review. Request of a 2nd review is a prerequisite to filing an IBR. Your bill is deemed satisfied if you fail to make either request within its timeframe. CA Labor Code Secs 3751(b) & 4600 prohibit attempts to collect funds from the injured worker.

WellComp Managed Care Services * 800/932-5535 * PO Box 619079, Roseville, CA * 95661

Paid
NOV 08 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 Account
on behalf of Safety First Insurance Company
American Textile Maintenance Company 7235/W
P.O. Box 1700
Rancho Cucamonga, CA 91729

Wells Fargo Bank, N A
190 River Road
Summit, NJ 07901-1444
62-22/311

REF. NUMBER	
AMTX-0307	
DATE	CHECK NO
11/6/2018	16697
AMOUNT	
***$720.00	

PAY SEVEN HUNDRED TWENTY AND 0/100

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC
Mail to: PO BOX 4165
TUSTIN, CA 92781

Richard Tolentino

Not Negotiable After 180 Days

⑈0016697⑈ ⑆121000248⑆ 4129015541⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/14/19	74808

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
SCIH-045298

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: ELSA SUEVES
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs STATE OF CA IHSS
Date Of Injury: 4/17/18

DOS	SERVICE	DESCRIPTION	AMOUNT
10/15/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	DANIEL TRIGUEROS # 36815481	0.00
11/27/18	PMT BY CHECK	DOS 10/15/18-10/15/18* # 60-180188	-156.50
12/13/18	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/09/19	PMT BY CHECK	DOS 12/13/18* # 60-748049	-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 **

MR

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK

WARRANT NUMBER

STATE OF CALIFORNIA 60-478049

M

H THE TREASURER OF THE STATE WILL PAY OUT OF THE

FUND NO. 0001 FUND NAME GENERAL FUND

IDENTIFICATION NO.

XXXXX476 5180

MO. 01 DAY 09 YR. 2019

90-1342/1211

60478049

DOLLARS	CENTS
$*****250	.00

TO: 478049

--- JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX # 4165
TUSTIN CA 92781

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

FORM CD-85(1/99) CONTROLLERS WARRANT

⑆121113423⑆ 60478049 7⑈

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

60-478049

ISSUE DATE: 01/09/2019
CLAIM NUMBER: SCIH-045298
CLAIMANT NAME:
DATE OF INJURY: 04-17-2018
PAY DESCRIPTION: DEPOSITION COSTS
PERIOD FROM - PERIOD TO: 12-13-2018 - 12-13-2018

74808

JAN 14 2019

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/10/19	75255

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
6766605

BILL TO:
YORK INSURANCE (OH-183188)
W. C. DEPARTMENT
ATTN: JOHN BECKLER
P.O. BOX 183188
COLUMBUS, OH 43518

Case: vs MURPHYS STAR INC., CARL'S JR
Date Of Injury: 7/25/18

DOS	SERVICE	DESCRIPTION	AMOUNT
01/11/19	INITL CHIRO	& PHYSICAL THERAPY W/DR CHRISTINE HA @	90.00
/ /	-	SIDHU CHIRO*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/18/19	INITIAL ACUP	W/ ACUPUNCT CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/23/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/25/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/30/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/01/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/08/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/13/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/15/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/20/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
02/22/19	FOLLOW-UP	ACUPUNCT CHOI/ F/U CHIRO & PHYS W/DR HA @ SIDHU	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
02/25/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/01/19	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#
07/10/19 75255

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
6766605

BILL TO:
YORK INSURANCE (OH-183188)
W. C. DEPARTMENT
ATTN: JOHN BECKLER
P.O. BOX 183188
COLUMBUS, OH 43518

Case: vs MURPHYS STAR INC., CARL'S JR
Date Of Injury: 7/25/18

DOS	SERVICE	DESCRIPTION	AMOUNT
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/08/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/13/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/15/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/20/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/22/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/27/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/29/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/03/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/05/19	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#
07/10/19	75255

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
6766605

BILL TO:
YORK INSURANCE (OH-183188)
W. C. DEPARTMENT
ATTN: JOHN BECKLER
P.O. BOX 183188
COLUMBUS, OH 43518

Case: vs MURPHYS STAR INC., CARL'S JR
Date Of Injury: 7/25/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/10/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/12/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/15/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/17/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/22/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/29/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/05/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/07/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/12/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/14/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/19/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/21/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/25/19	FOLLOW-UP	W/ ACUPUNCT CHIO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/05/19	PMT BY CHECK	DOS 1/11/19-5/15/19* =# 54791	-4640.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/10/19	75255

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
6766605

BILL TO:
YORK INSURANCE (OH-183188)
W. C. DEPARTMENT
ATTN: JOHN BECKLER
P.O. BOX 183188
COLUMBUS, OH 43518

Case: vs MURPHYS STAR INC., CARL'S JR
Date Of Injury: 7/25/18

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 1800.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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 **

00082080560

Claim: 6766605 / . Accident date: 07/25/2018, Jurisdiction State: California.
Insured: Murphy's Star, Inc (ARCH), Policy: ZAWCI8512602.

