2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Costs (Spanish)

Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
65934	4/8/15 - 2/29/16	1/18/19	$ 1,670.00	8 PR-2s ($180 each), Initial exam ($230), Lien filing fee ($150), P&I ($122.84)	$ 1,942.84	DA80952539	1/15/19	ACE/ Chubb
			TOTAL AMT PAID =>		**$ 1,942.84**			
69569	6/3/16 - 8/22/18	3/5/19	$ 813.00	Depo prep ($156.50), Depo review ($250), Board appear. (WCAB AHM) ($156.50), C&R reading ($250), P&I ($133.97), costs ($750)	$ 406.50	DA79159058	1/11/18	ACE / Chubb
					$ 290.47	DA79687874	5/2/18	
					$ 250.00	DA80682616	11/15/18	
					$ 750.00	DA81177823	2/28/19	
			TOTAL AMT PAID =>		**$ 1,696.97**			
71714	4/19/17 - 6/27/17	1/29/19	$ 719.50	2 Depo preps ($156.50 each), Board appear. (WCAB LBO) ($156.50), Depo review ($250), P&I ($185.01), costs ($1,555.49)	$ 660.00	DA79612812	4/17/18	ACE / Chubb
					$ 1,800.00	DA81015809	1/25/19	
			TOTAL AMT PAID =>		**$ 2,460.00**			
74061	5/31/18	4/12/19	$ 156.50	Board appear. (WCAB LBO) ($156.50), costs ($1,133.50)	$ 90.00	DA79978249	7/2/18	ACE / Chubb
					$ 1,200.00	DA81379681	4/9/19	
			TOTAL AMT PAID =>		**$ 1,290.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
67815	11/4/15 - 5/18/17	7/3/19	$ 939.00	Depo prep ($156.50), 5 Board appear. (WCAB LBO) ($156.50 each), costs ($1633.50)	$ 313.00	9748	5/3/16	Adminsure
					$ 156.50	9984	8/25/16	
					$ 156.50	10318	2/22/17	
					$ 156.50	10416	3/30/17	
					$ 1,790.00	12984	6/28/19	
			TOTAL AMT PAID =>		**$ 2,572.50**			
62296	5/27/14 - 4/12/16	7/31/18	$ 719.50	Depo review ($250), 3 Board appear. (WCAB LBO) ($156.50 each), P&I ($177.75), costs ($662.25)	$ 563.00	110721	3/24/16	Acclamation Insurance Mgmt Svcs (AIMS)
					$ 156.50	0000085011	10/12/17	
					$ 90.00	0000130210	11/30/17	
					$ 750.00	0000139764	7/27/18	
			TOTAL AMT PAID =>		**$ 1,559.50**			
74630	9/18/18	6/27/19	$ 250.00	C&R reading ($250), costs ($1,500)	$ 250.00	100760954	3/5/19	Albertsons
					$ 1,500.00	103581310	6/24/19	
			TOTAL AMT PAID =>		**$ 1,750.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Costs (Spanish)

Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
70762	11/11/16	9/5/18	$ 250.00	C&R reading ($250), P&I ($51.22), costs ($948.78)	$ 90.00	61849	12/21/16	American Claims / Zurich
					$ 160.00	69074	5/25/18	
					$ 1,000.00	69985	8/31/18	
			TOTAL AMT PAID =>		**$1,250.00**			
71396	2/24/17 - 5/9/17	9/5/18	$ 313.00	Stip & Award ($156.50), Board appear. (WCAB AHM) ($156.50), P&I ($35.38), costs ($514.62)	$ 90.00	376818	5/3/17	American Claims / Everest National
					$ 90.00	380897	6/7/17	
					$ 133.00	418310	5/2/18	
					$ 550.00	431936	8/31/18	
			TOTAL AMT PAID =>		**$ 863.00**			
71475	2/21/17 - 6/12/18	10/25/18	$ 719.50	Depo prep ($156.50), Depo review ($250), 2 Board appear. (WCAB AHM) ($156.50 each), P&I ($112.99), costs ($746.01)	$ 90.00	213740	9/29/17	American Claims / California Restaurant Mutual
					$ 388.00	222443	4/6/18	
					$ 156.50	230137	9/27/18	
					$ 944.00	231259	10/22/18	
			TOTAL AMT PAID =>		**$ 1,578.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
44959	6/1/11	9/24/18	$ 306.50	Board appear. (WCAB LBO) ($156.50), Ultrasound ($150), Activation fee ($100), P&I ($153.90), costs ($289.60)	$ 850.00	00328859	9/21/18	Amtrust
			TOTAL AMT PAID =>		**$ 850.00**			
62698	7/7/14 - 8/9/18	3/15/19	$ 876.00	Depo prep ($156.50), Depo review ($250), Board appear. (WCAB LBO) ($156.50), Full Day Board apper. (WCAB LBO) ($313), costs ($2,000)	$ 406.50	8252	1/27/16	Amtrust / ANA UBI & York Risk
					$ 469.50	012513240	10/12/18	
					$ 2,000.00	02756839	3/11/19	
			TOTAL AMT PAID =>		**$ 2,876.00**			
68434	2/9/16 - 7/6/16	10/1/18	$ 469.50	3 Board appear. (WCAB LBO) ($156.50 each), P&I ($82.90), costs ($1,717.10)	$ 313.00	01176096	5/27/16	Amtrust / ANA UBI
					$ 156.50	02249124	4/24/18	
					$ 1,800.00	02490508	9/27/18	
			TOTAL AMT PAID =>		**$ 2,269.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Costs (Spanish)

Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
69923	7/6/16 - 10/12/17	1/2/19	$ 719.50	Depo prep ($156.50), Depo review ($250), 2 Board appear. (WCAB LBO) ($156.50 each), P&I ($83.14), costs ($1,500)	$ 563.00	01512006	1/18/17	Amtrust / ANA UBI
					$ 239.64	01980286	11/2/17	
					$ 1,500.00	02627610	12/17/18	
			TOTAL AMT PAID =>		**$ 2,302.64**			
70665	10/27/16 - 2/21/17	2/20/19	$ 563.00	Depo prep ($156.50), Depo review ($250), Board appear. (WCAB LBO) ($156.50), P&I (offset $76.74 of P&I), costs ($4,994.82)	$ 563.00	01595944	3/14/17	Amtrust / ANA UBI
					$ 4,994.82	02714111	2/13/19	
			TOTAL AMT PAID =>		**$ 5,557.82**			
71413	3/2/17 - 1/11/18	3/26/19	$ 7,350.00	Initial exam ($230), Initial acup ($230), 28 f/u acup ($180 each), 9 PR-2s ($180 each), P&S ($230), Lien filing fee ($150), P&I ($187.87)	$ 2,520.00	03068415	10/13/17	Amtrust / Technology Ins. Co.
					$ 5,167.87	03870300	3/20/19	
			TOTAL AMT PAID =>		**$ 7,687.87**			
73001	12/4/17 - 10/30/18	5/14/19	$ 563.00	Depo prep ($156.50), Depo review ($250), Board appear. (WCAB LBO) ($156.50), costs ($1,500)	$ 336.50	02703573	2/6/19	Amtrust / ANA UBI
					$ 226.50	02749557	3/7/19	
					$ 1,500.00	02846429	5/7/19	
			TOTAL AMT PAID =>		**$ 2,063.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
73703	4/4/18 - 3/27/19	7/23/19	$ 469.50	3 Board appear. (WCAB POM) ($156.50 each), costs ($285.35)	$ 156.50	03404688	5/11/18	Amtrust / Technology Ins. Co.
					$ 313.00	04027492	7/9/19	
					$ 285.35	04043895	7/19/19	
			TOTAL AMT PAID =>		**$ 754.85**			
73935	5/7/18	6/17/19	$ 156.50	Board apper. (WCAB POM) ($156.50), costs ($1,300)	$ 156.50	03685684	11/13/18	Amtrust / Technology Ins. Co.
					$ 1,300.00	03996285	6/14/19	
			TOTAL AMT PAID =>		**$ 1,456.50**			
74314	10/5/16 - 5/3/18	9/18/18	$ 563.00	Board appear. (WCAB LBO) ($156.50), C&R Reading at L/O of AA ($250), C&R Reading of addendum at WCAB ($156.50), P&I ($106.90), costs ($800)	$ 563.00	02429102	8/15/18	Amtrust / ANA UBI
					$ 133.90	02444566	8/24/18	
					$ 800.00	02467170	9/10/18	
			TOTAL AMT PAID =>		**$ 1,496.90**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
74797	10/10/18	6/17/19	$ 156.50	Board appear. (WCAB POM) ($156.50), costs ($425)	$ 156.50	02781209	3/26/19	Amtrust / ANA UBI
					$ 425.00	02900386	6/14/19	
			TOTAL AMT PAID =>		**$ 581.50**			
69926	7/7/16 - 10/25/16	5/21/19	$ 563.00	Depo prep ($156.50), Depo review ($250), Board appear. (WCAB AHM) ($156.50), P&I ($134.30), costs ($349.76)	$ 156.50	0000922916	9/8/16	Applied Risk / California Ins. Co.
					$ 250.00	0001153316	4/11/18	
					$ 156.50	0001153317	4/11/18	
					$ 156.56	0001156984	4/20/18	
					$ 327.50	0000016465	5/14/19	
			TOTAL AMT PAID =>		**$ 1,047.06**			
75069	9/19/13 - 9/26/18	2/18/19	$ 1,219.50	2 Depo preps ($156.50 each), 2 Depo reviews ($250 each), Board appear. (WCAB LBO) ($156.50), C&R reading ($250), costs ($1,650)	$ 406.50	535040	6/26/15	Athens / Tristar
					$ 813.00	26876	12/21/18	
					$ 1,650.00	27810	2/12/19	
			TOTAL AMT PAID =>		**$ 2,869.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
58963	5/22/13 - 12/21/15	8/15/18	$ 2,318.75	Initial exam ($230), 3 Board Appear. (WCAB VNO/ LBO) ($156.50 each), 4 PR-2s($180 each), 2 Depo preps ($156.50 each), 2 Depo reviews ($250 each), Lien filing fee ($150), P&I ($860.02 - offset $80.66 of P&I)	$ 156.50	0312378	5/7/14	Berkshire / Cypress Ins
					$ 156.50	0347797	7/30/14	
					$ 156.50	0466929	4/21/15	
					$ 859.27	0575796	2/1/16	
					$ 2,000.00	0907700	8/13/18	
			TOTAL AMT PAID =>		**$ 3,328.77**			
73468	2/22/18 - 4/13/18	1/7/19	$ 406.50	Depo prep ($156.50), C&R reading ($250), P&I ($79), costs ($800)	$ 406.50	2398896	9/5/18	Berkshire / Redwood Fire and Casualty
					$ 79.00	2429190	12/7/18	
					$ 800.00	2437562	1/3/19	
			TOTAL AMT PAID =>		**$ 1,285.50**			
67119	8/14/15 - 10/12/15	7/31/19	$ 563.00	Depo prep ($156.50), Depo review ($250), C&R reading ($250), P&I ($188.31), costs ($1,811.69)	$ 563.00	0486518	5/2/17	Berkshire / Oak River Ins
					$ 2,000.00	0586727	7/29/19	
			TOTAL AMT PAID =>		**$ 2,563.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Costs (Spanish)

Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
73836	4/18/18 - 5/15/18	12/17/18	$ 313.00	Depo prep ($156.50), Board appear. (WCAB LBO), costs ($750)	$ 156.50	2087681	5/23/18	Benchmark / Next Level Administrators
					$ 156.50	2096645	11/14/18	
					$ 750.00	2097837	12/11/18	
			TOTAL AMT PAID =>		**$ 1,063.00**			
49904	11/15/11 - 12/13/11	11/26/18	$ 406.50	Depo prep ($156.50), Depo review ($250), Lien activation fee ($100), P&I ($357.33) costs ($57.67)	$ 156.50	5643619551	2/8/17	Broadspire
					$ 156.50	5643619695	2/8/17	
					$ 8.50	56510110702	5/8/18	
					$ 600.00	5655160125	11/20/18	
			TOTAL AMT PAID =>		**$ 921.50**			
60988	2/12/14 - 3/6/18	9/28/18	$ 1,282.50	2 Depo preps ($156.50 each), 2 Depo reviews ($250 each), 3 Board appear. (WCAB LBO) ($156.50 each), P&I ($112.13), costs ($2,488.14)	$ 156.50	5629904649	5/13/14	Broadspire
					$ 250.00	5629904748	5/13/14	
					$ 156.50	5640921027	8/15/16	
					$ 563.00	5644330623	3/24/17	
					$ 156.50	5652413721	7/31/18	
					$ 100.27	5654116386	9/20/18	
					$ 2,500.00	5654138337	9/24/18	
			TOTAL AMT PAID =>		**$ 3,882.77**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
66252	6/9/15 - 4/12/18	10/1/18	$ 1,189.00	6 Board appear. (WCAB LBO) ($156.50 each), C&R reading ($250), P&I ($132.86), costs ($1,427.34)	$ 626.00	9754020691	12/8/16	Broadspire
					$ 286.70	9754021914	4/6/17	
					$ 156.50	9754023317	9/5/17	
					$ 250.00	9754025573	8/30/18	
					$ 1,475.00	9754025716	9/25/18	
			TOTAL AMT PAID =>		**$ 2,794.20**			
69073	3/21/16 - 4/28/16	10/1/18	$ 790.00	Initial exam ($230), FCE test ($150), Initial acup ($230), PR-2 ($180), Lien filing fee ($150), P&I ($40) - offset $227.12 of P&I	$ 900.00	5654193399	9/25/18	Broadspire
			TOTAL AMT PAID =>		**$ 900.00**			
69265	4/12/16 - 5/23/17	9/10/18	$ 1,640.00	7 PR-2s ($180 each), Injection ($150), P&S ($230), Lien filing fee ($150), P&I ($65) - offset $0.95 of P&I	$ 90.00	1780996	11/9/16	Broadspire / Corvel
					$ 90.00	1834608	12/12/16	
					$ 1,675.00	1019077	9/5/18	
			TOTAL AMT PAID =>		**$ 1,855.00**			
71170	1/31/17 - 3/1/17	2/7/19	$ 406.50	Depo prep ($156.50), Depo review ($250), costs ($1,267)	$ 180.00	2011834	3/30/17	Broadspire
					$ 226.50	5654345436	10/3/18	
					$ 1,267.00	5656341312	1/30/19	
			TOTAL AMT PAID =>		**$ 1,673.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
71914	5/23/17	3/18/19	$ 156.50	Stipulation ($156.50), costs ($1,523.50)	$ 90.00	2212456	7/26/17	Broadspire
					$ 90.00	5655469626	12/10/18	
					$ 1,500.00	5657057838	3/13/19	
			TOTAL AMT PAID =>		**$ 1,680.00**			
73491	12/15/15 - 2/26/18	7/8/19	$ 313.00	2 Board appear. (WCAB POM) ($156.50 each), P&I ($92.21), costs ($337.42)	$ 180.00	2624188	3/29/18	Broadspire
					$ 133.00	5658235038	5/21/19	
					$ 29.63	592998566	6/20/19	
					$ 400.00	5658923691	7/2/19	
			TOTAL AMT PAID =>		**$ 742.63**			
65274	1/6/15 - 8/5/16	3/18/19	$ 5,557.49	Initial exam ($230), 12 PR-2s ($180 each), initial acup ($230), 18 f/u acup ($180 each), Board appear. (WCAB LBO) ($156.50), Depo prep ($156.50), Lien filing fee ($150), P&I ($2,562.62)	$ 615.51	144636269	3/27/18	CCMSI
					$ 7,654.60	144638151	3/14/19	
			TOTAL AMT PAID =>		**$ 8,270.11**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
65736	4/6/15 - 4/16/18	4/15/19	$ 313.00	2 Board appear. (WCAB LBO) ($156.50 each), P&I ($50.11), costs ($1,700)	$ 156.50	144629957	12/2/16	CCMSI
					$ 156.50	144630356	12/22/16	
					$ 50.11	1446338048	2/20/19	
					$ 1,700.00	144638247	4/9/19	
			TOTAL AMT PAID =>		**$ 2,063.11**			
69875	6/22/16 - 8/18/16	2/25/19	$ 626.00	4 Board appear. (WCAB POM) ($156.50 each), costs ($823.53)	$ 313.00	148960094	5/4/17	CCMSI
					$ 156.50	144637678	11/9/18	
					$ 980.03	148900551	2/22/19	
			TOTAL AMT PAID =>		**$ 1,449.53**			
71029	12/13/16	9/18/18	$ 585.00	Surgery ($180 for 2 hours - 6.5 hours billed for $585), P&I ($173.09)	$ 292.50	3875622	7/2/18	CCMSI
					$ 465.59	4423234	9/11/18	
			TOTAL AMT PAID =>		**$ 758.09**			
72099	6/28/17	3/1/19	$ 156.50	Depo prep ($156.50), P&I ($29.99), costs ($3,470)	$ 156.50	148973785	12/1/17	CCMSI
					$ 3,500.00	148900662	2/25/19	
			TOTAL AMT PAID =>		**$ 3,656.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
74114	6/5/18 - 9/27/18	4/15/19	$ 563.00	2 Board appear. ($156.50 each), C&R reading ($250), costs ($900)	$ 563.00	161621847	10/22/18	CCMSI
					$ 900.00	161632426	4/11/19	
			TOTAL AMT PAID =>		**$ 1,463.00**			
35715	11/19/09 - 11/11/09	3/19/18	$ 718.75	Initial exam ($230 for 2 hours - 4 hrs 15 mins billed at $488.75), Initial exam ($230), P&I ($281.25) - offset $128.46 of P&I	$ 1,000.00	33638659	2/21/19	Chartis/ AIG
			TOTAL AMT PAID =>		**$ 1,000.00**			
64517	1/6/15 - 7/28/16	8/21/18	$ 1,282.50	3 Board appear. (WCAB LBO) ($156.50 each), 2 Depo preps ($156.50 each), Depo review ($250), C&R reading ($250), P&I ($272.70), costs ($1,977.30)	$ 313.00	28255323	4/3/15	Chartis/ AIG
					$ 156.50	30396270	4/27/16	
					$ 813.00	31472179	12/17/16	
					$ 2,250.00	33222441	8/17/18	
			TOTAL AMT PAID =>		**$ 3,532.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
69576	5/12/16 - 2/9/17	9/24/18	$ 1,000.00	Initial exam ($230), 3 PR-2s ($180 each), P&S ($230), Lien filing fee ($150), P&I ($157.91)	$ 1,307.91	33302128	9/20/18	Chartis/ AIG
			TOTAL AMT PAID =>		**$ 1,307.91**			
70074	7/29/16 - 3/18/19	8/1/19	$ 719.50	Depo prep ($156.50), Depo review ($250), 2 Board appear. (WCAB LBO) ($156.50 each), P&I ($101.25), costs ($2,148.75)	$ 406.50	32793513	2/28/18	Chartis/ AIG
					$ 406.50	32896831	4/7/18	
					$ 156.50	32955348	5/1/18	
					$ 2,000.00	33966776	7/27/19	
			TOTAL AMT PAID =>		**$ 2,969.50**			
70138	8/1/16 - 7/24/18	3/18/19	$ 813.00	Board appear. (WCAB AHM), Depo prep ($156.50), Depo review ($250), C&R reading ($250), P&I ($178.11), costs ($1,495.39)	$ 156.50	31152304	10/4/16	Chartis/ AIG
					$ 180.00	33002418	5/18/18	
					$ 250.00	33440800	11/20/18	
					$ 1,900.00	33681846	3/13/19	
			TOTAL AMT PAID =>		**$ 2,486.50**			
71946	6/15/17	3/25/19	$ 156.50	Board appear. (WCAB POM) ($156.50), costs ($956)	$ 90.00	32220694	7/29/17	Chartis/ AIG
					$ 66.50	33584706	1/26/19	
					$ 956.00	33698530	3/20/19	
			TOTAL AMT PAID =>		**$ 1,112.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
74257	6/26/18 - 11/20/18	7/29/19	$ 1,126.00	2 Depo preps ($156.50 each), 2 Depo reviews ($250 each), 2 Board appear. (WCAB LBO) ($156.50 each), costs ($1,500)	$ 156.50	33367238	10/18/18	Chartis/ AIG
					$ 156.50	33382671	10/25/18	
					$ 2,313.00	33963230	7/26/19	
			TOTAL AMT PAID =>		**$ 2,626.00**			
54437	7/25/12 - 11/23/16	2/6/19	$ 2,158.00	2 MRIs ($150 each), 2 Depo reviews ($250 each), 2 Depo preps ($156.50 each), MRA ($150 for 2 hours - billed 3.5 hrs at $262.50), 5 Board appear. (WCAB LBO) ($156.50 each), Lien filing fee ($150), P&I ($940.37), costs ($1,447.13)	$ 782.50	80019910	8/11/16	CIGA
					$ 156.50	80074915	10/27/16	
					$ 156.50	81055612	5/25/17	
					$ 3,600.00	81611389	1/31/19	
			TOTAL AMT PAID =>		**$ 4,695.50**			
65763	4/13/15 - 7/25/18	3/18/19	$ 719.50	Depo prep ($156.50), Depo review ($250), 2 Board Appear. (WCAB LBO) ($156.50 each), costs ($1,500)	$ 719.50	463987	11/12/18	City of Long Beach
					$ 1,500.00	471076	3/15/19	
			TOTAL AMT PAID =>		**$ 2,219.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Costs (Spanish)

Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
62313	5/21/14 - 4/12/17	8/6/18	$ 1,376.00	2 Board Appear. (WCAB LBO) ($156.50 each), 2 Depo preps ($156.50 each), 2 Depo reviews ($250 each), C&R reading ($250), P&I ($165.84), costs ($1,500)	$ 1,376.00	105980568	12/28/17	CNA
					$ 165.84	106289474	6/4/18	
					$ 1,500.00	106401672	7/31/18	
			TOTAL AMT PAID =>		**$ 3,041.84**			
68232	1/11/16 - 2/18/16	10/9/18	$ 1,410.00	2 Initial exams ($230 each), Initial acup. ($230), 2 PR-2s ($180 each), 2 f/u acup. ($180 each), Lien filing fee ($150), P&I ($440 - offset $159.23 of P&I)	$ 2,000.00	106528083	10/3/18	CNA
			TOTAL AMT PAID =>		**$ 2,000.00**			
47519	8/19/11 - 1/10/19	4/15/19	$ 1,082.50	MRI ($150), Polymsomnography ($150), Depo prep ($156.50), 4 Board appear. (WCAB LBO) ($156.50 each), Activation fee ($100), costs ($930)	$ 1,182.50	8700031	1/23/19	Corvel
					$ 930.00	8770233	4/9/19	
			TOTAL AMT PAID =>		**$ 2,112.50**			
70482	9/7/16 - 12/20/18	5/29/19	$ 5,109.50	4 Initial exams ($230), 4 f/u acup ($180 each), 14 PR-2s ($180 each), Depo prep ($156.50), Depo review ($250), P&S ($230), 2 Board appear. (WCAB LBO) ($156.50 each), Lien filing fee ($150), P&I ($64.91), costs ($1,725.59)	$ 7,050.00	8812218	5/24/19	Corvel
			TOTAL AMT PAID =>		**$ 7,050.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Costs (Spanish)

Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
72104	7/5/17 - 5/17/18	1/8/19	$ 876.00	Depo prep ($156.50), Depo review ($250), 3 Board appear. (WCAB ANA) ($156.50 each), costs ($487)	$ 406.50	8239613	8/31/17	Corvel
					$ 156.50	8335557	12/20/17	
					$ 800.00	8682729	1/3/19	
			TOTAL AMT PAID =>		**$ 1,363.00**			
72155	7/11/17 - 5/7/18	2/26/19	$ 313.00	2 Board appear. (WCAB POM) ($156.50 each), P&I ($69.89), costs ($626.61)	$ 313.00	241570	8/20/18	Corvel
					$ 696.50	262618	2/22/19	
			TOTAL AMT PAID =>		**$ 1,009.50**			
74204	6/27/18 - 7/30/18	1/22/19	$ 313.00	2 Board appear. (WCAB POM) ($156.50 each), costs ($360)	$ 156.50	8538547	7/27/18	Corvel
					$ 156.50	8633466	11/6/18	
					$ 360.00	8697672	1/18/19	
			TOTAL AMT PAID =>		**$ 673.00**			
57031	12/17/12 - 10/2/13	4/30/19	$ 563.00	Depo prep ($156.50), Depo review ($250), Board appear. (WCAB LBO) ($156.50), P&I ($68.78), costs $1,1100	$ 563.00	0002586512	10/31/13	Crum & Forster
					$ 14.45	0003459417	3/12/19	
					$ 13.68	0003459415	3/12/19	
					$ 25.00	0003459416	3/12/19	
					$ 15.65	0003459414	3/12/19	
					$ 1,100.00	003477662	4/26/19	
			TOTAL AMT PAID =>		**$ 1,731.78**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
68142	12/15/15 - 8/4/16	12/17/18	$ 313.00	2 Board appear. (WCAB POM) ($156.50 each), P&I ($110), costs ($1,290)	$ 313.00	10299035	1/26/18	Employers
					$ 1,400.00	15847502	12/10/18	
			TOTAL AMT PAID =>		**$ 1,713.00**			
68720	3/1/16 - 11/1/18	4/19/19	$ 876.00	3 Board appear. (WCAB LBO) ($156.50 each), Depo prep ($156.50), Depo review ($250), P&I ($189.89), costs ($2,600)	$ 563.00	9622597	12/12/17	Employers
					$ 1,289.89	10415629	2/5/18	
					$ 156.50	12685546	6/21/18	
					$ 1,656.50	18406838	4/22/19	
			TOTAL AMT PAID =>		**$ 3,665.89**			
72635	9/15/17 - 9/13/18	3/15/19	$ 876.00	Depo prep ($156.50), Depo review ($250), 3 Board appear. (WCAB LBO) ($156.50 each), costs ($1,500)	$ 406.50	9390485	11/28/17	Employers
					$ 313.00	13445861	8/6/18	
					$ 156.50	16496391	1/14/19	
					$ 1,500.00	17615384	3/13/19	
			TOTAL AMT PAID =>		**$ 2,376.00**			
72733	10/5/17 - 8/2/18	2/18/19	$ 313.00	2 Board appear. (WCAB AHM) ($156.50 each), costs ($643.50)	$ 156.50	9540150	12/7/17	Employers
					$ 800.00	17043307	2/11/19	
			TOTAL AMT PAID =>		**$ 956.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
69312	4/20/2016	11/16/18	$ 156.50	Board appear. (WCAB POM) ($156.50), costs ($305)	$ 156.50	FE60371382	3/28/17	ESIS
					$ 305.00	FE3011655	11/13/18	
			TOTAL AMT PAID =>		**$ 461.50**			
71488	3/22/17 - 5/15/17	2/12/19	$313.00	2 Board appear. (WCAB POM) ($156.50 each), costs ($525)	$ 156.50	FE60521992	5/3/17	ESIS
					$ 156.50	FE62945381	10/30/18	
					$ 525.00	FE63400179	2/7/19	
			TOTAL AMT PAID =>		**$ 838.00**			
72500	8/10/17	4/10/19	$ 156.50	Board appear. (WCAB AHM) ($156.50), P&I ($28.51), costs ($221.49)	$ 156.50	FE61549642	12/27/17	ESIS
					$ 250.00	FE63660227	4/2/19	
			TOTAL AMT PAID =>		**$ 406.50**			
72593	9/6/17 - 9/20/17	5/17/19	$ 406.50	Depo prep ($156.50), Depo review ($250), costs ($350)	$ 156.50	FE61168840	10/2/17	ESIS
					$ 250.00	FE61497209	12/14/17	
					$ 350.00	FE63860458	5/14/19	
			TOTAL AMT PAID =>		**$ 756.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Costs (Spanish)

Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
71277	2/15/17 - 8/22/18	7/16/19	$ 469.50	Full Day Board Appear. (WCAB LBO) ($313), Board Appear. (WCAB LBO) ($156.50), P&I ($81.51), costs ($1,500)	$ 394.51	8816758761	3/7/18	Farmers
					$ 156.50	8817006495	10/4/18	
					$ 1,500.00	8817306035	7/10/19	
			TOTAL AMT PAID =>		**$ 2,051.01**			
30366	4/24/08 - 12/17/14	8/20/18	$ 1,512.50	2 Depo preps ($156.50 each), 3 Board appear. (WCAB LBO) ($156.50 each), 2 Depo reviews ($250 each), Initial ($230), P&I ($70.97), costs ($1,473.02)	$ 156.50	201447	6/26/08	First Comp / Markel
					$ 250.00	234089	9/12/08	
					$ 156.50	2717913	6/29/12	
					$ 43.99	2721423	7/23/12	
					$ 156.50	2732173	9/27/12	
					$ 156.50	2737279	11/1/12	
					$ 250.00	2748055	1/25/13	
					$ 386.50	2808341	2/2/15	
					$ 1,500.00	70147663	8/14/18	
			TOTAL AMT PAID =>		**$ 3,056.49**			
46289	7/11/11 - 10/22/18	11/21/18	$ 1,769.00	Shockwave therapy ($150), PR-2 ($180), Depo prep ($156.50), Depo review ($250), 4 Board appear. (WCAB LAO) ($156.50 each), C&R reading ($250), P&I ($429.22)	$ 632.07	0000614085	3/13/12	Gallagher Bassett & Sedgwick
					$ 1,566.15	0444929134	11/16/18	
			TOTAL AMT PAID =>		**$ 2,198.22**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
60287	11/13/13 - 10/17/18	2/12/19	$ 1,553.00	Depo prep ($156.50), Depo review ($250), Surgery ($180 for 2 hours - billed at $990 for 11 hrs), Board appear. (WCAB LBO) ($156.50), Lien filing fee ($150), P&I ($244.90), costs ($1,331.10)	$ 3,279.00	0152163861	2/5/19	Gallagher Bassett
			TOTAL AMT PAID =>		**$ 3,279.00**			
64762	10/17/14 - 7/2/15	10/2/18	$ 2,340.00	Initial exam ($230), 2 FCE tests ($150 each), Initial acup ($230), 6 PR-2s ($180 each), f/u acup ($180), f/u chiro ($90), P&S ($230), Lien filing fee ($150), P&I ($110) - offset $345.11 of P&I	$ 2,600.00	014709876	9/13/18	Gallagher Bassett
			TOTAL AMT PAID =>		**$ 2,600.00**			
66099	5/29/15 - 12/14/18	6/28/19	$ 1,845.50	2 Depo preps ($156.50 each), 2 2 Depo reviews ($250 each), 3 Board appear. (WCAB LBO) ($156.50 each), Full Day Board appear. (WCAB LBO) ($313), C&R reading ($250), P&I ($380.97), costs ($1,118,53)	$ 360.00	0134140268	1/19/17	Gallagher Bassett
					$ 1,485.00	0153410252	3/27/19	
					$ 1,500.00	0155523006	6/24/19	
			TOTAL AMT PAID =>		**$ 3,345.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
67881	11/19/15 - 12/13/17	8/14/18	$ 939.00	6 Board appear. (WCAB POM) ($156.50 each), P&I ($198.08), costs ($1,145.42)	$ 782.50	0143711554	2/16/18	Gallagher Bassett
					$ 53.00	0143770137	2/20/18	
					$ 1,500.00	0147853911	8/7/18	
			TOTAL AMT PAID =>		**$ 2,335.50**			
69703	6/14/16	8/14/18	$ 156.50	Board appear. (WCAB POM) ($156.50), P&I ($32.36), costs ($376.14)	$ 565.00	0147829493	8/6/18	Gallagher Bassett
			TOTAL AMT PAID =>		**$ 565.00**			
69967	7/13/16 - 9/20/18	5/17/19	$ 1,689.00	3 Depo preps ($156.50 each), 2 Depo reviews ($250 each), 3 Board appear. (WCAB AHM) ($156.50 each), C&R reading ($250), costs ($1,274)	$ 563.00	0131965600	10/24/16	Gallagher Bassett
					$ 2,400.00	0154453252	5/9/19	
			TOTAL AMT PAID =>		**$ 2,963.00**			
70267	8/24/16 - 8/9/18	1/30/19	$ 969.50	Depo prep ($156.50), Depo review ($250), 2 Board Appear. (WCAB LBO) ($156.50 each), costs ($1,500)	$ 406.50	0133156627	12/9/16	Gallagher Bassett
					$ 156.50	0144469941	3/20/18	
					$ 1,906.50	0151886871	1/24/19	
			TOTAL AMT PAID =>		**$ 2,469.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
70284	9/1/16	12/4/18	$ 156.50	Board appear. (WCAB POM) ($156.50), P&I ($51.68), costs ($315.88)	$ 156.50	0145477757	4/29/18	Gallagher Bassett
					$ 367.56	0150597005	11/28/18	
			TOTAL AMT PAID =>		**$ 524.06**			
70433	9/22/16 - 10/24/18	3/5/19	$ 656.50	Depo prep ($156.50), Depo review ($250), C&R reading ($250), P&I ($81.77), costs ($318.23)	$ 156.50	0132153494	11/1/16	Gallagher Bassett
					$ 250.00	0146207451	5/30/18	
					$ 250.00	0150233992	11/13/18	
					$ 400.00	015731406	2/28/19	
			TOTAL AMT PAID =>		**$ 1,056.50**			
70610	10/10/16	12/10/18	$ 156.50	Board appear. (WCAB LBO) ($156.50), P&I ($32.80), costs ($598.67)	$ 187.97	0136741412	5/4/17	Gallagher Bassett
					$ 600.00	0150752994	12/4/18	
			TOTAL AMT PAID =>		**$ 787.97**			
71160	1/25/17 - 4/24/18	1/29/19	$ 1,189.00	Depo prep ($156.50), Depo review ($250), 3 Board appear. (WCAB LBO) ($156.50 each), Full Day Board appear. (WCAB LBO) ($313), P&I ($49.16), costs ($1,668.34)	$ 156.50	0135384935	3/13/17	Gallagher Bassett
					$ 2,750.00	0151857223	1/23/19	
			TOTAL AMT PAID =>		**$ 2,906.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
71954	6/20/17 - 5/14/18	4/1/19	$ 1,149.50	Depo prep ($156.50), Depo review($250), 2 Board appear. (WCAB LBO) ($156.50 each), C&R reading ($250), PR-2 ($180 - was offset/not pursued), costs ($2,500)	$ 563.00	0139122042	8/9/17	Gallagher Bassett
					$ 180.00	0145141850	4/16/18	
					$ 406.50	0150115634	11/7/18	
					$ 2,500.00	0153327305	3/25/19	
			TOTAL AMT PAID =>		**$ 3,649.50**			
72366	7/20/17 - 7/10/18	5/29/19	$ 563.00	Depo prep ($156.50), Depo review ($250), Board appear. (WCAB LBO) ($156.50), costs ($3,250)	$ 406.50	0141125810	10/30/17	Gallagher Bassett
					$ 156.50	0149747010	10/24/18	
					$ 3,250.00	0154756418	5/22/19	
			TOTAL AMT PAID =>		**$ 3,813.00**			
72607	9/11/17 - 6/28/18	3/12/19	$ 469.50	3 Board appear. (WCAB LBO) ($156.50 each), costs ($1,500)	$ 156.50	0141049588	10/26/17	Gallagher Bassett
					$ 156.50	0145822586	5/14/18	
					$ 156.50	0151375064	1/2/19	
					$ 1,500.00	0152866167	3/6/19	
			TOTAL AMT PAID =>		**$ 1,969.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
72613	9/7/17 - 1/7/19	8/1/19	$ 719.50	Depo prep ($156.50), Depo review ($250), 2 Board Appear. (WCAB LBO) ($156.50 each), costs ($1,500)	$ 406.50	0141594489	11/17/17	Gallagher Bassett
					$ 156.50	0146066682	5/23/18	
					$ 156.50	0153752559	4/10/19	
					$ 1,500.00	0156329925	7/26/19	
			TOTAL AMT PAID =>		**$ 2,219.50**			
73494	2/28/18	2/12/19	$ 156.50	Board appear. (WCAB POM) ($156.50), costs ($463.50)	$ 620.00	0152185402	2/6/19	Gallagher Bassett
			TOTAL AMT PAID =>		**$ 620.00**			
73514	3/7/18	4/1/19	$ 156.50	Board appear. (WCAB POM), ($156.50), costs ($600)	$ 156.50	0149350508	10/9/18	Gallagher Bassett
					$ 600.00	0153244242	3/20/19	
			TOTAL AMT PAID =>		**$ 756.50**			
73532	3/5/18 - 12/17/18	7/26/19	$ 563.00	Depo prep ($156.50), Depo review ($250), Board appear. (WCAB LBO) ($156.50), costs ($1,500)	$ 406.50	0146418804	6/7/18	Gallagher Bassett
					$ 156.50	0154614629	5/16/19	
					$ 1,500.00	0156121229	7/18/19	
			TOTAL AMT PAID =>		**$ 2,063.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Costs (Spanish)

Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
74799	10/10/18 - 1/14/19	6/24/19	$ 313.00	2 Board appear. (WCAB POM) ($156.50 each), costs ($600)	$ 156.50	0150550759	11/27/18	Gallagher Bassett
					$ 156.50	0153735059	4/10/19	
					$ 600.00	0155364125	6/17/19	
			TOTAL AMT PAID =>		**$ 913.00**			
75153	12/19/18	4/15/19	$ 165.00	Board appear. (WCAB POM) ($156.50), P&I ($17.54), costs ($182.46)	$ 165.00	0152152036	2/5/19	Gallagher Bassett
					$ 200.00	0153670923	4/8/19	
			TOTAL AMT PAID =>		**$ 365.00**			
55657	9/28/12 - 4/18/18	4/4/19	$ 932.50	MRI ($150), 5 Board appear. (WCAB POM) ($156.50 each), Activation fee ($100), P&I ($199.30), costs ($985)	$ 306.50	009141745	11/2/15	Guard Ins
					$ 726.00	009366581	8/28/18	
					$ 199.30	009410843	2/26/19	
					$ 985.00	009419517	4/1/19	
			TOTAL AMT PAID =>		**$ 2,216.80**			
68906	3/8/16 - 4/15/16	8/7/18	$ 720.00	Pre-op ($180), surgery ($180 for 2 hours - billed at $540 for 6 hrs), Lien filing fee ($150), P&I ($30 - offset $189.39 of P&I)	$ 900.00	009540500	8/3/18	Guard Ins
			TOTAL AMT PAID =>		**$ 900.00**			
55893	10/22/12 - 12/11/18	4/18/19	$ 1,032.50	4 Board appear. (WCAB LBO) ($156.50 each), Reading of stip ($250), P&I ($181.18), costs ($1,680)	$ 626.00	126470537 9	10/17/16	The Hartford
					$ 250.00	128522420 5	2/28/18	
					$ 156.50	129925492 6	2/28/19	
					$ 180.59	130057295 0	4/2/19	
					$ 1,680.59	130102616 6	4/12/19	
			TOTAL AMT PAID =>		**$ 2,893.68**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
61728	4/30/14	5/23/19	$ 156.50	Board appear. (WCAB LBO) ($156.50), P&I ($30.33), costs ($2,469.67)	$ 156.50	123311714 9	12/6/14	The Hartford
					$ 2,500.00	130240426 1	5/17/19	
			TOTAL AMT PAID =>		**$ 2,656.50**			
63741	9/30/14 - 1/29/18	6/28/19	$ 626.00	Board appear. (WCAB MDR) ($156.50), Board appear. (WCAB LBO), 3 Board appear. (WCAB LBO) ($156.50 each), P&I ($67.51), costs ($2,500)	$ 156.50	125464498 9	3/7/16	The Hartford
					$ 313.00	126024909 3	7/6/16	
					$ 156.50	128480553 0	2/19/18	
					$ 67.51	130070262 1	4/4/19	
					$ 2,500.00	130359767 5	6/20/19	
			TOTAL AMT PAID =>		**$ 3,193.51**			
64871	1/26/15 - 3/14/18	9/4/18	$ 1,126.00	Depo prep ($156.50), Depo review ($250), 3 Board appear. (WCAB LBO) ($156.50), C&R Reading ($250), P&I ($173.24), costs ($2,998.37)	$ 563.00	125496653 6	3/14/16	The Hartford
					$ 250.00	127647119 0	7/21/17	
					$ 156.50	128632950 7	3/28/18	
					$ 328.11	129010813 7	7/2/18	
					$ 3,000.00	129231058 8	8/27/18	
			TOTAL AMT PAID =>		**$ 4,297.61**			
69319	4/28/16 - 2/23/17	1/24/19	$ 469.50	3 Board appear. (WCAB POM) ($156.50 each), P&I ($114.11), costs ($335.89)	$ 156.50	126154549 4	8/4/16	The Hartford
					$ 313.00	129237530 2	8/28/18	
					$ 450.00	129777865 0	1/18/19	
			TOTAL AMT PAID =>		**$ 919.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
70801	11/9/16	11/2/18	$ 156.50	Board appear. (WCAB POM) ($156.50), P&I ($46.78), costs ($100)	$ 156.50	128801204 7	5/9/18	The Hartford
					$ 46.78	128923792 1	6/11/18	
					$ 100.00	129467016 6	10/25/18	
			TOTAL AMT PAID =>		**$ 303.28**			
71518	3/28/17 - 2/7/19	6/10/19	$ 719.50	Depo prep ($156.50), Depo review ($250), 2 Board appear. (WCAB LBO) ($156.50 each), costs ($2,500)	$ 156.50	127389969 5	5/22/17	The Hartford
					$ 250.00	129706513 1	12/29/18	
					$ 313.00	129946669 9	3/5/19	
					$ 2,500.00	130295191 2	6/3/19	
			TOTAL AMT PAID =>		**$ 3,219.50**			
73160	1/8/18	4/18/19	$ 156.50	Board appear. (WCAB LBO) ($156.50), costs ($1,500)	$ 156.50	129823474 3	1/31/19	The Hartford
					$ 2,500.00	130103077 5	4/12/19	
			TOTAL AMT PAID =>		**$ 2,656.50**			
71482	3/15/17 - 10/4/17	5/16/19	$ 469.50	3 Board appear. (WCAB POM) ($156.50 each), costs ($611.50)	$ 1,081.00	0083354324	5/10/19	Helmsman
			TOTAL AMT PAID =>		**$ 1,081.00**			
72107	7/6/17	1/29/19	$ 156.50	Board appear. (WCAB POM) ($156.50), costs ($600)	$ 156.50	2452251	12/18/18	Insurance Co of the West
					$ 600.00	2493838	1/22/19	
			TOTAL AMT PAID =>		**$ 756.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
72320	7/27/17	1/8/19	$ 313.00	2 Board appear. (WCAB POM) ($156.50 each), costs ($637)	$ 950.00	2461046	12/26/18	Insurance Co of the West
			TOTAL AMT PAID =>		**$ 950.00**			
72838	10/30/17	11/13/18	$ 156.50	Board appear. (WCAB POM) ($156.50), costs ($285.25)	$ 156.50	2378756	10/22/18	Insurance Co of the West
					$ 285.25	2396980	11/5/18	
			TOTAL AMT PAID =>		**$ 441.75**			
73513	3/7/18	4/26/19	$ 165.00	Board appear. (WCAB POM) ($165), P&I ($25.75), costs ($550)	$ 165.00	2386175	10/26/18	Insurance Co of the West
					$ 25.75	2442690	12/11/18	
					$ 550.00	0002754368	4/24/19	
			TOTAL AMT PAID =>		**$ 740.75**			
73596	3/15/18 - 4/19/18	2/27/19	$ 1,360.00	Initial exam ($230), Initial acup ($230), 4 f/u acup ($180 each), PR-2 ($180), Lien filing fee ($150), P&I ($90 - offset $18.56 of P&I)	$ 1,600.00	0002749372	2/25/19	Insurance Co of the West
			TOTAL AMT PAID =>		**$ 1,600.00**			
74415	8/6/18 - 10/25/18	8/5/19	$ 656.50	Board appear. (WCAB LBO) ($156.50), 2 C&R readings ($250 each), costs ($1,150)	$ 156.50	2387920	10/29/18	Insurance Co of the West
					$ 165.00	2521485	2/14/19	
					$ 1,485.00	0002762816	8/1/19	
			TOTAL AMT PAID =>		**$ 1,806.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
75184	1/2/19	7/22/19	$ 156.50	Board appear. (WCAB POM) ($156.50), costs ($250)	$ 156.50	2638998	5/16/19	Insurance Co of the West
					$ 250.00	2710373	7/12/19	
			TOTAL AMT PAID =>		**$ 406.50**			
59422	8/16/13 - 1/28/19	5/14/19	$ 813.00	Depo prep ($156.50), Depo review ($250), Board appear. (WCAB LBO) ($156.50), C&R reading ($250), costs ($1,746.50)	$ 156.50	29215	10/25/13	Keenan & Assoc.
					$ 250.00	29919	11/8/13	
					$ 246.50	0000401806	3/26/19	
					$ 160.00	0000401884	4/10/19	
					$ 246.50	0000401888	4/11/19	
					$ 1,500.00	0000401996	5/3/19	
			TOTAL AMT PAID =>		**$ 2,559.50**			
60609	12/26/13	10/17/18	$ 156.50	Board appear. (WCAB LBO) ($156.50), P&I ($101.49), costs ($242.01)	$ 500.00	03232164	10/12/18	Liberty Mutual
			TOTAL AMT PAID =>		**$ 500.00**			
64034	11/3/14 - 8/16/18	7/29/19	$ 1,150.75	Depo prep ($156.50), Depo review ($250), 2 Board appear. (WCAB LBO) ($156.50 each), Initial psych ($230 for 2 hours - billed at $431.25 for 3 hrs 45 mins), Lien filing fee ($150), P&I ($180.32), costs ($2,488.43)	$ 156.50	00095020	12/19/14	Liberty Mutual
					$ 250.00	00186164	1/23/15	
					$ 156.50	01670358	9/13/16	
					$ 156.00	03366752	12/20/18	
					$ 0.50	03545982	3/25/19	
					$ 3,250.00	03784634	7/23/19	
			TOTAL AMT PAID =>		**$ 3,969.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
64905	2/9/15 - 10/26/18	5/6/19	$ 1,345.40	Depo prep ($156.50), Depo review ($250), 7 Board appear. (WCAB LBO) ($156.50 each), P&I ($476.52)	$ 1,032.50	02484822	10/26/18	Liberty Mutual / Helmsman
					$ 156.50	02587516	4/8/19	
					$ 476.42	02603714	5/2/19	
					$ 156.50	02602879	5/1/19	
			TOTAL AMT PAID =>		**$ 1,821.92**			
65371	1/30/15 - 3/19/15	10/15/18	$ 1,337.50	2 PR-2s ($180 each), 3 Initials ($230 each), Initial ($230 for 2 hours - billed at $287.50 for 2 hrs 23 mins), Lien filing fee ($150), P&I ($645.20)	$ 2,132.70	0031505816	10/11/18	Liberty Mutual
			TOTAL AMT PAID =>		**$ 2,132.70**			
65735	4/8/15 - 7/10/17	1/2/19	$ 626.00	4 Board appear. (WCAB LBO) ($156.50 each), P&I ($78.86), costs ($696.14)	$ 313.00	01921519	4/11/16	Liberty Mutual / Helmsman
					$ 156.50	02190906	6/22/17	
					$ 156.50	02415419	7/6/18	
					$ 775.00	02522149	12/21/18	
			TOTAL AMT PAID =>		**$ 1,401.00**			
67736	10/20/15 - 9/12/16	9/10/18	$ 626.00	4 Board appear. (WCAB VNO) ($156.50 each), P&I ($96.18), costs ($999.18)	$ 469.50	01569519	7/29/16	Liberty Mutual
					$ 156.50	02113203	3/31/17	
					$ 95.36	02267041	6/13/17	
					$ 1,000.00	03158345	9/5/18	
			TOTAL AMT PAID =>		**$ 1,721.36**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
67809	11/5/15 - 4/10/18	12/10/18	$ 876.00	Depo prep ($156.50), Depo review ($250), 3 Board appear. (WCAB LBO) ($156.50 each), P&I ($187.79), costs ($440.65)	$ 406.50	02272264	6/15/17	Liberty Mutual
					$ 156.50	02384003	8/9/17	
					$ 313.00	03080371	7/26/18	
					$ 628.44	03330272	12/3/18	
			TOTAL AMT PAID =>		**$ 1,504.44**			
70794	11/16/16 - 11/6/17	2/13/19	$ 626.00	4 Board appear. (WCAB POM) ($156.50 each), costs ($867)	$ 626.00	03194322	9/24/18	Liberty Mutual
					$ 867.00	03460504	2/8/19	
			TOTAL AMT PAID =>		**$ 1,493.00**			
71398	3/1/17	10/15/18	$ 156.50	Board appear. (WCAB POM) ($156.50), P&I ($48.43, costs ($251.57)	$ 156.50	03149069	8/30/18	Liberty Mutual
					$ 300.00	03223904	10/9/18	
			TOTAL AMT PAID =>		**$ 456.50**			
72650	9/18/17 - 1/30/19	8/6/19	$ 563.00	Depo prep ($156.50), Depo review ($250), Board appear. (WCAB LBO) ($156.50), costs ($1,500)	$ 563.00	03629767	5/6/19	Liberty Mutual
					$ 1,500.00	03806703	8/2/19	
			TOTAL AMT PAID =>		**$ 2,063.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
72865	11/6/17 - 1/3/18	8/28/18	$ 313.00	2 Board appear. (WCAB POM) ($156.50 each), P&I ($58.40), costs ($550)	$ 313.00	02935410	5/11/18	Liberty Mutual
					$ 58.40	02975623	6/1/18	
					$ 550.00	03134674	8/23/18	
			TOTAL AMT PAID =>		**$ 921.40**			
73507	3/5/18	1/8/19	$ 156.50	Board appear. (WCAB POM) ($156.50), costs ($500)	$ 156.50	03102789	8/7/18	Liberty Mutual
					$ 500.00	0031636477	12/31/18	
			TOTAL AMT PAID =>		**$ 656.50**			
73510	3/5/18 - 7/24/18	8/5/19	$ 563.00	Depo prep ($156.50), Depo review ($250), Board appear. (WCAB LBO) ($156.50), costs ($1,900)	$ 156.50	02371015	4/23/18	Liberty Mutual / Helmsman
					$ 406.50	02496428	11/13/18	
					$ 1,900.00	0083406175	8/1/19	
			TOTAL AMT PAID =>		**$ 2,463.00**			
74137	6/18/18	4/1/19	$ 156.50	Board appear. (WCAB LBO) ($156.50), costs ($1,280), P&I ($15.65)	$ 156.50	02567080	3/6/19	Liberty Mutual / Helmsman
					$ 1,280.00	02580695	3/27/19	
					$ 15.65	02581359	3/28/19	
			TOTAL AMT PAID =>		**$ 1,452.15**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Costs (Spanish)

Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
75061	12/5/18 - 1/23/19	8/5/19	$ 321.50	2 Board appear. (WCAB POM) ($156.50 each), costs ($265)	$ 165.00	03351763	12/13/18	Liberty Mutual
					$ 156.50	03704965	6/13/19	
					$ 265.00	03801522	7/31/19	
			TOTAL AMT PAID =>		**$ 586.50**			
69188	4/18/16 - 2/15/18	9/7/18	$ 1,032.50	Depo prep ($156.50), Depo review ($250), 4 Board appear. (WCAB AHM) ($156.50 each), P&I ($263.48), costs ($855.52)	$ 156.50	0000009831	6/3/16	Matrix
					$ 270.00	0000011242	1/13/17	
					$ 180.00	0000014691	3/28/18	
					$ 45.00	0000015263	6/11/18	
					$ 1,500.00	0000015940	9/3/18	
			TOTAL AMT PAID =>		**$ 2,151.50**			
58090	12/4/12 - 5/20/14	4/9/19	$ 469.50	3 Board appear. (WCAB AHM) ($156.50 each), costs $863.30)	$ 156.50	1306910	11/25/13	Meadowbrook / Star Insurance
					$ 90.00	1366429	4/24/14	
					$ 90.00	1389693	6/25/14	
					$ 146.30	1918020	4/3/19	
					$ 850.00	1918595	4/5/19	
			TOTAL AMT PAID =>		**$ 1,332.80**			
70623	8/17/11 - 9/15/17	9/18/18	$ 1,432.50	MRI ($150), Depo prep ($156.50), Depo review ($250), 4 Board appear. (WCAB AHM) ($156.50 each), C&R reading ($250), Lien activation fee ($100), P&I ($271.60), costs ($978.40)	$ 1,282.50	1798547	11/10/17	Meadowbrook / Star Insurance
					$ 1,500.00	1874139	9/14/18	
			TOTAL AMT PAID =>		**$ 2,782.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
38229	8/2/10 - 7/24/12	5/14/19	$ 2,339.00	5 PR-2s ($180 each), Depo prep ($156.50), Depo review ($250), 3 Board appear. (WCAB LBO) ($156.50 each), Full Day Board appear. (WCAB LBO) ($313), C&R reading ($250), Lien activation fee ($100), P&I ($484.75), costs ($1,483.15)	$ 563.00	148980	3/2/11	Illinois Midwest
					$ 720.00	148981	3/2/11	
					$ 180.00	158046	4/21/11	
					$ 1,343.90	381141	12/9/13	
					$ 1,600.00	537096	5/10/19	
			TOTAL AMT PAID =>		**$ 4,406.90**			
38774	10/7/10 - 6/2/16	10/2/18	$ 1,282.50	2 Depo preps ($156.50 each), 2 Depo reviews ($250 each), 3 Board appear. (WCAB LBO) ($156.50 each), Lien activation fee ($100), P&I ($266.15), costs ($572.35)	$ 406.50	00476230	12/22/10	Pacific Compensation Ins Co. & Liberty Mutual
					$ 156.50	00486349	3/10/11	
					$ 403.00	00535941	8/9/12	
					$ 180.00	01017025	8/11/16	
					$ 250.00	10087939	9/5/18	
					$ 825.00	01135006	9/28/18	
			TOTAL AMT PAID =>		**$ 2,221.00**			
68293	1/26/16 - 5/4/17	11/19/18	$ 469.50	3 Board appear. (WCAB POM) ($156.50 each), costs ($383.50)	$ 156.50	00649180	3/3/16	Pacific Compensation Ins Co.
					$ 90.00	01016235	8/5/16	
					$ 156.50	01059541	6/7/17	
					$ 450.00	01142936	11/14/18	
			TOTAL AMT PAID =>		**$ 853.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Costs (Spanish)

Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
74502	8/14/18	6/10/19	$ 250.00	C&R reading ($250), costs ($347)	$ 250.00	01161234	3/7/19	Pacific Compensation Ins Co.
					$ 347.00	01177512	6/6/19	
			TOTAL AMT PAID =>		**$ 597.00**			
74791	10/9/18	5/29/19	$ 156.50	Board appear. (WCAB LBO) ($156.50), costs ($2,156.50)	$ 156.50	01166758	4/5/19	Pacific Compensation Ins Co.
					$ 156.50	01168109	4/11/19	
					$ 2,000.00	01174700	5/21/19	
			TOTAL AMT PAID =>		**$ 2,313.00**			
67883	10/19/15 - 12/4/17	2/11/19	$ 313.00	2 Board appear. (WCAB MDR) ($156.50 each), costs ($500)	$ 156.50	5002004591	12/22/15	Preferred Employers/ Berkley Ins
					$ 156.50	5002254822	10/31/18	
					$ 500.00	5002279826	2/5/19	
			TOTAL AMT PAID =>		**$ 813.00**			
75058	12/3/18	6/10/19	$ 156.50	Board appear. (WCAB POM) ($156.50), P&I ($27.59), costs ($600)	$ 156.50	5002302403	4/24/19	Preferred Employers
					$ 23.48	5002302404	4/24/19	
					$ 4.11	5002302405	4/24/19	
					$ 600.00	5002308617	6/7/19	
			TOTAL AMT PAID =>		**$ 784.09**			
47568	8/17/11 - 3/14/19	5/31/19	$ 2,585.50	Initial exam ($230), 7 PR-2s ($180 each), 3 Board appear. (WCAB LBO) ($156.50 each), 2 Full Day Board appear. (WCAB LBO) ($313 each), Lien activation fee ($100), P&I ($1,449.22), costs ($1,921.78)	$ 156.50	93437581	9/14/18	Sedgwick / QBE Specialty
					$ 5,900.00	95983603	5/29/19	
			TOTAL AMT PAID =>		**$ 6,056.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
41344	12/28/10 - 7/31/18	9/19/18	$ 1,182.50	MRI ($150), 4 Board appear. (WCAB AHM) ($156.50 each), Depo prep ($156.50), Depo review ($250), Lien filing fee ($150), P&I ($352.73), costs ($471.27)	$ 156.50	CS-586453	2/11/16	SCIF
					$ 2,000.00	CS-678303	9/17/18	
			TOTAL AMT PAID =>		**$ 2,156.50**			
43771	3/31/11 - 5/3/11	7/30/18	$ 972.50	Initial exams ($230), Initial exam ($230 for 2 hours - billed at $517.50 for 4.5 hours), FCE test ($150 for 2 hours - billed at $225 for 3 hours), Lien activation fee ($100), P&I ($327.50 - offset $588.38 of P&I)	$ 1,400.00	CS-674131	7/27/18	SCIF
			TOTAL AMT PAID =>		**$ 1,400.00**			
46750	7/27/11 - 4/11/18	11/7/18	$ 2,941.00	11 Board appear. (WCAB AHM) ($156.50 each), 3 Depo preps ($156.50 each), 3 Depo reviews ($250 each), Lien activation fee ($100), P&I ($975.36), costs ($1,361.14)	$ 313.00	CP-539883	12/8/11	SCIF & Sunil Shah
					$ 156.50	CP-601640	8/9/12	
					$ 1,945.00	CP-921680	6/6/16	
					$ 313.00	CU-354967	7/21/17	
					$ 150.00	1185	11/7/18	
					$ 2,500.00	CU-413364	11/19/18	
			TOTAL AMT PAID =>		**$ 5,377.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
54463	7/26/12 - 1/3/18	9/10/18	$ 619.50	Ultrasound ($150 - offset $50), C&R reading ($156.50 - block settlement), 2 Board appear. (WCAB LBO) ($156.50 each), Lien activation fee ($100), P&I ($127.14), costs ($1,500)	$ 100.00	CU-104976	4/9/14	SCIF
					$ 413.00	CU-375588	1/5/18	
					$ 156.50	CU-401183	8/2/18	
					$ 1,677.14	CU-405441	9/7/18	
			TOTAL AMT PAID =>		**$ 2,346.64**			
63973	10/15/2014	3/18/19	$ 156.50	Board appear. (WCAB RIV) ($156.50), costs ($341)	$ 156.50	CS-685321	12/12/18	SCIF
					$ 341.00	CS-692569	3/15/19	
			TOTAL AMT PAID =>		**$ 497.50**			
65056	3/6/15 - 8/20/18	11/20/18	$ 969.50	Depo prep ($156.50), Depo review (250), 2 Board appear. (WCAB LBO) ($156.50 each), C&R reading ($250), P&I ($250), costs ($1,400)	$ 406.50	CS-622831	12/27/16	SCIF
					$ 250.00	CS-629585	3/6/17	
					$ 156.50	CS-629585	3/6/17	
					$ 156.50	CS-65997	2/13/18	
					$ 250.00	CS-678592	9/19/18	
					$ 1,400.00	CS-683410	11/16/18	
			TOTAL AMT PAID =>		**$ 2,619.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
65271	3/3/15 - 10/20/15	7/23/18	$ 4,628.75	8 PR-2s ($180 each), Initial acup ($230), 12 f/u acup ($180 each), Initial exam ($230 for 2 hours - billed at $258.75 for 2 hrs 20 mins), f/u acup ($180 for 2 hours - billed at $202.50 for 2 hrs 10 mins), f/u acup ($180 for 2 hours - billed at $247.50 for 2 hrs 40 mins), f/u physical therapy ($90), Lien filing fee ($150), P&I ($1,204.25 - offset $0.91 of P&I)	$ 1,990.00	CT-424168	10/5/15	SCIF
					$ 3,993.00	CU-399446	7/19/18	
			TOTAL AMT PAID =>		**$ 5,983.00**			
65279	1/24/15 - 1/24/17	12/3/18	$ 1,076.50	Initial exam ($230 - offset $50), 3 PR-2s ($180 each), FCE test ($150), C&R reading ($156.50 - block settlement), P&I ($28.88), costs ($595.46)	$ 870.00	CA-597373	11/2/15	SCIF
					$ 90.00	CA-660933	2/10/17	
					$ 66.50	CU-386782	4/6/18	
					$ 16.58	CU-387186	4/10/18	
					$ 600.00	CU-414386	11/29/18	
			TOTAL AMT PAID =>		**$ 1,643.08**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
69185	4/14/16 - 5/18/17	1/14/19	$ 469.50	3 Board appear. (WCAB POM), P&I ($52.53), costs ($2,547.47)	$ 156.50	CP-966875	4/12/17	SCIF
					$ 156.50	CP-974093	6/6/17	
					$ 156.50	CP-999407	12/26/17	
					$ 2,600.00	CP-031825	1/11/19	
			TOTAL AMT PAID =>		**$ 3,069.50**			
72189	7/20/17	1/2/19	$ 156.50	Board appear. (WCAB AHM) ($156.50), costs ($500)	$ 156.50	CP-027339	11/8/18	SCIF
					$ 500.00	CP-030299	12/19/18	
			TOTAL AMT PAID =>		**$ 656.50**			
72843	11/3/17 - 10/3/18	7/29/19	$ 836.50	Depo prep ($156.50), Depo review ($250), PR-2 ($180 - offset), C&R reading ($250), P&I ($73.76), costs ($445)	$ 156.50	CS-654311	12/7/17	SCIF
					$ 250.00	CS-654816	12/13/17	
					$ 250.00	CS-690923	2/25/19	
					$ 518.76	CS-703307	7/26/19	
			TOTAL AMT PAID =>		**$ 1,175.26**			
61679	3/28/14 - 11/14/16	9/21/18	$ 1,386.50	4 PR-2s ($180 each), 2 re-eval acup ($180 each), FEC test ($150), Board appear. (WCAB LBO) ($156.50), Lien filing fee ($150), P&I ($254.68), costs ($1,608.82)	$ 900.00	0051860873	9/29/14	Sedgwick
					$ 2,500.00	81600404	9/18/18	
			TOTAL AMT PAID =>		**$ 3,400.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
70864	12/2/16 - 7/31/17	11/13/18	$ 719.50	Depo prep ($156.50), Depo review ($250), 2 Board appear. ($156.50 each), P&I ($37.98), costs ($727.74)	$ 156.50	0076829017	1/12/17	Sedgwick
					$ 250.00	0076831296	1/25/17	
					$ 156.50	0076831296	1/25/17	
					$ 172.22	89568320	5/24/18	
					$ 750.00	92892962	11/8/18	
			TOTAL AMT PAID =>		**$ 1,485.22**			
71165	1/30/17	8/31/18	$ 156.50	Board appear. (WCAB LBO) ($156.50), P&I ($31.07), costs $2,968.93)	$ 156.50	377285	7/19/17	Sedgwick
					$ 3,000.00	448504	8/28/18	
			TOTAL AMT PAID =>		**$ 3,156.50**			
71314	2/9/17 - 3/19/18	1/21/19	$ 563.00	Depo prep ($156.50), Depo review ($250), Board appear. (WCAB AHM) ($156.50), costs ($600)	$ 406.50	0079259344	5/3/17	Sedgwick
					$ 156.50	92125261	10/17/18	
					$ 600.00	92125261	10/17/18	
			TOTAL AMT PAID =>		**$ 1,163.00**			
71393	3/7/2017	3/18/19	$ 156.50	Board appear. (WCAB LBO) ($156.50), P&I ($46.70), costs ($556.50)	$ 156.50	78967475	8/9/18	Sedgwick
					$ 46.70	78974116	8/29/18	
					$ 156.50	79985134	9/5/18	
					$ 400.00	82841637	3/14/19	
			TOTAL AMT PAID =>		**$ 759.70**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Costs (Spanish)

Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
71697	4/18/17 - 8/30/18	4/5/19	$ 563.00	Depo prep (156.50), Depo review ($250), Board appear. (WCAB LBO) ($156.50), costs ($1,400)	$ 180.00	376037	7/14/17	Sedgwick
					$ 226.50	378970	7/26/17	
					$ 156.50	462042	12/27/18	
					$ 1,400.00	469927	4/2/19	
			TOTAL AMT PAID =>		**$ 1,963.00**			
73956	5/16/18	2/25/19	$ 156.50	Board appear. (WCAB POM) ($156.50), costs ($300)	$ 156.50	87368618	11/5/18	Sedgwick
					$ 300.00	90103119	2/22/19	
			TOTAL AMT PAID =>		**$ 456.50**			
74954	2/26/18 - 11/5/18	4/5/19	$ 313.00	2 Board appear. (WCAB POM) ($156.50 each), costs ($350)	$ 313.00	91601831	12/10/18	Sedgwick
					$ 350.00	92932186	4/2/19	
			TOTAL AMT PAID =>		**$ 663.00**			
66320	6/10/15 - 7/11/17	4/17/19	$ 876.00	Depo prep ($156.50), Depo review ($250), 3 Board appear. (WCAB LBO) ($156.50 each), costs ($985)	$ 406.50	45728192	8/13/15	Sentry
					$ 156.50	46400284	7/13/16	
					$ 313.00	47281459	8/9/17	
					$ 985.00	48676401	4/9/19	
			TOTAL AMT PAID =>		**$ 1,861.00**			
68436	2/10/16 - 6/1/17	1/7/19	$ 782.50	Depo prep ($156.50), 4 Board appear. (WCAB AHM) ($156.50 each), costs ($750)	$ 156.50	46153546	3/23/16	Sentry
					$ 156.50	46731160	12/8/16	
					$ 156.50	46930882	3/7/17	
					$ 0.10	46153546	3/23/16	
					$ 312.90	48282252	10/17/18	
					$ 750.00	48446208	12/28/18	
			TOTAL AMT PAID =>		**$ 1,532.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
64055	10/30/14 - 3/1/17	10/1/18	$ 813.00	2 Depo preps ($156.50 each), Depo review ($250), C&R reading ($250), P&I ($132.15), costs ($1,567.85)	$ 563.00	123631022K	5/18/15	State Farm
					$ 250.00	123273424K	5/1/18	
					$ 1,700.00	123495793K	9/26/18	
			TOTAL AMT PAID =>		**$ 2,513.00**			
68531	2/24/16 - 7/14/16	10/16/18	$719.50	Depo prep ($156.50), Depo review ($250), 2 Board appear. (WCAB AHM) ($156.50 each), costs ($290)	$ 156.50	131777	3/21/16	State Farm & Illinis Midwest
					$ 250.00	132178	4/29/16	
					$ 156.50	123864333K	8/10/17	
					$ 156.50	123945273K	10/3/17	
					$ 156.50	123515917K	10/9/18	
					$ 290.00	123528939K	10/17/18	
			TOTAL AMT PAID =>		**$ 1,166.00**			
67158	9/3/15 - 11/3/16	1/29/19	$ 813.00	Depo prep ($156.50), Depo review ($250), Board appear. (WCAB LBO) ($156.50), C&R reading ($250), P&I ($251.74), costs ($1,691.26)	$ 256.00	0000269109	6/18/18	Transguard
					$ 2,500.00	0000275236	1/23/19	
			TOTAL AMT PAID =>		**$ 2,756.00**			
62428	5/8/14 - 4/18/18	11/13/18	$ 636.50	2 FCE tests ($150 each), PR-2 ($180), Board appear. (WCAB POM) ($156.50), Lien filing fee ($150), costs ($530)	$ 1,316.50	896D 91708947	11/9/18	Travelers
			TOTAL AMT PAID =>		**$ 1,316.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
63007	6/23/14 - 7/9/15	7/30/19	$ 1,740.00	2 Initial exams ($230 each), 5 PR-2s ($180 each), FCE test ($150), P&S ($230), Lien filing fee ($150), P&I ($855.19)	$ 2,745.19	896D 92789276	7/26/19	Travelers
			TOTAL AMT PAID =>		**$ 2,745.19**			
69872	6/22/2016	4/4/19	$ 156.50	Board appear. (WCAB POM) ($156.50), P&I ($51.73), costs ($336.77)	$ 156.50	891A 89135399	3/14/18	Travelers
					$ 388.50	891A 90143487	4/2/19	
			TOTAL AMT PAID =>		**$ 545.00**			
69890	6/27/16 - 1/17/17	10/19/18	$ 469.50	3 Board appear. (WCAB POM) ($156.50 each), 2 Initial exams ($230 each - offset $460), P&I ($50.25), costs ($549.75)	$ 313.00	891A 87644544	9/8/16	Travelers
					$ 156.50	891A 89485870	7/24/18	
					$ 600.00	891A 89689056	10/10/18	
			TOTAL AMT PAID =>		**$ 1,069.50**			
70139	8/2/16 - 1/7/19	7/1/19	$ 813.00	Depo prep ($156.50), Depo review ($250), Board appear. (WCAB LBO) ($156.50), C&R reading ($250), P&I ($133.41), costs ($1,376.13)	$ 406.50	896D 90758847	3/30/18	Travelers
					$ 156.50	896D 91618353	10/19/18	
					$ 133.41	896D 91757831	11/20/18	
					$ 250.00	896D 92099418	2/13/19	
					$ 1,376.13	896D 92663708	6/25/19	
			TOTAL AMT PAID =>		**$ 2,322.54**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
71698	4/18/17 - 8/16/18	5/17/19	$ 656.50	Depo prep ($156.50), Depo review ($250), C&R reading ($250), costs ($1,050)	$ 656.50	891A 89916256	1/7/19	Travelers
					$ 1,050.00	891A 90251826	5/13/19	
			TOTAL AMT PAID =>		**$ 1,706.50**			
72623	9/12/17	12/11/18	$ 156.50	Board appear. (WCAB LBO) ($156.50), P&I ($32.11), costs ($900)	$ 156.50	891A 89257827	4/27/18	Travelers
					$ 32.11	896D 91572733	10/9/18	
					$ 900.00	896D 91827026	12/7/18	
			TOTAL AMT PAID =>		**$ 1,088.61**			
73965	5/21/18 - 8/27/18	5/16/19	$ 313.00	2 Board appear. (WCAB POM) ($156.50 each), costs ($843.50)	$ 156.50	896D 91117022	6/22/18	Travelers & Zurich
					$ 1,000.00	1101985795	5/13/19	
			TOTAL AMT PAID =>		**$ 1,156.50**			
75057	12/3/18	6/4/19	$ 156.50	Board appear. (WCAB POM) ($156.50), costs ($543.50)	$ 700.00	891A 90298931	5/31/19	Travelers
			TOTAL AMT PAID =>		**$ 700.00**			
60351	11/6/13 - 6/14/17	3/11/19	$ 586.50	Re-eval physical therapy ($90), rehan physical therapy ($90), Depo review ($250), Board appear. (WCAB LBO) ($156.50), costs ($440.82)	$ 430.00	150235182	3/1/17	Tristar
					$ 171.38	170653424	11/5/18	
					$ 425.94	175866963	2/22/19	
			TOTAL AMT PAID =>		**$ 1,027.32**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
72168	7/10/17 - 3/7/18	2/5/19	$ 321.50	Board appear. (WCAB POM) ($156.50), Board appear. (WCAB POM) ($165), P&I ($38.47), costs ($461.53)	$ 165.00	553499	3/14/18	Tristar
					$ 156.50	560028	6/18/18	
					$ 500.00	174537048	1/24/19	
			TOTAL AMT PAID =>		**$ 821.50**			
41927	1/18/11 - 12/12/17	10/29/18	$ 1,032.50	2 Board appear. (WCAB LBO) ($156.50 each), Full Day Board Appear. (WCAB LBO) ($313), Depo prep ($156.50), Depo review ($250), Lien activation fee ($100), P&I ($462.48), costs ($2,237.52)	$ 156.50	10382371	5/25/11	York/ Avizent/ Walmart
					$ 976.00	19912148	1/8/18	
					$ 2,700.00	20640906	10/22/18	
			TOTAL AMT PAID =>		**$ 3,832.50**			
68491	2/18/16 - 9/27/17	11/19/18	$ 469.50	3 Board appear. (WCAB LBO) ($156.50 each), P&I ($71.87), costs ($2,628.13)	$ 156.50	0000023668	4/13/17	York
					$ 156.50	0000024159	4/26/17	
					$ 156.50	0000034543	1/4/18	
					$ 2,700.00	0000046402	11/15/18	
			TOTAL AMT PAID =>		**$ 3,169.50**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties, Interest, plus Costs (Spanish)
Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
71580	4/10/17 - 7/24/17	1/18/19	$ 469.50	3 Board appear. (WCAB POM) ($156.50 each), costs ($750)	$ 469.50	0000044726	10/3/18	York
					$ 750.00	0000048828	1/25/19	
			TOTAL AMT PAID =>		**$ 1,219.50**			
71700	4/25/17 - 6/27/17	1/8/19	$ 313.00	2 Board appear. (WCAB POM) ($156.50 each), costs ($345.50)	$ 658.50	0000048092	1/4/19	York
			TOTAL AMT PAID =>		**$ 658.50**			
71728	5/8/17 - 11/8/17	7/31/18	$ 313.00	2 Board appear. (WCAB POM) ($156.50 each), P&I ($72.16), costs ($693.70)	$ 385.16	0000041862	7/19/18	York
					$ 693.70	0000042055	7/25/18	
			TOTAL AMT PAID =>		**$ 1,078.86**			
72632	9/14/17 - 7/2/18	7/31/18	$ 719.50	Depo prep ($156.50), Depo review ($250), 2 Board appear. (WCAB LBO) ($156.50 each), P&I ($91.18), costs ($1,089.32)	$ 1,900.00	0000050510	7/26/18	York
			TOTAL AMT PAID =>		**$ 1,900.00**			
72736	10/9/17	1/14/19	$ 156.50	Board appear. (WCAB POM) ($156.50), costs ($320.31)	$ 156.50	14028	11/2/18	York
					$ 320.31	14165	1/9/19	
			TOTAL AMT PAID =>		**$ 476.81**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Costs (Spanish)

Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
73090	12/12/17 - 12/26/17	12/6/18	$ 406.50	Depo prep ($156.50), C&R reading ($250), P&I ($80.07), costs ($2,419.93)	$ 406.50	20347927	6/28/18	York
					$ 2,500.00	20747468	11/30/18	
			TOTAL AMT PAID =>		**$ 2,906.50**			
74441	7/13/15 - 8/7/18	3/4/19	$ 1,282.50	Depo prep ($156.50), Depo review ($250), 4 Board appear. (WCAB LBO) ($156.50 each), C&R reading ($250), P&I ($354.18), costs ($1,800)	$ 1,282.50	72674	1/25/19	York & Amtrust
					$ 1,077.09	02367325	2/13/19	
					$ 1,077.09	72769	2/25/19	
			TOTAL AMT PAID =>		**$ 3,436.68**			
30131	4/10/08 - 2/12/18	10/23/18	$ 3,563.00	Initial exam ($230 for 2 hours - billed at $287.50 for 2.5 hrs), 2 Shock wave therapies ($150 each), P&S ($230), MRI ($150), 3 PR-2s ($180 each), 2 Initial exams ($230 each), Depo prep ($156.50), Depo review ($250), 6 Board appear. (WCAB LBO) ($156.50 each), C&R reading ($250), Lien activation fee ($100), P&I ($2,566.82), costs ($1,500)	$ 7,819.82	1101787374	10/17/18	Zurich
			TOTAL AMT PAID =>		**$ 7,819.82**			
64077	9/2/14 - 1/26/16	12/10/18	$ 6,320.00	3 Initial exams ($230 each), Initial physical therapy ($90), re-eval physical therapy ($90), 28 PR-2s ($180 each), f/u chiro treatment ($90), final physical therapy ($90), P&S ($230), Lien filing fee ($150), P&I ($2,530 - offset $855.25 of P&I)	$ 9,000.00	1101837491	12/7/18	Zurich
			TOTAL AMT PAID =>		**$ 9,000.00**			

2018 Market Rate Summary Graph (per 8CCR, Article 5.7)

Includes payments for Penalties, Interest, plus Costs (Spanish)

Final payments received within April 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Principal Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
65219	11/10/14 - 10/25/16	9/10/18	$ 156.50	Epidural ($150 - was offset), Board appear. (WCAB LBO) ($156.50), P&I ($50.40), costs ($1,949.60)	$ 156.50	1101633097	5/15/18	Zurich
					$ 2,000.00	1101747394	9/7/18	
			TOTAL AMT PAID =>		**$ 2,156.50**			
67421	9/16/15 - 2/15/17	2/5/19	$ 563.00	Depo prep ($156.50), Depo review ($250), Board appear. (WCAB LBO) ($156.50), P&I ($51.09), costs ($1,500)	$ 156.50	110600973	11/9/15	Zurich
					$ 250.00	1100626240	12/1/15	
					$ 207.59	1101788688	10/18/18	
					$ 1,500.00	1101889255	2/1/19	
			TOTAL AMT PAID =>		**$ 2,114.09**			
70066	7/5/16 - 7/30/17	4/1/19	$ 469.50	2 Board appear. (WCAB LBO) ($156.50 each), Stipulation reading ($156.50), costs ($1,350)	$ 156.50	1100934966	8/23/16	Zurich
					$ 313.00	1101371710	9/13/17	
					$ 1,350.00	1101941842	3/28/19	
			TOTAL AMT PAID =>		**$ 1,819.50**			
70963	12/16/16 - 5/21/18	11/19/18	$ 782.50	Depo prep ($156.50), 2 Board appear. (WCAB LBO) ($156.50 each), Full Day Board appear. (WCAB LBO) ($313), P&I ($65.99), costs ($455.51)	$ 156.50	1101109385	1/25/17	Zurich & Travelers
					$ 313.00	1101661003	6/12/18	
					$ 469.50	896D 91321226	8/10/18	
					$ 365.00	1101819041	11/16/18	
			TOTAL AMT PAID =>		**$ 1,304.00**			

Joyce Altman Interpreters, 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	65934

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
345C6274235

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

Case: _____ vs KRAFT FOODS
Date Of Injury: 2/4/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/08/15	PR2/REEVAL	DR BERNSTEIN @ COAST PAIN MGMT* CPM (AMENDED)	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
01/09/15	INITIAL EXAM	DR ROSARIO @ CPM*	230.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
05/12/15	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
02/27/15	PR2/REEVAL	-DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
07/23/15	PR2/REEVAL	-DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
09/22/15	PR2/REEVAL	-DR ROSARIO/RAPHAEL, PA @ CPM	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
10/22/15	PR2/REEVAL	DR ROSARIO/RAPHAEL, PA @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/03/15	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
02/29/16	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
08/03/17	LIEN FIL FEE	LIEN FILING FEE	150.00
12/19/18	PENALTIES	FOR DATE OF SERVICE 01/09/15	34.50
12/19/18	INTEREST	FOR DATE OF SERVICE 01/09/15	88.34
01/15/19	PMT BY CHECK	DOS 12/19/18* DA80952539	-1942.84

HC

Joyce Altman Interpreters, 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	65934

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
345C6274235

Case: rs KRAFT FOODS
Date Of Injury: 2/4/13

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

P7092028004

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

Electronic Service Requested

201901140132

DATE: 01/15/19
CHECK NO: **DA80952539**

STATEMENT

CHUBB

MIXED AADC 926
612 0.5738 MB 0.421

JOYCE ALTMAN
PO BOX 4165 117
TUSTIN, CA 92781-4165

CHUBB
ACE Property and Casualty Insurance Company

FILE ID	DOLLARS
494C1375539	$ 1,942.84

* **NOT NEGOTIABLE** *
INVOICE # XXXXX6209
AGENCY CLAIM # 20100302161152416696 88

FOR
SERVICES FROM 12/19/18 THRU 12/19/18 PAT.#XXXXX6209
CLAIMANT

DATE OF EVENT
11/19/09

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.

9

JAN 18 2019

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: 01/15/19

DA80952539

FILE ID
494C1375539

Bank of America

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

Pay One Thousand Nine Hundred Forty Two & 84/100 Dollars

$ *****$1,942.84*

1876490

PAY TO THE ORDER OF: JOYCE ALTMAN
PO BOX 4165
TUSTIN CA 92781

FOR
SERVICES FROM 12/19/18 THRU 12/19/18
POLICY HOLDER
KRAFT FOODS INC.

CLAIM OFFICE
WOODLAND HILLS WC
CLAIMANT

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

⑈6180952539⑈ ⑆061112788⑆ 003299786402⑈

1 OF 2 F
ENV 612

Joyce Altman Interpreters, 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 69569

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
877C1913890

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

Case: _____ vs HOSPITALITY STAFFING SOLUTIONS
Date Of Injury: 2/6/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/03/16	LEGAL_PREP	DEPO PREP @ L/O RENZI, TRUTANISH	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
07/08/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/11/18	PMT BY CHECK	DOS 6/3/16-7/8/16* # DA79159058	-406.50
01/22/18	PENALTIES	FOR DATE OF SERVICE 6/3/16	23.48
01/11/18	INTEREST	FOR DATE OF SERVICE 6/3/16	29.04
01/22/18	PENALTIES	FOR DATE OF SERVICE 7/8/16	37.50
01/11/18	INTEREST	FOR DATE OF SERVICE 7/8/16	43.95
04/04/18	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	VERA DARLING # 301418	0.00
05/02/18	PMT BY CHECK	DOS 1/22/18-4/4/18* # DA79687874	-290.47
08/22/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	LETICIA G. URIOSTEGUI #301652	0.00
11/15/18	PMT BY CHECK	DOS 11/2/18* # DA80682616	-250.00
03/05/19	COSTS	ADD'L COSTS AWARDED	750.00
02/28/19	PMT BY CHECK	DOS 2/13/19* # DA81177823	-750.00
		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 **

MZ

PDWLDMCD-001800-01-01-04

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

DATE 01/11/18
CHECK NO. **DA79159058**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company

CHUBB

5900A11DA 00 00405 DA79159058

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

FILE ID: 877C1913890
DOLLARS: $********406.50

*** NOT NEGOTIABLE ***

Invoice # 69569
Agency Claim # 201602111254173220172O

FOR
06/03/16 THRU 07/08/16 69569

CLAIMANT

DATE OF EVENT
02/06/16

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.