The payment is for Physician - Treating from 01/11/2019 to 05/15/2019.
Check: 0000054791, issued: 07/05/2019, for: $4,640.00, for: Medical, Invoice: 10476817

To the Order of: Joyce Altman Interpreters Inc
: PO Box 4165
: TUSTIN, CA 92781

Please refer to the attached explanation of review number: 10476817

U.S. Mail

0008208056

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 Arch Insurance Group -
Restaurant Franchise Captive Program
P.O. Box 183188
Columbus OH 43218

JPMorgan Chase Bank, N.A
Baton Rouge, LA
84-13/654

Check Number 0000054791
Issue Date: 07/05/2019
VOID After 60 Days

For Service dates from 01/11/2019 To 05/15/2019
Invoice Number 10476817

Four Thousand Six Hundred Forty and 00/100 Dollars

$ *****4,640.00

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

CHASE

Richard Talbot
Authorized Signature

⑈0000054791⑈ ⑆065400137⑆ 602182789⑈

0008208056O

york.

Explanation of Review

PO Box 183188
Columbus, OH 43218
800.932.5535
(f) 866.548.2637

Client: RESTAURANT FRANCHISE CAPTIVE PROGRAM (RFCP) - ARCH

Adjuster: Beckler, John
C/O YORK RISK SERVICES
PO BOX 183188
Columbus, OH 43218

Employer: Murphy's Star, Inc (ARCH)

Patient:

Claim #: 6766605
DOI: 07/25/18
Account #: 75255
Coverage: Workers Compensation

Claim Jurisdiction: CA
Carrier Received: 06/04/19
Date Received: 06/04/19
Date Printed: 07/03/19
Processor: GW
Review #: 10476817
Reference #: YK191541074
Document Name: YK191541074

Provider: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TIN: 330956713
Rendering Zip: 92781
Bill Type: Other
NPI:

Dates of Service: 01/11/19 - 05/15/19

Diagnosis Code(s):
T1490XA Injury, unspecified, initial encounter

Line	DOS	Procedure /Modifier	Description	Units	Billed Charges	FS/UCR Reductions	Audit Reductions	Network Reductions	Allowance	Qualify Code
1	01/11/19	T1013	SIGN LANG/ORAL INTERPRETER	1	$90.00	$0.00	$0.00	$0.00	$90.00	
2	01/18/19	T1013	SIGN LANG/ORAL INTERPRETER	1	$230.00	$0.00	$0.00	$0.00	$230.00	
3	01/23/19	T1013	SIGN LANG/ORAL INTERPRETER	1	$180.00	$0.00	$0.00	$0.00	$180.00	
4	01/25/19	T1013	SIGN LANG/ORAL INTERPRETER	1	$180.00	$0.00	$0.00	$0.00	$180.00	
5	01/30/19	T1013	SIGN LANG/ORAL INTERPRETER	1	$180.00	$0.00	$0.00	$0.00	$180.00	
6	02/01/19	T1013	SIGN LANG/ORAL INTERPRETER	1	$180.00	$0.00	$0.00	$0.00	$180.00	
7	02/06/19	T1013	SIGN LANG/ORAL INTERPRETER	1	$180.00	$0.00	$0.00	$0.00	$180.00	
8	02/13/19	T1013	SIGN LANG/ORAL INTERPRETER	1	$180.00	$0.00	$0.00	$0.00	$180.00	
9	02/15/19	T1013	SIGN LANG/ORAL INTERPRETER	1	$90.00	$0.00	$0.00	$0.00	$90.00	
10	02/20/19	T1013	SIGN LANG/ORAL INTERPRETER	1	$90.00	$0.00	$0.00	$0.00	$90.00	
11	02/22/19	T1013	SIGN LANG/ORAL INTERPRETER	1	$180.00	$0.00	$0.00	$0.00	$180.00	



york.

Explanation of Review

PO Box 183188
Columbus, OH 43218
800.932.5535
(f) 866.548.2637

Line	DOS	Procedure /Modifier	Description	Units	Billed Charges	FS/UCR Reductions	Audit Reductions	Network Reductions	Allowance	Qualify Code
12	02/25/19	T1013	SIGN LANG/ORAL INTERPRETER	1	$180.00	$0.00	$0.00	$0.00	$180.00	
13	03/01/19	T1013	SIGN LANG/ORAL INTERPRETER	1	$180.00	$0.00	$0.00	$0.00	$180.00	
14	03/06/19	T1013	SIGN LANG/ORAL INTERPRETER	1	$180.00	$0.00	$0.00	$0.00	$180.00	
15	03/08/19	T1013	SIGN LANG/ORAL INTERPRETER	1	$180.00	$0.00	$0.00	$0.00	$180.00	
16	03/13/19	T1013	SIGN LANG/ORAL INTERPRETER	1	$180.00	$0.00	$0.00	$0.00	$180.00	
17	03/15/19	T1013	SIGN LANG/ORAL INTERPRETER	1	$180.00	$0.00	$0.00	$0.00	$180.00	
18	03/20/19	T1013	SIGN LANG/ORAL INTERPRETER	1	$180.00	$0.00	$0.00	$0.00	$180.00	
19	03/22/19	T1013	SIGN LANG/ORAL INTERPRETER	1	$180.00	$0.00	$0.00	$0.00	$180.00	
20	03/27/19	T1013	SIGN LANG/ORAL INTERPRETER	1	$180.00	$0.00	$0.00	$0.00	$180.00	
21	03/29/19	T1013	SIGN LANG/ORAL INTERPRETER	1	$180.00	$0.00	$0.00	$0.00	$180.00	
22	04/03/19	T1013	SIGN LANG/ORAL INTERPRETER	1	$180.00	$0.00	$0.00	$0.00	$180.00	
23	04/05/19	T1013	SIGN LANG/ORAL INTERPRETER	1	$180.00	$0.00	$0.00	$0.00	$180.00	
24	04/10/19	T1013	SIGN LANG/ORAL INTERPRETER	1	$180.00	$0.00	$0.00	$0.00	$180.00	
25	04/12/19	T1013	SIGN LANG/ORAL INTERPRETER	1	$180.00	$0.00	$0.00	$0.00	$180.00	
26	05/15/19	T1013	SIGN LANG/ORAL INTERPRETER	1	$180.00	$0.00	$0.00	$0.00	$180.00	
27	02/08/19	T1013	SIGN LANG/ORAL INTERPRETER	1	$180.00	$0.00	$0.00	$0.00	$180.00	
			Totals:	**27**	**$4,640.00**	**$0.00**	**$0.00**	**$0.00**	**$4,640.00**	

0000000950

Qualify Code Descriptions:

Notes: DID YOU KNOW YOU CAN NOW USE OUR SECURE PROVIDER SITE TO LOOK UP BILL PAYMENT STATUS? http://providergateway.yorkrsg.com

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 sections 4603.2, 4600.4, 4620 through 4646 and 5307.1 or Regulation sections 9790 through 9795. A Second Review of the submitted charges may be requested in the manner prescribed by the Administrative Director within 90 days of service of the Explanation of Review pursuant to Labor Code section 4603.2(e). Should you dispute the amounts paid following receipt of the final determination of Second Review, you may request an Independent Bill Review pursuant to Labor Code section 4603.6 in the manner prescribed by the Administrative Director within 30 day of service of the final determination of Second Review. A copy of the request with the documentation shall be served on the employer. The request form and proof of payment of the fee required by the subdivision shall be filed with the Administrative Director. Upon notice of assignment of the independent bill reviewer, the requesting party shall submit the documents listed in this subdivision to the independent bill reviewer within 10 days. Pursuant to Labor Code section 3751(b), a provider of medical services is prohibited from collecting compensation from the injured employee.

For questions regarding this review, please contact York Risk Services at 800.932.5535 (f) 866.548.2637

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/18/19	75463

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
NPWA-560953

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)

ATTN: CARMEN VALQUI
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: . vs HILLSIDES HOME FOR CHILDREN
Date Of Injury: 6/20/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/21/19	LEGAL_REVIEW	DEPO REVIEW @ L/O CANTRELL GREEN LONG BEACH	250.00
/ /	INTERPRETER:	WALTER VASQUEZ # 100770	0.00
03/15/19	PMT BY CHECK	DOS 2/21/19* # 176649	-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 **

42

M

Mailing Information:

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN, CA 92781-4165

Claim Number:	NPWA-560953
Claimant:	
Date of Loss:	06/20/2017
Check Number:	176649
Check Date:	03/15/2019
Check Amount:	$250.00
Type of Payment:	EP 61 - MISC. ALL OTHER
Location:	10016 Hillsides (home For Children) 815 Colorado Blvd., Suite 300 of Hillsides (Home For
For Period:	02/21/2019 to 02/21/2019
InvoiceNo:	75463
IRS #:	33-0956713
Handling Office:	701-Inland Empire I, Roseville, CA

PAID
MAR 18 2019

PV. .....

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK • HOLD UP TO LIGHT TO VIEW • CHECK CONTAINS VISIBLE AND INVISIBLE FIBERS

NonProfits United - 3576/W
Workers' Compensation Group
Administered by York Risk Services Group, Inc.
P.O. Box 1700
Rancho Cucamonga, CA 91729

Wells Fargo Bank, N A
, CA
11-24/1210

REF. NUMBER	
NPWA-560953	
DATE	CHECK NO
3/15/2019	**176649**
AMOUNT	
***$250.00	

PAY TWO HUNDRED FIFTY AND 0/100

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.
Mail to: P.O. BOX 4165
TUSTIN, CA 92781-4165

Samanta Nuñez

AUTHORIZED AGENT

Two signatures required if over $5,000.00

York Risk Services Group, Inc.

"0176649" :121042882: 2424799431"

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/19/19 75639

EAMS#(s):
04/03/2019
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
HAPP-001413

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: JEANETTE ARCE
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs HACLA (HOUSING AUTH. L.A.)
Date Of Injury: 5/4/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/27/19	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/17/19	PMT BY CHECK	DOS 3/27/19* # 21799	-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 **

M

Mailing Information:

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX # 4165
TUSTIN, CA 92781-4165

Claim Number:	HAAP-001413
Claimant:	Reyes, Lucia
Date of Loss:	05/04/2017
Check Number:	21799
Check Date:	04/17/2019
Check Amount:	$180.00
Type of Payment:	
	EP 61 - MISC. ALL OTHER
Location:	4005243 Section 8 Inspections - 821 2600 Wilshire Blvd 5th Floor of Section 8 Locations
For Period:	03/27/2019 to 03/27/2019
InvoiceNo:	75639
IRS #:	33-0956713
Handling Office:	705-Los Angeles, Roseville, CA

PAID
APR 19 2019
BY: .....