JAN 17 2018

3OA18B (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 01/11/18

DA79159058

ILE ID
877C1913890

CWA1100118000020466

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

Pay **FOUR HUNDRED SIX DOLLARS AND 50 CENTS**

$********406.50

?AY TO
'HE
)RDER
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

OR
06/03/16 THRU 07/08/16 69569

CLAIM OFFICE
WOODLAND HILLS WC

OLICYHOLDER
HOSPITALITY STAFFING SOLUTIONS

CLAIMANT

DATE OF EVENT
02/06/16

CHUBB

AUTHORIZED SIGNATURE

Bank of America

NBS-1GS-11

⑈DA79159058⑈ ⑆061112788⑆ 00329978640 2⑈

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

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

DATE 05/02/18
CHECK NO. **DA79687874**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company CHUBB

5900A11DA 00 00314 DA79687874

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

FILE ID
877C1913890

DOLLARS
$********290.47

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201602111254173220172O

FOR
01/22/18 THRU 04/04/18 69569

CLAIMANT

DATE OF EVENT
02/06/16

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.

MAY 07 2018

30A18B (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

64-1276
611

DATE 05/02/18

DA79687874

ILE ID
877C1913890

CWA1010518000010033S

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

Pay **TWO HUNDRED NINETY DOLLARS AND 47 CENTS**

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

$********290.47

FOR
01/22/18 THRU 04/04/18 69569

CLAIM OFFICE
WOODLAND HILLS WC

POLICYHOLDER
HOSPITALITY STAFFING SOLUTIONS

CLAIMANT

DATE OF EVENT
02/06/16

CHUBB
AUTHORIZED SIGNATURE

Bank of America

NBS-1GS-11

⑈679687874⑈ ⑆061112788⑆ 003299786402⑈

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

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

DATE 11/15/18
CHECK NO. **DA80682616**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company

CHUBB

5900A11DA 00 00427 DA80682616

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

FILE ID: 877C1913890
DOLLARS: $********250.00

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201602111254173220172O

FOR
11/02/18 THRU 11/02/18 C&R READ

CLAIMANT

DATE OF EVENT
02/06/16

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
NOV 20 2018

3OA18B (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 11/15/18

DA80682616

ILE ID:
877C1913890

CWA11411180000140492

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

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

PAY TO THE ORDER
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

$********250.00

FOR
11/02/18 THRU 11/02/18 C&R REA D

CLAIM OFFICE
WOODLAND HILLS WC

POLICYHOLDER
HOSPITALITY STAFFING SOLUTIONS

CLAIMANT

DATE OF EVENT
02/06/16

CHUBB

AUTHORIZED SIGNATURE

Bank of America

NBS-1GS-11

⑈618068261⑆ ⑆061112788⑆ 00329978640 2⑈

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

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

DATE 02/28/19
CHECK NO. **DA81177823**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company

CHUBB

5900A11DA 00 00342 DA81177823

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

FILE ID
877C1913890

DOLLARS
$********750.00

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201602111254173220172O

FOR
02/13/19 THRU 02/13/19 ORDER DATED:02/13/19

CLAIMANT

DATE OF EVENT
02/06/16

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
MAR 0 5 2019
BY.....

PDWLDMCD-001733-01-01-00

BOA18B (07/2016)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***
Date NO#
01/29/19 71714

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
345C6895218;345C6895284

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

Case: vs HOSPITALITY STAFFING SOLUTIONS
Date Of Injury: 7/3/16; 11/17/16

DOS	SERVICE	DESCRIPTION	AMOUNT
04/19/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI DOI: ALL 4	156.50
/ /	INTERPRETER:	SANDRA L. MONTALTO # 100754	0.00
05/30/17	LEGAL_WCAB	EXPEDITED HEARING @ WCAB LBO DOI: 7/3/16	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/05/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI DOI: ALL 4	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
06/27/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL II - DOI: 7/3/16	156.50
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
02/26/18	PENALTIES	FOR DATE OF SERVICE 4/19/17	23.48
04/17/18	INTEREST	FOR DATE OF SERVICE 4/19/17	15.58
02/26/18	PENALTIES	FOR DATE OF SERVICE 5/30/17	23.48
04/17/18	INTEREST	FOR DATE OF SERVICE 5/30/17	15.53
02/26/18	PENALTIES	FOR DATE OF SERVICE 6/5/17	37.50
04/17/18	INTEREST	FOR DATE OF SERVICE 6/5/17	24.26
02/26/18	PENALTIES	FOR DATE OF SERVICE 6/27/17	23.48
04/17/18	INTEREST	FOR DATE OF SERVICE 6/27/17	13.66
04/17/18	PMT BY CHECK	DOS 2/21/18* # DA79612812	-660.00
08/16/18	INTEREST	FOR DATE OF SERVICE 6/5/17	8.04
01/17/19	COSTS	ADD'L COSTS AWARDED	1555.49
01/25/19	PMT BY CHECK	DOS 1/17/19* # DA81015809	-1800.00

Joyce Altman Interpreters, 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 71714

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
345C6895218;345C6895284

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

Case: vs HOSPITALITY STAFFING SOLUTIONS
Date Of Injury: 7/3/16; 11/17/16

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 **

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

DATE 04/17/18
CHECK NO. **DA79612812**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company CHUBB

5900A11DA 00 00464 DA79612812

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

FILE ID
877C2751793

DOLLARS
$********660.00

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201607131340002956585 3

FOR
02/21/18 THRU 02/21/18 DEPO

CLAIMANT

DATE OF EVENT
07/04/16

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.

IOA18B (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

64-1276
611

DATE
04/17/18

DA79612812

LE ID
877C2751793

CWA1160418000012046 5

PLEASE DEPOSIT OR CASH WITHIN 90 DAYS

Pay **SIX HUNDRED SIXTY DOLLARS AND 00 CENTS**

AY TO
HE
RDER
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

$********660.00

OR
02/21/18 THRU 02/21/18 DEPO

CLAIM OFFICE
WOODLAND HILLS WC

OLICYHOLDER
HOSPITALITY STAFFING SOLUTIONS

CLAIMANT

DATE OF EVENT
07/04/16

CHUBB
AUTHORIZED SIGNATURE

Bank of America

NBS-1GS-11

⑈DA79612812⑈ ⑆061111278⑈ 003299786402⑈

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

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

DATE 01/25/19
CHECK NO. **DA81015809**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company

CHUBB

5900A11DA 00 00537 DA81015809

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

FILE ID: 877C2751793
DOLLARS: $******1,800.00

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201607131340002956 5853

FOR
01/17/19 THRU 01/17/19 LIENS PER STIP

CLAIMANT

DATE OF EVENT
07/04/16

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.

PDMLDMCD-001842-01-01-00

JAN 29 2019

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 01/25/19

DA81015809

FILE ID
877C2751793

CWA12401190000100555

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

Pay **ONE THOUSAND EIGHT HUNDRED DOLLARS AND 00 CENTS**

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

$******1,800.00

FOR
01/17/19 THRU 01/17/19 LIENS PER STIP

CLAIM OFFICE
WOODLAND HILLS WC

CHUBB

POLICYHOLDER
HOSPITALITY STAFFING SOLUTIONS

CLAIMANT

DATE OF EVENT
07/04/16

AUTHORIZED SIGNATURE

Bank of America

NBS-1GS-11

⑈618101580⑈ ⑆061112788⑆ 003299786402⑈

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

*** INVOICE ***
Date NO#
04/12/19 74061

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
C345C6259110

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

Case: "s BUMBLE BEE
Date Of Injury: 10/11/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/31/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	JOYCE C. ALTMAN # 300624	0.00
07/02/18	PMT BY CHECK	DOS 5/31/18* # DA79978249	-90.00
04/01/19	COSTS	ADD'L COSTS AWARDED	1133.50
04/09/19	PMT BY CHECK	DOS 4/1/19* # DA81379681	-1200.00

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

P7092028004

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

201806290187

Electronic Service Requested

DATE: 07/02/18
CHECK NO: **DA79978249**

STATEMENT

CHUBB

1 OF 6 F

ENV 563

MIXED AADC 926
563 1.3360 MB 0.421

JOYCE ALTMAN INTERPRETERS, INC. 119
PO BOX 4165
TUSTIN, CA 92781-4165

CHUBB
ACE Property and Casualty Insurance Company

FILE ID	DOLLARS
345C6259110	$ 90.00

* NOT NEGOTIABLE *

INVOICE # 74061

AGENCY CLAIM # 20121202112248454630007

FOR

SERVICES FROM 05/31/18 THRU 05/31/18 PAT.#74061

CLAIMANT

DATE OF EVENT
10/11/12

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
JUL 09 2018

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: 07/02/18

DA79978249

FILE ID
345C6259110

Bank of America

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

Pay Ninety Dollars

$ *****$90.00*

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

FOR
SERVICES FROM 05/31/18 THRU 05/31/18
POLICY HOLDER
BUMBLE BEE PARENT, INC.

CLAIM OFFICE
WOODLAND HILLS WC

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

⑈6179978249⑈ ⑆061112788⑆ 00329978640 2⑈

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

DATE 04/09/19
CHECK NO. **DA81379681**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company

CHUBB

5900A11DA 00 00609 DA81379681

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

FILE ID: 345C6259110
DOLLARS: $******1,200.00

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201212021122484546300 7

FOR
04/01/19 THRU 04/01/19 LIEN RESOLUTIO

CLAIMANT

DATE OF EVENT
10/11/12

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.

PDMDMCD-001526-01-01-00

PAID
APR 12 2019
BY. .....

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 04/09/19

DA81379681

FILE ID
345C6259110

CWA10504190000120637

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

Pay **ONE THOUSAND TWO HUNDRED DOLLARS AND 00 CENTS**

$******1,200.00

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

FOR
04/01/19 THRU 04/01/19 LIEN RE SOLUTIO

CLAIM OFFICE
WOODLAND HILLS WC

POLICYHOLDER
BUMBLE BEE PARENT, INC.

CLAIMANT

DATE OF EVENT
10/11/12

CHUBB

AUTHORIZED SIGNATURE

Bank of America

COPYRIGHT CAPTIVA ANTI-FRAUD PROTECTION

NBS-1GS-11

⑈618137968⑈ ⑆061112788⑆ 003299786402⑈

Joyce Altman Interpreters, 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 67815

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
15-12346

BILL TO:
ADMINSURE INS. (ONTARIO)
W. C. DEPARTMENT
ATTN: RONDA SMITH
3380 SHELBY ST.
ONTARIO, CA 91764

Case: vs TARZANA TREATMENT CENTERS
Date Of Injury: 7/16/15

DOS	SERVICE	DESCRIPTION	AMOUNT
11/04/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/14/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/03/16	PMT BY CHECK	DOS 11/4/15-4/14/16* # 9748	-313.00
08/11/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/25/16	PMT BY CHECK	DOS 11/4/15-8/11/16* # 9984	-156.50
01/19/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/22/17	PMT BY CHECK	DOS 1/19/17* # 10318	-156.50
03/14/17	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/30/17	PMT BY CHECK	DOS 11/4/15-3-14-17* # 10416	-156.50
05/18/17	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/28/19	COSTS	ADD'L COSTS AWARDED	1633.50
06/28/19	PMT BY CHECK	DOS 6/13/19-6/13/19* # 12984 ADMIN SURE	-1790.00

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#
07/03/19	67815

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
15-12346

BILL TO:
ADMINSURE INS. (ONTARIO)
W. C. DEPARTMENT
ATTN: RONDA SMITH
3380 SHELBY ST.
ONTARIO, CA 91764

Case: vs TARZANA TREATMENT CENTERS
Date Of Injury: 7/16/15

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 **

AdminSure

1470 South Valley Vista Drive, Suite 230
Diamond Bar, California 91765

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

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

PAID MAY 09 2016

SSANTOS

CLAIMANT	
EMPLOYER	Tarzana Treatment Centers
CLAIM NUMBER	15-123461
INCIDENT DATE	07/16/2015
CHECK NUMBER	9748
CHECK DATE	05/03/2016
CHECK AMOUNT	313.00
PAYMENT TYPE	Translator Expense
FROM - THRU	11/04/2015 - 04/14/2016
ALLOCATION	W0001
PAYEE TAX ID	
REMARKS	# 67815
SCHED ID	

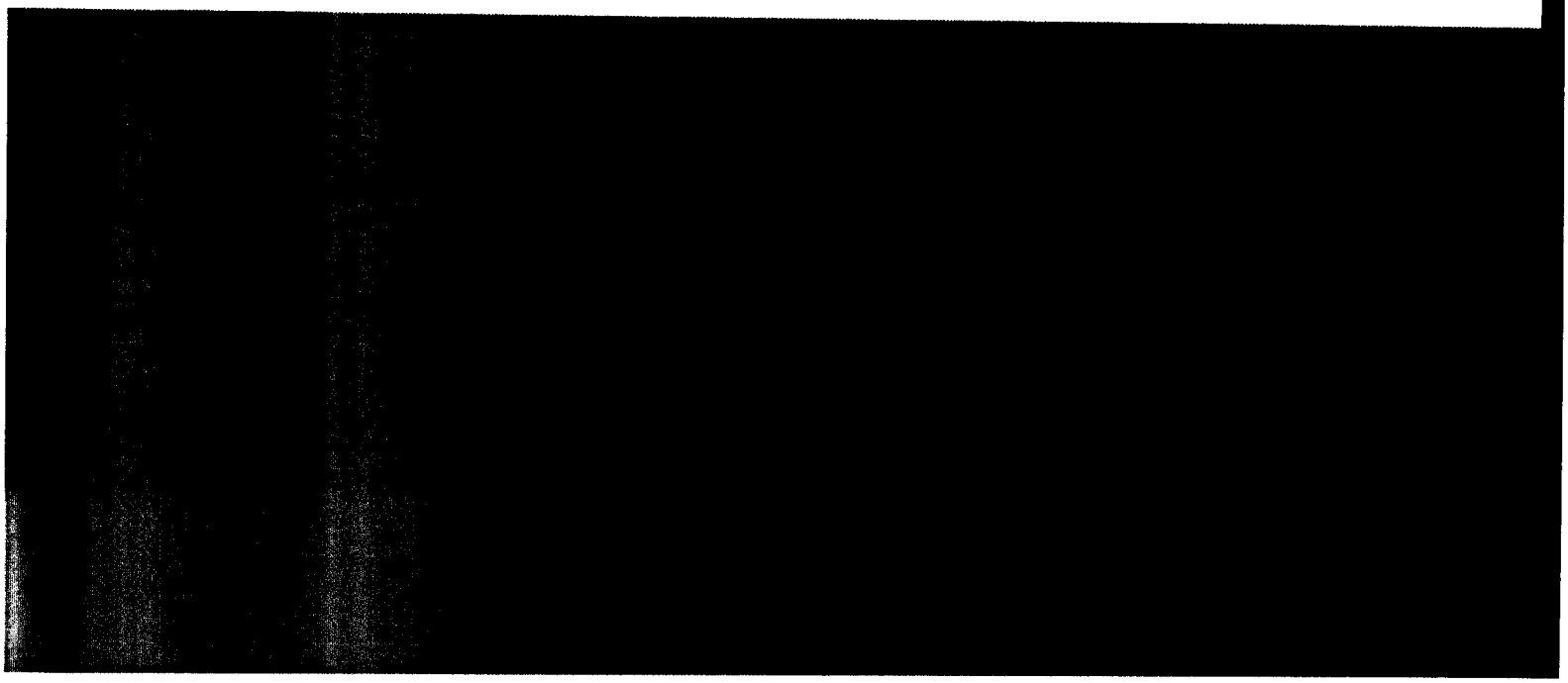
AdminSure

1470 South Valley Vista Drive, Suite 230
Diamond Bar, California 91765

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

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

CLAIMANT	SSANTOS
EMPLOYER	Tarzana Treatment Centers
CLAIM NUMBER	15-123461
INCIDENT DATE	07/16/2015
CHECK NUMBER	9984
CHECK DATE	08/25/2016
CHECK AMOUNT	156.50
PAYMENT TYPE	Translator Expense
FROM - THRU	11/04/2015 - 08/11/2016
ALLOCATION	W0001
PAYEE TAX ID	
REMARKS	# 67815
SCHED ID	



AdminSure

1470 South Valley Vista Drive, Suite 230
Diamond Bar, California 91765

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

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

CLAIMANT	SSANTOS
EMPLOYER	Tarzana Treatment Centers
CLAIM NUMBER	15-123461
INCIDENT DATE	07/16/2015
CHECK NUMBER	10318
CHECK DATE	02/22/2017
CHECK AMOUNT	156.50
PAYMENT TYPE	Translator Expense
FROM - THRU	01/19/2017 - 01/19/2017
ALLOCATION	W0001
PAYEE TAX ID	
REMARKS	# 67815
SCHED ID	

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

TARZANA TREATMENT CENTERS

CITY NATIONAL BANK
15260 Ventura Blvd. 16th Floor
Sherman Oaks, CA 91403

16-1606
1220

CHECK NUMBER 10318

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

DATE
02/22/2017

AMOUNT
**********156.50

One Hundred Fifty Six Dollars And 50/100

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

Amy Lee
Alithia Paiga-Hoxie

THIS CHECK EXPIRES AND IS VOID
90 DAYS FROM CHECK DATE

⑈10318⑈ ⑆122016066⑆ 412⑈06144⑈

AdminSure

1470 South Valley Vista Drive, Suite 200
Diamond Bar, California 91765

Telephone (909) 861-0815
Fax (909) 860-3995

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

APR 0 3 2017

CLAIMANT		MRODRIGUEZ
EMPLOYER	Tarzana Treatment Centers	
CLAIM NUMBER	15-123461	
INCIDENT DATE	07/16/2015	
CHECK NUMBER	10416	
CHECK DATE	03/30/2017	
CHECK AMOUNT	156.50	
PAYMENT TYPE	Translator Expense	
FROM - THRU	11/04/2015 - 03/14/2017	
ALLOCATION	W0001	
PAYEE TAX ID		
REMARKS	I# 67815	
SCHED ID		

AdminSure

3380 Shelby Street
Ontario, California 91764

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

M

CLAIMANT				CHECK AMOUNT	1,790.00
EMPLOYER	Tarzana Treatment Centers			CHECK DATE	06/28/2019
CLAIM NUMBER	15-123461	Invoice #	0	CHECK NUMBER	12984
INCIDENT DATE	07/16/2015	PPO:		PAYMENT TYPE	Other Expense
DOCUMENT #	000000007305825	ALLOCATION	W0001	FROM - THRU	06/13/2019 - 06/13/2019

DOS	Code	Mod	Service Description	Units	Billed	BR Red	PPO Red	Other Red	Allowance	Reason Code
06/13/2019	MDO21		FINAL ORDr/AWARD WC	1.0	1,790.00	0.00	0.00	0.00	1,790.00	5213 5209
				Totals:	1,790.00	0.00	0.00	0.00	1,790.00	

Reason Codes:

5209 In Full & Final Satisfaction.

5213 Reviewed Per Adjusters Instructions.

PAID
JUL 03 2019
BY. .....

After receipt of an EOR for an original bill, a Provider disputing the amount paid may submit a REQUEST FOR SECOND REVIEW to the claims administrator within 90 days of service of the EOR. The Request for Second Review must conform to the requirements of the DWC's Medical Billing/Payment Guide and regulations at CA_ 9792.5. If the dispute is the amount of payment and the Provider does not request a second review within 90 days of EOR service, the bill shall be deemed satisfied. Neither the employer nor the employee shall be liable for any further payment. After the Provider 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 for the second bill review, the Provider that still disputes the amount paid may submit a request for INDEPENDENT BILL REVIEW (IBR) within 30 days of service of the EOR. The Request for IBR must conform to the requirements at CA_ 9792.5.4. If the Provider fails to request an IBR within 30 days, the bill shall be deemed satisfied. Neither the employer nor the employee shall be liable for any further payment.

For reconsideration of denied or reduced payment, please respond in writing to MedReview at the below address. Attn: Provider Services. Please include 1) What specifically you wish considered, 2) A copy of this EOR, and 3) Supporting documentation. Should you have further questions, please contact MedReview Provider Services at (909) 978-1130 or fax (909) 860-3995.

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

TARZANA TREATMENT CENTERS

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

CITY NATIONAL BANK
15260 Ventura Blvd. 16th Floor
Sherman Oaks, CA 91403

16-1606
1220

CHECK NUMBER 12984

DATE
06/28/2019

AMOUNT
*******1,790.00

Seventeen Hundred Ninety Dollars And 00/100

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

Alethea Vargas-Flores
Ashley Sells

THIS CHECK EXPIRES AND IS VOID
90 DAYS FROM CHECK DATE

⑈12984⑈ ⑆122016066⑆ 412⑈06144⑈

Joyce Altman Interpreters, 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 62296

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
083-A00208

BILL TO:
AIMS (SACRAMENTO)
W. C. DEPARTMENT
ATTN: STACY HADDOCK
P.O. BOX # 269120
SACRAMENTO, CA 95286

Case: vs SUPER CENTER CONCEPTS
Date Of Injury: 9/12/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/27/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/16/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/18/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/24/16	PMT BY CHECK	DOS 5/27/14-2/18/16* # 110721	-563.00
04/12/16	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/12/17	PMT BY CHECK	DOS 4/12/16* # 0000085011	-156.50
10/23/17	PENALTIES	FOR DATE OF SERVICE 5/27/14	37.50
03/24/16	INTEREST	FOR DATE OF SERVICE 5/27/14	48.13
10/23/17	PENALTIES	FOR DATE OF SERVICE 3/16/15	23.48
03/24/16	INTEREST	FOR DATE OF SERVICE 3/16/15	17.65
10/23/17	PENALTIES	FOR DATE OF SERVICE 4/12/16	23.48
10/12/17	INTEREST	FOR DATE OF SERVICE 4/12/16	27.51
11/30/17	PMT BY CHECK	DOS 4/12/16* =# 0000130210	-90.00
06/26/18	COSTS	ADD'L COSTS AWARDED	662.25
07/27/18	PMT BY CHECK	DOS 5/27/14-4/12/16* # 0000139764	-750.00

Joyce Altman Interpreters, 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 62296

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
083-A00208

BILL TO:
AIMS (SACRAMENTO)
W. C. DEPARTMENT
ATTN: STACY HADDOCK
P.O. BOX # 269120
SACRAMENTO, CA 95286

Case: vs SUPER CENTER CONCEPTS
Date Of Injury: 9/12/13

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

Issued on behalf of Safety National/Safety First Insurance

Hazelrigg Claims (dba) Superior Grocers
PO Box 880
Chino Hills, CA 91709

Bank of America
21171 Newport Coast Drive
Newport Coast, CA 92657

11-35
1210

CHECK NO. 110721

DATE
03/24/2016

$**********563.00

Five Hundred Sixty Three Dollars And 00/100

VOID AFTER 90 DAYS

PAY TO THE ORDER OF

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

⑈110721⑈ ⑆121000358⑆ 325037128083⑈

Payee: Joyce Altman Interpreters, Inc.

Check Number: 110721

IRS/SSN: XX-XXX6713

Check Date: 03/24/2016

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
6337-083-A00208		09/12/2013	Translation Service	03/18/2016	03/18/2016		62296	563.00

Comments: INTERPRETING SERVICES ON 5/27/14, 3/16/15 & 2/18/16

MR

No. 0000085011

Zacky & Sons Poultry, LLC
Administered By: Acclamation Insurance Management Services
P.O. Box 269120
Sacramento, CA 95826

Date: 10/12/2017

11-24/1210
Wells Fargo Bank,N.A.
420 Montgomery Street
San Francisco CA 94104

PAY ONE HUNDRED FIFTY-SIX DOLLARS AND 50 / 100**

$********** 156.50**

VOID AFTER 180 DAYS

TO THE ORDER OF

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

⑈0000085011⑈ ⑆121000248⑆ 4000151696⑈

Zacky & Sons Poultry, LLC
P.O. Box 269120 Sacramento, CA 95826 - Phone: (916) 563-1900 FAX: (916) 563-1919

Remitted to	Vendor ID	Check Number	Date	Internal Reference	Total Remitted	Page 1
JOYCE ALTMAN INTERPRETERS, INC.	330956713-MA	0000085011	10/12/17		$156.50	

Claim No: ZF15016Z **Name:** **Date of Loss:** 05/14/2015

Service Period: 04/12/2016 - 04/12/2016 **Payment Type:** Interpreter **Comments:**

TOTAL REMITTANCE **$156.50**

OCT 19 2017

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.

REORDER 915 - U.S. PATENT NO. 5536205, 5730654, 5811162, 5765782, 5984364, 6000000

No. 0000130210

Superior Grocers
Administered By: Acclamation Insurance Management Services
P.O. Box 269120
Sacramento, CA 95826

Date: 11/30/2017

11-24/1210
Wells Fargo Bank N.A
www.wellsfargo.com California
Issued on behalf of Safety National/Safety First Insurance Company

PAY NINETY DOLLARS AND XX / 100**

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

VOID AFTER 180 DAYS

TO THE ORDER OF

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

VOID

DEC 04 2017

⑈0000130210⑈ ⑆121000248⑆ 4792222707⑈

Superior Grocers
P.O. Box 269120 Sacramento, CA 95826 - Phone: (916) 563-1900 FAX: (916) 563-1919

Remitted to	Vendor ID	Check Number	Date	Internal Reference	Total Remitted	Page 1
JOYCE ALTMAN INTERPRETERS, INC.	330956713-MA	0000130210	11/30/17		$90.00	

Claim No: 083-A00208 **Name:** **Date of Loss:** 09/12/2013 **Invoice No:**

Reference: Comments: /IMS_ID:529680 11/09/2017 Payment ID: SHaddock

Description		From	Thru	Units	Amount Charged	Scheduled Red	PPO Reduction	Reasons	Net Payable
T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	04/12/2016	04/12/2016	8.00	156.50	66.50	0.00		90.00

Total payable for bill $ 90.00

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 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.

AMC California P.O. Box 269120, Sacramento, CA 95826-9120 For any additional questions, contact AMC provider Services at (916) 563-1911 or fax (916) 362-3043.
Claims for City of Bakersfield Employees:
Definiti Healthcare Management 26445 Rancho Parkwny South, Lake Forest CA 92630 Phone 949 716-1890 Fax 949 716-1897
Claims for Zacky Farms LLC, Employees:
Corvel Corporation, Attn: Bill Review PO Box 279350, Sacramento CA 95827 Phone: 800-758-5866 Fax: 866-449-4217
Claims for City of Sunnyvale / Claims for Superior Grocers:
IMS Cost Containment 1 Spectrum Pointe Dr. #140 Lake Forest, CA 92630 Phone 949 465-7080 Fax 949 465-7089

TOTAL REMITTANCE **$90.00**

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.

REORDER 815 - U.S. PATENT NO: 5548659, 5577530, 5841163, 5703353, 5984364, 6030005

Superior Grocers
Administered By: Acclamation Insurance Management Services
P.O. Box 269120
Sacramento, CA 95826

No. 0000139764

Date: 07/27/2018

11-24/1210

Wells Fargo Bank N.A
www.wellsfargo.com California
Issued on behalf of Safety National/Safety First Insurance Company

$********** 750.00**

VOID AFTER 180 DAYS

PAY SEVEN HUNDRED FIFTY DOLLARS AND XX / 100**

TO THE ORDER OF

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

⑈0000139764⑈ ⑆121000248⑆ 4792221707⑈

Superior Grocers
P.O. Box 269120 Sacramento, CA 95826 - Phone: (916) 563-1900 FAX: (916) 563-1919

Remitted to	Vendor ID	Check Number	Date	Internal Reference	Total Remitted	Page 1
JOYCE ALTMAN INTERPRETERS, INC.	330956713-MA	0000139764	07/27/18		$750.00	

Claim No: 083-A00208 **Name:** **Date of Loss:** 09/12/2013

Service Period: 05/27/2014 - 04/12/2016 **Payment Type:** Medical Lien **Comments:** 6337-083-A00208 / stipulation

TOTAL REMITTANCE **$750.00**

ARNING: 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 shing 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.
DVERTENCIA: 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 eque, 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 beneficios.
U.S. PATENT NO. 5636290, 5575508, 5641103, 5705353, 5884384, 6030000

Joyce Altman Interpreters, 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 74630

EAMS#(s):

SS # : XXX-XX-
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
06/12/19	COSTS	ADD'L COSTS AWARDED	1500.00
06/24/19	PMT BY CHECK	9/18/18* = #103581310	-1500.00

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 **

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

DATE	CHECK AMOUNT	CHECK NUMBER
03/05/2019	250.00	100760954
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:		

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

Safeway Inc.

ORIGIN 5706962
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 03/05/2019

100760954
62-22
311

PAY: ******TWO HUNDRED FIFTY AND 00/100 DOLLARS

$250.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO:

Safeway Inc., Principal
Sedgwick Claims Management Services, Inc., Agent By:

527862359

⑈100760954⑈ ⑆031100225⑆ 207995005970 3⑈

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

0006337-0018259 0106 001 801551 SWK

JOYCE ALTMAN INTERPRETERS, INC
PO BOX 4165
TUSTIN CA 92781

DATE	CHECK AMOUNT	CHECK NUMBER
06/24/2019	1,500.00	103581310
PAYEE		**TAX ID**
JOYCE ALTMAN INTERPRETERS, INC		*****6713
SCMS UNIT		**PAGE**
570 Nor Cal Albertsons Self Admin		01 of 01

Claimant Name			Loss Date	Claim Number
,			04/08/2016	W1439465
Amt Paid:	1,500.00	Description:	Miscellaneous Medical	
Amt Billed:	1,500.00	Invoice:		ICN:17108698-0
Dates:	09/18/2018 - 09/18/2018	Comment:		

SWK.RM.STD.00.NP

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

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

Safeway Inc.

ORIGIN 5706962

Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 06/24/2019

103581310

62-22
311

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

$1,500.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

Bob Blankenship

MEMO: MP

Safeway Inc., Principal
Sedgwick Claims Management Services, Inc., Agent By:

594264810

⑈103581310⑈ ⑆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#
09/05/18 70762

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
17003183

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

Case: [redacted] vs TRANSPARENT PRODUCTS
Date Of Injury: CT 7/1/14 - 2/2/15

DOS	SERVICE	DESCRIPTION	AMOUNT
11/11/16	LEGAL C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	
12/21/16	PMT BY CHECK	DOS 1/11/16* =# 61849	0.00
05/16/18	PENALTIES	FOR DATE OF SERVICE 11/11/16	-90.00
05/25/18	INTEREST	FOR DATE OF SERVICE 11/11/16	24.00
05/25/18	PMT BY CHECK	DOS 11/11/16* # 69074	27.22
08/31/18	COSTS	ADD'L COSTS AWARDED	-160.00
08/31/18	PMT BY CHECK	DOS 08/29/18* # 69985	948.78
			-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 **

M2

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

VOID VOID VOID

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

CHECK NO. 61849

DATE
12/21/2016

California Workers' Compensation Payment

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

Pay Ninety Dollars And 00/100

TO THE ORDER OF VOID VOID

VOID AFTER 90 DAYS

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

VOID

⑈000006184 9⑈ ⑆122235821⑆ 153495561216⑈

EXPLANATION OF REVIEW

Payer: Zurich-American Insurance Group
P.O. Box 85251
San Diego, CA 92186
FEIN: 36-4233459

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID: XX-XXX6713

Pmt Method: CK# 61849
Pmt Date: 12/21/2016
Pay Sts Code: 1

Review Date: 12/15/2016
NPI/License #: 9999999999
Jurisdiction: California
PPO Name:
PPO ID #:
ICD9 Codes: T14.90

Document #: CCS0000920981-01
Patent Name:
Patient SSN:
Patient DOB:
Patient Acct #: 70762
Employer Name: Transparent Products Inc
Rend. Provider: Joyce Altman Interpreters Inc

Claim #: 17003183
Rec. Date: 12/05/2016
Accident Date: 02/02/2015
Bill Type: RB
DRG Code:
Employer ID: WC966173801
Rendering NPI: 0000000000

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
11/11/2016	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	250.00	160.00	0.00	90.00	G1
				Totals:			250.00	160.00	0.00	90.00	

Reason Code Description

G1 The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.

REORDER 801 - U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5964364, 6030000

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

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

CHECK NO. 69074

DATE
05/25/2018

$**********160.00

VOID AFTER 90 DAYS

California Workers' Compensation Payment

Pay One Hundred Sixty Dollars And 00/100

TO THE ORDER OF

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈000006907⑆ ⑆122235821⑆ 153495561216⑈

Payee: Joyce Altman Interpreters Inc

IRS/SSN:

Check Number: 69074

Check Date: 05/25/2018

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
17003183		02/02/2015	Interpreter Fees - Depo / WCAB Only	11/11/2016	11/11/2016			160.00

MAY 29 2018

FORM ORDER 901 - U.S. PATENT NO. 5558290, 5575508, 5641183, 5785353, 5804304, 6030080

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

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

CHECK NO. 69985

DATE
08/31/2018

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

VOID AFTER 90 DAYS

California Workers' Compensation Payment

Pay One Thousand Dollars And 00/100

TO THE ORDER OF

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈0000069985⑈ ⑆122235821⑆ 153495561216⑈

Payee: Joyce Altman Interpreters Inc

IRS/SSN: XX-XXX6713

Check Number: 69985

Check Date: 08/31/2018

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
17003183		02/02/2015	Lien Payment - Medical	08/29/2018	08/29/2018	08/22/2018		1,000.00

Comments: Full and final settlement of lien for all DOS

SEP 05 2018

ORDER 901 - U.S. PATENT NO. 5536280, 5575508, 5641162, 5765153, 5884364, 6030000

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

*** INVOICE ***
Date NO#
09/05/18 71396

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
08016624

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

Case: vs SURE FORMING SYSTEMS
Date Of Injury: 11/18/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/24/17	LEGAL_MISC	STIP & AWARD @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/03/17	PMT BY CHECK	DOS 2/24/17* =# 376818	-90.00
05/09/17	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
06/07/17	PMT BY CHECK	DOS 5/9/17* =# 380897	-90.00
05/02/18	PMT BY CHECK	DOS 4/17/18* # 418310	-133.00
05/29/18	PENALTIES	FOR DATE OF SERVICE 2/24/17	9.98
05/02/17	INTEREST	FOR DATE OF SERVICE 2/24/17	8.09
05/29/18	PENALTIES	FOR DATE OF SERVICE 5/9/17	9.98
05/02/18	INTEREST	FOR DATE OF SERVICE 5/9/17	7.33
08/21/18	COSTS	ADD'L COSTS AWARDED	514.62
08/31/18	PMT BY CHECK	DOS 8/21/18* # 431936	-550.00

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

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

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

CHECK NO. 376818

DATE
05/03/2017

$**********225.00

VOID AFTER 90 DAYS

California Workers' Compensation Payment

Pay Two Hundred Twenty Five Dollars And 00/100

TO THE ORDER OF

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

MAY 09 2017

⑈00003768 18⑈ ⑆122235821⑆ 153495464635⑈

EXPLANATION OF REVIEW

Payer: Everest National Insurance Company
P.O. Box 85251
San Diego, CA 92186
FEIN: 22-2660372

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID: XX-XXX6713

Pmt Method: CK# 376818
Pmt Date: 05/03/2017
Pay Sts Code: 1

Review Date: 04/26/2017
NPI/License #: 9999999999
Jurisdiction: California
PPO Name:
PPO ID #:
ICD9 Codes: T14.90

Document #: CCS0000990868-01
Patent Name:
Patient SSN:
Patient DOB:
Patient Acct #: 71396
Employer Name: Sure Forming Systems, Inc.
Rend. Provider: Joyce Altman Interpreters Inc

Claim #: 08016624
Rec. Date: 04/14/2017
Accident Date: 11/18/2014
Bill Type: RB
DRG Code:
Employer ID: 7600012985142
Rendering NPI: 0000000000

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
2/24/2017	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	156.50	66.50	0.00	90.00	G1
				Totals:			156.50	66.50	0.00	90.00	

Review Date: 04/26/2017
NPI/License #: 9999999999
Jurisdiction: California
PPO Name:
PPO ID #:
ICD9 Codes: T14.90

Document #: CCS0000990865-01
Patent Name:
Patient SSN:
Patient DOB:
Patient Acct #: 71486
Employer Name: SDG Enterprises
Rend. Provider: Joyce Altman Interpreters Inc

Claim #: 08020502
Rec. Date: 04/14/2017
Accident Date: 08/12/2015
Bill Type: RB
DRG Code:
Employer ID: 7600009459151
Rendering NPI: 0000000000

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
3/20/2017	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	156.50	21.50	0.00	135.00	G1
				Totals:			156.50	21.50	0.00	135.00	

Reason Code Description

G1 The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.

REORDER 901 / U.S. PATENT NO. 5530290, 5576508, 5841180, 5785353, 5984364, 6030000

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

VOID VOID VOID

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

CHECK NO. 380897

DATE
06/07/2017

California Workers' Compensation Payment

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

Pay Ninety Dollars And 00/100

TO THE ORDER OF VOID VOID

VOID AFTER 90 DAYS

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

JUN 09 2017
JUNNO 392017 VOID

⑈0000380897⑈ ⑆122235821⑆ 153495464635⑈

EXPLANATION OF REVIEW

Payer: Everest National Insurance Company
P.O. Box 85251
San Diego, CA 92186
FEIN: 22-2660372

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID: XX-XXX6713

Pmt Method: CK# 380897
Pmt Date: 06/07/2017
Pay Sts Code: 1

Review Date: 05/30/2017
NPI/License #: 9999999999
Jurisdiction: California
PPO Name:
PPO ID #:
ICD9 Codes: T14.90

Document #: CCS0001008143-01
Patent Name:
Patient SSN:
Patient DOB:
Patient Acct #: 71396
Employer Name: Sure Forming Systems, Inc.
Rend. Provider: Joyce Altman Interpreters Inc

Claim #: 08016624
Rec. Date: 05/19/2017
Accident Date: 11/18/2014
Bill Type: RB
DRG Code:
Employer ID: 7600012985142
Rendering NPI: 0000000000

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
2/24/2017	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	156.50	156.50	0.00	0.00	G56 DUP01
5/9/2017	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	156.50	66.50	0.00	90.00	G1
				Totals:			313.00	223.00	0.00	90.00	

Reason Code Description

DUP01 This appears to be a duplicate charge for a bill previously reviewed.

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.

FORM ORDER 901 - U.S. PATENT NO. 5536290, 5575508, 5641180, 5785353, 5984364, 6030000

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

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

CHECK NO. 418310

DATE
05/02/2018

California Workers' Compensation Payment

$**********133.00

Pay One Hundred Thirty Three Dollars And 00/100

VOID AFTER 90 DAYS

TO THE ORDER OF

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈000041831O⑈ ⑆122235821⑆ 153495464635⑈

Payee: Joyce Altman Interpreters Inc

Check Number: 418310

IRS/SSN:

Check Date: 05/02/2018

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
08016624		11/18/2014	Interpreting Fees	04/17/2018	04/17/2018	04/26/2018		133.00

Comments: Order to Pay

MAY 07 2018

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

VOID VOID VOID

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

CHECK NO. 431936

DATE
08/31/2018

$**********550.00

VOID AFTER 90 DAYS

California Workers' Compensation Payment

Pay Five Hundred Fifty Dollars And 00/100

TO THE ORDER OF

VOID VOID

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

VOID

⑈0000431936⑈ ⑆122235821⑆ 153495464635⑈

Payee: Joyce Altman Interpreters Inc

IRS/SSN: XX-XX

Check Number: 431936

Check Date: 08/31/2018

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
08016624		11/18/2014	Lien Payment - Medical	08/21/2018	08/21/2018	08/30/2018	.	550.00

Comments: full and final

SEP 05 2018

ORDER 901 - U.S. PATENT NO. 5533290, 5575508, 5641183, 5765353, 5964364, 6030000

Joyce Altman Interpreters, 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 71475

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
16005650

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

Case: vs R W FORSUM ENTERPRISES
Date Of Injury: 10/11/12

DOS	SERVICE	DESCRIPTION	AMOUNT
02/21/17	LEGAL_PREP	DEPO PREP @ L/O NGUYEN GRIBBLE	156.50
/ /	INTERPRETER:	CARLOS ARIAS # 301574	0.00
09/06/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLS TORRES # 301694	0.00
09/29/17	PMT BY CHECK	DOS 9/6/17* =# 213740	-90.00
10/05/17	PENALTIES	FOR DATE OF SERVICE 2/21/17	23.48
04/06/18	INTEREST	FOR DATE OF SERVICE 2/21/17	17.75
02/06/18	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
04/06/18	PMT BY CHECK	DOS 2/21/17-2/6/18* =# 222443	-388.00
04/11/18	PENALTIES	FOR DATE OF SERVICE 9/6/17	24.00
04/06/18	INTEREST	FOR DATE OF SERVICE 9/6/17	10.38
09/17/18	INTEREST	FOR DATE OF SERVICE 9/6/17	9.91
06/12/18	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
09/04/18	PENALTIES	FOR DATE OF SERVICE 6/12/18	23.48
09/17/18	INTEREST	FOR DATE OF SERVICE 6/12/18	3.99
09/27/18	PMT BY CHECK	DOS 6/12/18* =# 230137	-156.50
10/25/18	COSTS	ADD'L COSTS AWARDED	746.01
10/22/18	PMT BY CHECK	DOS 10/11/18* # 231259	-944.00

Joyce Altman Interpreters, 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	71475

EAMS#(s):

SS # : XXX-XX
DOB : 8/2/77
Terms: 60 days
Claim #(s):
16005650

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

Case: vs R W FORSUM ENTERPRISES
Date Of Injury: 10/11/12

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 **

California Restaurant Mutual Benefit Corporation
American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

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

CHECK NO. 213740

DATE
09/29/2017

California Workers' Compensation Payment

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

Pay Ninety Dollars And 00/100

TO THE ORDER OF

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

VOID AFTER 90 DAYS

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈0000213740⑈ ⑆122235821⑆ 153495850833⑈

OCT 03 2017

EXPLANATION OF REVIEW

Payer: California Restaurant Mutual Benefit Corporation
P.O. Box 85251
San Diego, CA 92186
FEIN: 20-1505848

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID: XX-XXX6713

Pmt Method: CK# 213740
Pmt Date: 09/29/2017
Pay Sts Code: 1

Review Date: 09/25/2017
NPI/License #: 9999999999
Jurisdiction: California
PPO Name:
PPO ID #:
ICD9 Codes: T14.90

Document #: CCS0001065610-01
Patent Name:
Patient SSN:
Patient DOB:
Patient Acct #: 71475
Employer Name: R.W. Forsum Enterprises
Rend. Provider: Joyce Altman Interpreters Inc

Claim #: 16005650
Rec. Date: 09/15/2017
Accident Date: 10/11/2012
Bill Type: RB
DRG Code:
Employer ID: CR06050023
Rendering NPI: 0000000000

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
2/21/2017	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	156.50	156.50	0.00	0.00	G56 DUP01
9/6/2017	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	250.00	160.00	0.00	90.00	G1
				Totals:			406.50	316.50	0.00	90.00	

Reason Code Description

DUP01 This appears to be a duplicate charge for a bill previously reviewed.

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.

California Restaurant Mutual Benefit Corporation
American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

VOID VOID VOID

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

CHECK NO. 222443

DATE
04/06/2018

$**********388.00

VOID AFTER 90 DAYS

California Workers' Compensation Payment

Pay Three Hundred Eighty Eight Dollars And 00/100

TO THE ORDER OF

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

VOID

⑈0000222443⑈ ⑆122235821⑆ 153495850833⑈

APR 10 2018

EXPLANATION OF REVIEW

Payer: California Restaurant Mutual Benefit Corporation
P.O. Box 85251
San Diego, CA 92186
FEIN: 20-1505848

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID: XX-XXX6713

Pmt Method: CK# 222443
Pmt Date: 04/06/2018
Pay Sts Code: 1

Review Date: 03/15/2018
NPI/License #: #Error
Jurisdiction: California
PPO Name:
PPO ID #:
ICD9 Codes: T14.90

Document #: SWA19881
Patent Name:
Patient SSN:
Patient DOB:
Patient Acct #: 71475
Employer Name: R.W. Forsum Enterprises
Rend. Provider: JOYCE ALTMAN INTERPRETERS INC

Claim #: 16005650
Rec. Date: 03/02/2018
Accident Date: 10/11/2012
Bill Type: RB
DRG Code:
Employer ID: CR06050023
Rendering NPI:

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
2/21/2017		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	0.00	156.50	0.00	0.00	156.50	G1 ADD G5 SBR-2
9/6/2017		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	0.00	250.00	175.00	0.00	75.00	SBR-2 G1 G5 ADD G1
2/6/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	0.00	156.50	0.00	0.00	156.50	
				Totals:			563.00	175.00	0.00	388.00	

Reason Code Description

ADD This recommended payment is a result of your inquiry and is in addition to a previous recommendation

G1 THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.

G5 THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

SBR-2 This review serves as a response to your Second Bill Review request.

REORDER 001 - U.S. PATENT NO. 5538290, 5575508, 5681183, 5785353, 5964364, 6030000

California Restaurant Mutual Benefit Corporation
American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

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

CHECK NO. 230137

DATE
09/27/2018

$**********156.50

VOID AFTER 90 DAYS

California Workers' Compensation Payment

Pay One Hundred Fifty Six Dollars And 50/100

TO THE ORDER OF

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈0000230137⑈ ⑆122235821⑆ 153495850833⑈

EXPLANATION OF REVIEW

Payer: California Restaurant Mutual Benefit Corporation
P.O. Box 85251
San Diego, CA 92186
FEIN: 20-1505848

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID: XX-XXX6713

Pmt Method: CK# 230137
Pmt Date: 09/27/2018
Pay Sts Code: 1

OCT 01 2018

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

Review Date: 09/20/2018
NPI/License #: #Error
Jurisdiction: California
PPO Name:
PPO ID #:
ICD9 Codes: T14.90

Document #: SWA113718
Patent Name:
Patient SSN:
Patient DOB:
Patient Acct #: 71475
Employer Name: R.W. Forsum Enterprises
Rend. Provider: JOYCE ALTMAN INTERPRETERS INC

Claim #: 16005650
Rec. Date: 09/13/2018
Accident Date: 10/11/2012
Bill Type: RB
DRG Code:
Employer ID: CR06050023
Rendering NPI:

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
2/21/2017		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	156.50	156.50	0.00	0.00	G56 247 4207 G1 P12 18
9/6/2017		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	250.00	250.00	0.00	0.00	18 P12 G1 4207 247 G56
10/5/2017		99199		UNLISTED SPECIAL SERVICE PROCEDURE/REPORT	1.000	0.00	23.48	23.48	0.00	0.00	NOAUTH G57
4/6/2018		99199		UNLISTED SPECIAL SERVICE PROCEDURE/REPORT	1.000	0.00	17.75	17.75	0.00	0.00	G57 NOAUTH
2/6/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	156.50	156.50	0.00	0.00	P12 18 G56 247 4207 G1
4/11/2018		99199		UNLISTED SPECIAL SERVICE PROCEDURE/REPORT	1.000	0.00	24.00	24.00	0.00	0.00	NOAUTH G57
4/6/2018		99199		UNLISTED SPECIAL SERVICE PROCEDURE/REPORT	1.000	0.00	10.38	10.38	0.00	0.00	G57 NOAUTH
4/6/2018		99199		UNLISTED SPECIAL SERVICE PROCEDURE/REPORT	1.000	0.00	9.91	9.91	0.00	0.00	NOAUTH G57
6/12/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	0.00	156.50	0.00	0.00	156.50	
9/4/2018		99199		UNLISTED SPECIAL SERVICE PROCEDURE/REPORT	1.000	0.00	23.48	23.48	0.00	0.00	G57 NOAUTH
9/4/2018		99199		UNLISTED SPECIAL SERVICE PROCEDURE/REPORT	1.000	0.00	3.99	3.99	0.00	0.00	NOAUTH G57
				Totals:			832.49	675.99	0.00	156.50	

Reason Code Description

18 EXACT DUPLICATE CLAIM/SERVICE.

247 A PAYMENT OR DENIAL HAS ALREADY BEEN RECOMMENDED FOR THIS SERVICE.

4207 THE 90-DAY PERIOD TO SUBMIT A REQUEST FOR SECOND REVIEW BEGAN WITH THE DATE OF THE FIRST REVIEW OF THIS SERVICE.

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

G57 THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.

NOAUTH Treatment was not authorized as required by Labor Code Section 4610. Please provide documentation that treatment is reasonable and necessary based upon the guidelines adopted by the administrative director pursuant to Labor Code Section 5307.27.

P12 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.

REORDER 901 - U.S. PATENT NO. 5538280, 5575508, 5641183, 5785353, 5984364, 6030000

California Restaurant Mutual Benefit Corporation
American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

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

CHECK NO. 231259

DATE
10/22/2018

California Workers' Compensation Payment

$**********944.00

Pay Nine Hundred Forty Four Dollars And 00/100

TO THE ORDER OF

VOID AFTER 90 DAYS

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈0000231259⑈ ⑆122235821⑆ 153495850833⑈

Payee: Joyce Altman Interpreters Inc

IRS/SSN: XX-XXX6713

Check Number: 231259

Check Date: 10/22/2018

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
16005650		10/11/2012	Lien Payment - Medical	10/11/2018	10/11/2018			944.00

Comments: full and final for all DOS

PAID
OCT 25 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#
09/24/18 44959

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
809090-1

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

Case: ___ vs SPECTRUM BUILDING SERVICES
Date Of Injury: CT 1/1/08-1/24/10

DOS	SERVICE	DESCRIPTION	AMOUNT
06/01/11	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
02/29/12	ULTRASOUND	-DIAG STUDY REF BY DR ZLOTOLO : ECHO @ CALIF IMAG*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
04/02/12	PENALTIES	FOR DATE OF SERVICE 6/1/11	23.48
09/12/18	INTEREST	FOR DATE OF SERVICE 6/1/11	130.42
05/28/13	LIEN FIL FEE	ACTIVATION FEE	100.00
09/12/18	COSTS	ADD'L COSTS AWARDED	289.60
09/21/18	PMT BY CHECK	DOS 9/10/18* # 00328859	-850.00

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

AMTRUST NORTH AMERICA, INC.
P.O. BOX 740042
ATLANTA, GA 30374-0042

JP Morgan/Chase Bank
Syracuse, NY

CHECK NO.	
00328859	
809090-1	
C20090697101	
DATE	AMOUNT
9/21/2018	$850.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 90 DAYS

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

⑈00328859⑈ ⑆021000021⑆ 937442523⑈

Explanation Of Bill Review

Check Number	00328859
Claim Number:	809090-1
Regulatory ID:	
Bill Number:	13605540
Invoice Number:	FP1-MSCA-865897
Policy / Insured:	C20090697101/HARPER PROPERTY MANAGEMENT INC
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC
Loss Date:	1/24/2010
Location:	7901 S. VERMONT AVE. LOS ANGELES CA 90044 -
Examiner Code:	jturner
Network/PPO Network:	

AMTRUST NORTH AMERICA, INC. on behalf of Technology Insurance Company
AmTrust North America
P O Box 89404
Cleveland, OH 44101
212-655-2000

FP1-MSCA-865897

SEP 21 2018

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
9/10/2018	MDS10	SETTLEMENT FOR DISPUTE	1.00	850.00	0.00	0.00	850.00	
				850.00	0.00	0.00	850.00	

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual providers agreement with the preferred provider organization. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING WITH OPTUM AT HTTPS://WCC.INGENIX.COM AND CHOOSE REQUEST AN ACCOUNT

Reconsiderations or appeals need to be submitted to the carrier listed above.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE CALL Mitchell International AT 800-732-0153.

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

*** INVOICE ***
Date NO#
03/15/19 62698

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
1209452

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

Case: vs LA CARRETA SUPERMARKETS INC
Date Of Injury: 8/26/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/07/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/04/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/27/16	PMT BY CHECK	DOS 7/7/14-8/4/14* # 8252 YORK/GUARD	-406.50
06/07/18	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/09/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO (FULL DAY)	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/12/18	PMT BY CHECK	DOS 7/7/14-8/9/18* # 02513240 AMTRUST	-469.50
02/28/19	COSTS	ADD'L COSTS AWARDED	2000.00
03/11/19	PMT BY CHECK	DOS 2/28/19* # 02756839 AMTRUST	-2000.00

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

Mailing Information:

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

Claim Number : GUIG-0215
Claimant :
Date of Loss : 04/19/2013
Check Number : 8252
Check Date : 01/27/2016
Check Amount : $406.50
Type of Payment :
EP 108 - DEPOSITION COSTS

Location : 209 4637 E. Chapman Ave 4637 E. Chapman Ave of La Carreta Supermarkets, Inc.
For Period : 07/07/2014 to 08/04/2014
InvoiceNo : 68082 62698
IRS # : 33-0956713
Handling Office : 705-Los Angeles, Roseville, CA

PAID JAN 29 2016

RNING: AN ARTIFICIAL WATERMARK IN A CRISSCROSS PATTERN IS PRESENT ON THE REVERSE SIDE. HOLD AT AN ANGLE TO VIEW. • PAPER WILL TURN BROWN IF CHEMICALLY ALTERED • FLUORESCENT FIBERS ARE ALSO EMBEDDED INTO THIS DOCUMENT

York Risk Services Group, Inc., Client Escrow Account
on behalf of GUARD Insurance Company
and its Affiliated Insurance Companies 7196/W
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	
GUIG-0215	
DATE	CHECK NO
1/27/2016	8252
AMOUNT	
***$406.50	

PAY FOUR HUNDRED SIX AND 50/100

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

Two Signatures Required for Amounts over $25,000.00

⑈0008252⑈ ⑆121000248⑆ 4006100002⑈

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02756839
1209452-1
SWC1022260

DATE	AMOUNT
3/11/2019	$2,000.00

Two Thousand and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

VOID AFTER 180 DAYS

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

⑈02756839⑈ ⑆021309379⑆ 79026263⑈

Explanation Of Bill Review

Check Number	02756839	ANA UBI Claims on behalf of Security National Insurance Company
Claim Number:	1209452-1	AmTrust North America
Regulatory ID:		P.O. Box 89404
Bill Number:	14166328	Cleveland, OH 44101
Invoice Number:	FP1-MSCA-935984	844-601-7760
Policy / Insured:	SWC1022260/La Carreta Supermarkets Inc.	
Claimant Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS, INC	
Loss Date:	8/26/2013 FP1-MSCA-935984	
Location:	4637 E Chapman Ave Orange CA 92869 -	
Examiner Code:	jmurphey	
Network/PPO Network:		

RECEIVED MAR 15 2019 BY:

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
2/28/2019	MDS10	SETTLEMENT FOR DISPUTE	1.00	2000.00	0.00	0.00	2000.00	
				2000.00	0.00	0.00	2000.00	

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual providers agreement with the preferred provider organization. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING WITH OPTUM AT HTTPS://WCC.INGENIX.COM AND CHOOSE REQUEST AN ACCOUNT

Reconsiderations or appeals need to be submitted to the carrier listed above.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE CALL Mitchell International AT 800-732-0153.

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

*** INVOICE ***

Date	NO#
10/01/18	68434

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
1210325

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

Case: vs G.E.M. PLUMING
Date Of Injury: 4/8/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/09/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/03/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/27/16	PMT BY CHECK	DOS 2/9/16-5/3/16* # 01176096	-313.00
07/06/16	LEGAL_WCAB	TRIAL @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/29/17	PENALTIES	FOR DATE OF SERVICE 2/9/16	23.48
05/27/16	INTEREST	FOR DATE OF SERVICE 2/9/16	4.78
12/29/17	PENALTIES	FOR DATE OF SERVICE 7/6/16	23.48
04/24/18	INTEREST	FOR DATE OF SERVICE 7/6/16	31.16
04/24/18	PMT BY CHECK	DOS 12/22/17-12/22/17* # 02249124	-156.50
09/18/18	COSTS	ADD'L COSTS AWARDED	1717.10
09/27/18	PMT BY CHECK	DOS 7/6/16* # 02490508	-1800.00

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 WATERMARK ON THE BACK - HOLD AT AN ANGLE TO VIEW

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01176096
1210325-1
SWC1011257

DATE	AMOUNT
5/27/2016	$313.00

PAY Three Hundred Thirteen and 0/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

Mail To

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

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈01176096⑈ ⑆021309379⑆ 79026 2463⑈

Check Number	01176096
Claim Number:	1210325-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1011257/G-E-M Plumbing, Inc. (A Corporation
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	4/8/2013
Location:	CA -
Examiner Code:	21526

PAID MAY 31 2016

Amount:	$313.00
Dates of Service:	2/9/2016-5/3/2016
Explanation:	INV 68434
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

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02249124
1210325-1
SWC1011257

DATE	AMOUNT
4/24/2018	$156.50

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈02249124⑈ ⑆021309379⑆ 79026246 3⑈

Check Number	02249124
Claim Number:	1210325-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1011257/G-E-M Plumbing, Inc. (A Corporation
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	4/8/2013
Location:	CA -
Examiner Code:	22340

Amount:	$156.50
Dates of Service:	12/22/2017-12/22/2017
Explanation:	Interpreter Fees
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

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

RECEIVED
APR 27 2018

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.
02490508
1210325-1
SWC1011257

DATE	AMOUNT
9/27/2018	$1,800.00

One Thousand Eight Hundred 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

⑈02490508⑈ ⑆021309379⑆ 790262463⑈

Check Number	02490508
Claim Number:	1210325-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1011257/G-E-M Plumbing Inc. A Corporation
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	4/8/2013
Location:	CA -
Examiner Code:	22340

Amount:	$1,800.00	ANA UBI Claims
Dates of Service:	7/6/2016-7/6/2016	AmTrust North America
Explanation:	Lien settlement	P O Box 89404
Category:	M22 - Settlement/multi bills/amt in dispute	Cleveland, OH 44101
Placement:	2 - Medical	212-655-2000
Transaction Type:		

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

*** INVOICE ***
Date NO#
01/02/19 69923

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2157690-1

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

Case: vs CSLC STAFFING AFFLUENT STAFFIN
Date Of Injury: 3/11/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/06/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIO VALDEZ # 301322	0.00
07/29/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
12/15/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/18/17	PMT BY CHECK	DOS 7/6/16-12/15/16* # 1512006	-563.00
01/18/17	PENALTIES	FOR DATE OF SERVICE 7/6/16	23.48
01/18/17	INTEREST	FOR DATE OF SERVICE 7/6/16	8.53
01/18/17	PENALTIES	FOR DATE OF SERVICE 7/29/16	37.50
01/18/17	INTEREST	FOR DATE OF SERVICE 7/29/16	13.63
10/12/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/02/17	PMT BY CHECK	DOS 7/6/16-10/12/17* # 01980286	-239.64
01/02/19	COSTS	ADD'L COSTS AWARDED	1500.00
12/17/18	PMT BY CHECK	DOS 11/27/18* # 02627610	-1500.00

BALANCE 0.00

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

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

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01512006
2157690-1
SWC1066899

DATE	AMOUNT
1/18/2017	$563.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈01512006⑈ ⑆021309379⑆ 790262463⑈

Check Number	01512006
Claim Number:	2157690-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1066899/Venture HR, Inc. LCF CSLC STAFFING, INC.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	3/11/2015
Location:	3615 E VERNON AVE LOS ANGELES CA 90058 -
Examiner Code:	glopez2

Amount:	$563.00	ANA UBI Claims
Dates of Service:	7/6/2016-12/15/2016	AmTrust North America
Explanation:	69923	P.O. Box 89404
Category:	E10 - Interpreter	Cleveland, OH 44101
Placement:	4 - Expense	844-601-7760
Transaction Type:		

MR

PAID
JAN 23 2017

BY: .....

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

VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01980286
2157690-1
SWC1066899

DATE	AMOUNT
11/2/2017	$239.64

VOID VOID VOID

Two Hundred Thirty-Nine and 64/100s 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

⑈01980286⑈ ⑆021309379⑆ 790262463⑈

Check Number	01980286
Claim Number:	2157690-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1066899/CSLC STAFFING, INC.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	3/11/2015
Location:	3615 E VERNON AVE LOS ANGELES CA 90058 -
Examiner Code:	glopez2

NOV 06 2017

Amount:	$239.64
Dates of Service:	7/6/2016-10/12/2017
Explanation:	INV 69923
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

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

UR

VOID VOID VOID VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02627610
2157690-1
SWC1066899

DATE	AMOUNT
12/17/2018	$1,500.00

One Thousand Five Hundred and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 180 DAYS

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

⑈02627610⑈ ⑆021309379⑆ 790262463⑈

JAN 0 2 2019

Explanation Of Bill Review

Check Number	02627610	ANA UBI Claims on behalf of Security National Insurance Company
Claim Number:	2157690-1	AmTrust North America
Regulatory ID:		P.O. Box 89404
Bill Number:	13882888	Cleveland, OH 44101
Invoice Number:	FP1-MSCA-902291	844-601-7760
Policy / Insured:	SWC1066899/CSLC STAFFING INC.	
Claimant Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC	
Loss Date:	3/11/2015 FP1-MSCA-902291	
Location:	3615 E VERNON AVE LOS ANGELES CA 90058 -	
Examiner Code:	glopez2	
Network/PPO Network:		

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
11/27/2018	MDS10	SETTLEMENT FOR DISPUTE	1.00	1500.00	0.00	0.00	1500.00	
				1500.00	0.00	0.00	1500.00	

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual providers agreement with the preferred provider organization. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING WITH OPTUM AT HTTPS://WCC.INGENIX.COM AND CHOOSE REQUEST AN ACCOUNT

Reconsiderations or appeals need to be submitted to the carrier listed above.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE CALL Mitchell International AT 800-732-0153.

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

*** INVOICE ***
Date NO#
02/20/19 70665

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1667359-1

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

Case: vs MULHOLLAND TENNIS CLUB INC
Date Of Injury: 11/10/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/27/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/07/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
02/21/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/14/17	PMT BY CHECK	DOS 10/27/16-2/21/17* # 01595944	-563.00
03/24/17	PENALTIES	FOR DATE OF SERVICE 10/27/16	23.48
03/14/17	INTEREST	FOR DATE OF SERVICE 10/27/16	7.10
03/24/17	PENALTIES	FOR DATE OF SERVICE 12/7/16	37.50
03/14/17	INTEREST	FOR DATE OF SERVICE 12/7/16	8.66
02/06/19	BLCE OFF SET	BALANCE OFF SET - FOR P&I	-76.74
02/06/19	COSTS	ADD'L COSTS AWARDED	4994.82
02/13/19	PMT BY CHECK	DOS 10/27/16-2/21/17* # 02714111	-4994.82

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NUMBER	
01595944	
1667359-1	
SWC1044291	
DATE	AMOUNT
3/14/2017	$563.00

Five Hundred Sixty-Three 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

⑈01595944⑈ ⑆021309379⑆ 790262463⑈

Check Number	01595944
Claim Number:	1667359-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1044291/Mulholland Tennis Club, Inc. (A Corporation)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	11/10/2014
Location:	2555 Crest View Dr Los Angeles CA 90046 -
Examiner Code:	23166

Amount:	$563.00
Dates of Service:	10/27/2016-2/21/2017
Explanation:	INV# 70665
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

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

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02714111
1667359-1
SWC1044291

DATE	AMOUNT
2/13/2019	$4,994.82

Four Thousand Nine Hundred Ninety-Four and 82/100s 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

⑈02714111⑈ ⑆021309379⑆ 790262463⑈

FEB 20 2019

Check Number	02714111
Claim Number:	1667359-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1044291/Mulholland Tennis Club Inc. A Corporation
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	11/10/2014
Location:	2555 Crest View Dr Los Angeles CA 90046 -
Examiner Code:	27354

Amount:	$4,994.82
Dates of Service:	10/27/2016-2/21/2017
Explanation:	Full and Final Satisfaction for all DOS per 2 6 19 Order
Category:	M30 - Order / single bill / amt in dispute
Placement:	2 - Medical
Transaction Type:	

ANA UBI Claims on behalf of Security National Insurance Company
AmTrust North America
P.O. Box 89404

Cleveland, OH 44101
858-385-4040

Joyce Altman Interpreters, 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 71413

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2529768-1

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

Case: vs MILL HOTDOGS INC
Date Of Injury: 1/26/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/17	INITIAL EXAM	DR GALAL GOUBRAN/ANDREW MILES P.A. @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/13/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, INITIAL CHIRO & PHYS THERAPY	230.00
/ /	-	W/DR CHRISINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/05/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/08/17	PR2/REEVAL	DR GOUBRAN/TAYLOR @ SIDHU*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
04/12/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/14/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/19/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/26/17	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#
03/26/19 71413

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2529768-1

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

Case: vs MILL HOTDOGS INC
Date Of Injury: 1/26/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/04/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/01/17	PR2/REEVAL	DR GOUBRAN/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/21/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/05/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/06/17	PR2/REEVAL	DR GOUBRAN/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/12/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/19/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/03/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/16/17	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

Joyce Altman Interpreters, 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 71413

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2529768-1

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

Case: vs MILL HOTDOGS INC
Date Of Injury: 1/26/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/30/17	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:	ELSIA LOPEZ MEDINA # 003693	0.00
09/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/27/17	FOLLOW-UP	W/ ACUPUNCT @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/04/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/05/17	PR2/REEVAL	DR MICAHEL PRICE/MILES*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/13/17	PMT BY CHECK	DOS 3/2/17-9/7/17* =# 03068415	-2520.00
11/02/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/07/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
01/03/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/11/18	P AND S	DR ATEF RAFLA/ANDREW MILES @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

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

*** INVOICE ***
Date NO#
03/26/19 71413

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2529768-1

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

Case: _____ vs MILL HOTDOGS INC
Date Of Injury: 1/26/17

DOS	SERVICE	DESCRIPTION	AMOUNT
04/18/18	LIEN FIL FEE	LIEN FILING FEE	150.00
10/23/18	PENALTIES	FOR DATE OF SERVICE 03/02/17	34.50
10/13/17	INTEREST	FOR DATE OF SERVICE 03/02/17	9.86
10/23/18	INTEREST	FOR DATE OF SERVICE 03/02/17	22.54
10/23/18	PENALTIES	FOR DATE OF SERVICE 03/13/17	34.50
10/13/17	INTEREST	FOR DATE OF SERVICE 03/13/17	9.86
10/23/18	INTEREST	FOR DATE OF SERVICE 03/13/17	22.54
10/23/18	PENALTIES	FOR DATE OF SERVICE 01/11/18	34.50
10/23/18	INTEREST	FOR DATE OF SERVICE 01/11/18	19.57
03/20/19	PMT BY CHECK	DOS 4/18/18-10/23/18* # 03870300	-5167.87

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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.
03068415
2529768-1
TWC3582062

DATE	AMOUNT
10/13/2017	$2,520.00

Two Thousand Five Hundred Twenty and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 90 DAYS

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

⑈03068415⑈ ⑆021309379⑆ 601877533⑈

Explanation Of Bill Review

Check Number	03068415	TECHNOLOGY INSURANCE CO (Claims Funding) 1085 on behalf of Technology Insurance Company, Inc.
Claim Number:	2529768-1	AmTrust North America
Regulatory ID:		P.O. Box 89404
Bill Number:	12338457	Cleveland, OH 44101
Invoice Number:	FP1-MSCA-690886	858-385-4040
Policy / Insured:	TWC3582062/Mill Hotdogs Inc (Corporation)	
Claimant Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC	
Loss Date:	1/26/2017 FP1-MSCA-690886	
Location:	494 S E St San Bernadeno CA 94201 -	
Examiner Code:	26309	
Network/PPO Network:		

71413

OCT 16 2017

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
3/2/2017	Q00014	INTERPRETER OTHER 15	1.00	230.00	140.00	0.00	90.00	G2, 402, 877
3/13/2017	Q00014	INTERPRETER OTHER 15	1.00	230.00	140.00	0.00	90.00	G2, 402, 877
3/17/2017	Q00014	INTERPRETER OTHER 15	1.00	180.00	90.00	0.00	90.00	G2, 402, 877
3/24/2017	Q00014	INTERPRETER OTHER 15	1.00	180.00	90.00	0.00	90.00	G2, 402, 877
4/5/2017	Q00014	INTERPRETER OTHER 15	1.00	180.00	90.00	0.00	90.00	G2, 402, 877
4/7/2017	Q00014	INTERPRETER OTHER 15	1.00	180.00	90.00	0.00	90.00	G2, 402, 877
4/8/2017	Q00014	INTERPRETER OTHER 15	1.00	180.00	90.00	0.00	90.00	G2, 402, 877
4/12/2017	Q00014	INTERPRETER OTHER 15	1.00	180.00	90.00	0.00	90.00	G2, 402, 877
4/17/2017	Q00014	INTERPRETER OTHER 15	1.00	180.00	90.00	0.00	90.00	G2, 402, 877
4/19/2017	Q00014	INTERPRETER OTHER 15	1.00	180.00	90.00	0.00	90.00	G2, 402, 877
4/26/2017	Q00014	INTERPRETER OTHER 15	1.00	180.00	90.00	0.00	90.00	G2, 402, 877
5/3/2017	Q00014	INTERPRETER OTHER 15	1.00	180.00	90.00	0.00	90.00	G2, 402, 877
5/4/2017	Q00014	INTERPRETER OTHER 15	1.00	180.00	90.00	0.00	90.00	G2, 402, 877
								CONTINUED

G2 - THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.; 402 - PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307; 877 - PAYMENT BASED ON A 2 HOUR MINIMUM. IF THE SERVICES EXCEEDED 2 HOURS, PLEASE RESUBMIT BILL WITH DOCUMENTATION TO SUPPORT TIME SPENT.;

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual providers agreement with the preferred provider organization. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING WITH OPTUM AT HTTPS://WCC.INGENIX.COM AND CHOOSE REQUEST AN ACCOUNT

Reconsiderations or appeals need to be submitted to the carrier listed above.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE CALL Mitchell International AT 800-732-0153.

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.
00000
2529768-1
TWC3582062
AMOUNT
VOID

DATE
10/13/2017

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 90 DAYS

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

00000 0000 0000

Explanation Of Bill Review

Check Number	00000
Claim Number:	2529768-1
Regulatory ID:	
Bill Number:	12338457
Invoice Number:	FP1-MSCA-690886
Policy / Insured:	TWC3582062/Mill Hotdogs Inc (Corporation)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC
Loss Date:	1/26/2017 FP1-MSCA-690886
Location:	494 S E St San Bernadeno CA 94201 -
Examiner Code:	26309
Network/PPO Network:	

TECHNOLOGY INSURANCE CO (Claims Funding) 1085 on behalf of Technology Insurance Company, Inc.
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
858-385-4040

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
5/10/2017	Q00014	INTERPRETER OTHER 15	1.00	180.00	90.00	0.00	90.00	G2, 402, 877
5/17/2017	Q00014	INTERPRETER OTHER 15	1.00	180.00	90.00	0.00	90.00	G2, 402, 877
5/24/2017	Q00014	INTERPRETER OTHER 15	1.00	180.00	90.00	0.00	90.00	G2, 402, 877
6/1/2017	Q00014	INTERPRETER OTHER 15	1.00	180.00	90.00	0.00	90.00	G2, 402, 877
6/21/2017	Q00014	INTERPRETER OTHER 15	1.00	180.00	90.00	0.00	90.00	G2, 402, 877
6/28/2017	Q00014	INTERPRETER OTHER 15	1.00	180.00	90.00	0.00	90.00	G2, 402, 877
7/5/2017	Q00014	INTERPRETER OTHER 15	1.00	180.00	90.00	0.00	90.00	G2, 402, 877
7/6/2017	Q00014	INTERPRETER OTHER 15	1.00	180.00	90.00	0.00	90.00	G2, 402, 877
7/12/2017	Q00014	INTERPRETER OTHER 15	1.00	180.00	90.00	0.00	90.00	G2, 402, 877
7/19/2017	Q00014	INTERPRETER OTHER 15	1.00	180.00	90.00	0.00	90.00	G2, 402, 877
8/3/2017	Q00014	INTERPRETER OTHER 15	1.00	180.00	90.00	0.00	90.00	G2, 402, 877
8/16/2017	Q00014	INTERPRETER OTHER 15	1.00	180.00	90.00	0.00	90.00	G2, 402, 877
8/23/2017	Q00014	INTERPRETER OTHER 15	1.00	180.00	90.00	0.00	90.00	G2, 402, 877
								CONTINUED

G2 - THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.; 402 - PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307; 877 - PAYMENT BASED ON A 2 HOUR MINIMUM. IF THE SERVICES EXCEEDED 2 HOURS, PLEASE RESUBMIT BILL WITH DOCUMENTATION TO SUPPORT TIME SPENT.;

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual providers agreement with the preferred provider organization. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING WITH OPTUM AT HTTPS://WCC.INGENIX.COM AND CHOOSE REQUEST AN ACCOUNT

Reconsiderations or appeals need to be submitted to the carrier listed above.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE CALL Mitchell International AT 800-732-0153.

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.
00000
2529768-1
TWC3582062

DATE	AMOUNT
10/13/2017	VOID

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 90 DAYS

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

00000 0000 0000

Explanation Of Bill Review

Check Number	00000	TECHNOLOGY INSURANCE CO (Claims Funding) 1085 on behalf of Technology Insurance Company, Inc.
Claim Number:	2529768-1	AmTrust North America
Regulatory ID:		P.O. Box 89404
Bill Number:	12338457	Cleveland, OH 44101
Invoice Number:	FP1-MSCA-690886	858-385-4040
Policy / Insured:	TWC3582062/Mill Hotdogs Inc (Corporation)	
Claimant Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC	
Loss Date:	1/26/2017 FP1-MSCA-690886	
Location:	494 S E St San Bernadeno CA 94201 -	
Examiner Code:	26309	
Network/PPO Network:		

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
8/30/2017	Q00014	INTERPRETER OTHER 15	1.00	180.00	90.00	0.00	90.00	G2, 402, 877
9/7/2017	Q00014	INTERPRETER OTHER 15	1.00	180.00	90.00	0.00	90.00	G2, 402, 877
				5140.00	2620.00	0.00	2520.00	

G2 - THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.; 402 - PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307; 877 - PAYMENT BASED ON A 2 HOUR MINIMUM. IF THE SERVICES EXCEEDED 2 HOURS, PLEASE RESUBMIT BILL WITH DOCUMENTATION TO SUPPORT TIME SPENT.;

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual providers agreement with the preferred provider organization. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING WITH OPTUM AT HTTPS://WCC.INGENIX.COM AND CHOOSE REQUEST AN ACCOUNT

Reconsiderations or appeals need to be submitted to the carrier listed above.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE CALL Mitchell International AT 800-732-0153.

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03870300
2529768-1
TWC3582062

DATE	AMOUNT
3/20/2019	$5,167.87

Five Thousand One Hundred Sixty-Seven and 87/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTEPRETERS INC

VOID AFTER 180 DAYS

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

⑈03870300⑈ ⑆021309379⑆ 601877533⑈

Check Number	03870300
Claim Number:	2529768-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3582062/Mill Hotdogs Inc Corporation
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTEPRETERS INC
Loss Date:	1/26/2017
Location:	494 S E St San Bernadeno CA 94201 -
Examiner Code:	npatterman

PAID
MAR 26 2019
BY .....

Amount:	$5,167.87
Dates of Service:	4/18/2018-10/23/2018
Explanation:	INV 71413 ✓
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
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#
05/14/19 73001

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
27117957

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

Case: vs VENSURE HR/W.C. STAFFING
Date Of Injury: 5/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
12/04/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/12/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
10/30/18	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/06/19	PMT BY CHECK	DOS 1/18/19* # 02703573	-336.50
03/07/19	PMT BY CHECK	DOS 12/4/17-10/30/18* # 02749557	-226.50
04/22/19	COSTS	ADD'L COSTS AWARDED	1500.00
05/07/19	PMT BY CHECK	DOS 2/14/17-5/3/17* # 02846429	-1500.00

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 **

UR

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02703573
2711795-1
SWC1099392

DATE	AMOUNT
2/6/2019	$336.50

Three Hundred Thirty-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

⑈02703573⑈ ⑆021309379⑆ 79026 2463⑈

Check Number	02703573
Claim Number:	2711795-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1099392/W.C. Staffing Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	5/26/2016
Location:	2131 Garfield Ave Commerce CA 90040 -
Examiner Code:	jcarrion

FEB 12 2019

Amount:	$336.50	ANA UBI Claims on behalf of Security National Insurance Company
Dates of Service:	1/18/2019-1/18/2019	AmTrust North America
Explanation:	Interpreters Fee Payment per Order dated 01 18 19 for 12 04 17 01 12 18 10 30 18	P.O. Box 89404
Category:	M26 - Order / multi bills / amt in dispute	Cleveland, OH 44101
Placement:	2 - Medical	844-601-7760
Transaction Type:		

VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02749557
2711795-1
SWC1099392

DATE	AMOUNT
3/7/2019	$226.50

Two Hundred Twenty-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

⑈02749557⑈ ⑆021309379⑆ 79026263⑈

PAID
MAR 11 2019
BY .....

Check Number	02749557
Claim Number:	2711795-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1099392/W.C. Staffing Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	5/26/2016
Location:	2131 Garfield Ave Commerce CA 90040 -
Examiner Code:	jcarrion

Amount:	$226.50	ANA UBI Claims on behalf of Security National Insurance Company
Dates of Service:	12/4/2017-10/30/2018	AmTrust North America
Explanation:	73001	P.O. Box 89404
Category:	M23 - Medical Interpreter	Cleveland, OH 44101
Placement:	2 - Medical	844-601-7760
Transaction Type:		

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02846429
2711795-1
SWC1099392

DATE	AMOUNT
5/7/2019	$1,500.00

One Thousand Five Hundred 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

⑈02846429⑈ ⑆021309379⑆ 790262463⑈

9

RECEIVED
MAY 14 2019
BY: .....

Check Number	02846429
Claim Number:	2711795-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1099392/W.C. Staffing Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	5/26/2016
Location:	2131 Garfield Ave Commerce CA 90040 -
Examiner Code:	ggibson

Amount:	$1,500.00
Dates of Service:	2/14/2017-5/3/2017
Explanation:	Full Final Satisfaction of Lien per WCAB Order on 04 22 19 DOS 2 14 17-05 03 17
Category:	M22 - Settlement/multi bills/amt in dispute
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

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#
07/23/19 73703

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2160783; 2338177

BILL TO:
AMTRUST NORTH AMERICA (89404)
W. C. DEPARTMENT
ATTN: SHARMIE MAHINAN/P. OVERAK
P.O. BOX 89404
CLEVELAND, OH 44101

Case: vs INGALLINAS BOX LUNCH
Date Of Injury: 6/21/15; 6/23/16

DOS	SERVICE	DESCRIPTION	AMOUNT
04/04/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
05/11/18	PMT BY CHECK	DOS 4/4/18* # 03404688	-156.50
07/25/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
03/27/19	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
07/09/19	PMT BY CHECK	DOS 7/25/18-3/27/19* # 04027492	-313.00
07/17/19	COSTS	ADD'L COSTS AWARDED	285.35
07/19/19	PMT BY CHECK	DOS 7/17/19* # 04043895	-285.35

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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

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.
03404688
2160783-1
TWC3414980

DATE	AMOUNT
5/11/2018	$156.50

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

PAY TO THE ORDER OF JOYCE ALTMAN INTEPRETERS INC

VOID AFTER 90 DAYS

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

⑈03404688⑈ ⑆021309379⑆ 601877533⑈

MAY 15 2018

Check Number	03404688
Claim Number:	2160783-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3414980/INGALLINAS BOX LUNCH #1 LA, INC. (A CORP)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTEPRETERS INC
Loss Date:	6/21/2015
Location:	2010 Wilshire Blvd Ste. R Los Angeles CA 90057 -
Examiner Code:	26841

Amount:	$156.50
Dates of Service:	4/4/2018-4/4/2018
Explanation:	Invoice 73703
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

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
04027492
2342155-1
TWC3556358

DATE	AMOUNT
7/9/2019	$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

⑈04027492⑈ ⑆021309379⑆ 601877533⑈

PAID
JUL 12 2019

Check Number	04027492
Claim Number:	2342155-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3556358/INGALLINA S BOX LUNCH 1 LA INC. A CORP
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	9/26/2016
Location:	Unknown Hollywood CA 90028 -
Examiner Code:	24032

Amount:	$313.00
Dates of Service:	4/4/2018-3/27/2019
Explanation:	Invoice 73703 RE Rodriguez Ana
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

TECHNOLOGY INSURANCE CO (Claims Funding) 1085
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.
04043895
2342155-1
TWC3556358

DATE	AMOUNT
7/19/2019	$285.35

Two Hundred Eighty-Five and 35/100s 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

⑈04043895⑈ ⑆021309379⑆ 601877533⑈

Check Number	04043895
Claim Number:	2342155-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3556358/INGALLINA S BOX LUNCH I LA INC. A CORP
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	9/26/2016
Location:	2010 Wilshire Blvd, #R Los Angeles CA 90057 -
Examiner Code:	24032

PAID
JUL 2 2 2019

Amount:	$285.35
Dates of Service:	7/17/2019-7/17/2019
Explanation:	STIPULATION SETTLEMENT FULL FINAL SATISFACTION
Category:	M6 - Other Medical
Placement:	2 - Medical
Transaction Type:	

TECHNOLOGY INSURANCE CO (Claims Funding) 1085
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#
06/17/19	73935

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2798311

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

Case: vs DECORE-ATIVE SPECIALIST
Date Of Injury: 7/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/07/18	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
11/13/18	PMT BY CHECK	DOS 5/7/18* # 03685684	-156.50
04/30/19	COSTS	ADD'L COSTS AWARDED	1300.00
06/14/19	PMT BY CHECK	DOS 5/23/19* # 03996285	-1300.00

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

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03685684
2798311-1
TWC3570770

DATE	AMOUNT
11/13/2018	$156.50

One Hundred Fifty-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

⑈03685684⑈ ⑆021309379⑆ 601877533⑈

PAID
NOV 16 2018

Check Number	03685684
Claim Number:	2798311-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3570770/Decore-Ative Specialties Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	7/11/2017
Location:	4414 N. Azusa Canyon Road Irwindale CA 91706 -
Examiner Code:	jmiller2

Amount:	$156.50
Dates of Service:	5/7/2018-5/7/2018
Explanation:	73935
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
858-385-4040

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03996285
2798311-1
TWC3570770

DATE	AMOUNT
6/14/2019	$1,300.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

VOID AFTER 180 DAYS

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

⑈03996285⑈ ⑆021309379⑆ 601877533⑈

JUN 17 2019

PAY

Explanation Of Bill Review

Check Number	03996285	TECHNOLOGY INSURANCE CO (Claims Funding) 1085
Claim Number:	2798311-1	AmTrust North America
Regulatory ID:		P.O. Box 89404
Bill Number:	14489259	Cleveland, OH 44101
Invoice Number:	FP1-MTCA-322778	858-385-4040
Policy / Insured:	TWC3570770/Decore-Ative Specialties Inc.	
Claimant Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS, INC	
Loss Date:	7/11/2017 FP1-MTCA-322778	
Location:	4414 N. Azusa Canyon Road Irwindale CA 91706 -	
Examiner Code:	jmiller2	
Network/PPO Network:		

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
5/23/2019	MDS10	SETTLEMENT FOR DISPUTE	1.00	1300.00	0.00	0.00	1300.00	
				1300.00	0.00	0.00	1300.00	

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual providers agreement with the preferred provider organization. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING WITH OPTUM AT HTTPS://WCC.INGENIX.COM AND CHOOSE REQUEST AN ACCOUNT

Reconsiderations or appeals need to be submitted to the carrier listed above.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE CALL Mitchell International AT 800-732-0153.