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK • HOLD UP TO LIGHT TO VIEW • CHECK CONTAINS VISIBLE AND INVISIBLE FIBERS

HACLA-2917
Administered by York Risk Services Group, Inc.
P.O. Box 1700
Rancho Cucamonga, CA 91729

Union Bank
445 South Figueroa Street
Los Angeles, CA 90071-1602
16-49/1220

REF. NUMBER	
HAAP-001413	
DATE	CHECK NO
4/17/2019	**21799**
AMOUNT	
***$180.00	

PAY ONE HUNDRED EIGHTY AND 0/100

Douglas Guthrie

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.
Mail to: P.O. BOX # 4165
TUSTIN, CA 92781-4165

Not Negotiable After 90 Days

York Risk Services Group, Inc.

⑈0021799⑈ ⑆122000496⑆ 2740033908⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/28/19 75657

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
SIWC-4054

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs O'ONNELL LANDSCAPE
Date Of Injury: 6/8/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/26/19	LEGAL_PREP	DEPO PREP @ L/O LAUGHLIN, FALBO & MORESI	156.50
/ /	INTERPRETER:	CRISTINA B. DIAZ # 100404	0.00
05/15/19	PMT BY CHECK	DOS 3/26/19* # 301979	-156.50
05/09/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	WALTER VASQUEZ # 100770	0.00
06/25/19	PMT BY CHECK	DOS 5/9/19-5/9/19* =# 304793	-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 **

MR

M

York Risk Services Group, Inc.
P.O. Box 1700
Rancho Cucamonga,CA 91729

Payee: JOYCE ALTMAN INTERPRETERS, INC

IRS/SSN#: *****6713
Invoice#: 16681746

DOS From: 05/09/2019
DOS Thru: 05/09/2019
Description: MP 176-INTERPRETER MED

PPO Name:
Handling Office: 705-Los Angeles, Roseville, CA

Reviewed Date: 06/24/2019
Claim#: SIWC-4054
Date of Injury/Loss: 06/08/2019
Claimant:
Location: 8225 O'CONNELL LANDSCAPE MAINTENANCE, INC. 23091 ARROYO VISTA of O'connell Landscape Maintenanc

Check#: 304793
Check Date: 06/25/2019
Check Total: $250.00

Diagnosis Codes:
T1490XA Injury, unspecified, initial encounter

Page 1 of 1

Document#: 16681746-M
Batch#: 624190930

#	Billed Code	Reviewed Code	Units	Begin DOS	End DOS	Service Description	Amount Billed	BR Reduction	PPO Reduction	Other Reductions	Net Allowed	Reason Code
1	T1013	T1013	1	05/09/19	05/09/19	SIGN LANG/ORAL INTER	$250.00	$0.00	$0.00	$0.00	$250.00	
						TOTAL:	$250.00	$0.00	$0.00	$0.00	$250.00	

*Unless otherwise noted, reductions are per applicable CA medical fee schedules; reasons are shown above. If you disagree with any reduction you may contact us at the address/phone below. For svcs prior to 1/1/13, you may adjudicate the dispute with the Workers' Compensation Appeals Board. For svcs on/after 1/1/13: Per Labor Code Secs 4603.6(a) or 4622(b)(1), disputes shall be resolved by requesting a 2nd review via DWC form SBR-1 within ninety (90) days of receipt of this EOR, or an Independent Bill Review (IBR) on DWC form IBR-1 within thirty (30) days of receipt of the 2nd review. Request of a 2nd review is a prerequisite to filing an IBR. Your bill is deemed satisfied if you fail to make either request within its timeframe. CA Labor Code Secs 3751(b) & 4600 prohibit attempts to collect funds from the injured worker.

WellComp Managed Care Services * 800/932-5535 * PO Box 619079, Roseville, CA * 95661

75657

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
62-22/311

REF. NUMBER
SIWC-4054

DATE
6/25/2019

CHECK NO
304793

PAY TWO HUNDRED FIFTY AND 0/100

AMOUNT
***$250.00**

TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS, INC
Mail to: PO BOX 4165
TUSTIN, CA 92781

Not Negotiable After 180 Days

York Risk Services Group, Inc.

⑈0304793⑈ ⑆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#
05/23/19 75658

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
SCIH-046251

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs IN HOME SUPPORTIVE SVCS/IHSS
Date Of Injury: 10/10/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/28/19	LEGAL_REVIEW	DEPO REVIEW @ L/O ANTONY GLUCK	250.00
/ /	INTERPRETER:	JUAN L. LOPEZ # 100777	0.00
05/20/19	PMT BY CHECK	DOS 3/28/19* # 61-496563	-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 **

MR

THE BACK OF THIS DOCUMENT CONTAINS AN [illegible]

STATE OF CALIFORNIA 61-496563

M

H THE TREASURER OF THE STATE WILL PAY OUT OF THE FUND NO. 0001 FUND NAME GENERAL FUND

IDENTIFICATION NO. XXXXX328 5180 MO. 05 DAY 20 YR. 2019 90-1342/1211 61496563

DOLLARS	CENTS
$*****250	.00

FORM CD-85(1/99) CONTROLLERS WARRANT

TO: 496563
--- JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN CA 92781

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

⑆121134231⑆ 61496563⑈

61-496563

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

ISSUE DATE: 05/20/2019
CLAIM NUMBER: SCIH-046251
CLAIMANT NAME:
DATE OF INJURY: 10-10-2018
PAY DESCRIPTION: DEPOSITION COSTS
PERIOD FROM - PERIOD TO: 03-28-2019 - 03-28-2019

75658

PAID
MAY 23 2019
BY

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/29/19 75660

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
6769529

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs MELLANO COMPANY
Date Of Injury: 2/16/2017 - 02/16/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/29/19	LEGAL_REVIEW	DEPO REVIEW @ L/O ANTONY GLUCK	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
05/21/19	PMT BY CHECK	DOS 3/29/19* # 00000184432	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MR

M

00081526090

Please see attached list of 1 items paid by check: 0000018432, issued: 05/21/2019, for $250.00.

75660

PAID
MAY 29 2019
BY .....

U.S. Mail

0008152609

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
Arch Insurance Company - AGG CAP Program 3
P.O. Box 183188
Columbus OH 43218

JPMorgan Chase Bank, N.A
Baton Rouge, LA
84-13/654

Check Number 0000018432
Issue Date: 05/21/2019
VOID After 60 Days

For Please see attached listing for items paid by this check.

$ *******250.00

Two Hundred Fifty and 00/100 Dollars

York Risk

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

CHASE

Richard Tabuchi
Authorized Signature

⑈0000018432⑈ ⑆065400137⑆ 583978189⑈

Bulk check detail sheet for check number 0000018432. Issue date: 05/21/2019
Payable to: JOYCE ALTMAN INTERPRETERS

0008152609 1

Invoice Number	Amount	Service From	Service To	ClaimId	Claimant	Description
75660	$ 250.00	03/29/2019	03/29/2019	6769529		Medical from 03/29/2019 to 03/29/2019. 75660

Total Amount: $ 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#
07/15/19 76192

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
7747990

BILL TO:
YORK INSURANCE SVCS (LEXINGTON
W. C. DEPARTMENT
ATTN: MARDY HOPPER
P.O. BOX 14731
LEXINGTON, KY 40512

Case: vs WALMART
Date Of Injury: 3/9/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/05/19	PR2/REEVAL	DR ROY CAPUTO @ HAND & ORTHO OF S CALIF*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/12/19	PMT BY CHECK	DOS 6/5/19* # 21333619	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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HR

Claims Management, Inc.- Walmart M
P.O. Box 14731
Lexington, KY 40512-4731

Claim Number: 7747990
Case No.:
Check Amount: $180.00
Check No.: 21333619
Claimant Name:
Coverage:
Invoice No.: 76192 ✓
Service/Indemnity From: 06/05/2019 Thru: 06/05/2019
Date:
Vendor Tax ID No.: 330956713
Comments:
Insurance Company: National Union Fire
Invoice Comments:

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-1460

PAID
JUL 15 2019
BY .....

↓ DETACH AT PERFORATION ↓

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

Claims Management, Inc.- Walmart
P.O. Box 14731
Lexington, KY 40512-4731

Claim No. : 7747990
Claimant Name : Zitlali Serrano
Store No. : 2948

Check No : 21333619
Issue Date : 07/12/2019

Wells Fargo Bank, N.A.

66-156
531

PAY: One Hundred Eighty Dollars And 00/100

$ 180.00
VOID AFTER 120 DAYS

To The Order Of JOYCE ALTMAN INTERPRETERS INC

Chief Financial Officer

⑈21333619⑈ ⑆053101561⑆ 2079900124769⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/18/19	73240

EAMS#(s):
(
SS # : XXX-XX-2530
DOB : 5/10/73
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: MARIA BELTRAN 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
05/15/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/12/18	PMT BY CHECK	DOS 1/19/18-5/15/18* # 1101660685	-180.00
06/12/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/24/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/17/18	PMT BY CHECK	DOS 8/2/18* # 1101727408	-360.00
09/21/18	PR2/REEVAL	DR MICHAEL @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/14/19	PMT BY CHECK	DOS 1/19/18-9/21/18* # 1101928873	-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#
03/18/19	73240

EAMS#(s):

SS # : XXX-XX-2530
DOB : 5/10/73
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: MARIA BELTRAN vs HOME GOODS
Date Of Injury: 10/18/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

M.

American Zurich Ins. Co.

AUG 29 2018

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

01091

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	08/02/18-08/02/18

Check Number	1101727408	Date Issued	08/17/18	Amount	$***360.00
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	360.00		

TOTAL $360.00

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

M

American Zurich Ins. Co.

1010107700078

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

PAID
MAR 18 2019
01077

BY: .....

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	01/19/18-09/21/18

Check Number	1101928873	Date Issued	03/14/19	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	Jawed Alam				
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#
04/15/19	73608

EAMS#(s):
04/02/2018
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2010319987

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: STACIE HENSLEY
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs AGI ALLIANCE GROUND INT'L
Date Of Injury: 11/28/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/16/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/13/18	P AND S	DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/11/19	PMT BY CHECK	DOS 3/16/18-4/13/18* # 1101955665	-410.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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HC

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

4

American Zurich Ins. Co.

1010048000480

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.