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

*** INVOICE ***
Date NO#
09/18/18 74314

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
909730-1;822768-1

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

Case: [redacted] vs UNIVERSAL FLOORING
Date Of Injury: 5/12;9/6/11

DOS	SERVICE	DESCRIPTION	AMOUNT
10/05/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/09/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI FOR BOTH CT DOI'S	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533 (ONLY)	0.00
05/03/18	LEGAL_WCAB	C&R ADDENDUM @ WCAB LBO (C&R NOT SCHEDULED)	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/13/18	PENALTIES	FOR DATE OF SERVICE 10/5/16	23.48
08/15/18	INTEREST	FOR DATE OF SERVICE 10/5/16	32.54
08/13/18	PENALTIES	FOR DATE OF SERVICE 2/9/18	37.50
08/15/18	INTEREST	FOR DATE OF SERVICE 2/9/18	13.15
08/13/18	PENALTIES	FOR DATE OF SERVICE 5/3/18	23.48
08/15/18	INTEREST	FOR DATE OF SERVICE 5/3/18	3.75
08/15/18	PMT BY CHECK	DOS 10/5/16-5/3/18* # 02429102	-563.00
08/24/18	PMT BY CHECK	DOS 8/13/18-8/15/18* # 024444566	-133.90
08/28/18	COSTS	ADD'L COSTS AWARDED	800.00
09/10/18	PMT BY CHECK	DOS 8/28/18* # 02467170	-800.00

Joyce Altman Interpreters, 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 74314

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
909730-1;822768-1

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

Case: ____ vs UNIVERSAL FLOORING
Date Of Injury: 5/12;9/6/11

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ 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.
02429102
909730-1
SWC1003981

DATE	AMOUNT
8/15/2018	$563.00

Five Hundred Sixty-Three 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

⑈02429102⑈ ⑆021309379⑆ 790262463⑈

Check Number	02429102
Claim Number:	909730-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1003981/Universal Flooring Systems, Inc.(A Corp.)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	5/17/2012
Location:	15573 COMMERCE Ln Huntington Beach CA 92649 -
Examiner Code:	22340

AUG 20 2018

Amount:	$563.00
Dates of Service:	10/5/2016-5/3/2018
Explanation:	74314
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

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

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

VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02444566
909730-1
SWC1003981

DATE	AMOUNT
8/24/2018	$133.90

One Hundred Thirty-Three and 90/100s 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

⑈02444566⑈ ⑆021309379⑆ 79026246 3⑈

Check Number	02444566
Claim Number:	909730-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1003981/Universal Flooring Systems Inc. A Corp.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	5/17/2012
Location:	15573 COMMERCE Ln Huntington Beach CA 92649 -
Examiner Code:	22340

AUG 28 2018

Amount:	$133.90
Dates of Service:	8/13/2018-8/15/2018
Explanation:	Invoice 74314
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

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.
02467170
909730-1
SWC1003981

DATE	AMOUNT
9/10/2018	$800.00

Eight Hundred 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

⑈02467170⑈ ⑆021309379⑆ 790262463⑈

Check Number	02467170
Claim Number:	909730-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1003981/Universal Flooring Systems Inc. A Corp.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	5/17/2012
Location:	15573 COMMERCE Ln Huntington Beach CA 92649 -
Examiner Code:	22340

SEP 18 2018

Amount:	$800.00
Dates of Service:	8/28/2018-8/28/2018
Explanation:	Lien settlement
Category:	M22 - Settlement/multi bills/amt in dispute
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#
06/17/19 74797

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2516827-1

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

Case: vs ASC STAFFING GROUP LLC
Date Of Injury: 2/7/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/10/18	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
03/26/19	PMT BY CHECK	DOS 10/10/18* # 02781209	-156.50
05/20/19	COSTS	ADD'L COSTS AWARDED	425.00
06/14/19	PMT BY CHECK	DOS 6/10/19* # 02900386	-425.00

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.
02781209
2516827-1
SWC1139280

DATE	AMOUNT
3/26/2019	$156.50

One Hundred Fifty-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

⑈02781209⑈ ⑆021309379⑆ 790262463⑈

Check Number	02781209
Claim Number:	2516827-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1139280/ASC Staffing Group LLC
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	2/7/2017
Location:	5027 Irwindale Ave Irwindale CA 91706 -
Examiner Code:	ggibson

PAID
APR 02 2019
BY: .....

Amount:	$156.50
Dates of Service:	10/10/2018-10/10/2018
Explanation:	Invoice 74797
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
844-601-7760

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02900386
2516827-1
SWC1139280

DATE	AMOUNT
6/14/2019	$425.00

Four Hundred Twenty-Five 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 92781-4165-4165

⑈02900386⑈ ⑆021309379⑆ 790262463⑈

PAID
JUN 17 2019

Check Number	02900386
Claim Number:	2516827-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1139280/ASC Staffing Group LLC
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	2/7/2017
Location:	5027 Irwindale Ave Irwindale CA 91706 -
Examiner Code:	28334

BY. .....

Amount:	$425.00
Dates of Service:	6/10/2019-6/10/2019
Explanation:	Stipulation Payment
Category:	M13 - Settlement
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#
05/21/19 69926

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
114578

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

Case: . , vs THOMPSON PIPE GROUP
Date Of Injury: 3/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
07/07/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/02/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00'
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/08/16	PMT BY CHECK	DOS 7/7/16* # 0000922916	-156.50
10/25/16	LEGAL_WCAB	PRIORITY CONFERENCE @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	VERA R. DARLING # 301418	0.00
04/11/18	PMT BY CHECK	DOS 2/8/16* # 0001153316	-250.00
04/11/18	PMT BY CHECK	DOS 10/25/16* # 0001153317	-156.50
04/20/18	PENALTIES	FOR DATE OF SERVICE 8/2/16	37.50
04/11/18	INTEREST	FOR DATE OF SERVICE 8/2/16	47.43
04/20/18	PENALTIES	FOR DATE OF SERVICE 10/25/16	23.48
04/11/18	INTEREST	FOR DATE OF SERVICE 10/25/16	25.89
04/25/18	COSTS	MONIES CREDITED TOWADRS COSTS	22.26
04/20/18	PMT BY CHECK	DOS 4/5/18* # 0001156984	-156.56
04/15/19	COSTS	ADD'L COSTS AWARDED	327.50
05/14/19	PMT BY CHECK	DOS 4/15/19* # 0000016465	-327.50

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 **

M2

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

Indemnity Payment

Check Date:	09/08/16
Service Begining:	07/07/16
Service Ending:	07/07/16

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	N/A	03/24/16	114578

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
69926	07/07/16-07/07/16	156.50	N/A	N/A	156.50

Messages

0009922916

PAID SEP 12

REMOVE DOCUMENT ALONG THIS PERFORATION

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

Indemnity Payment

Check Date:	04/11/18
Service Begining:	08/02/16
Service Ending:	08/02/16

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	N/A	03/24/16	114578

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
69926	08/02/16-08/02/16	250.00	N/A	N/A	250.00

Messages

APR 16 2018

Total 250.00

REMOVE DOCUMENT ALONG THIS PERFORATION

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

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

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

0001153316

Date: 04/11/18

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

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

VOID AFTER 60 DAYS

Andy Robb

RHD SECURITY MARK™ ● RHD SECURITY MARK™ ● RHD SECURITY

⑈0001153316⑈ ⑆122000496⑆ 7000168038⑈

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

Indemnity Payment

Check Date:	04/11/18
Service Begining:	10/25/16
Service Ending:	10/25/16

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	N/A	03/24/16	114578

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
69926	10/25/16-10/25/16	156.50	N/A	N/A	156.50

Messages

APR 16 2018

Total [redacted]

REMOVE DOCUMENT ALONG THIS PERFORATION

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

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

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

0001153317

Date: 04/11/18

Pay $ 156.50

ONE HUNDRED FIFTY SIX AND .50 DOLLARS**********

VOID AFTER 60 DAYS

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

Amy Robb

RRD SECURITY MARK™ • RRD SECURITY MARK™ • RRD SECURITY

"0001153317" "122000496" 7000168038"

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

Indemnity Payment

Check Date:	04/20/18
Service Begining:	04/05/18
Service Ending:	04/05/18

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	N/A	03/24/16	114578

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
114578INT	04/05/18-04/05/18	156.56	N/A	N/A	156.56

Messages

Total 156.56

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

0001156984

Date: 04/20/18

Pay ONE HUNDRED FIFTY SIX AND .56 DOLLARS********** $ 156.56

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

VOID AFTER 60 DAYS

Amy Robb

⑈0001156984⑈ ⑆122000496⑆ 7000168038⑈

CHECK DATE 05/14/2019
VENDOR CODE JOY6713

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

Inv. Date	Invoice No.	Description	Invoice Amt
05/09/2019	ADJ10365476-114578		327.50

PAID
MAY 21 2019

Total Check Amount: $ 327.50

ORIGINAL CHECK HAS A COLORED BACKGROUND PRINTED ON CHEMICAL REACTIVE PAPER - SEE BACK FOR DETAILS

California Insurance Company
PO Box 3646
Omaha, NE 68103-0646

Security National Bank
Omaha, NE
27-84
1040

CHECK NUMBER
0000016465
CHECK DATE
05/14/2019

$********327.50

Form 3/93-PL

PAY THREE HUNDRED TWENTY SEVEN DOLLARS & 50/100

VOID AFTER 90 DAYS

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

⑈0000016465⑈ ⑆104000841⑆ ⑈1000967⑈

Joyce Altman Interpreters, 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 75069

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
7190243998

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

Case: vs T&P SOLUTIONS
Date Of Injury: 5/7/13

DOS	SERVICE	DESCRIPTION	AMOUNT
09/19/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO # 100533	0.00
10/22/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/26/15	PMT BY CHECK	DOS 9/19/13-10/22/13* # 535040	-406.50
08/24/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/11/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL II	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/23/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/26/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	BOSCO BOKSH # 301275	0.00
12/21/18	PMT BY CHECK	DOS 9/19/13-9/26/18* # 26876 ATHENS	-813.00
02/05/19	COSTS	ADD'L COSTS AWARDED	1650.00
02/12/19	PMT BY CHECK	DOS 2/5/19* # 27810 ATHENS	-1650.00
		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 **

MA

TRISTAR RISK MANAGEMENT
PO Box 2805
Clinton, IA 52733-2805

PAID JUL 02 2015

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

4
579

$9888

We are pleased to present you with this check. Should you have any questions concerning this check, Please contact:

Name **Telephone#** 714-543-0700:1377

Check# 535040
Check Date 06/26/2015
Check amount $ 406.50
Invoice 5811
Services/period **From** 09/19/2013 **To** 10/22/2013

Claim Number 7190243998
Date of Loss 05/07/2013
Claimant
Client/Insured T & P SOLUTIONS INC

Payee Joyce Altman Interpreters, Inc

For 9/19/13 & 10/22/13 depo prep and review at AA Fusi.

Imperium Insurance Company
HIIG

WELLS FARGO BANK, N.A.

11-24/121
1210(8)

CHECK NO: 26876

DATE: 12/21/2018

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

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT

*********$813.00

CLAIMANT: LIZARRAGA, MIGUEL
CLAIM NO: 7190243998
PAY *Eight Hundred And Thirteen And 00/100 US Dollars*

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

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND · BORDER CONTAINS MICROPRINTING

⑈000268 76⑈ ⑆121000248⑆ 4433900735⑈

Provider Bill Detail

Payer: T & P Solutions Inc
Provider Patient Account #: 75069

Check Number: 26876
Check Date: 12/21/2018

Claim Number: 7190243998
Claimant Name:
SSN:
Date of Birth:
State of Jurisdiction: California

Date Received: 12/14/2018
Date Reviewed: 12/20/2018
Date of Injury: 5/7/2013
Document Number: 75069
Employer: T & P Solutions Inc

Examiner: agarcia
Bill Type:
Pay Code: 32400
From: 9/19/2013
Through: 9/26/2018

ICD9 Codes:

Date	Code	Mod	Description	Qty	Billed	BR Red	PPO Red	Other	Allowed	Reason
9/19/2013	99199	00 00 00	UNLISTED SPECIAL SERV/REPORT	1.00	813.00	0.00	0.00	0.00	813.00	G1
			Totals:		813.00	0.00	0.00	0.00	813.00	

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:

JAN 02 2019

WELLS FARGO BANK, N.A.

Imperium Insurance Company
HIIG

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

11-24/121
1210(8)

CHECK NO: 27810

DATE: 2/12/2019

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT

*******$1,650.00

CLAIMANT: I
CLAIM NO: 7190243998
AMOUNT *One Thousand Six Hundred And Fifty And 00/100 US Dollars*

PAY JOYCE ALTMAN INTERPRETING
P.O. Box 4165
Tustin CA 92781

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈000 27810⑈ ⑆121000248⑆ 4433900735⑈

Payee: JOYCE ALTMAN **TIN/SSN:** XX-XXX6713

Check Number: 27810

Check Amount: 1650.00

Check Date: 2/12/2019

Claim Number	Employer	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Date	Invoice #	Amount
7190243998	T & P Solutions Inc	I	5/7/2013	Medical Lien	2/5/2019	2/5/2019	1/1/1900		1,650.00

Comments: Full and Final

PAID
FEB 18 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#
08/15/18 58963

EAMS#(s):1

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33031342; 33040519

BILL TO:
BERKSHIRE/ACCA (SAN FRANCISCO)
W. C. DEPARTMENT
ATTN: DENISE REEDER (LIEN UNIT)
P.O. BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs DIVINE HOTELS /HOLIDAY INN EXP
Date Of Injury: 8/29/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/22/13	INITIAL EXAM	-DR KATTAR @ GARFIELD HEALTH (2hrs 50mins)	316.25
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
08/08/13	WCAB VNO	MSC - MANUEL DE LA TORRE # 100549 (P.M.)	156.50
08/08/13	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH CENTER*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
09/18/13	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH CENTER*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
10/16/13	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
11/20/13	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
04/28/14	LIEN FIL FEE	LIEN FILING FEE	150.00
05/07/14	PMT BY CHECK	DOS 8/8/13* # 0312378	-156.50
06/18/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/30/14	PMT BY CHECK	DOS 6/18/14* # 0347797	-156.50
07/15/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/09/15	LEGAL_PREP	DEPO PREP @ L/O KEGEL, TOBIN AND TRUCE VOL. II	156.50
/ /	INTERPRETER:	OSCAR VALDEZ # 100592	0.00
04/21/15	PMT BY CHECK	DOS 3/9/15* # 0466929	-156.50
04/09/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL. II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/02/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	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#
08/15/18	58963

EAMS#(s):2

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33031342; 33040519

BILL TO:
BERKSHIRE/ACCA (SAN FRANCISCO)
W. C. DEPARTMENT
ATTN: DENISE REEDER (LIEN UNIT)
P.O. BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs DIVINE HOTELS /HOLIDAY INN EXP
Date Of Injury: 8/29/12

DOS	SERVICE	DESCRIPTION	AMOUNT
12/21/15	LEGAL WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 58963	0.00
01/19/16	PENALTIES	FOR DATE OF SERVICE 8/8/13	23.48
05/07/14	INTEREST	FOR DATE OF SERVICE 8/8/13	12.67
01/19/16	PENALTIES	FOR DATE OF SERVICE 7/15/14	37.50
02/01/16	INTEREST	FOR DATE OF SERVICE 7/15/14	43.79
01/19/16	PENALTIES	FOR DATE OF SERVICE 4/9/15	37.50
02/01/16	INTEREST	FOR DATE OF SERVICE 4/9/15	22.45
01/19/16	PENALTIES	FOR DATE OF SERVICE 6/2/15	23.48
02/01/16	INTEREST	FOR DATE OF SERVICE 6/2/15	12.87
02/01/16	PMT BY CHECK	DOS 12/21/15-6/2/15* =# 0575796	-859.27
09/09/16	PENALTIES	FOR DATE OF SERVICE 05/22/13	47.44
08/02/18	INTEREST	FOR DATE OF SERVICE 05/22/13	177.86
09/09/16	PENALTIES	FOR DATE OF SERVICE 09/18/13	27.00
08/02/18	INTEREST	FOR DATE OF SERVICE 09/18/13	99.36
09/09/16	PENALTIES	FOR DATE OF SERVICE 10/16/13	27.00
08/02/18	INTEREST	FOR DATE OF SERVICE 10/16/13	97.43
09/09/16	PENALTIES	FOR DATE OF SERVICE 11/20/13	27.00
08/02/18	INTEREST	FOR DATE OF SERVICE 11/20/13	95.62
01/25/18	PENALTIES	FOR DATE OF SERVICE 08/08/13	27.00
08/02/18	INTEREST	FOR DATE OF SERVICE 08/08/13	101.23
08/13/18	PMT BY CHECK	DOS 5/22/13* # 0907700	-2000.00
08/15/18	BLCE OFF SET	BALANCE OFF SET	-80.66

Joyce Altman Interpreters, 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	58963

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33031342; 33040519

BILL TO:
BERKSHIRE/ACCA (SAN FRANCISCO)
W. C. DEPARTMENT
ATTN: DENISE REEDER (LIEN UNIT)
P.O. BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs DIVINE HOTELS /HOLIDAY INN EXP
Date Of Injury: 8/29/12

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 **

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 05/07/2014
Check Number : 0312378
Check Amount : $156.50

TBKR19

02 01 **RETURN SERVICE REQUESTED**

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

7to5a
00017

PAID MAY 12 2014

58963

Payment Summary

33031342	08/29/2012	Interpreter Fees -	08/08/2013	08/08/2013	$156.50

17-17
4014

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 07/30/2014
Check Number : 0347797
Check Amount : $156.50

AV9S1F

oz 01 **RETURN SERVICE REQUESTED**

iap5a
00035

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

PAID AUG 02 2014

58963

Payment Summary

33031342	08/29/2012	58963	Interpreter Fees -	06/18/2014	06/18/2014	$156.50

35-35
4014

[redacted]

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/21/2015
Check Number : 0466929
Check Amount : $156.50

PGRU1M

oz 01 **RETURN SERVICE REQUESTED**

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

hgt5a
00053

PAID APR 27 2015

58963

Payment Summary

33031342	08/29/2012	58963	Interpreter Fees -	03/09/2015	03/09/2015	$156.50

53-53
4014

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 02/01/2016
Check Number : 0575796
Check Amount : $859.27

KAHX1P

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

nxl5a
00060

PAID [illegible]

Payment Summary

33031342	08/29/2012	58963	Interpreter Fees -	12/21/2015	12/21/2015	$156.50
33031342	08/29/2012		Interpreter Fees -	07/15/2014	07/15/2014	$276.97
33031342	08/29/2012		Interpreter Fees -	04/09/2015	04/09/2015	$262.07
33031342	08/29/2012		Interpreter Fees -	06/02/2015	06/02/2015	$163.73

60-60
4014

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 08/13/2018
Check Number : 0907700
Check Amount : $2,000.00

6YK72P

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

ulz5a
00084

AUG 15 2018

AUG 1 2018

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33031342		08/29/2012	33031342	Lien Payment - Medi	05/22/2013	05/22/2013	$2,000.00

174

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

*** INVOICE ***
Date NO#
01/07/19 73468

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
44035869

BILL TO:
BERKSHIRE/ACCA (SAN FRANCISCO)
W. C. DEPARTMENT
ATTN: DANIELLE SILEO
P.O. BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs PACIFIC PEARL HOTELS MGMT
Date Of Injury: 10/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/22/18	LEGAL_PREP	DEPO PREP @ L/O HEFLEY LAW	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/13/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO CORTEZ # 100533	0.00
08/17/18	PENALTIES	FOR DATE OF SERVICE 2/22/18	23.48
09/05/18	INTEREST	FOR DATE OF SERVICE 2/22/18	7.94
08/17/18	PENALTIES	FOR DATE OF SERVICE 4/13/18	37.50
09/05/18	INTEREST	FOR DATE OF SERVICE 4/13/18	10.08
09/05/18	PMT BY CHECK	DOS 2/22/18-4/13/18* =# 2398896	-406.50
12/07/18	PMT BY CHECK	DOS 4/13/18* # 2429190	-79.00
01/03/19	COSTS	ADD'L COSTS AWARDED	800.00
01/03/19	PMT BY CHECK	DOS 12/19/18* # 2437562	-800.00

BALANCE 0.00

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

Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 09/05/2018
Check Number : 2398896
Check Amount : $406.50

NWX722

OZ 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

ye45a
00162

Payment Summary

44035869	10/21/2017	73468	Interpreter Fees -	02/22/2018	02/22/2018	$156.50
44035869	10/21/2017	73468	Interpreter Fees -	04/13/2018	04/13/2018	$250.00

SEP 10 2018

163-162
4014

[redacted]

Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 12/07/2018
Check Number : 2429190
Check Amount : $79.00

NW192D

02 01 **RETURN SERVICE REQUESTED**
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

dpz5a
00148

Payment Summary

Claim #	Claimant	Date of Injury / Invoice #	Payment Type	From	Through	Total Payment
44035869		10/21/2017	Interpreter Fees -	04/13/2018	04/13/2018	$79.00

148-148
014

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

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

11-24
1210(8)

NW192D

12/07/2018	2429190
VOID AFTER 90 DAYS	$79.00

PAY SEVENTY-NINE & 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

⑈2429190⑈ ⑆121000248⑆ 4121526388⑈

Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 01/03/2019
Check Number : 2437562
Check Amount : $800.00

8DB92N

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

i5v5a
00132

JAN 07 2019

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
44035869		10/21/2017		Interpreter Fees -	12/19/2018	12/19/2018	$800.00

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

*** INVOICE ***
Date NO#
07/31/19 67119

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
22027242

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

Case: vs ALL COM BULDING SERVICES /LUIS
Date Of Injury: 2/23/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/14/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GERARD WOLFF # 100024	0.00
09/16/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
10/12/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/02/17	PMT BY CHECK	DOS 8/14/15-10/12/15* # 0486518	-563.00
05/05/17	PENALTIES	FOR DATE OF SERVICE 8/14/15	23.48
05/02/17	INTEREST	FOR DATE OF SERVICE 8/14/15	28.89
05/05/17	PENALTIES	FOR DATE OF SERVICE 9/16/15	37.50
05/02/17	INTEREST	FOR DATE OF SERVICE 9/16/15	46.16
05/05/17	PENALTIES	FOR DATE OF SERVICE 10/12/15	23.48
05/02/17	INTEREST	FOR DATE OF SERVICE 10/12/15	28.80
07/23/19	COSTS	ADD'L COSTS AWARDED	1811.69
07/29/19	PMT BY CHECK	DOS 8/14/15* # 0586727	-2000.00

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

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 05/02/2017
Check Number : 0486518
Check Amount : $563.00

K1H22N

oz 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

pd75a
00017

Payment Summary

Claim #	Claimant	Date of Injury	Payment Item	Period		Total Payment
22027242		02/23/2015	Interpreter Fees -	08/14/2015	10/12/2015	$563.00

17-17
4014

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 07/29/2019
Check Number : 0586727
Check Amount : $2,000.00

1ATB29

h4d5a
00011

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

PAID
JUL 31 2019
BY: .....

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22027242		02/23/2015	22027242	Lien Payment - Medi	08/14/2015	08/14/2015	$2,000.00

11-11
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#
12/17/18 73836

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BN1700003573

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

Case: vs BLACKROCK LOGISTICS INC
Date Of Injury: 6/5/17

DOS	SERVICE	DESCRIPTION	AMOUNT
04/18/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/15/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/23/18	PMT BY CHECK	DOS 4/18/18* # 2087681	-156.50
11/14/18	PMT BY CHECK	DOS 5/15/18* # 2096645	-156.50
12/11/18	COSTS	ADD'L COSTS AWARDED	750.00
12/11/18	PMT BY CHECK	DOS 11/27/18* # 2097837	-750.00

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

Check Date: 05/23/2018
Check #: 2087681

REORDER 3018 - U.S. PATENT NO. 5557506, 5644152, 5745382

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

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

Claimant DOS From / To	Claim # Invoice	Payment Code Memo	Amount
04/18/2018 TO 04/18/2018	BN1700003573 73836	EXP - Translation Expense	156.50

MAY 29 2018

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

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

VOID VOID

Fifth Third Bank
999 Vanderbilt Beach Road
Naples, FL 34108

05/23/2018

2087681
63-9171
670

THE SUM OF: One Hundred Fifty-Six and 50/100 Dollars

$**********156.50

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

VOID VOID

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

VOID

AUTHORIZED SIGNATURES

⑈000208768⑈ ⑆067091719⑆ 7434098898⑈

Check Date: 11/14/2018
Check #: 2096645

REORDER 9018 - U.S. PATENT NO. 5538290, 5575508, 5641183, 5765353, 5964464, 6012763

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

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

Claimant DOS From / To	Claim # Invoice	Payment Code Memo	Amount
05/15/2018 TO 05/15/2018	BN1700003573 73836	EXP - Translation Expense MSC at WCAB 05/15/18	156.50

PAID
NOV 20 2018

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

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

Fifth Third Bank
999 Vanderbilt Beach Road
Naples, FL 34108

11/14/2018

2096645
63-9171
670

THE SUM OF: One Hundred Fifty-Six and 50/100 Dollars **$**********156.50**

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

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

VOID VOID VOID VOID VOID

AUTHORIZED SIGNATURES

⑈000209664 5⑈ ⑆067091719⑆ 7434098898⑈

Check Date: 12/11/2018
Check #: 2097837

REORDER 901B - U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5984364, 6030000

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

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

Claimant / DOS From / To	Claim # / Invoice	Payment Code / Memo	Amount
11/27/2018 TO 11/27/2018	BN1700003573	EXP - Translation Expense	750.00

DEC 17 2018

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

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

Fifth Third Bank
999 Vanderbilt Beach Road
Naples, FL 34108

12/11/2018

2097837
63-9171
670

THE SUM OF: **Seven Hundred Fifty and 00/100 Dollars**

$**********750.00

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

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

AUTHORIZED SIGNATURES

Joyce Altman Interpreters, 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 49904

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2193088106

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

Case: __ vs LANDRY'S RSTRNT/CLAIM JUMPERS
Date Of Injury: 5/17/11

DOS	SERVICE	DESCRIPTION	AMOUNT
11/15/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/13/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/24/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
01/26/17	PENALTIES	FOR DATE OF SERVICE 11/15/11	23.48
02/08/17	INTEREST	FOR DATE OF SERVICE 11/15/11	87.23
01/26/17	PENALTIES	FOR DATE OF SERVICE 12/13/11	37.50
02/08/17	INTEREST	FOR DATE OF SERVICE 12/13/11 (LATE PYMT)	139.34
02/08/17	PMT BY CHECK	DOS 11/15/11* # 5643619551 BROADSPIRE	-156.60
02/08/17	PMT BY CHECK	DOS 12/13/11* # 5643619695 BROADSPIRE	-156.60
08/01/18	INTEREST	FOR DATE OF SERVICE 12/13/11 (PARTIAL PYMT)	69.98
05/08/18	PMT BY CHECK	DOS 5/7/18* # 5651010702 BROADSPIRE	-8.50
11/20/18	COSTS	ADD'L COSTS AWARDED	57.67
11/20/18	PMT BY CHECK	DOS 11/15/11-12/13/11* # 5655160125	-600.00

Joyce Altman Interpreters, 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	49904

EAMS#(s):

SS # : XXX-XX-
DOB : 4/8/67
Terms: 60 days
Claim #(s):
2193088106

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

Case: vs LANDRY'S RSTRNT/CLAIM JUMPERS
Date Of Injury: 5/17/11

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ 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	:	02/08/2017
Check Amount	:	$156.60
Check Number	:	5643619551

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
2193083106001	06/01/2009 $156.60		
WC RANCHO CORD-RT Professional Service	 $156.60	Dave A. Esposito	916-850-8193 11/15/2011-11/15/2011

Please Fold on Perforation Before Tearing

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

Check Date	:	02/08/2017
Check Amount	:	$156.60
Check Number	:	5643619695

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
2193083106001	06/01/2009 $156.60		
WC RANCHO CORD-RT Professional Service	 $156.60	Dave A. Esposito	916-850-8193 12/13/2011-12/13/2011

Please Fold on Perforation Before Tearing

[redacted]

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

Check Date	:	05/08/2018
Check Amount	:	$8.50
Check Number	:	5651010702

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
2193083106001	06/01/2009 $8.50		
BP WC Rancho Cord-Rt Professional Service	$8.50	Anne L. Vanderstelt	714-989-4424 05/07/2018-05/07/2018

MAY 15 2018

Please Fold on Perforation Before Tearing

VOID VOID VOID

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

ON BEHALF OF: ACE
INSURER: ACE AMERICAN INSURANCE COMPANY

Check Date : 05/08/2018

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.

Amount
*** Eight and 50/100 Dollars ***

Claim #: 2193083106001

Claim Check Number
5651010702
SUNTRUST
SUNTRUST BANK ATLANTA
SUNTRUST BANK NORTHWEST GA

64-79
611
8800800242

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
********** $8.50*

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

By

⑈5651010702⑈ ⑆061100790⑆ 8800600242⑈

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

Check Date	:	11/20/2018
Check Amount	:	$600.00
Check Number	:	5655160125

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
21930831060001	06/01/2009 $600.00		
BP WC Rancho Cord-Rt Lump Sum Settlement, Medical	$600.00	Anne L. Vanderstelt	714-989-4424 11/15/2011-12/13/2011

PAID
NOV 27 2018

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 : 11/20/2018

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

Amount: *** Six Hundred and 00/100 Dollars **********

Claim #: 21930831060001

Claim Check Number
5655160125
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
********* **$600.00***

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

By

⑈5655160125⑈ ⑆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#
09/28/18 60988

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
186530820

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

Case: ___ vs YKK USA
Date Of Injury: CT 8/18/12 - 8/15/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/12/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/10/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/13/14	PMT BY CHECK	DOS 2/12/14* # 5629904649	-156.50
05/13/14	PMT BY CHECK	DOS 4/10/14* # 5629904748	-250.00
07/25/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
08/15/16	PMT BY CHECK	DOS 7/25/16* # 5640921027	-156.50
09/06/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/05/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL II	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/07/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/24/17	PMT BY CHECK	DOS 2/12/14-3/7/17* # 5644330623	-563.00
03/06/18	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/24/17	PENALTIES	FOR DATE OF SERVICE 09/06/16	23.48
03/24/17	INTEREST	FOR DATE OF SERVICE 09/06/16	9.37
03/24/17	PENALTIES	FOR DATE OF SERVICE 10/05/16	37.50
03/24/17	INTEREST	FOR DATE OF SERVICE 10/05/16	11.89
07/31/18	PENALTIES	FOR DATE OF SERVICE 3/6/18	23.48
07/31/18	INTEREST	FOR DATE OF SERVICE 3/6/18	6.41
07/31/18	PMT BY CHECK	DOS 7/16/18* # 5652413721	-156.50
09/20/18	PMT BY CHECK	DOS 9/6/16-3/6/18* P & I =# 5654116386	-100.27
09/20/18	COSTS	ADD'L COSTS AWARDED	2488.14

MK

Joyce Altman Interpreters, 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 60988

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
186530820

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

Case: vs YKK USA
Date Of Injury: CT 8/18/12 - 8/15/13

DOS	SERVICE	DESCRIPTION	AMOUNT
09/24/18	PMT BY CHECK	DOS 9/20/18-9/21/18* # 5654138337	-2500.00

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

P O BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	05/13/2014
Check Amount	:	$156.50
Check Number	:	5629904649

JAI INC 2002
PO BOX 4165
TUSTIN CA 92781-4165

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186530820-001	05/21/2013 $156.50		
FRESNO Transportation-All Other Paid as WC I	$156.50	Shelley R. Isaak 60988	559-451-3817 02/12/2014-02/12/2014

PAID MAY 19 2014

Please Fold on Perforation Before Tearing

Broadspire
A CRAWFORD COMPANY

P O BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	05/13/2014
Check Amount	:	$250.00
Check Number	:	5629904748

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186530820-001	05/21/2013 $250.00	Shelley R. Isaak	559-451-3817
FRESNO Transportation-All Other Paid as WC I	$250.00	60988	04/10/2014-04/10/2014

PAID MAY 19 2014

Please Retain Portion Before Te

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

Check Date	:	08/15/2016
Check Amount	:	$156.50
Check Number	:	5640921027

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186530820-001	05/21/2013 $156.50		
FRESNO Professional Service	$156.50	Samuel R. Lacy 60988	559-451-3816 07/25/2016-07/25/2016

Please Fold on Perforation Before Tearing

[redacted]

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

Check Date	:	03/24/2017
Check Amount	:	$563.00
Check Number	:	5644330623

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186530820-001 FRESNO Professional Service	05/21/2013 $563.00 $563.00	Samuel R. Lacy 60988	559-451-3816 02/12/2014-03/07/2017

MAR 29 2017

LG

MR

Please Fold on Perforation Before Tearing

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

Check Date	:	07/31/2018
Check Amount	:	$156.50
Check Number	:	5652413721

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
186530820-001 KM Fresno All Other WC Medical Order Granting Reimbursement for Cost	05/21/2013 $156.50 $156.50	Eric L. King	714-989-4911 07/16/2018-07/16/2018

AUG 03 2018

Please Fold on Perforation Before Tearing

VOID VOID VOID

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

ON BEHALF OF: SOMPO AMERICA

Check Date : 07/31/2018

PAY TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS INC

Amount: *** One Hundred Fifty Six and 50/100 Dollars ***

Claim #: 186530820-001

Claim Check Number
5652413721
SUNTRUST
SUNTRUST BANK ATLANTA
SUNTRUST BANK NORTHWEST
GA

64-79
811
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
********* $156.50*

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

By

⑈5652413721⑈ ⑆061100790⑆ 8800600242⑈

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

Check Date	:	09/20/2018
Check Amount	:	$100.27
Check Number	:	5654116386

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~~
186530820-001	05/21/2013 $100.27		
RM Fresno All Other WC Medical Penalty & Interest Per Defense Attorney	$29.47	Eric L. King	714-989-4911 09/06/2016-09/20/2018
All Other WC Medical Penalty & Interest Per Defense Attorney	$44.41		10/05/2016-09/20/2018
All Other WC Medical Penalty & Interest Per Defense Attorney	$26.39		03/06/2018-09/20/2018

SEP 25 2018

Please Fold on Perforation Before Tearing

VOID VOID VOID

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

ON BEHALF OF: SOMPO HOLDINGS

Check Date : 09/20/2018

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

Amount: ** One Hundred and 27/100 Dollars **********

Claim #: 186530820-001

Claim Check Number
5654116386
SUNTRUST
SUNTRUST BANK ATLANTA
SUNTRUST BANK NORTHWEST
GA

84-79
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
********* $100.27*

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

By

⑈5654116386⑈ ⑆061100790⑆ 8800600242⑈

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

Check Date	:	09/24/2018
Check Amount	:	$2500.00
Check Number	:	5654138337

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
186530820-001	05/21/2013 $2500.00		
RM Fresno		Eric L. King	714-989-4911
All Other WC Medical	$2500.00		
Stip & Order To Pay Cost Petitioner			09/20/2018-09/21/2018

Please Fold on Perforation Before Tearing

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

ON BEHALF OF: SOMPO HOLDINGS

Check Date 09/24/2018

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

Amount: *** Two Thousand Five Hundred and 00/100 Dollars ***

Claim #: 186530820-001

Claim Check Number
5654138337
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
******* **$2500.00***

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

By

⑈5654138337⑈ ⑆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#
10/01/18 66252

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
187345547

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

Case: vs 99 CENTS ONLY STORES
Date Of Injury: 8/3/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/09/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/30/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/27/16	LEGAL_WCAB	RATING MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/02/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/08/16	PMT BY CHECK	DOS 6/9/15-11/2/16* # 9754020691	-626.00
12/08/16	PENALTIES	FOR DATE OF SERVICE 6/9/15	23.48
12/08/16	INTEREST	FOR DATE OF SERVICE 6/9/15	26.13
12/08/16	PENALTIES	FOR DATE OF SERVICE 9/30/15	23.48
12/08/16	INTEREST	FOR DATE OF SERVICE 9/30/15	22.34
12/08/16	PENALTIES	FOR DATE OF SERVICE 4/27/16	23.48
12/08/16	INTEREST	FOR DATE OF SERVICE 4/27/16	11.29
03/13/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/06/17	PMT BY CHECK	DOS 6/9/15-3/13/17* # 9754021914	-286.70
08/14/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
09/05/17	PMT BY CHECK	DOS 8/14/17* # 9754023317	-156.50
04/12/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/30/18	PENALTIES	FOR DATE OF SERVICE 4/12/18	37.50
08/30/18	INTEREST	FOR DATE OF SERVICE 4/12/18	10.16
08/30/18	PMT BY CHECK	DOS 8/22/18* # 9754025573	-250.00
09/19/18	COSTS	ADD'L COSTS AWARDED	1427.34
09/25/18	PMT BY CHECK	DOS 9/19/18* # 9754025716	-1475.00

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

*** INVOICE ***

Date	NO#
10/01/18	66252

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
187345547

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

Case: ____ vs 99 CENTS ONLY STORES
Date Of Injury: 8/3/11

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ 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	:	12/08/2016
Check Amount	:	$626.00
Check Number	:	9754020691

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
187345547-001 WC BREA Professional Service	08/03/2011 $626.00 $626.00	Heidi H. Hariri 66252	714-989-4904 11/18/2016 06/09/2015-11/02/2016

Please Fold on Perforation Before Tearing

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	04/06/2017
Check Amount	:	$286.70
Check Number	:	9754021914

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
187345547-001	08/03/2011 $286.70		
WC BREA Professional Service	$286.70	Angelina A. Amezcua 66252	714-989-4901 03/16/2017 06/09/2015-03/13/2017

Please Fold on Perforation Before Tearing

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

Check Date	:	09/05/2017
Check Amount	:	$156.50
Check Number	:	9754023317

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
187345547-001	08/03/2011 $156.50		
WC BREA Professional Service	$156.50	Angelina A. Amezcua 66252	714-989-4901 08/14/2017-08/14/2017

SEP 08 2017

Please Fold on Perforation Before Tearing

Broadspire Services, Inc. On Behalf Of 99 Cents Only Stores LLC

Claim Check Number
9754023317
WELLS FARGO BANK, N.A.

56-382
412
9659481742

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date 09/05/2017

Void if not presented for payment within 90 days after the date of issue

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS, INC

Amount
********* $156.50*

Amount
*** One Hundred Fifty Six and 50/100 Dollars ***

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

By

Claim #: 187345547-001

⑈9754023317⑈ ⑆041203824⑆ 9659481742⑈

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	08/30/2018
Check Amount	:	$250.00
Check Number	:	9754025573

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
187345547-001	08/03/2011 $250.00		
BP WC Brea		Angelina A. Amezcua	714-989-4901
Lump Sum Settlement, Medical	$250.00	Full and Final	
Full and Final			08/22/2018-08/22/2018

SEP 0 5 2018

Please Fold on Perforation Before Tearing

Broadspire Services, Inc. On Behalf Of 99 Cents Only Stores LLC

Claim Check Number
9754025573
WELLS FARGO BANK, N.A.

56-382
412
9659481742

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date 08/30/2018

Void if not presented for payment within 90 days after the date of issue

PAY TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS INC

Amount: Two Hundred Fifty and 00/100 Dollars ********** $250.00*

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

By

Claim #: 187345547-001

⑈9754025573⑈ ⑆041203824⑆ 9659481742⑈

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

Check Date	:	09/25/2018
Check Amount	:	$1475.00
Check Number	:	9754025716

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
187345547-001	08/03/2011 $1475.00		
BP WC Brea Lump Sum Settlement, Medical Full and Final	$1475.00	Angelina A. Amezcua Full and Final	714-989-4901 09/19/2018-09/19/2018

Please Fold on Perforation Before Tearing

Broadspire Services, Inc. On Behalf Of 99 Cents Only Stores LLC

Claim Check Number
9754025716
WELLS FARGO BANK, N.A.

56-382
412
9659481742

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date 09/25/2018

Void if not presented for payment within 90 days after the date of issue

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Amount ******* $1475.00*

*** One Thousand Four Hundred Seventy Five and 00/100 Dollars ***

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

By

Claim #: 187345547-001

⑈9754025716⑈ ⑆041203824⑆ 9659481742⑈

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

*** INVOICE ***

Date	NO#
10/01/18	69073

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
187870718

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

Case: vs JP MANAGEMENT dba McDONALD'S
Date Of Injury: 1/14/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/21/16	INITIAL EXAM	DR ZAREEN KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/12/16	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR BUU @ AMERI CHIRO*	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/25/16	INITIAL ACUP	W/ ACUPUNCT ALEX LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/28/16	PR2/REEVAL	DR TUNG BUU @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/28/17	PENALTIES	FOR DATE OF SERVICE 3/21/16	34.50
09/20/18	INTEREST	FOR DATE OF SERVICE 3/21/16	59.06
09/28/17	PENALTIES	FOR DATE OF SERVICE 4/25/16	34.50
09/20/18	INTEREST	FOR DATE OF SERVICE 4/25/16	59.06
10/18/17	LIEN FIL FEE	LIEN FILING FEE	150.00
09/25/18	PMT BY CHECK	DOS 9/20/18* # 5654193399	-900.00
10/01/18	BLCE OFF SET	BALANCE OFF SET	-227.12

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	09/25/2018
Check Amount	:	$900.00
Check Number	:	5654193399

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
187870718-001	01/14/2016 $900.00		
BP WC Rancho Cord-Rt Lump Sum Settlement, Medical full and final satisfaction of lien ALL dates of services	$900.00	Felicia F. Lewis full and final	916-850-8180 09/25/2018 09/20/2018-09/20/2018

9

OCT 01 2018

Please Fold on Perforation Before Tearing

VOID VOID VOID

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

ON BEHALF OF: DISCOVERRE
INSURER: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

Check Date : 09/25/2018

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

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

Claim #: 187870718-001

Claim Check Number
5654193399
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 INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

By

⑈5654193399⑈ ⑆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#
09/10/18 69265

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
186769730-001

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

Case: vs ISS FACILITIES
Date Of Injury: 5/8/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/12/16	PR2/REEVAL	DR ALLEN MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
06/14/16	INJECTION	W/DR MASSIHI @ GOFNUNG*	150.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
06/28/16	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
07/26/16	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/13/16	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/09/16	PMT BY CHECK	DOS 9/13/16* =# 1780996	-90.00
11/08/16	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
12/12/16	PMT BY CHECK	DOS 11/8/16* =# 1834608	-90.00
01/24/17	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/11/17	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
05/23/17	P AND S	DR MASSIHI @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/06/18	LIEN FIL FEE	LIEN FILING FEE	150.00
08/16/18	PENALTIES	FOR DATE OF SERVICE 05/23/17	34.50
08/16/18	INTEREST	FOR DATE OF SERVICE 05/23/17	31.45
09/05/18	PMT BY CHECK	DOS 8/31/18* =# 1019077	-1675.00
09/10/18	BLCE OFF SET	BALANCE OFF SET	-0.95

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#
09/10/18 69265

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
186769730-001

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

Case: vs ISS FACILITIES
Date Of Injury: 5/8/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

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

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

Broadspire®
A CRAWFORD COMPANY

PAID NOV 14 2016

69265-1

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

Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
186769730-001	9050688785	154996945 BSP0001002	11/09/2016	$90.00	1780996

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.

34.70.1.3.10

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

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

Broadspire®
A CRAWFORD COMPANY

69265-1

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

Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
186769730-001	9050834069	160903469 BSP0001002	12/12/2016	$90.00	1834608

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.

45.70.1.3.1

CORVEL ENTERPRISE COMP, INC.
ISS FACILITY SERVICES
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= ISS
11-24
1210(8)

CHECK NUMBER	CHECK DATE
1019077	09/05/18

Claim#: 1116-WC-14-0502405

PAY EXACTLY: *One thousand six hundred seventy five and 00/100 Dollars*

******$1,675.00

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

⑈000101907 7⑈ ⑆121000248⑆ 4045 694676⑈

ACH HERE

DETACH HERE

CORVEL

Explanation of Review

SEP 10 2018

Business Unit: 45600 - SAN DIEGO COMPANY
7250 Engineer Rd
San Diego, CA 92111

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 6/12895436 - 1
Reprice: CA, 92781
Billed Date: 08/31/2018
Business Rcvd: 08/31/2018
MBR Rcvd: 08/31/2018
MBR Date: 09/04/2018
Date Approved: 09/04/2018
DOS From - To: 08/31/2018 - 08/31/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Dunson, Maureen
Vendor #:
PIN:

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

Claim #: 1116-WC-14-0502405
Processor Initials: MD
DOI: 05/08/2014
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
08/31/18	MD021 352, 524, G67	FINAL ORDER or AWARD	1	11	$1675.00		1	$0.00	$1675.00
Sub-Totals for Bill: 12895436					**$1675.00**			**$0.00**	**$1675.00**

Totals for Bill:12895436 **$1675.00**

Line Item Reason Codes and Descriptions
352 Network disc not applicable to procedure billed
524 Recommended allowance per Insurer decision

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

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

*** INVOICE ***
Date NO#
02/07/19 71170

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
188043287-001

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

Case: _____ vs GKN AEROSPACE
Date Of Injury: 6/10/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/31/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/01/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRRES # 301694	0.00
03/30/17	PMT BY CHECK	DOS 1/31/17-3/1/17* =# 2011834	-180.00
10/03/18	PMT BY CHECK	DOS 1/31/17-3/30/17* # 5654345436	-226.50
01/10/19	COSTS	ADD'L COSTS AWARDED	1267.00
01/30/19	PMT BY CHECK	DOS 1/31/17-3/30/17* # 5656341312	-1267.00

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

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

0000536-0001583 0106 001 612377 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 VPay®, please contact us at 1-855-388-8371. If you have questions regarding the payment amount or benefit calculation, please contact Broadspire at 1-800-800-7885.

71170-1

Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
188043287-001	9060312671	193153908 BSP0001002	03/30/2017	$180.00	2011834

APR 03 2017

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.

5.72.1.3.1

[redacted]

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

Check Date	:	10/03/2018
Check Amount	:	$226.50
Check Number	:	5654345436

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
188345474-001	11/05/2015 $226.50		
BP WC Brea Attorney Fees	$226.50	Anna F. Wang 71170	714-989-4449 01/31/2017-03/30/2017

PAID
OCT 09 2018

Please Fold on Perforation Before Tearing

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

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

Check Date : 10/03/2018

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

Amount: *** Two Hundred Twenty Six and 50/100 Dollars ***

Claim #: 188345474-001

Claim Check Number
5654345436
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
********* $226.50*

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

By

⑈5654345436⑈ ⑆061100790⑆ 8800600242⑈

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

Check Date	:	01/30/2019
Check Amount	:	$1267.00
Check Number	:	5656341312

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
188345474-001	11/05/2015 $1267.00		
BP WC Brea Interpreter	$1267.00	Anna F. Wang FULL/FINAL	714-989-4449 01/31/2017-03/30/2017

FEB 07 2019

Please Fold on Perforation Before Tearing

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

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

Check Date : 01/30/2019

PAY TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS, INC

Amount: *** One Thousand Two Hundred Sixty Seven and 00/100 Dollars **********

Claim Check Number
5656341312
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
******* $1267.00*

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

By

Claim #: 188345474-001

⑈5656341312⑈ ⑆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#
03/18/19 71914

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
186652444-001

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

Case: vs 99 CENT ONLY STORES
Date Of Injury: 12/6/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/23/17	LEGAL_MISC	STIPULATION @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/26/17	PMT BY CHECK	DOS 5/23/17* # 2212456	-90.00
12/10/18	COSTS	MONIES CREDITED TOWARD COSTS	23.50
12/10/18	PMT BY CHECK	DOS 5/23/17* # 5655469626	-90.00
03/04/19	COSTS	ADD'L COSTS AWARDED	1500.00
03/13/19	PMT BY CHECK	DOS 5/23/17* # 5657057838	-1500.00

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

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

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

Broadspire®
A CRAWFORD COMPANY

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

Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
186652444-001	9060837750	235168099 BSP0001002	07/26/2017	$90.00	2212456

AUG 0 3 2017

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.

39.72.1.3.10

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

Check Date	:	12/10/2018
Check Amount	:	$90.00
Check Number	:	5655469626

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
186652444-001	12/06/2013 $90.00		
BP WC Brea Lump Sum Settlement, Medical Order to Pay	$90.00	Angelina A. Amezcua Order to Pay	714-989-4901 05/23/2017-05/23/2017

DEC 14 2018

Please Fold on Perforation Before Tearing

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	03/13/2019
Check Amount	:	$1500.00
Check Number	:	5657057838

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
186652444-001	12/06/2013 $1500.00		
BP WC Brea Professional Service Full and final satisfaction of lien	$1500.00	Angelina A. Amezcua	714-989-4901 05/23/2017-05/23/2017

PAID
MAR 18 2019
BY: .....

Please Fold on Perforation Before Tearing

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

*** INVOICE ***
Date NO#
07/08/19 73491

EAMS#(s):

SS # : XXX-XX-n/a
DOB :
Terms: 60 days
Claim #(s):
187652366

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: TO WHOM IT MAY CONCERN
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs YUSHOKEN GATTEN SUSHI USA INC.
Date Of Injury: 5/13/15

DOS	SERVICE	DESCRIPTION	AMOUNT
12/15/15	LEGAL_WCAB	EXP. HEARING @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
08/09/17	PENALTIES	FOR DATE OF SERVICE 12/15/15	23.48
03/29/18	INTEREST	FOR DATE OF SERVICE 12/15/15	39.10
02/26/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
03/29/18	PMT BY CHECK	DOS 12/15/15-2/26/18* =# 2624188 BROADSPIR	-180.00
04/10/18	INTEREST	FOR DATE OF SERVICE 12/15/15	17.89
05/29/18	PENALTIES	FOR DATE OF SERVICE 02/26/18	9.98
05/29/18	INTEREST	FOR DATE OF SERVICE 02/26/18	1.76
05/21/19	PMT BY CHECK	DOS 12/15/15-2/26/18* # 5658235038 BROADSP	-133.00
06/20/19	PMT BY CHECK	DOS 4/10/18-5/29/18* =# 3496635	-29.63
07/02/19	COSTS	ADD'L COSTS AWARDED	337.42
07/02/19	PMT BY CHECK	DOS 6/25/19-6/25/19* # 5658923691 BROADSP	-400.00

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

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

0000561-0001665 0106 001 696170 BSP

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

Broadspire®
A CRAWFORD COMPANY

68046
73491

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:	187652336-001
Client Reference ID:	9070899749
SE Transaction ID:	341309269 BSP0001002
Date:	03/29/2018
Amount:	$180.00
Check Number:	2624188

APR 02 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

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	05/21/2019
Check Amount	:	$133.00
Check Number	:	5658235038

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
187652366-001	05/13/2015 $133.00		
RM Fresno Interpreter	 $133.00	Siobhan J. Avalos	559-451-3801 12/15/2015-02/26/2018

PAID
MAY 29 2019
BY: .....

Please Fold on Perforation Before Tearing

[redacted]

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

0000259-0000762 S0106 001 801128 BSP

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

Broadspire®
A CRAWFORD COMPANY

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

Claim ID:	187652366-001
Client Reference ID:	9110922580
VP Trans ID:	592998566 BSP0001002
Date:	06/20/2019
Amount:	$29.63
Check Number:	3496635

PAID
JUN 24 2019
BY: .....

Get Paid Faster

When you sign up for **VCard or ACH**

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
PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	07/02/2019
Check Amount	:	$400.00
Check Number	:	5658923691

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
187652366-001	05/13/2015 $400.00		
RM Fresno Professional Service	$400.00	Siobhan J. Avalos F & F	559-451-3801 06/25/2019-06/25/2019

PAID
JUL 08 2019

Please Fold on Perforation Before Tearing

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

*** INVOICE ***
Date NO#
03/18/19 65274

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
14D48E601709

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: JULIE WILLIAM
P.O. BOX 53550
IRVINE, CA 92619

Case: vs MTNA INC.
Date Of Injury: 12/17/14

DOS	SERVICE	DESCRIPTION	AMOUNT
01/06/15	INITIAL EXAM	-DR DAVID JOHNSON/DAVE FRANKE PA @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/03/15	PR2/REEVAL	-DR JOHNSON/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/03/15	PR2/REEVAL	-DR JOHNSON/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/07/15	PR2/REEVAL	-DR JOHNSON/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/17/15	INITIAL ACUP	-W/ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/20/15	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/24/15	FOLLOW-UP	W/ ACUPUNCT M. CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/11/15	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/14/15	PR2/REEVAL	-DR JOHNSON/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/29/15	FOLLOW-UP	-W/ ACUPUNCT M. CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/16/15	PR2/REEVAL	-DR JOHNSON/P.A. FRANKE @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/29/15	FOLLOW-UP	-W/ ACUPUNCT CHOI & -INITIAL PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
07/23/15	PR2/REEVAL	-DR JOHNSON/FRANKE P.A. @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/27/15	FOLLOW-UP	-W/ ACUPUNCT CHOI, -F/U PT &	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 65274

EAMS#(s):

SS # : XXX-XX-
DOB : --, ,
Terms: 60 days
Claim #(s):
14D48E601709

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: JULIE WILLIAM
P.O. BOX 53550
IRVINE, CA 92619

Case: s MTNA INC.
Date Of Injury: 12/17/14

DOS	SERVICE	DESCRIPTION	AMOUNT
		CHIRO TX W/DR HA*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267 (AMENDED)	0.00
08/03/15	FOLLOW-UP	-W/ACUPUNCT CHOI, F/U CHIRO & -PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267 (AMENDED)	0.00
08/27/15	PR2/REEVAL	-DR JOHNSON/D. FRANKE, PA @ SIDHU*	180.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
09/16/15	FOLLOW-UP	-W/ ACUPUNCT M. CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/24/15	PR2/REEVAL	-DR GOUBRAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	JUAN C. VALENCIA # 006709	0.00
10/14/15	LEGAL WCAB	EXP HEARING @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/12/15	PR2/REEVAL	DR GOUBRAN/TRUJILLO, PA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/18/15	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/20/15	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/25/15	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/02/15	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/10/15	PR2/REEVAL	DR GOUBRAN/TRUJILLO, P.A.*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/18/15	FOLLOW-UP	-W/ ACUPUNCT CHOI @ EPC*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

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

*** INVOICE ***

Date	NO#
03/18/19	65274

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
14D48E601709

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: JULIE WILLIAM
P.O. BOX 53550
IRVINE, CA 92619

Case: vs MTNA INC.
Date Of Injury: 12/17/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/21/15	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/06/16	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/14/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/14/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/22/16	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/27/16	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/29/16	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/05/16	LEGAL_PREP	DEPO PREP @ L/O STOCKWELL HARRIS	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
09/11/17	LIEN FIL FEE	LIEN FILING FEE	150.00
09/13/17	PENALTIES	FOR DATE OF SERVICE 10/14/15	23.48
03/27/18	INTEREST	FOR DATE OF SERVICE 10/14/15	10.70
09/13/17	PENALTIES	FOR DATE OF SERVICE 08/05/16	23.48
03/27/18	INTEREST	FOR DATE OF SERVICE 08/05/16	10.70
02/08/18	PENALTIES	FOR DATE OF SERVICE 01/06/15	34.50
03/27/18	INTEREST	FOR DATE OF SERVICE 01/06/15	15.73
02/08/18	PENALTIES	FOR DATE OF SERVICE 02/03/15	27.00
03/07/19	INTEREST	FOR DATE OF SERVICE 02/03/15	31.87
02/08/18	PENALTIES	FOR DATE OF SERVICE 03/03/15	27.00
03/07/19	INTEREST	FOR DATE OF SERVICE 03/03/15	31.87
02/08/18	PENALTIES	FOR DATE OF SERVICE 04/07/15	27.00
03/07/19	INTEREST	FOR DATE OF SERVICE 04/07/15	31.87
02/08/18	PENALTIES	FOR DATE OF SERVICE 04/17/15	34.50

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

*** INVOICE ***
Date NO#
03/18/19 65274

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
14D48E601709

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: JULIE WILLIAM
P.O. BOX 53550
IRVINE, CA 92619

Case: /s MTNA INC.
Date Of Injury: 12/17/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/07/19	INTEREST	FOR DATE OF SERVICE 04/17/15	40.73
02/08/18	PENALTIES	FOR DATE OF SERVICE 04/20/15	27.00
03/07/19	INTEREST	FOR DATE OF SERVICE 04/20/15	19.06
02/08/18	PENALTIES	FOR DATE OF SERVICE 04/24/15	27.00
03/07/19	INTEREST	FOR DATE OF SERVICE 04/24/15	31.87
02/08/18	PENALTIES	FOR DATE OF SERVICE 05/11/15	27.00
03/07/19	INTEREST	FOR DATE OF SERVICE 05/11/15	31.87
02/08/18	PENALTIES	FOR DATE OF SERVICE 05/14/15	27.00
03/07/19	INTEREST	FOR DATE OF SERVICE 05/14/15	31.87
02/08/18	PENALTIES	FOR DATE OF SERVICE 05/29/15	27.00
03/07/19	INTEREST	FOR DATE OF SERVICE 05/29/15	31.87
02/08/18	PENALTIES	FOR DATE OF SERVICE 06/16/15	27.00
03/07/19	INTEREST	FOR DATE OF SERVICE 06/16/15	31.87
02/08/18	PENALTIES	FOR DATE OF SERVICE 06/29/15	27.00
03/07/19	INTEREST	FOR DATE OF SERVICE 06/29/15	31.87
02/08/18	PENALTIES	FOR DATE OF SERVICE 07/23/15	27.00
03/07/19	INTEREST	FOR DATE OF SERVICE 07/23/15	31.87
02/08/18	PENALTIES	FOR DATE OF SERVICE 07/27/15	27.00
03/07/19	INTEREST	FOR DATE OF SERVICE 07/27/15	31.87
02/08/18	PENALTIES	FOR DATE OF SERVICE 08/03/15	27.00
03/07/19	INTEREST	FOR DATE OF SERVICE 08/03/15	31.87
02/08/18	PENALTIES	FOR DATE OF SERVICE 08/27/15	27.00
03/07/19	INTEREST	FOR DATE OF SERVICE 08/27/15	31.87
02/08/18	PENALTIES	FOR DATE OF SERVICE 09/16/15	27.00
03/07/19	INTEREST	FOR DATE OF SERVICE 09/16/15	31.87
02/08/18	PENALTIES	FOR DATE OF SERVICE 09/24/15	27.00
03/07/19	INTEREST	FOR DATE OF SERVICE 09/24/15	31.87
02/08/18	PENALTIES	FOR DATE OF SERVICE 11/12/15	27.00
03/07/19	PENALTIES	FOR DATE OF SERVICE 11/12/15	31.87
02/08/18	PENALTIES	FOR DATE OF SERVICE 11/18/15	27.00
03/07/19	INTEREST	FOR DATE OF SERVICE 11/18/15	31.87

Joyce Altman Interpreters, 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 65274

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
14D48E601709

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: JULIE WILLIAM
P.O. BOX 53550
IRVINE, CA 92619

Case: s MTNA INC.
Date Of Injury: 12/17/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/08/18	PENALTIES	FOR DATE OF SERVICE 11/20/15	27.00
03/07/19	INTEREST	FOR DATE OF SERVICE 11/20/15	31.87
02/08/18	PENALTIES	FOR DATE OF SERVICE 11/25/15	27.00
03/07/19	INTEREST	FOR DATE OF SERVICE 11/25/15	31.87
02/08/18	PENALTIES	FOR DATE OF SERVICE 12/02/15	27.00
03/07/19	INTEREST	FOR DATE OF SERVICE 12/02/15	31.87
02/08/18	PENALTIES	FOR DATE OF SERVICE 12/10/15	27.00
03/07/19	INTEREST	FOR DATE OF SERVICE 12/10/15	31.87
02/08/18	PENALTIES	FOR DATE OF SERVICE 12/18/15	27.00
03/07/19	INTEREST	FOR DATE OF SERVICE 12/18/15	31.87
02/08/18	PENALTIES	FOR DATE OF SERVICE 12/21/15	27.00
03/07/19	INTEREST	FOR DATE OF SERVICE 12/21/15	31.87
02/08/18	PENALTIES	FOR DATE OF SERVICE 01/06/16	27.00
03/07/19	INTEREST	FOR DATE OF SERVICE 01/06/16	31.87
02/08/18	PENALTIES	FOR DATE OF SERVICE 01/14/16	27.00
03/07/19	INTEREST	FOR DATE OF SERVICE 01/14/16	31.87
02/08/18	PENALTIES	FOR DATE OF SERVICE 04/14/16	27.00
03/07/19	INTEREST	FOR DATE OF SERVICE 04/14/16	31.87
02/08/18	PENALTIES	FOR DATE OF SERVICE 04/22/16	27.00
03/07/19	INTEREST	FOR DATE OF SERVICE 04/22/16	31.87
04/19/18	PENALTIES	FOR DATE OF SERVICE 04/27/16	27.00
03/07/19	INTEREST	FOR DATE OF SERVICE 04/27/16	31.87
03/27/18	PMT BY CHECK	DOS 12/17/14* # 144636269	-615.51
04/19/18	PENALTIES	FOR DATE OF SERVICE 04/29/16	27.00
03/07/19	INTEREST	FOR DATE OF SERVICE 04/29/16	31.87
03/14/19	PMT BY CHECK	DOS 3/14/19* # 144638151	-7654.60

Joyce Altman Interpreters, 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	65274

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
14D48E601709

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: JULIE WILLIAM
P.O. BOX 53550
IRVINE, CA 92619

Case: _____ vs MTNA INC.
Date Of Injury: 12/17/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

CCMSI obo Strategic Outsourcing, Inc. - Captive
2 East Main St., Suite 208
Danville, IL 61832

Bank of America
CHICAGO, IL 60603

2-3/710 IL

Check Number 144636269

Date: 03/27/2018
Batch #: 301899470

Amount

$****615.51

Amount: SIX HUNDRED FIFTEEN AND 51 / 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

⑈0144636269⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
12/17/2014		14D48E601709	615.51	0.00	615.51	~~Settlement full & final for all D-~~ OS Not F&F	JUWILLIAM

MAR 30 2018

Batch #: 301899470
Check Number 144636269
Check Amount $****615.51
Loc:0000002NGC MTNA INC

CCMSI obo Strategic Outsourcing, Inc. - Captive
2 East Main St., Suite 208
Danville, IL 61832

Bank of America
CHICAGO, IL 60603

2-3/710 IL

Check Number **144638151**

Date: 03/14/2019
Batch #: 302595119

Amount

$****7,654.60

Amount: SEVEN THOUSAND SIX HUNDRED FIFTY-FOUR AND 60 / 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
John E Kluth II

⑈0144638151⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
	12/17/2014	14D48E601709	7,654.60	0.00	7,654.60	Per Stip & Order dated 3/07/19 AD J9794480 CHAVEZ, MARIA	JTREROTOI

PAID
MAR 18 2019

Batch #: 302595119
Check Number 144638151

Check Amount $****7,654.60

Loc:0000002NGC MTNA 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#
04/15/19 65736

EAMS#(s):

SS # : XXX-XX-N/A
DOB : , - , -
Terms: 60 days
Claim #(s):
14D48E393044

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN

ATTN: NANCY RUBIO
P.O. BOX 53550
IRVINE, CA 92619

Case: vs RADIANT SERVICES
Date Of Injury: 8/11/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/06/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/02/16	PMT BY CHECK	DOS 4/6/15* # 144629957	-156.50
12/12/16	PENALTIES	FOR DATE OF SERVICE 4/6/15	23.48
12/02/16	INTEREST	FOR DATE OF SERVICE 4/6/15	26.63
12/22/16	PMT BY CHECK	DOS 4/6/15* # 144630356	-156.50
04/16/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/20/19	PMT BY CHECK	DOS 4/16/18* # 144638048	-50.11
04/04/19	COSTS	ADD'L COSTS AWARDED	1700.00
04/09/19	PMT BY CHECK	DOS 4/4/19* # 144638247	-1700.00

BALANCE 0.0(

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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

CCMSI obo Strategic Outsourcing, Inc. - Captive
2 East Main St., Suite 208
Danville, IL 61832

Bank of America
CHICAGO, IL 60603

2-3/710 IL

Check Number 144629957

Date: 12/02/2016
Batch #: 301019990

Amount

$****156.50

Amount: ONE HUNDRED FIFTY-SIX AND 50 / 100**********

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

Void After 90 Days
Two Signatures Required for Amounts over 5,000.00

⑈0144629957⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
08/11/2014		14D48E393044	156.50	0.00	156.50	4/6/15 MSC appearance	ERODRIGU

Pet 5811

Batch #: 301019990
Check Number 144629957
Check Amount $****156.50
Loc:8576 RADIANT SERVICES CORPORATION

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
08/11/2014		14D48E393044	156.50	0.00	156.50	MSC 4/06/2015	ERODRIGU

F F.

PAID
JAN 0 4 2017
BY: .....

Batch #: 301055160
Check Number 144630356 Check Amount $****156.50 Loc:8576 RADIANT SERVICES CORPORATION

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 Strategic Outsourcing, Inc. - Captive
2 East Main St., Suite 208
Danville, IL 61832

Bank of America
CHICAGO, IL 60603

2-3/710 IL

Check Number 144630356
Date: 12/22/2016
Batch #: 301055160

Amount: ONE HUNDRED FIFTY-SIX AND 50 / 100**********

Amount
$****156.50

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

Void After 90 Days
Two Signatures Required for Amounts over 5,000.00

Rodney J. Golden

⑈0144630356⑈ ⑆071000039⑆ 8CC CC2 3C1.2⑈

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 Strategic Outsourcing, Inc. - Captive
2 East Main St., Suite 208
Danville, IL 61832

Bank of America
CHICAGO, IL 60603

2-3/710 IL

Check Number 144638048

Date: 02/20/2019
Batch #: 302542846

Amount

$****50.11

Amount: FIFTY AND 11/100**********

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

Void After 180 Days
Two Signatures Required for Amounts over 5,000.00

Rodney J. Sullen

⑈0144638048⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
08/11/2014		14D48E393044	50.11	0.00	50.11	Bal due for DOS 4/16/18 WCAB appearance (INV 65736)	JTREROTOL

PAID
FEB 26 2019
BY: _____

Batch #: 302542846
Check Number 144638048

Check Amount $****50.11

Loc:8576 RADIANT SERVICES CORPORATION

CCMSI obo Strategic Outsourcing, Inc. - Captive
2 East Main St., Suite 208
Danville, IL 61832

Bank of America
CHICAGO, IL 60603

2-3/710 IL

Check Number 144638247

Date: 04/09/2019
Batch #: 302651373

Amount

$****1,700.00

Amount: ONE THOUSAND SEVEN HUNDRED 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

⑈0144638247⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
	08/11/2014	14D48E393044	1,700.00	0.00	1,700.00	PER STIP & ORDER DATED 4/04 J9649430	JTREROTOL

PAID
APR 15 2019
BY: .....

Batch #: 302651373
Check Number 144638247
Check Amount $****1,700.00
Loc:8576 RADIANT SERVICES CORPORATION

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

*** INVOICE ***
Date NO#
02/25/19 69875

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
15D48G303529

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: WILLIE JONES
P.O. BOX 53550
IRVINE, CA 92619

Case: vs RADIANT SERVICES CORP
Date Of Injury: 4/30/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/22/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
04/12/17	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
05/04/17	PMT BY CHECK	DOS 6/22/16-4/12/17* # 148960094	-313.00
11/20/17	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
08/18/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
11/09/18	PMT BY CHECK	DOS 10/11/18* # 144637678 CCMSI	-156.50
02/11/19	COSTS	ADD'L COSTS AWARDED	823.53
02/22/19	PMT BY CHECK	DOS 2/8/19* # 148900551 CCMSI	-980.03

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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 FACE OF THIS CHECK CONTAINS A MICROPRINT BORDER AND A BLUE SECURITY VOID BACKGROUND PATTERN - DO NOT CASH IF VOID IS VISIBLE

CCMSI obo Strategic Outsourcing, Inc ACE
2 East Main Street, Suite 208
Danville, IL 61832

2-3/710 IL

Bank of America
CHICAGO, IL 60603

Check Number 148960094

Date: 05/04/2017
Batch #: 301284575

Amount

$****313.00

Amount: THREE HUNDRED THIRTEEN AND XX / 100**********

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

Void After 90 Days
Two Signatures Required for Amounts over 5,000.00

Rodney J. Golden

⑈0148960094⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
69875	04/30/2015	15D48G303529	313.00	0.00	313.00	69875 DS 6/22/2016 - 4/12/2017	TATRIM

MAY 09 2017

atch #: 301284575
Check Number 148960094

Check Amount $****313.00

Loc:8576 RADIANT SERVICES CORPORATION

CCMSI obo Strategic Outsourcing, Inc. - Captive
2 East Main St., Suite 208
Danville, IL 61832

Bank of America
CHICAGO, IL 60603

2-3/710 IL

Check Number **144637678**

Date: 11/09/2018
Batch #: 302326209

Amount

$****156.50

Amount: ONE HUNDRED FIFTY-SIX AND 50 / 100**********

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

Void After 180 Days
Two Signatures Required for Amounts over 5,000.00

Rodney J. Golden

⑈0144637678⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
02/20/2015		15D48G303535	156.50	0.00	156.50	10/11/2018 Order for LC5811	WJONES

PAID
NOV 13 2018

Batch #: 302326209
Check Number 144637678

Check Amount $****156.50

Loc:8576 RADIANT SERVICES CORPORATION

THE FACE OF THIS CHECK CONTAINS A MICROPRINT BORDER AND A BLUE BACKER ON THE BACK. HOLD AT AN ANGLE TO VIEW.

CCMSI obo Strategic Outsourcing, Inc ACE
2 East Main Street, Suite 208
Danville, IL 61832

Bank of America
CHICAGO, IL 60603

2-3/710 IL

Check Number **148900551**

Date: 02/22/2019
Batch #: 302549013

Amount

$****980.03

Amount: NINE HUNDRED EIGHTY AND 03 / 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

⑈0148900551⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
	04/30/2015	15D48G303529	980.03	0.00	980.03	Per Stip & Order dated 2/08/19 AD J10155261;26;8818269	JTREROTOL

PAID
FEB 25 2019
BY. .....

Batch #: 302549013
Check Number 148900551

Check Amount $****980.03

Loc:8576 RADIANT SERVICES CORPORATION

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

*** INVOICE ***
Date NO#
09/18/18 71029

EAMS#(s):

SS # : XXX-XX-
DOB : _,_-_,

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: NANCY RUBIO
P.O. BOX 53550
IRVINE, CA 92619

Terms: 60 days
Claim #(s):
12D48C266602

Case: __ vs DMS FACILITY SERVICES
Date Of Injury: 7/16/12

DOS	SERVICE	DESCRIPTION	AMOUNT
12/13/16	SURGERY	DR KEVIN PELTON: RT CARPAL TUNNEL RELEASE	585.00
/ /	-	@ MONROVIA HOSP (6HR 30MIN)	0.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/01/18	PENALTIES	FOR DATE OF SERVICE 12/13/16	87.75
06/01/18	INTEREST	FOR DATE OF SERVICE 12/13/16	85.34
07/02/18	PMT BY CHECK	DOS 12/13/16* # 3875622	-292.50
09/11/18	PMT BY CHECK	DOS 12/13/16-6/1/18* # 4423234	-465.59

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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 **

Strategic Outsourcing
2 East Main Street Suite 208
Danville, IL 61832

0000224-0000478 0106 001 718037 CCM

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

CCMSI

71029

The document you are holding is a payment for services provided. The attached check and Explanation of Payment(s) is sent to you by CCMSI on behalf of Strategic Outsourcing, who has partnered with VPay® to process their payments. If you have questions regarding VPay®, please contact us at 1-855-893-2656. If you have questions regarding the payment amount or benefit calculation, please contact CCMSI at 1-844-750-0955 or at paymentstatus@ccmsi.com.

CCMSI Transaction ID:	518378988
VP Trans ID:	390891950 CCM0001343
Date:	07/02/2018
Amount:	$292.50
Claimant Name:	
Invoice Number:	71029 (-$465.59)
Date of Service:	DOS: 12/13/2016 to 12/13/2016 Comment: FFCA26297 DS 12/13/16
Check Number:	3875622
Claim Number:	12D48C266602

PAID
JUL 06 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 VP Trans ID shown above and destroy this communication and its attachments, if any.

[redacted]

Strategic Outsourcing
2 East Main Street Suite 208
Danville, IL 61832

0001666-0004292 0106 001 734016 CCM

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

CCMSI

MR

71029

The document you are holding is a payment for services provided. The attached check and Explanation of Payment(s) is sent to you by CCMSI on behalf of Strategic Outsourcing, who has partnered with VPay® to process their payments. If you have questions regarding VPay®, please contact us at 1-855-893-2656. If you have questions regarding the payment amount or benefit calculation, please contact CCMSI at 1-844-750-0955 or at paymentstatus@ccmsi.com.

CCMSI Transaction ID:	518754903
VP Trans ID:	428582310
	CCM0001343
Date:	09/11/2018
Amount:	$465.59
Claimant Name:	
Invoice Number:	71029 (-$0.00)
Date of Service:	12/13/2016 to 12/13/2016 Comment: 71029 DS 12-13-2016 06-01-2018
Check Number:	4423234
Claim Number:	12D48C266602

SEP 18 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 VP Trans ID shown above and destroy this communication and its attachments, if any.

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

CCMSI

CCMSI obo
Strategic Outsourcing
2 East Main Street Suite 208
Danville, IL 61832

METABANK
Sioux Falls, SD
72-7011/2739

4423234

09/11/2018

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

$465.59

FOUR HUNDRED SIXTY FIVE DOLLARS AND 59/100 DOLLARS

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

VOID AFTER 180 DAYS

428582310

MEMO 71029 (-$0.00)

⑈4423234⑈ ⑆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#
03/01/19 72099

EAMS#(s):

SS # : XXX-XX
DOB : 12/20/82
Terms: 60 days
Claim #(s):
16D48G882362

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: EVELYN RODRIGUEZ
P.O. BOX 53550
IRVINE, CA 92619

Case: vs RADIANT SERVICES CORPORATION
Date Of Injury: 9/4/06 - 6/8/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/28/17	LEGAL_PREP	DEPO PREP @ L/O SION & ASSOC. (AMENDED)	156.50
/ /	INTERPRETER:	CARMEN R. GONZALEZ # 49448683	0.00
12/01/17	PENALTIES	FOR DATE OF SERVICE 06/30/17	23.48
12/01/17	INTEREST	FOR DATE OF SERVICE 06/30/17	6.51
12/01/17	PMT BY CHECK	DOS 6/30/17* # 148973785	-156.50
02/06/19	COSTS	ADD'L COSTS AWARDED	3470.01
02/25/19	PMT BY CHECK	DOS 2/6/19* # 148900662	-3500.00

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 FACE OF THIS CHECK CONTAINS A MICROPRINT BORDER AND A BLUE SECURITY VOID BACKGROUND PATTERN - DO NOT CASH IF VOID IS VISIBLE.

CCMSI obo Strategic Outsourcing, Inc ACE
2 East Main Street, Suite 208
Danville, IL 61832

2-3/710 IL

Bank of America
CHICAGO, IL 60603

Check Number 148973785

Date: 12/01/2017
Batch #: 301687793

Amount

$****156.50

Amount: ONE HUNDRED FIFTY-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

⑈0148973785⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
		16D48G882362	156.50	0.00	156.50	Payment for Depo Interpreter fees	JUWILLIAM
	06/08/2016						

DEC 04 2017

Batch #: 301687793
Check Number 148973785

Check Amount $****156.50

Loc:8576 RADIANT SERVICES CORPORATION

THE BACK OF THIS CHECK CONTAINS A MICROPRINT BORDER AND A BLUE SIGNATURE VOID BACKGROUND PATTERN. DO NOT CASH IF VOID IS VISIBLE.

CCMSI obo Strategic Outsourcing, Inc ACE
2 East Main Street, Suite 208
Danville, IL 61832

Bank of America
CHICAGO, IL 60603

2-3/710 IL

Check Number **148900662**

Date: 02/25/2019
Batch #: 302551973

Amount

$****3,500.00

Amount: THREE THOUSAND FIVE HUNDRED 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

⑈014890066 2⑈ ⑆071000039⑆ 866 662 264 2⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
	06/08/2016	16D48G882362	3,500.00	0.00	3,500.00	F&F Per 2/06/19 Stip & Order ADJ9 888664 (COST PETITIONER)	JTREROTOI

PAID
MAR 0 1 2019

Batch #: 302551973
Check Number 148900662
Check Amount $****3,500.00
Loc:8576 RADIANT SERVICES CORPORATION

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

*** INVOICE ***
Date NO#
04/15/19 74114

EAMS#(s):

SS # : XXX-XX-N/A
DOB : [illegible]
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
03/27/19	COSTS	ADD'L COSTS AWARDED	900.00
04/11/19	PMT BY CHECK	DOS 3/27/19* # 161632426	-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 **

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

Rodney J. Golden

⑈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

Batch #: 302287790
Check Number 161621847
Check Amount $****563.00
Loc:PRIORITY WORKFORCE - COMMERCE

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 161632426

Date: 04/11/2019
Batch #: 302656984

Amount

$****900.00

Amount: NINE HUNDRED 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

⑈0161632426⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
	02/02/2018	18W04F556532	900.00	0.00	900.00	Full & Final Satisfaction for All Dates of Service	ALEE

PAID
APR 15 2019
BY: .....

Batch #: 302656984
Check Number 161632426

Check Amount $****900.00

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#
03/19/18 35715

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
710-685968

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

Case: [redacted]'s T&M MEDICAL TRANSPORTATION
Date Of Injury: 10/27/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/19/09	INITIAL EXAM	DR TERRENCE: PSYCH EVAL (4 HRS 15 MINS)	488.75
11/11/09	INITIAL EXAM	DR BOYER @ PAIN RELIEF CTR*	230.00
04/06/12	PENALTIES	FOR DATE OF SERVICE 11/19/09	73.31
04/06/12	INTEREST	FOR DATE OF SERVICE 11/19/09	136.90
04/06/12	PENALTIES	FOR DATE OF SERVICE 11/11/09	34.50
04/06/12	INTEREST	FOR DATE OF SERVICE 11/11/09	65.00
12/08/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
02/21/19	PMT BY CHECK	DOS 10/27/09-2/15/19* # 33638659	-1000.00
02/25/19	BLCE OFF SET	BALANCE OFF SET	-128.46

BALANCE 0.00

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

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

Electronic Service Requested

ALL FOR AADC 926
25386 1.1458 AB 0.409
JOYCE ALTMAN INTERPRETERS INC 321
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 33638659
RFP No.: 731775
Check Date: 02/21/2019
Check Amount: 1,000.00
Insured: T AND N MEDICAL TRANSPORT, INC
Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID
FEB 25 2019

PV. .....

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000005445652	00685968	001	10/27/2009	MED	O	1,000.00
					Total Amount	1,000.00

Reason for Payment
102709-021519 F

Use File # 710/00685968 on all correspondence for prompt processing.
For check information call: 877-802-5246

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

GRANITE STATE INSURANCE COMPANY

50-937/213

Claim No: 00685968 Policy No.: 000005445652
Reason for Payment 102709-021519 F

*********One Thousand Dollars***

CHECK No. 33638659
RFP No. 00731775
DATE 02/21/2019

AMOUNT PAID
*******$1,000.00

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

⑈33638659⑈ ⑆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#
08/21/18 64517

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
710858128

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

Case: vs SAVAGE SERVICE CORP
Date Of Injury: 12/7/12

DOS	SERVICE	DESCRIPTION	AMOUNT
01/06/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/04/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/24/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/03/15	PMT BY CHECK	DOS 1/6/15-2/4/15* # 28255323	-313.00
03/31/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/20/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/14/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/27/16	PMT BY CHECK	DOS 3/14/16* # 30396270	-156.50
07/28/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/22/16	PENALTIES	FOR DATE OF SERVICE 3/24/15	23.48
12/17/16	INTEREST	FOR DATE OF SERVICE 3/24/15	31.95
11/22/16	PENALTIES	FOR DATE OF SERVICE 3/31/15	23.48
12/17/16	INTEREST	FOR DATE OF SERVICE 3/31/15	31.85
11/22/16	PENALTIES	FOR DATE OF SERVICE 4/20/15	37.50
12/17/16	INTEREST	FOR DATE OF SERVICE 4/20/15	47.97
11/22/16	PENALTIES	FOR DATE OF SERVICE 7/28/16	37.50
12/17/16	INTEREST	FOR DATE OF SERVICE 7/28/16	11.89
12/17/16	PMT BY CHECK	DOS 11/28/16* # 31472179	-813.00
11/22/16	PENALTIES	FOR DATE OF SERVICE 1/06/15	23.48
04/03/15	INTEREST	FOR DATE OF SERVICE 1/06/15	3.60
08/09/18	COSTS	ADD'L COSTS AWARDED	1977.30
08/17/18	PMT BY CHECK	DOS 8/9/18* # 33222441	-2250.00

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

*** INVOICE ***

Date	NO#
08/21/18	64517

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
710858128

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

Case: vs SAVAGE SERVICE CORP
Date Of Injury: 12/7/12

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 **

P4000028000

20150403005

American International Group, Inc.
Attn: Bryan Wiltfong
PO Box 25565
Shawnee Mission, KS 66225

04517

Electronic Service Requested

7 OF 9 F

ENV 868

SINGLE PIECE
868 1.9115 SP 0.500

JOYCE ALTMAN INTERPRETERS INC 5
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 28255323
RFP No.: 732279
Check Date: 04/03/2015
Check Amount: 313.00
Insured: SAVAGE COMPANIES

Claimant:

Claim Office: 710
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
000009876292	00858128	01	12/07/2012	MED	O	313.00
					Total Amount	313.00

Reason for Payment
ORG: 313.00 ACT: NA 010615-020415

Use File # 710/00858128 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID
APR 10 2015

BY: .....