PAID
APR 15 2019

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00480

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0319987 001 XJ	WC 3878571	73608		11/28/17	03/16/18-04/13/18

Check Number	1101955665	**Date Issued**	04/11/19	**Amount**	$***410.00
Insured	Cargo Force @ Alliance Ground				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Mukesh Kumar				
File Supervisor	Stacie Hensley	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	410.00		
TOTAL	$410.00		

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/07/18	73882

EAMS#(s):

SS # : XXX-XX-
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
07/23/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/30/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/06/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
08/13/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/20/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
09/05/18	PMT BY CHECK	DOS 4/25/18-7/30/18* # 1101744903	-90.00
10/05/18	PMT BY CHECK	DOS 7/23/18-9/5/18* # 1101776490	-810.00
10/08/18	P AND S	DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
12/04/18	PMT BY CHECK	DOS 4/25/18-10/8/18* # 1101833209	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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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#
12/07/18 73882

EAMS#(s):

SS # : XXX-XX-
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
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

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

PAID
DEC 07 2018

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

00601

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	04/25/18-10/08/18

Check Number	1101833209	Date Issued	12/04/18	Amount	$***230.00
Insured	Gate Gourmet, Inc.				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Geetanjali Sharma				
File Supervisor	Lusine Arzumanian	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	230.00		

TOTAL $230.00

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

M

American Zurich Ins. Co.

Please Note:
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JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

01125

PAID
OCT 09 2018

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	07/23/18-09/05/18

Check Number	1101776490	**Date Issued**	10/05/18	**Amount**	$***810.00
Insured	Gate Gourmet, Inc.				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Sumit Tandon				
File Supervisor	Lusine Arzumanian	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	810.00		

TOTAL $810.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/31/18 74143

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080328039

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: SARA KAHLER
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs V FORCE STAFFING/ACCURE
Date Of Injury: 9/2/15 (MASTER)

DOS	SERVICE	DESCRIPTION	AMOUNT
06/25/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/26/18	PMT BY CHECK	DOS 6/25/18* # 1101704791	-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 968005
SCHAUMBURG IL 60196 8005
818 227-1700

M

Zurich American Ins. Co. of IL

Please Note:
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JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

01260

74143

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0328039 001 A9	WC 5714367	74143		09/02/15	06/25/18-06/25/18

Check Number	1101704791	**Date Issued**	07/26/18	**Amount**	$***250.00
Insured	VForce Inc				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Praveen Kumar Nishad				
File Supervisor	Sara Kahler	**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#
07/15/19 74342

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2010341796-001

BILL TO:
ZURICH INS. (SAN FSCO)
W. C. DEPARTMENT
ATTN: SARA TAYLOR
P.O. BOX # 968062
SCHAUMBURG, IL 60196

Case: vs OLYMPIA MEDICAL CENTER
Date Of Injury: 1/14/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/16/18	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
07/23/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/25/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/30/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/01/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/06/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/08/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/15/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
08/17/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/20/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 100942	0.00
08/22/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/27/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/29/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/05/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/10/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00

HR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/15/19 74342

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2010341796-001

BILL TO:
ZURICH INS. (SAN FSCO)
W. C. DEPARTMENT
ATTN: SARA TAYLOR
P.O. BOX # 968062
SCHAUMBURG, IL 60196

Case: AGUINIGA vs OLYMPIA MEDICAL CENTER
Date Of Injury: 1/14/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/12/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/17/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
09/24/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/24/18	MED-LEGAL	EVAL W/DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/13/18	INITIAL EXAM	DR MASSIHI @ GOFNUNG CHRIO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/05/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/08/18	PR2/REEVAL	W/DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/09/19	PMT BY CHECK	DOS 7/16/18-12/5/18* # 1101864685	-2530.00
01/16/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/13/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/09/19	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/13/19	P AND S	DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/08/19	P AND S	DR MASSIHI @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/09/19	PMT BY CHECK	DOS 7/16/18-6/8/19* # 1102036894	-1180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/15/19 74342

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2010341796-001

BILL TO:
ZURICH INS. (SAN FSCO)
W. C. DEPARTMENT
ATTN: SARA TAYLOR
P.O. BOX # 968062
SCHAUMBURG, IL 60196

Case: AGUINIGA vs OLYMPIA MEDICAL CENTER
Date Of Injury: 1/14/18

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

Zurich American Insurance Co.

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JUL 15 2019

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

1010033100331

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00331

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0341796 001 Z9	WC 0398514	74342		05/23/18	07/16/18-06/08/19

Check Number	1102036894	Date Issued	07/09/19	Amount	$**1,180.00
Insured	ACO, 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	Patty Boucek	Phone Number	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	1,180.00		
TOTAL	$1180.00		

M

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

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1010100800009

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

JAN 15 2019

01008

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0341786 001 A9	WC 0140969	74342		01/14/18	07/16/18-12/05/18

Check Number	1101864685	**Date Issued**	01/09/19	**Amount**	$**2,530.00
Insured	Olympia Medical Center				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Sushil Kumar Sharma				
File Supervisor	Sara Kahler	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	2,530.00		
TOTAL	**$2530.00**		

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/26/19 74674

EAMS#(s):
10/02/2018
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080366860

BILL TO:
ZURICH INS. (CHICAGO,IL)
W. C. DEPARTMENT
ATTN: LAURA KALFAYAN
P O BOX 66941
CHICAGO, IL 60666-0941

Case: vs KTS KITCHEN
Date Of Injury: 8/25/18

DOS	SERVICE	DESCRIPTION	AMOUNT
09/12/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO CALIF*	180.00
/ /	INTERPRETER:	PAUL LAZCANO #101143	0.00
04/18/19	PMT BY CHECK	DOS 9/12/18* # 1101962952	-180.00

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

PAID
APR 26 2019

M

Zurich American Insurance Co.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00929