P4000028000

201604274007

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

Electronic Service Requested

SINGLE PIECE
24 2.0736 SP 0.885 1

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

5 OF 10 F

ENV 24

Check No.: 30396270
RFP No.: 608178
Check Date: 04/27/2016
Check Amount: 156.50
Insured: SAVAGE COMPANIES

Claimant:

Claim Office: 710
Insuring Company: THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

Payee Name: JOYCE ALTMAN INTERPRETERS

64517-1

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009876292	00858128	001	12/07/2012	MED	O	156.50
				Total Amount		156.50

Reason for Payment
ORG: 156.50 ACT: N/A 031416-031416

Use File # 710/00858128 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID MAY 02 2016

[redacted]

P400002800J

20161219607

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

Electronic Service Requested

MIXED AADC 926
874 0.7389 MB 0.416

JOYCE ALTMAN INTERPRETERS INC 118
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 874 3 OF 3 F

Check No.: 31472179
RFP No.: 043636
Check Date: 12/17/2016
Check Amount: 813.00
Insured: SAVAGE COMPANIES

Claimant:

Claim Office: 710
Insuring Company: THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

Payee Name: JOYCE ALTMAN INTERPRETERS INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009876292	00858128	001	12/07/2012	MED	C	813.00
					Total Amount	813.00

Reason for Payment
F&F PER ORDER 11/28/16 E

F.F.

Use File # 710/00858128 on all correspondence for prompt processing.
For check information call: 877-802-5246

[redacted]

4000028001

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

201808171607

Electronic Service Requested

MIXED AADC 926
1407 0.3820 MB 0.421

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165 146

1 OF 1

ENV 1407

Check No.: 33222441
RFP No.: 647275
Check Date: 08/17/2018
Check Amount: 2,250.00
Insured: SAVAGE COMPANIES

Claimant

Claim Office: 710
Insuring Company: THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

Payee Name: JOYCE ALTMAN INTERPRETERS INC

64157

AUG 2 1 2018

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009876292	00858128	001	12/07/2012	MED	C	2,250.00
					Total Amount	2,250.00

Reason for Payment
FULL AND FINAL

Use File # 710/00858128 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: 00858128 Policy No.: 000009876292
Reason for Payment FULL AND FINAL

***********Two Thousand Two Hundred Fifty Dollars*****

CHECK No.	**33222441**
RFP No.	**00647275**
DATE	**08/17/2018**
AMOUNT PAID	
*********$2,250.00**	

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

⑈33222441⑈ ⑆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#
09/24/18	69576

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
710966156

BILL TO:
CHARTIS/AIG (COSTA MESA-25977)
W. C. DEPARTMENT
ATTN: ROBERTA KJLORIEN
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs NIBBELINK MASONRY CONSTRUCTION
Date Of Injury: 12/19/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/12/16	INITIAL EXAM	DR GOUBRAN & MIRZABEIGI @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/16/16	PR2/REEVAL	DR GALAL GOUBRAN/ANDREW MILES P.A. @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/25/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
10/27/16	PR2/REEVAL	DR GOUBRAN/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/09/17	P AND S	DR GOUBRAN/FRANKE,PA @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/14/18	LIEN FIL FEE	LIEN FILING FEE	150.00
09/06/18	PENALTIES	FOR DATE OF SERVICE 05/12/16	34.50
09/06/18	INTEREST	FOR DATE OF SERVICE 05/12/16	48.33
09/06/18	PENALTIES	FOR DATE OF SERVICE 02/09/17	34.50
09/06/18	INTEREST	FOR DATE OF SERVICE 02/09/17	40.58
09/20/18	PMT BY CHECK	DOS 5/12/16-2/9/17* # 33302128	-1307.91

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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 **

P4000028001

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

201809201607

Electronic Service Requested

1 OF 1

ENV 2564

MIXED AADC 926
2564 0.3820 MB 0.421

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

164

Check No.: 33302128
RFP No.: 665271
Check Date: 09/20/2018
Check Amount: 1,307.91
Insured: NIBBELINK MASONRY CONSTRUCTION
Claimant:

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

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000028328214	00966156	001	12/19/2014	MED	O	1,307.91
					Total Amount	1,307.91

Reason for Payment
051216-020917

Use File # 710/00966156 on all correspondence for prompt processing.
For check information call: 877-802-5246

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

NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH

50-937/213

Claim No: 00966156 Policy No.: 000028328214
Reason for Payment 051216-020917

CHECK No. 33302128
RFP No. 00665271
DATE 09/20/2018

**********One Thousand Three Hundred Seven & 91/100 Dollars*****

AMOUNT PAID
*******$1,307.91

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

⑈33302128⑈ ⑆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#
08/01/19 70074

EAMS#(s):

SS # : XXX-XX
DOB
Terms: 60 days
Claim #(s):
710983118

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

Case: vs GUARDIAN WORKFORCE INC
Date Of Injury: 10/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/29/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
08/31/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
02/28/18	PMT BY CHECK	DOS 7/29/16-8/31/16* # 32793513	-406.50
03/08/18	PENALTIES	FOR DATE OF SERVICE 7/29/16	23.48
02/28/18	INTEREST	FOR DATE OF SERVICE 7/29/16	27.96
03/08/18	PENALTIES	FOR DATE OF SERVICE 8/31/16	23.48
02/28/18	INTEREST	FOR DATE OF SERVICE 8/31/16	26.33
03/26/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/03/18	COSTS	MONIES CREDITED TOWARDS COSTS	148.75
04/07/18	PMT BY CHECK	DOS 4/3/18* # 32896831	-406.50
03/18/19	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/01/18	PMT BY CHECK	DOS 7/29/16-3/2/18* =# 32955348	-156.50
06/27/19	COSTS	ADD'L COSTS AWARDED	2000.00
07/27/19	PMT BY CHECK	DOS 6/27/19* # 33966776	-2000.00
		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

P4000028001

20180228013 9

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

Electronic Service Requested

ENV 15092 3 OF 3 F

ALL FOR AADC 926
15092 0.7648 AB 0.405
JOYCE ALTMAN INTERPRETERS INC 157
PO BOX 4165
TUSTIN, CA 92781-4165

mr
Check No.: 32793513
RFP No.: 550065
Check Date: 02/28/2018
Check Amount: 406.50
Insured: GUARDIAN WORKFORCE, INC.

Claimant:

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

Payee Name: JOYCE ALTMAN INTERPRETERS INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000019397835	00983114	001	02/26/2016	MED	O	406.50

Total Amount 406.50

Reason for Payment
INV 70074

MAR 06 2018

Use File # 710/00983114 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: 00983114 Policy No.: 000019397835
Reason for Payment INV 70074

**********Four Hundred Six & 50/100 Dollars*****

CHECK No.	**32793513**
RFP No.	**00550065**
DATE	**02/28/2018**
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

⑈32793513⑈ ⑆021309379⑆ 7864205 39⑈

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

Electronic Service Requested

ALL FOR AADC 926
13753 0.7648 AB 0.405

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

131

3 OF 3 F

ENV 13753

Check No.: 32896831
RFP No.: 574371
Check Date: 04/07/2018
Check Amount: 406.50
Insured: GUARDIAN WORKFORCE, INC.

Claimant:

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

Payee Name: JOYCE ALTMAN INTERPRETERS INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000019397835	00983114	001	02/26/2016	EXP	O	406.50
					Total Amount	406.50

Reason for Payment
ADJ10326613

Use File # 710/00983114 on all correspondence for prompt processing.
For check information call: 877-802-5246

APR 16 2018

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

COMMERCE AND INDUSTRY INSURANCE CO.

50-937/213

Claim No: 00983114 Policy No.: 000019397835
Reason for Payment ADJ10326613

*********Four Hundred Six & 50/100 Dollars***

CHECK No. 32896831
RFP No. 00574371
DATE 04/07/2018

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

⑈32896831⑈ ⑆021309379⑆ 7864205390⑈

P4000028000

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

201805011608

Electronic Service Requested

MIXED AADC 926
1704 0.5738 MB 0.421
JOYCE ALTMAN INTERPRETERS INC 137
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 1704 1 OF 2 F

Check No.: 32955348
RFP No.: 588929
Check Date: 05/01/2018
Check Amount: 156.50
Insured: GUARDIAN WORKFORCE, INC.

Claimant:

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

Payee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000019397835	00983118	001	10/01/2015	MED	O	156.50
					Total Amount	156.50

Reason for Payment
ORG: 563.00 ACT: 70074 072916-032618

Use File # 710/00983118 on all correspondence for prompt processing.
For check information call: 877-802-5246

MAY 04 2018

[redacted]

P4000028001

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

201907291608

Electronic Service Requested

1 OF 1

ENV 6394

MIXED AADC 926
6394 0.3820 MB 0.425

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

185

Check No.: 33966776
RFP No.: 789421
Check Date: 07/27/2019
Check Amount: 2,000.00
Insured: GUARDIAN WORKFORCE, INC.

Claimant:

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

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID
AUG 01 2019

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000019397835	00983114	001	02/26/2016	MED	O	2,000.00
					Total Amount	2,000.00

Reason for Payment
FULL AND FINAL

Use File # 710/00983114 on all correspondence for prompt processing.
For check information call: 877-802-5246

Joyce Altman Interpreters, 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	70138

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
710-983610

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

Case:
Date Of Injury: 1/13/16

vs CONSOLIDATED STAFFING SOLUTION

DOS	SERVICE	DESCRIPTION	AMOUNT
08/01/16	LEGAL_WCAB	EXPEDITED HEARING @ WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
08/25/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
10/04/16	PMT BY CHECK	DOS 8/1/16* =# 31152304	-156.50
10/05/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/18/18	PMT BY CHECK	DOS 8/25/16-10/5/18* # 33002418	-180.00
05/25/18	PENALTIES	FOR DATE OF SERVICE 8/25/16	23.48
05/18/18	INTEREST	FOR DATE OF SERVICE 8/25/16	30.08
05/25/18	INTEREST	FOR DATE OF SERVICE 8/25/16	12.93
05/25/18	PENALTIES	FOR DATE OF SERVICE 10/5/16	37.50
05/18/18	INTEREST	FOR DATE OF SERVICE 10/5/16	44.98
05/25/18	INTEREST	FOR DATE OF SERVICE 10/5/16	29.14
07/24/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO CORTEZ # 100533	0.00
11/20/18	PMT BY CHECK	DOS 7/24/18* =# 33440800	-250.00
03/13/19	PMT BY CHECK	DOS 3/4/19* # 33681846	-1900.00
03/13/19	COSTS	ADD'L COSTS AWARDED	1495.39
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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

P40000028000

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

201610041607

Electronic Service Requested

MIXED AADC 926
972 1.2556 MB 0.416

JOYCE ALTMAN INTERPRETERS INC 115
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 972 1 OF 6 F

Check No.: 31152304
RFP No.: 923049
Check Date: 10/04/2016
Check Amount: 156.50
Insured: CONSOLIDATED STAFFING SOLUTION
Claimant:

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

Payee Name: JOYCE ALTMAN INTERPRETERS

70138

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000019397878	00983610	001	01/13/2016	MED	O	156.50
					Total Amount	156.50

Reason for Payment
ORG: 156.50 ACT: 70138 080116-080116

Use File # 710/00983610 on all correspondence for prompt processing.
For check information call: 877-802-5246

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

Electronic Service Requested

ALL FOR AADC 926
18126 0.7648 AB 0.405
JOYCE ALTMAN INTERPRETERS INC 140
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 18126 3 OF 3 F

Check No.: 33002418
RFP No.: 598790
Check Date: 05/18/2018
Check Amount: 180.00
Insured: CONSOLIDATED STAFFING SOLUTION
Claimant:

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

Payee Name: JOYCE ALTMAN INTERPRETERS INC

70138

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000019397878	00983610	001	01/13/2016	MED	O	180.00
					Total Amount	180.00

Reason for Payment
RE: MARIA DE LA LUZ MARTINEZ

MAY 24 2018

Use File # 710/00983610 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: 00983610 Policy No.: 000019397878
Reason for Payment RE: l

CHECK No. 33002418
RFP No. 00598790
DATE 05/18/2018

AMOUNT PAID
*******$180.00

Void after 90 Days

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

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

AUTHORIZED SIGNATURE

JPMORGAN CHASE BANK, N.A.
SYRACUSE, NY 13206

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

⑈33002418⑈ ⑆021309379⑆ 7864205391⑈

P400002R000

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

201811201610

Electronic Service Requested

MIXED AADC 926
1520 0.5738 MB 0.421

JOYCE ALTMAN INTERPRETERS INC 131
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 1520 1 OF 2 F

Check No.: 33440800
RFP No.: 694224
Check Date: 11/20/2018
Check Amount: 250.00
Insured: CONSOLIDATED STAFFING SOLUTION
Claimant:

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

Payee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000019397878	00983610	001	01/13/2016	MED	C	250.00
					Total Amount	250.00

Reason for Payment
ORG: 813.00 ACT: 71038 080116-072418

Use File # 710/00983610 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID
NOV 26 2018

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.: 00983610 Policy No.: 000019397878
Reason for Payment: ORG: 813.00 ACT: 71038 080116-072418

CHECK No. 33440800
RFP No. 00694224
DATE 11/20/2018

**********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

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

⑈33440800⑈ ⑆021309379⑆ 7864205 39⑈

P4000028001

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

201903131608

Electronic Service Requested

1 OF 1

ENV 6324

MIXED AADC 926
6324 0.3820 MB 0.425

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165
183

Check No.: 33681846
RFP No.: 739527
Check Date: 03/13/2019
Check Amount: 1,900.00
Insured: CONSOLIDATED STAFFING SOLUTION
Claimant:

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

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID
MAR 18 2019

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000019397878	00983610	001	01/13/2016	MED	O	1,900.00
				Total Amount		1,900.00

Reason for Payment
FULL AND FINAL

Use File # 710/00983610 on all correspondence for prompt processing.
For check information call: 877-802-5246

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

*** INVOICE ***
Date NO#
03/25/19 71946

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
572002451

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

Case: , vs CA SANDBLASTING & COATING
Date Of Injury: 3/11/11 - 4/11/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/15/17	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
07/29/17	PMT BY CHECK	DOS 6/15/17* =# 32220694	-90.00
01/26/19	PMT BY CHECK	DOS 6/15/17* # 33584706	-66.50
03/20/19	COSTS	ADD'L COSTS AWARDED	956.00
03/20/19	PMT BY CHECK	DOS 6/15/17* # 33698530	-956.00

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 **

P4000028000

20170731010

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

Electronic Service Requested

ALL FOR AADC 926
12948 1.0660 AB 0.400

JOYCE ALTMAN INTERPRETERS INC 151
PO BOX 4165
TUSTIN, CA 92781-4165

Page 1 of 3

3 OF 5 F

ENV 12948

Check No.: 32220694
RFP No.: 386551
Check Date: 07/29/2017
Check Amount: 90.00
Insured: CALIFORNIA SANDBLASTING AND CO
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
000020634894	00759620	001	03/11/2011	MED	C	90.00
					Total Amount	90.00

Reason for Payment
ORG: 156.50 ACT: 71946 061517-061517

Use File # 710/00759620 on all correspondence for prompt processing.
For check information call: 877-802-5246

AUG 0 4 2017

[redacted]

P4000028001

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

201901280121

Electronic Service Requested

71946

1 OF 3 F

ENV 25008

ALL FOR AADC 926
25008 0.7648 AB 0.409

JOYCE ALTMAN INTERPRETERS INC 356
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 33584706
RFP No.: 721983
Check Date: 01/26/2019
Check Amount: 66.50
Insured: CALIFORNIA SANDBLASTING AND CO
Claimant:

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

FEB 05 2019

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000020634894	00759620	001	03/11/2011	MED	C	66.50
					Total Amount	66.50

Reason for Payment
061517-061517 B

Use File # 710/00759620 on all correspondence for prompt processing.
For check information call: 877-802-5246

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

NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH

50-937/213

Claim No: 00759620 Policy No.: 000020634894
Reason for Payment 061517-061517 B

CHECK No. 33584706
RFP No. 00721983
DATE 01/26/2019

*********Sixty Six & 50/100 Dollars***

AMOUNT PAID
*******$66.50

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

⑈33584706⑈ ⑆021309379⑆ 7864205390⑈

9275640

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

201903200118

Electronic Service Requested

ALL FOR AADC 926
14077 0.5738 AB 0.409

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

156

1 OF 2 F

ENV 14077

Check No.: 33698530
RFP No.: 425220
Check Date: 03/20/2019
Check Amount: 956.00
Insured: CALIFORNIA SANDBLASTING AND CO
Claimant:

PAID
MAR 25 2019

Claim Office: 572
Insuring Company: NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH
Payee Name: JOYCE ALTMAN INTERPRETERS INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000020634894	00002451	001	02/27/2014	MED	C	956.00
					Total Amount	956.00

Reason for Payment
061517-061517 F

Use File # 572/00002451 on all correspondence for prompt processing.
For check information call: 877-802-5246

061508

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: 00002451 Policy No.: 000020634894
Reason for Payment 061517-061517 F

*********Nine Hundred Fifty Six Dollars***

CHECK No.	33698530
RFP No.	00425220
DATE	03/20/2019
AMOUNT PAID	
Void after 90 Days	*******$956.00

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

⑈33698530⑈ ⑆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#
07/29/19 74257

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
572018152

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

Case: vs VISION MEDIA MGMT & FULLFILMEN
Date Of Injury: 9/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/26/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/16/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA J. RAMIREZ # 301566	0.00
09/04/18	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/24/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI II	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/18/18	PMT BY CHECK	DOS 9/4/18* =# 33367238	-156.50
10/25/18	PMT BY CHECK	DOS 9/24/18* =# 33382671	-156.50
11/12/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI II	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/20/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/16/19	COSTS	ADD'L COSTS AWARDED	1500.00
07/26/19	PMT BY CHECK	DOS 7/16/19* # 33963230	-2313.00

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 **

ME

P4000028000

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

201810181610

Electronic Service Requested

MIXED AADC 926
1282 0.5738 MB 0.421

JOYCE ALTMAN INTERPRETERS INC 116
PO BOX 4165
TUSTIN, CA 92781-4165

1 OF 2 F

ENV 1282

Check No.: 33367238
RFP No.: 317324
Check Date: 10/18/2018
Check Amount: 156.50
Insured: VISION MEDIA MANAGEMENT & FULF
Claimant:

Claim Office: 572
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000055816159	00018152	001	09/21/2017	MED	O	156.50
				Total Amount		156.50

Reason for Payment
ORG: 563.00 ACT: 74257 062618-090418

Use File # 572/00018152 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID
OCT 22 2018

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.: 00018152 Policy No.: 000055816159
Reason for Payment: ORG: 563.00 ACT: 74257 062618-090418

CHECK No. 33367238
RFP No. 00317324
DATE 10/18/2018

**********One Hundred Fifty Six & 50/100 Dollars*****

AMOUNT PAID
*******$156.50

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

⑈33367238⑈ ⑆021309379⑆ 7864205 39⑈

P4000028000

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

201810250125

Electronic Service Requested

ALL FOR AADC 926
21827 0.7648 AB 0.405

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

271

ENV 21827 1 OF 3 F

Check No.: 33382671
RFP No.: 323580
Check Date: 10/25/2018
Check Amount: 156.50
Insured: VISION MEDIA MANAGEMENT & FULF
Claimant:

Claim Office: 572
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000055816159	00018152	001	09/21/2017	MED	O	156.50
					Total Amount	156.50

Reason for Payment
ORG: 719.50 ACT: 74257 062618-092418

Use File # 572/00018152 on all correspondence for prompt processing.
For check information call: 877-802-5246

OCT 30 2018

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.: 00018152 Policy No.: 000055816159
Reason for Payment: ORG: 719.50 ACT: 74257 062618-092418

***********One Hundred Fifty Six & 50/100 Dollars*****

CHECK No.	**33382671**
RFP No.	**00323580**
DATE	**10/25/2018**
AMOUNT PAID	
	**********$156.50**

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

⑈33382671⑈ ⑆021309379⑆ 7864205 39⑈

P4000028001

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

201907261607

Electronic Service Requested

MIXED AADC 926
2709 0.3820 MB 0.425

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

156

1 OF 1

ENV 2709

Check No.: 33963230
RFP No.: 518818
Check Date: 07/26/2019
Check Amount: 2,313.00
Insured: VISION MEDIA MANAGEMENT & FULF
Claimant:

Claim Office: 572
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID
JUL 29 2019

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000055816159	00018152	001	09/21/2017	MED	C	2,313.00
					Total Amount	2,313.00

Reason for Payment
071619-071619 F

Use File # 572/00018152 on all correspondence for prompt processing.
For check information call: 877-802-5246

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

AMERICAN HOME ASSURANCE COMPANY

50-937/213

8552453

Claim No: 00018152 Policy No.: 000055816159
Reason for Payment 071619-071619 F

*********Two Thousand Three Hundred Thirteen Dollars***

CHECK No. 33963230
RFP No. 00518818
DATE 07/26/2019

AMOUNT PAID
*******$2,313.00

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

⑈33963230⑈ ⑆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#
02/06/19 54437

EAMS#(s):

SS # : XXX-XX-
DOB : . .
Terms: 60 days
Claim #(s):
499-1111221

BILL TO:
CIGA/PATRIOT
W. C. DEPARTMENT
ATTN: CRISTIN JOHNSON
P.O. BOX 29066
GLENDALE, CA 91209

Case: _____ _____ vs GOLD STAR REHAB & NURSING
Date Of Injury: 4/16/12

DOS	SERVICE	DESCRIPTION	AMOUNT
07/25/12	MRI	-REF BY DR SHAH: RT SHOULDER CALIF IMAGING*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
08/27/12	MRI	-REF BY DR HITENDRA: RT HIP @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
11/02/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/18/12	DEPO PREP	@ THE L/O OF STOCKWELL & HARRIS	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/10/13	MRA	-REF BY DR SHAH: LT KNEE @ CALIF IMAG (3.5 HRS)	262.50
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
10/01/13	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
08/12/14	DEPO PREP	@ THE L/O OF HEGGENESS, SWEET SIMINGTON	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/12/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/02/15	LIEN FIL FEE	LIEN FILING FEE	150.00
08/10/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/14/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/11/16	PMT BY CHECK	DOS 10/18/12-7/14/16* # 80019910	-782.50
09/26/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/27/16	PMT BY CHECK	DOS 9/26/16* # 80074915	-156.50

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

*** INVOICE ***
Date NO#
02/06/19 54437

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
499-1111221

BILL TO:
CIGA/PATRIOT
W. C. DEPARTMENT
ATTN: CRISTIN JOHNSON
P.O. BOX 29066
GLENDALE, CA 91209

Case: vs GOLD STAR REHAB & NURSING
Date Of Injury: 4/16/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/23/16	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/27/17	PENALTIES	FOR DATE OF SERVICE 11/02/12	37.50
09/18/18	INTEREST	FOR DATE OF SERVICE 11/02/12	151.08
08/11/16	PENALTIES	FOR DATE OF SERVICE 10/18/12	23.48
08/11/16	INTEREST	FOR DATE OF SERVICE 10/18/12	56.70
08/11/16	PENALTIES	FOR DATE OF SERVICE 10/01/13	23.48
08/11/16	INTEREST	FOR DATE OF SERVICE 10/01/13	50.84
08/11/16	PENALTIES	FOR DATE OF SERVICE 08/12/14	23.48
08/11/16	INTEREST	FOR DATE OF SERVICE 08/12/14	33.87
03/27/17	PENALTIES	FOR DATE OF SERVICE 09/12/14	37.50
09/18/18	INTEREST	FOR DATE OF SERVICE 09/12/14	5.43
08/11/16	PENALTIES	FOR DATE OF SERVICE 08/10/15	23.48
08/11/16	INTEREST	FOR DATE OF SERVICE 08/10/15	17.70
03/27/17	PENALTIES	FOR DATE OF SERVICE 11/23/16	23.48
05/25/17	INTEREST	FOR DATE OF SERVICE 11/23/16	8.04
03/27/17	PENALTIES	FOR DATE OF SERVICE 07/25/12	22.50
09/18/18	INTEREST	FOR DATE OF SERVICE 07/25/12	90.65
03/27/17	PENALTIES	FOR DATE OF SERVICE 08/27/12	22.50
09/18/18	INTEREST	FOR DATE OF SERVICE 08/27/12	90.65
03/27/17	PENALTIES	FOR DATE OF SERVICE 01/10/13	39.38
09/18/18	INTEREST	FOR DATE OF SERVICE 01/10/13	158.63
05/25/17	PMT BY CHECK	DOS 11/23/16* # 81055612	-156.50
01/28/19	COSTS	ADD'L COSTS AWARDED	1447.13
01/31/19	PMT BY CHECK	DOS 1/28/19* # 81611389	-3600.00

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

*** INVOICE ***

Date	NO#
02/06/19	54437

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
499-1111221

BILL TO:
CIGA/PATRIOT
W. C. DEPARTMENT
ATTN: CRISTIN JOHNSON
P.O. BOX 29066
GLENDALE, CA 91209

Case: 's GOLD STAR REHAB & NURSING
Date Of Injury: 4/16/12

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 **

CALIFORNIA INSURANCE GUARANTEE ASSOC.
P.O. BOX 29066
GLENDALE, CA 91209-9066

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

Address Service Requested

Phone: (818) 844-4300

000231-00001-000231 CIG1 2181313
JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781-4165

CHECK NUMBER: 80019910

Description	Invoice	CLAIM #	G/L Code	Serv/From	Serv/To	Amount
Interpreter2	54437	7774991110001221		10/18/12	07/14/16+	$782.50

TOTAL: $782.50

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

CHECK NO. 80019910

DATE: 08/11/2016

Claim#: 7774991110001221
Claimant:
Insured: Goldstar Rehabilitation and Nu
DOL: 04/16/2012

16-66/1220

AMOUNT
*******$782.50

VOID 120 DAYS AFTER DATE OF ISSUE

PAY SEVEN HUNDRED EIGHTY-TWO AND 50/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

Memo Interpreter

Wayne D Kelle
AUTHORIZED SIGNATURE

Anthony J Kennedy
AUTHORIZED SIGNATURE

CIG

⑈80019910⑈ ⑆122000661⑆ 14177⑈ 50212⑈

CALIFORNIA INSURANCE GUARANTEE ASSOC.
P.O. BOX 29066
GLENDALE, CA 91209-9066

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

Address Service Requested

000196-00001-000196 CIG1 2183952
JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781-4165

Phone: (818) 844-4300

CHECK NUMBER: 80074915

Description	Invoice	CLAIM #	G/L Code	Serv/From	Serv/To	Amount
Interpreter2	54437	7774991110001221		09/26/16	09/26/16+	$156.50
TOTAL:						$156.50

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

CHECK NO. 80074915

DATE: 10/27/2016

Claim#: 7774991110001221
Claimant:
Insured: Goldstar Rehabilitation and Nu
DOL: 04/16/2012

16-66/1220

AMOUNT
*******$156.50

VOID 120 DAYS AFTER DATE OF ISSUE

PAY ONE HUNDRED FIFTY-SIX AND 50/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

Memo 54437

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

CIG

⑈80074915⑈ ⑆122000661⑆ 14177⑈ 50212⑈

CALIFORNIA INSURANCE GUARANTEE ASSOC.
P.O. BOX 29066
GLENDALE, CA 91209-9066

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

Address Service Requested

000197-00001-000197 CIG1 2190700
JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781-4165

Page: 1 OF 2
Phone: (818) 844-4300

CHECK NUMBER: 81055612

Description	Invoice	CLAIM #	G/L Code	Serv/From	Serv/To	Amount
112-Interpreter	54437	135-7774991110001221		11/23/16	11/23/16+	$156.50

TOTAL: $156.50

MAY 31 2017

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. 81055612 ✓
DATE: 05/25/2017 ✓

Claim#: 135-7774991110001221
Claimant:
Insured: Goldstar Rehabilitation and Nu
DOL: 04/16/2012

AMOUNT
*******$156.50 ✓

VOID 120 DAYS AFTER DATE OF ISSUE

PAY ONE HUNDRED FIFTY-SIX AND 50/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

Memo 54437

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

CIG

⑈81055612⑈ ⑆122000661⑆ 14177⑈ 5021 2⑈

CALIFORNIA INSURANCE GUARANTEE ASSOC.
P.O. BOX 29066
GLENDALE, CA 91209-9066

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

Address Service Requested

Phone: (818) 844-4300

000155-00001-000155 CIG1 2206301
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781

CHECK NUMBER: 81611389

Description	Invoice	CLAIM #	G/L Code	Serv/From	Serv/To	Amount
214-Medical Settlement	F & F	135-7774991110001221		01/28/19	01/28/19+	$3,600.00

TOTAL: $3,600.00

FEB 06 2019

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

CHECK NO. 81611389

DATE: 01/31/2019

Claim#: 135-7774991110001221
Claimant:
Insured: Goldstar Rehabilitation and Nu
DOL: 04/16/2012

16-66/1220

AMOUNT
*****$3,600.00

VOID 120 DAYS AFTER DATE OF ISSUE

PAY THREE THOUSAND SIX HUNDRED AND 00/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Memo INV #: F & F

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

CIG

⑈81611389⑈ ⑆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#
03/18/19 65763

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
20150874

BILL TO:
CITY OF LONG BEACH
W. C. DEPARTMENT
ATTN: ANNA MARIE GENTILE
333 WEST OCEAN BL 8TH FLOOR
LONG BEACH, CA 90802

Case: 's CITY OF LONG BEACH
Date Of Injury: 8/23/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/13/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
05/29/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/09/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/25/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/12/18	PMT BY CHECK	DOS 4/13/15-7/25/18* # 463987	-719.50
03/13/19	COSTS	ADD'L COSTS AWARDED	1500.00
03/15/19	PMT BY CHECK	DOS 4/13/15-7/25/18* # 471076	-1500.00

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 **

ML

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT - CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT

City of Long Beach
Workers Compensation Account

Union Bank
445 South Figueroa Street
Los Angeles, CA 90071

11-49
1210

DATE 11/12/2018

CHECK No. 463987

AMOUNT
**********719.50

PAY EXACTLY ****Seven Hundred Nineteen Dollars And 50/100

TO THE ORDER OF
Altman, Joyce Interpreters Inc
P O BOX 4165
TUSTIN, CA 92781

Void After 180 Days

DAVID S. NAKAMOTO, Acting City Treasurer

LAURA L. DOUD, City Auditor

⑈463987⑈ ⑆121000497⑆ 2740021276⑈

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT - CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM

City of Long Beach

Payee Altman, Joyce Interpreters Inc
P O BOX 4165
TUSTIN, CA 92781

Attached is our check in full payment of items listed below

DETACH BEFORE DEPOSITING
Check Number: 463987
Check Date: 11/12/2018
Check Amount: 0.00

Claimant:
Claim Number: 20150876
For:
From: 04/13/2015
Through: 07/25/2018

65763

PAID
NOV 14 2018

Incident Date: 12/06/2014
Payment Type: Interpreter Fees - Depo
Invoice Number:
Invoice Date:
Payment Amount: 719.50

City of Long Beach
Workers Compensation Account

Union Bank
445 South Figueroa Street
Los Angeles, CA 90071

11-49
1210

DATE 03/15/2019

CHECK NO. 471076

PAY EXACTLY ****Fifteen Hundred Dollars And 00/100

AMOUNT
**********1,500.00

TO THE ORDER OF
Altman, Joyce Interpreters Inc
P O BOX 4165
TUSTIN, CA 92781

Void After 180 Days

DAVID S. NAKAMOTO, Acting City Treasurer

LAURA L. DOUD, City Auditor

⑈471076⑈ ⑆121000497⑆ 27400212768⑈

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT - CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM

City of Long Beach

Payee Altman, Joyce Interpreters Inc
P O BOX 4165
TUSTIN, CA 92781

Attached is our check in full payment of items listed below

DETACH BEFORE DEPOSITING
Check Number: 471076
Check Date: 03/15/2019
Check Amount: 0.00

Claimant:
Claim Number: 20150876
For:
From: 04/13/2015
Through: 07/25/2018

Incident Date: 12/06/2014
Payment Type: Interpreter Fees - Depo
Invoice Number:
Invoice Date:
Payment Amount: 1,500.00

PAID
MAR 18 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#
08/06/18 62313

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
E2819099

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

Case: vs NEWPORT SEAFOOD TO GO INC
Date Of Injury: 5/10/10

DOS	SERVICE	DESCRIPTION	AMOUNT
05/21/14	WCAB LB	STATUS CONFERENCE DOI: 8/15/09	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/29/14	DEPO PREP	@ THE L/O OF ESQUIRE SOLUTIOS DOI: 8/15/09	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
03/12/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI DOI:CT 6/04; 5/10/10	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
01/26/16	LEGAL_PREP	DEPO PREP @ L/O ESQUIRE SOLUT VOL II	156.50
/ /	INTERPRETER:	SUSANA BARRON # 301481	0.00
02/18/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL II	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/27/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH DOI: 8/15/09	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/12/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI DOI: BOTH	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/27/17	PENALTIES	FOR DATE OF SERVICE 5/21/14	23.48
12/28/17	INTEREST	FOR DATE OF SERVICE 5/21/14	61.88
12/27/17	PENALTIES	FOR DATE OF SERVICE 10/29/14	23.48
12/28/17	INTEREST	FOR DATE OF SERVICE 10/29/14	57.00
12/28/17	PMT BY CHECK	DOS 5/21/14-4/12/17* # 105980568	-1376.00
06/04/18	PMT BY CHECK	DOS 5/21/14-12/28/17* # 106289474	-165.84
07/31/18	COSTS	ADD'L COSTS AWARDED	1500.00
07/31/18	PMT BY CHECK	DOS 5/21/14-4/12/17*	-1500.00

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

*** INVOICE ***
Date NO#
08/06/18 62313

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
E2819099

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

Case: vs NEWPORT SEAFOOD TO GO INC
Date Of Injury: 5/10/10

DOS	SERVICE	DESCRIPTION	AMOUNT

106401672

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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

000715

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781-4165

DEC 0 2 2018

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

Claim Number * E2 819099JP

Insured/Client: NEWPORT SEAFOOD TO GO INC

Claimant

ATT 12/28/17

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
05/10/10		05/21/14-04/12/17	IND	26	TR		$1,376.00
							$1,376.00

Reason
INV#62313 12/13/2017

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:
TRANSPORTATION INSURANCE COMPANY

105980568
Date Issued 12/28/17

66-156
531
Bank Acct. 4759628092

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

Claim Number	Desk Code	Insured/Client	Issuing Off. No.
E2 819099	JP	NEWPORT SEAFOOD TO GO INC	2C
Prefix & Contract No.		**Claimant**	**Date of Loss**
WC -4017684703			05/10/10
From-thru (Dates)	In Payment of		
05/21/14	04/12/17	INV#62313 12/13/2017	

PAY ONE THOUSAND THREE HUNDRED SEVENTYSIX AND NO/100THS Dollars

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

******$1,376.00

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

Wells Fargo Bank, N.A

⑈0105980568⑈ ⑆053101561⑆ 4759628092⑈

CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

000549

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781

PAID
JUN 12 2018

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

Claim Number *
E2 819099JP

Insured/Client
NEWPORT SEAFOOD TO GO INC

Claimant

ATT
06/04/18

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
05/10/10		05/21/14-12/28/17	MED	26	TR		$165.84
							$165.84

Reason
INV# 62313 01/11/2018

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

ACCIWF 02.28.13

PLEASE DETACH BEFORE CASHING

CNA
Continental Casualty Company
Chicago, IL 60604

UNDERWRITTEN BY:
TRANSPORTATION INSURANCE COMPANY

106289474
Date Issued
06/04/18

66-156
531
Bank Acct.
4759628092

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

Claim Number	Desk Code	Insured/Client	Issuing Off. No.
E2 819099	JP	NEWPORT SEAFOOD TO GO INC	2C
Prefix & Contract No.		**Claimant**	**Date of Loss**
WC -4017684703			05/10/10
From-thru (Dates)	**In Payment of**		
05/21/14	12/28/17	INV# 62313 01/11/2018	

PAY ONE HUNDRED SIXTYFIVE AND 84/100THS ---------- Dollars

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

********$165.84

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

Wells Fargo Bank, N.A

⑈0106289474⑈ ⑆053101561⑆ 4759628092⑈

CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

000934

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781

AUG 06 2018

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

Insured/Client	Claimant	Claim Number *	
NEWPORT SEAFOOD TO GO INC		E2 819099JP	ATT 07/31/18

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
05/10/10		05/21/14-04/12/17	MED	21		MI	$1,500.00
							$1,500.00

Reason
FULL & FINAL SETTLEMENT OF ALL LIENS

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:
TRANSPORTATION INSURANCE COMPANY

66-156
531

106401672
Date Issued 07/31/18
Bank Acct. 4759628092

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

Claim Number	Desk Code	Insured/Client	Issuing Off. No.
E2 819099	JP	NEWPORT SEAFOOD TO GO INC	2C
Prefix & Contract No.		Claimant	Date of Loss
WC -4017684703			05/10/10
From-thru (Dates)	In Payment of		
05/21/14	04/12/17	FULL & FINAL SETTLEMENT OF ALL LIENS	

PAY ONE THOUSAND FIVE HUNDRED AND NO/100THS ---------- Dollars

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

******$1,500.00

Wells Fargo Bank, N.A

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

⑈106401672⑈ ⑆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#
10/09/18 68232

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
E2C22669

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

Case: [redacted] vs OUTER SPACE
Date Of Injury: 4/25/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/11/16	INITIAL EXAM	-DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/18/16	INITIAL EXAM	-DR TOSHA BROWN @ EPC* (AMENDED)	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/22/16	INITIAL ACUP	-W/ ACUPUNCT JUNGSOOK CHOI @ ENHANCED PRECISION*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/05/16	FOLLOW-UP	-W/ ACUPUNCT CHOI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/08/16	PR2/REEVAL	-DR S. ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/12/16	FOLLOW-UP	-W/ ACUPUNCT CHOI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/18/16	PR2/REEVAL	-DR BROWN/MALIN @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/27/17	LIEN FIL FEE	LIEN FILING FEE	150.00
02/12/18	PENALTIES	FOR DATE OF SERVICE 01/11/16	34.50
09/10/18	INTEREST	FOR DATE OF SERVICE 01/11/16	66.89
02/12/18	PENALTIES	FOR DATE OF SERVICE 01/18/16	27.00
09/10/18	INTEREST	FOR DATE OF SERVICE 01/18/16	52.35
02/12/18	PENALTIES	FOR DATE OF SERVICE 01/22/16	34.50
09/10/18	INTEREST	FOR DATE OF SERVICE 01/22/16	66.89
02/12/18	PENALTIES	FOR DATE OF SERVICE 02/05/16	27.00
09/10/18	INTEREST	FOR DATE OF SERVICE 02/05/16	52.35
02/12/18	PENALTIES	FOR DATE OF SERVICE 02/08/16	27.00
09/10/18	INTEREST	FOR DATE OF SERVICE 02/08/16	52.35
02/12/18	PENALTIES	FOR DATE OF SERVICE 02/12/16	27.00
09/10/18	INTEREST	FOR DATE OF SERVICE 02/12/16	52.35
02/12/18	PENALTIES	FOR DATE OF SERVICE 02/18/16	27.00

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#
10/09/18 68232

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
E2C22669

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

Case: Z vs OUTER SPACE
Date Of Injury: 4/25/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/10/18	INTEREST	FOR DATE OF SERVICE 02/18/16	52.35
10/03/18	PMT BY CHECK	DOS 1/11/16-2/18/16* # 106528083	-2000.00
10/09/18	BLCE OFF SET	BALANCE OFF SET	-159.53

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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

000671

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

PAID
OCT 09 2018

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

Claim Number * E2 C22669AK

Insured/Client: OUTER SPACE

Claimant:

ATT: 10/03/18

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
06/29/15		01/11/16-02/18/16	MED	21		MI	$2,000.00
							$2,000.00

Reason
FULL AND FINAL SETTLEMENT OF ALL LIENS

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:
NATIONAL FIRE INSURANCE COMPANY OF HARTFORD

106528083
Date Issued
10/03/18

66-156
531
Bank Acct.
4759628092

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

Claim Number	Desk Code	Insured/Client	Issuing Off. No.
E2 C22669	AK	OUTER SPACE	2C
Prefix & Contract No. WC -508584511		Claimant	Date of Loss 06/29/15
From-thru (Dates) 01/11/16	In Payment of 02/18/16	FULL AND FINAL SETTLEMENT OF ALL LIENS	

PAY TWO THOUSAND AND NO/100THS ---------- Dollars

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

******$2,000.00

Wells Fargo Bank, N.A

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

⑈0106528083⑈ ⑆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#
04/15/19	47519

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
11-91384

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

Case: vs BJS RENTALS, INC
Date Of Injury: 1/27/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/19/11	MRI	REF BY DR KOMBERG DC:L/KNEE; L/ELBW @ CAL IMG *	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
08/23/11	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR SADIGHPOUR*	150.00
/ /	INTERPRETER:	RICARDO AINSLIE # 500159	0.00
05/16/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/24/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
05/21/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
08/20/18	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/29/18	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/10/19	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/23/19	PMT BY CHECK	DOS 8/19/11-1/10/19* =# 8700031	-1182.50
04/03/19	COSTS	ADD'L COSTS AWARDED	930.00
04/09/19	PMT BY CHECK	DOS 1/27/11-4/3/19* =# 8770233	-930.00

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#
04/15/19	47519

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
11-91384

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

Case: vs BJS RENTALS, INC
Date Of Injury: 1/27/11

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ 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
8700031	01/23/19

Claim#: BB-11-0502270

******$1,182.50

One thousand one hundred eighty two and 50/100 Dollars

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

JAN 29 2019

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008700031⑈ ⑆121000248⑆ 4121 5140 12⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: BJS RENTALS INC., SAN DIEG-90240
3959 Pacific Hwy
San Diego, CA 92110

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4846841 - 1
Reprice: CA, 92781
Billed Date: 01/11/2019
Business Rcvd: 01/15/2019
MBR Rcvd: 01/15/2019
MBR Date: 01/22/2019
Date Approved: 01/22/2019
DOS From - To: 08/19/2011 - 01/10/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 2508
Vendor #:
PIN:

Treating Provider:
Referring Physician: KOMBERG
Patient Control #: 47519
Provider Tax Id: 33-0956713

Claim #: BB-11-0502270
Processor Initials: SMH
DOI: 01/27/2011
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
08/19/11	T1013 G67, MV0	SIGN LANGUAGE OR ORAL INTERPRETER SERVIC	1	11	$150.00		A	$0.00	$150.00
08/23/11	T1013 G67, MV0	SIGN LANGUAGE OR ORAL INTERPRETER SERVIC	1	11	$150.00		A	$0.00	$150.00
05/16/12	T1013 G67, MV0	SIGN LANGUAGE OR ORAL INTERPRETER SERVIC	1	11	$156.50		A	$0.00	$156.50
11/24/15	T1013 G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$100.00		A	$0.00	$100.00

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
8770233	04/09/19

Claim#: BB-11-0502270

Nine hundred thirty and 00/100 Dollars

*******$930.00

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

⑈0008770233⑈ ⑆121000248⑆ 4121 5140⑈

APR 15 2019

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: BJS RENTALS INC., SAN DIEG-90240
3959 Pacific Hwy
San Diego, CA 92110

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/5005738 - 1
Reprice: CA, 92781
Billed Date: 04/03/2019
Business Rcvd: 04/03/2019
MBR Rcvd: 04/03/2019
MBR Date: 04/08/2019
Date Approved: 04/08/2019
DOS From - To: 01/27/2011 - 04/03/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 1872

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

Claim #: BB-11-0502270
Processor Initials: DP
DOI: 01/27/2011
RX Number:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
01/27/11	MDS10 524, G1 , G67	LUMP SUM PAYMENT	1	11	$465.00		1	$0.00	$465.00
04/03/19	MDS10 524, G1 , G67	LUMP SUM PAYMENT	1	11	$465.00		1	$0.00	$465.00
Sub-Totals for Bill: 5005738					**$930.00**			**$0.00**	**$930.00**

Totals for Bill:5005738 **$930.00**

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

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#
05/29/19 70482

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-15004316; BB-16003944

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: DANA ZIMMERMAN/SHANE BUTL
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SERVICES INC
Date Of Injury: 5/12/15; 5/15-5/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/07/16	INITIAL EXAM	DR ROSTAMI @ ENHANCED PRECISION CARE (EPC)*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341 DOI: 5/12/15	0.00
09/12/16	INITIAL EXAM	DR TOSHA BROWN @ EPC* DOI: 5/12/15	230.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/21/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/23/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC* DOI: 5/12/15	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/05/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/07/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC* DOI: 5/12/15	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/13/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	ROSA MARIA ARROYO # 300714	0.00
10/21/16	INITIAL EXAM	DR ALLEN MASSIHI @ EPC* DOI: 5/12/15	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/26/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC* DOI: 5/12/15	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
10/10/16	PR2/REEVAL	DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
11/02/16	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: 5/12/15	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/10/16	PR2/REEVAL	DR BROWN/MALIN @ EPC*	180.00

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

*** INVOICE ***
Date NO#
05/29/19 70482

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-15004316; BB-16003944

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: DANA ZIMMERMAN/SHANE BUTL
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SERVICES INC
Date Of Injury: 5/12/15; 5/15-5/16

DOS	SERVICE	DESCRIPTION	AMOUNT
		DOI: BOTH	
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/15/16	INITIAL EXAM	PYSCH EVAL W/DR PARVIN SALKELD @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341 DOI: 5/12/15	0.00
11/18/16	PR2/REEVAL	DR MASSIHI @ EPC* DOI: 5/12/15	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/30/16	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: 5/12/15	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
12/01/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI DOI: 5/12/15	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
12/08/16	PR2/REEVAL	DR BROWN/MALIN @ EPC* DOI: 5/12/15	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/16/16	PR2/REEVAL	DR MASSIHI @ EPC* DOI: 5/12/15	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/28/16	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: 5/12/15	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/29/16	PR2/REEVAL	DR BROWN/MALIN @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
01/25/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: 5/12/15	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/27/17	PR2/REEVAL	DR MASSIHI @ EPC* DOI: 5/12/15	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#
05/29/19 70482

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-15004316; BB-16003944

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: DANA ZIMMERMAN/SHANE BUTL
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SERVICES INC
Date Of Injury: 5/12/15; 5/15-5/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/26/17	PR2/REEVAL	DR BROWN/MALIN @ EPC*	180.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
02/22/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
		DOI: 5/12/15	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/24/17	P AND S	DR MASSIHI @ EPC*	230.00
		DOI: 5/12/15	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/22/17	PENALTIES	FOR DATE OF SERVICE 12/01/16	37.50
11/22/17	INTEREST	FOR DATE OF SERVICE 12/01/16	27.41
08/20/18	LIEN FIL FEE	LIEN FILING FEE	150.00
12/04/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/20/18	LEGAL_WCAB	C&R READING @ WCAB LONG BEACH	156.50
		(NOT SCHEDULED)	
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/22/19	COSTS	ADD'L COSTS AWARDED	1725.59
05/24/19	PMT BY CHECK	DOS 8/15/16-5/22/19*	-7050.00
		# 8812218	
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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
8812218	05/24/19

Claim#: BB-16-003944

Seven thousand fifty and 00/100 Dollars

******$7,050.00

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

⑈000881221⑈ ⑆121000248⑆ 4121 514012⑈

DETACH HERE

CORVEL

Explanation of Review

DETACH HERE

Business Unit: CMS CONSTRUCTION, INC., SAN BER
22048 Sherman Way Ste 313
Canoga Park, CA 91303

Employer
Patient:

RECEIVED
MAY 29 2019
BY:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/5109351 - 1
Reprice: CA, 92781
Billed Date: 05/22/2019
Business Rcvd: 05/22/2019
MBR Rcvd: 05/22/2019
MBR Date: 05/23/2019
Date Approved: 05/23/2019
DOS From - To: 08/15/2016 - 05/22/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 1872
Vendor #:
PIN:

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

Claim #: BB-16-003944
Processor Initials: DP
DOI: 08/15/2016
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
08/15/16	MDS10 524, G1 , G67	LUMP SUM PAYMENT	1	11	$3525.00		1	$0.00	$3525.00
05/22/19	MDS10 524, G1 , G67	LUMP SUM PAYMENT	1	11	$3525.00		1	$0.00	$3525.00
Sub-Totals for Bill: 5109351					**$7050.00**			**$0.00**	**$7050.00**

Totals for Bill:5109351 **$7050.00**

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

Line Item Reason Codes and Descriptions

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

*** INVOICE ***
Date NO#
01/08/19 72104

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-17-001692

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

Case: vs CG LANDSCAPE
Date Of Injury: 1/10/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/05/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/08/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/31/17	PMT BY CHECK	DOS 7/5/17-8/8/17* =# 8239613	-406.50
11/29/17	LEGAL_WCAB	MSC @ WCAB SANTA ANA	156.50
/ /	INTERPRETER:	MARIA SEARS # 100795	0.00
12/20/17	PMT BY CHECK	DOS 11/29/17* # 8335557	-156.50
04/11/18	LEGAL_WCAB	MSC @ WCAB SANTA ANA	156.50
/ /	INTERPRETER:	MARIA I. SEARS # 100795	0.00
05/17/18	LEGAL_WCAB	TRIAL @ WCAB SANTA ANA	156.50
/ /	INTERPRETER:	MARIA I. SEARS # 100795	0.00
12/19/18	COSTS	ADD'L COSTS AWARDED	487.00
11/03/19	PMT BY CHECK	DOS 12/19/18* # 8682729	-800.00

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
8239613	08/31/17

Claim#: BB-17-001692

PAY EXACTLY: *Four hundred six and 50/100 Dollars*

*******$406.50

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schaeppi

WELLS FARGO BANK PORTLAND, OR

⑈0008239613⑈ ⑆121000248⑆ 4121 514012⑈

DETACH HERE

MR
DETACH HERE

CORVEL

Explanation of Review

Business Unit: C. G. LANDSCAPE INC, SANTA AN-90
533 S Rose St
Anaheim, CA 92805

Employer
Patient:

Patient DOB:

SEP 05 2017

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/3891710 - 1
Reprice: CA, 92781
Billed Date: 08/16/2017
Business Rcvd: 08/22/2017
MBR Rcvd: 08/22/2017
MBR Date: 08/31/2017
Date Approved: 08/31/2017
DOS From - To: 07/05/2017 - 08/08/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 1873
Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 72104
Provider Tax Id: 33-0956713

Claim #: BB-17-001692
Processor Initials: WR
DOI: 01/10/2017
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
07/05/17	T1013 08, G67, MVO	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$156.50		1	$0.00	$156.50
	Interpreter Sandra Talancon, cert# 100802								
08/08/17	T1013 08, G67, MVO	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$250.00		1	$0.00	$250.00
	Interpreter Carlos Torres, cert# 301694								
Sub-Totals for Bill: 3891710					**$406.50**			**$0.00**	**$406.50**
Totals for Bill:3891710									**$406.50**

Line Item Reason Codes and Descriptions
08 Los Angeles County Deposition Half day MVO 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
8335557	12/20/17

Claim#: BB-17-001692

PAY EXACTLY: *One hundred fifty six and 50/100 Dollars*

*******$156.50

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008335557⑈ ⑆121000248⑆ 4121 514012⑈

TACH HERE

DETACH HERE

CORVEL
Explanation of Review

Business Unit: C. G. LANDSCAPE INC, SANTA AN-90
524 E Julianna St
Unit 1
Anaheim, CA 92801

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4113891 - 1
Reprice: CA, 92781
Billed Date: 12/11/2017
Business Rcvd: 12/15/2017
MBR Rcvd: 12/15/2017
MBR Date: 12/20/2017
Date Approved: 12/20/2017
DOS From - To: 07/05/2017 - 11/29/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 3862
Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 72104
Provider Tax Id: 33-0956713

Claim #: BB-17-001692
Processor Initials: HB
DOI: 01/10/2017
RX Number:

Bill Comments
Int. Marie Sears, #100795

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
11/29/17	T1013 01, G67, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$156.50		1	$0.00	$156.50
Sub-Totals for Bill: 4113891					**$156.50**			**$0.00**	**$156.50**
Charges not listed have been previously processed									$0.00
Totals for Bill:4113891									**$156.50**

Line Item Reason Codes and Descriptions
01 Certified /Registered Half day except LA or SD Co MV0 Market Value

DEC 27 2017

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

bankcode=BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8682729	01/03/19

PAY EXACTLY: *Eight hundred and 00/100 Dollars*

*******$800.00

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

⑈0008682729⑈ ⑆121000248⑆ 4121 5140 12⑈

\CH HERE

CORVEL

DETACH HERE

Claim No.	D/A	Claimant	From	Thru	Remittance
BB-17-001692	01/10/2017		12/19/2018	12/19/2018	*******$800.00

Invoice Reference/Comments

JAN 08 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 72155

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
PH-16-0117781; PH-16-0121

BILL TO:
CORVEL CORPORATION (CHINO)
W. C. DEPARTMENT
ATTN: MARIA HERNANDEZ
P.O. BOX 669
CHINO, CA 91708

Case: vs EAST VALLEY GLENDORA HOSPITAL
Date Of Injury: 9/27/16; 9/30/16

DOS	SERVICE	DESCRIPTION	AMOUNT
07/11/17	LEGAL_WCAB	EXPEDITED HEARING @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
05/07/18	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
08/24/18	PENALTIES	FOR DATE OF SERVICE 7/11/17	23.48
08/20/18	INTEREST	FOR DATE OF SERVICE 7/11/17	18.44
08/24/18	PENALTIES	FOR DATE OF SERVICE 5/7/18	23.48
08/20/18	INTEREST	FOR DATE OF SERVICE 5/7/18	4.49
08/20/18	PMT BY CHECK	DOS 7/11/17-5/7/18* # 241570	-313.00
02/11/19	COSTS	ADD'L COSTS AWARDED	626.61
02/22/19	PMT BY CHECK	DOS 7/11/17-5/17/18* # 262618	-696.50

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 **

VOID VOID VOID
VOID VOID VOID

CORVEL ENTERPRISE COMP, INC.
PRIME HEALTHCARE
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

bankcode=PRIME
11-24
1210(8)

CHECK NUMBER	CHECK DATE
241570	08/20/18

PAY EXACTLY: *Three hundred thirteen and 00/100 Dollars*

*******$313.00

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

⑈0000241570⑈ ⑆121000248⑆ 4125 609289⑈

DETACH HERE

CORVEL

DETACH HERE

Claim No.	D/A	Claimant	From	Thru	Remittance
PH-16-011781	09/27/2016		07/11/2017	05/07/2018	*******$313.00

Invoice Reference/Comments

Invoice #72155

AUG 24 2018

CORVEL ENTERPRISE COMP, INC.
PRIME HEALTHCARE
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

bankcode=PRIME
11-24
1210(8)

CHECK NUMBER	CHECK DATE
262618	02/22/19

*******$696.50

Six hundred ninety six and 50/100 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

⑈0000262618⑈ ⑆121000248⑆ 4125 609289⑈

DETACH HERE

DETACH HERE

CORVEL

Claim No.	D/A	Claimant	From	Thru	Remittance
PH-16-011781	09/27/2016		07/11/2017	05/17/2018	*******$696.50

Invoice Reference/Comments

Stipulation to Pay Lien Claimant dated 02/06/19

PAID
FEB 26 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#
01/22/19 74204

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-16-006471; BB-17-00271

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

Case: vs BBSI/HACIENDA HEIGHTS CAR WASH
Date Of Injury: 7/1/16;2/14/16-2/17

DOS	SERVICE	DESCRIPTION	AMOUNT
06/27/18	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
07/27/18	PMT BY CHECK	DOS 6/27/18* =# 8538547	-156.50
07/30/18	LEGAL_WCAB	TRIAL @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
11/06/18	PMT BY CHECK	DOS 7/30/18* # 8633466	-156.50
01/17/19	COSTS	ADD'L COSTS AWARDED	360.00
01/18/19	PMT BY CHECK	DOS 6/27/18-7/30/18* # 8697672	-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 **

H2

VOID VOID VOID

VOID VOID VOID

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

CORVEL

bankcode=BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8633466	11/06/18

*******$156.50

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY EXACTLY: *One hundred fifty six and 50/100 Dollars*

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS, INC.
P.O. Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈00086334668⑈ ⑆121000248⑆ 4121 514012⑈

TACH HERE

DETACH HERE

CORVEL

Claim No.	D/A	Claimant	From	Thru	Remittance
BB-16-006471	07/01/2016		07/30/2018	07/30/2018	*******$156.50

Invoice Reference/Comments

PAID
NOV 12 2018

VOID VOID VOID

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

CORVEL

bankcode=BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8697672	01/18/19

*******$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

⑈00086976721⑈ ⑆121000248⑆ 4121 514012⑈

DETACH HERE

DETACH HERE

CORVEL

Claim No.	D/A	Claimant	From	Thru	Remittance
BB-17-002719	02/14/2017		06/27/2018	07/30/2018	*******$360.00

Invoice Reference/Comments

In full satisfaction

JAN 22 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#
04/30/19 57031

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
PCH0019034

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

Case: vs REAL MEX RESTAURANTS
Date Of Injury: 6/23/12

DOS	SERVICE	DESCRIPTION	AMOUNT
12/17/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/04/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/02/13	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
10/31/13	PMT BY CHECK	DOS 12/17/12-10/2/13 # 0002586512	-563.00
03/18/19	PEN & INT	PEN & INT	68.78
03/12/19	PMT BY CHECK	DOS 3/13/19* # 0003459417 INTEREST CRUM & FOST	-14.45
03/12/19	PMT BY CHECK	DOS 3/13/19* # 0003459415 INTEREST CRUM & FOST	-13.68
03/12/19	PMT BY CHECK	DOS 3/13/19* # 0003459416 PENALTY CRUN & FOST	-25.00
03/12/19	PMT BY CHECK	DOS 3/13/19* # 0003459414 PENALTY CRUM & FOST	-15.65
04/11/19	COSTS	ADD'L COSTS AWARDED	1100.00
04/26/19	PMT BY CHECK	DOS 4/11/19* # 0003477662	-1100.00

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 **

Number:
0002586512

CRUM&FORSTER

Vendor Number: **406680851** Issuing Location: **Orange County Claims** Check Date: **10/31/2013**

Payee:

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

IRS:

CLAIMANT	CLAIM #	FEA/OT	ICN	DATE OF LOSS	AMOUNT
	PZC00519034	EXP	57031	06/23/2012	$563.00

57031

PAID NOV 05 2013

TOTAL $563.00

Send Inquiries to:
P.O. Box 14217
Orange, CA 92863

Processor: **U. Mora**

Internal Reference No: 57031

Please Detach Before Depositing

CA_20190312005036.TXT-1561-000000026

CRUM&FORSTER

Number: 0003459417

Vendor Number: 406680851 Issuing Location: Orange County Claims Check Date: 03/12/2019

Payee:

Joyce Altman Interpreters, Inc
PO Box 4165
Tustin CA 92781

IRS:

CLAIMANT	CLAIM#	FEA/DT	ICN	DATE OF LOSS	AMOUNT
INTEREST	PZC00519034	EXP		06/23/2012	$14.45

MAR 18 2019

BY: .....

TOTAL $14.45

Send Inquiries To:

1100 Town & Country Rd. Suite 550
Orange CA 92868

Processor: Pierro Gamarra

Internal Reference No: INTER

Please Detach Before Depositing

CA_20190312005036.TXT-1565-000000025

CRUM&FORSTER

Number: 0003459415

Vendor Number: 406680851 Issuing Location: Orange County Claims Check Date: 03/12/2019

Payee:

Joyce Altman Interpreters, Inc
PO Box 4165
Tustin CA 92781

IRS:

CLAIMANT	CLAIM#	PEA/DT	ICN	DATE OF LOSS	AMOUNT
INTEREST	PZC00519034	EXP		06/23/2012	$13.68

PAID
MAR 18 2019
BY: .....

TOTAL: $13.68

Send Inquiries To:

1100 Town & Country Rd. Suite 550
Orange CA 92868

Processor: Pierro Gamarra

Internal Reference No: INTER

Please Detach Before Depositing

CA_20190312005036.TXT-1573-000000023

CRUM&FORSTER

Number: 0003459416

Vendor Number: 406680851 Issuing Location: Orange County Claims Check Date: 03/12/2019

Payee:

Joyce Altman Interpreters, Inc
PO Box 4165
Tustin CA 92781

IRS:

CLAIMANT	CLAIM#	FEA/DT	IGN	DATE OF LOSS	AMOUNT
PENALTY	PZC00519034	EXP		06/23/2012	$25.00

PAID
MAR 18 2019
BY: .....

TOTAL: $25.00

Send Inquiries To:

1100 Town & Country Rd. Suite 550
Orange CA 92868

Processor: Pierro Gamarra

Internal Reference No: PENAL

Please Detach Before Depositing

[redacted]

CA_20190312005036.TXT-1569-000000024

CRUM&FORSTER

Number: 0003459414

Vendor Number: 406680851 Issuing Location: Orange County Claims Check Date: 03/12/2019

Payee:

Joyce Altman Interpreters, Inc
PO Box 4165
Tustin CA 92781

IRS:

CLAIMANT	CLAIM#	FEA/DT	ICN	DATE OF LOSS	AMOUNT
PENALTY	PZC00519034	EXP		06/23/2012	$15.65

PAID
MAR 18 2019
BY: .....

TOTAL: $15.65

Send Inquiries To:

1100 Town & Country Rd. Suite 550
Orange CA 92868

Processor: Pierro Gamarra

Internal Reference No: PENAL

Please Detach Before Depositing

CA_20190426005713.TXT-1771-000000030

CRUM&FORSTER

Number: 0003477662

Vendor Number: 406680851 Issuing Location: Orange County Claims Check Date: 04/26/2019

Payee:

Joyce Altman Interpreters, Inc
PO Box 4165
Tustin CA 92781

IRS:

CLAIMANT	CLAIM#	FEA/DT	ICN	DATE OF LOSS	AMOUNT
	PZC00519034	EXP		06/23/2012	$1,100.00
Resolution of Petition for Costs					

PAID
APR 30 2019
BY: .....

TOTAL: $1,100.00

Send Inquiries To:

1100 Town & Country Rd. Suite 550
Orange CA 92868

Processor: Stephan Bolding

Internal Reference No:

Joyce Altman Interpreters, 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 68142

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2015261747

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs STEVE LESHNER CLEAR SYSTEMS
Date Of Injury: 2/3/14 - 2/3/15

DOS	SERVICE	DESCRIPTION	AMOUNT
12/15/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
08/04/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
01/26/18	PMT BY CHECK	DOS 12/15/15-8/4/16* =# 10299035	-313.00
02/14/18	PENALTIES	FOR DATE OF SERVICE 12/15/15	23.48
01/26/18	INTEREST	FOR DATE OF SERVICE 12/15/15	36.09
02/14/18	PENALTIES	FOR DATE OF SERVICE 8/4/16	23.48
01/26/18	INTEREST	FOR DATE OF SERVICE 8/4/16	26.43
11/29/18	COSTS	ADD'L COSTS AWARDED	1290.52
12/10/18	PMT BY CHECK	DOS 11/29/18* # 15847502	-1400.00

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

Employers Compensation Insurance Company 501

Process Date: 01/24/2018
Control Number: 304839939
EOR Page 1 of 2
Rev/Aud: SS/JS*

Payment Number: 270178201 **Payment Date: 01/26/2018**

Claim Number: 2015261747
Claimant:
Provider Tax ID: [illegible] Vendor: 5628181#5628181
Provider Ref: Geo Zip: 92781
Provider License: CA99999

PPO/OSR ID:
NPI Number:
Claimant SSN:
Date Of Injury: 02/03/2014
Claims Received Date: 01/23/2018

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 02

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
12/15/15	11	MDS10		LUM SUM/MUL BIL	1.000	156.50	0.00	0.00	0.00	156.50	G67,197, 5076,6483
08/04/16	11	MDS10		LUM SUM/MUL BIL	1.000	156.50	0.00	0.00	0.00	156.50	G67,197, 5076,6483
				TOTALS:		313.00	0.00	0.00	0.00	313.00	
				TOTAL RECOMMENDED ALLOWANCE:						313.00	

Rendering Provider Name: JOYCE ALTMAN INTERPRETERS INC.
Rendering Provider NPI:

DWC CODE DESCRIPTION

G67 -PAYMENT BASED ON INDIVIDUAL PRE-NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE. ( )

CARRIER EXPLANATION REASON CODE

197 -RECOMMENDED ALLOWANCE BASED ON NEGOTIATED DISCOUNT/RATE.
5076 -BYPASS NETWORK
6483 -FULL AND FINAL SETTLEMENT

2111-H-850990-0 43830632

307986154

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000079-0000248 0106 001 755406 EIG

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

EMPLOYERS®

America's small business insurance specialist®

DEC 17 2018

The attached check and Explanation of Payment(s) have been sent to you for benefits or services rendered on behalf of EMPLOYERS® who is working with VPay® to process its payments. **If you have general questions regarding the payment or cashing this check, please email VPay at support@vpayusa.com or call 1-855-523-9634**. Injured Employees: If you have questions regarding the payment amount or benefit calculation, please contact EMPLOYERS at 1-888-682-6671. Medical Providers: If you have questions regarding the payment amount, please contact CONDUENT at 1-863-669-0861, option 6. For all other payment inquiries, please contact EMPLOYERS at 1-888-682-6671.

Claim ID	Client Reference ID	VP Trans ID	Date	Amount	Check Number
2015261747	270237644	479459480 EIG0001003	12/10/2018	$1400.00	15847502

EIG.OT

Notice: This document, including any attachment(s) is confidential, proprietary and intended solely for the above-named individual(s). If you are the intended recipient, your use of any confidential, proprietary or personal information may be restricted by federal and state privacy or other laws. Any unauthorized use of this communication by others is strictly prohibited and may be unlawful. If you have received this document in error, please (1) notify VPay immediately at (877) 399-5917 and provide the VP Trans ID shown (2) destroy this communication and all attached information.

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

Joyce Altman Interpreters, 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 68720

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2015278427

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: JEN HAGAN
P.O. BOX 32036
LAKELAND, FL 33802

Case: s GUIDI MARCELLO
Date Of Injury: 8/31/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/01/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/02/16	LEGAL_PREP	DEPO PREP @ L/O SCHLOSSBERG & UMHOLTZ	156.50
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
05/26/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/12/17	PMT BY CHECK	DOS 3/1/16-5/26/16* =# 9622597	-563.00
12/19/17	PENALTIES	FOR DATE OF SERVICE 3/1/16	23.48
12/12/17	INTEREST	FOR DATE OF SERVICE 3/1/16	31.56
12/19/17	PENALTIES	FOR DATE OF SERVICE 5/2/16	23.48
12/12/17	INTEREST	FOR DATE OF SERVICE 5/2/16	29.29
12/19/17	PENALTIES	FOR DATE OF SERVICE 5/26/16	37.50
12/12/17	INTEREST	FOR DATE OF SERVICE 5/26/16	44.58
01/23/18	COSTS	ADD'L COSTS AWARDED	1100.00
02/05/18	PMT BY CHECK	DOS 2/23/18* # 10415629	-1289.89
05/10/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/21/18	PMT BY CHECK	DOS 6/4/18* # 12685546	-156.50
11/01/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/15/19	COSTS	ADD'L COSTS AWARDED	1500.00
04/22/19	PMT BY CHECK	DOS 3/1/16-11/1/18* =# 18406838	-1656.50

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

*** INVOICE ***
Date NO#
04/19/19 68720

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2015278427

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: JEN HAGAN
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs GUIDI MARCELLO
Date Of Injury: 8/31/15

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 **

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000129-0000400 0106 001 670286 EIG

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

EMPLOYERS

America's small business insurance specialist®

DEC 15 2017

68720

The attached check and Explanation of Payment(s) have been sent to you for benefits or services rendered on behalf of EMPLOYERS® who is working with VPay® to process its payments. **If you have general questions regarding the payment or cashing this check, please email VPay at support@vpayusa.com or call 1-855-523-9634**. Injured Employees: If you have questions regarding the payment amount or benefit calculation, please contact EMPLOYERS at 1-888-682-6671. Medical Providers: If you have questions regarding the payment amount, please contact CONDUENT at 1-863-669-0861, option 6. For all other payment inquiries, please contact EMPLOYERS at 1-888-682-6671.

Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
2015278427	250661060	287278331 EIG0001002	12/12/2017	$563.00	9622597

EIG.OT

Notice: This document, including any attachment(s) is confidential, proprietary and intended solely for the above-named individual(s). If you are the intended recipient, your use of any confidential, proprietary or personal information may be restricted by federal and state privacy or other laws. Any unauthorized use of this communication by others is strictly prohibited and may be unlawful. If you have received this document in error, please (1) notify VPay immediately at (877) 399-5917 and provide the SE Transaction ID shown (2) destroy this communication and all attached information.

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

Employers Assurance Company 508

Process Date: 12/07/2017
Control Number: 304751472
EOR Page 1 of 2
Rev/Aud: SS/JR

Payment Number: 250661060 **Payment Date: 12/12/2017**

Claim Number: 2015278427
Claimant:
Provider Tax ID:
Provider Ref:
Provider License: CA99999

Vendor: 5628181#5628181
Geo Zip: 92781

PPO/OSR ID:
NPI Number:
Claimant SSN:
Date Of Injury: 01/01/2013
Claims Received Date: 12/06/2017

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 02

DOS	POS	Code	Mod	Service Description	Units	Charge	PR/Red	PPO/Red	Other/Red	Allowance	Reasons
03/01/16	11	MDS10		LUM SUM/MUL BIL	1.000	281.50	0.00	0.00	0.00	281.50	G67,197, 6483
05/26/16	11	MDS10		LUM SUM/MUL BIL	1.000	281.50	0.00	0.00	0.00	281.50	G67,197, 6483
				TOTALS:		**563.00**	**0.00**	**0.00**	**0.00**	**563.00**	
				TOTAL RECOMMENDED ALLOWANCE:						**563.00**	

Rendering Provider Name: JOYCE ALTMAN INTERPRETERS INC.
Rendering Provider NPI:

DWC CODE DESCRIPTION

G67 -PAYMENT BASED ON INDIVIDUAL PRE-NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE. ( )

CARRIER EXPLANATION REASON CODE

197 -RECOMMENDED ALLOWANCE BASED ON NEGOTIATED DISCOUNT/RATE.
6483 -FULL AND FINAL SETTLEMENT

2111-H-839567-0 43601729

287278331

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

EMPLOYERS

America's small business insurance specialist®

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

FEB 08 2018

The attached check and Explanation of Payment(s) have been sent to you for benefits or services rendered on behalf of EMPLOYERS® who is working with VPay® to process its payments. **If you have general questions regarding the payment or cashing this check, please email VPay at support@vpayusa.com or call 1-855-523-9634.** Injured Employees: If you have questions regarding the payment amount or benefit calculation, please contact EMPLOYERS at 1-888-682-6671. Medical Providers: If you have questions regarding the payment amount, please contact CONDUENT at 1-863-669-0861, option 6. For all other payment inquiries, please contact EMPLOYERS at 1-888-682-6671.

Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
2015278427	250677836	312298589 EIG0001002	02/05/2018	$1289.89	10415629

EIG.OT

Notice: This document, including any attachment(s) is confidential, proprietary and intended solely for the above-named individual(s). If you are the intended recipient, your use of any confidential, proprietary or personal information may be restricted by federal and state privacy or other laws. Any unauthorized use of this communication by others is strictly prohibited and may be unlawful. If you have received this document in error, please (1) notify VPay immediately at (877) 399-5917 and provide the SE Transaction ID shown (2) destroy this communication and all attached information.

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

[redacted]

Employers Assurance Company 506

Process Date: 02/01/2018
Control Number: 304854261
EOR Page 1 of 2
Rev/Aud: SS/CW

Payment Number: 250677836 **Payment Date: 02/05/2018**

Claim Number: 2015278427
Claimant:
Provider Tax ID:
Provider Ref:
Provider License: 99999999

Vendor: 5628181#5628181
Geo Zip: 92781

PPO/OSR ID:
NPI Number:
Claimant SSN:
Date Of Injury: 01/01/2013
Claims Received Date: 01/31/2018

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 02

DOS	POS	CPT#	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Disc/Red	Allowance	Reasons
01/23/18	11	MDS10		LUM SUM/MUL BIL	1.000	1,289.89	0.00	0.00	0.00	1,289.89	G67,197, 6483
				TOTALS:		**1,289.89**	**0.00**	**0.00**	**0.00**	**1,289.89**	
				TOTAL RECOMMENDED ALLOWANCE:						**1,289.89**	

Rendering Provider Name: JOYCE ALTMAN INTERPRETERS INC.
Rendering Provider NPI:

DWC CODE DESCRIPTION

G67 -PAYMENT BASED ON INDIVIDUAL PRE-NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE. ( )

CARRIER EXPLANATION REASON CODE

197 -RECOMMENDED ALLOWANCE BASED ON NEGOTIATED DISCOUNT/RATE.
6483 -FULL AND FINAL SETTLEMENT

2444-N-790892-0 43873686

312298589

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000138-0000461 0106 001 714848 EIG

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

EMPLOYERS®

America's small business insurance specialist®

68720

JUN 26 2018

The attached check and Explanation of Payment(s) have been sent to you for benefits or services rendered on behalf of EMPLOYERS® who is working with VPay® to process its payments. **If you have general questions regarding the payment or cashing this check, please email VPay at support@vpayusa.com or call 1-855-523-9634.** Injured Employees: If you have questions regarding the payment amount or benefit calculation, please contact EMPLOYERS at 1-888-682-6671. Medical Providers: If you have questions regarding the payment amount, please contact CONDUENT at 1-863-669-0861, option 6. For all other payment inquiries, please contact EMPLOYERS at 1-888-682-6671.

Claim ID	Client Reference ID	VP Trans ID	Date	Amount	Check Number
Multiple Claims	250724853	386033020 EIG0001002	06/21/2018	$156.50	12685546

EIG.OT

Notice: This document, including any attachment(s) is confidential, proprietary and intended solely for the above-named individual(s). If you are the intended recipient, your use of any confidential, proprietary or personal information may be restricted by federal and state privacy or other laws. Any unauthorized use of this communication by others is strictly prohibited and may be unlawful. If you have received this document in error, please (1) notify VPay immediately at (877) 399-5917 and provide the VP Trans ID shown (2) destroy this communication and all attached information.

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

[redacted]

Employers Assurance Company 506

Process Date: 06/20/2018
Control Number: 305092534
EOR Page 1 of 2
Rev/Aud: SS/SS

Payment Number: 250724853 **Payment Date: 06/21/2018**

Claim Number: 2015278427
Claimant:
Provider Tax ID:
Provider Ref:
Provider License: 99999999

Vendor: 5628181#5628181
Geo Zip: 90001

PPO/OSR ID:
NPI Number:
Claimant SSN:
Date Of Injury: 01/01/2013
Claims Received Date: 06/14/2018

68720

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 02

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reason
06/04/18	11	MDS10		LUM SUM/MUL BIL	1.000	156.50	0.00	0.00	0.00	156.50	G67,197, 6483
				TOTALS:		**156.50**	**0.00**	**0.00**	**0.00**	**156.50**	
				TOTAL RECOMMENDED ALLOWANCE:						**156.50**	

Rendering Provider Name: JOYCE ALTMAN INTERPRETERS INC.
Rendering Provider NPI:

DWC CODE DESCRIPTION

G67 -PAYMENT BASED ON INDIVIDUAL PRE-NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE. ( )

CARRIER EXPLANATION REASON CODE

197 -RECOMMENDED ALLOWANCE BASED ON NEGOTIATED DISCOUNT/RATE.
6483 -FULL AND FINAL SETTLEMENT

2111-H-890864-0 44540931

3860330020

Employers Assurance Company 506

Process Date: 04/19/2019
Control Number: 305626748
EOR Page 1 of 2
Rev/Aud: SS/JR*

Payment Number: 250830447 **Payment Date: 04/22/2019**

Claim Number: 2015278427
Claimant: [redacted]
Provider Tax ID: 330956713 Vendor: 5628181#5628181 PPO/OSR ID:
Provider Ref: Geo Zip: 92781 NPI Number:
Provider License: CA99999 Claimant SSN: XXX-X[redacted]
Date Of Injury: 08/31/2015
Claims Received Date: 04/17/2019

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 02

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
03/01/16	11	MDS10		LUM SUM/MUL BIL	1.000	828.25	0.00	0.00	0.00	828.25	197,G67, 6483,G67
11/01/18	11	MDS10		LUM SUM/MUL BIL	1.000	828.25	0.00	0.00	0.00	828.25	197,G67, 6483,G67
				TOTALS:		**1,656.50**	**0.00**	**0.00**	**0.00**	**1,656.50**	
				TOTAL RECOMMENDED ALLOWANCE:						**1,656.50**	

Rendering Provider Name: JOYCE ALTMAN INTERPRETERS INC.
Rendering Provider NPI:

DWC CODE DESCRIPTION

G67 -PAYMENT BASED ON INDIVIDUAL PRE-NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE. ( )

CARRIER EXPLANATION REASON CODE

197 -RECOMMENDED ALLOWANCE BASED ON NEGOTIATED DISCOUNT/RATE.
6483 -FULL AND FINAL SETTLEMENT

FAXED
APR 25 2019
BY:

2444-H-809454-0 46005991

5563/5485

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

EMPLOYERS®

America's small business insurance specialist®

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

68720 ✓

62156

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:	Multiple Claims
Client Reference ID:	250830447
VP Trans ID:	556375485
	EIG0001002
Date:	04/22/2019
Amount:	$2,256.50
Check Number:	18406838

Get Paid Faster

When you sign up for **VCard or ACH**

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

Notice: This document, including any attachment(s) is confidential, proprietary and intended solely for the above-named individual(s). If you are the intended recipient, your use of any confidential, proprietary or personal information may be restricted by federal and state privacy or other laws. Any unauthorized use of this communication by others is strictly prohibited and may be unlawful. If you have received this document in error, please (1) notify VPay immediately at (877) 399-5917 and provide the VP Trans ID shown (2) destroy this communication and all attached information.

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

EIG.OT

ORIGINAL CHECK HAS A COLORED BACKGROUND PRINTED ON CHEMICAL REACTIVE PAPER - SEE BACK FOR DETAILS

EMPLOYERS
America's small business insurance specialist®

Employers Assurance Company
PO BOX 32036
Lakeland FL, 33802-2036

VPay
1-855-523-9634

METABANK
Sioux Falls, SD
72-7011/2739

18406838

04/22/2019

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

$2256.50

TWO THOUSAND TWO HUNDRED FIFTY SIX DOLLARS AND 50/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

556375485

⑈18406838⑈ ⑆273970116⑆ 17000129941⑈

*FOR REF ONLY

Employers Assurance Company 506

Process Date: 04/18/2019
Control Number: 305612975
EOR Page 1 of 2
Rev/Aud: SS/SW*

Payment Number: 250830447 **Payment Date: 04/22/2019**

Claim Number: 2015290703
Claimant:
Provider Tax ID: 330956713
Provider Ref: 72156
Provider License: CA99999

Vendor: 5628181#5628181
Geo Zip: 90001

PPO/OSR ID:
NPI Number:
Claimant SSN:
Date Of Injury: 12/14/2015
Claims Received Date: 04/09/2019

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 02

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
07/07/17	11	99919		INTERPRETER SE	1.000	230.00	140.00	0.00	0.00	90.00	863,G1,6541
07/24/17	11	99919		INTERPRETER SE	1.000	180.00	90.00	0.00	0.00	90.00	863,G1,6541
08/04/17	11	99919		INTERPRETER SE	1.000	180.00	90.00	0.00	0.00	90.00	863,G1,6541
08/21/17	11	99919		INTERPRETER SE	1.000	180.00	90.00	0.00	0.00	90.00	863,G1,6541
09/18/17	11	99919		INTERPRETER SE	1.000	180.00	90.00	0.00	0.00	90.00	863,G1,6541
03/08/19	11	99199		UNLISTED SPECIA	1.000	150.00	0.00	0.00	0.00	150.00	
			TOTALS:			1,100.00	500.00	0.00	0.00	600.00	
			TOTAL RECOMMENDED ALLOWANCE:							600.00	

Rendering Provider Name: JOYCE ALTMAN INTERPRETERS INC.
Rendering Provider NPI:

DWC CODE DESCRIPTION

G1 -THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.

CARRIER EXPLANATION REASON CODE

863 -REIMBURSEMENT IS BASED ON THE APPLICABLE REIMBURSEMENT FEE SCHEDULE.
6541 -MEDICAL

2111-H-986320-0 45962621

556375485

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

*** INVOICE ***
Date NO#
03/15/19 72635

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2015281160

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: JASON RAWLS
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs BERK INVESTMENTS
Date Of Injury: 10/26/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/15/17	LEGAL_PREP	DEPO PREP @ L/O TOBIN, LUCKS	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
10/18/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/28/17	PMT BY CHECK	DOS9/15/17-10/18/17* =# 9390485	-406.50
04/12/18	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/12/18	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/06/18	PMT BY CHECK	DOS 4/12/18-7/12/18* # 13445861	-313.00
09/13/18	LEGAL_WCAB	MSC @ WCAB LBO	156.50-
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/14/19	PMT BY CHECK	DOS 12/20/18* =# 16496391	-156.50
02/28/19	COSTS	ADD'L COSTS AWARDED	1500.00
03/13/19	PMT BY CHECK	DOS 9/15/17-9/13/18* # 17615384	-1500.00

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 **

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000861-0002352 0106 001 665420 EIG

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

MR
EMPLOYERS®
America's small business insurance specialist®

DEC 04 2017

72635

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, please email VPay at support@vpayusa.com or call 1-855-523-9634. Injured Employees: If you have questions regarding the payment amount or benefit calculation, please contact EMPLOYERS at 1-888-682-6671. Medical Providers: If you have questions regarding the payment amount, please contact CONDUENT at 1-863-669-0861, option 6. For all other payment inquiries, please contact EMPLOYERS at 1-888-682-6671.

Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
2015281160	240885130	280569116 EIG0001001	11/28/2017	$406.50	9390485

Notice: This document, including any attachment(s) is confidential, proprietary and intended solely for the above-named individual(s). If you are the intended recipient, your use of any confidential, proprietary or personal information may be restricted by federal and state privacy or other laws. Any unauthorized use of this communication by others is strictly prohibited and may be unlawful. If you have received this document in error, please (1) notify VPay immediately at (877) 399-5917 and provide the SE Transaction ID shown (2) destroy this communication and all attached information.