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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
208-0366860 001 VA	WC 5470759	74674 ✓		08/25/18	09/12/18-09/12/18

Check Number	1101962952	**Date Issued**	04/18/19	**Amount**	$***180.00
Insured	CPE HR Inc @ KT's Kitchens Inc				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Manoj Tiwari				
File Supervisor	Vickie Alison	**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#
01/21/19 74701

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080356773

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: RITA THOMASSIAN
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs JMS CALIFORNIA SOLUTION LLC
Date Of Injury: 7/26/17

DOS	SERVICE	DESCRIPTION	AMOUNT
09/14/18	INITIAL EXAM	DR ERIC GOFNUNG @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS GALVEZ #100727	0.00
10/15/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/19/18	P AND S	DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS J, GALVEZ # 100727	0.00
01/16/19	PMT BY CHECK	DOS 9/14/18-11/19/18* # 1101871217	-640.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

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Zurich American Insurance Co.

1010048600486

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JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00486

JAN 21 2019

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0356773 001 RZ	WC 4857664	74701		07/26/17	09/14/18-11/19/18

Check Number	1101871217	**Date Issued**	01/16/19	**Amount**	$***640.00
Insured	Paramount Building Solutions LLC				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Praveen Kumar Nishad				
File Supervisor	Rita Thomassian	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	640.00		
TOTAL	**$640.00**		

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/04/19	74864

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 11/23/81
Terms: 60 days
Claim #(s):

BILL TO:
*CINGULAR GROCERS INC
W. C. DEPARTMENT
ATTN: MANAGER/OWNER
P.O.Box 489
FULLERTON, CA 92836

Bajo
'Zurich'

Case: AYLIN MORALES vs CINGULAR GROCERS INC
Date Of Injury: 11/1/07-10/12/18

DOS	SERVICE	DESCRIPTION	MOUNT
10/26/18	INITIAL EXAM	DR ZAREENA KHAN @ AMERI*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/26/18	INITIAL ACUP	W/ ACUPUNCT MIN JOO KIM @ AMERI*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/10/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/27/19	PMT BY CHECK	DOS 10/26/18-12/10/18* # 0000104875	-640.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Zurich Claim Account
c/o CBCS
PO Box 28, Dubuque, IA 52004-0028

ISL American Trust & Savings Bank

Check Number
0000104875

Date	Amount
February 27, 2019	**********$640.00

Void After 180 Days

Pay **Six Hundred, Forty & No/100**

Pay **JOYCE ALTMAN INTERPRETERS, INC.**
To The **PO BOX 4165**
Order Of **TUSTIN, CA 92781-4165**

⑈0000104875⑈ ⑆073900522⑆ 2039204⑈

↑↑↑ PLEASE TEAR HERE ↑↑↑

System Generated

Payee: JOYCE ALTMAN INTERPRETERS, INC. DBA:

Check Number: 104875 Check Date: 02/27/2019 Check Amount: $640.00

Claim # / Category	Case Name / Explanation	ITN	Amount	Dates Of Service
ISL18187536	AYLIN MORALES		$640.00	10/26/2018 - 12/10/2018
EXP	Aylin Morales			

PAID
MAR 04 2019

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/26/19 74919

EAMS#(s):
11/15/2018
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2010360849

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: JERRY GARION
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: _ vs GREAT SCOTT TREE SERVICE
Date Of Injury: 10/17/18

DOS	SERVICE	DESCRIPTION	AMOUNT
11/07/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
11/13/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
12/05/18	P AND S	DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/21/19	PMT BY CHECK	DOS 11/7/18-12/5/18* # 1101907249	-590.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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M

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

1010038700387

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PAID
FEB 26 2019
00387
BY: .....

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0360849 001 74	WC 4578598	74919		10/17/18	11/07/18-12/05/18

Check Number	1101907249	**Date Issued**	02/21/19	**Amount**	$***590.00
Insured	Great Scott Tree Service				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Pankaj Trivedi				
File Supervisor	Gerry Y. Garion	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	590.00		
TOTAL	**$590.00**		

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/04/19 75135

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080317653

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs CROWN BUILDING MAINTENANCE COM
Date Of Injury: 3/13/15

DOS	SERVICE	DESCRIPTION	AMOUNT
12/14/18	INITIAL EXAM	DR ERIC GOFNUNG @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/19/18	F/U CHIRO TX	CHIRO TX GOFNUNG @ GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/21/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/31/19	PMT BY CHECK	DOS 12/14/18-12/21/18* # 1100147457	-410.00

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

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ZURICH SERVICES CORPORATION

1010658900631

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JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

06589

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PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Contract	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0317653 001 HL	WC 8298257	75135		03/13/15	12/14/18-12/21/18

Check Number	1100147457	**Date Issued**	05/31/19	**Amount**	$***410.00
Customer	Able Services				
Claimant					
Nature of Payment	WC MEDICAL PAYMENT NOT OTHERWISE SPECIFIED				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Sumit Tandon				
File Supervisor	Laura Hershey	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	410.00		
TOTAL	$410.00		

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/17/19 75345

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080364632-0001

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: DEAN WILLIAMS
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs PEOPLE CONNECT/CENTRIC PARTS
Date Of Injury: 3/29/18

DOS	SERVICE	DESCRIPTION	AMOUNT
01/31/19	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA P. CORTEZ # 100533	0.00
03/04/19	PMT BY CHECK	DOS 1/31/19* # 1101917076	-156.50
03/18/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	WALTER VASQUEZ # 100770	0.00
03/26/19	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/10/19	PMT BY CHECK	DOS 1/31/19-3/18/19* # 1101954757	-185.00
04/19/19	PMT BY CHECK	DOS 3/26/19* # 1101963606	-156.50
05/03/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
05/07/19	PMT BY CHECK	DOS 1/31/19-4/19/19* # 1101980093	-65.00
06/14/19	PMT BY CHECK	DOS 5/3/19* # 1102016205	-250.00

BALANCE 0.00

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MR

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

M

Zurich American Insurance Co.

1010077100771

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PO BOX 4165
TUSTIN CA 92781 4165

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JUN 17 2019
BY: .....

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0364632 001 XS	WC 9841611	75345		03/29/18	05/03/19-05/03/19

Check Number	1102016205	**Date Issued**	06/14/19	**Amount**	$***250.00
Insured	Peopleconnect Inc dba Peoplenow				
Claimant					
Nature of Payment	MEDICAL-LEGAL COSTS				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Sumit Tandon				
File Supervisor	Dena Williams	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC WAGE LOSS & DISABILITY	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#
06/19/19 75554

EAMS#(s):
06/14/2019
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2010373425

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs CCM OF CALIFORNIA
Date Of Injury: 2/22/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/05/19	POST-OP	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/05/19	POST-OP	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/19/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/10/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/22/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/28/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/14/19	PMT BY CHECK	DOS 3/5/19-5/10/19* # 1102016023	-720.00

BALANCE 360.00

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MP

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

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JUN 17 2019
BY.

American Zurich Ins. Co.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00614

1010061400614

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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
201-0373425 001 MR	WC 0117919	75554 ✓		02/22/19	03/05/19-05/10/19

Check Number	1102016023	**Date Issued**	06/14/19	**Amount**	$***720.00
Insured	Channel Control Merchants LLC				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Sumit Kumar				
File Supervisor	Eva Reale	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	720.00		
TOTAL	**$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#
05/22/19 75801

EAMS#(s):
05/02/2019
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2080331928

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: EDMOND SEDIGH
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs JONS MARKETPLACE
Date Of Injury: 12/10/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/25/19	PR2/REEVAL	DR ROY CAPUTO @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/01/19	PR2/REEVAL	DR CAPUTO @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/16/19	PMT BY CHECK	DOS 4/25/19-5/1/19* # 1101989368	-360.00

BALANCE 0.00

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PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

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MAY 20 2019

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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
208-0331928 001 ES	WC 5933190	75801 ✓		12/10/15	04/25/19-05/01/19

Check Number	1101989368	**Date Issued**	05/16/19	**Amount**	$***360.00
Insured	Jons Marketplace				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Mukesh Kumar				
File Supervisor	Edmond Sedigh	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	360.00		
TOTAL	**$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#
08/07/19 75893

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2010366093

BILL TO:
ZURICH INS.(968002-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: JENNIFER SOLORIO
P.O. BOX 968002
SCHAUMBURG, IL 60196

Case: vs MERIT FRAMING
Date Of Injury: 11/14/18

DOS	SERVICE	DESCRIPTION	AMOUNT
05/08/19	INITIAL EXAM	MAGGIE PEZESHKIAN @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/28/19	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/29/19	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	RAQUEL ISUNZA # 500258	0.00
06/12/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/24/19	FOLLOW-UP	W/ ACUPUNCT HUGH MORISON @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/26/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
07/08/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/19/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
07/17/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/02/19	PMT BY CHECK	DOS 5/8/19-6/26/19* # 1102061745	-1090.00

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#
08/07/19	75893

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2010366093

BILL TO:
ZURICH INS.(968002-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: JENNIFER SOLORIO
P.O. BOX 968002
SCHAUMBURG, IL 60196

Case: , vs MERIT FRAMING
Date Of Injury: 11/14/18

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 270.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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M1

PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

American Zurich Ins. Co.

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JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

01085

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AUG 06 2019

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0366096 001 J4	WC 4758353	75893 ✓		11/14/18	05/08/19-06/26/19

Check Number	1102061745	**Date Issued**	08/02/19	**Amount**	$**1,090.00
Insured	Workforce Business Services @ Merit Framing Inc				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Sumit Tandon				
File Supervisor	Jennifer Solorio	**Phone Number**	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	1,090.00		
TOTAL	**$1090.00**		

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/16/19 75929

EAMS#(s):
05/22/2019
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2080372023

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: VICTOR VIDALES
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs ANDERSON COMMERCIAL PLUMBING
Date Of Injury: 4/30/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/08/19	POST-OP	DR MICHAEL FELDMAN @ HAND & ORTHO OF S CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/14/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/05/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/10/19	PMT BY CHECK	DOS 5/8/19-6/5/19* # 1102039069	-540.00

BALANCE 0.00

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HR

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818 227-1700

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Zurich American Insurance Co.

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JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

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JUL 16 2019

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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
208-0372023 001 74	WC 6457287	75929 ✓		04/30/19	05/08/19-06/05/19

Check Number	1102039069	**Date Issued**	07/10/19	**Amount**	$***540.00
Insured	Andersen Commercial Plumbing, LLC				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Manoj Tiwari				
File Supervisor	Gerry Y. Garion	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	540.00		

TOTAL $540.00