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

EIG.OT

Employers Preferred Insurance Company 505

Process Date: 11/27/2017
Control Number: 304726753
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 24088513 Payment Date: 11/28/2017 12:00:00 AM

Claim Number: 2015281160
Claimant:
Provider Tax ID:
Provider Ref: /2635
Provider License: CA99999
Vendor: 5628181#5628181
Geo Zip: 90001
PPO/OSR ID:
NPI Number:
Claimant SSN:
Date Of Injury: 10/26/2015
Claims Received Date: 11/17/2017

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 02

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
09/15/17	11	99919		INTERPRETER SE	1.000	156.50	0.00	0.00	0.00	156.50	G67,197
10/18/17	11	99919		INTERPRETER SE	1.000	250.00	0.00	0.00	0.00	250.00	G67,197
			TOTALS:			**406.50**	**0.00**	**0.00**	**0.00**	**406.50**	
			TOTAL RECOMMENDED ALLOWANCE:							**406.50**	

Rendering Provider Name: JOYCE ALTMAN INTERPRETERS INC.
Rendering Provider NPI:

DWC CODE DESCRIPTION

G67 -PAYMENT BASED ON INDIVIDUAL PRE-NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE. ( )

CARRIER EXPLANATION REASON CODE

197 -RECOMMENDED ALLOWANCE BASED ON NEGOTIATED DISCOUNT/RATE.

2111-H-835860-0 43543015

280569116

72635

Employers Preferred Insurance Company 505

Process Date: 08/03/2018
Control Number: 305177169
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 240987922 **Payment Date: 08/06/2018**

Claim Number: 2015281160
Claimant:
Provider Tax ID:
Provider Ref: 72635
Provider License: 99999999

Vendor: 9941672#5628181
Geo Zip: 90001

PPO/OSR ID:
NPI Number:
Claimant SSN:
Date Of Injury: 10/26/2015
Claims Received Date: 07/31/2018

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 02

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
04/12/18	11	99919		INTERPRETER SE	1.000	156.50	0.00	0.00	0.00	156.50	
07/12/18	11	99919		INTERPRETER SE	1.000	156.50	0.00	0.00	0.00	156.50	
				TOTALS:		313.00	0.00	0.00	0.00	313.00	
				TOTAL RECOMMENDED ALLOWANCE:						313.00	

Rendering Provider Name: JOYCE ALTMAN INTERPRETERS INC.
Rendering Provider NPI:

L

2111-H-908661-0 44771277

409567453

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000180-0000927 D0106 001 763212 EIG

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

EMPLOYERS®

America's small business insurance specialist®

JAN 17 2019

The attached check and Explanation of Payment(s) have been sent to you for benefits or services rendered on behalf of EMPLOYERS® who is working with VPay® to process its payments. **If you have general questions regarding the payment or cashing this check, please email VPay at support@vpayusa.com or call 1-855-523-9634.** Injured Employees: If you have questions regarding the payment amount or benefit calculation, please contact EMPLOYERS at 1-888-682-6671. Medical Providers: If you have questions regarding the payment amount, please contact CONDUENT at 1-863-669-0861, option 6. For all other payment inquiries, please contact EMPLOYERS at 1-888-682-6671.

Claim ID	Client Reference ID	VP Trans ID	Date	Amount	Check Number
2017321186	241052947	498101511 EIG0001001	01/14/2019	$156.50	16496391

EIG.OT

Notice: This document, including any attachment(s) is confidential, proprietary and intended solely for the above-named individual(s). If you are the intended recipient, your use of any confidential, proprietary or personal information may be restricted by federal and state privacy or other laws. Any unauthorized use of this communication by others is strictly prohibited and may be unlawful. If you have received this document in error, please (1) notify VPay immediately at (877) 399-5917 and provide the VP Trans ID shown (2) destroy this communication and all attached information.

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

[redacted]

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000242-0001275 D0106 001 777044 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.

MAR 1 5 2019

Claim ID	Client Reference ID	VP Trans ID	Date	Amount	Check Number
2017321186	241076993	532535678 EIG0001001	03/13/2019	$1500.00	17615384

EIG.OT

Notice: This document, including any attachment(s) is confidential, proprietary and intended solely for the above-named individual(s). If you are the intended recipient, your use of any confidential, proprietary or personal information may be restricted by federal and state privacy or other laws. Any unauthorized use of this communication by others is strictly prohibited and may be unlawful. If you have received this document in error, please (1) notify VPay immediately at (877) 399-5917 and provide the VP Trans ID shown (2) destroy this communication and all attached information.

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

Employers Preferred Insurance Company 505

Process Date: 03/11/2019
Control Number: 305557837
EOR Page 1 of 2
Rev/Aud: SS/JR

Payment Number: 241076993 **Payment Date: 03/13/2019**

Claim Number: 2017321186
Claimant:
Provider Tax ID: 330956713 Vendor: 5628181#5628181 PPO/OSR ID:
Provider Ref: Geo Zip: 92781 NPI Number:
Provider License: CA99999 Claimant SSN:
Date Of Injury: 03/06/201/
Claims Received Date: 03/10/2019

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 02

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
09/15/17	11	MDS10		LUM SUM/MUL BIL	1.000	750.00	0.00	0.00	0.00	750.00	197,G67, 6483,G67
09/13/18	11	MDS10		LUM SUM/MUL BIL	1.000	750.00	0.00	0.00	0.00	750.00	197,G67, 6483,G67
				TOTALS:		**1,500.00**	**0.00**	**0.00**	**0.00**	**1,500.00**	
				TOTAL RECOMMENDED ALLOWANCE:						**1,500.00**	

Rendering Provider Name: JOYCE ALTMAN INTERPRETERS INC.
Rendering Provider NPI:

DWC CODE DESCRIPTION

G67 -PAYMENT BASED ON INDIVIDUAL PRE-NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE. ( )

CARRIER EXPLANATION REASON CODE

197 -RECOMMENDED ALLOWANCE BASED ON NEGOTIATED DISCOUNT/RATE.
6483 -FULL AND FINAL SETTLEMENT

45809466

2444-H-807937-0

532535678

Joyce Altman Interpreters, 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 72733

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2016287638

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: CARMEN DERHARTONIAN
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs PRICE 4 INC DBA PRICE 4 COMPUT
Date Of Injury: 12/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/05/17	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
12/07/17	PMT BY CHECK	DOS 10/5/17* =# 9540150	-156.50
08/02/18	LEGAL_WCAB	MSC @ WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
01/24/19	COSTS	ADD'L COSTS AWARDED	643.50
02/11/19	PMT BY CHECK	DOS 1/24/19* =# 17043307	-800.00

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

Employers Preferred Insurance Company 505

Process Date: 12/05/2017
Control Number: 304746966
EOR Page 1 of 2
Rev/Aud: SS/MC

Payment Number: 240889853 **Payment Date: 12/07/2017**

Claim Number: 2016287638
Claimant:
Provider Tax ID: 330956713 Vendor: 5628181#5628181
Provider Ref: 72733 Geo Zip: 90001
Provider License: 99999999

PPO/OSR ID:
NPI Number:
Claimant SSN:
Date Of Injury: 01/21/2016
Claims Received Date: 11/29/2017

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 02

DOS	POS	Code	Mod	Service Description	Units	Charge	RR/Rat	PPO/Rat	Other/Rat	Allowed	Reason
10/05/17	11	99919		INTERPRETER SE	1.000	156.50	0.00	0.00	0.00	156.50	
			TOTALS:			**156.50**	**0.00**	**0.00**	**0.00**	**156.50**	
			TOTAL RECOMMENDED ALLOWANCE:							**156.50**	

Rendering Provider Name: JOYCE ALTMAN INTERPRETERS INC.
Rendering Provider NPI:

2111-H-838782-0 43593612

2853785525

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

EMPLOYERS®

America's small business insurance specialist®

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

PAID
FEB 18 2019
BY: .....

The attached check and Explanation of Payment(s) have been sent to you for benefits or services rendered on behalf of EMPLOYERS® who is working with VPay® to process its payments. **If you have general questions regarding the payment or cashing this check, please email VPay at support@vpayusa.com or call 1-855-523-9634**. Injured Employees: If you have questions regarding the payment amount or benefit calculation, please contact EMPLOYERS at 1-888-682-6671. Medical Providers: If you have questions regarding the payment amount, please contact CONDUENT at 1-863-669-0861, option 6. For all other payment inquiries, please contact EMPLOYERS at 1-888-682-6671.

Claim ID	Client Reference ID	VP Trans ID	Date	Amount	Check Number
2016287638	241064315	514539686 EIG0001001	02/11/2019	$800.00	17043307

EIG.OT

Notice: This document, including any attachment(s) is confidential, proprietary and intended solely for the above-named individual(s). If you are the intended recipient, your use of any confidential, proprietary or personal information may be restricted by federal and state privacy or other laws. Any unauthorized use of this communication by others is strictly prohibited and may be unlawful. If you have received this document in error, please (1) notify VPay immediately at (877) 399-5917 and provide the VP Trans ID shown (2) destroy this communication and all attached information.

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

Employers Preferred Insurance Company
PO BOX 32036
Lakeland FL, 33802-2036

VPay
1-855-523-9634

METABANK
Sioux Falls, SD
72-7011/2739

17043307

02/11/2019

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

$800.00

EIGHT HUNDRED DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

514539686

⑈17043307⑈ ⑆273970116⑆ 17000129941⑈

Employers Preferred Insurance Company 505

Process Date: 02/07/2019
Control Number: 305500811
EOR Page 1 of 2
Rev/Aud: SS/FP

Payment Number: 241064315 **Payment Date: 02/11/2019**

Claim Number: 2016287638
Claimant:
Provider Tax ID: 330956713
Provider Ref:
Provider License: CA99999

Vendor: 5628181#5628181
Geo Zip: 92781

PPO/OSR ID:
NPI Number:
Claimant SSN: XXX-XX
Date Of Injury: 01/21/2016
Claims Received Date: 02/06/2019

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

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
01/24/19	11	MDS10		LUM SUM/MUL BIL	1.000	1,087.00	287.00	0.00	0.00	800.00	197,G67, 6483,G67
				TOTALS:		1,087.00	287.00	0.00	0.00	800.00	
				TOTAL RECOMMENDED ALLOWANCE:						800.00	

Rendering Provider Name: JOYCE ALTMAN INTERPRETERS INC.
Rendering Provider NPI:

DWC CODE DESCRIPTION

G67 -PAYMENT BASED ON INDIVIDUAL PRE-NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE. ( )

CARRIER EXPLANATION REASON CODE

197 -RECOMMENDED ALLOWANCE BASED ON NEGOTIATED DISCOUNT/RATE.
6483 -FULL AND FINAL SETTLEMENT

2444-H-806502-0 45650315

514539686

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

*** INVOICE ***
Date NO#
11/16/18 69312

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
1A95494328228X

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

Case: vs ABM ONSITE SERVICES WEST INC
Date Of Injury: 3/13/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/20/16	LEGAL_WCAB	EXPEDITED HEARING @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
03/28/17	PMT BY CHECK	DOS 4/20/16* # FE60371382	-156.50
10/11/18	COSTS	ADD'L COSTS AWARDED	305.00
11/13/18	PMT BY CHECK	DOS 10/11/18* # FE63011655	-305.00

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 **

PDWLDMCD-000808-01-01-00

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

DATE 03/28/17
CHECK NO. **FE60371382**

STATEMENT

ESIS®

5900C13FE 00 00194 FE60371382

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

FILE ID
1A95494328228

DOLLARS
$********156.50

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201503191823424951072O

FOR
04/20/16 THRU 04/20/16 69312

CLAIMANT

DATE OF EVENT
03/13/15

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

9

MAR 2 1 2017

PDWLDMCD-000808-01-01-00

BOA10B (07/2016)

DETACH THIS PORTION BEFORE CASHING

[redacted]

PDWLDMCD-000983-01-01-00

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

DATE 11/13/18
CHECK NO. **FE63011655**

STATEMENT

ESIS®

5900C13FE 00 00262 FE63011655

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

FILE ID
1A95494328228

DOLLARS
$********305.00

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201503191823424951072O

FOR
10/11/18 THRU 10/11/18 F&F
CLAIMANT

DATE OF EVENT
03/13/15

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

PAID
NOV 16 2018

BY

PDWLDMCD-000983-01-01-00

BOA10B (07/2016)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***
Date NO#
02/12/19 71488

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1A953456840625

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

Case: vs ABM SERVICES
Date Of Injury: 5/18/15; 5/19/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/22/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM DOI: BOTH	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
05/03/17	PMT BY CHECK	DOS 3/22/17* # FE60521992	-156.50
05/15/17	LEGAL_WCAB	TRIAL @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
10/30/18	PMT BY CHECK	DOS 5/15/17* # FE62945381	-156.50
01/17/19	COSTS	ADD'L COSTS AWARDED	525.00
02/07/19	PMT BY CHECK	DOS 1/17/19* # FE63400179	-525.00

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 **

PDWLDMCD-000779-01-01-00

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

DATE 05/03/17
CHECK NO. **FE60521992**

STATEMENT

ESIS®

5900C13FE 00 00138 FE60521992

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

FILE ID
1A95345684062

DOLLARS
$********156.50

MAY 09 2017

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201604191236462341 1302

FOR
03/22/17 THRU 03/22/17 71488

CLAIMANT

DATE OF EVENT
05/29/15

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

PDWLDMCD-000779-01-01-00

BOA10B (07/2016)

DETACH THIS PORTION BEFORE CASHING

[redacted]

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

DATE 10/30/18
CHECK NO. **FE62945381**

STATEMENT

ESIS®

5900C13FE 00 00165 FE62945381

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

FILE ID: 1A95494358171
DOLLARS: $********156.50

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201509011725122027 2618

FOR
05/15/17 THRU 05/15/17
CLAIMANT

DATE OF EVENT
05/18/15

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

NOV 06 2018

IOA10B (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.

ESIS®

64-1278
611

DATE 10/30/18

FE62945381

FILE ID
1A95494358171

PLEASE DEPOSIT
or CASH
WITHIN 90 DAYS

CWC1291018000018016 6

Pay **ONE HUNDRED FIFTY SIX DOLLARS AND 50 CENTS**

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

$********156.50

FOR
05/15/17 THRU 05/15/17

CLAIM OFFICE
INTAKE CLAIMS F

CLIENT
ABM INDUSTRIES, INC.

CLAIMANT

DATE OF EVENT
05/18/15

AUTHORIZED SIGNATURE

Bank of America

NBS-1GS-11

⑈436294538⑈ ⑆061112788⑆ 003299786410⑈

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

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

DATE 02/07/19
CHECK NO. **FE63400179**

STATEMENT

ESIS®

5900C13FE 00 00471 FE63400179

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

FILE ID
1A95345684062

DOLLARS
$********525.00

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201604191236462341130 2

FOR
01/17/19 THRU 01/17/19 STIP & ORDER
CLAIMANT

DATE OF EVENT
05/29/15

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

FEB 1 2 2019

PDWLDMCD-001500-01-01-04

BOA10B (07/2016)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***
Date NO#
04/10/19 72500

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
5BO96357605224-A

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

Case: vs DEBRA GORDON
Date Of Injury: 3/1/15 - 12/12/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/10/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
01/02/18	PENALTIES	FOR DATE OF SERVICE 8/10/17	23.48
12/27/17	INTEREST	FOR DATE OF SERVICE 8/10/17	5.03
12/27/17	PMT BY CHECK	DOS 8/10/17* # FE61549642	-156.50
03/28/19	COSTS	ADD'L COSTS AWARDED	221.49
04/02/19	PMT BY CHECK	DOS 3/28/19* FE63660227	-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 **

H2

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

DATE 12/27/17
CHECK NO. **FE61549642**

STATEMENT

Paid by ESIS, Inc. on behalf of
Fireman's Fund Insurance Companies

5900H1MFE 00 00001 FE61549642

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

FILE ID 5B09635760522
DOLLARS $********156.50

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201703011519376775996

FOR
08/10/17 THRU 08/10/17 72500

CLAIMANT

DATE OF EVENT
03/01/15

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

DEC 0 3 2018

OA44A (12/2016)

DETACH THIS PORTION BEFORE CASHING

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

Paid by ESIS, Inc. on behalf of
Fireman's Fund Insurance Companies

64-1278
811

DATE 12/27/17

FE61549642

FILE ID
5B09635760522

PLEASE DEPOSIT
or CASH
WITHIN 90 DAYS

CWH1261217000040002

ay **ONE HUNDRED FIFTY SIX DOLLARS AND 50 CENTS**

AY TO THE
RDER OF

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

$********156.50

OR
08/10/17 THRU 08/10/17 72500

CLAIM OFFICE
FREMONT ESIS

JENT
ACE PRIVATE RISK/FIREMAN'

CLAIMANT

DATE OF EVENT
03/01/15

AUTHORIZED SIGNATURE

Bank of America

NBS-1GS-11

⑈436154964 2⑈ ⑆061112788⑆ 00329978641 0⑈

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

PDWLDMCD-000157_01_01_00

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

DATE 04/02/19
CHECK NO. **FE63660227**

STATEMENT

Paid by ESIS, Inc. on behalf of
Fireman's Fund Insurance Companies

5900H1MFE 00 00002 FE63660227

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

FILE ID: 5B09635760522
DOLLARS: $********250.00

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201703011519376775 7996

FOR
03/28/19 THRU 03/28/19

CLAIMANT

DATE OF EVENT
03/01/15

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

PDWLDMCD-000157-01-01-00

DETACH THIS PORTION BEFORE CASHING

BOA44A (12/2016)

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

Paid by ESIS, Inc. on behalf of
Fireman's Fund Insurance Companies

64-1278
611
DATE 04/02/19
FE63660227

FILE ID
5B09635760522

PLEASE DEPOSIT
or CASH
WITHIN 90 DAYS

CWH10104190000040007

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

$********250.00

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

FOR
03/28/19 THRU 03/28/19

CLAIM OFFICE
FREMONT ESIS

CLAIMANT

CLIENT
ACE PRIVATE RISK/FIREMAN'

DATE OF EVENT
03/01/15

AUTHORIZED SIGNATURE

Bank of America

NBS-1GS-11

⑈4363660227⑈ ⑆061112788⑆ 003299786410⑈

HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

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

*** INVOICE ***
Date NO#
05/17/19 72593

EAMS#(s):

SS # : XXX-XX-___
DOB :
Terms: 60 days
Claim #(s):
1A953456898782

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
09/06/17	LEGAL_PREP	DEPO PREP @ L/O FLOYD, SKEREN & KELLY	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
09/20/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/02/17	PMT BY CHECK	DOS 9/6/17* # FE61168840	-156.50
12/14/17	PMT BY CHECK	DOS 9/20/17-9/20/17* #FE61497209	-250.00
02/22/19	COSTS	ADD'L COSTS AWARDED	350.00
05/14/19	PMT BY CHECK	DOS 2/22/19* # FE63860458	-350.00

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 **

PDWLDMCD-000878-01-01-00

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

DATE 10/02/17
CHECK NO. **FE61168840**

STATEMENT

ESIS®

5900C13FE 00 00273 FE61168840

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

FILE ID
1A95345689878

DOLLARS
$********156.50

OCT 05 2017

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201705101345546202316S

FOR
09/06/17 THRU 09/06/17 72593
CLAIMANT

DATE OF EVENT
03/21/17

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

PDWLDMCD-000878-01-01-00

BOA10B (07/2016)

DETACH THIS PORTION BEFORE CASHING

[redacted]

PDWLDMCD-001116-01-01-00

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

VMR

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

STATEMENT

ESIS®

5900C13FE 00 00326 FE61497209

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

FILE ID
1A95345689878

DOLLARS
$********250.00

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201705101345546202316S

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

DATE OF EVENT
03/21/17

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

PDWLDMCD-001116-01-01-00

BOA10B (07/2016)

DETACH THIS PORTION BEFORE CASHING

&

[redacted]

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

201905130133

Electronic Service Requested

DATE: 05/14/19
CHECK NO: **FE63860458**

STATEMENT

ESIS®

1 OF 2 F
ENV 533

MIXED AADC 926
533 0.5738 MB 0.425

JOYCE ALTMAN INTERPRETERS (JAI) 113
PO BOX 4165
TUSTIN, CA 92781-4165

FILE ID	DOLLARS
IA95345689878	$ 350.00

* **NOT NEGOTIABLE** *
INVOICE # XXXXX0944
AGENCY CLAIM # 201705101345546202316S

FOR
SERVICES FROM 02/22/19 THRU 02/22/19 PAT.#XXXXX094

CLAIMANT

DATE OF EVENT
03/21/17

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

PAID
MAY 20 2019
BY: .....

FM-BOA10B

DETACH THIS PORTION BEFORE CASHING

P7092028014

20190513013 3

ESIS MedBill Impact
P.O. Box 6561; Scranton, PA
18505-6561

Review Analysis oo

Control Number: 20614027
Bill Index Number: X020614027
Date Reviewed: 05/08/2019
Reviewed By: 9023L
Rep/Sup: 217/244

2 OF 2 F

ENV 533

Claim Number: 1A953456898782
Patient Name:
Provider Tax ID:330956713
Provider NPI: 0

Date Of Injury: 03/21/2017
Patient ID: XXXXX0944
Patient Account: XXXXX0944
Payor Receipt Date: 05/07/2019

State Jurisdiction:CA
MPN Name:
PPO Name:
PPO ID: (PPOID: 0)

Impact Receipt Date: 05/07/2019
MPN ID
Provider Invoice:

Branch Name: 345
Employer Name:ABM INDUSTRIES, INC.

Provider	Rendering Provider	Insurer
St Lic No 999999999	NPI:	TIN:941369354
JOYCE ALTMAN	Company:	ABM Industries
INTERPRETERS (JAI)	First Name:	1775 The Exchange
PO BOX 4165	Last Name: JOYCE ALTMAN	Suite 600
TUSTIN, CA 92781	INTERPRETERS (JAI)	Atlanta, GA 30339

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
2/22/19	MDS11 00		1	$550.00	$200.00	$0.00	$0.00	$350.00	1,2,3,4
Lump Sum	Lien	Codes	Message						
				$550.00	$200.00	$0.00	$0.00	$350.00	

Notes/Messages:
1 DOS from 09/06/17-09/20/17
2 Reviewed per client instructions. (250)
3 Rush Bill (E328)
4 This payment is a lien agreement that includes any penalties and interest associated with this service. (E336)

Copyright B) 2000-2019 All rights reserved. 5/08 11:11 am

Joyce Altman Interpreters, 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 71277

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10005771

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

Case: vs AMBER TRADING
Date Of Injury: 9/10/09

DOS	SERVICE	DESCRIPTION	AMOUNT
02/15/17	LEGAL_WCAB	FULL DAY STATUS CONFERENCE @ WCAB LONG BEACH	313.00
/ /	INTERPRETER:	JOYCE C. ALTMAN # 300624 (AM)	0.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585 (PM)	0.00
02/05/18	PENALTIES	FOR DATE OF SERVICE 2/15/17	49.95
02/05/18	INTEREST	FOR DATE OF SERVICE 2/15/17	31.56
03/07/18	PMT BY CHECK	DOS 2/15/17* # 8816758761	-394.51
08/22/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/04/18	PMT BY CHECK	DOS 8/22/18* # 8817006495	-156.50
06/19/19	COSTS	ADD'L COSTS AWARDED	1500.00
07/10/19	PMT BY CHECK	DOS 6/19/19* # 8817306035	-1500.00

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

FARMERS INSURANCE EXCHANGE

Check Number: 8816758761
Date: 03/07/2018

Amount: $394.51******

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 4165
Tustin CA 92781

71277

Claimant/Patient:			
Insured:	AMBER TRADING INC		
Date of Loss:	09/10/2009	Claim Representative:	Daniel Yona
Claim Number:	WC10005771	Office Phone Number:	8185402237
Correspondence Reference:	2F1H3S2MN	Applicable Coverage:	Workers' Compensation

Additional Information:
If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

From/To Dates	Benefit Type	Benefit Amount	Overpayment W/H	Net Amount
02/15/17 - 02/15/17	Other Specified Indemnity	$394.51		$394.51

TOTAL Benefits Paid To Date :

Other Specified Indemnity	$1144.51	

MAR 13 2018

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

FARMERS INSURANCE

62-20/311

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

Claim #: WC10005771

Check No. 8816758761

Date: 03/07/2018

Payable If Desired At Any Citibank

PAY Three Hundred Ninety Four Dollars And Fifty One Cents $394.51******

NOT GOOD AFTER SIX MONTHS

To the order of
JOYCE ALTMAN INTERPRETERS
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.

⑈8816758761⑈ ⑆031100209⑆ 3872438⑈

01 01 000489 2F1H3S2MN1 CE0308P1 02[] 000912

FARMERS INSURANCE EXCHANGE

Check Number: 8817006495
Date: 10/04/2018

Amount: $156.50******

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS
PO Box 1465
Tustin CA 92781

Claimant/Patient:			
Insured:	AMBER TRADING INC		
Date of Loss:	09/10/2009	Claim Representative:	Daniel Yona
Claim Number:	WC10005771	Office Phone Number:	8185402237
Correspondence Reference:	154R6RSMN	Applicable Coverage:	Workers' Compensation

Additional Information:
Invoice # 71277 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
08/22/18 - 08/22/18	Other Specified Indemnity	$156.50		$156.50

TOTAL Benefits Paid To Date :

Other Specified Indemnity	$1301.01
Claimant Attorney Fee - PD	$1875.00

PAID
OCT 10 2018

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

FARMERS INSURANCE

62-20/311

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

Claim #: WC10005771

Check No. 8817006495
Date: 10/04/2018

Payable If Desired At Any Citibank

PAY One Hundred Fifty Six Dollars And Fifty Cents $156.50******

NOT GOOD AFTER SIX MONTHS

To the order of
JOYCE ALTMAN INTERPRETERS
PO Box 1465
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.

⑈8817006495⑈ ⑆031100209⑆ 3872438⑈

01 01 000318 154R6RSMN1 CE100SP1 02 [ ] 000488

FARMERS INSURANCE EXCHANGE

Check Number: 8817306035
Date: 07/10/2019

Amount: $1,500.00****

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS
PO Box 1465
Tustin CA 92781

Claimant/Patient:			
Insured:	AMBER TRADING INC		
Date of Loss:	09/10/2009	Claim Representative:	Daniel Yona
Claim Number:	WC10005771	Office Phone Number:	8185402237
Correspondence Reference:	124BVHSBN	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
07/01/19 - 07/01/19	Medical - Claimant Legal Report	$1500.00

PAID
JUL 16 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

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

Claim #: WC10005771

Check No. 8817306035
Date: 07/10/2019

Payable If Desired At Any Citibank

PAY One Thousand Five Hundred Dollars And No Cents $1,500.00****

NOT GOOD AFTER SIX MONTHS

To the order of
JOYCE ALTMAN INTERPRETERS
PO Box 1465
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.

⑈8817306035⑈ ⑆031100209⑆ 3872438⑈

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

*** INVOICE ***
Date NO#
08/20/18 30366

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
ECA900015075

BILL TO:
FIRST COMP/MARKEL INS (OMAHA)
W. C. DEPARTMENT
ATTN: AIDA YBARRA
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs FULLERTON ROSEWOOD ASSIST.LVG.
Date Of Injury: 9/25/07

DOS	SERVICE	DESCRIPTION	AMOUNT
04/24/08	DEPO PREP	@ THE L/O OF STOCKWELL & HARRIS	156.50
05/19/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
06/26/08	PMT BY CHECK	DOS 4/24/08 # 201447	-156.50
09/12/08	PMT BY CHECK	DOS 5/19/08 # 234089	-250.00
05/09/11	WCAB LB	MSC	156.50
06/08/12	PENALTIES	FOR DATE OF SERVICE 5/9/11	23.48
06/29/12	INTEREST	FOR DATE OF SERVICE 5/9/11	2.51
06/29/12	PMT BY CHECK	DOS 5/9/11 # 2717913	-156.50
07/23/12	PMT BY CHECK	DOS 6/8/12 # 2721423	-43.99
09/10/12	WCAB LB	PRIORITY-CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
09/27/12	PMT BY CHECK	DOS 9/10/12 # 2732173	-156.50
09/26/12	DEPO PREP	@ THE L/O OF STOCKWELL,HARRIS & MUEHL	156.50
/ /	INTERPRETER:	JOHANNA JORDAN #100793	0.00
11/01/12	PMT BY CHECK	DOS 9/26/12 # 2737279	-156.50
12/13/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (VOL II)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/25/13	PMT BY CHECK	DOS 12/13/12 # 2748055	-250.00
02/04/13	INITIAL EXAM	DR CARLSON @ ORTHO SPECIALTY INSTITUTE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/17/14	LEGAL WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/02/15	PMT BY CHECK	DOS 4/24/08-12/17/14* # 2808341	-386.50
11/17/17	PENALTIES	FOR DATE OF SERVICE 5/19/08	37.50
09/12/08	INTEREST	FOR DATE OF SERVICE 5/19/08	7.48
08/07/18	COSTS	ADD'L COSTS AWARDED	1473.02

NL

Joyce Altman Interpreters, 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 30366

EAMS#(s):
/
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
ECA900015075

BILL TO:
FIRST COMP/MARKEL INS (OMAHA)
W. C. DEPARTMENT
ATTN: AIDA YBARRA
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs FULLERTON ROSEWOOD ASSIST.LVG.
Date Of Injury: 9/25/07

DOS	SERVICE	DESCRIPTION	AMOUNT
08/14/18	PMT BY CHECK	DOS 4/28/08-8/7/18* # 70147663	-1500.00

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 **

FIRST COMP UNDERWRITERS
PO Box 3188
Omaha, NE 68103-0188

Claim Number: ECA900015075
Name: JOYCE ALTMAN INTERPRETERS INC

Claims Disbursement
Check Number: 201447
Check Date: 06/26/2008
Check Amount: 156.50

Check Information

Check Description:
EOR REFERENCE:
POLICY NUMBER: WEN0014409
CLAIMS TYPE: EX EXPENSE TYPE: 12

Invoice Number: 30366
Invoice Date: 05/16/2008

Service From: 04/24/2008 **Service to:** 04/24/2008

Claimant Last Name:
Claimant First Name:

Additional Information: 04/24/2008 04/24/2008 PAID- JOYCE ALTMAN BILL DOS 4/24/08

PAID

FIRST COMP UNDERWRITERS

PO Box 3188
Omaha, NE 68103-0188

Claim Number:	ECA900015075		**Claims Disbursement**
Name:	JOYCE ALTMAN INTERPRETERS INC	**Check Number:**	234089
		Check Date:	09/12/2008
		Check Amount:	250.00

Check Information

Check Description:
EOR REFERENCE:
POLICY NUMBER: WEN0014409
CLAIMS TYPE: EX EXPENSE TYPE: 12

Invoice Number: 30366
Invoice Date: 07/03/2008

Service From: 04/24/2008 **Service to:** 04/24/2008

Claimant Last Name:
Claimant First Name:

Additional Information: 04/24/2008 04/24/2008 JOYCE ALTMAN INTERPRETERS INC

PAID

FIRST COMP
Insuring America's Small Business®
A MARKEL® Company

PO Box 3188
Omaha, NE 68103-0188

Claims Disbursement

30366

Claim Number:	ECA900015075	**Check Number:**	2717913
Name:	JOYCE ALTMAN INTERPRETERS INC	**Check Date:**	06/29/2012
		Check Amount:	156.50

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WEN0014409
CLAIMS TYPE: EX EXPENSE TYPE: 10

FAX
JUL 05 2012
BY:

Invoice Number: 30366wcab
Invoice Date: 06/08/2012

Service From: 05/09/2011 **Service To:** 05/09/2011

Claimant First Name:
Claimant Last Name:

Additional Information: 05/09/2011 05/09/2011

FIRST COMP
Insuring America's Small Business®
A MARKEL® Company

PO Box 3188
Omaha, NE 68103-0188

FAXED
JUL 30 2012
BY:

Claims Disbursement

Claim Number:	ECA900015075	**Check Number:**	2721423
Name:	JOYCE ALTMAN INTERPRETERS INC	**Check Date:**	07/23/2012
		Check Amount:	43.99

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WEN0014409
CLAIMS TYPE: EX EXPENSE TYPE:

Invoice Number: 30366
Invoice Date: 07/09/2012

Service From: 04/24/2008 **Service To:** 06/29/2012

Claimant First Name:
Claimant Last Name:

Additional Information: 04/24/2008 06/29/2012

FIRST COMP
MARKEL Insuring America's Small Business®
PO Box 3188
Omaha, NE 68103-0188

Claims Disbursement

Claim Number:	ECA900015075	**Check Number:**	2732173
Name:	JOYCE ALTMAN INTERPRETERS INC	**Check Date:**	09/27/2012
		Check Amount:	156.50

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WEN0014409
CLAIMS TYPE: EX EXPENSE TYPE: 10

PAID
OCT 01 2012
BY:.....

Invoice Number: 30366wcab
Invoice Date: 09/14/2012

Service From: 09/10/2012 **Service To:** 09/10/2012

Claimant First Name:
Claimant Last Name:

Additional Information: 09/10/2012 09/10/2012

FIRST COMP
MARKEL® Insuring America's Small Business®
PO Box 3188
Omaha, NE 68103-0188

Claims Disbursement

Claim Number: ECA900015075
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 2737279
Check Date: 11/01/2012
Check Amount: 156.50

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WEN0014409
CLAIMS TYPE: EX EXPENSE TYPE: 10

NOV 05 2012
BY:

Invoice Number: 30366depo
Invoice Date: 10/18/2012

Service From: 09/26/2012 **Service To:** 09/26/2012

Claimant First Name:
Claimant Last Name:

Additional Information: 09/26/2012 09/26/2012

FIRST COMP
MARKEL Insuring America's Small Business®
PO Box 3188
Omaha, NE 68103-0188

Claims Disbursement

Claim Number:	ECA900015075	**Check Number:**	2748055
Name:	JOYCE ALTMAN INTERPRETERS INC	**Check Date:**	01/25/2013
		Check Amount:	250.00

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WEN0014409
CLAIMS TYPE: EX EXPENSE TYPE: 10

PAID JAN 29 2013

Invoice Number: 30366depo
Invoice Date: 01/07/2013

Service From: 12/13/2012 **Service To:** 12/13/2012

Claimant First Name:
Claimant Last Name:

Additional Information: 12/13/2012 12/13/2012

FIRST COMP
MARKEL Insuring America's Small Business®

PO Box 3188
Omaha, NE 68103-0188

PAID FEB 09 2015

Claims Disbursement

Claim Number:	ECA900015075	**Check Number:**	2808341
Name:	JOYCE ALTMAN INTERPRETERS INC	**Check Date:**	02/02/2015
		Check Amount:	386.50

Check Information

Check Description:	EOR REFERENCE: POLICY NUMBER: WEN0014409 CLAIMS TYPE: EX EXPENSE TYPE: 10
Invoice Number:	30366depo
Invoice Date:	01/13/2015
Service From:	04/24/2008 **Service To:** 12/17/2014
Claimant First Name:	
Claimant Last Name:	
Additional Information:	04/24/2008 12/17/2014

[redacted]

PO Box 3188
Omaha, NE 68103-3188

Claims Disbursement

CLAIM #: ECA900015075
PAYEE: JOYCE ALTMAN INTERPRETERS INC

CHECK NUMBER: 70147663
CHECK DATE: 08/14/2018
CHECK AMOUNT: $1,500.00

Check Information

CLAIMANT NAME:
POLICY #: WEN0014409-01
INVOICE #: Lien F & F
INVOICE DATE: 08/08/2018
BILL ID #: 3674011
BILL REVIEW ID #:
BENEFIT BEGIN: 04/28/2008
BENEFIT END: 08/07/2018
RESERVE TYPE: ME
SUB-RESERVE TYPE: Other

CHECK MEMO:

AUG 20 2018

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#
11/21/18 46289

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
00950-000032511-001

BILL TO:
GALLAGHER BASSETT (LAG HILLS)
W. C. DEPARTMENT
ATTN: MR/MRS GIACOMI
P.O. BOX # 30840
LAGUNA HILLS, CA 92654

Case: vs GREYHOUND LINES
Date Of Injury: 9/14/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/11/11	SHOCK WAVE	THERAPY @ PAIN RELIEF CTR*	150.00
/ /	INTERPRETER:	SONJA HICKMON # 500402	0.00
07/01/11	PR2/REEVAL	DR EOH @ PAIN RELIEF CTR*	180.00
/ /	INTERPRETER:	LILIA ORTIZ # 600104	0.00
09/12/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
02/24/12	PENALTIES	FOR DATE OF SERVICE 9/12/11	37.50
03/13/12	INTEREST	FOR DATE OF SERVICE 9/12/11	14.65
03/13/12	PMT BY CHECK	DOS 7/11/11-2/24/12 # 0000614085	-632.07
11/15/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/10/13	WCAB LB	MSC - LINDA WEINBERG # 08025285	156.50
10/21/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/14/16	LEGAL_WCAB	MSC @ WCAB LOS ANGELES	156.50
/ /	INTERPRETER:	BLANCA HUNDS # 49306483	0.00
10/19/17	PENALTIES	FOR DATE OF SERVICE 11/15/12	23.48
10/19/17	INTEREST	FOR DATE OF SERVICE 11/15/12	87.67
10/19/17	PENALTIES	FOR DATE OF SERVICE 12/10/13	23.48
10/19/17	INTEREST	FOR DATE OF SERVICE 12/10/13	69.97
10/19/17	PENALTIES	FOR DATE OF SERVICE 10/21/14	37.50
10/19/17	INTEREST	FOR DATE OF SERVICE 10/21/14	86.64
10/19/17	PENALTIES	FOR DATE OF SERVICE 6/14/16	23.48
10/19/17	INTEREST	FOR DATE OF SERVICE 6/14/16	24.85
11/09/17	LEGAL_WCAB	MSC @ WCAB LAO	156.50
/ /	INTERPRETER:	ELENA WILSON # 100363	0.00
12/28/17	LEGAL_WCAB	TRIAL @ WCAB LAO	156.50
/ /	INTERPRETER:	MIGUEL ARRIOLA # 49551983	0.00
10/22/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LAO	156.50
/ /	INTERPRETER:	BLANCA HUND # 49306683	0.00

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

*** INVOICE ***
Date NO#
11/21/18 46289

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
00950-000032511-001

BILL TO:
GALLAGHER BASSETT (LAG HILLS)
W. C. DEPARTMENT
ATTN: MR/MRS GIACOMI
P.O. BOX # 30840
LAGUNA HILLS, CA 92654

Case: vs GREYHOUND LINES
Date Of Injury: 9/14/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/16/18	PMT BY CHECK	DOS 11/15/12-10/22/18* # 0444929134	-1566.15

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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
PO Box 14154
Lexington, KY 40512-4154

DATE	CHECK AMT	CHECK NO.
03/13/2012	632.07	0000614085

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

SCMS UNIT	PAGE
234 Sedgwick Claims Management Services	001

005145 0000614085 00002 OF 00002 OPM 120312 1432

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

Claimant Name	Loss Date	Claim Number	SSN
	09/14/2010	00950000325110001	

Amt Paid: 632.07 Description:
Amt Billed: 632.07 Invoice: 46289 ICN: 00950000325110001
Dates: 07/01/2011 - 02/24/2012 Comment:

PAID
MAR 16 2012
BY:

Questions about other Sedgwick CMS payments? Visit sedgwickcms.com. Click on Provider Resources, then choose viaOne Express® for Providers.

E1991.FRM (02-28-01)

GALLAGHER BASSETT-LA/ALISO VIE
PO BOX 2934
CLINTON IA 52733-2934

M

MDG2009 00007652 1 MB .424 1

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

GALLAGHER BASSETT SERVICES INC
FOR FIRSTGROUP AMERICA INC

DIRECT CHECK INQUIRIES TO:
PHONE: 949-458-0181
GALLAGHER BASSETT-LA/ALISO VIE
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 002456 311131 WC 01 (CS892001)
CLAIMANT:
DESCRIPTION: INV #: 46289 ✓
DATES OF SERVICE: 15Nov12 **THRU** 22Oct18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 174
ACC DATE: 14Sep10

NO.: 0444929134
VN: 0007660325
DATE: 16Nov18
AMOUNT: 1566.15

**

PAID
NOV 21 2018

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0007652 008448 001 001

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

GALLAGHER BASSETT SERVICES INC
FOR FIRSTGROUP AMERICA INC

CHECK NO. 0444929134 010824
VN. 0007660325
DATE: 16Nov18 70-2322/719

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **1566.15

CLAIM NO.: 002456 311131 WC 01 (CS892001) **BRANCH NO.:** 174
PAY ONE THOUSAND FIVE HUNDRED SIXTY-SIX AND 15/100 DOLLARS**********

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

AUTHORIZED SIGNATURE

JPMORGAN CHASE BANK, N.A.
CHICAGO, IL

⑈0444929134⑈ ⑆071923226⑆ 009430539⑈

Joyce Altman Interpreters, 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 60287

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002343003045WC01

BILL TO:
GALLAGHER BASSETT (OR-14260)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs MENZIES AVIATION GROUP
Date Of Injury: 9/30/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/13/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/06/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/03/14	SURGERY	DR PHILLIPS: R/SHLDER @ MONROVIA HOSPITAL	990.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693 (11 HRS)	0.00
05/16/16	LIEN FIL FEE	LIEN FILING FEE	150.00
01/12/18	PENALTIES	FOR DATE OF SERVICE 11/13/13	23.48
01/12/18	INTEREST	FOR DATE OF SERVICE 11/13/13	70.81
01/12/18	PENALTIES	FOR DATE OF SERVICE 12/06/13	37.50
01/12/18	INTEREST	FOR DATE OF SERVICE 12/06/13	113.11
10/17/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/22/19	COSTS	ADD'L COSTS AWARDED	1331.10
02/05/19	PMT BY CHECK	DOS 11/13/13-10/17/18* # 0152163861	-3279.00

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 **

MF

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

002343 PAGE 1 OF 1 015425

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

GALLAGHER BASSETT SERVICES INC
FOR XL SPECIALTY COMPANY

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

CLAIM NO.: 002343 003045 WC 01 (LAX-24)
CLAIMANT:
DESCRIPTION: FULL AND FINAL

DATES OF SERVICE: 13Nov13 **THRU** 17Oct18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 138
ACC DATE: 30Sep12

NO.: 0152163861
VN: 0000233260
DATE: 05Feb19
AMOUNT: 3279.00

FEB 12 2019

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0001235 002460 002 002

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

39602

GALLAGHER BASSETT SERVICES INC
FOR XL SPECIALTY COMPANY

CHECK NO. 0152163861 015425
VN. 0000233260
DATE: 05Feb19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **3279.00

CLAIM NO.: 002343 003045 WC 01 (LAX-24) **BRANCH NO.:** 138
PAY THREE THOUSAND TWO HUNDRED SEVENTY-NINE 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

⑈0152163861⑈ ⑆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 64762

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002221010821WC01; 0022210

BILL TO:
GALLAGHER BASSETT (ROSEVILLE)
W. C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
PO BOX 610
ROSEVILLE, CA 95661

Case: vs GLOBAL SECURITY CONCEPTS
Date Of Injury: 8/15/10; 10/16/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/17/14	INITIAL EXAM	DR RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/27/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ AMERI CHIRO* INITIAL	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/31/14	INITIAL EXAM	W/ACUPUNCT A. LEE @ AMERI*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/03/15	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/09/15	FOLLOW-UP	W/ ACUPUNCT A. LEE @ AMERI*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/09/14	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/17/15	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/26/14	PR2-RE/EVAL	W/ACUPUNCT A. LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/31/14	F/U CHIRO TX	CHIRO TREATMENT @ AMERI CHIRO W/DR KHAN*	90.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/23/15	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/20/15	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR KHAN @ AMERI* FINAL	150.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/22/15	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/02/15	P AND S	DR RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/05/16	LIEN FIL FEE	LIEN FILING FEE	150.00

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#
10/02/18 64762

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002221010821WC01; 0022210

BILL TO:
GALLAGHER BASSETT (ROSEVILLE)
W. C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
PO BOX 610
ROSEVILLE, CA 95661

Case: vs GLOBAL SECURITY CONCEPTS
Date Of Injury: 8/15/10; 10/16/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/15/18	PENALTIES	FOR DATE OF SERVICE 10/17/14	34.50
08/30/18	INTEREST	FOR DATE OF SERVICE 10/17/14	91.74
05/15/18	PENALTIES	FOR DATE OF SERVICE 10/31/14	34.50
08/30/18	INTEREST	FOR DATE OF SERVICE 10/31/14	78.55
05/15/18	PENALTIES	FOR DATE OF SERVICE 12/31/14	34.50
05/15/18	INTEREST	FOR DATE OF SERVICE 12/31/14	76.02
05/15/18	PENALTIES	FOR DATE OF SERVICE 07/02/15	34.50
05/15/18	INTEREST	FOR DATE OF SERVICE 07/02/15	70.80
09/13/18	PMT BY CHECK	DOS 8/30/18* # 0148709876	-2600.00
10/02/18	BLCE OFF SET	BALANCE OFF SET	-345.11

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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 NORTH WC
GALLAGHER BASSETT SERVICES INC FOR
EVEREST NATION
PO BOX 2934
CLINTON IA 52733

GALLAGHER BASSETT
GUIDE. GUARD. GO BEYOND.

9/12/18 12:52 PM 4 0000954 20180925 NI7E7101 ECHO 1 oz DOM NI7E710000 158568 GK

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.

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 #:** 167972442 **Payment Date:** 09/13/2018

Insurer: GALLAGHER BASSETT SERVICES INC FOR EVEREST NATION
Insurer #:
Insurer Tax ID:
File:
VN: VN. 0000795189

PAID
OCT 02 2018

Claimant Name:		Amount:	2,600.00
Claim #:	002221010820WC01 (0071114101)	Invoice Date:	
Branch #:	E002221010820WC01	Invoice #:	0022210000795189
From-To:	8/30/18-8/30/18	Incident Date:	10/15/2014
Remarks:	FULL AND FINAL PER STIP AND ORDER	Check #:	0148709876
		VN:	VN. 0000795189

Comments

NOTE-001 FOR INQUIRIES PLEASE CALL: GB-CARRIER CALIFORNIA NOR AT 9165768200 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-CARRIER CALIFORNIA NORTH WC
GALLAGHER BASSETT SERVICES INC FOR EVEREST NATION
PO BOX 2934

PNC Bank, N.A. 001
Electronic Payment Clearinghouse
Echo Health, Inc.

60-162
433

DRAFT NO. 167972442
DRAFT DATE 09/13/2018

PAYABLE THROUGH DRAFT Two Thous& Six Hundred & 00 / 100 DOLLARS

Claim Number :002221010820WC01 (0071114101

AMOUNT
*********$2,600.00

VOID AFTER 180 DAYS

TO THE ORDER OF Joyce Altman Interpreters Inc
PO Box 4165

Tustin CA 92781

Kristopher T. Ken

⑈167972442⑈ ⑆043016271⑆ 1069911974⑈

9/12/18 12:52 PM 4 0000954 20180925 NI7E7101 ECHO 1 oz DOM NI7E710000 158568 GK

Joyce Altman Interpreters, 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 66099

EAMS#(s):

SS # : XXX-XX-3547
DOB :
Terms: 60 days
Claim #(s):
004909-001218WC01; 004909

BILL TO:
GALLAGHER BASSETT (LAG HILLS)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 30840
LAGUNA HILLS, CA 92654

Case: vs G2 SECURE STAFF LLC
Date Of Injury: 12/4/10-2/15; 9/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/29/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/04/15	LEGAL_PREP	DEPO PREP @ L/O GRANCELL, STANDER, REUBENS	156.50
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
06/05/15	LEGAL_PREP	DEPO PREP @ L/O GRANCELL , STANDER, REUBENS	156.50
/ /	INTERPRETER:	CLAUDIA CALLE # 100733 VOL II	0.00
07/16/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/19/17	PENALTIES	FOR DATE OF SERVICE 05/29/15	37.50
01/19/17	INTEREST	FOR DATE OF SERVICE 05/29/15	46.39
01/19/17	PENALTIES	FOR DATE OF SERVICE 05/04/15	23.48
01/19/17	INTEREST	FOR DATE OF SERVICE 05/04/15	29.04
01/19/17	PENALTIES	FOR DATE OF SERVICE 06/05/15	23.48
01/19/17	INTEREST	FOR DATE OF SERVICE 06/05/15	28.40
01/19/17	PENALTIES	FOR DATE OF SERVICE 07/16/15	37.50
01/19/17	INTEREST	FOR DATE OF SERVICE 07/16/15	44.58
01/19/17	PMT BY CHECK	DOS 1/3/17* # 0134140268	-360.00
08/03/17	INTEREST	FOR DATE OF SERVICE 5/29/15	39.57
08/03/17	INTEREST	FOR DATE OF SERVICE 5/4/15	16.45
08/03/17	INTEREST	FOR DATE OF SERVICE 6/5/15	16.17
08/03/17	INTEREST	FOR DATE OF SERVICE 7/16/15	38.41
10/16/17	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/08/18	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
09/13/18	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00

LZ

Joyce Altman Interpreters, 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 66099

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
004909-001218WC01; 004909

BILL TO:
GALLAGHER BASSETT (LAG HILLS)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 30840
LAGUNA HILLS, CA 92654

Case: vs G2 SECURE STAFF LLC
Date Of Injury: 12/4/10-2/15; 9/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/11/18	LEGAL_WCAB	FULL DAY TRIAL @ WCAB LBO	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/14/18	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/27/19	PMT BY CHECK	DOS 5/28/15-12/14/18* # 0153410252	-1485.00
06/24/19	COSTS	ADD'L COSTS AWARDED	1118.53
06/24/19	PMT BY CHECK	DOS 5/29/15-12/14/18 # 0155523006	-1500.00

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-LA/ALISO VIE
P.O. BOX 30840
LAGUNA HILLS CA 92654-0840

0101942 01 RE 0.416 **AUTO T6 0 1513 92781 -P01943

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

PAID
JAN 25 2017
BY:

DIRECT INQUIRIES TO:

PHONE: 1-949-458-0181
GALLAGHER BASSETT-LA/ALIS
P.O. BOX 30840
LAGUNA HILLS CA 92654-0840

GALLAGHER BASSETT SERVICES INC FOR INS CO STATE O

CLAIM NO. 004909 001624 WC 01

BRANCH NO. 174

CHECK NO. 0134140268

CLAIMANT:

ACC. DATE 10-Sep-2014

VN. 0000079886

DESCRIPTION: PER ORDER FOR REIMBURSEMENT 5811 INTERPRETER 5/4/15-7/16/15

DATE: 19-Jan-2017

DATE OF SERVICE: 03-Jan-2017 TO 03-Jan-2017

PAYMENT AMOUNT: $360.00

RE0101942-0001_of_0001 1513-0002186 (G26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0134140268 ATTACHED BELOW

GALLAGHER BASSETT-LA/ALISO VIE
PO BOX 2934
CLINTON IA 52733-2934

0101658 01 RE 0.425 **AUTO T4 0 1560 92781 -P01659

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

DIRECT INQUIRIES TO:

PHONE: 1-949-458-0181
GALLAGHER BASSETT-LA/ALIS
PO BOX 2934
CLINTON IA 52733-2934

PAID
APR 02 2019
BY.

GALLAGHER BASSETT SERVICES INC FOR INS CO STATE O

CLAIM NO. 004909 001624 WC 01

CLAIMANT:

DESCRIPTION: PER 5811 ORDER 3/15/19, DOS: 5/29/15-12/14/18

BRANCH NO. 174

ACC. DATE 10-Sep-2014

PAYMENT AMOUNT: $1,485.00

CHECK NO. 0153410252

VN. 0000116354

DATE: 27-Mar-2019

RE0101658-0001_of_0001 1560-0001819 (G26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0153410252 ATTACHED BELOW

GALLAGHER BASSETT SERVICES INC FOR INS CO STATE OF PA

CLAIM NO. 004909 001624 WC 01 (LAX) BRANCH NO.: 174

CHECK NO. 0153410252
VN. 0000116354
DATE: 03/27/2019

One Thousand Four Hundred Eighty-five and 00/100 Dollars

62-20
311

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

$$$$$$$$$$1,485.00

NOT VALID AFTER 90 DAYS

Donna M. Kate
AUTHORIZED SIGNATURE

Or Payable at
Citibank, FSB California

Citibank
Citibank N.A.
Processed by Citibank (Delaware)

⑈0153410252⑈ ⑆031100209⑆ 4007490 1⑈

GALLAGHER BASSETT-LA/ALISO VIE
PO BOX 2934
CLINTON IA 52733-2934

M

0101611 01 RE 0.425 **AUTO T4 3 1622 92781-416565 -P01612

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

DIRECT INQUIRIES TO:

PHONE: 1-949-458-0181
GALLAGHER BASSETT-LA/ALIS
PO BOX 2934
CLINTON IA 52733-2934

GALLAGHER BASSETT SERVICES INC FOR INS CO STATE O

CLAIM NO. 004909 001218 WC 01

CLAIMANT:

DESCRIPTION: PER STIPULATION AGREEMENT FOR LC 5811 FEES 6/19/19

DATE OF SERVICE: 29-May-2015 TO 14-Dec-2018

BRANCH NO. 174

ACC. DATE 24-Apr-2013

PAYMENT AMOUNT: $1,500.00

CHECK NO. 0155523006

VN. 0000121025

DATE: 24-Jun-2019

66099

FAXED
JUN 28 2019
BY: .....

RE0101611-0001_of_0001 1622-0001778 (G26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0155523006 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#
08/14/18 67881

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
001960-077314-WC-01

BILL TO:
GALLAGHER BASSETT (LAG HILLS)
W. C. DEPARTMENT
ATTN: ERIN CROOK
P.O. BOX # 30840
LAGUNA HILLS, CA 92654

Case: [redacted] vs MASSIVE PRINTS
Date Of Injury: 9/15/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/19/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300688	0.00
11/03/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
12/29/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
05/22/17	LEGAL_WCAB	STATUS CONF @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
10/09/17	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
12/13/17	LEGAL_WCAB	TRIAL @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
02/09/18	PENALTIES	FOR DATE OF SERVICE 11/19/15	23.48
02/16/18	INTEREST	FOR DATE OF SERVICE 11/19/15	39.20
02/09/18	PENALTIES	FOR DATE OF SERVICE 11/3/16	23.48
02/16/18	INTEREST	FOR DATE OF SERVICE 11/3/16	21.94
02/09/18	PENALTIES	FOR DATE OF SERVICE 12/29/16	23.48
02/16/18	INTEREST	FOR DATE OF SERVICE 12/29/16	19.82
02/09/18	PENALTIES	FOR DATE OF SERVICE 5/22/17	23.48
02/16/18	INTEREST	FOR DATE OF SERVICE 5/22/17	12.87
02/09/18	PENALTIES	FOR DATE OF SERVICE 10/9/17	23.48
02/16/18	INTEREST	FOR DATE OF SERVICE 10/9/17	6.06
02/16/18	PMT BY CHECK	DOS 11/19/15-10/9/17* # 0143711554	-782.50
02/20/18	PMT BY CHECK	DOS 2/20/18* # 0143770137	-53.00
06/05/18	PENALTIES	FOR DATE OF SERVICE 12/13/17	23.48
08/02/18	INTEREST	FOR DATE OF SERVICE 12/13/17	10.31
08/02/18	COSTS	ADD'L COSTS AWARDED	1145.42
08/07/18	PMT BY CHECK	DOS 8/2/18* # 0147853911	-1500.00

MC

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

*** INVOICE ***

Date	NO#
08/14/18	67881

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
001960-077314-WC-01

BILL TO:
GALLAGHER BASSETT (LAG HILLS)
W. C. DEPARTMENT
ATTN: ERIN CROOK
P.O. BOX # 30840
LAGUNA HILLS, CA 92654

Case: vs MASSIVE PRINTS
Date Of Injury: 9/15/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

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

001960 PAGE 1 OF 1 012606

MDG2009 00009898 1 MB .424 1

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

GALLAGHER BASSETT SERVICES INC
ON BEHALF OF NATIONAL UNION
FIRE INSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
P.O. BOX 2290
GOLD RIVER CA 95741-2290

**

CLAIM NO.: 001960 077314 WC 01 (8500) **BRANCH NO.:** 094 **NO.:** 0143711554
CLAIMANT: **ACC DATE:** 15Sep14 **VN:** 0002411393
DESCRIPTION: DOS 11/19/15, 11/03/16, 12/29/16, 05/22/17 AND 10/09/17 **DATE:** 16Feb18
DATES OF SERVICE: 19Nov15 **THRU** 09Oct17 **AMOUNT:** 782.50
BENEFIT PERIOD: **THRU**

PAID
FEB 22 2018

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0009898 010683 001 001

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

GALLAGHER BASSETT SERVICES INC
ON BEHALF OF NATIONAL UNION
FIRE INSURANCE

CHECK NO. 0143711554 012606
VN. 0002411393
DATE: 16Feb18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **782.50

CLAIM NO.: 001960 077314 WC 01 (8500) **BRANCH NO.:** 094
PAY SEVEN HUNDRED EIGHTY-TWO AND 50/100 DOLLARS**********

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

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0143711554⑈ ⑆031100209⑆ 4007490 1⑈

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

001960 PAGE 1 OF 1 003231

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

GALLAGHER BASSETT SERVICES INC
ON BEHALF OF NATIONAL UNION
FIRE INSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 001960 077314 WC 01 (8500) **BRANCH NO.:** 094 **NO.:** 0143770137
CLAIMANT: **ACC DATE:** 15Sep14 **VN:** 0002413680
DESCRIPTION: ADDITIONAL AND FINAL BALANCE DUE FOR ALL DATES OF SERVICE **DATE:** 20Feb18
DATES OF SERVICE: 20Feb18 **THRU** 20Feb18 **AMOUNT:** 53.00
BENEFIT PERIOD: **THRU**

**

PAID
FEB 26 2018

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004982 005602 002 002

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

GALLAGHER BASSETT SERVICES INC
ON BEHALF OF NATIONAL UNION
FIRE INSURANCE

CHECK NO. 0143770137 003231
VN: 0002413680
DATE: 20Feb18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **53.00

CLAIM NO.: 001960 077314 WC 01 (8500) **BRANCH NO.:** 094
PAY FIFTY-THREE 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

⑈0143770137⑈ ⑆031100209⑆ 4007490⑈

PO BOX 2934
CLINTON IA 52733-2934

001960 PAGE 1 OF 1 003512

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

GALLAGHER BASSETT SERVICES INC
ON BEHALF OF NATIONAL UNION
FIRE INSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

**

CLAIM NO.: 001960 077314 WC 01 (8500)
CLAIMANT:
DESCRIPTION: FULL AND FINAL FOR ALL DATES OF SERVICE

DATES OF SERVICE: 02Aug18 **THRU** 02Aug18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 15Sep14

NO.: 0147853911
VN: 0002580197
DATE: 07Aug18

AMOUNT: 1500.00

AUG 14 2018

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004707 005391 003 003

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

ALLAGHER BASSETT SERVICES INC
N BEHALF OF NATIONAL UNION
RE INSURANCE

CHECK NO. 0147853911 003512
VN. 0002580197
DATE: 07Aug18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **1500.00

AIM NO.: 001960 077314 WC 01 (8500) **BRANCH NO.:** 094
AY ONE THOUSAND FIVE HUNDRED AND 00/100 DOLLARS**********

) 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

⑈0147853911⑈ ⑆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#
08/14/18	69703

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
00842300050WC-01

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

Case: ___. RIVERA GOLF & TENNIS INC
Date Of Injury: 1/27/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/14/16	LEGAL WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
05/16/18	PENALTIES	FOR DATE OF SERVICE 6/14/16	23.48
08/07/18	INTEREST	FOR DATE OF SERVICE 6/14/16	8.88
08/07/18	COSTS	ADD'L COSTS AWARDED	376.14
08/06/18	PMT BY CHECK	DOS 8/3/18* # 0147829493	-565.00

BALANCE 0.00

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

MDG2009 00004649 1 MB .424 1

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

GALLAGHER BASSETT SERVICES INC
FOR FEDERAL INSURANCE COMPANY

DIRECT CHECK INQUIRIES TO:
PHONE: 916-576-8200
GB-CARRIER WEST-WC
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 008423 000050 WC 01 (RGTI-CA01)
CLAIMANT:
DESCRIPTION: - FULL & FINAL PER STIP 8/3/18
DATES OF SERVICE: 03Aug18 **THRU** 03Aug18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 502
ACC DATE: 27Jan15

NO.: 0147829493
VN: 0000007291
DATE: 06Aug18
AMOUNT: 565.00

AUG 14 2018

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004649 005293 001 002

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

ALLAGHER BASSETT SERVICES INC
OR FEDERAL INSURANCE COMPANY

CHECK NO. 0147829493 003458
VN. 0000007291
DATE: 06Aug18 62-20/311

LAIM NO.: 008423 000050 WC 01 (RGTI-CA01) **BRANCH NO.:** 502

AY FIVE HUNDRED SIXTY-FIVE AND 00/100 DOLLARS**********

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **565.00

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

⑈0147829493⑈ ⑆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#
05/17/19 69967

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002042-040732WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)

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

Case: vs DBW & ASSOCIATES
Date Of Injury: 3/2/16; 1/13-3/16

DOS	SERVICE	DESCRIPTION	AMOUNT
07/13/16	LEGAL_PREP	DEPO PREP @ L/O BRADFORD & BARTHEL VOL I	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754 DOI: BOTH	0.00
07/29/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI DOI: BOTH	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/21/16	LEGAL_PREP	DEPO PREP @ L/O BRADFORD & BARTHEL VOL II	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754 DOI: BOTH	0.00
10/24/16	PMT BY CHECK	DOS 7/13/16-9/21/16* # 0131965600	-563.00
03/16/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL III	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754 DOI: BOTH	0.00
04/18/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL III	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/09/17	LEGAL_WCAB	EXP. HEARING @ WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
06/12/18	LEGAL_WCAB	STATUS CONF @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
08/14/18	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LARUA SALAS # 100471	0.00
09/20/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	ARACELI RUBUIO # 100358	0.00
05/08/19	COSTS	ADD'L COSTS AWARDED	1274.00
05/09/19	PMT BY CHECK	DOS 4/25/19* # 0154453252	-2400.00

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#
05/17/19	69967

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002042-040732WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)

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

Case: vs DBW & ASSOCIATES
Date Of Injury: 3/2/16; 1/13-3/16

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 **

GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

002042 PAGE 1 OF 1 007663

MDG2009 00004805 1 MB 0419 1

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

GALLAGHER BASSETT SERVICES INC
ON BEHALF OF NATIONAL UNION
FIRE INSURANCE COMPANY
AND ITS AFFILIATES

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 002042 010732 WC 01 (176-02)
CLAIMANT:
DESCRIPTION: INV #: 69967

BRANCH NO.: 094
ACC DATE: 02Mar16

NO.: 0131965600
VN: 0000410657
DATE: 24Oct16

DATES OF SERVICE: 13Jul16 **THRU** 21Sep16
BENEFIT PERIOD: **THRU**

AMOUNT: 563.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004805 005421 001 001

GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

002042 PAGE 1 OF 1 011579

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

PAID
MAY 17 2019
BY

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 010732 WC 01 (176-02) **BRANCH NO.:** 094 **NO.:** 0154453252
CLAIMANT: **ACC DATE:** 02Mar16 **VN:** 0000703660
DESCRIPTION: LIEN RESOLUTION. FULL AND FINAL, ALL DOS. JOYCE ALTMAN INTE **DATE:** 09May19

DATES OF SERVICE: 25Apr19 **THRU** 25Apr19 **AMOUNT:** 2400.00
BENEFIT PERIOD: **THRU**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0001243 002430 002 002

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

GALLAGHER BASSETT SERVICES INC
ON BEHALF OF NATIONAL UNION
FIRE INSURANCE COMPANY
AND ITS AFFILIATES

CHECK NO. 0154453252 011579
VN. 0000703660
DATE: 09May19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **2400.00

CLAIM NO.: 002042 010732 WC 01 (176-02) **BRANCH NO.:** 094
PAY TWO THOUSAND FOUR HUNDRED 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

⑈0154453252⑈ ⑆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#
01/30/19 70267

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
006222002883WC-01;15464;

BILL TO:
GALLAGHER BASSETT (CORONA)
W. C. DEPARTMENT
ATTN: JOSEPH OJEDA
P.O. BOX # 6900
CORONA, CA 92878-6900

Case: vs GOLDEN GATE AMERICA
Date Of Injury: 10/5/14;11/14;12/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/24/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
10/11/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/09/16	PMT BY CHECK	DOS 8/24/16-10/11/16* # 0133156627	-406.50
02/27/18	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/20/18	PMT BY CHECK	DOS 2/27/18* # 0144469941	-156.50
07/03/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/09/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
01/14/19	COSTS	ADD'L COSTS AWARDED	1500.00
01/24/19	PMT BY CHECK	DOS 1/14/19* # 0151886871	-1906.50

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 **

42

GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

006222 PAGE 1 OF 1 008971

MDG2009 00007681 1 MB 0419 1

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

GALLAGHER BASSETT SERVICES INC
ON BEHALF OF NATIONAL UNION
FIRE INSURANCE COMPANY

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

CLAIM NO.: 006222 002883 WC 01 (20001968)
CLAIMANT:
DESCRIPTION: INV #: 70267

BRANCH NO.: 170
ACC DATE: 05Oct14

NO.: 0133156627
VN: 0000518781
DATE: 09Dec16

DATES OF SERVICE: 24Aug16 **THRU** 11Oct16
BENEFIT PERIOD: **THRU**

AMOUNT: 406.50

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0007681 008607 001 001

GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

006222 PAGE 1 OF 1 004137

MDG2009 00005418 1 MB .424 1

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

GALLAGHER BASSETT SERVICES INC
ON BEHALF OF NATIONAL UNION
FIRE INSURANCE COMPANY

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

CLAIM NO.: 006222 015464 WC 01 (20001968)
CLAIMANT:
DESCRIPTION: INV #: 70267

BRANCH NO.: 170
ACC DATE: 01Nov14

NO.: 0144469941
VN: 0000596640
DATE: 20Mar18

DATES OF SERVICE: 27Feb18 THRU 27Feb18
BENEFIT PERIOD: THRU

AMOUNT: 156.50

4

MAR 26 2018

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005418 006336 001 003

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

GALLAGHER BASSETT SERVICES INC
ON BEHALF OF NATIONAL UNION
FIRE INSURANCE COMPANY

CHECK NO. 0144469941 004137
VN. 0000596640
DATE: 20Mar18 62-20/311

CLAIM NO.: 006222 015464 WC 01 (20001968) BRANCH NO.: 170

PAY ONE HUNDRED FIFTY-SIX AND 50/100 DOLLARS**********

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **156.50

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

Donna M. Karte
AUTHORIZED SIGNATURE

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

⑈0144469941⑈ ⑆031100209⑆ 4007490⑈

GALLAGHER BASSETT-SAN DIEGO
PO BOX 2934
CLINTON IA 52733-2934

006222 PAGE 1 OF 1 003264

MDG2009 00004784 1 MB .424 1

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

JAN 30 2019

GALLAGHER BASSETT SERVICES INC
ON BEHALF OF NATIONAL UNION
FIRE INSURANCE COMPANY

DIRECT CHECK INQUIRIES TO:
PHONE: 619-471-1219
GALLAGHER BASSETT-SAN DIEGO
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 006222 015463 WC 01 (20001968)
CLAIMANT:
DESCRIPTION: FULL AND FINAL LIEN PAYMENT

DATES OF SERVICE: 14Jan19 **THRU** 14Jan19
BENEFIT PERIOD: **THRU**

BRANCH NO.: 187
ACC DATE: 23Dec15

NO.: 0151886871
VN: 0000652558
DATE: 24Jan19

AMOUNT: 1906.50

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004784 005371 001 001

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

GALLAGHER BASSETT SERVICES INC
ON BEHALF OF NATIONAL UNION
FIRE INSURANCE COMPANY

CHECK NO. 0151886871 003264
VN. 0000652558
DATE: 24Jan19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **1906.50

CLAIM NO.: 006222 015463 WC 01 (20001968) **BRANCH NO.:** 187
PAY ONE THOUSAND NINE HUNDRED SIX AND 50/100 DOLLARS**********

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

Donna M. Karte
AUTHORIZED SIGNATURE

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

⑈0151886871⑈ ⑆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 70284

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
004742004634WC-01

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

Case: vs EMBASSY SUITE LAX
Date Of Injury: 6/18/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/01/16	LEGAL_WCAB	EXPEDITED HEARING @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
04/29/18	PMT BY CHECK	DOS 9/1/16* # 0145477757	-156.50
05/04/18	PENALTIES	FOR DATE OF SERVICE 9/1/16	23.48
04/29/18	INTEREST	FOR DATE OF SERVICE 9/1/16	28.20
11/01/18	COSTS	ADD'L COSTS AWARDED	315.88
11/28/18	PMT BY CHECK	DOS 9/1/16* # 0150597005	-367.56

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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

GALLAGHER BASSETT-LA/ONTARIO
PO BOX 4200
RANCHO CUCAMONGA CA 91729-4200

0100481 01 RE 0.458 **PRSRT T2 0 1583 92781 -P00481

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

4

MAY 03 2018

DIRECT INQUIRIES TO:

PHONE: 1-909-581-1919
GALLAGHER BASSETT-LA/ONTA
PO BOX 4200
RANCHO CUCAMONGA CA 91729-4200

70284

GALAGHER BASSETT SERVICES INC FOR STARR INDEMNIT

CLAIM NO. 004742 004634 WC 01

CLAIMANT:

DESCRIPTION: DOS 09/01/16 EXPEDITED HEARING

DATE OF SERVICE: 01-Sep-2016 TO 01-Sep-2016

BRANCH NO. 164

ACC. DATE 17-Jun-2015

PAYMENT AMOUNT: $156.50

CHECK NO. 0145477757

VN. 0000148836

DATE: 29-Apr-2018

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0145477757 ATTACHED BELOW

GALAGHER BASSETT SERVICES INC FOR STARR INDEMNITY & LIAB CO

CLAIM NO. 004742 004634 WC 01 (262) BRANCH NO.: 164

CHECK NO. 0145477757
VN. 0000148836
DATE: 04/29/2018

One Hundred Fifty-six and 50/100 Dollars

62-20
311

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

$$$$$$$$$$$$156.50

NOT VALID AFTER 90 DAYS

Donna M. Kurte
AUTHORIZED SIGNATURE

Or Payable at
Citibank, FSB California

Citibank
Citibank N.A.
Processed by Citibank (Delaware)

⑈0145477757⑈ ⑆031100209⑆ 4007490 1⑈

GALLAGHER BASSETT-LA/ONTARIO
PO BOX 2934
CLINTON IA 52733-2934

0101703 01 RE 0.421 **AUTO H5 1 1730 92781 -P01704

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

DEC 04 2018

DIRECT INQUIRIES TO:

PHONE: 1-909-581-1919
GALLAGHER BASSETT-LA/ONTA
PO BOX 2934
CLINTON IA 52733-2934

GALAGHER BASSETT SERVICES INC FOR STARR INDEMNIT

CLAIM NO. 004742 004634 WC 01 BRANCH NO. 164 CHECK NO. 0150597005

CLAIMANT: ACC. DATE 17-Jun-2015 VN. 0000176551

DESCRIPTION: FULL/FINAL SATISFACTION OF LIEN FOR ALL DATES OF SERVICE DATE: 28-Nov-2018

DATE OF SERVICE: 01-Sep-2016 TO 01-Sep-2016 PAYMENT AMOUNT: $367.56

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0150597005 ATTACHED BELOW

GALLAGHER BASSETT-LA/ALISO VIE
P.O. BOX 30840
LAGUNA HILLS CA 92654-0840

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

GALLAGHER BASSETT SERVICES INC
ZURICH AMERICAN INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: 949-458-0181
GALLAGHER BASSETT-LA/ALISO VIE
P.O. BOX 30840
LAGUNA HILLS CA 92654-0840

CLAIM NO.: 001627 106904 WC 01 (0055-SSG17)
CLAIMANT:
DESCRIPTION: INVOICE #: 70433

DATES OF SERVICE: 22Sep16 **THRU** 22Sep16
BENEFIT PERIOD: **THRU**

BRANCH NO.: 174
ACC DATE: 20Oct15

NO.: 0132153494
VN: 0002182911
DATE: 01Nov16

AMOUNT: 156.50

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004539 005120 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#
03/05/19 70433

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
001627-106904-WC-01

BILL TO:
GALLAGHER BASSETT (LAG HILLS)
W. C. DEPARTMENT
ATTN: DAISY GONZALEZ
P.O. BOX # 30840
LAGUNA HILLS, CA 92654

Case: vs STAFFING SOLUTIONS
Date Of Injury: 4/30/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/22/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/01/16	PMT BY CHECK	DOS 9/22/16* # 0132153494	-156.50
10/26/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/30/18	PMT BY CHECK	DOS 10/26/18* # 0146207451	-250.00
06/20/18	PENALTIES	FOR DATE OF SERVICE 10/26/16	37.50
05/30/18	INTEREST	FOR DATE OF SERVICE 10/26/16	44.27
10/24/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/13/18	PMT BY CHECK	DOS 10/24/18* # 0150233992	-250.00
03/05/19	COSTS	ADD'L COSTS AWARDED	318.23
02/28/19	PMT BY CHECK	DOS 2/28/19* # 0152731406	-400.00

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-LA/ALISO VIE
PO BOX 2934
CLINTON IA 52733-2934

001627 PAGE 1 OF 1 003623

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

JUN 05 2018

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 106904 WC 01 (0055-SSG17)
CLAIMANT:
DESCRIPTION: DOS: 10/26/16

BRANCH NO.: 174
ACC DATE: 20Oct15

NO.: 0146207451
VN: 0002550349
DATE: 30May18

DATES OF SERVICE: 26Oct16 **THRU** 26Oct16
BENEFIT PERIOD: **THRU**

AMOUNT: 250.00

90433

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004898-005615 002 002

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

GALLAGHER BASSETT SERVICES INC
ZURICH AMERICAN INSURANCE CO

CHECK NO. 0146207451 003623
VN: 0002550349
DATE: 30May18 62-20/311

CLAIM NO.: 001627 106904 WC 01 (0055-SSG17) **BRANCH NO.:** 174

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

⑈0146207451⑈ ⑆031100209⑆ 4007490⑈

GALLAGHER BASSETT-LA/ALISO VIE
PO BOX 2934
CLINTON IA 52733-2934

001627 PAGE 1 OF 1 004189

MDG2009 00004762 1 MB .424 1

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

DATE
NOV 20 2018

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 106904 WC 01 (0055-SSG17)
CLAIMANT:
DESCRIPTION: INV# 70433
DATES OF SERVICE: 24Oct18 **THRU** 24Oct18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 174
ACC DATE: 20Oct15

NO.: 0150233992
VN: 0002656973
DATE: 13Nov18
AMOUNT: 250.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004762 005524 001 001

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

GALLAGHER BASSETT SERVICES INC
ZURICH AMERICAN INSURANCE CO

CHECK NO. 0150233992 004189
VN. 0002656973
DATE: 13Nov18 62-20/311

NOT A VALID AFTER 90 DAYS
PAY EXACTLY
$ **250.00

CLAIM NO.: 001627 106904 WC 01 (0055-SSG17) **BRANCH NO.:** 174
PAY TWO HUNDRED FIFTY AND 00/100 DOLLARS**********

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

Donna M. Korte
AUTHORIZED SIGNATURE

VOID VOID VOID

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0150233992⑈ ⑆031100209⑆ 4007490 1⑈

GALLAGHER BASSETT-LA/ALISO VIE
PO BOX 2934
CLINTON IA 52733-2934

001627 PAGE 1 OF 1 007049

MDG2009 00004308 1 MB .428 1

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

PAID
MAR 05 2019
BY.

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 106904 WC 01 (0055-SSG17)
CLAIMANT:
DESCRIPTION: FULL AND FINAL FOR ALL DATES OF SERVICE

DATES OF SERVICE: 28Feb19 **THRU** 28Feb19
BENEFIT PERIOD: **THRU**

BRANCH NO.: 174
ACC DATE: 20Oct15

NO.: 0152731406
VN: 0002723675
DATE: 28Feb19

AMOUNT: 400.00

**

[redacted]DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004308 005023 001 001

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

*** INVOICE ***

Date	NO#
12/10/18	70610

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011260046064WC01

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

Case: vs CITISTAFF SOLUTIONS
Date Of Injury: 8/21/15

DOS	SERVICE	DESCRIPTION	AMOUNT
10/10/16	LEGAL WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/07/17	PENALTIES	FOR DATE OF SERVICE 10/10/16	23.48
05/04/17	INTEREST	FOR DATE OF SERVICE 10/10/16	9.32
05/04/17	PMT BY CHECK	DOS 10/10/16-4/7/17* # 0136741412	-187.97
11/28/18	COSTS	ADD'L COSTS AWARDED	598.67
12/04/18	PMT BY CHECK	DOS 11/29/18* # 0150752994	-600.00

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

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

011260 PAGE 1 OF 1 003582

MDG2009 00005031 1 MB .423 1

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

MAY 09 2017

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 011260 046064 WC 01 (4020150-01)
CLAIMANT:
DESCRIPTION: INV#70610

BRANCH NO.: 094
ACC DATE: 24Aug15

NO.: 0136741412
VN: 0001371999
DATE: 04May17

DATES OF SERVICE: 10Oct16 **THRU** 07Apr17
BENEFIT PERIOD: **THRU**

AMOUNT: 187.97

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005031 005676 001 002

GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

011260 PAGE 1 OF 1 023387

MDG2009 00001208 1 MB .424 1

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

DEC 10 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 046064 WC 01 (4020150-01)
CLAIMANT:
DESCRIPTION: FULL AND FINAL PAYMENT FOR ALL CHARGES

DATES OF SERVICE: 29Nov18 **THRU** 29Nov18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 24Aug15

NO.: 0150752994
VN: 0001927722
DATE: 04Dec18

AMOUNT: 600.00

**

-DETACH-AND-RETAIN THIS-STUB FOR-YOUR-REFERENCE-

P 0001208 002419 001 001

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

ALLAGHER BASSETT SERVICES INC
OR OLD REPUBLIC INSURANCE

CHECK NO. 0150752994 023387
VN. 0001927722
DATE: 04Dec18 62-20/311

LAIM NO.: 011260 046064 WC 01 (4020150-01) **BRANCH NO.:** 094
AY SIX HUNDRED AND 00/100 DOLLARS**********

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **600.00

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

⑈0150752994⑈ ⑆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#
01/29/19 71160

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011503-024017 /25260-WC-0

BILL TO:
GALLAGHER BASSETT (CORONA)
W. C. DEPARTMENT
ATTN: JAIMES HIENS
P.O. BOX # 6900
CORONA, CA 92878-6900

Case: vs OMEGA EXTRUDING
Date Of Injury: 11/16/14; 10/6/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/25/17	LEGAL_PREP	DEPO PREP @ L/O FLOYD, SKEREN DOI: BOTH	156.50
/ /	INTERPRETER:	SANDRA L. MONTALTO # 100754	0.00
03/01/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI DOI: 11/16/14	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/13/17	PMT BY CHECK	DOS 1/25/17* # 0135384935	-156.50
06/28/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/21/17	PENALTIES	FOR DATE OF SERVICE 03/01/17	37.50
07/21/17	INTEREST	FOR DATE OF SERVICE 03/01/17	11.66
09/14/17	LEGAL_WCAB	TRIAL @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/21/17	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/24/18	LEGAL_WCAB	FULL DAY TRIAL @ WCAB LBO	313.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802 A.M.	0.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585 P.M.	0.00
01/11/19	COSTS	ADD'L COSTS AWARDED	1668.34
01/23/19	PMT BY CHECK	DOS 1/11/19* # 0151857223	-2750.00
		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
P.O BOX 6900
CORONA CA 92880-2006

011503 PAGE 1 OF 1 003737

MDG2009 00004944 1 MB .423 1

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

PAID

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

CLAIM NO.: 011503 025260 WC 01 (1523)
CLAIMANT:
DESCRIPTION: INV# 71160

BRANCH NO.: 170
ACC DATE: 06Oct15

NO.: 0135384935
VN: 0000627700
DATE: 13Mar17

DATES OF SERVICE: 25Jan17 **THRU** 25Jan17
BENEFIT PERIOD: **THRU**

AMOUNT: 156.50

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004944 005673 001 001

GALLAGHER BASSETT - CORONA, CA
PO BOX 2934
CLINTON IA 52733-2934

011503 PAGE 1 OF 1 004142

MDG2009 00004011 1 MB .424 1

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

JAN 29 2019

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 011503 024017 WC 01 (1523)
CLAIMANT:
DESCRIPTION: PER STIP DATED 1/11/19

DATES OF SERVICE: 11Jan19 **THRU** 11Jan19
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 16Nov14

NO.: 0151857223
VN: 0000739785
DATE: 23Jan19

AMOUNT: 2750.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004011 004495 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 CO

CHECK NO. 0151857223 004142
VN. 0000739785
DATE: 23Jan19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **2750.00

CLAIM NO.: 011503 024017 WC 01 (1523) **BRANCH NO.:** 170
PAY TWO THOUSAND SEVEN 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

⑈0151857223⑈ ⑆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#
04/01/19 71954

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
005867000835WC01

BILL TO:
GALLAGHER BASSETT (CLINTON)

ATTN: TERESITA VINCENT
P.O. BOX 2934
CLINTON, IA 52733

Case: vs COVERIS FLEXIBLES ONTARIO US
Date Of Injury: 11/16/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/20/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
06/01/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/03/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/09/17	PMT BY CHECK	DOS 6/20/17-7/3/17* # 0139122042	-563.00
03/20/18	PR2/REEVAL	DR JOHN XIAO JIANG QIAN/DAVE FRANKE @ SIDHU	180.00
/ /	-	CHIRO* (TRANSFER OF CARE)	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/04/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/16/18	PMT BY CHECK	DOS 3/20/18* # 0145141850	-180.00
04/19/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/14/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA J. RAMIREZ # 301566	0.00
09/19/18	BLCE OFF SET	BALANCE OFF SET - FOR MEDICAL DOS 4/19/18	-180.00
11/07/18	PMT BY CHECK	DOS 10/23/18* # 0150115634	-406.50
03/25/19	COSTS	ADD'L COSTS AWARDED	2500.00
03/25/19	PMT BY CHECK	DOS 6/1/17-5/14/18* # 0153327305	-2500.00

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#
04/01/19	71954

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
005867000835WC01

BILL TO:
GALLAGHER BASSETT (CLINTON)

ATTN: TERESITA VINCENT
P.O. BOX 2934
CLINTON, IA 52733

Case: vs COVERIS FLEXIBLES ONTARIO US
Date Of Injury: 11/16/16

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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/ORANGE CA
P.O. BOX 14260
ORANGE CA 92863-1260

005867 PAGE 1 OF 1 003873

MR

MDG2009 00004940 1 MB .423 1

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

AUG 14 2017

GALLAGHER BASSETT SERVICES INC
FOR UNITED STATES FIRE INS

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

CLAIM NO.: 005867 000835 WC 01 (121101)
CLAIMANT:
DESCRIPTION: INV #: 71954

BRANCH NO.: 138
ACC DATE: 16Nov16

NO.: 0139122042
VN: 0000038230
DATE: 09Aug17

DATES OF SERVICE: 20Jun17 **THRU** 03Jul17
BENEFIT PERIOD: **THRU**

AMOUNT: 563.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004940 005593 001 001

MR

GALLAGHER BASSETT-LA/ORANGE CA
P.O. BOX 14260
ORANGE CA 92863-1260

005867 PAGE 1 OF 1 004549

MR

MDG2009 00005117 1 MB .424 1

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

APR 23 2018

GALLAGHER BASSETT SERVICES INC
FOR UNITED STATES FIRE INS

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

CLAIM NO.: 005867 000835 WC 01 (121101)
CLAIMANT:
DESCRIPTION: INV # 71954

DATES OF SERVICE: 20Mar18 **THRU** 20Mar18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 138
ACC DATE: 16Nov16

NO.: 0145141850
VN: 0000041180
DATE: 16Apr18

AMOUNT: 180.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005117 005973 001 004

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

GALLAGHER BASSETT SERVICES INC
FOR UNITED STATES FIRE INS

CHECK NO. 0145141850 004549
VN. 0000041180
DATE: 16Apr18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **180.00

CLAIM NO.: 005867 000835 WC 01 (121101) **BRANCH NO.:** 138
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

⑈0145141850⑈ ⑆031100209⑆ 4007490⑈

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

005867 PAGE 1 OF 1 014805

MDG2009 00001210 1 MB .424 1

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

NOV 14 2018

GALLAGHER BASSETT SERVICES INC
FOR UNITED STATES FIRE INS

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

**

CLAIM NO.: 005867 000835 WC 01 (121101)
CLAIMANT:
DESCRIPTION: FULL AND FINAL SETTLEMENT ORDER BY WCAB

BRANCH NO.: 138
ACC DATE: 16Nov16

NO.: 0150115634
VN: 0000043487
DATE: 07Nov18

DATES OF SERVICE: 23Oct18 THRU 23Oct18
BENEFIT PERIOD: THRU

AMOUNT: 406.50

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0001210 002389 001 001

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

GALLAGHER BASSETT SERVICES INC
FOR UNITED STATES FIRE INS

CHECK NO. 0150115634 014805
VN. 0000043487
DATE: 07Nov18 82-20/311

NOT NEGOTIABLE AFTER 90 DAYS
PAY EXACTLY
$ **406.50

CLAIM NO.: 005867 000835 WC 01 (121101) 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

⑈0150115634⑈ ⑆031100209⑆ 4007490⑈

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

MDG2009 00004273 1 MB .428 1

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

PAID
APR 01 2019

PV. .....

GALLAGHER BASSETT SERVICES INC
FOR UNITED STATES FIRE INS

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

CLAIM NO.: 005867 000835 WC 01 (121101) **BRANCH NO.:** 138 **NO.:** 0153327305
CLAIMANT: **ACC DATE:** 16Nov16 **VN:** 0000044869
DESCRIPTION: PAYMENT OF STIPULATION & ORDER TO PAY LIEN ISSUED 3/21/19 **DATE:** 25Mar19

DATES OF SERVICE: 01Jun17 **THRU** 14May18 **AMOUNT:** 2500.00
BENEFIT PERIOD: **THRU**

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004273 004876 001 001

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

39602

GALLAGHER BASSETT SERVICES INC
FOR UNITED STATES FIRE INS

CHECK NO. 0153327305 003324
VN. 0000044869
DATE: 25Mar19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **2500.00

CLAIM NO.: 005867 000835 WC 01 (121101) **BRANCH NO.:** 138
PAY TWO THOUSAND FIVE HUNDRED AND 00/100 DOLLARS**********

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

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0153327305⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
05/29/19 72366

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011260-05-8464WC01

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

Case: vs DECTON STAFFING SERVICES
Date Of Injury: 10/26/16

DOS	SERVICE	DESCRIPTION	AMOUNT
07/20/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/01/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
10/30/17	PMT BY CHECK	DOS 7/20/17-8/1/17* # 0141125810	-406.50
07/10/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/24/18	PMT BY CHECK	DOS 7/10/18* # 0149747010	-156.50
05/14/19	COSTS	ADD'L COSTS AWARDED	3250.00
05/22/19	PMT BY CHECK	DOS 7/20/17-7/10/18* # 0154756418	-3250.00

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 **

HL

GALLAGHER BASSETT-LA/ORANGE CA
P.O. BOX 14260
ORANGE CA 92863-1260

011260 PAGE 1 OF 1 003653

MR

MDG2009 00004879 1 MB .423 1
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

NOV 03 2017

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

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

CLAIM NO.: 011260 058464 WC 01 (4020162-01)
CLAIMANT:
DESCRIPTION: INV # 72366

BRANCH NO.: 138
ACC DATE: 26Oct16

NO.: 0141125810
VN: 0001532323
DATE: 30Oct17

DATES OF SERVICE: 20Jul17 THRU 01Aug17
BENEFIT PERIOD: THRU

AMOUNT: 406.50

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004879 005608 001 004

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

CHECK NO. 0141125810 003653
VN. 0001532323
DATE: 30Oct17 62-20/311

CLAIM NO.: 011260 058464 WC 01 (4020162-01) **BRANCH NO.:** 138

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **406.50

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

⑈0141125810⑈ ⑆031100209⑆ 4007490⑈

GALLAGHER BASSETT - CORONA, CA
PO BOX 2934
CLINTON IA 52733-2934

011260 PAGE 1 OF 1 005548

MDG2009 00004515 1 MB .424 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: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
PO BOX 2934
CLINTON IA 52733-2934

72366

CLAIM NO.: 011260 058464 WC 01 (4020162-01)
CLAIMANT:
DESCRIPTION: INTERPRETER AT WCAB/MSC

BRANCH NO.: 170
ACC DATE: 26Oct16

NO.: 0149747010
VN: 0001887327
DATE: 24Oct18

DATES OF SERVICE: 10Jul18 **THRU** 10Jul18
BENEFIT PERIOD: **THRU**

AMOUNT: 156.50

**

OCT 30 2018

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004515 005300 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. 0149747010 005548
VN. 0001887327
DATE: 24Oct18 62-20/311

CLAIM NO.: 011260 058464 WC 01 (4020162-01) **BRANCH NO.:** 170

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **156.50

PAY ONE HUNDRED FIFTY-SIX AND 50/100 DOLLARS**********

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

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0149747010⑈ ⑆031100209⑆ 4007490⑈

GALLAGHER BASSETT - CORONA, CA
PO BOX 2934
CLINTON IA 52733-2934

MDG2009 00004275 1 MB .428 1

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

PAID
MAY 29 2019
BY:

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 011260 058464 WC 01 (4020162-01)
CLAIMANT:
DESCRIPTION: PER 5/4/19 ORDER

BRANCH NO.: 170
ACC DATE: 26Oct16

NO.: 0154756418
VN: 0002086476
DATE: 22May19

DATES OF SERVICE: 20Jul17 **THRU** 10Jul18
BENEFIT PERIOD: **THRU**

AMOUNT: 3250.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004275 004900 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. 0154756418 003363
VN. 0002086476
DATE: 22May19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **3250.00

CLAIM NO.: 011260 058464 WC 01 (4020162-01) **BRANCH NO.:** 170

PAY THREE THOUSAND 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

⑈0154756418⑈ ⑆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#
03/12/19 72607

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002912010778-WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)

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

Case: vs JACK IN THE BOX
Date Of Injury: 11/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/11/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/26/17	PMT BY CHECK	DOS 9/11/17* # 0141049588	-156.50
04/12/18	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/14/18	PMT BY CHECK	DOS 4/12/18* # 0145822586	-156.50
06/28/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/02/19	PMT BY CHECK	DOS 12/17/18* # 0151375064	-156.50
02/28/19	COSTS	ADD'L COSTS AWARDED	1500.00
03/06/19	PMT BY CHECK	DOS 9/11/17-6/28/18* # 0152866167	-1500.00

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-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

002912 PAGE 1 OF 1 003539

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
P.O. BOX 85013
SAN DIEGO CA 92186-5013

CLAIM NO.: 002912 010778 WC 01 (000233)
CLAIMANT:
DESCRIPTION: INV # 72607

DATES OF SERVICE: 11Sep17 **THRU** 11Sep17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 187
ACC DATE: 21Nov16

NO.: 0141049588
VN: 0000359612
DATE: 26Oct17
AMOUNT: 156.50

**

OCT 31 2017

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004952 005743 004 004

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. 0141049588 003539
VN. 0000359612
DATE: 26Oct17 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **156.50

CLAIM NO.: 002912 010778 WC 01 (000233) **BRANCH NO.:** 187
PAY ONE HUNDRED FIFTY-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

⑈0141049588⑈ ⑆031100209⑆ 4007490⑈

GALLAGHER BASSETT-SAN DIEGO
PO BOX 2934
CLINTON IA 52733-2934

002912 PAGE 1 OF 1 003724

MDG2009 00004646 1 MB .424 1
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

MAY 21 2018

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

CLAIM NO.: 002912 010778 WC 01 (000233)
CLAIMANT:
DESCRIPTION: INV #: 72607

BRANCH NO.: 187
ACC DATE: 21Nov16

NO.: 0145822586
VN: 0000372538
DATE: 14May18

DATES OF SERVICE: 12Apr18 **THRU** 12Apr18
BENEFIT PERIOD: **THRU**

AMOUNT: 156.50

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004646 005251 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. 0145822586 003724
VN. 0000372538
DATE: 14May18 62-20/311

CLAIM NO.: 002912 010778 WC 01 (000233) **BRANCH NO.:** 187

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **156.50

PAY ONE HUNDRED FIFTY-SIX AND 50/100 DOLLARS**********

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

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0145822586⑈ ⑆031100209⑆ 4007490⑈

GALLAGHER BASSETT-SAN DIEGO
PO BOX 2934
CLINTON IA 52733-2934

002912 PAGE 1 OF 1 003100

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

**

CLAIM NO.: 002912 010778 WC 01 (000233) **BRANCH NO.:** 187 **NO.:** 0151375064
CLAIMANT: **ACC DATE:** 21Nov16 **VN:** 0000387978
DESCRIPTION: 12/17/18 ORDER GRANTING REIMBURSEMENT FOR LC 5811 **DATE:** 02Jan19
DATES OF SERVICE: 17Dec18 **THRU** 17Dec18 **AMOUNT:** 156.50
BENEFIT PERIOD: **THRU**

JAN 0 8 2019

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004327 004877 002 002

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

GALLAGHER BASSETT SERVICES INC
FOR ACE AMERICAN INS CO

CHECK NO. 0151375064 003100
VN. 0000387978
DATE: 02Jan19 62-20/311

VOID VOID VOID

MDG2009 00004282 1 MB .428 1

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

PAID
MAR 12 2019

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

CLAIM NO.: 002912 010778 WC 01 (000233)
CLAIMANT:
DESCRIPTION: FULL AND FINAL PER STIP & ORDER DATED 02/28/19

BRANCH NO.: 187
ACC DATE: 21Nov16

NO.: 0152866167
VN: 0000391828
DATE: 06Mar19

DATES OF SERVICE: 11Sep17 **THRU** 28Jun18
BENEFIT PERIOD: **THRU**

AMOUNT: 1500.00

[redacted]

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004282 004901 001 001

**

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

*** INVOICE ***
Date NO#
08/01/19 72613

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
005139001791WC01

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

Case: vs ACAPULCO RESTAURANT/RMHQ/REALM
Date Of Injury: 12/23/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/07/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/05/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/17/17	PMT BY CHECK	DOS 9/7/17-10/5/17* # 0141594489	-406.50
04/25/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
05/23/18	PMT BY CHECK	DOS 4/25/18* # 0146066682	-156.50
01/07/19	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/10/19	PMT BY CHECK	DOS 1/7/19* # 0153752559	-156.50
07/24/19	COSTS	ADD'L COSTS AWARDED	1500.00
07/26/19	PMT BY CHECK	DOS 9/7/17-1/7/19* # 0156329925	-1500.00

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
P.O. BOX 14260
ORANGE CA 92863-1260

005139 PAGE 1 OF 1 005416

MDG2009 00008825 1 MB .423 1

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

NOV 27 2017

MR

GALLAGHER BASSETT SERVICES INC
FOR NEW HAMPSHIRE INSURANCE CO
LTD

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

CLAIM NO.: 005139 001791 WC 01 (0061)
CLAIMANT:
DESCRIPTION: INV #: 72613

BRANCH NO.: 138
ACC DATE: 23Dec16

NO.: 0141594489
VN: 0000069421
DATE: 17Nov17

DATES OF SERVICE: 07Sep17 **THRU** 05Oct17
BENEFIT PERIOD: **THRU**

AMOUNT: 406.50

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0008825 009863 001 001

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

GALLAGHER BASSETT SERVICES INC
FOR NEW HAMPSHIRE INSURANCE CO
LTD

CHECK NO. 0141594489 005416
VN. 0000069421
DATE: 17Nov17 62-20/311

CLAIM NO.: 005139 001791 WC 01 (0061) **BRANCH NO.:** 138

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **406.50

PAY FOUR HUNDRED SIX AND 50/100 DOLLARS**********

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

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0141594489⑈ ⑆031100209⑆ 4007490⑈

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

0101886 01 RE 0.421 **AUTO T5 2 1601 92781 -P01867

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

DIRECT INQUIRIES TO:

PHONE: 1-800-297-0866
GALLAGHER BASSETT-LA/ORAN
PO BOX 2934
CLINTON IA 52733-2934

GALLAGHER BASSETT SERVICES INC FOR NEW HAMPSHIRE LTD

CLAIM NO. 005139 001791 WC 01

BRANCH NO. 138

CHECK NO. 0146066682

CLAIMANT:

ACC. DATE 23-Dec-2016

VN. 0000079915

DESCRIPTION: INV# 72613

DATE: 23-May-2018

DATE OF SERVICE: 25-Apr-2018 TO 25-Apr-2018

PAYMENT AMOUNT: $156.50

MAY 29 2018

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0146066682 ATTACHED BELOW

GALLAGHER BASSETT SERVICES INC FOR NEW HAMPSHIRE INSURANCE CO LTD

CHECK NO. 0146066682

VN. 0000079915

CLAIM NO. 005139 001791 WC 01 (0061) BRANCH NO.: 138

DATE: 05/23/2018

One Hundred Fifty-six and 50/100 Dollars

62-20
311

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

$$$$$$$$$$$$156.50

NOT VALID AFTER 90 DAYS

Donna M. Karte
AUTHORIZED SIGNATURE

Or Payable at
Citibank, FSB California

Citibank
Citibank N.A.
Processed by Citibank (Delaware)

⑈0146066682⑈ ⑆031100209⑆ 4007490 1⑈

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

0101600 01 RE 0.425 **AUTO T4 0.1570 92781 -P01601

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

PAID
APR 15 2019
BY.....

DIRECT INQUIRIES TO:

PHONE: 1-800-297-0866
GALLAGHER BASSETT-LA/ORAN
PO BOX 2934
CLINTON IA 52733-2934

GALLAGHER BASSETT SERVICES INC FOR NEW HAMPSHIRE

CLAIM NO. 005139 001791 WC 01

CLAIMANT:

DESCRIPTION: FULL AND FINAL FOR ALL DOS

DATE OF SERVICE: 07-Jan-2019 TO 07-Jan-2019

BRANCH NO. 138

ACC. DATE 23-Dec-2016

CHECK NO. 0153752559

VN. 0000090412

DATE: 10-Apr-2019

PAYMENT AMOUNT: $156.50

RE0101600-0001_of_0001 1570-0001766 (G26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0153752559 ATTACHED BELOW

GALLAGHER BASSETT SERVICES INC FOR NEW HAMPSHIRE INSURANCE CO

CHECK NO. 0153752559
VN. 0000090412
DATE: 04/10/2019

CLAIM NO. 005139 001791 WC 01 (0061) BRANCH NO.: 138

One Hundred Fifty-six and 50/100 Dollars

62-20
311

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

$$$$$$$$$$$$156.50

NOT VALID AFTER 90 DAYS

Donna M. Korte
AUTHORIZED SIGNATURE

Or Payable at
Citibank, FSB California

Citibank
Citibank N.A.
Processed by Citibank (Delaware)

⑈0153752559⑈ ⑆031100209⑆ 4007490⑈

MDG2009 00007057 1 MB .428 1

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

PAID
AUG 01 2019
BY: .....

GALLAGHER BASSETT SERVICES INC
FOR NEW HAMPSHIRE INSURANCE CO

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

CLAIM NO.: 005139 001791 WC 01 (0061)
CLAIMANT:
DESCRIPTION: PAYMENT OF STIPULATION AND ORDER TO PAY COST PETITIONER

BRANCH NO.: 138
ACC DATE: 23Dec16

NO.: 0156329925
VN: 0000092846
DATE: 26Jul19

DATES OF SERVICE: 07Sep17 **THRU** 07Jan19
BENEFIT PERIOD: **THRU**

AMOUNT: 1500.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0007057 007903 001 001

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

*** INVOICE ***
Date NO#
02/12/19 73494

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
005261-043585-WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)

ATTN: TAMMIE LITTLEFIELD
P.O. BOX 2934
CLINTON, IA 52733

Case: vs ASHLEY FURNITURE INDUSTRIES
Date Of Injury: 10/2/14 - 10/2/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/28/18	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
01/24/19	COSTS	ADD'L COSTS AWARDED	463.50
02/06/19	PMT BY CHECK	DOS 1/24/19* # 0152185402	-620.00

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

GALLAGHER BASSETT-SAN DIEGO
PO BOX 2934
CLINTON IA 52733-2934

005261 PAGE 1 OF 1 003121

MDG2009 00004099 1 MB .428 1

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

GALLAGHER BASSETT SERVICES INC
FOR ASHLEY FURNITURE

DIRECT CHECK INQUIRIES TO:
PHONE: 619-471-1219
GALLAGHER BASSETT-SAN DIEGO
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 005261 041360 WC 01 (3722) **BRANCH NO.:** 187 **NO.:** 0152185402
CLAIMANT: **ACC DATE:** 10Aug15 **VN:** 0000237172
DESCRIPTION: FULL AND FINAL SATISFACTION OF LIEN PER ORDER **DATE:** 06Feb19
DATES OF SERVICE: 24Jan19 **THRU** 24Jan19 **AMOUNT:** 620.00
BENEFIT PERIOD: **THRU**

FEB 12 2019

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004099 004728 001 001

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

GALLAGHER BASSETT SERVICES INC
FOR ASHLEY FURNITURE

CHECK NO. 0152185402 003121
VN. 0000237172
DATE: 06Feb19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **620.00

CLAIM NO.: 005261 041360 WC 01 (3722) **BRANCH NO.:** 187
PAY SIX 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

⑈0152185402⑈ ⑆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#
04/01/19 73514

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011260-067975-WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)

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

Case: vs CHARTWELL STAFFING SOLUTIONS
Date Of Injury: 1/1/16 - 10/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/07/18	LEGAL WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
10/09/18	PMT BY CHECK	DOS 3/7/18* # 0149350508	-156.50
03/08/19	COSTS	ADD'L COSTS AWARDED	600.00
03/20/19	PMT BY CHECK	DOS 3/7/18* # 0153244242	-600.00

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

011260 PAGE 1 OF 1 005413

MDG2009 00004309 1 MB .424 1

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

PAID
OCT 15 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 067975 WC 01 (4020415-07)
CLAIMANT:
DESCRIPTION: INV#73514

BRANCH NO.: 094
ACC DATE: 01Oct16

NO.: 0149350508
VN: 0001869661
DATE: 09Oct18

DATES OF SERVICE: 07Mar18 **THRU** 07Mar18
BENEFIT PERIOD: **THRU**

AMOUNT: 156.50

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004309 004934 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. 0149350508 005413
VN. 0001869661
DATE: 09Oct18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **156.50

CLAIM NO.: 011260 067975 WC 01 (4020415-07) **BRANCH NO.:** 094
PAY ONE HUNDRED FIFTY-SIX AND 50/100 DOLLARS**********

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

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0149350508⑈ ⑆031100209⑆ 4007490⑈

GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

011260 PAGE 1 OF 1 018742

MDG2009 00001187 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 067975 WC 01 (4020415-07)
CLAIMANT:
DESCRIPTION: FULL/FINAL INTERPRETING LIEN RESOLUTION

DATES OF SERVICE: 07Mar18 **THRU** 07Mar18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 01Oct16

NO.: 0153244242
VN: 0002026657
DATE: 20Mar19

AMOUNT: 600.00

**

PAID
APR 01 2019
BY: .....

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0001187 002389 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. 0153244242 018742
VN. 0002026657
DATE: 20Mar19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **600.00

CLAIM NO.: 011260 067975 WC 01 (4020415-07) **BRANCH NO.:** 094
PAY SIX HUNDRED 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

⑈0153244242⑈ ⑆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#
07/26/19 73532

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
001960106593-WC-01

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

Case: vs JACOBS FARM DEL CABO
Date Of Injury: 9/6/11 - 9/6/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/05/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
04/04/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/07/18	PMT BY CHECK	DOS 3/5/1-4/4/18* # 0146418804	-406.50
12/17/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/16/19	PMT BY CHECK	DOS 1212/17/18* # 0154614629	-156.50
07/15/19	COSTS	ADD'L COSTS AWARDED	1500.00
07/18/19	PMT BY CHECK	DOS 3/5/18-12/17/18* # 0156121229	-1500.00

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 **

MZ

GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

001960 PAGE 1 OF 1 008467

MR

MDG2009 00004794 1 MB .424 1

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

PAID
JUN 12 2018

GALLAGHER BASSETT SERVICES INC
FOR AMERICAN ZURICH INSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 001960 106593 WC 01 (10500-10)
CLAIMANT:
DESCRIPTION: INV #: 73532

DATES OF SERVICE: 05Mar18 **THRU** 04Apr18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 05Sep17

NO.: 0146418804
VN: 0002520265
DATE: 07Jun18

AMOUNT: 406.50

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004794 005489 001 001

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

GALLAGHER BASSETT SERVICES INC
FOR AMERICAN ZURICH INSURANCE

CHECK NO. 0146418804 008467
VN. 0002520265
DATE: 07Jun18 62-20/311

NOT A VALID AFTER 90 DAYS
PAY EXACTLY
$ **406.50

CLAIM NO.: 001960 106593 WC 01 (10500-10) **BRANCH NO.:** 094
PAY FOUR HUNDRED SIX AND 50/100 DOLLARS**********

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

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0146418804⑈ ⑆031100209⑆ L00021.80 1⑈

GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

MDG2009 00005041 1 MB .428 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 105571 WC 01 (10500-10)
CLAIMANT:
DESCRIPTION: PER ORDER DATED 5/3/2019 ADJ11021004, 11021001, 11020989

BRANCH NO.: 094
ACC DATE: 02Aug17

NO.: 0154614629
VN: 0002866930
DATE: 16May19

DATES OF SERVICE: THRU
BENEFIT PERIOD: THRU

AMOUNT: 156.50

PAID
MAY 24 2019
BY .....

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005041 005705 001 001

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

39602

GALLAGHER BASSETT SERVICES INC
FOR AMERICAN ZURICH INSURANCE

CHECK NO. 0154614629 008129
VN. 0002866930
DATE: 16May19 52-20/311

NOT A VALID AFTER 90 DAYS
PAY EXACTLY
$ **156.50

CLAIM NO.: 001960 105571 WC 01 (10500-10) **BRANCH NO.:** 094
PAY ONE HUNDRED FIFTY-SIX AND 50/100 DOLLARS**********

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

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0154614629⑈ ⑆031100209⑆ 4007490⑈

GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

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 105571 WC 01 (10500-10)
CLAIMANT:
DESCRIPTION: FULL AND FINAL

BRANCH NO.: 094
ACC DATE: 02Aug17

NO.: 0156121229
VN: 0002934343
DATE: 18Jul19

DATES OF SERVICE: 05Mar18 **THRU** 17Dec18
BENEFIT PERIOD: **THRU**

AMOUNT: 1500.00

PAID
JUL 26 2019

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004276 004998 002 002

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

GALLAGHER BASSETT SERVICES INC
FOR AMERICAN ZURICH INSURANCE

CHECK NO. 0156121229 003566
VN. 0002934343
DATE: 18Jul19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **1500.00

CLAIM NO.: 001960 105571 WC 01 (10500-10) **BRANCH NO.:** 094
PAY ONE THOUSAND FIVE HUNDRED AND 00/100 DOLLARS**********
****
TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0156121229⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
06/24/19 74799

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011260064986 WC-01

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

Case: vs CITISTAFF SOLUTIONS INC
Date Of Injury: 7/18/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/10/18	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL	0.00
11/27/18	PMT BY CHECK	DOS 10/10/18* # 0150550759	-156.50
01/14/19	LEGAL_WCAB	TRIAL @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
04/10/19	PMT BY CHECK	DOS 1/14/19* # 0153735059	-156.50
06/05/19	COSTS	ADD'L COSTS AWARDED	600.00
06/17/19	PMT BY CHECK	DOS 6/5/19* # 0155364125	-600.00

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

011260 PAGE 1 OF 1 003915

MDG2009 00004953 1 MB .424 1

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

DEC 0 4 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 064986 WC 01 (4020150-13)
CLAIMANT:
DESCRIPTION: INV 74799

BRANCH NO.: 094
ACC DATE: 18Jul17

NO.: 0150550759
VN: 0001919990
DATE: 27Nov18

DATES OF SERVICE: 10Oct18 **THRU** 10Oct18
BENEFIT PERIOD: **THRU**

AMOUNT: 156.50

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004953 005725 001 001

[redacted]

GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

011260 PAGE 1 OF 1 003478

MDG2009 00004028 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 064986 WC 01 (4020150-13)
CLAIMANT:
DESCRIPTION: INV 74799 ✓
DATES OF SERVICE: 14Jan19 **THRU** 14Jan19
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 18Jul17

NO.: 0153735059
VN: 0002047419
DATE: 10Apr19
AMOUNT: 156.50

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004028 004640 001 002

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. 0153735059 003478
VN. 0002047419
DATE: 10Apr19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **156.50

CLAIM NO.: 011260 064986 WC 01 (4020150-13) **BRANCH NO.:** 094
PAY ONE HUNDRED FIFTY-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

⑈0153735059⑈ ⑆031100209⑆ 4007490⑈

GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

MDG2009 00001030 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 064986 WC 01 (4020150-13)
CLAIMANT:
DESCRIPTION: #74799
DATES OF SERVICE: 05Jun19 **THRU** 05Jun19
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 18Jul17

NO.: 0155364125
VN: 0002108542
DATE: 17Jun19
AMOUNT: 600.00

**

PAID
JUN 24 2019

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0001030 002103 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. 0155364125 017300
VN. 0002108542
DATE: 17Jun19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **600.00

CLAIM NO.: 011260 064986 WC 01 (4020150-13) **BRANCH NO.:** 094
PAY SIX HUNDRED 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

⑈0155364125⑈ ⑆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#
04/15/19 75153

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
002912-011292-WC-01;00291

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

Case: vs JACK IN A BOX INC
Date Of Injury: 3/15-6/17;3/17;3/16

DOS	SERVICE	DESCRIPTION	AMOUNT
12/19/18	LEGAL_WCAB	MSC @ WCAB POMONA	165.00
/ /	INTERPRETER:	CARLOS ARIAS # 301574	0.00
02/08/19	PENALTIES_U	FOR UNPAID STLM'T 12/19/18	16.50
02/08/19	INTEREST_U	FOR UNPAID STLM'T 12/19/18	1.04
02/05/19	PMT BY CHECK	DOS 12/169/18* # 015215036	-165.00
04/03/19	COSTS	ADD'L COSTS AWARDED	182.46
04/08/19	PMT BY CHECK	DOS 4/3/19* # 0153670923	-200.00

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

GALLAGHER BASSETT-SAN DIEGO
PO BOX 2934
CLINTON IA 52733-2934

002912 PAGE 1 OF 1 003144

MDG2009 00004211 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 ACE AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 619-471-1219
GALLAGHER BASSETT-SAN DIEGO
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 002912 010164 WC 01 (005313)
CLAIMANT:
DESCRIPTION: INV#-NO#75153

BRANCH NO.: 187
ACC DATE: 12Mar16

NO.: 0152152036
VN: 0000389915
DATE: 05Feb19

DATES OF SERVICE: 19Dec18 **THRU** 19Dec18
BENEFIT PERIOD: **THRU**

AMOUNT: 165.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004211 004801 001 001

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. 0152152036 003144
VN. 0000389915
DATE: 05Feb19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **165.00

CLAIM NO.: 002912 010164 WC 01 (005313) **BRANCH NO.:** 187
PAY ONE HUNDRED SIXTY-FIVE AND 00/100 DOLLARS**********

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

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0152152036⑈ ⑆031100209⑆ 4007490⑈

GALLAGHER BASSETT-SAN DIEGO
PO BOX 2934
CLINTON IA 52733-2934

002912 PAGE 1 OF 1 006720

MDG2009 00004318 1 MB .428 1

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

PAID
APR 15 2019

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

CLAIM NO.: 002912 010164 WC 01 (005313) **BRANCH NO.:** 187 **NO.:** 0153670923
CLAIMANT: I **ACC DATE:** 12Mar16 **VN:** 0000393619
DESCRIPTION: FULL AND FINAL FOR STIP TO PAY COSTS DATED 04/03/19 **DATE:** 08Apr19
DATES OF SERVICE: 03Apr19 **THRU** 03Apr19 **AMOUNT:** 200.00
BENEFIT PERIOD: **THRU**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004318 005007 001 001

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. 0153670923 006720
VN. 0000393619
DATE: 08Apr19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **200.00

CLAIM NO.: 002912 010164 WC 01 (005313) **BRANCH NO.:** 187
PAY TWO HUNDRED 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

⑈0153670923⑈ ⑆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#
04/04/19 55657

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
STWC248806-001

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: JASON VOLONAKIS
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs STG AUTO SERVICE
Date Of Injury: 7/1/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/28/12	MRI	REF BY DR KOHANIM: C/S, L/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
09/21/15	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAIN MORELL # 300628	0.00
11/02/15	PMT BY CHECK	DOS 9/28/12-9/21/15* =# 009141745	-306.50
11/20/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
06/20/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
08/29/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
03/30/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
04/18/18	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
08/07/18	PENALTIES	FOR DATE OF SERVICE 6/20/16	23.48
08/28/18	INTEREST	FOR DATE OF SERVICE 6/20/16	39.20
08/07/18	PENALTIES	FOR DATE OF SERVICE 8/29/16	23.48
08/28/18	INTEREST	FOR DATE OF SERVICE 8/29/16	35.26
08/07/18	PENALTIES	FOR DATE OF SERVICE 3/30/17	23.48
08/28/18	INTEREST	FOR DATE OF SERVICE 3/30/17	25.10
08/07/18	PENALTIES	FOR DATE OF SERVICE 3/30/17	23.48
08/28/18	INTEREST	FOR DATE OF SERVICE 3/30/17	5.82
08/28/18	PMT BY CHECK	DOS 11/20/15-4/18/18* # 009366581	-726.00
02/26/19	PMT BY CHECK	DOS 9/28/12-8/28/18* # 009410843	-199.30
03/26/20	COSTS	ADD'L COSTS AWARDED	985.00
04/01/19	PMT BY CHECK	DOS 3/26/19* # 009419517	-985.00

Joyce Altman Interpreters, 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	55657

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
STWC248806-001

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: JASON VOLONAKIS
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs STG AUTO SERVICE
Date Of Injury: 7/1/12

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

009141745

121

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

11/02/2015 330956713-0000 JOYCE ALTMAN INTERPRETERS INC
(E034) 306.50 STWC248806-001 DOL:07/01/2012
Inv/Case#: GUA-GUCA-291842
:09/28/2012-09/21/2015

55657

PAID NOV 06 2015

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

AmGUARD Insurance Company

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

Wells Fargo Bank, N.A.
11-24
1210

009141745

DATE 11/02/2015

AMOUNT ********$306.50

PAY ONLY $306.50
DOLLAR THREE ZERO SIX PERIOD FIVE ZERO

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

THREE HUNDRED SIX DOLLARS AND 50 CENTS**********

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

VOID OVER $306.50

MP

⑈009141745⑈ ⑆121000248⑆ 2000519407927⑈

009366581

83

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

08/28/2018 330956713-0000 JOYCE ALTMAN INTERPRETERS INC
(E034) 726.00 STWC248806-001 DOL:07/01/2012
Inv/Case#: 55657
:11/20/2015-04/18/2018

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

AmGUARD Insurance Company

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

Wells Fargo Bank, N.A.

11-24
1210

009366581

DATE
08/28/2018

AMOUNT
********$726.00

⇨⇨⇨⇨⇨PAY ONLY $726.00
DOLLAR SEVEN TWO SIX PERIOD ZERO ZERO

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

■ SEVEN HUNDRED TWENTY-SIX DOLLARS AND 00 CENTS**********

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

VOID OVER $726.00

⑈009366581⑈ ⑆121000248⑆ 2000519407927⑈

MP

009410843

163

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

02/26/2019 330956713-0000 JOYCE ALTMAN INTERPRETERS INC
[(E024) 93.92 STWC248806-001 DOL:07/01/2012
Inv/Case#: 55657
:09/28/2012-08/28/2018
Medina, Jose (E016) 105.38 STWC248806-001 DOL:07/01/2012
Inv/Case#: 55657
:09/28/2012-08/28/2018

PAID
MAR 01 2019
BY .....

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

AmGUARD Insurance Company

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

Wells Fargo Bank, N.A.

11-24
1210

009410843

DATE 02/26/2019

AMOUNT ********$199.30

⇨⇨⇨⇨⇨PAY ONLY $199.30
DOLLAR ONE NINE NINE PERIOD THREE ZERO

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

■ ONE HUNDRED NINETY-NINE DOLLARS AND 30 CENTS**********

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

VOID OVER $199.30

⑈009410843⑈ ⑆121000248⑆ 2000519407927⑈

009419517

595

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

GDCH1019040181S.000595.01.02.000000

Please see attached documentation.

APR 04 2019

BY: .....

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

AmGUARD Insurance Company

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

Wells Fargo Bank, N.A.

11-24
T210

009419517

DATE 04/01/2019

AMOUNT ********$985.00

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

⇨⇨⇨⇨⇨PAY ONLY $985.00
DOLLAR NINE EIGHT FIVE PERIOD ZERO ZERO

■ NINE HUNDRED EIGHTY-FIVE DOLLARS AND 00 CENTS**********

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

VOID OVER $985.00

⑈009419517⑈ ⑆121000248⑆ 2000519407927⑈

Explanation of Review

BERKSHIRE HATHAWAY GUARD INSURANCE COMPANIES

Carrier

Carrier No:
Carrier: AMGUARD INSURANCE COMPANY
P.O. BOX A-H / 16 S. RIVER STREET
WILKES-BARRE, PA 18703-0020

Provider

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

Bill: GUA-GUCA-822844

Claimant

NPI:
Rendering NPI:
Tax ID: 33-0956713 **Type:** OT **Specialty (1):** AO **Specialty (2):** AO
License: A9999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS
External ID: 5386
Invoice Date: 03-22-2019

Claim Number: STWC248806-001
DOI/DOL: 07-01-2012
External Claim Number: ST248806001

Payment Status Code: 1

Bill Details

Dates of Service: 07-01-2012
Post Date: 03-28-2019
Reviewer: EL/
Pay Auth: 0
Client Type of Bill: LIEN
Adjuster: JMUKORO

Bill ICD Version: 9
Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units	BR	Description	Network	ONR	Other	Explanation Code(s) Allow.
1	07-01-2012	11	MDS10	A	985.00	1		SETTLEMENT FOR DISPUTE				G67, 961 985.00

Totals

Total Charges: 985.00
Recommended Allowance: **985.00**

Messages

961 ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.
G67 PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE SEND THE BILL AND THE ANALYSIS TO:

GUARD INSURANCE GROUP, PO BOX 1368, WILKES-BARRE, PA 18703, (800) 673 - 2465

CPT Copyright 1995-2018 American Medical Association. All rights reserved.

DCN Number: MN-032720191030

GDCH101904018I5.000595.02.02.000000

Joyce Altman Interpreters, 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 68906

EAMS#(s)

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
PLWC445088-002; PLWC44508

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: NOLI NZIMA
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs PLAYA VISTA PROPERTY MGMT
Date Of Injury: 2/19/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/08/16	PRE-OP	-DR JARCHI @MONROVIA HOPITAL*	180.00
/ /	INTERPRETER:	SUSANA BARRON # 301481	0.00
04/15/16	SURGERY	-DR PELTON: RT SHDR @MONROVIA HOSPITAL (6 HRS)	540.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/15/17	PENALTIES	FOR DATE OF SERVICE 3/8/16	27.00
09/15/17	INTEREST	FOR DATE OF SERVICE 3/8/16	27.85
09/15/17	PENALTIES	FOR DATE OF SERVICE 4/15/16	81.00
09/15/17	INTEREST	FOR DATE OF SERVICE 4/15/16	83.54
10/02/17	LIEN FIL FEE	LIEN FILING FEE	150.00
08/03/18	PMT BY CHECK	DOS 2/19/14* # 009540500	-900.00
08/07/18	BLCE OFF SET	BALANCE OFF SET	-189.39

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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 **

009540500

907

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Please see attached documentation.

AUG 07 2018

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

NorGUARD Insurance Company

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

Wells Fargo Bank, N.A.

11-24
1210

009540500

DATE 08/03/2018

AMOUNT ********$900.00

⇨⇨⇨⇨⇨PAY ONLY $900.00
DOLLAR NINE ZERO ZERO PERIOD ZERO ZERO

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

■ NINE HUNDRED DOLLARS AND 00 CENTS**********

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

VOID OVER $900.00

⑈009540500⑈ ⑆121000248⑆ 2000519409116⑈

Explanation of Review

BERKSHIRE HATHAWAY GUARD INSURANCE COMPANIES

Carrier

Carrier No:
Carrier: NORGUARD INSURANCE COMPANY
P.O. BOX A-H / 16 S. RIVER STREET
WILKES-BARRE, PA 18703-0020

Bill: GUA-GUCA-721397

Provider

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

Claimant

2

NPI:
Rendering NPI:
Tax ID: 33-0956713 **Type:** OT **Specialty (1):** AO
License: A9999999
Rendering Provider: INTERPRETERS, JOYCE ALTMAN
External ID: 5386
Invoice Date: 07-26-2018
Patient Account: 68906

Claim Number: PLWC445088-001
DOI/DOL: 02-19-2014
External Claim Number: PL445088001

Payment Status Code: 1

Bill Details

Dates of Service: 02-19-2014
Post Date: 08-01-2018

Reviewer: MT/
Pay Auth: 0
Client Type of Bill: LIEN
Adjuster: JMUKORO

Bill ICD Version: 9
Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units	BR	Description	Network	ONR	Other	Explanation Code(s)	Allow.
1	02-19-2014	11	MDS10	A	900.00	1		SETTLEMENT FOR DISPUTE				G67, 961	900.00

Totals

Total Charges: 900.00
Recommended Allowance: **900.00**

Messages

961 ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.
G67 PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE SEND THE BILL AND THE ANALYSIS TO:

GUARD INSURANCE GROUP, PO BOX 1368, WILKES-BARRE, PA 18703, (800) 673 - 2465

CPT Copyright 1995-2017 American Medical Association. All rights reserved.

DCN Number: MN-073120181018

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

*** INVOICE ***

Date	NO#
04/18/19	55893

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
YMH54736C

BILL TO:
THE HARTFORD (LEXINGTON-14475)

ATTN: DENISE BASCHERINI
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs CAMDEN MARTINIQUE
Date Of Injury: 3/29/11

DOS	SERVICE	DESCRIPTION	AMOUNT
10/22/12	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
02/02/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/11/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/26/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
10/17/16	PMT BY CHECK	DOS 10/22//12-9/26/16* # 126470537 9	-626.00
02/14/18	LEGAL_MISC	READING OF STIP @ L/O MICHELE GAVRIEL	250.00
/ /	INTERPRETER:	MARTHA PATRICIA HAYES #100761	0.00
02/28/18	PMT BY CHECK	DOS 2/14/18* # 128522420 5	-250.00
03/08/18	PENALTIES	FOR DATE OF SERVICE 10/22/12	23.48
10/17/16	INTEREST	FOR DATE OF SERVICE 10/22/12	67.85
03/08/18	PENALTIES	FOR DATE OF SERVICE 2/2/15	23.48
10/17/16	INTEREST	FOR DATE OF SERVICE 2/2/15	28.89
03/08/18	PENALTIES	FOR DATE OF SERVICE 1/11/16	23.48
10/17/16	INTEREST	FOR DATE OF SERVICE 1/11/16	13.41
12/11/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/28/19	PMT BY CHECK	DOS 12/11/18* # 129925492 6	-156.50
04/02/19	PMT BY CHECK	DOS 10/22/12* # 130057285 0	-180.59
03/26/19	COSTS	ADD'L COSTS AWARDED	1680.59
04/12/19	PMT BY CHECK	DOS 3/25/19* # 130102616 6	-1680.59

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

*** INVOICE ***

Date	NO#
04/18/19	55893

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMH54736C

BILL TO:
THE HARTFORD (LEXINGTON-14475)

ATTN: DENISE BASCHERINI
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs CAMDEN MARTINIQUE
Date Of Injury: 3/29/11

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2304189

MB 01 000172 79708 B 1 A

000172 1/1

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
55893 03/29/2011	61WN MG3050 YMHC 54736		$626.00

Nature of Benefits:	Nature of Payment:	Service Dates	Amount
Interpreter Fees at Hearing	Payment Reason - Interpreter Fees at Hrng	10/22/2012 09/26/2016	$626.00

Claim Handler: JEANINE BUTLER
8664019222 x2304189
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	10/17/2016	Check Number	126470537 9	Total Check Amount	$626.00

Please keep the above information for your records.

112973058

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

[redacted]

M

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2304189

MB 01 001722 87943 B 8 E

9

001722 1/1

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

MAR 06 2018

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Page 1 of 2

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
55893 03/29/2011	61WN MG3050 YMHC 54736			$250.00
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Payment Reason - Interpreter Fees at Hrng	Service Dates 02/14/2018 02/14/2018	$250.00

Claim Handler: JEANINE BUTLER
8664019222 x2304189
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	02/28/2018	Check Number	128522420 5	Total Check Amount	$250.00

Please keep the above information for your records.

115195752

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

[redacted]

THE HARTFORD
Centralized Workers Compensation Claim Center
PO Box 14267
Lexington KY 40512-4267
8664019222 x2304185

001831 1/1

MB 01 001831 00241 B 5 B

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

PAID
MAR 06 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
03/29/2011	61WN MG3050 YMHC 54736	[redacted]	$156.50

Nature of Benefits:	Nature of Payment:	Service Dates	Amount
Miscellaneous Legal Expenses	Payment Reason - Misc Legal Expense	12/11/2018 12/11/2018	$156.50

Claim Handler: RIZEL POBLETE
8664019222 x2304185
Centralized Workers Compensation Claim Center
PO Box 14267
Lexington, KY 40512-4267

Additional Comments:

Issue Date	02/28/2019	Check Number	129925492 6	Total Check Amount	$156.50

Please keep the above information for your records.

120397458

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

JOYCE ALTMAN INTERPRETERS INC,
130057285 0

Explanation Of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
55893 03/29/2011	61WN MG3050 YMHC 54736	CAMDEN MARTINIQUE JOSE MUNOZ		$28.89
Nature of Benefits: Miscellaneous Medical		Nature of Payment: Payment Reason - Misc Medical	Service Dates 02/02/2015 02/02/2015	$28.89

Claim Handler: RIZEL POBLETE 8664019222 x2304185 Centralized Workers Compensation Claim Center PO Box 14267 Lexington, KY 40512-4267	Additional Comments: 02/02/2015-service date taken of interest on 10/17/2016

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
55893 03/29/2011	61WN MG3050 YMHC 54736	CAMDEN MARTINIQUE [illegible]		$67.85
Nature of Benefits: Miscellaneous Medical		Nature of Payment: Payment Reason - Misc Medical	Service Dates 10/22/2012 10/22/2012	$67.85

Claim Handler: RIZEL POBLETE 8664019222 x2304185 Centralized Workers Compensation Claim Center PO Box 14267 Lexington, KY 40512-4267	Additional Comments: 10/22/2012-service date taken of interest on 10/17/2016

Issue Date	04/02/2019	Check Number	130057285 0	Total Check Amount	$180.59

THE HARTFORD
Centralized Workers Compensation Claim Center
PO Box 14267
Lexington KY 40512-4267
8664019222 x2304185

MB 01 003595 36128 B 13 D

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

PAID
APR 18 2019
BY: .....

003595 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
03/29/2011	61WN MG3050 YMHC 54736		$1,680.59

Nature of Benefits:	Nature of Payment:	Service Dates		Amount Paid
Translation Services	Payment Reason - Translation Services	03/25/2019	03/25/2019	$1,680.59

Claim Handler: RIZEL POBLETE
8664019222 x2304185
Centralized Workers Compensation Claim Center
PO Box 14267
Lexington, KY 40512-4267

Additional Comments:

Issue Date	04/12/2019	Check Number	130102616 6	Total Check Amount	$1,680.59

Please keep the above information for your records.

117534557

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#
05/23/19 61728

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMH84371C

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

Case: [redacted] vs FMH
Date Of Injury: 8/18/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/30/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
10/23/14	PENALTIES	FOR DATE OF SERVICE 04/30/14	23.48
10/23/14	INTEREST	FOR DATE OF SERVICE 04/30/14	6.85
12/06/14	PMT BY CHECK	DOS 4/30/14* # 123311714 9	-156.50
05/13/19	COSTS	ADD'L COSTS AWARDED	2469.67
05/17/19	PMT BY CHECK	DOS 5/13/19* # 130240426 1	-2500.00

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

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

THE HARTFORD

000001
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00002

Attention: This remittance incorporates 2 claim payments

PAID DEC 16 2014

Special Handling ID: RM 00

1000012 123117149

Explanation of Benefits

Page 1 of 2

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
61728 08-18-12	72WE EP0501 YMHC 84371	FMH INVESTOR GROUP	$156.50

Nature of Benefits:	Nature of Payment:	Service Dates	
Miscellaneous Medical	Source Payment	04-30-2014 04-30-2014	$156.50

Claim Handler: Bill Gray (X)
866/401-9222
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

1/12

Please keep the above information for your records.

107675787

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

56-1544
441

Check Number: 123111714 9
Issue Date: 12-06-2014

$********1,438.10

JPMorgan Chase Bank, N.A.
Columbus, OH 43085

Pay

ONE THOUSAND FOUR HUNDRED THIRTY-EIGHT DOLLARS AND 10/100

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

Authorized Signature

107675787

⑈123111714⑈ ⑆044115443⑆ 63255973⑧⑈

THE HARTFORD

Centralized Workers Compensation Claim Center
PO Box 14267
Lexington KY 40512-4267
8664019222 x2309383

MB 01 003458 63867 B 12 A

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

PAID
MAY 23 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
08/18/2012	72WE EP0501 YMHC 84371	FMH INVESTOR GROUP		$2,500.00
Nature of Benefits: Penalty HIG/SRS Caused		Nature of Payment: Payment Reason - Penalty HIG Caused	Service Dates 05/13/2019 05/13/2019	$2,500.00

Claim Handler: RENE MARTINEZ
8664019222 x2309383
Centralized Workers Compensation Claim Center
PO Box 14267
Lexington, KY 40512-4267

Additional Comments:
full and final payment per stip and order

Issue Date	05/17/2019	Check Number	130240426 1	Total Check Amount	$2,500.00

Please keep the above information for your records.

117740669

Joyce Altman Interpreters, 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 63741

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMQ00085C

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

Case: vs RAVIYA INC
Date Of Injury: 4/19/13

DOS	SERVICE	DESCRIPTION	AMOUNT
09/30/14	WCAB MDR	MSC - RAQUEL ZABRANSKI # 100076	156.50
07/01/15	PENALTIES	FOR DATE OF SERVICE 09/30/14	27.00
03/07/16	INTEREST	FOR DATE OF SERVICE 09/30/14	12.99
03/07/16	PMT BY CHECK	DOS 9/30/14* # 125464498 9	-156.50
04/07/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/13/16	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
07/06/16	PMT BY CHECK	DOS4/7/16& 6/13/16 1260249093	-313.00
01/29/18	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/19/18	PMT BY CHECK	DOS 1/29/18* # 128480553 0	-156.50
03/06/18	PENALTIES	FOR DATE OF SERVICE 04/07/16	23.48
07/06/16	INTEREST	FOR DATE OF SERVICE 04/07/16	4.04
04/04/19	PMT BY CHECK	DOS 9/3/14-1/29/18* # 130070262 1	-67.51
06/20/19	COSTS	ADD'L COSTS AWARDED	2500.00
06/20/19	PMT BY CHECK	DOS 6/12/19-6/12/19* # 130359767 5	-2500.00

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 **

MA

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

THE HARTFORD

000357
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00359 *

Attention: This remittance incorporates 1 claim payments

PAID MAR 14 2016

Special Handling ID: RM 00

63741

*400012 1254644989

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
ADJ8991104 04-19-13	57WEC ES7878 YMQC 00085	RAVIA INC		$156.50
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Source Payment	Service Dates 09-30-2014 09-30-2014	$156.50

Claim Handler: Francisca Jurado
866/401-9222
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments: YMQ00085

Ref 5811

Please keep the above information for your records.

1106513O4

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

56-1544
441

Check Number: 125464498 9
Issue Date: 03-07-2016
Benefit Period: 09-30-2014 to 09-30-2014

$**********156.50

JPMorgan Chase Bank, N.A.
Columbus, OH 43085

Pay

ONE HUNDRED FIFTY-SIX DOLLARS AND 50/100

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

VOID VOID VOID

Authorized Signature

4OE5190T

⑈125464498⑈ ⑆044115443⑆ 632559738⑈

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2303788

MB 01 001038 93381 B 5 D

001038 1/1

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

63741 -1

PAID JUL 12 2016

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
04/19/2013	57WEC ES7878 YMQC 00085	RAVIA INC	$313.00

Nature of Benefits:	Nature of Payment:	Service Dates	Amount Paid
Interpreter Fees at Hearing	Payment Reason - Interpreter Fees at Hrng	04/07/2016 06/13/2016	$313.00

Claim Handler: FRANCISCA JURADO
8664019222 x2303788
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:
Invoice 63741

Issue Date	07/06/2016	Check Number	126024909 3	Total Check Amount	$313.00

Please keep the above information for your records.

111893976

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2304178

MB 01 000375 80280 B 1 E

000375 1/1

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

PAID
FEB 26 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
63741 04/19/2013	57WEC ES7878 YMQC 00085	RAVIA INC		$156.50
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Payment Reason - Interpreter Fees at Hrng	Service Dates 01/29/2018 01/29/2018	$156.50

Claim Handler: MADELINE KERSWELL
8664019222 x2304178
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	02/19/2018	Check Number	128480553 0	Total Check Amount	$156.50

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

115134764

THE HARTFORD

Centralized Workers Compensation Claim Center
PO Box 14267
Lexington KY 40512-4267
866/401-9222

MB 01 003877 29748 B 13 D

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

PAID
APR 09 2019
BY.....

003877 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
04/19/2013	57WEC ES7878 YMQC 00085	RAVIA INC		$67.51
Nature of Benefits: Penalty HIG/SRS Caused		Nature of Payment: Payment Reason - Penalty HIG Caused	Service Dates 09/03/2014 01/29/2018	$67.51

Claim Handler: ASHLEY CLARK
866/401-9222
Centralized Workers Compensation Claim Center
PO Box 14267
Lexington, KY 40512-4267

Additional Comments:
inv 63741

Issue Date	04/04/2019	Check Number	130070262 1	Total Check Amount	$67.51

Please keep the above information for your records.

FOLD AT DOTTED LINE AND DETACH

HAR-100-2

117487256

MN

THE HARTFORD

Centralized Workers Compensation Claim Center
PO Box 14267
Lexington KY 40512-4267
8664019222 x2309383

MB 01 003840 91211 B 13 A

003840 1/1

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
04/19/2013	57WEC ES7878 YMQC 00085	RAVIA INC		$2,500.00
Nature of Benefits: Penalty HIG/SRS Caused		Nature of Payment: Payment Reason - Penalty HIG Caused	Service Dates 06/12/2019 06/12/2019	$2,500.00

Claim Handler: RENE MARTINEZ
8664019222 x2309383
Centralized Workers Compensation Claim Center
PO Box 14267
Lexington, KY 40512-4267

Additional Comments:

603741

Issue Date	06/20/2019	Check Number	130359767 5	Total Check Amount	$2,500.00

Please keep the above information for your records.

117922450

[redacted]

PAID
JUN 28 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#
09/04/18 64871

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMQ33714C

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

Case: vs PROTOTYPE INDUSTRIES INC.
Date Of Injury: 8/18/14

DOS	SERVICE	DESCRIPTION	AMOUNT
01/26/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/19/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
02/24/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
03/14/16	PMT BY CHECK	DOS 1/26/15-2/24/16* # 125496653 6	-563.00
07/05/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/21/17	PMT BY CHECK	DOS 7/5/17* # 127647119 0	-250.00
07/26/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/07/18	PENALTIES	FOR DATE OF SERVICE 1/26/15	23.48
03/14/16	INTEREST	FOR DATE OF SERVICE 1/26/15	16.37
03/07/18	PENALTIES	FOR DATE OF SERVICE 2/19/15	37.50
03/14/16	INTEREST	FOR DATE OF SERVICE 2/19/15	26.15
03/07/18	PENALTIES	FOR DATE OF SERVICE 7/26/17	23.48
03/28/18	INTEREST	FOR DATE OF SERVICE 7/26/17	17.80
03/14/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/28/18	PMT BY CHECK	DOS 7/26/17* # 128632950 7	-156.50
05/23/18	PENALTIES	FOR DATE OF SERVICE 3/14/18	23.48
07/02/18	INTEREST	FOR DATE OF SERVICE 3/14/18	4.98
07/02/18	PMT BY CHECK	DOS 12/1/15-3/14/18* # 129010813 7	-328.11
08/21/18	COSTS	ADD'L COSTS AWARDED	2998.37
08/27/18	PMT BY CHECK	DOS 8/1//14-8/27/18* # 129231058 8	-3000.00

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#
09/04/18 64871

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMQ33714C

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

Case: vs PROTOTYPE INDUSTRIES INC.
Date Of Injury: 8/18/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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 **

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

THE HARTFORD

000671
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID MAR 21 2016

00694

*200012 1254966536

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
64871 08-18-14	72WEC GG8009 YMQC 33714	PROTOTYPE INDUSTRIES INC		$563.00
Nature of Benefits: Miscellaneous Medical		Nature of Payment: Source Payment	Service Dates 01-26-2015 02-24-2016	$563.00

Claim Handler: Brent Hudgins
866/401-9222
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	03-14-2016	Check Number	125496653 6	Total Amount of Check	$563.00

Please keep the above information for your records.

110709280

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2308200

MB 01 002236 06314 B 8 E

002236 1/1

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

JUL 3 1 2017

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
64871 08/18/2014	72WEC GG8009 YMQC 33714	PROTOTYPE INDUSTRIES INC	$250.00

Nature of Benefits:	Nature of Payment:	Service Dates	Amount Paid
Miscellaneous Legal Expenses	Payment Reason - Misc Legal Expense	07/05/2017 07/05/2017	$250.00

Claim Handler: BRENT HUDGINS
8664019222 x2308200
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	07/21/2017	Check Number	127647119 0	Total Check Amount	$250.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

114476050

THE HARTFORD
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2308200

MB 01 001217 09799 B 5 E

001217 1/1

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

APR 03 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
08/18/2014	72WEC GG8009 YMQC 33714	PROTOTYPE INDUSTRIES INC		$156.50
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Payment Reason - Interpreter Fees at Hrng	Service Dates 07/26/2017 07/26/2017	$156.50

Claim Handler: BRENT HUDGINS
8664019222 x2308200
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	03/28/2018	Check Number	128632950 7	Total Check Amount	$156.50

Please keep the above information for your records.

116323822

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2309305

MB 01 000623 84133 B 3 A

000623 1/1

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
08/18/2014	72WEC GG8009 YMQC 33714	PROTOTYPE INDUSTRIES INC		$328.11
Nature of Benefits: Translation Services		Nature of Payment: Payment Reason - Translation Services	Service Dates 12/01/2015 03/14/2018	$328.11

Claim Handler: WINDY HAMILTON
8664019222 x2309305
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:
EAMS # 6783573ADJ9660342

RECEIVED
JUL 09 2018

Issue Date	07/02/2018	Check Number	129010813 7	Total Check Amount	$328.11

Please keep the above information for your records.

115689056

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

[redacted]

THE HARTFORD
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2309305

MB 01 000346 27372 B 1 D

000346 1/1

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

¢

SEP 04 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
08/18/2014	72WEC GG8009 YMQC 33714	PROTOTYPE INDUSTRIES INC		$3,000.00
Nature of Benefits: Translation Services		Nature of Payment: Payment Reason - Translation Services	Service Dates 08/18/2014 08/27/2018	$3,000.00

Claim Handler: WINDY HAMILTON
8664019222 x2309305
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:
Satisfaction of lien on Enrique Argueta

Issue Date	08/27/2018	Check Number	129231058 8	Total Check Amount	$3,000.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

116629282

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

*** INVOICE ***
Date NO#
01/24/19 69319

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
Y67C06819

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

Case: __ __ vs AJOB STAFF INC
Date Of Injury: 8/16/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/28/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
06/22/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
08/04/16	PMT BY CHECK	DOS 6/22/16* # 126154549 4	-156.50
02/23/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
09/04/18	PENALTIES	FOR DATE OF SERVICE 4/28/16	23.48
08/28/18	INTEREST	FOR DATE OF SERVICE 4/28/16	40.28
09/04/18	PENALTIES	FOR DATE OF SERVICE 2/23/17	23.48
08/28/18	INTEREST	FOR DATE OF SERVICE 2/23/17	26.87
08/28/18	PMT BY CHECK	DOS 6/22/16-6/22/17* # 129237530 2	-313.00
01/18/19	COSTS	ADD'L COSTS AWARDED	335.89
01/18/19	PMT BY CHECK	DOS 4/28/16-2/23/17* # 129777865 0	-450.00

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

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2308234

MB 01 001591 17647 B 8 A

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

001591 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
69319 08/16/2012	57WEC ER0835 Y67C 06819	AXIS ENTERPRISES INC		$156.50
Nature of Benefits: Miscellaneous Legal Expenses		Nature of Payment: Payment Reason - Misc Legal Expense	Service Dates 06/22/2016 06/22/2016	$156.50

Claim Handler: SHANNON MASVIDAL
8664019222 x2308234
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	08/04/2016	Check Number	126154549 4	Total Check Amount	$156.50

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

112116498

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2308234

MB 01 001110 28535 B 5 E

001110 1/1

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
08/16/2012	57WEC ER0835 Y67C 06819	AXIS ENTERPRISES INC	$313.00

Nature of Benefits:	Nature of Payment:	Service Dates		Amount Paid
Interpreter Fees at Hearing	Payment Reason - Interpreter Fees at Hrng,	06/22/2016	06/22/2016	$156.50
Interpreter Fees at Hearing	Interpreter Fees at Hrng	02/23/2017	02/23/2017	$156.50

Claim Handler: SHANNON MASVIDAL
8664019222 x2308234
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	08/28/2018	Check Number	129237530 2	Total Check Amount	$313.00

Please keep the above information for your records.

116640349

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2308234

MB 01 003700 68279 B 11 A

003700 1/1

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

JAN 2 4 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
08/16/2012	57WEC ER0835 Y67C 06819	AXIS ENTERPRISES INC		$450.00
Nature of Benefits: Translation Services		Nature of Payment: Payment Reason - Translation Services	Service Dates 04/28/2016 02/23/2017	$450.00

Claim Handler: SHANNON MASVIDAL
8664019222 x2308234
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	01/18/2019	Check Number	129777865 0	Total Check Amount	$450.00

Please keep the above information for your records.

1201LA1.57

Joyce Altman Interpreters, 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 70801

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y67C00304

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

Case: (vs I AM SIGN, INC.
Date Of Injury: 6/1/15; 6/14 - 6/15

DOS	SERVICE	DESCRIPTION	AMOUNT
11/09/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM (AMENDED)	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
05/01/18	PENALTIES	FOR DATE OF SERVICE 11/9/16	23.48
05/09/18	INTEREST	FOR DATE OF SERVICE 11/9/16	23.30
05/09/18	PMT BY CHECK	DOS 5/29/15* # 128801204 7	-156.50
06/11/18	PMT BY CHECK	DOS 5/29/15-6/11/18* # 128923792 1	-46.78
10/25/18	COSTS	ADD'L COSTS AWARDED	100.00
10/25/18	PMT BY CHECK	DOS 5/29/15-10/25/18* # 129467016 6	-100.00

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 cf Adjud, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien/ or Petition. ** THIS SERVES AS DEMAND FOR PAYMENT **

THE HARTFORD

Centralized Workers Compensation Claim Center
PO Box 14267
Lexington KY 40512-4267
8664019222 x2307971

MB 01 000961 42406 B 4 D

000961 1/1

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

MAY 15 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
05/29/2015	57WEC GE3603 Y67C 00304	IAM SIGN INC		$156.50
Nature of Benefits: Translation Services		Nature of Payment: Payment Reason - Translation Services	Service Dates 05/29/2015 05/09/2018	$156.50

Claim Handler: ANNE FAULKNER 8664019222 x2307971 Centralized Workers Compensation Claim Center PO Box 14267 Lexington, KY 40512-4267	Additional Comments: FULL AND FINAL PAYMENT DOS 11/09/16

Issue Date	05/09/2018	Check Number	128801204 7	Total Check Amount	$156.50

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

116586938

THE HARTFORD
Centralized Workers Compensation Claim Center
PO Box 14267
Lexington KY 40512-4267
8664019222 x2307971

MB 01 000458 66221 B 2 A

000458 1/1

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

PAID
JUN 19 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
05/29/2015	57WEC GE3603 Y67C 00304	IAM SIGN INC		$46.78
Nature of Benefits: Translation Services		Nature of Payment: Payment Reason - Translation Services	Service Dates 05/29/2015 06/11/2018	$46.78

Claim Handler: ANNE FAULKNER
8664019222 x2307971
Centralized Workers Compensation Claim Center
PO Box 14267
Lexington, KY 40512-4267

Additional Comments:
~~full and final payment for all DOS pertaining to this claim.~~ Not

Issue Date	06/11/2018	Check Number	128923792 1	Total Check Amount	$46.78

Please keep the above information for your records.

115281369

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

Centralized Workers Compensation Claim Center
PO Box 14267
Lexington KY 40512-4267
8664019222 x2307971

MB 01 002014 77542 B 8 A

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

PAID

002014 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
05/29/2015	57WEC GE3603 Y67C 00304	IAM SIGN INC	$100.00

Nature of Benefits:	Nature of Payment:	Service Dates	Amount
Translation Services	Payment Reason - Translation Services	05/29/2015 10/25/2018	$100.00

Claim Handler: ANNE FAULKNER
8664019222 x2307971
Centralized Workers Compensation Claim Center
PO Box 14267
Lexington, KY 40512-4267

Additional Comments:
FULL AND FINAL PAYMENT

Issue Date	10/25/2018	Check Number	129467016 6	Total Check Amount	$100.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

119855214

Joyce Altman Interpreters, 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 71518

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y67C38361

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

Case: vs SISTERS OF NAZARETH
Date Of Injury: 4/8/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/28/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/18/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO CORTEZ # 100533	0.00
05/22/17	PMT BY CHECK	DOS 3/28/17* # 127389969 5	-156.50
10/04/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN 100585	0.00
12/29/18	PMT BY CHECK	DOS 11/1/18* # 129706513 1	-250.00
02/07/19	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/05/19	PMT BY CHECK	DOS 2/7/19* # 129946669 9	-313.00
05/30/19	COSTS	ADD'L COSTS AWARDED	2500.00
06/03/19	PMT BY CHECK	DOS 5/30/19* # 130295191 2	-2500.00

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 HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2308236

MB 01 001685 57150 B 6 A

001685 1/1

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

MAY 31 2017

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name			Amount Paid
71518 04/08/2016	57WE GD6117 Y67C 38361	CONGREGATION OF THE SISTERS OF NAZARETH			$156.50
Nature of Benefits: Miscellaneous Medical		Nature of Payment: Payment Reason - Misc Medical	Service Dates 03/28/2017	03/28/2017	$156.50

Claim Handler: FRANCES TARIFA
8664019222 x2308236
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	05/22/2017	Check Number	127389969 5	Total Check Amount	$156.50

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

11406856 7

THE HARTFORD
ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington KY 40512-4472
877/469-9222

MB 01 001044 32141 B 4 D

001044 1/1

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
04/08/2016	57WE GD6117 Y67C 38361	CONGREGATION OF THE SISTERS OF NAZARETH	$250.00

Nature of Benefits:	Nature of Payment:	Service Dates		Amount Paid
Translation Services	Payment Reason - Translation Services	11/01/2018	11/01/2018	$250.00

Claim Handler: LEO RAMIREZ
877/469-9222
ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington, KY 40512-4472

Additional Comments:

JAN 07 2019

Issue Date	12/29/2018	Check Number	129706513 1	Total Check Amount	$250.00

Please keep the above information for your records.

117337184

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington KY 40512-4472
877/469-9222

AB 01 004659 04900 B 19 C

004659 1/1

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

PAID
MAR 12 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
04/08/2016	57WE GD6117 Y67C 38361	CONGREGATION OF THE SISTERS OF NAZARETH	$313.00

Nature of Benefits:	Nature of Payment:	Service Dates	Amount Paid
Translation Services	Payment Reason - Translation Services	02/07/2019 02/07/2019	$313.00

Claim Handler: LEO RAMIREZ
877/469-9222
ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington, KY 40512-4472

Additional Comments:
Invoice 71518

Issue Date	03/05/2019	Check Number	129946669 9	Total Check Amount	$313.00

Please keep the above information for your records.

120429837

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington KY 40512-4472
877/469-9222

MB 01 002571 76392 B 7 A

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

PAID
JUN 10 2019
BY: .....

002571 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
04/08/2016	57WE GD6117 Y67C 38361	CONGREGATION OF THE SISTERS OF NAZARETH	$2,500.00

Nature of Benefits:	Nature of Payment:	Service Dates		
Translation Services	Payment Reason - Translation Services	05/30/2019	05/30/2019	$2,500.00

Claim Handler: LEO RAMIREZ
877/469-9222
ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington, KY 40512-4472

Additional Comments:

Issue Date	06/03/2019	Check Number	130295191 2	Total Check Amount	$2,500.00

Please keep the above information for your records.

FOLD AT DOTTED LINE AND DETACH

117820807

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#
04/18/19	73160

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y19C50331

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

Case: vs NEWPORT PACIFIC CAPITAL CO.
Date Of Injury: 3/27/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/08/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
01/31/19	PMT BY CHECK	DOS 1/8/18* # 129823474 3	-156.50
03/25/19	COSTS	ADD'L COSTS AWARDED	1500.00
04/12/19	PMT BY CHECK	DOS 3/25/19* # 130103077 5	-1500.00

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
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2308219

MB 01 004431 78026 B 15 A

004431 1/1

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

f

FEB 0 8 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
03/27/2015	72WE ZO3188 Y19C 50331	NEWPORT PACIFIC CAPITAL COMPANY INC		$156.50
Nature of Benefits: Translation Services		Nature of Payment: Payment Reason - Translation Services	Service Dates 01/08/2018 01/08/2018	$156.50

Claim Handler: ANDREA BATES
8664019222 x2308219
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	01/31/2019	Check Number	129823474 3	Total Check Amount	$156.50

Please keep the above information for your records.

120236806

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2308219

MB 01 003596 36128 B 13 D

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

PAID
APR 18 2019
BY: .....

003596 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
03/27/2015	72WE ZO3188 Y19C 50331	NEWPORT PACIFIC CAPITAL COMPANY INC		$1,500.00
Nature of Benefits: Translation Services		Nature of Payment: Payment Reason - Translation Services	Service Dates 03/25/2019 03/25/2019	$1,500.00

Claim Handler: ANDREA BATES 8664019222 x2308219 Western Workers' Compensation Claim Center P.O. Box 14475 Lexington, KY 40512	Additional Comments:

Issue Date	04/12/2019	Check Number	130103077 5	Total Check Amount	$1,500.00

Please keep the above information for your records.

117534558

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#
05/16/19 71482

EAMS#(-): [illegible]
SS # : XXX-XX [illegible]
DOB :
Terms: 60 days
Claim #(s):
WC608D33946; WC608D33955

BILL TO:
HELMSMAN MGMT SVCS (ROCKLIN)
W. C. DEPARTMENT
ATTN: DAVID SCOTT
P.O. BOX 779008
ROCKLIN, CA 95677

Case: [illegible] JET SPEED PLUMBING DBA RITZ
Date Of Injury: 7/17/14; 3/15 - 3/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/15/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
05/03/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
10/04/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
05/02/19	COSTS	ADD'L COSTS AWARDED	611.50
05/10/19	PMT BY CHECK	DOS 5/2/19* # 0083354324	-1081.00

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

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Helmsman
Management Services LLC

B. CODE
298

CHECK REFERENCE	CHECK DATE
0083354324	05/10/19
CHECK AMOUNT	BLOCK NUMBER
***$1081.00	004625

OSN: MM0801051002-004625
BANK: 298
CHECK REF: 0083354324 DATE: 05/10/19 AMT: 1,081.00
INTERNAL BILL NO: 123648184 MSR: N0077377
CUST/EXTERNAL BILL NO: 1102894483
BR PROVIDER #: 330956713-0010

CLAIM NO. WC 608-D33946 HOD
CONTRACT NO: WP8-65B-290306-054
DOCUMENT NO: 11028944830

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4145

PATIENT ACCT. #: NA
SSN: XXX-XX
DOI: 07/17/14
PATIENT:

PROVIDER: JOYCE ALTMAN
JOYCE ALTMAN INTERPRETERS

EMPLOYER: ADP TOTALSOURCE FL XVI, INC.
ADDRESS: P.O. 755
LOMITA, CA 90717

LOCATION CODE: 3D0NCTS

PAID
MAY 16 2019
PV.

AGENCY CLAIM #(BOARD COMM #): 201711271127129769160
DIAG CODES: R68.89

DATES OF SERVICE: 05/02/19-05/02/19
AUDIT DATE: 05/09/19

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
05/02/19	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	1081.00	1081.00	N/A	0.00	1081.00 G1	876

TOTAL CHARGES:	1081.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	1081.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	1081.00

EXPLANATION CODE DESCRIPTIONS:
G1 THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
876 FEE SCHEDULE AMOUNT IS EQUAL TO THE CHARGE
ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 8011, WAUSAU, WI 54402. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB. (ZC72)
Z849 GO PAPERLESS. LIBERTY MUTUAL INSURANCE CAN ACCEPT ELECTRONIC BILL SUBMISSIONS AND ISSUE PAYMENTS

Joyce Altman Interpreters, 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	72107

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2017001399

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

Case: vs PHILIPPE THE ORIGINAL
Date Of Injury: 12/21/15 - 12/21/16

DOS	SERVICE	DESCRIPTION	AMOUNT
07/06/17	LEGAL WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
12/18/18	PMT BY CHECK	DOS 7/6/17* # 2452251	-156.50
01/17/19	COSTS	ADD'L COSTS AWARDED	600.00
01/22/19	PMT BY CHECK	DOS 1/17/19* # 2493838	-600.00

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 **

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

Check Date: 12/18/2018
Check Number: 2452251
Check Amount: $156.50

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,AJTS9E

AJTS9E

11/9/18 3:44 PM 3 0001209 20181219 NL6NE103 JOP-FEC 1 cc DOM NL6NE10000* 161281 CK

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

Payment Summary

[redacted]

2017001399		12/21/2016	Misc Expense	492	07/06/2017	07/06/2017	$156.50

Category	Stub Notes	Stub Amount
492	Per award dated 10/11/18	$0.00

DEC 26 2018

[redacted]

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

Check Date: 01/22/2019
Check Number: 2493838
Check Amount: $600.00

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,PYPAAA

PYPAAA

11/9/18 3:44 PM 3 0000922 20190123 OA6LC102 JOP-FEC 1 oz DOM OA6LC10000* 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
2017001399		12/21/2016		180	01/17/2019	01/17/2019	$600.00

Category	Stub Notes	Stub Amount
180	Per OA dated 01/17/19	$0.00

JAN 29 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 72320

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1010151068

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

Case: vs ANABELLA HOTEL
Date Of Injury: 8/16/15 - 8/16/16

DOS	SERVICE	DESCRIPTION	AMOUNT
07/27/17	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	EUGENIA RICHICHI # 100659	0.00
01/08/18	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
12/26/18	COSTS	ADD'L COSTS AWARDED	637.00
12/26/18	PMT BY CHECK	DOS 8/17/15-12/21/18* # 2461046	-950.00

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 **

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

Check Date: 12/26/2018
Check Number: 2461046
Check Amount: $950.00

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,FR9X9R

FR9X9R

11/9/18 3:44 PM 3 0001301 20181227 NL7T5103 JOP-FEC 1 oz DOM NL7T510000* 161281 CK

JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN CA 92781-1460

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
0101510068	[redacted]	08/17/2015	LIEN	180	08/17/2015	12/21/2018	$950.00

Category	Stub Notes	Stub Amount
180	IN FULL & FINAL SATISFACTION OF LIEN FOR ALL DATES OF SERVICE INCLUDING PENALTIES & INTEREST	$0.00

4

JAN 07 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#
11/13/18 72838

EAMS#(s):

SS # : XXX-XX
DOB : , ,
Terms: 60 days
Claim #(s):
1010-15-13108

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

Case: [redacted] vs A J PARENT COMPANY INC.
Date Of Injury: /8/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/30/17	LEGAL WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
10/22/18	PMT BY CHECK	DOS 10/30/17* # 2378756	-156.50
10/30/18	COSTS	ADD'L COSTS AWARDED	285.25
11/05/18	PMT BY CHECK	DOS 7/1/14-10/30/18* # 2396980	-285.25

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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: 10/22/2018
Check Number: 2378756
Check Amount: $156.50

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,J41R8C

5/23/18 10:49 AM 3 0001357 20181023 NJ7RH103 JOP-FEC 1 oz DOM NJ7RH10000* 161281 CK

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

Payment Summary

10101513108	07/01/2014	180	10/13/2017	10/31/2017	$156.50

Category	Stub Notes	Stub Amount
180	DOS 10/30/17	$0.00

PAID
OCT 29 2018

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

Check Date: 11/05/2018
Check Number: 2396980
Check Amount: $285.25

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,Y5EZ80

Y5EZ80

5/23/18 10:49 AM 3 0000530 20181106 NK1OB102 JOP-FEC 1 oz DOM NK1OB10000* 161281 CK

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

PAID
NOV 13 2018

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
10101513108		07/01/2014		180	07/01/2014	10/30/2018	$285.25

Category	Stub Notes	Stub Amount
180	Per S&O dated 10/30/18	$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#
04/26/19 73513

EAMS#(s):

SS # : xXX-XX
DOB :
Terms: 60 days
Claim #(s):
2016014531

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

Case: vs AGAPE INT'L SPIRITUAL CENTER
Date Of Injury: 10/24/15 -10/24/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/07/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	165.00
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
10/09/18	PENALTIES_U	FOR UNPAID STLM'T 03/07/18	16.50
10/09/18	INTEREST_U	FOR UNPAID STLM'T 03/07/18	9.25
10/26/18	PMT BY CHECK	DOS 3/7/18* # 2386175	-165.00
12/11/18	PMT BY CHECK	DOS 3/7/18-10/26/18* # 2443690	-25.75
04/17/19	COSTS	ADD'L COSTS AWARDED	550.00
04/24/19	PMT BY CHECK	DOS 4/17/19* # 0002754368	-550.00

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

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

Check Date: 10/26/2018
Check Number: 2386175
Check Amount: $165.00

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,GJAU8J

5/23/18 10:49 AM 3 0001181 20181029 NJ9DY103 JOP-FEC 1 oz DOM NJ9DY10000* 181281 CK

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

PAID
NOV 05 2018

Payment Summary

2016014531	08/01/2016	492	03/07/2018	03/07/2018	$165.00

[redacted]

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

Check Date: 12/11/2018
Check Number: 2443690
Check Amount: $25.75

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,0TZM95

0TZM95

11/9/18 3:44 PM 3 0001191 20181212 NL3IH103 JOP-FEC 1 oz DOM NL3IH10000* 161261 CK

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

Payment Summary

2016014531	08/01/2016	73513	180	03/07/2018	10/26/2018	$25.75

Category	Stub Notes	Stub Amount
180	JOYCE ALTMAN INTERPRETERS INC - Interpretation	$0.00

DEC 18 2018

Insurance Company of the West
PO Box 509039
San Diego, CA 92150-9039
1-800-877-1111

0002754368
**$550.00

M

Mail TO : **JOYCE ALTMAN INTERPRETERS INC**
PO BOX 4165
TUSTIN, CA 92781 USA

Claim#	2016014531	**Claimant Name**	
Loss Date	08/01/2016	**Payment ID#**	17284478
Invoice#		**Oper**	korourke
From	04/16/2019	**Through**	04/16/2019

492	Misc Expense IN FULL AND FINAL SATISFACTION OF LIEN#FOR ALL DATES OF SERVICE INCLUDING#PENALTIES AND INTEREST	**Billed Amount**	$550.00
		Total Paid:	$550.00

PAID
APR 26 2019
BY. .....

THIS MULTI-TONE AREA AND THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREAS AT TOP AND BOTTOM

Insurance Company of the West
PO Box 509039
San Diego, CA 92150-9039

Bank of America
Corporate Banking Group 1450
450 B Street Suite 100
San Diego, CA 92101

Check Date | Check Number
04/24/2019 0002754368

PAY ***** FIVE HUNDRED FIFTY and ZERO/100 *****

****$550.00**

TO THE ORDER OF **JOYCE ALTMAN INTERPRETERS INC**

Loss Date	Sym-Policy-Mod	Claim Number	Insd AGAPE INTERNATIONAL
08/01/2016	WVE-5023748-03	2016014531	Clmt Victor Perez

VOID AFTER SIX MONTHS

THE ORIGINAL DOCUMENT HAS A TRUE WATERMARK ON THE BACK. HOLD TO LIGHT TO VIEW WHEN CHECKING THE ENDORSEMENT.

⑈0002754368⑈ ⑆122000661⑆ 145200000⑈

Joyce Altman Interpreters, 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 73596

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2017010551

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

Case: vs BUILDING CLEANING SYSTEMS INC
Date Of Injury: 1/20/16 - 3/17/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/15/18	INITIAL EXAM	DR JOHN XIAO JIANG QIAN/DAVE FRANKE @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/26/18	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/28/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/06/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/09/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/16/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/19/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/13/18	LIEN FIL FEE	LIEN FILING FEE	150.00
02/12/19	PENALTIES	FOR DATE OF SERVICE 03/15/18	34.50
02/12/19	INTEREST	FOR DATE OF SERVICE 03/15/18	19.78
02/12/19	PENALTIES	FOR DATE OF SERVICE 03/26/18	34.50
02/12/19	INTEREST	FOR DATE OF SERVICE 03/26/18	19.78
02/25/19	PMT BY CHECK	DOS 3/15/18-4/19/18* # 0002749372	-1600.00
02/27/19	BLCE OFF SET	BALANCE OFF SET	-18.56

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 73596

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2017010551

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

Case: vs BUILDING CLEANING SYSTEMS INC
Date Of Injury: 1/20/16 - 3/17/17

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 **

Insurance Company of the West
PO Box 509039
San Diego, CA 92150-9039
1-800-877-1111

0002749372
**$1,600.00

Mail TO : **JOYCE ALTMAN INTERPRETERS INC**
PO BOX 4165
TUSTIN, CA 92781 USA

Claim#	2017010551	**Claimant Name**	:
Loss Date	03/17/2017	**Payment ID#**	16981736
Invoice#	Lien Resolution	**Oper**	lcantrel
From	03/15/2018	**Through**	04/19/2018

492 Misc Expense
In Full and Final Resolution of Lien for All Dates of Service Including Penalties and Interest.

Billed Amount $1,600.00

Total Paid: $1,600.00

PAID
FEB 27 2019
BY: .....

THIS MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREAS BOTH TOP AND BOTTOM

Insurance Company of the West PO Box 509039 San Diego, CA 92150-9039	**Bank of America** Corporate Banking Group 1450 450 B Street Suite 100 San Diego, CA 92101	16-66/1220	Check Date **02/25/2019** Check Number **0002749372**

PAY *** **ONE THOUSAND SIX HUNDRED and ZERO/100** *** **$1,600.00

TO THE ORDER OF **JOYCE ALTMAN INTERPRETERS INC**

Amado Gonzalez

Loss Date	Sym-Policy-Mod	Claim Number	Insd BUILDING CLEANING
03/17/2017	WSD 5033646-00	2017010551	Clmt Ines Jimenez-Pacheco

THE ORIGINAL DOCUMENT HAS A TRUE WATERMARK ON THE BACK. HOLD TO LIGHT TO VIEW WHEN CHANGING THE ENDORSEMENT. **VOID AFTER SIX MONTHS**

⑈0002749372⑈ ⑆122000661⑆ 145200000⑈

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

*** INVOICE ***
Date NO#
08/05/19 74415

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2016014626

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
08/06/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/10/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
10/25/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI (ADDENDUM)	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/29/18	PMT BY CHECK	DOS 8/6/18* # 2387920	-156.50
02/14/19	PMT BY CHECK	DOS 10/10/18-10/25/18* # 2521485	-165.00
07/24/19	COSTS	ADD'L COSTS AWARDED	1150.00
08/01/19	PMT BY CHECK	DOS 9/6/16-7/24/19* # 0002762816	-1485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ 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: 10/29/2018
Check Number: 2387920
Check Amount: $156.50

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,PWZU8D

PWZU8D

5/23/18 10:49 AM 3 0000430 20181030 NJ6RW101 JOP-FEC 1 oz DOM NJ6RW10000* 161291 CK

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

Payment Summary

2016014626	09/06/2016	74415	492	08/06/2018	08/06/2018	$156.50

Category	Stub Notes	Stub Amount
492	JOYCE ALTMAN INTERPRETERS INC - Misc. Expense	$0.00

PAID
NOV 06 2018

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

Check Date: 02/14/2019
Check Number: 2521485
Check Amount: $165.00

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,UVPRA0

UVPRA0

11/8/18 3:44 PM 3 0001519 20190215 CB4TW104 JOP-FEC 1 oz DOM CB4TW10000* 161281 CK

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

Payment Summary

2016014626	09/06/2016	74415	492	10/10/2018	10/25/2018	$165.00

Category	Stub Notes	Stub Amount
492	JOYCE ALTMAN INTERPRETERS INC - Misc. Expense	$0.00

FEB 22 2019

BY: .....

Insurance Company of the West
PO Box 509039
San Diego, CA 92150-9039
1-800-877-1111

0002762816
****$1,485.00**

Mail TO : **JOYCE ALTMAN INTERPRETERS INC**
PO BOX 4165
TUSTIN, CA 92781 USA

Claim#	2016014626	**Claimant Name**	
Loss Date	09/06/2016	**Payment ID#**	17791120
Invoice#		**Oper**	khuffstu
From	09/06/2016	**Through**	07/24/2019

492	Misc Expense In Full and Final Resolution of Lien for All Dates of Service Including Penalties and Interest	**Billed Amount**	$1,485.00
		Total Paid:	$1,485.00

PAID
AUG 05 2019
BY. .....

THIS MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH THE DARKER AREAS BOTH TOP AND BOTTOM

Insurance Company of the West
PO Box 509039
San Diego, CA 92150-9039

Bank of America
Corporate Banking Group 1450
450 B Street Suite 100
San Diego, CA 92101

16-66/1220

Check Date: **08/01/2019** Check Number: **0002762816**

PAY ***** ONE THOUSAND FOUR HUNDRED EIGHTY-FIVE and ZERO/100 ***** ****$1,485.00**

TO THE ORDER OF **JOYCE ALTMAN INTERPRETERS INC**

Authorized Signature

Loss Date	Sym-Policy-Mod	Claim Number	Insd G & M PLASTERING INC
09/06/2016	WSD-5024200-03	2016014626	Clmt Jose Beltran

VOID AFTER SIX MONTHS

THE ORIGINAL DOCUMENT HAS A TRUE WATERMARK ON THE BACK. HOLD TO LIGHT TO VIEW WHEN CHECKING THE ENDORSEMENT.

⑈0002762816⑈ ⑆122000661⑆ 145200000⑈

Joyce Altman Interpreters, 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 75184

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2018007543

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

Case: vs CITY SECURITY COMPANY
Date Of Injury: 11/18/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/02/19	LEGAL_WCAB	PRIORITY CONFERENCE @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
05/16/19	PMT BY CHECK	DOS 1/2/19* # 2638998	-156.50
07/02/19	COSTS	ADD'L COSTS AWARDED	250.00
07/12/19	PMT BY CHECK	DOS 11-18-17-7/2/19* # 2710373	-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 **

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

Check Date: 05/16/2019
Check Number: 2638998
Check Amount: $156.50

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,VNN6CF

VNN6CE

11/9/18 3:44 PM 3 0001264 20190517 OE5O5103 JOP-FEC 1 oz DOM OE5O5100000* 161281 CK

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

75184

Payment Summary

2018007543	11/18/2017	LC 5811	492	01/02/2019	01/02/2019	$156.50

Category	Stub Notes	Stub Amount
492	LC 5811 - Per Order dated 5/9/19 - ADJ11301207	$0.00

FAXED
MAY 24 2019
BY: .....

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

Check Date: 07/12/2019
Check Number: 2710373
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,ZHU1D4

ZHU1D4

11/9/18 3:44 PM 3 0001243 20190715 OG4H6103 JOP-FEC 1 oz DOM OG4H610000* 161281 CK

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

PAID
JUL 22 2019
BY:

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
2018007543		11/18/2017		180	11/18/2017	07/02/2019	$250.00

Category	Stub Notes	Stub Amount
180	Per Order to pay dated 7/2/19	$0.00

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

*** INVOICE ***
Date NO#
05/14/19 59422

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
469474

BILL TO:
KEENAN & ASSOC. (TOR-2707)
W. C. DEPARTMENT
ATTN: DREW KELLY
P.O. BOX 2707
TORRANCE, CA 90509

Case: vs BEVERLY HILLS UNIFIED SCHOOL
Date Of Injury: 8/9/12

DOS	SERVICE	DESCRIPTION	AMOUNT
08/16/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/30/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/25/13	PMT BY CHECK	DOS 8/16/13 # 29215	-156.50
11/08/13	PMT BY CHECK	DOS 9/30/13 # 29919	-250.00
08/27/18	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/28/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	DANIEL TRIGUEROS # 36815481	0.00
03/26/19	PMT BY CHECK	DOS 8/27/18-1/28/19* =# 0000401806	-246.50
04/10/19	PMT BY CHECK	DOS 1/28/19* =# 0000401884	-160.00
04/11/19	COSTS	MONIES CREDITED TOWARD COSTS	246.50
04/11/19	PMT BY CHECK	DOS 8/27/18-1/28/19* # 0000401888	-246.50
04/22/19	COSTS	ADD'L COSTS AWARDED	1500.00
05/03/19	PMT BY CHECK	DOS 4/2/19* # 0000401996	-1500.00

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 **

ML

PH056028005

Protected Ins Program for Schools (PIPS)
KEENAN & ASSOCIATES
P.O. BOX 4328
TORRANCE, CA 90510

20131028D130

Forwarding Service Requested

3-DIGIT 926

6760 0.3820 AT 0.381

Altman Interpreters Inc, Joyce 40
PO BOX 4165
TUSTIN, CA 92781-4165

Employer Name:	Beverly Hills Unified School District
Employer Address:	255 South Lasky Drive Beverly Hills, CA 90212-
Provider Tax ID:	330956713
Patient Acct No.:	
Dates of Service:	08/16/2013-08/16/2013
Check Date:	10/25/2013
Check Number:	29215
Check Amount:	156.50
DOI:	08/09/2012
Claim #:	469474
Claimant Name:	
Office:	Keenan & Associates - Torrance
Stub Note Comment:	INV. #59422

ENV 6760 1 OF 1

EMPLOYEE NAME:	TOTAL AMOUNT:
	156.50

PAID NOV 05 2013

P4056028005

Protected Ins Program for Schools (PIPS)
KEENAN & ASSOCIATES
P.O. BOX 4328
TORRANCE, CA 90510

20131110138

Forwarding Service Requested

3-DIGIT 926
6245 0.3820 AT 0.381

Altman Interpreters Inc, Joyce 39
PO BOX 4165
TUSTIN, CA 92781-4165

Employer Name:	Beverly Hills Unified School District
Employer Address:	255 South Lasky Drive Beverly Hills, CA 90212-
Provider Tax ID:	330956713
Patient Acct No.:	
Dates of Service:	09/30/2013-09/30/2013
Check Date:	11/08/2013
Check Number:	29919
Check Amount:	250.00
DOI:	08/09/2012
Claim #:	469474
Claimant Name:	
Office:	Keenan & Associates - Torrance
Stub Note Comment:	59422

ENV 6245 1 OF 1

EMPLOYEE NAME:	TOTAL AMOUNT:
	250.00

PAID NOV 18 2013

P40560280XC

20190327O117

PIPS Year 10 Excess
KEENAN - CLAIMS PROCESSING UNIT
P.O. BOX 2707
TORRANCE, CA 90509

Forwarding Service Requested

ENV 22360 3 OF 6 F

ALL FOR AADC 926
22360 1.3461 AB 0.409

Altman Interpreters Inc, Joyce 254
PO BOX 4165
TUSTIN, CA 92781-4165

PAID
APR 02 2019
BY: .....

Interested in enrolling in eBilling?

Contact WorkCompEDI's Dedicated Enrollment Team at

800-297-6909 or info@workcompedi.com

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

PIPS Year 10 Excess
KEENAN & ASSOCIATES
P.O. BOX 2707
TORRANCE, CA 90509

UNION BANK
445 SOUTH FIGUEROA ST
LOS ANGELES, CA 90071

16-49
1220

CHECK NO.: 0000401806
CHECK DATE: 03/26/2019
VOID AFTER 90 DAYS

CLAIM NO.: 469474
D.O.I 08/09/2012

AMOUNT
$**246.50

PAY: Two Hundred Forty Six & 50/100 Dollars

TO THE ORDER OF: **Altman Interpreters Inc, Joyce**

PO Box 4165

Tustin, CA 927814165

EMPLOYEE NAME:

Tara J. Schiller, Jr.

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER $25,000.00

8140659

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

⑈0000401806⑈ ⑆122000496⑆ 210300301⑆

P4056028007

PIPS Year 10 Excess
KEENAN - CLAIMS PROCESSING UNIT
P.O. BOX 2707
TORRANCE, CA 90509

Forwarding Service Requested

ALL FOR AADC 926
22360 1.3461 AB 0.409

Altman Interpreters Inc, Joyce 254
PO BOX 4165
TUSTIN, CA 92781-4165

EXPLANATION OF REVIEW
(Please Keep For Your Records)

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL KEENAN AT (855)-748-2917 OR SEND YOUR BILL AND THE ANALYSIS TO:

Keenan - PRIME Bill Review
P.O. Box 2707 Torrance, CA 90509

2 OF 6 F

ENV 22360

Employer Name:	Beverly Hills Unified School District
Employer Address:	255 South Lasky Drive Beverly Hills, CA 90212-
Provider Tax ID:	330956713
Patient Acct No.:	59422
Invoice No:	59422
Case:	N07-K1CA-1668260
Check Date:	03/26/2019
Check Number:	401806
Check Amount:	$246.50
DOI:	08/09/2012
Claim #:	469474
Claimant Name:	
Office:	Keenan & Associates - Torrance
Stub Note Comment:	

Interested in enrolling in eBilling?

Contact WorkCompEDI's Dedicated Enrollment Team at

800-297-6909 or info@workcompedi.com

DOS: 08/27/2018-01/28/2019

Dx1: T14.90 Injury, unspecified

Date of Service	PS	TS	Code	Mod	Service Description	Units	Charges	***Savings Amount***		Total Allowance	Expl Code(s)
								OMFS	PPO/NGD		
08/27/2018			T1013		SIGN LANG/ORAL INTERPRET		156.50	0.00	0.00	156.50	
01/28/2019			T1013		SIGN LANG/ORAL INTERPRET		250.00	160.00	0.00	90.00	G1
					Total Charges:		406.50				
					Bill Review Reductions:			160.00			
					Bill Review Allowances:			246.50			
					PPO/NGD Reductions:				0.00		
					Recommended Allowance:					**246.50**	

G1 THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.

PRIME
A Keenan Solution

P4036028000

20190411392O

PIPS Year 10 Excess
KEENAN - CLAIMS PROCESSING UNIT
P.O. BOX 2707
TORRANCE, CA 90509

Forwarding Service Requested

$9422

ALL FOR AADC 926
3122 2.4098 AB 0.409
Altman Interpreters Inc, Joyce 85
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 3122 3 OF 11 F

PAID
APR 15 2019
BY. .....

Interested in enrolling in eBilling?

Contact WorkCompEDI's Dedicated Enrollment Team at

800-297-6909 or info@workcompedi.com

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

PIPS Year 10 Excess
KEENAN & ASSOCIATES
P.O. BOX 2707
TORRANCE, CA 90509

UNION BANK
445 SOUTH FIGUEROA ST
LOS ANGELES, CA 90071

16-49
1220

CHECK NO.: 0000401884
CHECK DATE: 04/10/2019
VOID AFTER 90 DAYS

AMOUNT
$**160.00

CLAIM NO.: 469474
D.O.I 08/09/2012

PAY: One Hundred Sixty Dollars
TO THE ORDER OF: **Altman Interpreters Inc, Joyce**
PO Box 4165
Tustin, CA 927814165

EMPLOYEE NAME:

Tara J. Schilling

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER $25,000.00

3207609

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

⑈0000401884⑈ ⑆122000496⑆ 210300304⑈

P4056028007

2019041113920

PIPS Year 10 Excess
KEENAN - CLAIMS PROCESSING UNIT
P.O. BOX 2707
TORRANCE, CA 90509

Forwarding Service Requested

ALL FOR AADC 926
3122 2.409B AB 0.409

Altman Interpreters Inc, Joyce 85
PO BOX 4165
TUSTIN, CA 92781-4165

EXPLANATION OF REVIEW

(Please Keep For Your Records)

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL KEENAN AT (855)-748-2917 OR SEND YOUR BILL AND THE ANALYSIS TO:

Keenan - PRIME Bill Review
P.O. Box 2707 Torrance, CA 90509

2 OF 11 F

ENV 3122

Employer Name:	Beverly Hills Unified School District
Employer Address:	255 South Lasky Drive Beverly Hills, CA 90212-
Provider Tax ID:	330956713
Patient Acct No.:	59422
Invoice No:	59422
Case:	N07-K1CA-1687442
Check Date:	04/10/2019
Check Number:	401884
Check Amount:	$160.00
DOI:	08/09/2012
Claim #:	469474
Claimant Name:	
Office:	Keenan & Associates - Torrance
Stub Note Comment:	

Interested in enrolling in eBilling?

Contact WorkCompEDI's Dedicated Enrollment Team at

800-297-6909 or info@workcompedi.com

DOS: 08/27/2018-01/28/2019

Dx1: T14.90 Injury, unspecified

Date of Service	PS	TS	Code	Mod	Service Description	Units	Charges	***Savings Amount***		Total Allowance	Expl Code(s)
								OMFS	PPO/NGD		
08/27/2018			T1013		SIGN LANG/ORAL INTERPRET		156.50	156.50	0.00	0.00	M2
01/28/2019			T1013		SIGN LANG/ORAL INTERPRET		250.00	90.00	0.00	160.00	G1
					Total Charges:		406.50				
					Bill Review Reductions:			246.50			
					Bill Review Allowances:			160.00			
					PPO/NGD Reductions:				0.00		
					Recommended Allowance:					**160.00**	

G1 THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.

M2 NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER REVIEW OF APPEAL/RECONSIDERATION/REQUEST FOR SECOND REVIEW.

Additional payment from check processed 3-26-2019 in amount of $246.50. Instructions to pay both DOS in full - Additional $160.00 is now paid

PRIME
A Keenan Solution

P40560280005

20190412012I

PIPS Year 10 Excess
KEENAN - CLAIMS PROCESSING UNIT
P.O. BOX 2707
TORRANCE, CA 90509

Forwarding Service Requested

ALL FOR AADC 926
11140 1.1559 AB 0.409

Altman Interpreters Inc, Joyce 108
PO BOX 4165
TUSTIN, CA 92781-4165

Employer Name:	Beverly Hills Unified School District
Employer Address:	255 South Lasky Drive Beverly Hills, CA 90212-
Provider Tax ID:	330956713
Patient Acct No.:	
Invoice No:	
Dates of Service:	08/27/2018-01/28/2019
Check Date:	04/11/2019
Check Number:	401888
Check Amount:	$246.50
DOI:	08/09/2012
Claim #:	469474
Claimant Name:	
Office:	Keenan & Associates - Torrance
Stub Note Comment:	

ENV 11140 2 OF 5 F

EMPLOYEE NAME:	TOTAL AMOUNT:
Domitila Herrera	$246.50

Interested in enrolling in eBilling?

Contact WorkCompEDI's Dedicated Enrollment Team at

800-297-6909 or info@workcompedi.com

PAID
APR 1 2019
BY:

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

PIPS Year 10 Excess
KEENAN & ASSOCIATES
P.O. BOX 2707
TORRANCE, CA 90509

UNION BANK
445 SOUTH FIGUEROA ST
LOS ANGELES, CA 90071

16-49
1220

CHECK NO.: 0000401888

CHECK DATE: 04/11/2019

VOID AFTER 90 DAYS

CLAIM NO.: 469474

D.O.I 08/09/2012

AMOUNT
$**246.50

5131066

PAY: Two Hundred Forty Six & 50/100 Dollars

TO THE ORDER OF: **Altman Interpreters Inc, Joyce**

PO Box 4165

Tustin, CA 927814165

EMPLOYEE NAME:

Tara J. Schilling

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER $25,000.00

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

⑈0000401888⑈ ⑆122000496⑆ 210300301 64⑈

P405602800C

20190506013

PIPS Year 10 Excess
KEENAN - CLAIMS PROCESSING UNIT
P.O. BOX 2707
TORRANCE, CA 90509

Forwarding Service Requested

ENV 25813 2 OF 3 F

ALL FOR AADC 926
25813 0.7648 AB 0.409

Altman Interpreters Inc, Joyce 364
PO BOX 4165
TUSTIN, CA 92781-4165

PAID
MAY 14 2019
PV. .....

Interested in enrolling in eBilling?

Contact WorkCompEDI's Dedicated Enrollment Team at

800-297-6909 or info@workcompedi.com

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

PIPS Year 10 Excess
KEENAN & ASSOCIATES
P.O. BOX 2707
TORRANCE, CA 90509

UNION BANK
445 SOUTH FIGUEROA ST
LOS ANGELES, CA 90071

16-49
1220

CHECK NO.: 0000401996

CHECK DATE: 05/03/2019

VOID AFTER 90 DAYS

CLAIM NO.: 469474

D.O.I 08/09/2012

AMOUNT
$**1500.00

9745650

PAY: One Thousand Five Hundred Dollars

TO THE ORDER OF: **Altman Interpreters Inc, Joyce**

PO Box 4165

Tustin, CA 927814165

EMPLOYEE NAME:
Domitila Herrera

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER $25,000.00

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

⑈0000401996⑈ ⑆122000496⑆ 210300301 4⑈

PIPS Year 10 Excess
KEENAN - CLAIMS PROCESSING UNIT
P.O. BOX 2707
TORRANCE, CA 90509

Forwarding Service Requested

ALL FOR AADC 926
25813 0.7648 AB 0.409

Altman Interpreters Inc, Joyce 364
PO BOX 4165
TUSTIN, CA 92781-4165

201905060113

EXPLANATION OF REVIEW
(Please Keep For Your Records)

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL KEENAN AT (855)-748-2917 OR SEND YOUR BILL AND THE ANALYSIS TO:

Keenan - PRIME Bill Review
P.O. Box 2707 Torrance, CA 90509

1 OF 3 F

ENV 25813

Employer Name:	Beverly Hills Unified School District
Employer Address:	255 South Lasky Drive Beverly Hills, CA 90212-
Provider Tax ID:	330956713
Patient Acct No.:	ADJ8928246
Invoice No:	ADJ8928246
Case:	N07-K1CA-1707115
Check Date:	05/03/2019
Check Number:	401996
Check Amount:	$1,500.00
DOI:	08/09/2012
Claim #:	469474
Claimant Name:	
Office:	Keenan & Associates - Torrance
Stub Note Comment:	

Interested in enrolling in eBilling?

Contact WorkCompEDI's Dedicated Enrollment Team at

800-297-6909 or info@workcompedi.com

DOS: 04/22/2019-04/22/2019

Dx1: T14.90 Injury, unspecified

Date of Service	PS	TS	Code	Mod	Service Description	Units	Charges	***Savings Amount***		Total Allowance	Expl Code(s)
								OMFS	PPO/NGD		
04/22/2019			MDS10		SETTLEMENT FOR DISPUTE		1,500.00	0.00	0.00	1,500.00	G67

Total Charges:	1,500.00		
Bill Review Reductions:		0.00	
Bill Review Allowances:		1500.00	
PPO/NGD Reductions:			0.00
Recommended Allowance:			**1,500.00**

G67 PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.

FULL AND FINAL SATISFACTION FOR DATES OF SERVICE 08/16/2013 - 01/28/2019

PRIME
A Keenan Solution

Joyce Altman Interpreters, 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	60609

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
648A24130

BILL TO:
LIBERTY MUTUAL (GLENDALE)
W. C. DEPARTMENT
ATTN: ARTIN SINANI
PO BOX 29073
GLENDALE, CA 91209

Case: vs CC FARM LABOR SERVICES
Date Of Injury: 5/17/02 - 5/4/12

DOS	SERVICE	DESCRIPTION	AMOUNT
12/26/13	WCAB LB	STATUS CONFERERNCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/20/18	PENALTIES	FOR DATE OF SERVICE 12/26/13	23.48
07/20/18	INTEREST	FOR DATE OF SERVICE 12/26/13	78.01
10/11/18	COSTS	ADD'L COSTS AWARDED	242.01
10/12/18	PMT BY CHECK	DOS 10/11/18* # 03232164	-500.00

BALANCE 0.00

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

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
818-240-1234

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	03232164	10/12/18
	CHECK AMOUNT ****$500.00	BLOCK NUMBER 004187

CLAIM #: WC 648-A24130
CONTRACT #: WC2-641-437056-017

OSN: EE3001101203-004089

CONTROL #: 000006280 ID: CRWEE05
PROVIDER #: N3095671300655

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 12/13/07
EMPLOYEE:

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

PROVIDER:

EMPLOYER: CARMEN CORTES OCHOA
DATES OF SERVICE 10/11/18-10/11/18
LOCATION CODE: XXXXX

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
10/11/18	10/11/18	MISC		500.00	500.00	

NOTE: PER ORDER

TOTAL CHARGES	500.00
TOTAL PAYABLE:	500.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	500.00

PAID
OCT 17 2018
BY: .....

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#
07/29/19 64034

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC608-C07004;WC-608-C0700

BILL TO:
LIBERTY MUTUAL (ROCKLIN)

ATTN: RICHARD COKER
P.O. BOX 779008
ROCKLIN, CA 95677

Case: vs LA FITNESS INTERNATIONAL
Date Of Injury: 6/1/14;7/15/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/03/14	LEGAL_PREP	DEPO PREP @ HUTCHINGS COURT REPORTERS	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/25/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/19/14	PMT BY CHECK	DOS 11/3/14* # 00095020	-156.50
01/23/15	PMT BY CHECK	DOS 12/30/14 =# 00186164	-250.00
03/11/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/13/16	PMT BY CHECK	DOS 3/11/15* # 01670358	-156.50
02/06/17	INITIAL EXAM	-PSYCH EVAL W/DR THOMAS CURTI @ HAMLIN (3h 45m)	431.25
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/16/18	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
11/07/18	LIEN FIL FEE	LIEN FILING FEE	150.00
12/20/18	PMT BY CHECK	DOS 8/16/18* # 03366752	-156.00
03/26/19	PENALTIES	FOR DATE OF SERVICE 02/06/17	64.69
07/16/19	INTEREST	FOR DATE OF SERVICE 02/06/17	115.63
03/25/19	PMT BY CHECK	DOS 8/16/18* # 03545982	-0.50
07/16/19	COSTS	ADD'L COSTS AWARDED	2488.43
07/23/19	PMT BY CHECK	DOS 7/23/19* # 03784634	-3250.00

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#
07/29/19 64034

EAMS#(s):A

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC608-C07004;WC-608-C0700

BILL TO:
LIBERTY MUTUAL (ROCKLIN)

ATTN: RICHARD COKER
P.O. BOX 779008
ROCKLIN, CA 95677

Case: vs LA FITNESS INTERNATIONAL
Date Of Injury: 6/1/14;7/15/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

BRANCH OFFICE ADDRESS:
P O BOX 4555
PORTLAND, OR 97208
916-564-1792

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	00095020	12/19/14
	CHECK AMOUNT ****$156.50	BLOCK NUMBER 004197

PAID DEC 27 2014

OSN: EE2801121903-003546

CLAIM #: WC 608-C07005
CONTRACT #: WA7-66D-064762-023-52

CONTROL #: 000000601 ID: CRNWB97
PROVIDER #: 33095671339894

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 07/15/14
EMPLOYEE:

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

EMPLOYER: FITNESS INTERNATIONAL, LLC
DATES OF SERVICE 11/03/14-11/03/14
LOCATION CODE: CA00051WND

PROVIDER:

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
11/03/14	11/03/14	MISC		156.50	156.50	

NOTE: INV# 64034

TOTAL CHARGES	156.50
TOTAL PAYABLE:	156.50
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	156.50

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

[redacted]

BRANCH OFFICE ADDRESS:
P O BOX 4555
PORTLAND, OR 97208
916-564-1792

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	00186164	01/23/15
	CHECK AMOUNT ***$250.00	BLOCK NUMBER 003871

CLAIM #: WC 608-C07005
CONTRACT #: WA7-66D-064762-023-52

OSN: EE2801012303-003236

CONTROL #: 000008923 ID: CRNWB97
PROVIDER #: 33095671320561

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 07/15/14
EMPLOYEE:

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

PROVIDER:

EMPLOYER: FITNESS INTERNATIONAL, LLC
DATES OF SERVICE 12/30/14-12/30/14
LOCATION CODE: CA00051WND

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
12/30/14	12/30/14	MISC		250.00	250.00	

NOTE: INV# 64034

TOTAL CHARGES	250.00
TOTAL PAYABLE:	250.00
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	250.00

PAID
JAN 30 2015
BY: .....

#64034

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

BRANCH OFFICE ADDRESS:
P O BOX 4555
PORTLAND, OR 97208
916-564-1792

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	01670358	09/13/16
	CHECK AMOUNT ****$156.50	BLOCK NUMBER 002843

CLAIM #: WC 608-C07005
CONTRACT #: WA7-66D-064762-023-52

OSN: EE2801091303-002642
CONTROL #: 000001553 ID: C608E51 64034

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 07/15/14
EMPLOYEE:

EMPLOYER: FITNESS INTERNATIONAL, LLC
DATES OF SERVICE 03/11/15-03/11/15
LOCATION CODE: CA00051WND

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
03/11/15	03/11/15	EXPENSE		.00	156.50	156.50	

NOTE: PAYS INTERPRETING FEES FOR 3/11/15

TOTAL GROSS	156.50
TOTAL PAYABLE:	156.50
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	156.50

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	03366752	12/20/18
	CHECK AMOUNT ****$156.00	BLOCK NUMBER 003625

CLAIM #: WC 608-C07005
CONTRACT #: WA7-66D-064762-023

OSN: EE2801122003-003764

CONTROL #: 000004171 ID: CRWE026

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 07/15/14
EMPLOYEE:

EMPLOYER: FITNESS INTERNATIONAL, LLC
DATES OF SERVICE 08/16/18-08/16/18
LOCATION CODE: CA00051WND

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
08/16/18	08/16/18	EXPENSE		.00	156.00	156.00	

NOTE: PAYS INTERPRETER FEES FOR 8/16/2018

TOTAL GROSS	156.00
TOTAL PAYABLE:	156.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	156.00

JAN 0 2 2019

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

[redacted]

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	03545982	03/25/19
	CHECK AMOUNT ******$0.50	BLOCK NUMBER 002951

CLAIM #: WC 608-C07005
CONTRACT #: WA7-66D-064762-023

OSN: EE2801032503-003052
CONTROL #: 000006592 ID: CRWE026

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 07/15/14
EMPLOYEE:

PAID
MAR 29 2019

EMPLOYER: FITNESS INTERNATIONAL, LLC
DATES OF SERVICE 08/16/18-08/16/18
LOCATION CODE: CA00051WND

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	DY.	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
08/16/18	08/16/18	EXPENSE			.00	0.50	0.50	

NOTE: PAYS REMAINING BALANCE OF INTERPRETER FEES FOR 8/16/18

TOTAL GROSS	0.50
TOTAL PAYABLE:	0.50
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	0.50

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

[redacted]

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	03784634	07/23/19
	CHECK AMOUNT ***$3250.00	BLOCK NUMBER 002907

CLAIM #: WC 608-C07005
CONTRACT #: WA7-66D-064762-023

OSN: EE2801072303-002730

CONTROL #: 000000436 ID: CRWED85
PROVIDER #: N3095671320235

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: 07/15/14
EMPLOYEE: R

EMPLOYER: FITNESS INTERNATIONAL, LLC
DATES OF SERVICE 07/23/19-07/23/19
LOCATION CODE: CA00051WND

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
07/23/19	07/23/19	CA EXPNS		3,250.00	3,250.00	

NOTE: PAYS PENALTY TO INTERPRETER

TOTAL CHARGES	3250.00
TOTAL PAYABLE:	3250.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	3250.00

PAID
JUL 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#
05/06/19 64905

EAMS#(s):
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC608-D71985

BILL TO:
LIBERTY/HELMSMAN (ROCKLIN)
W. C.. DEPARTMENT
ATTN: MEGHAN SIMPSON
P.O. BOX 779008
ROCKLIN, CA 95677

Case: _____ vs SUPERIOR GROCERS
Date Of Injury: 6/11/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/09/15	LEGAL_PREP	DEPO PREP @ L/O FLOYD SKEREN & KELLY	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/17/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/29/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN# 301566	0.00
11/02/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/05/16	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/13/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/09/18	PENALTIES	FOR DATE OF SERVICE 02/09/15	23.48
07/09/18	INTEREST	FOR DATE OF SERVICE 02/09/15	58.13
07/09/18	PENALTIES	FOR DATE OF SERVICE 03/17/15	37.50
07/09/18	INTEREST	FOR DATE OF SERVICE 03/17/15	92.63
07/09/18	PENALTIES	FOR DATE OF SERVICE 07/29/15	23.48
07/09/18	INTEREST	FOR DATE OF SERVICE 07/29/15	52.37
07/09/18	PENALTIES	FOR DATE OF SERVICE 11/02/15	23.48
07/09/18	INTEREST	FOR DATE OF SERVICE 11/02/15	48.17
07/09/18	PENALTIES	FOR DATE OF SERVICE 01/05/16	23.48
07/09/18	INTEREST	FOR DATE OF SERVICE 01/05/16	45.02
07/09/18	PENALTIES	FOR DATE OF SERVICE 02/13/17	23.48
07/09/18	INTEREST	FOR DATE OF SERVICE 02/13/17	25.20
07/30/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/26/18	PMT BY CHECK	DOS 10/10/18* # 02484822 HELMSMAN	-1032.50
03/18/19	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50

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#
05/06/19 64905

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC608-D71985

BILL TO:
LIBERTY/HELMSMAN (ROCKLIN)
W. C. DEPARTMENT
ATTN: MEGHAN SIMPSON
P.O. BOX 779008
ROCKLIN, CA 95677

Case: vs SUPERIOR GROCERS
Date Of Injury: 6/11/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/08/19	PMT BY CHECK	DOS 3/18/19* # 02587516	-156.50
05/02/19	PMT BY CHECK	DOS 2/9/15-7/30/18* # 02603714	-476.42
05/01/19	PMT BY CHECK	DOS 7/30/18* # 02602879	-156.50

BALANCE 0.00

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

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Helmsman
Management Services LLC

B. CODE	CHECK NUMBER	CHECK DATE
199	02484822	10/26/18
	CHECK AMOUNT ***$1032.50	BLOCK NUMBER 003718

OSN: EE2801102603-003590

CLAIM #: WC 608-D71985
CONTRACT #: WC8-66A-064779-048

CONTROL #: 000002782 ID: CRWE119

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 06/11/14
EMPLOYEE:

EMPLOYER: SUPER CENTER CONCEPTS INC (R)
DATES OF SERVICE 10/10/18-10/10/18
LOCATION CODE: C-DC

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
10/10/18	10/10/18	EXPENSE		.00	1032.50	1032.50	

NOTE: PAYS 5811LEGAL COST PER 10/10/18 ORDER

TOTAL GROSS	1032.50
TOTAL PAYABLE:	1032.50
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	1032.50

OCT 3 2018
OCT 3 X 2018
OCT 31 2018

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Helmsman
Management Services LLC

B. CODE	CHECK NUMBER	CHECK DATE
199	02587516	04/08/19
	CHECK AMOUNT ****$156.50	BLOCK NUMBER 003311

CLAIM #: WC 608-D71985
CONTRACT #: WC8-66A-064779-048

OSN: EE2801040803-003333
CONTROL #: 000004272 ID: CRWE138

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 06/11/14
EMPLOYEE:

EMPLOYER: SUPER CENTER CONCEPTS INC (R)
DATES OF SERVICE 03/18/19-03/18/19
LOCATION CODE: C-DCC-UNK

— 1
64905

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
03/18/19	03/18/19	EXPENSE		.00	156.50	156.50	

NOTE: PAYS INTERPRETING SERVICES FOR 03/18/2019

TOTAL GROSS	156.50
TOTAL PAYABLE:	156.50
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	156.50

PAID
APR 12 2019
BY: .....

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

[redacted]

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Helmsman
Management Services LLC™

B. CODE	CHECK NUMBER	CHECK DATE
199	02603714	05/02/19
	CHECK AMOUNT ****$476.42	BLOCK NUMBER 002211

CLAIM #: WC 608-D71985
CONTRACT #: WC8-66A-064779-048

OSN: EE2801050203-002066
CONTROL #: 000003613 ID: CRWED85
PROVIDER #: N3095671339423

PAYEE: JOYCE ALTMAN INTERPRETING

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

PROVIDER:

DATE OF INJURY: 06/11/14
EMPLOYEE:

EMPLOYER: SUPER CENTER CONCEPTS INC (R)
DATES OF SERVICE 02/09/15-07/30/18
LOCATION CODE: C-DCC-UNK

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
02/09/15	07/30/18	CA EXPNS		476.42	476.42	

NOTE: PAYS SELF IMPOSE INCREASE

TOTAL CHARGES	476.42
TOTAL PAYABLE:	476.42
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	476.42

PAID
MAY 06 2019
BY: .....

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Helmsman
Management Services LLC

B. CODE	CHECK NUMBER	CHECK DATE
199	02602879	05/01/19
	CHECK AMOUNT ****$156.50	BLOCK NUMBER 002438

OSN: EE2801050103-002539

CLAIM #: WC 608-D71985
CONTRACT #: WC8-66A-064779-048

CONTROL #: 000002821 ID: CRWE050

PAYEE: JOYCE ALTMAN INTERPRETERS INC

DATE OF INJURY: 06/11/14
EMPLOYEE:

EMPLOYER: SUPER CENTER CONCEPTS INC (R)
DATES OF SERVICE 07/30/18-07/30/18
LOCATION CODE: C-DCC-UNK

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
07/30/18	07/30/18	EXPENSE		.00	156.50	156.50	

NOTE: PAYS INTERPRETING SERVICES 07/30/18

TOTAL GROSS	156.50
TOTAL PAYABLE:	156.50
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	156.50

PAID
MAY 06 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#
10/15/18 65371

EAMS#(s):

SS # : XXX-XX-
DOB : 1/6/75
Terms: 60 days
Claim #(s):
WC608-C10063

BILL TO:
LIBERTY MUTUAL (ROCKLIN779008)
W. C. DEPARTMENT
ATTN: LIYUAN GUO
P.O. BOX 779008
ROCKLIN, CA 95677

Case: vs GMRI dba OLIVE GARDEN
Date Of Injury: 9/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/09/15	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE* DOI: 9/23/14	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/17/15	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE* DOI: 9/23/14	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
03/19/15	INITIAL EXAM	W/ACUPUNCT HAN @ ACS* DOI: 9/23/14	230.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
01/30/15	INITIAL EXAM	DR ATAMIAN @ ACS (2H 23M) DOI: 9/23/14	287.50
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
02/02/15	INITIAL EXAM	DR ATAMIAN @ ADVANCE CARE* DOI: 9/23/14	230.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
02/04/15	INITIAL EXAM	DR J. MILLMAN @ ACS* DOI: 9/23/14	230.00
/ /	INTERPRETER:	ROBERT M. MENDOZA # 01408180	0.00
09/08/16	LIEN FIL FEE	LIEN FILING FEE	150.00
07/17/18	PENALTIES	FOR DATE OF SERVICE 03/09/15	27.00
10/02/18	INTEREST	FOR DATE OF SERVICE 03/09/15	59.83
07/17/18	PENALTIES	FOR DATE OF SERVICE 03/17/15	27.00
10/02/18	INTEREST	FOR DATE OF SERVICE 03/17/15	59.83
07/17/18	PENALTIES	FOR DATE OF SERVICE 03/19/15	34.50
10/02/18	INTEREST	FOR DATE OF SERVICE 03/19/15	76.45
07/17/18	PENALTIES	FOR DATE OF SERVICE 01/30/15	43.13
10/02/18	INTEREST	FOR DATE OF SERVICE 01/30/15	95.56
07/17/18	PENALTIES	FOR DATE OF SERVICE 02/02/15	34.50
10/02/18	INTEREST	FOR DATE OF SERVICE 02/02/15	76.45
07/17/18	PENALTIES	FOR DATE OF SERVICE 02/04/15	34.50
10/02/18	INTEREST	FOR DATE OF SERVICE 02/04/15	76.45

Joyce Altman Interpreters, 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 65371

EAMS#(s):

BILL TO:
LIBERTY MUTUAL (ROCKLIN779008)
W. C. DEPARTMENT
ATTN: LIYUAN GUO
P.O. BOX 779008
ROCKLIN, CA 95677

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC608-C10063

Case: vs GMRI dba OLIVE GARDEN
Date Of Injury: 9/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/11/18	PMT BY CHECK	DOS 1/30/15-10/4/18* =# 0031505816	-2132.70

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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 **

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual. INSURANCE

B. CODE
288

CHECK REFERENCE	CHECK DATE
0031505816	10/11/18
CHECK AMOUNT	BLOCK NUMBER
***$2132.70	014948

OSN:MM0801101111-005657

THIS CHECK REPRESENTS A COMBINATION OF BILLED SERVICES. PLEASE REFER TO EACH DETAILED ITEMIZATION FOR SPECIFIC INFORMATION TO SUPPORT THE PAYMENT.

PATIENT ACCT. #	DATES OF SERVICE	CUST/EXTERNAL BILL #	TOTAL BILL CHARGES	TOTAL PAID
65371	01/30/15-03/19/15	2000059508	1,337.50	1,337.50
65371	01/30/15-09/08/16	2000059561	1,487.50	150.00
NA	10/04/18-10/04/18	1100874455	645.20	645.20

PAID
OCT 15 2018
BY: .....

TOTAL BILLS COMBINED: 3

2,132.70

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#
01/02/19 65735

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
608A81894

BILL TO:
LIBERTY MUTUAL (ROCKLIN)
W. C. DEPARTMENT
ATTN: WILLIAM SIMMONS
P.O. BOX 779008
ROCKLIN, CA 95677

Case: vs ARAMCO IMPORT
Date Of Injury: 1/8/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/08/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
03/23/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/11/16	PMT BY CHECK	DOS 4/8/15-3/23/16* # 01921519	-313.00
05/31/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/22/17	PMT BY CHECK	DOS 6/6/17* # 02190906	-156.50
07/10/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/10/18	PENALTIES	FOR DATE OF SERVICE 4/8/15	23.48
04/11/16	INTEREST	FOR DATE OF SERVICE 4/8/15	14.64
07/10/18	PENALTIES	FOR DATE OF SERVICE 7/10/17	23.48
07/06/18	INTEREST	FOR DATE OF SERVICE 7/10/17	17.26
07/06/18	PMT BY CHECK	DOS 7/10/17* # 02415419	-156.50
12/21/18	COSTS	ADD'L COSTS AWARDED	696.14
12/21/18	PMT BY CHECK	DOS 4/8/15-7/10/17* # 02522149	-775.00
		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 **

BRANCH OFFICE ADDRESS:
P O BOX 4555
PORTLAND, OR 97208
916-564-1792

Helmsman
Management Services LLC

B. CODE	CHECK NUMBER	CHECK DATE
199	01921519	04/11/16
	CHECK AMOUNT ****$313.00	BLOCK NUMBER 003845

OSN: EE2801041103-003599

CLAIM #: WC 608-A81894
CONTRACT #: WP8-65B-290306-053-92

CONTROL #: 000005990 ID: C608A53

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 01/06/14
EMPLOYEE:

EMPLOYER: ADP TOTALSOURCE FL XVI INC.
DATES OF SERVICE 04/08/15-04/08/15
LOCATION CODE: E12

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
03/23/16	03/23/16	EXPENSE		.00	156.50	313.00	
04/08/15	04/08/15	EXPENSE		.00	156.50	313.00	

NOTE: PAYS DOS 4/8/15 & 3/23/16 INVOICE# 65735

TOTAL GROSS	313.00
TOTAL PAYABLE:	313.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	313.00

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

BRANCH OFFICE ADDRESS:
P O BOX 4555
PORTLAND, OR 97208
916-564-1792

Helmsman
Management Services LLC

B. CODE	CHECK NUMBER	CHECK DATE
199	02190906	06/22/17
	CHECK AMOUNT ****$156.50	BLOCK NUMBER 002386

CLAIM #: WC 608-A81894
CONTRACT #: WP8-65B-290306-053-92

OSN: EE2801062203-002113

CONTROL #: 000005248 ID: C608B82

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 01/06/14
EMPLOYEE:

EMPLOYER: ADP TOTALSOURCE FL XVI INC.
DATES OF SERVICE 06/06/17-06/06/17
LOCATION CODE: E12

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
06/06/17	06/06/17	EXPENSE		.00	156.50	156.50	

NOTE: PAYS INTERPRETING INV 65735 ✓

TOTAL GROSS	156.50
TOTAL PAYABLE:	156.50
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	156.50

PAID
JUN 26 2017
BY. .....

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Helmsman
Management Services LLC

B. CODE	CHECK NUMBER	CHECK DATE
199	02415419	07/06/18
	CHECK AMOUNT ****$156.50	BLOCK NUMBER 003403

CLAIM #: WC 608-A81894
CONTRACT #: WP8-65B-290306-053

OSN: EE2801070603-003264

CONTROL #: 000000785 ID: CRWE030

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 01/06/14
EMPLOYEE:

EMPLOYER: ADP TOTALSOURCE FL XVI INC.
DATES OF SERVICE 07/10/17-07/10/17
LOCATION CODE: E12NCTS

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
07/10/17	07/10/17	EXPENSE		.00	156.50	156.50	

NOTE: PAYS INTERPRETING SERVICES FOR 7/10/17

TOTAL GROSS	156.50
TOTAL PAYABLE:	156.50
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	156.50

RECEIVED
JUL 10 2018

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

[redacted]

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Helmsman Management Services LLC

B. CODE	CHECK NUMBER	CHECK DATE
199	02522149	12/21/18
	CHECK AMOUNT ****$775.00	BLOCK NUMBER 005982

CLAIM #: WC 608-A81894
CONTRACT #: WP8-65B-290306-053

OSN: EE2801122103-005905
CONTROL #: 000010278 ID: CRWE093

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 01/06/14
EMPLOYEE:

EMPLOYER: ADP TOTALSOURCE FL XVI INC.
DATES OF SERVICE 04/08/15-07/10/17
LOCATION CODE: E12NCTS

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
04/08/15	07/10/17	EXPENSE		.00	775.00	775.00	

NOTE: FULL AND FINAL PAYMENT PAYS 04/08/15 - 07/10/17

TOTAL GROSS	775.00
TOTAL PAYABLE:	775.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	775.00

JAN 02 2019

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

BNA * 004684
916-564-1792
PO BOX 8016
WAUSAU, WI 54402

Helmsman Management Services LLC

51-44/119
BANK OF AMERICA
HARTFORD, CT

PAY ONLY 500 21 CTS CTS

*PAY*SEVEN*HUNDRED*SEVENTY*FIVE*DOLLARS*NO*CENTS*

OFFICE NO.	B. CODE	PAYMENT IDENTIFICATION	CHECK NUMBER	CHECK DATE
608	199	CLAIM WC 608-A81894	02522149	12/21/18

PAY $ 775.00
VOID IF NOT PRESENTED WITHIN 6 MONTHS OF DATE OF CHECK

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN CA 92781

TWO SIGNATURES REQUIRED IF AMOUNT EXCEEDS $500,000

⑈02522149⑈ ⑆011900445⑆00000006758 7⑈

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

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

*** INVOICE ***
Date NO#
09/10/18 67736

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC-648A83907

BILL TO:
LIBERTY MUTUAL (GLEND-29073)
W. C. DEPARTMENT
ATTN: JOY SLAGEL
P.O. BOX 29073
GLENDALE, CA 91209

Case: s DISNEY WORLDWIDE SERVICES INC
Date Of Injury: 8/4/11

DOS	SERVICE	DESCRIPTION	AMOUNT
10/20/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB VAN NUYS	156.50
/ /	INTERPRETER:	MANUEL DE LA TORRE # 100549	0.00
04/25/16	LEGAL_WCAB	MSC @ WCAB VAN NUYS	156.50
/ /	INTERPRETER:	MANUEL DE LA TORRE # 100549	0.00
06/27/16	LEGAL_WCAB	TRIAL @ WCAB VAN NUYS	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/29/16	PMT BY CHECK	DOS 10/20/15-6/27/16* # 01569519	-469.50
09/12/16	LEGAL_WCAB	TRIAL @ WCAB VAN NUYS	156.50
/ /	INTERPRETER:	MANUEL DE LA TORRE # 100549	0.00
07/29/16	PENALTIES	FOR DATE OF SERVICE 10/20/15	23.48
07/29/16	INTEREST	FOR DATE OF SERVICE 10/20/15	10.70
07/29/16	PENALTIES	FOR DATE OF SERVICE 4/25/16	23.48
07/29/16	INTEREST	FOR DATE OF SERVICE 4/25/16	4.59
03/28/17	PENALTIES	FOR DATE OF SERVICE 9/12/16	23.48
03/31/17	INTEREST	FOR DATE OF SERVICE 9/12/16	10.45
03/31/17	PMT BY CHECK	DOS 9/12/16* # 02113203	-156.50
06/13/17	PMT BY CHECK	DOS 10/20/15* # 02267041	-95.36
08/30/18	COSTS	ADD'L COSTS AWARDED	999.18
09/05/18	PMT BY CHECK	DOS 3/9/17* # 03158345	-1000.00

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

*** INVOICE ***

Date	NO#
09/10/18	67736

EAMS#(s):
ADJ9815234
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC-648A83907

BILL TO:
LIBERTY MUTUAL (GLEND-29073)
W. C. DEPARTMENT
ATTN: JOY SLAGEL
P.O. BOX 29073
GLENDALE, CA 91209

Case: vs DISNEY WORLDWIDE SERVICES INC
Date Of Injury: 8/4/11

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

BRANCH OFFICE ADDRESS:
P O BOX 4555
PORTLAND, OR 97208
818-240-1234

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	01569519	07/29/16
	CHECK AMOUNT ****$469.50	BLOCK NUMBER 004404

OSN: EE3001072903-004023

CLAIM #: WC 648-A83907
CONTRACT #: WA7-66D-004101-201-92

CONTROL #: 000002340 ID: CRNWA65
PROVIDER #: 33095671390219

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 08/04/11
EMPLOYEE:

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

PROVIDER:

EMPLOYER: THE WALT DISNEY COMPANY
DATES OF SERVICE 10/20/15-06/27/16
LOCATION CODE: CRCOR00053

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
10/20/15	06/27/16	MISC		469.50	469.50	

NOTE: INV#67736

TOTAL CHARGES	469.50
TOTAL PAYABLE:	469.50
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	469.50

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

BRANCH OFFICE ADDRESS:
P O BOX 4555
PORTLAND, OR 97208
818-240-1234

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	02113203	03/31/17
	CHECK AMOUNT ****$156.50	BLOCK NUMBER 004376

OSN: EE3001033103-004197

CLAIM #: WC 648-A83907
CONTRACT #: WA7-66D-004101-201-92

CONTROL #: 000000210 ID: C648F60

PAYEE: JOYCE ALTMAN INTERPRETERS INC

DATE OF INJURY: 08/04/11
EMPLOYEE:

EMPLOYER: THE WALT DISNEY COMPANY
DATES OF SERVICE 09/12/16-09/12/16
LOCATION CODE: CRCOR00053

67736

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
09/12/16	09/12/16	EXPENSE		.00	156.50	156.50	

NOTE: INTERPRETING ON 9/12/16/PER ORDER/NO INV NUMBER

TOTAL GROSS	156.50
TOTAL PAYABLE:	156.50
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	156.50

APR 0 [illegible] 2017

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

[redacted]

BRANCH OFFICE ADDRESS:
P O BOX 4555
PORTLAND, OR 97208
818-240-1234

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	02267041	06/13/17
	CHECK AMOUNT ***** $95.36	BLOCK NUMBER 003437

CLAIM #: WC 648-A83907
CONTRACT #: WA7-66D-004101-201-92

OSN: EE3001061303-003414

CONTROL #: 000006209 ID: C648B44
PROVIDER #: N3095671383231

PAYEE: JOYCE ALTMAN INTERPRETING

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

PROVIDER:

DATE OF INJURY: 08/04/11
EMPLOYEE:

EMPLOYER: THE WALT DISNEY COMPANY
DATES OF SERVICE 10/20/15-10/20/15
LOCATION CODE: CRCOR00053

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
10/20/15	10/20/15	INTEREST		8.62	8.62	
10/20/15	10/20/15	CA EXPNS		23.48	23.48	
10/20/15	10/20/15	INTEREST		4.12	4.12	
10/20/15	10/20/15	CA EXPNS		23.48	23.48	
10/20/15	10/20/15	INTEREST		12.18	12.18	
10/20/15	10/20/15	CA EXPNS		23.48	23.48	

NOTE: SELF-IMPOSED INCREASE AND INTEREST

TOTAL CHARGES	95.36
TOTAL PAYABLE:	95.36
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	95.36

JUN 19 2017

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
818-240-1234

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	03158345	09/05/18
	CHECK AMOUNT ***$1000.00	BLOCK NUMBER 002993

CLAIM #: WC 648-A83907
CONTRACT #: WA7-66D-004101-201

OSN: EE3001090503-003113

CONTROL #: 000002022 ID: CRWEE94
PROVIDER #: N3095671320894

PAYEE: JOYCE ALTMAN INTERPRETING

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

PROVIDER:

DATE OF INJURY: 08/04/11
EMPLOYEE:

EMPLOYER: THE WALT DISNEY COMPANY
DATES OF SERVICE 03/09/17-03/09/17
LOCATION CODE: CRCOR00053

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
03/09/17	03/09/17	MISC		1,000.00	1,000.00	

NOTE: FULL & FINAL LIEN SETTLEMENT

TOTAL CHARGES	1000.00
TOTAL PAYABLE:	1000.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	1000.00

SEP 10 2018

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#
12/10/18	67809

EAMS#(s): [redacted]

SS # : XXX-XX-[redacted]
DOB :
Terms: 60 days
Claim #(s):
6058-C36195

BILL TO:
LIBERTY MUTUAL (ROCKLIN779008)
W. C. DEPARTMENT
ATTN: ALYSSA BRITTON
P.O. BOX 779008
ROCKLIN, CA 95677

Case: [redacted] vs ANTHONY INC.
Date Of Injury: 7/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
11/05/15	LEGAL_PREP	DEPO PREP @ L/O LOVER & KESNER DOI: 7/1/15	156.50
/ /	INTERPRETER:	CARMEN LERMA # 100698	0.00
12/18/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/15/17	PMT BY CHECK	DOS 11/5/15-12/18/15* # 02272264	-406.50
07/13/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/09/17	PMT BY CHECK	DOS 7/13/17* # 02384003	-156.50
01/25/18	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/10/18	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/02/18	PENALTIES	FOR DATE OF SERVICE 11/5/15	23.48
06/15/17	INTEREST	FOR DATE OF SERVICE 11/5/15	25.54
07/02/18	PENALTIES	FOR DATE OF SERVICE 12/18/15	37.50
06/15/17	INTEREST	FOR DATE OF SERVICE 12/18/15	40.80
07/02/18	PENALTIES	FOR DATE OF SERVICE 1/25/18	23.48
07/26/18	INTEREST	FOR DATE OF SERVICE 1/25/18	8.38
07/02/18	PENALTIES	FOR DATE OF SERVICE 4/10/18	23.48
07/26/18	INTEREST	FOR DATE OF SERVICE 4/10/18	5.13
07/26/18	PMT BY CHECK	DOS 1/25/18-4/11/18* =# 03080371	-313.00
11/28/18	COSTS	ADD'L COSTS AWARDED	440.65
12/03/18	PMT BY CHECK	DOS 11/5/15-4/18/18* # 03330272	-628.44

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

*** INVOICE ***

Date	NO#
12/10/18	67809

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
6058-C36195

BILL TO:
LIBERTY MUTUAL (ROCKLIN779008)
W. C. DEPARTMENT
ATTN: ALYSSA BRITTON
P.O. BOX 779008
ROCKLIN, CA 95677

Case: vs ANTHONY INC.
Date Of Injury: 7/1/15

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 **

BRANCH OFFICE ADDRESS:
P O BOX 4555
PORTLAND, OR 97208
916-564-1792

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	02272264	06/15/17
	CHECK AMOUNT ****$406.50	BLOCK NUMBER 002707

CLAIM #: WC 608-C36195
CONTRACT #: WA5-62D-004112-975-94

OSN: EE2801061503-002458
CONTROL #: 000000482 ID: CRNWB97
PROVIDER #: N3095671389891

PAYEE: JOYCE ALTMAN INTERPRETING

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

PROVIDER:

PAID
JUN 20 2017
BY: .....

DATE OF INJURY: 07/01/15
EMPLOYEE:

EMPLOYER: ANTHONY
DATES OF SERVICE 11/05/15-12/18/15
LOCATION CODE: RD5451

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
11/05/15	12/18/15	MISC		406.50	406.50	

NOTE: INTERPRETER

TOTAL CHARGES	406.50
TOTAL PAYABLE:	406.50
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	406.50

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

[redacted]

BRANCH OFFICE ADDRESS:
P O BOX 4555
PORTLAND, OR 97208
916-564-1792

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	02384003	08/09/17
	CHECK AMOUNT ****$156.50	BLOCK NUMBER 003333

CLAIM #: WC 608-C36195
CONTRACT #: WA5-62D-004112-975-94

OSN: EE2801080903-003553

CONTROL #: 000002230 ID: CRNWB97
PROVIDER #: 33095671338521

PAYEE: JOYCE ALTMAN INTERPRETING

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

PROVIDER:

DATE OF INJURY: 07/01/15
EMPLOYEE:

EMPLOYER: ANTHONY
DATES OF SERVICE 07/13/17-07/13/17
LOCATION CODE: RD5451

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
07/13/17	07/13/17	MISC		156.50	156.50	

NOTE: INV#67809

TOTAL CHARGES	156.50
TOTAL PAYABLE:	156.50
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	156.50

AUG 14 2017

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	03080371	07/26/18
	CHECK AMOUNT ****$313.00	BLOCK NUMBER 002314

OSN: EE2801072603-002345

CLAIM #: WC 608-C36195
CONTRACT #: WA5-62D-004112-975

CONTROL #: 000003627 ID: CRWE108

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 07/01/15
EMPLOYEE:

EMPLOYER: ANTHONY
DATES OF SERVICE 01/25/18-01/25/18
LOCATION CODE: RD5451

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
04/11/18	04/11/18	EXPENSE		.00	156.50	156.50	
01/25/18	01/25/18	EXPENSE		.00	156.50	156.50	

NOTE: PAYS INTERPRETER FEE_DOS 01/25/2018 & 04/10/2018

TOTAL GROSS	313.00
TOTAL PAYABLE:	313.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	313.00

JUL 30 2018

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

[redacted]

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	03330272	12/03/18
	CHECK AMOUNT ****$628.44	BLOCK NUMBER 003263

CLAIM #: WC 608-C36195
CONTRACT #: WA5-62D-004112-975

OSN: EE2801120303-003264
CONTROL #: 000001527 ID: CRWEE19
PROVIDER #: N3095671332607

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 07/01/15
EMPLOYEE:

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

PROVIDER:

EMPLOYER: ANTHONY
DATES OF SERVICE 11/05/15-04/18/18
LOCATION CODE: RD5451

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
11/05/15	04/18/18	MISC		628.44	628.44	

NOTE: PER STIP ORDER

TOTAL CHARGES	628.44
TOTAL PAYABLE:	628.44
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	628.44

DEC 10 2018

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#
02/13/19 70794

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
608C26079

BILL TO:
LIBERTY MUTUAL (ROCKLIN)
W. C. DEPARTMENT
ATTN: RANITA HUPSTETH
P.O. BOX 779008
ROCKLIN, CA 95677

Case: vs PORTION PAC DIV HI HEINZ CO
Date Of Injury: CT 7/28/14 - 7/28/15

DOS	SERVICE	DESCRIPTION	AMOUNT
11/16/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
02/02/17	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
07/20/17	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
11/06/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
09/24/18	PMT BY CHECK	DOS 11/6/16-11/6/17* =# 03194322	-626.00
01/17/19	COSTS	ADD'L COSTS AWARDED	867.00
02/08/19	PMT BY CHECK	DOS 1/17/19* # 03460504	-867.00

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

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	03194322	09/24/18
	CHECK AMOUNT ****$626.00	BLOCK NUMBER 003112

CLAIM #: WC 608-C26029
CONTRACT #: WA7-68D-004065-424

OSN: EE2801092403-003094
CONTROL #: 000004801 ID: CRWE026

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 07/28/15
EMPLOYEE:

EMPLOYER: H J HEINZ COMPANY, L.P.
DATES OF SERVICE 11/16/16-11/16/16
LOCATION CODE: 134390

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
11/06/17	11/06/17	EXPENSE		.00	156.50	156.50	
07/20/17	07/20/17	EXPENSE		.00	156.50	156.50	
02/02/17	02/02/17	EXPENSE		.00	156.50	156.50	
11/16/16	11/16/16	EXPENSE		.00	156.50	156.50	

NOTE: PAYS INTERPRETER FEES 11/16/16 2/2/17 7/20/17 11/6/17

TOTAL GROSS	626.00
TOTAL PAYABLE:	626.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	626.00

SEP 28 2018

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

[redacted]

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	03460504	02/08/19
	CHECK AMOUNT ****$867.00	BLOCK NUMBER 003285

OSN: EE2801020803-003171

CLAIM #: WC 608-C26029
CONTRACT #: WA7-68D-004065-424

CONTROL #: 000006269 ID: CRWE026

PAYEE: JOYCE ALTMAN INTERPRETERS INC

DATE OF INJURY: 07/28/15
EMPLOYEE:

EMPLOYER: H J HEINZ COMPANY, L.P.
DATES OF SERVICE 01/17/19-01/17/19
LOCATION CODE: 134390

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
01/17/19	01/17/19	EXPENSE		.00	867.00	867.00	

NOTE: PAYS INTERPRETER FEES PER 1/17/2019 ORDER

TOTAL GROSS	867.00
TOTAL PAYABLE:	867.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	867.00

FEB 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#
10/15/18 71398

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
604-A53985

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W. C. DEPARTMENT
ATTN: AMY STANLEY
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs JL DESIGN ENTERPRISES INC.
Date Of Injury: 5/8/14 - 5/8/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/01/17	LEGAL WCAB	EXPEDITED HEARING @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
09/04/18	PENALTIES	FOR DATE OF SERVICE 3/1/18	23.48
08/30/18	INTEREST	FOR DATE OF SERVICE 3/1/18	24.95
08/30/18	PMT BY CHECK	DOS 3/1/17* # 03149069	-156.50
10/08/18	COSTS	ADD'L COSTS AWARDED	251.57
10/09/18	PMT BY CHECK	DOS 10/8/18* # 03223904	-300.00

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 **

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
503-239-5800

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	03149069	08/30/18
	CHECK AMOUNT ****$156.50	BLOCK NUMBER 004059

OSN: EE2701083005-000465

CLAIM #: WC 604-A53985
CONTRACT #: WC2-Z91-459334-014

CONTROL #: 000002917 ID: CRWEE19
PROVIDER #: N3095671300412

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 05/08/15
EMPLOYEE:

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

EMPLOYER: JL DESIGN ENTERPRISES INC
DATES OF SERVICE 03/01/17-03/01/17

PROVIDER:

SEP 05 2018

71398

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
03/01/17	03/01/17	MISC		156.50	156.50	

NOTE: INTERPRETING FEES RE: MARIA REYES

TOTAL CHARGES	156.50
TOTAL PAYABLE:	156.50
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	156.50

SEP 05 2018

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
503-239-5800

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	03223904	10/09/18
	CHECK AMOUNT ****$300.00	BLOCK NUMBER 005685

CLAIM #: WC 604-A53985
CONTRACT #: WC2-Z91-459334-014

OSN: EE2701100905-000637
CONTROL #: 000008086 ID: CRWEE19
PROVIDER #: N3095671384363

PAYEE: JOYCE ALTMAN INTERPRETING

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

PROVIDER:

FAXED OCT 15 2018

DATE OF INJURY: 05/08/15
EMPLOYEE:

EMPLOYER: JL DESIGN ENTERPRISES INC
DATES OF SERVICE 10/08/18-10/08/18

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
10/08/18	10/08/18	MISC		300.00	300.00	

NOTE: PER AGREEMENT

TOTAL CHARGES	300.00
TOTAL PAYABLE:	300.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	300.00

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#
08/06/19 72650

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC648-C42333

BILL TO:
LIBERTY MUTUAL (GLEND-29073)
W. C. DEPARTMENT
ATTN: CRISTINA ROTH
P.O. BOX 29073
GLENDALE, CA 91209

Case: __ vs LAZ PARKING CALIFORNIA
Date Of Injury: 2/9/17

DOS	SERVICE	DESCRIPTION	AMOUNT
09/18/17	LEGAL_PREP	DEPO PREP @ LITIGATION SVCS.	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
10/13/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/30/19	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOYCE ALTMAN @ 300624	0.00
05/06/19	PMT BY CHECK	DOS 9/18/17-1/30/19* # 03629767	-563.00
07/18/19	COSTS	ADD'L COSTS AWARDED	1500.00
08/02/19	PMT BY CHECK	DOS 9/18/17* # 03806703	-1500.00

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
818-240-1234

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	03629767	05/06/19
	CHECK AMOUNT ****$563.00	BLOCK NUMBER 003952

72650

CLAIM #: WC 648-C42333
CONTRACT #: WA7-61D-260451-026

OSN: EE3001050603-004021

CONTROL #: 000001569 ID: C413B39
PROVIDER #: 33095671349592

PAYEE: JOYCE ALTMAN INTERPRETING

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

PROVIDER:

PAID
MAY 14 2019
BY

DATE OF INJURY: 02/14/17
EMPLOYEE:

EMPLOYER: LAZ KARP ASSOCIATES, LLC
DATES OF SERVICE 09/18/17-01/30/19
LOCATION CODE: LOSAN67050

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
09/18/17	01/30/19	MISC		563.00	563.00	

NOTE: INV#72650

TOTAL CHARGES	563.00
TOTAL PAYABLE:	563.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	563.00

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

[redacted]

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
818-240-1234

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	03806703	08/02/19
	CHECK AMOUNT ***$1500.00	BLOCK NUMBER 004080

CLAIM #: WC 648-C42333
CONTRACT #: WA7-61D-260451-026

OSN: EE3001080203-004041

CONTROL #: 000003747 ID: CRWE122
PROVIDER #: N3095671374435

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: 02/08/17
EMPLOYEE:

EMPLOYER: LAZ KARP ASSOCIATES, LLC
DATES OF SERVICE 09/18/17-09/18/17
LOCATION CODE: LOSAN67050

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
09/18/17	09/18/17	MISC		1,500.00	1,500.00	

NOTE: PER STIP AGREEMENT

TOTAL CHARGES	1500.00
TOTAL PAYABLE:	1500.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	1500.00

PAID
AUG 06 2019

BY: .....

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#
08/28/18 72865

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC608-C24787

BILL TO:
LIBERTY MUTUAL (ROCKLIN)
W. C. DEPARTMENT
ATTN: RENITA HUDSETH
P.O. BOX 779008
ROCKLIN, CA 95677

Case: ! vs HI. HEINZ OPERATIONS PARTNERSH
Date Of Injury: 2/17/14 - 2/17/15

DOS	SERVICE	DESCRIPTION	AMOUNT
11/06/17	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORAINE MORELL # 300628	0.00
01/03/18	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
05/15/18	PENALTIES	FOR DATE OF SERVICE 11/6/17	23.48
05/11/18	INTEREST	FOR DATE OF SERVICE 11/6/17	5.92
05/15/18	PENALTIES	FOR DATE OF SERVICE 1/3/18	23.48
05/11/18	INTEREST	FOR DATE OF SERVICE 1/3/18	5.52
05/11/18	PMT BY CHECK	DOS 11/6/17-1/3/18* =# 02935410	-313.00
06/01/18	PMT BY CHECK	DOS 5/11/18-5/15/18* # 02975623	-58.40
08/23/18	PMT BY CHECK	DOS 8/20/18* # 03134674	-550.00
08/28/18	COSTS	ADD'L COSTS AWARDED	550.00

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

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	02935410	05/11/18
	CHECK AMOUNT ****$313.00	BLOCK NUMBER 003528

CLAIM #: WC 608-C24787
CONTRACT #: WA7-68D-004065-423

OSN: EE2801051103-003214

CONTROL #: 000003848 ID: CRWE066

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 12/30/14
EMPLOYEE:

EMPLOYER: H J HEINZ COMPANY, L.P.
DATES OF SERVICE 11/06/17-11/06/17
LOCATION CODE: 134310

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
01/03/18	01/03/18	EXPENSE		.00	156.50	156.50	
11/06/17	11/06/17	EXPENSE		.00	156.50	156.50	

NOTE: PAYS INTERPRETING SERVICES INVOICE # 72865

TOTAL GROSS	313.00
TOTAL PAYABLE:	313.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	313.00

MAY 15 2018

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

[redacted]

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	02975623	06/01/18
	CHECK AMOUNT ******58.40	BLOCK NUMBER 003407

OSN: EE2801060103-003065

CLAIM #: WC 608-C24787
CONTRACT #: WA7-68D-004065-423

CONTROL #: 000003292 ID: CRWEE61
PROVIDER #: N3095671389121

PAYEE: JOYCE ALTMAN INTERPRETING

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

PROVIDER:

DATE OF INJURY: 12/30/14
EMPLOYEE:

EMPLOYER: H J HEINZ COMPANY, L.P.
DATES OF SERVICE 05/11/18-05/15/18
LOCATION CODE: 134310

72865

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
05/11/18	05/15/18	MISC		58.40	58.40	

NOTE: FULL AND FINAL LIEN SETTLEMENT

TOTAL CHARGES	58.40
TOTAL PAYABLE:	58.40
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	58.40

JUN 05 2018

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	03134674	08/23/18
	CHECK AMOUNT ****$550.00	BLOCK NUMBER 002242

CLAIM #: WC 608-C24787
CONTRACT #: WA7-68D-004065-423

OSN: EE2801082303-002063

CONTROL #: 000001854 ID: CRWE066

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 12/30/14
EMPLOYEE:

EMPLOYER: H J HEINZ COMPANY, L.P.
DATES OF SERVICE 08/20/18-08/20/18
LOCATION CODE: 134310

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
08/20/18	08/20/18	EXPENSE		.00	550.00	550.00	

NOTE: PAYS FULL & FINAL SATISFACTION OF LIEN PER 8/20/18 ORDER

TOTAL GROSS	550.00
TOTAL PAYABLE:	550.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	550.00

AUG 28 2018

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM

BNA * 001636
916-564-1792
PO BOX 8016
WAUSAU, WI 54402

Liberty Mutual. INSURANCE

51-44/119
BANK OF AMERICA
HARTFORD, CT

*PAY*FIVE*HUNDRED*FIFTY*DOLLARS*NO*CENTS*

PAY ONLY 550 00 DOLLARS CTS CTS

OFFICE NO.	B. CODE	PAYMENT IDENTIFICATION	CHECK NUMBER	CHECK DATE
608	189	CLAIM WC 608-C24787	03134674	08/23/18

PAY $ 550.00
VOID IF NOT PRESENTED WITHIN 6 MONTHS OF DATE OF CHECK

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN CA 92781

TWO SIGNATURES REQUIRED IF AMOUNT EXCEEDS $500,000

⑈03134674⑈ ⑆011900445⑆00000006758 5⑈

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

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

*** INVOICE ***
Date NO#
01/08/19 73507

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC648-C22270

BILL TO:
LIBERTY MUTUAL (GLEND-29073)
W. C. DEPARTMENT
ATTN: SARIN BALIKIAN
P.O. BOX 29073
GLENDALE, CA 91209

Case: vs GLOBAL BUILDING SERVICES INC
Date Of Injury: 9/21/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/05/18	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
08/07/18	PMT BY CHECK	DOS 3/15/18* # 03102789	-156.50
12/17/18	COSTS	ADD'L COSTS AWARDED	500.00
12/31/18	PMT BY CHECK	DOS 12/17/18* # 0031636477	-500.00

BALANCE 0.00

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

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
818-240-1234

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	03102789	08/07/18
	CHECK AMOUNT ****$156.50	BLOCK NUMBER 003738

OSN: EE3001080703-003658

CLAIM #: WC 648-C38261
CONTRACT #: WA7-66D-064649-016

CONTROL #: 000004720 ID: CRWE016

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 04/01/16
EMPLOYEE:

EMPLOYER: GLOBAL BUILDING SERVICES INC
DATES OF SERVICE 03/15/18-03/15/18
LOCATION CODE: SC0249

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
03/15/18	03/15/18	EXPENSE		.00	156.50	156.50	

TOTAL GROSS 156.50
TOTAL PAYABLE: 156.50
TOTAL WITHHOLDING - (FEDERAL AND STATE): 0.00

TOTAL AMOUNT PAID: 156.50

AUG 13 2018

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

[redacted]

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Liberty Mutual. INSURANCE

B. CODE	CHECK REFERENCE	CHECK DATE
288	0031636477	12/31/18
	CHECK AMOUNT ****$500.00	BLOCK NUMBER 003577

OSN: MM0801123102-003577
BANK: 288
CHECK REF: 0031636477 DATE: 12/31/18 AMT: 500.0
INTERNAL BILL NO: 122364082 MSR: N0077377
CUST/EXTERNAL BILL NO: 1101620797
BR PROVIDER #: 330956713-0003

CLAIM NO. WC 648-C22270 HOD
CONTRACT NO: WA7-66D-064649-015
DOCUMENT NO: 11016207970

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PROVIDER: JOYCE ALTMAN
JOYCE ALTMAN INTERPRETERS INC

JAN 08 2019

EMPLOYER: GLOBAL BUILDING SERVICES INC
ADDRESS: 25129 THE OLD RD #102
STEVENSON RANCH, CA 91381

LOCATION CODE: SC0249

PATIENT ACCT. #: NA
SSN:
DOI:
PATIENT:

AGENCY CLAIM #(BOARD COMM #): 201510161316087890O846
DIAG CODES: R68.89

DATES OF SERVICE: 12/17/18-12/17/18
AUDIT DATE: 12/28/18

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
12/17/18	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	500.00	500.00	N/A	0.00	500.00 G1	876

TOTAL CHARGES:	500.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	500.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	500.00

EXPLANATION CODE DESCRIPTIONS:
G1 THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
876 FEE SCHEDULE AMOUNT IS EQUAL TO THE CHARGE
ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 8011, WAUSAU, WI 54402. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB. (ZC72)
M849 GO PAPERLESS. LIBERTY MUTUAL INSURANCE CAN ACCEPT ELECTRONIC BILL SUBMISSIONS AND ISSUE PAYMENTS

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#
08/05/19 73510

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC608D36736

BILL TO:
LIBERTY MUTUAL (ROCKLIN)
W. C. DEPARTMENT
ATTN: TERESA ROBERTS
P.O. BOX 779008
ROCKLIN, CA 95677

Case: vs ROQUE ORTHODONTIC LABORATORIES
Date Of Injury: 9/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/05/18	LEGAL_PREP	DEPO PREP @ L/O BRADFORD & BARTHEL	156.50
/ /	INTERPRETER:	SANDRA L. MONTALTO # 100754	0.00
04/23/18	PMT BY CHECK	DOS 3/5/18* # 02371015	-156.50
06/15/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/24/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/13/18	PMT BY CHECK	DOS 6/15/18-7/24/18* =# 02496428	-406.50
07/22/19	COSTS	ADD'L COSTS AWARDED	1900.00
08/01/19	PMT BY CHECK	DOS 3/5/18-7/24/19* # 0083406175	-1900.00

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 **

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Helmsman
Management Services LLC™

B. CODE	CHECK NUMBER	CHECK DATE
199	02371015	04/23/18
	CHECK AMOUNT ****$156.50	BLOCK NUMBER 003331

OSN: EE2801042303-003232

CLAIM #: WC 608-D36763
CONTRACT #: WP8-65B-290306-056

CONTROL #: 000000713 ID: CRWE118

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 09/01/16
EMPLOYEE:

EMPLOYER: ADP TOTALSOURCE FL XVI, INC.
DATES OF SERVICE 03/05/18-03/05/18
LOCATION CODE: HOVNCTS

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
03/05/18	03/05/18	EXPENSE		.00	156.50	156.50	

NOTE: PAYS INVOICE# 73510

TOTAL GROSS	156.50
TOTAL PAYABLE:	156.50
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	156.50

MAY 01 2018

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

[redacted]

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Helmsman
Management Services LLC

B. CODE	CHECK NUMBER	CHECK DATE
199	02496428	11/13/18
	CHECK AMOUNT ****$406.50	BLOCK NUMBER 003317

OSN: EE2801111303-004107

CLAIM #: WC 608-D36763
CONTRACT #: WP8-65B-290306-296

CONTROL #: 000000724 ID: CRWE118

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 09/01/16
EMPLOYEE:

EMPLOYER: ADP TOTALSOURCE FL XVI, INC.
DATES OF SERVICE 06/15/18-06/15/18
LOCATION CODE: HOVNCTS

73510

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
07/24/18	07/24/18	EXPENSE		.00	156.50	156.50	
06/15/18	06/15/18	EXPENSE		.00	250.00	250.00	

NOTE: PAYS DOS 6/15/18 & 7/24/18

TOTAL GROSS	406.50
TOTAL PAYABLE:	406.50
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	406.50

PAID
NOV 19 2018

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

[redacted]

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Helmsman
Management Services LLC™

B. CODE
298

CHECK REFERENCE	CHECK DATE
0083406175	08/01/19
CHECK AMOUNT	BLOCK NUMBER
***$1900.00	025855

OSN:MM0801080111-011384

THIS CHECK REPRESENTS A COMBINATION OF BILLED SERVICES. PLEASE REFER TO EACH DETAILED ITEMIZATION FOR SPECIFIC INFORMATION TO SUPPORT THE PAYMENT.

PATIENT ACCT. #	DATES OF SERVICE	CUST/EXTERNAL BILL #	TOTAL BILL CHARGES	TOTAL PAID
73510	03/05/18-07/24/18	2000374519	563.00	563.00
NA	07/24/19-07/24/19	1103701324	1,337.00	1,337.00

PAID
AUG 05 2019
BY: .....

TOTAL BILLS COMBINED: 2 1,900.00

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#
04/01/19 74137

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC608C75017

BILL TO:
LIBERTY MUTUAL (ROCKLIN)
W. C. DEPARTMENT
ATTN: AMBER GEORGIOU
P.O. BOX 779008
ROCKLIN, CA 95677

Case: vs COSTCO WHOLESALE CORP
Date Of Injury: 8/10/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/18/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/06/19	PMT BY CHECK	DOS 6/18/18* # 02567080	-156.50
03/25/19	COSTS	ADD'L COSTS AWARDED	1280.00
03/27/19	PMT BY CHECK	DOS 11/7/18* # 02580695	-1280.00
03/27/19	PEN & INT	PEN & INT DOS 6/18/19	15.65
03/28/19	PMT BY CHECK	DOS 3/18/18* # 02581359	-15.65

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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	02567080	03/06/19
	CHECK AMOUNT ****$156.50	BLOCK NUMBER 002470

OSN: EE2801030603-002566

CLAIM #: WC 608-C75071
CONTRACT #: WP8-66B-066363-015

CONTROL #: 000000477 ID: CRWE100

PAYEE: JOYCE ALTMAN INTERPRETERS INC

PAID
MAR 11 2019
BY.....

DATE OF INJURY: 08/16/16
EMPLOYEE:

EMPLOYER: COSTCO WHOLESALE
DATES OF SERVICE 06/18/18-06/18/18
LOCATION CODE: SOLALA3042

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
06/18/18	06/18/18	EXPENSE		.00	156.50	156.50	

NOTE: PAYS INTERPRETER FEES FOR 6/18/18_

TOTAL GROSS	156.50
TOTAL PAYABLE:	156.50
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	156.50

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Helmsman
Management Services LLC™

B. CODE	CHECK NUMBER	CHECK DATE
199	02580695	03/27/19
	CHECK AMOUNT ***$1280.00	BLOCK NUMBER 002558

CLAIM #: WC 608-C75071
CONTRACT #: WP8-66B-066363-015

OSN: EE2801032703-002627

CONTROL #: 000001861 ID: CRWE100

PAYEE: JOYCE ALTMAN INTERPRETERS INC

DATE OF INJURY: 08/16/16
EMPLOYEE:

EMPLOYER: COSTCO WHOLESALE
DATES OF SERVICE 11/07/18-11/07/18
LOCATION CODE: SOLALA3042

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
11/07/18	11/07/18	EXPENSE		.00	1280.00	1280.00	

NOTE: PAYS INTERPRETER FEES FOR 11/8/2018

TOTAL GROSS	1280.00
TOTAL PAYABLE:	1280.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	1280.00

PAID
APR 01 2019
BY. .....

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Helmsman
Management Services LLC

B. CODE	CHECK NUMBER	CHECK DATE
199	02581359	03/28/19
	CHECK AMOUNT ***** $15.65	BLOCK NUMBER 002403

CLAIM #: WC 608-C75071
CONTRACT #: WP8-66B-066363-015

OSN: EE2801032803-003008

CONTROL #: 000005557 ID: CRWEE36
PROVIDER #: N3095671374267

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: 08/16/16
EMPLOYEE:

EMPLOYER: COSTCO WHOLESALE
DATES OF SERVICE 06/18/18-06/18/18
LOCATION CODE: SOLALA3042

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
06/18/18	06/18/18	CA EXPNS		15.65	15.65	

NOTE: PAYS PENALTY ON INTERPRETER BILL FOR 6/18/18

TOTAL CHARGES	15.65
TOTAL PAYABLE:	15.65
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	15.65

APR 01 2019

no. .....

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT

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

*** INVOICE ***
Date NO#
08/05/19 75061

EAMS#(s):

SS # : XXX-XX-
DOB
Terms: 60 days
Claim #(s):
WC 608-C18910

BILL TO:
LIBERTY MUTUAL (ROCKLIN)
W. C. DEPARTMENT
ATTN: LETICIA HERNANDEZ
P.O. BOX 779008
ROCKLIN, CA 95677

Case:) vs H.J. HEINZ OPERATIONS PARTNERS
Date Of Injury: 9/21/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/05/18	LEGAL_WCAB	MSC @ WCAB POMONA	165.00
/ /	INTERPRETER:	LORRANIE MORELL # 300628	0.00
12/13/18	PMT BY CHECK	DOS 12/5/18* # 03351763	-165.00
01/23/19	LEGAL_WCAB	TRIAL @ WCAB POMONA	156.50
/ /	INTERPRETER:	CARLOS ARIAS # 301574	0.00
06/13/19	PMT BY CHECK	DOS 1/23/19* # 03704965	-156.50
07/29/19	COSTS	ADD'L COSTS AWARDED	265.00
07/31/19	PMT BY CHECK	DOS 7/29/19* # 03801522	-265.00

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 **

MZ

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	03351763	12/13/18
	CHECK AMOUNT ****$165.00	BLOCK NUMBER 002914

OSN: EE2801121303-002877

CLAIM #: WC 608-C18910
CONTRACT #: WA7-68D-004065-422

CONTROL #: 000003027 ID: CRWE066

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 09/21/13
EMPLOYEE: 75061

EMPLOYER: H J HEINZ COMPANY, L.P.
DATES OF SERVICE 12/05/18-12/05/18
LOCATION CODE: 134310

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
12/05/18	12/05/18	EXPENSE		.00	165.00	165.00	

NOTE: INTERPRETING SERVICES DATED 12/05/18

TOTAL GROSS	165.00
TOTAL PAYABLE:	165.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	165.00

DEC 18 2018

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

[redacted]

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	03704965	06/13/19
	CHECK AMOUNT ****$156.50	BLOCK NUMBER 002692

CLAIM #: WC 608-C18910
CONTRACT #: WA7-68D-004065-422

OSN: EE2801061303-002992

CONTROL #: 000002147 ID: CRWE013

PAYEE: JOYCE ALTMAN INTERPRETERS INC

DATE OF INJURY: 09/21/13
EMPLOYEE:

EMPLOYER: H J HEINZ COMPANY, L.P.
DATES OF SERVICE 01/23/19-01/23/19
LOCATION CODE: 134310

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
01/23/19	01/23/19	EXPENSE		.00	156.50	156.50	

NOTE: PAYS INTERPRETING ORDER FOR DOS 1/23/19 CERT# 304574

TOTAL GROSS	156.50
TOTAL PAYABLE:	156.50
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	156.50

PAID
JUN 17 2019

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	03801522	07/31/19
	CHECK AMOUNT ****$265.00	BLOCK NUMBER 002360

OSN: EE2801073103-002318

CLAIM #: WC 608-C18910
CONTRACT #: WA7-68D-004065-422

CONTROL #: 000004008 ID: CRWED85
PROVIDER #: N3095671364741

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: 09/21/13
EMPLOYEE:

EMPLOYER: H J HEINZ COMPANY, L.P.
DATES OF SERVICE 07/29/19-07/29/19
LOCATION CODE: 134310

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
07/29/19	07/29/19	CA EXPNS		260.59	260.59	
07/29/19	07/29/19	INTEREST		4.41	4.41	

NOTE: PAYS SELF IMPOSE INCREASE

TOTAL CHARGES	265.00
TOTAL PAYABLE:	265.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	265.00

PAID
AUG 05 2019
BY

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#
09/07/18 69188

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
5129622

BILL TO:
MATRIX (CLINTON - 2987)
W. C. DEPARTMENT
ATTN: ALEJANDRA BRUDNER
P.O. BOX 2987
CLINTON, IA 52733

Case: vs BRIGHTON COLLECTIBLES LEEGIN
Date Of Injury: 12/10/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/18/16	LEGAL_PREP	DEPO PREP @ L/O STOCKWELL HARRIS	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
06/03/16	PMT BY CHECK	DOS 4/18/16* # 0000009831	-156.50
06/20/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/28/16	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
01/13/17	PMT BY CHECK	DOS 4/18/16-11/28/16* =# 0000011242	-270.00
05/08/17	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
12/18/17	LEGAL_WCAB	MSC @ WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
02/15/18	LEGAL_WCAB	TRIAL @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
03/28/18	PMT BY CHECK	DOS 12/18/17-2/15/18* =# 0000014691	-180.00
04/04/18	PENALTIES	FOR DATE OF SERVICE 6/20/16	37.50
06/11/18	INTEREST	FOR DATE OF SERVICE 6/20/16	55.53
08/21/18	INTEREST	FOR DATE OF SERVICE 6/20/16	14.36
04/04/18	PENALTIES	FOR DATE OF SERVICE 11/28/16	23.48
06/11/18	INTEREST	FOR DATE OF SERVICE 11/28/16	26.82
04/04/18	PENALTIES	FOR DATE OF SERVICE 5/8/17	23.48
08/21/18	INTEREST	FOR DATE OF SERVICE 5/8/17	22.68
04/04/18	PENALTIES	FOR DATE OF SERVICE 12/18/17	23.48
06/11/18	INTEREST	FOR DATE OF SERVICE 12/18/17	7.74
08/21/18	INTEREST	FOR DATE OF SERVICE 12/18/17	3.97
06/06/18	PENALTIES	FOR DATE OF SERVICE 2/15/18	9.98
08/21/18	INTEREST	FOR DATE OF SERVICE 2/15/18	3.75
06/11/18	PMT BY CHECK	DOS 4/18/16-12/18/17*	-45.00

Joyce Altman Interpreters, 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	69188

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
5129622

BILL TO:
MATRIX (CLINTON - 2987)
W. C. DEPARTMENT
ATTN: ALEJANDRA BRUDNER
P.O. BOX 2987
CLINTON, IA 52733

Case: vs BRIGHTON COLLECTIBLES LEEGIN
Date Of Injury: 12/10/14

DOS	SERVICE	DESCRIPTION	AMOUNT
		=# 0000015263	
08/21/18	INTEREST	FOR DATE OF SERVICE 11/28/16	10.71
08/21/18	COSTS	ADD'L COSTS AWARDED	855.52
09/03/18	PMT BY CHECK	DOS 8/24/18* # 0000015940	-1500.00

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 **

P9741028001

Matrix Absence Management, Inc.
2421 W. Peoria Avenue, Suite 200
PHOENIX, AZ 85029-4940

[redacted]

Electronic Service Requested

20160606612

1 OF 1

ENV 6380

6380 0.3820 MB 0.416 MIXED AADC 926

Joyce Altman Interpreters
PO BOX 4165 189
TUSTIN, CA 92781-4165

PAID JUN 09 2016

Claim: 5129622 / [redacted], Accident date: 12/10/2014, Jurisdiction State: California.
Insured: Brighton Collectibles, LLC - Leegin, Policy: LDM4042725 2014.

The payment is for Language Interpreter - paid under Medical from 04/18/2016 to 04/18/2016.
Check: 0000009831, issued: 06/03/2016, for: $156.50, for: Medical, Invoice: 69188

To the Order of: Joyce Altman Interpreters
: PO Box 4165
: Tustin, CA 927814165

Please contact Alejandra Brudner, telephone: (866) 560-1447 in CA \ Roseville Phoenix AZ, email: ALEJANDRA.BRUDNER@MATRIXCOS.COM, if you have questions regarding this payment.

[redacted]

P9741028XXX

20170116166

Control #: 20163691825600 Bill ID: MATEDI-12/23/2016-0024-0018

Explanation of Review

Medical Bill Audit - Explanation of Review

Provider Copy

ENV 874 2 OF 4 F

WORKERS' COMPENSATION DIVISION
3611 QUEEN PALM DRIVE
TAMPA, FL 336190000

Patient Name:
Info 1: 3076 1213
Info 2: BP03 5129622

Claim #: 5129622
Patient Acct #: 69188
Patient ID #: 614827366
Service Dates: 04/18/16 - 11/28/16
Date Processed: 12/30/16
Date of Injury: 12/10/14
Payor Receipt Date: 12/19/16
Prescription Date:
Coverage: C
Adjuster: PANYA JONES
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) T14.90 **(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 #: 201412241041268355373 9
DRG:
MPN ID Number:
MPN Name:
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: LDM4042725 2014
Name and Address:
BRIGHTON COLLECTIBLES LLC - L
14022 NELSON AVE.
CITY OF INDUSTRY, CA 91746

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					
04/18/16	T1013	1	1	156.50	66.50				90.00	1,2
SIGN LANGUAGE/ORAL IN			0			1	09			
06/20/16	T1013	1	1	250.00	160.00				90.00	1,2
SIGN LANGUAGE/ORAL IN			0			1	09			
11/28/16	T1013	1	1	156.50	66.50				90.00	1,2
SIGN LANGUAGE/ORAL IN			0			1	09			
		Totals:		563.00	293.00				270.00	

Notes / Messages:

State Notes

1 - (BARC - G1) The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.

Bill Review Notes/Messages

1 - The amount paid reflects a fee schedule reduction. (P300)

2 - The charge for this procedure exceeds the fee schedule allowance. (ZC93)

* - Request for Independent Bill Review. After a health care provider, health care facility,

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: 3076 12[illegible]
Info 2: BP03 5129622

Claim #: 5129622
Patient Acct #: 69188
Patient ID #: 614827366
Service Dates: 04/18/16 - 11/28/16
Date Processed: 12/30/16
Date of Injury: 12/10/14
Payor Receipt Date: 12/19/16
Prescription Date:
Coverage: C
Adjuster: PANYA JONES
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) T14.90 **(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 #: 201412241041268355373 9
DRG:
MPN ID Number:
MPN Name:
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: LDM4042725 2014
Name and Address:
BRIGHTON COLLECTIBLES LLC - L
14022 NELSON AVE.
CITY OF INDUSTRY, CA 91746

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			

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)

* - 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)

P974[02890]

20180328161610

Matrix Absence Management, Inc.
2421 W. Peoria Avenue, Suite 200
PHOENIX, AZ 85029-4940

Electronic Service Requested

64188

MIXED AADC 926
2210 0.9555 MB 0.421

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

151

ENV 2210 4 OF 4 F

Claim: 5129622 / , Accident date: 12/10/2014, Jurisdiction State: California.
Insured: Brighton Collectibles, LLC - Leegin, Policy: LDM4042725 2014.

The payment is for Language Interpreter - paid under Medical from 04/18/2016 to 02/15/2018:
Check: 0000014691, issued: 03/27/2018, for: $180.00, for: Medical, Invoice: 26180682095100

To the Order of: JOYCE ALTMAN INTERPRETERS INC
: PO BOX 4165
: TUSTIN, CA 927814165

Please refer to the attached explanation of review number: 26180682095100

APR 02 2018

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

Brighton Collectibles, Inc.
Payable on behalf of
SNCC
Matrix Absence Management, Inc. 2421 W Peoria Ave
Phoenix AZ 85029

US BANK
17-2
910

CHECK NO.: 0000014691
ISSUE DATE: 03/28/18
VOID After 60 Days

For Service dates from 04/18/2016 To 02/15/2018
Invoice Number 26180682095100

One Hundred Eighty Dollars $ *****180.00

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS INC
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

⑈00000146918⑈ ⑆091000022⑆ 104790503718⑈

P9741028001

20180611164

Matrix Absence Management, Inc.
2421 W. Peoria Avenue, Suite 200
PHOENIX, AZ 85029-4940

Electronic Service Requested

69188-1

ENV 1231 5 OF 5 F

MIXED AADC 926
1231 1.1458 MB 0.421

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

Claim: 5129622 / Accident date: 12/10/2014, Jurisdiction State: California.
Insured: Brighton Collectibles, LLC - Leegin, Policy: LDM4042725 2014.

The payment is for Physician - Treating from 04/18/2016 to 04/04/2018.
Check: 0000015263, issued: 06/08/2018, for: $45.00, for: Medical, Invoice: 26181530035300

To the Order of: JOYCE ALTMAN INTERPRETERS INC
: PO BOX 4165
: TUSTIN, CA 927814165

Please refer to the attached explanation of review number: 26181530035300

PAID
JUN 15 2018

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

Brighton Collectibles, Inc.
Payable on behalf of
SNCC
Matrix Absence Management, Inc. 2421 W Peoria Ave
Phoenix AZ 85029

US BANK
17-2
910

CHECK NO.: 0000015263
ISSUE DATE: 06/11/18
VOID After 60 Days

For Service dates from 04/18/2016 To 04/04/2018
Invoice Number 26181530035300

Forty Five Dollars $ *****45.00

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS INC
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

⑈000001526 3⑈ ⑆091000022⑆ 104790503718⑈

Matrix Absence Management, Inc.
2421 W. Peoria Avenue, Suite 200
PHOENIX, AZ 85029-4940

201809041605

Electronic Service Requested

1 OF 1

ENV 3526

MIXED AADC 926
3526 0.3820 MB 0.421

JOYCE ALTMAN INTEPRETERS INC 168
PO BOX 4165
TUSTIN, CA 92781-4165

Claim: 6033387 / [redacted] Accident date: 01/14/2015, Jurisdiction State: California.
Insured: Brighton Collectibles, LLC - Leegin, Policy: LDM4042725 2014.

The payment is for Language Interpreter - paid under Medical from 08/24/2018 to 08/24/2018.
Check: 0000015940, issued: 08/31/2018, for: $1,500.00, for: Medical

To the Order of: JOYCE ALTMAN INTEPRETERS INC
: PO BOX 4165
: TUSTIN, CA 927814165

Please contact Panya Jones, telephone: (866) 560-1447 in CA \ Roseville Phoenix AZ, email: PANYA.JONES@MATRIXCOS.COM, if you have questions regarding this payment.

SEP 07 2018

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

Brighton Collectibles, Inc.
Payable on behalf of
SNCC
Matrix Absence Management, Inc. 2421 W Peoria Ave
Phoenix AZ 85029

US BANK
17-2
910

CHECK NO.: 0000015940
ISSUE DATE: 09/03/18
VOID After 60 Days

For Medical from 08/24/2018 to 08/24/2018. full and final
Claim: 6033387 / Ana Arevalo. Language Interpreter - paid under Medical

One Thousand Five Hundred Dollars **$ *****1,500.00**

Pay To The Order Of
JOYCE ALTMAN INTEPRETERS INC
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

⑈0000015940⑈ ⑆091000022⑆ 104790503718⑈

Joyce Altman Interpreters, 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 58090

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WCCW09025365

BILL TO:
MEADOWBROOK INS (KANSAS CITY)
W. C. DEPARTMENT
ATTN: GLORIA SOL
P.O. BOX 219559
KANSAS CITY, MO 64121

Case: vs ZAAVA FARM LABOR SERVICE
Date Of Injury: 10/13/09

DOS	SERVICE	DESCRIPTION	AMOUNT
12/04/12	WCAB AHM	MSC - LAURA SALAS # 100471	156.50
11/25/13	PMT BY CHECK	DOS 12/4/12 # 1306910	-156.50
03/17/14	WCAB AHM	MSC - LAURA SALAS # 100471	156.50
04/24/14	PMT BY CHECK	DOS 3/17/14* # 1366429	-90.00
05/20/14	WCAB AHM	TRIAL - LAURA SALAS # 100471	156.50
06/25/14	PMT BY CHECK	DOS 5/20/14* # 1389693	-90.00
04/03/19	COSTS	ADD'L COSTS AWARDED	863.30
04/03/19	PMT BY CHECK	DOS 12/4/12-5/20/14* # 1918020	-146.30
04/03/19	PMT BY CHECK	DOS 12/4/12-5/20/14* # 1918595	-850.00

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 **

Star Insurance
CLAIMS ACCOUNT
P.O. BOX 5086
SOUTHFIELD, MI 48086-5086

Date Issued		Check No.	1306910
11/25/2013	Bank of America		70-2326 719 IL

Payee: JOYCE ALTMAN INTERPRETERS INC

Insured Memo	Claimant Name Service Date(s)	Claim Number Loss Date	AMOUNT
, AN INDIVIDUAL 58090	12/4/2012-12/4/2012	WCCW09025365 10/13/2009	156.50

PAID DEC 02 2013

CHECK TOTAL: ********$156.50

Star Insurance
CLAIMS ACCOUNT
P.O. BOX 5086
SOUTHFIELD, MI 48086-5086

Check No. 1366429

Date Issued 4/24/2014

Bank of America

70-2328
719 IL

Payee: JOYCE ALTMAN INTERPRETERS INC

Insured / Memo	Claimant Name / Service Date(s)	Claim Number / Loss Date	AMOUNT
AN INDIVIDUAL		WCCW09025365	
58090	3/17/2014-3/17/2014	10/13/2009	90.00

PAID APR 29 2014

CHECK TOTAL: *********$90.00

Star Insurance
CLAIMS ACCOUNT
P.O. BOX 5086
SOUTHFIELD, MI 48086-5086

Check No. **1389693**

Date Issued 6/25/2014

Bank of America

70-2328
719 IL

Payee: JOYCE ALTMAN INTERPRETERS INC

Insured Memo	Claimant Name Service Date(s)	Claim Number Loss Date	AMOUNT
, AN INDIVIDUAL		WCCW09025365	
59090	5/20/2014-5/20/2014	10/13/2009	90.00

58090

PAID JUN 30 2014

CHECK TOTAL: **********$90.00

Star Insurance
CLAIMS ACCOUNT
P.O. BOX 5086
SOUTHFIELD, MI 48086-5086

Date Issued		Check No.	1918020
4/3/2019	Bank of America		70-2328 / 719 IL

Payee: JOYCE ALTMAN INTERPRETERS INC

Insured / Memo	Claimant Name / Service Date(s)	Claim Number / Loss Date	AMOUNT
, AN INDIVIDUAL	12/4/2012-5/20/2014	WCCW09025365 10/13/2009	133.00
Interpreter fees			
, AN INDIVIDUAL	12/4/2012-5/20/2014	WCCW09025365 10/13/2009	13.30

PAID
APR 09 2019
BY. .....

CHECK TOTAL: ********$146.30

PRINTED IN U.S.A.

THIS DOCUMENT CONTAINS VARIOUS SECURITY FEATURES INCLUDING HEAT SENSITIVE INK, MICROPRINTING AND A TRUE PAPER MACHINE WATERMARK.

Star Insurance
CLAIMS ACCOUNT
P.O. BOX 5086
SOUTHFIELD, MI 48086-5086

Bank of America 70-2328 / 719 IL

VOID AFTER SIX MONTHS

CHECK DATE	CHECK NO.
04/03/2019	1918020

CHECK AMOUNT
********$146.30

PAY TO THE ORDER OF:
JOYCE ALTMAN INTERPRETERS INC

One hundred forty-six and 30 / 100 Dollars

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

HEAT SENSITIVE RUB AREA TO VERIFY

VOID OVER $ 146.30

LU Security Features Included (Details on Back) INF

Star Insurance
CLAIMS ACCOUNT
P.O. BOX 5086
SOUTHFIELD, MI 48086-5086

Check No. **1918595**

Date Issued 4/5/2019

Bank of America

70-2328
719 IL

Payee: JOYCE ALTMAN INTERPRETERS INC

Insured Memo	Claimant Name / Service Date(s)	Claim Number / Loss Date	AMOUNT
	AN INDIVIDUAL	WCCW09025365	
	12/4/2012-5/20/2014	10/13/2009	850.00

PAID
APR 09 2019

BY: .....

CHECK TOTAL: ********$850.00

[redacted]

Joyce Altman Interpreters, 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 70623

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WCAS14014341

BILL TO:
MEADOWBROOK INS (KANSAS CITY)
W. C. DEPARTMENT
ATTN: LORY SCHENK
P.O. BOX 219559
KANSAS CITY, MO 64121

Case: vs ROSEWOOD RESTAURANT
Date Of Injury: CT 9/19/09 - 9/9/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/17/11	MRI	-REF BY DR NIKAHTAR:T/S;L/S @ CAL IMG *	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
10/15/14	WCAB AHM	LAURA SALAS 100471	156.50
04/01/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	DANIEL TERIGUEROS # 36815481	0.00
06/04/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/16/15	LEGAL_WCAB	MSC @ WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
11/18/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
08/31/16	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
07/19/17	LEGAL_WCAB	MSC @ WCAB AHM	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
09/15/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI (ADDENDUM)	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/10/17	PENALTIES	FOR DATE OF SERVICE 10/15/14	23.48
11/10/17	INTEREST	FOR DATE OF SERVICE 10/15/14	19.72
10/10/17	PENALTIES	FOR DATE OF SERVICE 4/1/15	23.48
11/10/17	INTEREST	FOR DATE OF SERVICE 4/1/15	19.72
10/10/17	PENALTIES	FOR DATE OF SERVICE 6/4/15	37.50
11/10/17	INTEREST	FOR DATE OF SERVICE 6/4/15	31.51
10/10/17	PENALTIES	FOR DATE OF SERVICE 9/16/15	23.48
11/10/17	INTEREST	FOR DATE OF SERVICE 9/16/15	19.72
10/10/17	PENALTIES	FOR DATE OF SERVICE 8/31/16	23.48
11/10/17	INTEREST	FOR DATE OF SERVICE 8/31/16	19.72
10/10/17	PENALTIES	FOR DATE OF SERVICE 7/19/17	23.48
11/10/17	INTEREST	FOR DATE OF SERVICE 7/19/17	6.31
11/10/17	PMT BY CHECK	DOS 10/15/14-9/15/17*	-1282.50

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#
09/18/18	70623

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WCAS14014341

BILL TO:
MEADOWBROOK INS (KANSAS CITY)
W. C. DEPARTMENT
ATTN: LORY SCHENK
P.O. BOX 219559
KANSAS CITY, MO 64121

Case: vs ROSEWOOD RESTAURANT
Date Of Injury: CT 9/19/09 - 9/9/10

DOS	SERVICE	DESCRIPTION	AMOUNT
09/14/18	PMT BY CHECK	#1798547 BY STAR INS DOS 8/17/11-10/10/17*	-1500.00
09/26/18	COSTS	# 1874139 STAR INS ADD'L COSTS AWARDED	978.40

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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 **

Star Insurance
CLAIMS ACCOUNT
P.O. BOX 5086
SOUTHFIELD, MI 48086-5086

Date Issued	Bank of America	Check No.	1798547
11/10/2017		70-2328 719 IL	

Payee: JOYCE ALTMAN INTERPRETERS INC

Insured Memo	Claimant Name Service Date(s)	Claim Number Loss Date	AMOUNT
ROSEWOOD RESTAURANTS, INC	10/15/2014-9/15/2017	WCAS14014341 3/9/2009	1,282.50
DOS: 10/15/14, 4/1/15, 6/4/15, 9/16/15, 8/31/16, 7/19/17, 9/15/17			

NOV 15 2017

CHECK TOTAL: ******$1,282.50

THIS DOCUMENT CONTAINS VARIOUS SECURITY FEATURES INCLUDING HEAT SENSITIVE INK, MICROPRINTING AND A TRUE PAPER MACHINE WATERMARK

Star Insurance
CLAIMS ACCOUNT
P.O. BOX 5086
SOUTHFIELD, MI 48086-5086

Bank of America 70-2328 719 IL

VOID AFTER SIX MONTHS

CHECK DATE	CHECK NO.
11/10/2017	1798547

CHECK AMOUNT
******$1,282.50

PAY TO THE ORDER OF:
JOYCE ALTMAN INTERPRETERS INC
One thousand two hundred eighty-two and 50 / 100 Dollars

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

VOID OVER $ 1,282.50

HEAT SENSITIVE RUB AREA TO VERIFY

VOID COPY

⑈01798547⑈ ⑆071923284⑆ 876551706 6⑈

Star Insurance
CLAIMS ACCOUNT
P.O. BOX 5086
SOUTHFIELD, MI 48086-5086

Date Issued	Check No.	1874139
9/14/2018	Bank of America	70-2328 / 719 IL

Payee: JOYCE ALTMAN INTERPRETERS INC

Insured / Memo	Claimant Name / Service Date(s)	Claim Number / Loss Date	AMOUNT
ROSEWOOD RESTAURANTS, INC	8/17/2011-10/10/2017	WCAS14014341 / 3/9/2009	1,500.00

SEP 18 2018

CHECK TOTAL: ******$1,500.00

THIS DOCUMENT CONTAINS VARIOUS SECURITY FEATURES INCLUDING HEAT SENSITIVE INK, MICROPRINTING AND A TRUE PAPER MACHINE WATERMARK.

VOID VOID

Star Insurance
CLAIMS ACCOUNT
P.O. BOX 5086
SOUTHFIELD, MI 48086-5086

Bank of America 70-2328 / 719 IL

VOID AFTER SIX MONTHS

CHECK DATE	CHECK NO.
09/14/2018	1874139

CHECK AMOUNT
******$1,500.00

PAY TO THE ORDER OF:
JOYCE ALTMAN INTERPRETERS INC

One thousand five hundred and xx / 100 Dollars

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

VOID OVER $ 1,500.00

HEAT SENSITIVE RUB AREA TO VERIFY

Security Features Included (Details on Back) MP

⑈01874139⑈ ⑆071923284⑆ 876551706 6⑈

Joyce Altman Interpreters, 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 38229

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0219907WCMSTR

BILL TO:
MIDWEST INS (SPRINGFIELD,IL)
W. C. DEPARTMENT
ATTN: SCOTT CLARK
P.O. BOX # 13369
SPRINGFIELD, IL 62791-3369

Case: vs LOCK-RIDGE TOOL CO., INC.
Date Of Injury: 6/22/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/02/10	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
09/07/10	PR2/REEVAL	-DR KATTAR* JASON RAMIREZ # 500371	180.00
10/21/10	DEPO PREP	@ THE L/O OF BRADFORD & BARTHEL # 100644	156.50
/ /	INTERPRETER:	JOHN MORELL # 100644	0.00
11/15/10	PR2/REEVAL	-DR KATTAR* JASON RAMIREZ # 500371	180.00
11/24/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	ALFREDO LANDEROS # 100753	0.00
01/18/11	PR2/REEVAL	-DR KATTAR* JASON RAMIREZ # 500371	180.00
01/19/11	WCAB LB	STATUS CONFERENCE - CARMEN GUZMAN # 100585	156.50
02/22/11	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
03/02/11	PMT BY CHECK	DOS 8/2/10 THRU 1/18/11 # 148980	-563.00
03/02/11	PMT BY CHECK	DOS 8/2/10 THRU 1/19/11 # 148981	-720.00
04/21/11	PMT BY CHECK	DOS 2/22/11 # 158046	-180.00
11/02/11	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
05/21/12	WCAB LB	MSC (FULL DAY)	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793 AM	0.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624 PM	0.00
07/24/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
08/29/12	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/17/13	PENALTIES	FOR DATE OF SERVICE 08/02/10	27.00

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#
05/14/19	38229

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0219907WCMSTR

BILL TO:
MIDWEST INS (SPRINGFIELD,IL)
W. C. DEPARTMENT
ATTN: SCOTT CLARK
P.O. BOX # 13369
SPRINGFIELD, IL 62791-3369

Case: vs LOCK-RIDGE TOOL CO., INC.
Date Of Injury: 6/22/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/11	INTEREST	FOR DATE OF SERVICE 08/02/10	13.16
10/17/13	PENALTIES	FOR DATE OF SERVICE 09/07/10	27.00
03/02/11	INTEREST	FOR DATE OF SERVICE 09/07/10	11.12
10/17/13	PENALTIES	FOR DATE OF SERVICE 10/21/10	23.48
03/02/11	INTEREST	FOR DATE OF SERVICE 10/21/10	7.49
10/17/13	PENALTIES	FOR DATE OF SERVICE 11/15/10	27.00
03/02/11	INTEREST	FOR DATE OF SERVICE 11/15/10	7.20
10/17/13	PENALTIES	FOR DATE OF SERVICE 11/24/10	37.50
03/02/11	INTEREST	FOR DATE OF SERVICE 11/24/10	9.29
10/17/13	PENALTIES	FOR DATE OF SERVICE 11/02/11	23.48
12/17/13	INTEREST	FOR DATE OF SERVICE 11/02/11	39.25
10/17/13	PENALTIES	FOR DATE OF SERVICE 05/21/12	46.95
12/17/13	INTEREST	FOR DATE OF SERVICE 05/21/12	58.68
10/17/13	PENALTIES	FOR DATE OF SERVICE 07/24/12	23.48
12/17/13	INTEREST	FOR DATE OF SERVICE 07/24/12	26.18
10/17/13	PENALTIES	FOR DATE OF SERVICE 08/29/12	37.50
12/17/13	INTEREST	FOR DATE OF SERVICE 08/29/12	38.99
10/17/13	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
12/09/13	PMT BY CHECK	DOS 8/2/10-12/4/13 # 381141 MID WEST	-1343.90
05/09/19	COSTS	ADD'L COSTS AWARDED	1483.15
05/10/19	PMT BY CHECK	DOS 5/9/19* # 537096 MIDWEST	-1600.00

Joyce Altman Interpreters, 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 38229

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0219907WCMSTR

BILL TO:
MIDWEST INS (SPRINGFIELD,IL)
W. C. DEPARTMENT
ATTN: SCOTT CLARK
P.O. BOX # 13369
SPRINGFIELD, IL 62791-3369

Case: __ vs LOCK-RIDGE TOOL CO., INC.
Date Of Injury: 6/22/10

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Lock Ridge Tool Co. Inc.
Claimant
GARCIA, JOSE
521 N. HILL AVE # 7
PASADENA, CA 91106

Check No:	148980
Check Amt:	$563.00
Check Date:	03/02/2011
Claimant:	
Soc. Sec. No:	
Claim No:	0219907-WCMSTR
Date of Loss:	06/22/2010
Adjuster:	Buss, Christi
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	08/02/2010 To: 01/16/2011
Invoice No:	38229

PAID
MAR 07 2011
BY:.....

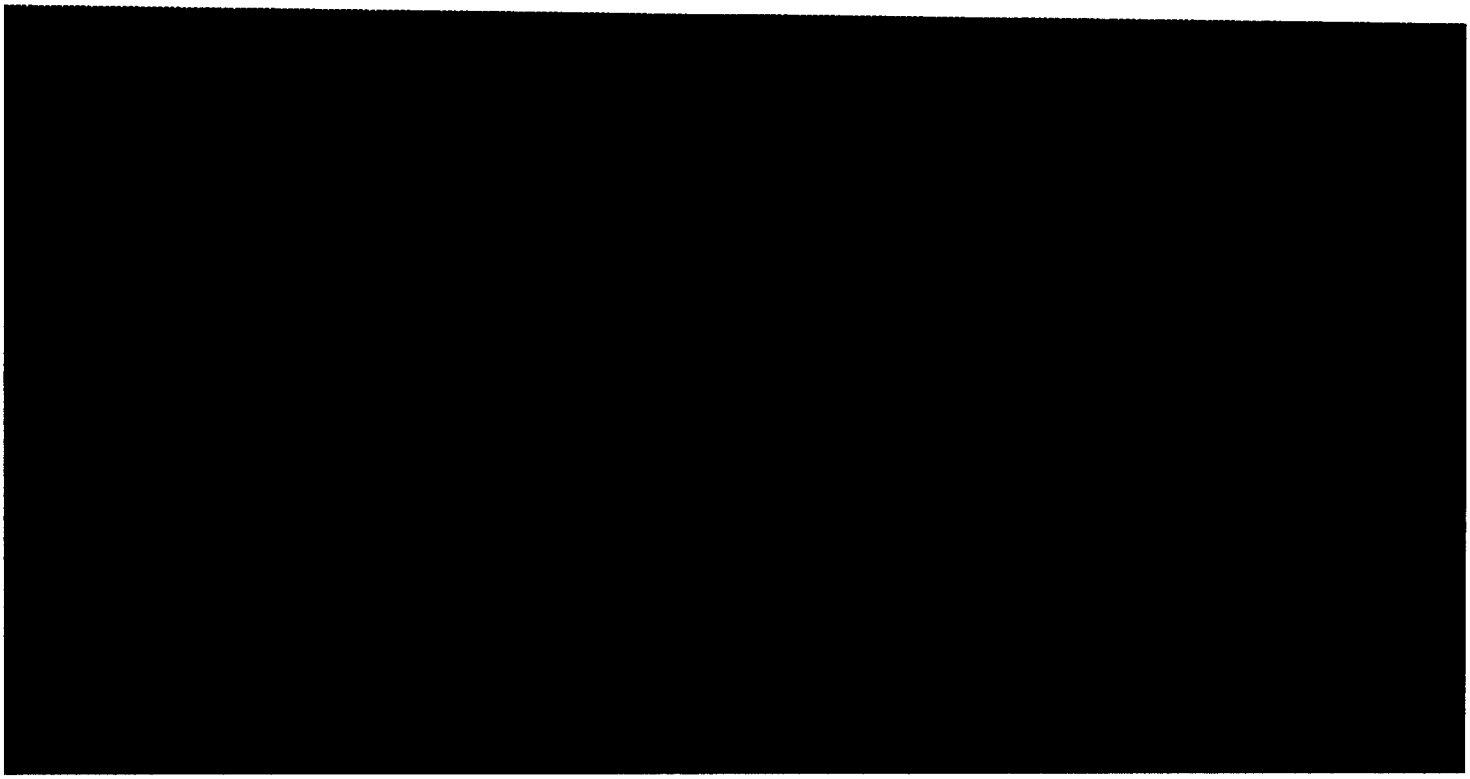
Payable Comment

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Lock Ridge Tool Co. Inc.
Claimant
GARCIA, JOSE
521 N. HILL AVE # 7
PASADENA, CA 91106

Check No:	148980
Check Amt:	$563.00
Check Date:	03/02/2011
Claimant:	
Soc. Sec. No:	
Claim No:	0219907-WCMSTR
Date of Loss:	06/22/2010
Adjuster:	Buss, Christi
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	08/02/2010 To: 01/16/2011
Invoice No:	38229

Payable Comment



ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Lock Ridge Tool Co. Inc.
Claimant
GARCIA, JOSE
521 N. HILL AVE # 7
PASADENA, CA 91106

Check No:	148981
Check Amt:	$720.00
Check Date:	[illegible]
Claimant:	
Soc. Sec. No:	
Claim No:	0219907-WCMSTR
Date of Loss:	08/22/2010
Adjuster:	Buss, Christi
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	08/02/2010 To: 01/19/2011
Invoice No:	38229

PAID
MAR 07 2011
BY:----------

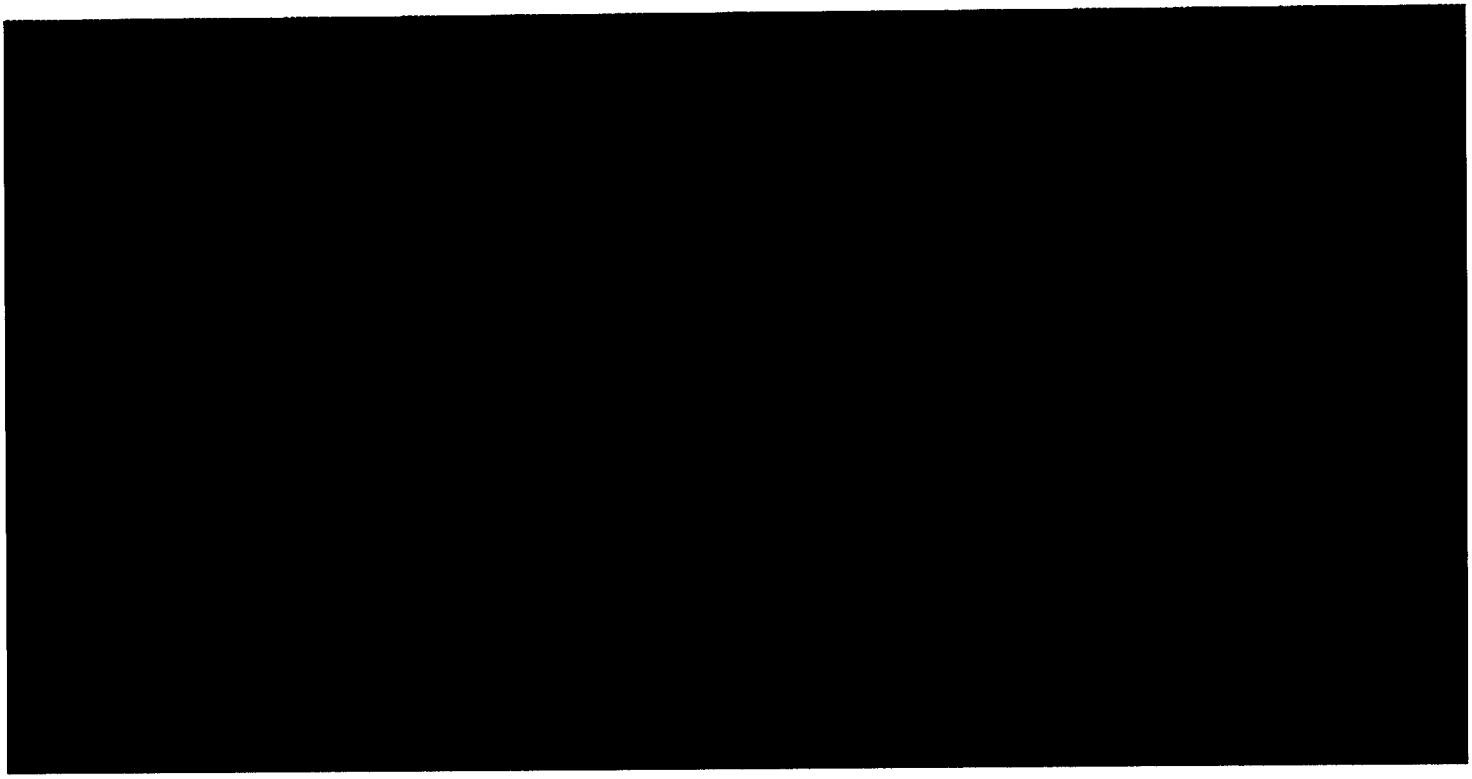
Payable Comment

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Lock Ridge Tool Co. Inc.
Claimant
GARCIA, JOSE
521 N. HILL AVE # 7
PASADENA, CA 91106

Check No:	148981
Check Amt:	$720.00
Check Date:	03/02/2011
Claimant:	
Soc. Sec. No:	
Claim No:	0219907-WCMSTR
Date of Loss:	08/22/2010
Adjuster:	Buss, Christi
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	08/02/2010 To: 01/19/2011
Invoice No:	38229

Payable Comment



ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Lock Ridge Tool Co. Inc.
Claimant
GARCIA, JOSE
521 N. HILL AVE # 7
PASADENA, CA 91106

Check No:	158046
Check Amt:	$180.00
Check Date:	04/21/2011
Claimant:	
Soc. Sec. No:	
Claim No:	0219907-WCMSTR
Date of Loss:	06/22/2010
Adjuster:	Buss, Christi
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	02/22/2011 To: 02/22/2011
Invoice No:	38229

PAID
APR 25 2011
BY:

Payable Comment

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Lock Ridge Tool Co. Inc.
Claimant
GARCIA, JOSE
521 N. HILL AVE # 7
PASADENA, CA 91106

Check No:	158046
Check Amt:	$180.00
Check Date:	04/21/2011
Claimant:	
Soc. Sec. No:	
Claim No:	0219907-WCMSTR
Date of Loss:	06/22/2010
Adjuster:	Buss, Christi
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	02/22/2011 To: 02/22/2011
Invoice No:	38229

Payable Comment

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Lock Ridge Tool Co. Inc.
Claimant
GARCIA, JOSE
521 N. HILL AVE # 7
PASADENA, CA 91106

Check No:	381141
Check Amt:	$1,343.90
Check Date:	12/09/2013
Claimant:	
Soc. Sec. No:	
Claim No:	0219907-WCMSTR
Date of Loss:	06/22/2010
Adjuster:	Hanlon, John
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	12/04/2013 To: 12/04/2013
Invoice No:	LIEN

Payable Comment

PAID DEC 11 2013

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Lock Ridge Tool Co. Inc.
Claimant
GARCIA, JOSE
521 N. HILL AVE # 7
PASADENA, CA 91106

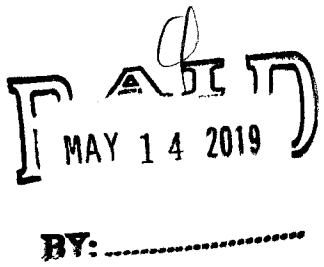
Check No:	381141
Check Amt:	$1,343.90
Check Date:	12/09/2013
Claimant:	
Soc. Sec. No:	
Claim No:	0219907-WCMSTR
Date of Loss:	06/22/2010
Adjuster:	Hanlon, John
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	12/04/2013 To: 12/04/2013
Invoice No:	LIEN

Payable Comment

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Lock Ridge Tool Co. Inc.
Claimant
GARCIA, JOSE
521 N. HILL AVE # 7
PASADENA, CA 91106

Check No:	537096
Check Amt:	$1,600.00
Check Date:	05/10/2019
Claimant:	
Soc. Sec. No:	XXX-X?
Claim No:	0219907-WCMSTR
Date of Loss:	06/22/2010
Adjuster:	Bradley, Glendon
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	05/09/2019 To: 05/09/2019
Invoice No:	INTERPRETATION



Payable Comment

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Lock Ridge Tool Co. Inc.
Claimant
GARCIA, JOSE
521 N. HILL AVE # 7
PASADENA, CA 91106

Check No:	537096
Check Amt:	$1,600.00
Check Date:	05/10/2019
Claimant:	
Soc. Sec. No:	XXX-XX
Claim No:	0219907-WCMSTR
Date of Loss:	06/22/2010
Adjuster:	Bradley, Glendon
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	05/09/2019 To: 05/09/2019
Invoice No:	INTERPRETATION

Payable Comment

Joyce Altman Interpreters, 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 38774

EAMS#(s):

SS # : XXX-XX-
DOB
Terms: 60 days
Claim #(s):
34917

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

Case: vs ALL-NEW STAMPING CO.
Date Of Injury: 5/6/99

DOS	SERVICE	DESCRIPTION	AMOUNT
10/07/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
11/10/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/22/10	PMT BY CHECK	DOS 10/7/10 THRU 11/10/10 # 00476230	-406.50
02/08/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
03/10/11	PMT BY CHECK	DOS 2/8/11 # 00486349	-156.50
03/08/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
/ /	INTERPRETER:	SANDRA TALACON # 100802	0.00
08/10/11	PENALTIES	FOR DATE OF SERVICE 3/8/11	37.50
08/09/12	INTEREST	FOR DATE OF SERVICE 3/8/11	39.38
05/08/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
07/10/12	WCAB LB	MSC - PATRICIA HAYES # 100761	156.50
08/09/12	PMT BY CHECK	DOS 3/8/11-7/10/12 # 00535941	-403.00
11/20/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
06/02/16	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/11/16	PMT BY CHECK	DOS 11/20/15-6/2/16* =# 01017025 PACIFIC	-180.00
08/16/18	INTEREST	FOR DATE OF SERVICE 3/8/11	136.01
08/16/18	PENALTIES	FOR DATE OF SERVICE 5/8/12	23.48
08/09/12	INTEREST	FOR DATE OF SERVICE 5/8/12	3.94
08/16/18	PENALTIES	FOR DATE OF SERVICE 6/2/16	9.98
08/16/18	INTEREST	FOR DATE OF SERVICE 6/2/16	15.86
09/05/18	PMT BY CHECK	DOS 3/8/11* # 10087939 LIBERTY/SAFECO	-250.00
09/28/18	COSTS	ADD'L COSTS AWARDED	572.35

Joyce Altman Interpreters, 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	38774

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
34917

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

Case: [illegible] vs ALL-NEW STAMPING CO.
Date of Injury: 5/6/99

DOS	SERVICE	DESCRIPTION	AMOUNT
09/28/18	PMT BY CHECK	DOS 10/7/10-6/2/16* =# 01135006 PACIFIC	-825.00

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 **

PACIFIC COMPENSATION INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042

Anthem
WORKERS' COMPENSATION℠

38774

Temporary Return Service Requested

000129-000001-000128 2071527 2320EDC 1
Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

Date 12/22/10

PAID

date 12/22/10
No Check# 00476230

nsured: ALL NEW STAMPING
Amount of this check: 406.50

Claimant:
Claim: 00034917
Policy #: WC 00007104
Date of Injury: 20080519
Description: 10-07-10 - 11-10-10
Payment For: INTERPRETER FOR NON-MEDICAL

Payment Amount: $ 406.50

DIRECT INQUIRIES TO: PACIFIC COMPENSATION INSURANCE COMPANY

PACIFIC COMPENSATION INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042

Anthem
WORKERS' COMPENSATION™

Temporary Return Service Requested

000147-000001-000147 2077730 2320EDC 1
Joyce Altman Interpreters
P.O.Box 4165
Tustin CA 92781-4165

Insured: ALL NEW STAMPING
Amount of this check: 156.50

Claimant:
Claim: 00034917
Policy #: WC 00007104
Date of Injury: 20080619
Description: 02-08-11 - 02-08-11 38774
Payment For: INTERPRETER FOR DEPOSITIONS

Payment Amount: $ 156.50

DIRECT INQUIRIES TO: PACIFIC COMPENSATION INSURANCE COMPANY

PAID
MAR 14 2011
BY:.....

RECEIVED MAR 14 2011

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

PacificComp
PACIFIC COMPENSATION INSURANCE COMPANY

CITY NATIONAL BANK
15820 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403
[illegible]

CHECK NO: 00486349
DATE: 03/10/2011

AMOUNT
*****$156.50

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

PAY TO THE ORDER OF: One Hundred Fifty-Six and 50/100

Joyce Altman Interpreters
P.O.Box 4165
Tustin CA 92781-4165

Authorized Signature

Authorized Signature

PACIFIC COMPENSATION INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042

Anthem
WORKERS' COMPENSATION℠

Temporary Return Service Requested

000095-000001-000095 2122686 2320EDC 1
Joyce Altman Interpreters
P.O.Box 4165
Tustin CA 92781-4165

Insured: ALL NEW STAMPING
Amount of this check: 403.00

Claimant:
Claim: 00034917
Policy #: WC 00007104
Date of Injury: 20080519
Description: 03-08-11 - 07-10-12
Payment For: INTERPRETER FOR HEARINGS

Payment Amount: $ 403.00

DIRECT INQUIRIES TO: PACIFIC COMPENSATION INSURANCE COMPANY

38774 ✓
41352

PAID
AUG 13 2012
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

PacificComp®
PACIFIC COMPENSATION INSURANCE COMPANY

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

16-01608/1220

CHECK NO: 00535941

DATE: 08/09/2012

AMOUNT
*****$403.00

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

PAY: Four Hundred Three and 00/100

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

Authorized Signature
Daniel K. Richardson
Authorized Signature

⑈00535941⑈ ⑆122016068⑆ 412⑈878892⑈

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

Temporary Return Service Requested

000014-000002-000863 2506950 2320EDC F
Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

Explanation of Review
Page: 1 of 3
DCN: PC1-0010-0216515
Date of Review: 08/09/2016
Date Bill Received: 07/28/2016
Adjustor: LGABRIEL
File: 00000000010.00 / 00000000000.00 / 00000000
Check No.: 01017025 Bulk $180.00
Method of Payment: Paper Check

Provider: JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781
Provider State License: 99999999
Provider Invoice: 38774
Rendering Provider: JOYCE ALTMAN INTERPRETERS INC
Rendering Provider ID: 9999999999

Claim 00034917
Policy: WC 00007104
Employer Name: ALL NEW STAMPING
Doi: 05/19/2008
Claimant:
Patient SSN:
MPN Number: 1018

38774 -1 ✓
44352-1

Tax ID: 330956713 ANC
DOS: 10/07/2010 TO 06/02/2016
Ext ID: 33095671300 114
Payment Status Code: 1
Payment Date: 08/11/2016 Bill Frequency:

DX 1: 9599 Injury-site NOS

Date of Service	Code	Mod	Rev Code	Service Description	Prescription #	Allow Units	Bill Units	Adjust Qnty	Charges	Bill Review	Reductions PPO	Allowance	Expl. Code(s)
10/07/2010	99919			INTERPRETER SERVICE		0	1	-1	156.50	156.50		0.00	G56
11/10/2010	99919			INTERPRETER SERVICE		0	1	-1	250.00	250.00		0.00	G56
02/08/2011	99919			INTERPRETER SERVICE		0	1	-1	156.50	156.50		0.00	G56
03/08/2011	99919			INTERPRETER SERVICE		0	1	-1	250.00	250.00		0.00	G56
05/08/2012	99919			INTERPRETER SERVICE		0	1	-1	156.50	156.50		0.00	G56
07/10/2012	99919			INTERPRETER SERVICE		0	1	-1	156.50	156.50		0.00	G56
				- CONTINUED ON REVERSE -									

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

PacificComp®
PACIFIC COMPENSATION INSURANCE COMPANY

CITY NATIONAL BANK
15820 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

16-01606/1220

CHECK NO: 01017025
DATE: 08/11/2016

AMOUNT
*****$180.00

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

PAY One Hundred Eighty and 00/100

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

Authorized Signature
Denise K. Richardson
Authorized Signature

⑈01017025⑈ ⑆122016066⑆ 412⑈ 18464⑈

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

Temporary Return Service Requested

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

Explanation of Review
Page: 2 of 3
DCN: PC1-0010-0216515
Date of Review: 08/09/2016
Date Bill Received: 07/25/2016
Adjustor: LGABRIEL
File: 00000000010.00 / 00000000000.00 / 00000000
Check No.: 01017025 Bulk $180.00
Method of Payment: Paper Check

Date of Service	Code	Mod	Rev Code	Service Description	Prescription #	Allow Units	Bill Units	Adjust Qnty	Charges	Reductions ********** Bill Review	Reductions ******** PPO	Reductions ******** Allowance	Expl. Code(s)
11/20/2015	T1013			SIGN LANGUAGE/ORAL INTEPR		1	1	0	100.00	10.00		90.00	G1
06/02/2016	T1013			SIGN LANGUAGE/ORAL INTEPR		1	1	0	156.50	66.50		90.00	G1
								Total Charges:	1,382.50				
								Bill Review Reductions:		1,202.50			
								Recommended Allowance				180.00	

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

G1 THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.

If you have any questions regarding the applicability of your PPO contract to this claim, please contact Anthem Blue Cross at 1 (855) 766-3719.

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 (herein referred to as 'Provider') 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 EOR. The Request for Second Review must conform to the requirements of the DWC's Medical Billing and Payment Guide, and regulations at Title 8, CA Code of Regulations, section 9792.5.4 et seq. If the dispute is the amount of payment and the Provider does not request a second review within 90 days of the service of the EOR, 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

[redacted]

10087939

Liberty Mutual. INSURANCE

ISSUE DATE SEP 5, 2018
CLAIMS ACCOUNTING
P.O. BOX 461
ST. LOUIS, MO 63166-0461

CLAIM NO. 19W970690901
POLICY NO. WC08238399
LOSS DATE 02-21-97

ADJUSTER:
ANDREW GRAHAM
PHONE NO: 1-800-332-3226

AGENT: 16-0484
BOLTON AND COMPANY

44352-1
38774

JOYCE ALTMAN
PO BOX 4165
TUSTIN CA 92781-4165

PAYMENT PERIOD:
03-08-11 TO 03-08-11

COVERAGES PAID THIS CHECK:

250.00 IND PERM PERMANENT DISABILITY

****250.00 TOTAL PAID THIS CHECK
INSURED: ALL NEW STAMPING COMPANY
CLAIMANT:
IN PAYMENT OF: DEPO REVIEW

DEPO REVIEW

SEP 10 2018

pcsBOA

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

SCC * 000007
Safeco Insurance Companies
P.O. Box 461
Saint Louis, MO 63166-0461

Liberty Mutual. INSURANCE

Controlled Disbursement
Bank of America, N.A.
Atlanta, Dekalb County, Georgia

10087939

CHECK DATE SEP 5, 2018 84-1279 911 GA

B Code 50-334 Claim No. 19W970690901 Voucher No. 2480646

$ ****250.00

VOID IF NOT PRESENTED WITHIN SIX MONTHS OF ISSUE DATE OF CHECK

PAY TWO HUNDRED FIFTY DOLLARS AND NO CENTS----------

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

TWO SIGNATURES REQUIRED IF AMOUNT EXCEEDS $500,000

⑈10087939⑈ ⑆061112788⑆ 329 900 1802⑈

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

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

Temporary Return Service Requested

000064-000001-000064 2511282 2320EDC 1
Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

Explanation of Review
Page: 1 of 2
DCN: PC1-0010-0480320
Date of Review: 09/26/2018
Date Bill Received: 09/25/2018
Adjustor: LGABRIEL
File: 00000000010.00 / 00000000000.00 / 00000000
Check No.: 01135006 Bulk $825.00
Method of Payment: Paper Check

Provider: JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781
Provider State License: 999999999
Provider Invoice:
Rendering Provider: N/A
Rendering Provider ID: 9999999999

Claim 00034917
Policy: WC00007104
Employer Name: ALL NEW STAMPING
Doi: 05/19/2006
Claimant:
Patient SSN
MPN Number: 1018

Tax ID: 330956713 PHY
DOS: 10/07/2010 TO 06/02/2016
Ext ID: 33095671300 100
Payment Status Code: 1
Payment Date: 09/28/2018 Bill Frequency:

DX 1: 9590 INJURY OTHER&UNSPEC HEAD

PAID
OCT 02 2018

Date of Service	Code	Mod	Rev Code	Service Description	Prescription #	Allow Units	Bill Units	Adjust Qnty	Charges	Reductions Bill Review	Reductions PPO	Reductions Allowance	Expl. Code(s)
10/07/2010	MDS10			LUM SUM/MUL BILL-THE AMNT		1	1	0	412.50			412.50	1000
06/02/2016	MDS10			LUM SUM/MUL BILL-THE AMNT		1	1	0	412.50			412.50	1000
								Total Charges:	825.00				
								Bill Review Reductions:		0.00			
								Recommended Allowance				825.00	

.000 FULL and FINAL SETTLEMENT

IME LIMITS TO DISPUTE PAYMENT AMOUNT

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

PacificComp®
A CopperPoint Insurance Company

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

16-01606/1220

CHECK NO: 01135006

DATE: 09/28/2018

AMOUNT
*****$825.00

VOID AFTER 6 MONTHS

PAY **Eight Hundred Twenty-Five and 00/100**

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

Mary E. Altman

⑈01135006⑈ ⑆122016066⑆ 412⑈118464⑈

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

*** INVOICE ***
Date NO#
11/19/18 68293

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
43210

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

Case: ___ vs BUDDY BAR CASTING INC.
Date Of Injury: 5/5/14

DOS	SERVICE	DESCRIPTION	AMOUNT
01/26/16	LEGAL_WCAB	EXP. HEARING @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
03/03/16	PMT BY CHECK	DOS 1/26/16* # 00649180	-156.50
06/22/16	LEGAL_WCAB	EXP. HEARING @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
08/05/16	PMT BY CHECK	DOS 6/22/16* # 01016235	-90.00
05/04/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
06/07/17	PMT BY CHECK	DOS 5/4/17* =# 01059541	-156.50
11/05/18	COSTS	ADD'L COSTS AWARDED	383.50
11/14/18	PMT BY CHECK	DOS 6/22/16-11/5/18* =# 01142936	-450.00

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

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

PAID MAR 07 2016

Temporary Return Service Requested

000052-000001-000052 2505995 2320EDC 1
Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

Explanation of Review
Page: 1 of 2
DCN: PC1-0010-0174249
Date of Review: 03/01/2016
Date Bill Received: 02/18/2016
Adjustor: ABOUYETT
File: 00000000010.00 / 00000000000.00 / 00000000
Check No.: 00649180 Bulk $156.50
Method of Payment: Paper Check

68293

Provider: JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781
Provider State License: 99999999
Provider Invoice: 68293
Rendering Provider: JOYCE ALTMAN INTERPRETERS INC
Rendering Provider ID: 9999999999

Claim 00043210
Policy: WA 00047200
Employer Name: BUDDY BAR CASTING, INC.
DoI: 05/05/2014
Claimant:
Patient SSN:
MPN Number: 1018

Tax ID: 330956713 ANC
DOS: 01/26/2016
Ext ID: 33095671300 114
Payment Status Code: 1
Payment Date: 03/03/2016 Bill Frequency:

DX 1: T1490 Injury, unspecified

Date of Service	Code	Mod	Rev Code	Service Description	Prescription #	Allow Units	Bill Units	Adjust Qnty	Charges	Bill Review	Reductions PPO	Allowance	Expl. Code(s)
01/26/2016	T1013			SIGN LANGUAGE/ORAL INTEPR		1	1	0	156.50			156.50	
								Total Charges:	156.50				
								Bill Review Reductions:		0.00			
								Recommended Allowance				156.50	

If you have any questions regarding the applicability of your PPO contract to this claim, please contact Anthem Blue Cross at 1 (855) 766-3719.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT
REQUEST FOR SECOND REVIEW

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

PacificComp®
PACIFIC COMPENSATION INSURANCE COMPANY

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403
16-01606/1220

CHECK NO: 00649180
DATE: 03/03/2016

AMOUNT
*****$156.50

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

PAY One Hundred Fifty-Six and 50/100

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

Authorized Signature
Daniel K. Richardson
Authorized Signature

⑈00649180⑈ ⑆122016066⑆ 412⑈87889 2⑈

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

Temporary Return Service Requested

000063-000001-000125 2506916 2320EDC 2
Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

Explanation of Review
Page: 1 of 3
DCN: PC1-0010-0216550
Date of Review: 08/03/2016
Date Bill Received: 07/25/2016
Adjustor: ABOUYETT
File: 00000000010.00 / 00000000000.00 / 00000000
Check No.: 01016235 Bulk $90.00
Method of Payment: Paper Check

68293

Provider: JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781
Provider State License: 99999999
Provider Invoice: 68293
Rendering Provider: JOYCE ALTMAN INTERPRETERS INC
Rendering Provider ID: 9999999999

Claim 00043210
Policy: WA 00047200
Employer Name: BUDDY BAR CASTING, INC.
DoI: 05/05/2014
Claimant: I
Patient SSN:
MPN Number: 1018

Tax ID: 330956713 ANC
DOS: 01/26/2016 TO 06/22/2016
Ext ID: 33095671300 114
Payment Status Code: 1
Payment Date: 08/05/2016 Bill Frequency:

T1490 Injury, unspecified

Date of Service	Code	Mod	Rev Code	Service Description	Prescription #	Allow Units	Bill Units	Adjust Qnty	Charges	Reductions Bill Review	Reductions PPO	Reductions Allowance	Expl. Code(s)
01/26/2016	T1013			SIGN LANGUAGE/ORAL INTEPR		0	1	-1	156.50	156.50		0.00	G56 G1
06/22/2016	T1013			SIGN LANGUAGE/ORAL INTEPR		1	1	0	156.50	66.50		90.00	G1
								Total Charges:	313.00				
								Bill Review Reductions:		223.00			
								Recommended Allowance				90.00	

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

PacificComp®
PACIFIC COMPENSATION INSURANCE COMPANY

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

16-01606/1220

CHECK NO: 01016235
DATE: 08/05/2016

AMOUNT
*****$90.00

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

PAY Ninety and 00/100

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

Authorized Signature

Authorized Signature

⑈01016235⑈ ⑆122016066⑆ 412⑈118464⑈

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

Temporary Return Service Requested

000007-000002-000174 2508596 2320EDC F
Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

Explanation of Review
Page: 1 of 2
DCN: PC1-0010-0312103
Date of Review: 06/05/2017
Date Bill Received: 05/22/2017
Adjustor: ABOUYETT
File: 00000000010.00 / 00000000000.00 / 00000000
Check No.: 01059541 Bulk $156.50
Method of Payment: Paper Check

68293 - 1

Provider: JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781
Provider State License: 99999999
Provider Invoice: 68293
Rendering Provider: JOYCE ALTMAN INTERPRETERS INC
Rendering Provider ID: 9999999999

Claim 00043210
Policy: WA00047200
Employer Name: BUDDY BAR CASTING, INC.
DoI: 05/05/2014
Claimant:
Patient SSN:
MPN Number: 1018

Tax ID: 330956713 ANC
DOS: 05/04/2017
Ext ID: 33095671300 114
Payment Status Code: 1
Payment Date: 06/07/2017 Bill Frequency:

DX 1: T1490 Injury, unspecified

JUN 12 2017

Date of Service	Code	Mod	Rev Code	Service Description	Prescription #	Allow Units	Bill Units	Adjust Qnty	Charges	Bill Review	Reductions PPO	Allowance	Expl. Code(s)
05/04/2017	T1013			SIGN LANGUAGE/ORAL INTEPR		1	1	0	156.50			156.50	G67
								Total Charges:	156.50				
								Bill Review Reductions:		0.00			
								Recommended Allowance				156.50	

G67 PAYMENT BASED ON INDIVIDUAL PRE-NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE. (330956713)

IME LIMITS TO DISPUTE PAYMENT AMOUNT
EQUEST FOR SECOND REVIEW
fter an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee

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

PacificComp®
PACIFIC COMPENSATION INSURANCE COMPANY

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

16-01606/1220

CHECK NO: 01059541
DATE: 06/07/2017

AMOUNT
*****$156.50

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

PAY One Hundred Fifty-Six and 50/100

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

Authorized Signature
Daniel K. Richardson
Authorized Signature

⑈01059541⑈ ⑆122016066⑆ 412⑈118464⑈

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

Temporary Return Service Requested

000070-000001-000070 2511538 2320EDC 1
Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

Explanation of Review
Page: 1 of 2
DCN: PC1-0010-0499594
Date of Review: 11/12/2018
Date Bill Received: 11/06/2018
Adjustor: ABOUYETT
File: 00000000010.00 / 00000000000.00 / 00000000
Check No.: 01142936 Bulk $450.00
Method of Payment: Paper Check

ovider: JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781
ovider State License: 999999999
ovider Invoice:
endering Provider: N/A
endering Provider ID: 9999999999

Claim 00043210
Policy: WA00047200
Employer Name: BUDDY BAR CASTING, INC.
Doi: 05/05/2014
Claimant:
Patient SSN: (
MPN Number: 1018

PAID
NOV 19 2018
BY:

x ID: 330956713 PHY
DS: 06/22/2016 TO 11/05/2018
t ID: 33095671300 100
yment Status Code: 1
yment Date: 11/14/2018 Bill Frequency:

DX 1: T1490 Injury, unspecified

te of rvice	Code	Mod	Rev Code	Service Description	Prescription #	Allow Units	Bill Units	Adjust Qnty	Charges	Bill Review	Reductions PPO	Reductions Allowance	Expl. Code(s)
/22/2016	MDS21			LUM SUM/SINGLE BILL -AMNT		1	1	0	231.94	6.94		225.00	1000
/05/2018	MDS21			LUM SUM/SINGLE BILL -AMNT		1	1	0	231.94	6.94		225.00	1000
								Total Charges:	463.88				
								Bill Review Reductions:		13.88			
								Recommended Allowance				450.00	

00 FULL and FINAL SETTLEMENT

ME LIMITS TO DISPUTE PAYMENT AMOUNT

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

PacificComp®
A CopperPoint Insurance Company

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

16-01606/1220

CHECK NO: 01142936
DATE: 11/14/2018

AMOUNT
*****$450.00

VOID AFTER 6 MONTHS

PAY **Four Hundred Fifty and 00/100**

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

Marc E. Bohmann

⑈01142936⑈ ⑆122016066⑆ 412⑈18464⑈

Joyce Altman Interpreters, 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 74502

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
62085

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

Case: [redacted] vs STRAND CLEANERS/RANG
Date of Injury: 4/5/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/14/18	LEGAL C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA J. RAMIREZ # 301566	0.00
03/07/19	PMT BY CHECK	DOS 8/14/18* # 01161234	-250.00
05/28/19	COSTS	ADD'L COSTS AWARDED	347.00
06/06/19	PMT BY CHECK	DOS 4/6/18-5/28/19* =# 01177512	-347.00

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

PACIFIC COMPENSATION INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042

Temporary Return Service Requested

000090-000001-000090 2512014 2320EDC 1
Joyce Altman Interpreters
P.O.Box 4165
Tustin CA 92781-4165

Claimant:
Claim: 00062058
Policy #: WA00335300
Date of Injury: 20180405
Description: 08-14-18 - 08-14-18
Payment For: INTERPRETER FOR HEARINGS

Payment Amount: $ 250.00

DIRECT INQUIRIES TO: PACIFIC COMPENSATION INSURANCE COMPANY

PAID
MAR 11 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.

PacificComp
A CopperPoint Insurance Company

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

16-01606/1220

CHECK NO: 01161234

DATE: 03/07/2019

AMOUNT
*****$250.00

VOID AFTER 6 MONTHS

PAY Two Hundred Fifty and 00/100

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

Marc E. Altman

⑈01161234⑈ ⑆122016066⑆ 412⑈18464⑈

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

Temporary Return Service Requested

000080-000001-000080 2512386 2320EDC 1
Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

Explanation of Review
Page: 1 of 2
DCN: PC1-0010-0575650
Date of Review: 06/04/2019
Date Bill Received: 05/29/2019
Adjustor: JSINCLAIR
File: 00000000010.00 / 00000000000.00 / 00000000
Check No.: 01177512 Bulk $347.00
Method of Payment: Paper Check

Provider: JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781
Provider State License: 999999999
Provider Invoice:
Rendering Provider: N/A
Rendering Provider ID: 9999999999

Claim 00062058
Policy: WA00335300
Employer Name: RANG INC
Doi: 04/05/2018
Claimant:
Patient SSN:
MPN Number: 1018

PAID
JUN 10 2019
BY.

Tax ID: 330956713 PHY
DOS: 04/05/2018 TO 05/28/2019
Ext ID: 33095671300 100
Payment Status Code: 1
Payment Date: 06/06/2019 Bill Frequency:

DX 1: M5126 Other intervertebral disc

Date of Service	Code	Mod	Rev Code	Service Description	Prescription #	Allow Units	Bill Units	Adjust Qnty	Charges	Reductions Bill Review	Reductions PPO	Allowance	Expl. Code(s)
04/05/2018	MDS10			LUM SUM/MUL BILL-THE AMNT		1	1	0	173.50			173.50	1000
05/28/2019	MDS10			LUM SUM/MUL BILL-THE AMNT		1	1	0	173.50			173.50	1000
								Total Charges:	347.00				
								Bill Review Reductions:		0.00			
								Recommended Allowance				347.00	

1000 FULL and FINAL SETTLEMENT

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

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

PacificComp®
A CopperPoint Insurance Company

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

16-01606/1220

CHECK NO: 01177512
DATE: 06/06/2019

AMOUNT
*****$347.00

VOID AFTER 6 MONTHS

PAY Three Hundred Forty-Seven and 00/100

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

Marie E. Schmutzler

⑈01177512⑈ ⑆122016066⑆ 412⑈118464⑈

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

*** INVOICE ***
Date NO#
05/29/19 74791

EAMS#(s):.

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
61920

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

Case: vs STEVE MILLEN SPORTPARTS INC
Date Of Injury: 4/2/18

DOS	SERVICE	DESCRIPTION	AMOUNT
10/09/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/05/19	PMT BY CHECK	DOS 10/9/18* # 01166758	-156.50
04/11/19	COSTS	MONIES CREDITED TOWARD COSTS	156.50
04/11/19	PMT BY CHECK	DOS 10/9/18* # 01168109	-156.50
05/09/19	COSTS	ADD'L COSTS AWARDED	2000.00
05/21/19	PMT BY CHECK	DOS 4/2/18-5/9/19* # 01174700	-2000.00

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 **

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

Temporary Return Service Requested

000096-000001-000096 2512132 2320EDC 1
Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

Explanation of Review
Page: 1 of 2
DCN: PC1-0010-0548700
Date of Review: 04/03/2019
Date Bill Received: 03/25/2019
Adjustor: JSINCLAIR
File: 00000000010.00 / 00000000000.00 / 00000000
Check No.: 01166758 Bulk $156.50
Method of Payment: Paper Check

Provider: JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781
Provider State License: 999999999
Provider Invoice: 74791
Rendering Provider: N/A
Rendering Provider ID: 9999999999

Claim 00061920
Policy: WA00077203
Employer Name: STEVE MILLEN SPORTPARTS INC
DoI: 04/02/2018
Claimant:
Patient SSN:
MPN Number: 1018

PAID
APR 10 2019
BY .....

Tax ID: 330956713 PHY
DOS: 10/09/2018
Ext ID: 33095671300 114
Payment Status Code: 1
Payment Date: 04/05/2019 Bill Frequency:

DX 1: T1490 Injury, unspecified

74791

Date of Service	Code	Mod	Rev Code	Service Description	Prescription #	Allow Units	Bill Units	Adjust Qnty	Charges	Reductions Bill Review	Reductions PPO	Reductions Allowance	Expl. Code(s)
10/09/2018	T1013			SIGN LANGUAGE/ORAL INTEPR		2	2	0	156.50			156.50	
								Total Charges:	156.50				
								Bill Review Reductions:		0.00			
								Recommended Allowance				156.50	

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

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

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403
16-01606/1220

CHECK NO: 01166758
DATE: 04/05/2019
AMOUNT
*****$156.50

PacificComp
A CopperPoint Insurance Company

VOID AFTER 6 MONTHS

PAY One Hundred Fifty-Six and 50/100

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

Marc E. Pettmann

⑈01166758⑈ ⑆122016066⑆ 412⑈18464⑈

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

Temporary Return Service Requested

000066-000001-000066 2512169 2320EDC 1
Joyce Altman Interpreters
P.O.Box 4165
Tustin CA 92781-4165

Explanation of Review
Page: 1 of 2
DCN: PC1-0010-0544478
Date of Review: 04/11/2019
Date Bill Received: 03/13/2019
Adjustor: JSINCLAIR
File: 00000000010.00 / 00000000000.00 / 00000000
Check No.: 01168109 Bulk $156.50
Method of Payment: Paper Check

Provider: JOYCE ALTMAN INTERPRETERS
P.O.BOX 4165
TUSTIN, CA 927814165
Provider State License: 999999999
Provider Invoice: 74791
Rendering Provider: JOYCE ALTMAN INTERPRETERS INC
Rendering Provider ID: 9999999999

Claim 00061920
Policy: WA00077203
Employer Name: STEVE MILLEN SPORTPARTS INC
Doi: 04/02/2018
Claimant:
Patient SSN:
MPN Number: 1018

RECEIVED
APR 22 2019
BY:

Tax ID: 330956713 ANC
DOS: 10/09/2018
Ext ID: 33095671301 114
Payment Status Code: 1
Payment Date: 04/15/2019 Bill Frequency:

DX 1: T1490 Injury, unspecified

Date of Service	Code	Mod	Rev Code	Service Description	Prescription #	Allow Units	Bill Units	Adjust Qnty	Charges	Reductions Bill Review	Reductions PPO	Reductions Allowance	Expl. Code(s)
10/09/2018	T1013			SIGN LANGUAGE/ORAL INTEPR		1	1	0	156.50			156.50	
								Total Charges:	156.50				
								Bill Review Reductions:		0.00			
								Recommended Allowance				156.50	

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

[redacted]

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

Temporary Return Service Requested

000083-000001-000083 2512322 2320EDC 1
Joyce Altman Interpreters
P.O.Box 4165
Tustin CA 92781-4165

Explanation of Review
Page: 1 of 2
DCN: PC1-0010-0567722
Date of Review: 05/17/2019
Date Bill Received: 05/16/2019
Adjustor: JSINCLAIR
File: 00000000010.00 / 00000000000.00 / 00000000
Check No.: 01174700 Bulk $2,000.00
Method of Payment: Paper Check

Provider: JOYCE ALTMAN INTERPRETERS
P.O.BOX 4165
TUSTIN, CA 927814165
Provider State License: 999999999
Provider Invoice:
Rendering Provider: n/a
Rendering Provider ID: 9999999999

Claim 00061920
Policy: WA00077203
Employer Name: STEVE MILLEN SPORTPARTS INC
Doi: 04/02/2018
Claimant.
Patient SSI
MPN Number: 1018

PAID
MAY 29 2019
BY: .....

Tax ID: 330956713 PHY
DOS: 04/02/2018 TO 05/09/2019
Ext ID: 33095671301 100
Payment Status Code: 1
Payment Date: 05/21/2019 Bill Frequency:

DX 1: M5126 Other intervertebral disc

Date of Service	Code	Mod	Rev Code	Service Description	Prescription #	Allow Units	Bill Units	Adjust Qnty	Charges	Reductions ********** Bill Review	Reductions ********* PPO	Allowance	Expl. Code(s)
04/02/2018	MDS10			LUM SUM/MUL BILL-THE AMNT		1	1	0	1,000.00			1,000.00	1000
05/09/2019	MDS10			LUM SUM/MUL BILL-THE AMNT		1	1	0	1,000.00			1,000.00	1000
								Total Charges:	2,000.00				
								Bill Review Reductions:		0.00			
								Recommended Allowance				2,000.00	

1000 FULL and FINAL SETTLEMENT

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

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

PacificComp
A CopperPoint Insurance Company

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403
16-01606/1220

CHECK NO: 01174700
DATE: 05/21/2019

AMOUNT
*****$2,000.00

VOID AFTER 6 MONTHS

PAY Two Thousand and 00/100

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

Marc E. Schmalz

⑈01174700⑈ ⑆122016066⑆ 412⑈11864⑈

Joyce Altman Interpreters, 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	67883

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
36439

BILL TO:
PREFERRED EMPLOYERS (SAN DIEG)
W. C. DEPARTMENT
ATTN: PATRICIA BEREGA
P.O. BOX # 85838
SAN DIEGO, CA 92186-5838

Case: vs NATIONWIDE PLASTIC PRODUCTS
Date Of Injury: 9/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/19/15	LEGAL_WCAB	EXP. HEARING @ WCAB MDR	156.50
/ /	INTERPRETER:	RAQUEL ZABRONSKI # 100076	0.00
12/22/15	PMT BY CHECK	DOS 10/19/15* # 5002004591	-156.50
12/04/17	LEGAL_WCAB	MSC @ WCAB MARINA DE REY	156.50
/ /	INTERPRETER:	VIVIAN BELINKI # 100380	0.00
10/31/18	PMT BY CHECK	DOS 12/4/17* # 5002254822	-156.50
01/17/19	COSTS	ADD'L COSTS AWARDED	500.00
02/05/19	PMT BY CHECK	DPS 1/7/19* # 5002279826	-500.00

BALANCE 0.00

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

MA

Berkley Insurance Company
PREFERRED EMPLOYERS GROUP
Preferred Employers Insurance Company
For Questions Call: 888/472-9001

Secure Check

WRBC

WELLS FARGO BANK, N.A.
115 Hospital Drive
Van Wert, OH 45891
56-382/412

5002004591

Date 12/22/2015

Pay Amount $156.50***

Pay ****ONE HUNDRED AND FIFTY-SIX AND 50 / 100 DOLLAR****

To The Order Of

JOYCE ALTMAN INTERPRETERS INC.

THIS CHECK EXPIRES AND IS VOID 90 DAYS FROM ISSUE DATE

VOID VOID VOID

Authorized Signature

VOID VOID VOID

Authorized Signature

Claim No. 36439

In Payment Of:

⑈5002004591⑈ ⑆041203824⑆ 9600111163⑈

RUB OR BREATHE ON THE PINK LOCK & KEY ICONS - COLOR WILL FADE AND RETURN ON AN AUTHENTIC CHECK - IF COLOR DOES NOT FADE DO NOT ACCEPT

Check Date: Dec/22/2015	Vendor Number: 0000056979	Check No. 5002004591	Print Group Code 1	

Policy Number	WKN140449-5
Insured	NATION WIDE PLASTIC PRODUCTS INC.
Date of Loss	9/23/2014
Reported Date of Loss	11/11/2014
Claims System ID	btsCCPR:11509340
Claim Number	36439
Claimant Name	Z
Vendor Invoice Date	
Vendor Invoice Number	IbtsCCPR:11509340
Service From	10/19/2015
Service To	10/19/2015
Adjuster Name	Patricia Gerega (PEG WC Claims B (San Diego))
Agency Code	
Agency Name	
Pay Amount	$156.50***
Memo / Description	

PAID DEC 28 2015

67883

PREFERRED EMPLOYERS GROUP
Preferred Employers Insurance Company
1455 Frazee Road
Suite 1000
San Diego, CA 92108
888/472-9001

Mail To:

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

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

BOA10335938_3000000067

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

Check Date	Reference Number	Supplier Number	Pay Group	AP Unit	Print Group Code	Check Number
Oct 31 2018	5002254822	0000056979	CL	10045	1	5002254822

Policy Number	WKN140449-5
Insured	NATION WIDE PLASTIC PRODUCTS INC.
Date of Loss	09/23/2014
Reported Date of Loss	11/11/2014
Claims System ID	btsCCPR:16404651
Claim Number	36439
Claimant Name	
Supplier Invoice Date	10/30/2018
Supplier Invoice Number	IbtsCCPR:16404651
Service Dates	12/04/2017 12/04/2017
Adjuster Name	Trina Humphrey (San Diego 2)
Agency Code	
Agency Name	
Pay Amount	$ 156.50
Memo / Description	

NOV 05 2018

Page 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 156.50 ***
Page 1 through 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 156.50 ***

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

WRUC

Berkley Insurance Company
PREFERRED EMPLOYERS GROUP
Preferred Employers Insurance Company
For Questions Please Call: 888-472-9001
Claim No: 36439
In Payment Of:

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

5002254822

Date 10/31/2018 **Pay Amount** $ 156.50 ***

Pay ****** ONE HUNDRED FIFTY-SIX AND 50/100 DOLLAR ******

To The Order Of
JOYCE ALTMAN INTERPRETERS INC.

THIS CHECK EXPIRES AND IS VOID 90 DAYS FROM ISSUE DATE

Authorized Signature

Authorized Signature

⑈5002254822⑈ ⑆041203824⑆ 9600111163⑈

DO NOT CASH IF COLOR LOCK AND KEY ICONS FADE. COLOR WILL FADE AND RETURN ON AN AUTHENTIC CHECK. IF COLOR DOES NOT FADE, DO NOT ACCEPT

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

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

Check Date	Reference Number	Supplier Number	Pay Group	AP Unit	Print Group Code	Check Number
Feb 05 2019	5002279826	0000056979	CL	10045	1	5002279826

Policy Number	WKN140449-5
Insured	NATION WIDE PLASTIC PRODUCTS INC.
Date of Loss	09/23/2014
Reported Date of Loss	11/11/2014
Claims System ID	btsCCPR:16532489
Claim Number	36439
Claimant Name	
Supplier Invoice Date	02/04/2019
Supplier Invoice Number	IF&F
Service Dates	01/07/2019 01/07/2019
Adjuster Name	Louis Santillan (San Diego 2)
Agency Code	
Agency Name	
Pay Amount	$ 500.00
Memo / Description	

FEB 1 1 2019

Page 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 500.00 ***
Page 1 through 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 500.00 ***

WARNING! DO NOT ACCEPT THIS CHECK UNLESS YOU CAN SEE A TRUE WATERMARK WHEN HOLDING THE CHECK TO THE LIGHT AND PRINTING AND TEXT ICONS THAT APPEAR WHEN WARMED

Berkley Insurance Company
PREFERRED EMPLOYERS GROUP
Preferred Employers Insurance Company
For Questions Please Call: 888-472-9001
Claim No: 36439
In Payment Of:

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

WRBC
5002279826

Date **02/05/2019** **Pay Amount $ 500.00 ***

Pay ****** FIVE HUNDRED 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

⑈5002279826⑈ ⑆041203824⑆ 9600111163⑈

Joyce Altman Interpreters, 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 75058

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
PEG000000030903

BILL TO:
PREFERRED EMPLOYERS (SAN DIEG)
W. C. DEPARTMENT
ATTN: ANNIE CAROL
P.O. BOX # 85838
SAN DIEGO, CA 92186-5838

Case: _ vs BESTIA RESTAURANT
Date Of Injury: 2/5/17

DOS	SERVICE	DESCRIPTION	AMOUNT
12/03/18	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
04/24/19	PMT BY CHECK	DOS 12/3/18* # 5002302403	-156.50
04/24/19	PEN & INT	PENALTY DOS 12/3/18*	23.48
04/24/19	PMT BY CHECK	DOS 12/3/18* # 5002302404	-23.48
04/24/19	PEN & INT	INTEREST DOS 12/3/18*	4.11
04/24/19	PMT BY CHECK	DOS 12/3/18* # 5002302405	-4.11
05/20/19	COSTS	ADD'L COSTS AWARDED	600.00
06/07/19	PMT BY CHECK	DOS 5/20/19* # 5002308617	-600.00

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

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

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

PAID
APR 29 2019
BY: .....

BGA104777082_10000000085

Check Date	Reference Number	Supplier Number	Pay Group	AP Unit	Print Group Code	Check Number
Apr 24 2019	5002302403	0000056979	CL	10045	1	5002302403

Policy Number	WKN162030-1
Insured	BESTIA L L C
Date of Loss	02/05/2017
Reported Date of Loss	04/25/2017
Claims System ID	btsCCPR:16646517
Claim Number	PEG WC 0000030903
Claimant Name	
Supplier Invoice Date	04/23/2019
Supplier Invoice Number	IbtsCCPR:16646517
Service Dates	12/03/2018 12/03/2018
Adjuster Name	Louis Santillan (San Diego 2)
Agency Code	
Agency Name	
Pay Amount	$ 156.50
Memo / Description	

Page 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 156.50 ***
Page 1 through 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 156.50 ***

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

BHA10477082_10000000086

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

PAID
APR 29 2019
BY: .....

Check Date	Reference Number	Supplier Number	Pay Group	AP Unit	Print Group Code	Check Number
Apr 24 2019	5002302404	0000056979	CL	10045	1	5002302404

Policy Number	WKN162030-1
Insured	BESTIA L L C
Date of Loss	02/05/2017
Reported Date of Loss	04/25/2017
Claims System ID	bisCCPR:16646520
Claim Number	[redacted]030903
Claimant Name	
Supplier Invoice Date	04/23/2019
Supplier Invoice Number	IPenalty DOS 12/3/18
Service Dates	04/23/2019 04/23/2019
Adjuster Name	Louis Santillan (San Diego 2)
Agency Code	
Agency Name	
Pay Amount	$ 23.48
Memo / Description	

Page 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 23.48 ***
Page 1 through 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 23.48 ***

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

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

PAID
APR 29 2019
BY: .....

BIA10477082_10000000087

Check Date	Reference Number	Supplier Number	Pay Group	AP Unit	Print Group Code	Check Number
Apr 24 2019	5002302405	0000056979	CL	10045	1	5002302405

Policy Number	WKN162030-1
Insured	BESTIA L L C
Date of Loss	02/05/2017
Reported Date of Loss	04/25/2017
Claims System ID	btsCCPR:16646522
Claim Number	PEG WC 000000030903
Claimant Name	
Supplier Invoice Date	04/23/2019
Supplier Invoice Number	Interest DOS 12/3/18
Service Dates	12/03/2018 04/23/2019
Adjuster Name	Louis Santillan (San Diego 2)
Agency Code	
Agency Name	
Pay Amount	$ 4.11
Memo / Description	

Page 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 4.11 ***
Page 1 through 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 4.11 ***

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

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

BOA10507365_20000000041

Check Date	Reference Number	Supplier Number	Pay Group	AP Unit	Print Group Code	Check Number
Jun 07 2019	5002308617	0000099708	CL	10045	1	5002308617

Policy Number	WKN162030-1
Insured	BESTIA L L C
Date of Loss	02/05/2017
Reported Date of Loss	04/25/2017
Claims System ID	bnuCCV9:14078032
Claim Number	PEG WC 000000030903
Claimant Name	
Supplier Invoice Date	06/06/2019
Supplier Invoice Number	IF&F
Service Dates	05/20/2019 05/20/2019
Adjuster Name	Medical PEG WC 000000030903
Agency Code	
Agency Name	
Pay Amount	$ 600.00
Memo / Description	Medical PEG WC 000000030903

PAID
JUN 10 2019
BY.....

Page 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 600.00 ***
Page 1 through 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 600.00 ***

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

*** INVOICE ***
Date NO#
05/31/19 47568

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
B528103387-0001-01

BILL TO:
QBE SPECIALTY INSURANCE (WI)
W. C. DEPARTMENT
ATTN: SHAWNA PENA
P.O. BOX 975
SUN PRAIRIE, WI 53590

Case: vs TUNEUP MASTERS
Date Of Injury: 8/2/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/17/11	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
/ /	INTERPRETER:	GALDYS REYNA # 100755	0.00
09/14/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
10/12/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
11/16/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
12/14/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
01/19/12	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
02/16/12	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
03/29/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 500289	180.00
11/24/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
07/12/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/12/18	PENALTIES	FOR DATE OF SERVICE 08/17/11	34.50
05/22/19	INTEREST	FOR DATE OF SERVICE 08/17/11	189.35
09/14/18	PMT BY CHECK	DOS 7/12/18* # 93437581	-156.50
09/13/18	LEGAL_WCAB	TRIAL @ WCAB LBO	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
11/27/18	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH FULL/DAY	313.00
/ /	INTERPRETER:	JOYCE C. ALTMAN # 300624	0.00
01/24/19	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH (FULL DAY)	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	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#
05/31/19 47568

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
B528103387-0001-01

BILL TO:
QBE SPECIALTY INSURANCE (WI)
W. C. DEPARTMENT
ATTN: SHAWNA PENA
P.O. BOX 975
SUN PRAIRIE, WI 53590

Case: vs TUNEUP MASTERS
Date Of Injury: 8/2/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/14/19	LEGAL WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/22/19	PENALTIES	FOR DATE OF SERVICE 09/14/11	27.00
05/22/19	INTEREST	FOR DATE OF SERVICE 09/14/11	148.19
05/22/19	PENALTIES	FOR DATE OF SERVICE 10/12/11	27.00
05/22/19	INTEREST	FOR DATE OF SERVICE 10/12/11	148.19
05/22/19	PENALTIES	FOR DATE OF SERVICE 11/16/11	27.00
05/22/19	INTEREST	FOR DATE OF SERVICE 11/16/11	148.19
05/22/19	PENALTIES	FOR DATE OF SERVICE 12/14/11	27.00
05/22/19	INTEREST	FOR DATE OF SERVICE 12/14/11	148.19
05/22/19	PENALTIES	FOR DATE OF SERVICE 01/19/12	27.00
05/22/19	INTEREST	FOR DATE OF SERVICE 01/19/12	148.19
05/22/19	PENALTIES	FOR DATE OF SERVICE 02/16/12	27.00
05/22/19	INTEREST	FOR DATE OF SERVICE 02/16/12	148.19
05/22/19	PENALTIES	FOR DATE OF SERVICE 03/29/12	27.00
05/22/19	INTEREST	FOR DATE OF SERVICE 03/29/12	147.23
05/22/19	COSTS	ADD'L COSTS AWARDED	1921.78
05/29/19	PMT BY CHECK	DOS 8/2/11-5/22/19* # 95983603	-5900.00

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 975
Sun Prairie, WI 53590-0975

0007511-0022463 0106 001 734672 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
09/14/2018	156.50	93437581
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
		08/02/2011	B528103387-0001-01
Amt Paid: 156.50	Description:		
Amt Billed: 156.50	Invoice:	47568	ICN:42678982.848
Dates: 07/12/2018 - 07/12/2018	Comment:		

SEP 18 2018

SWK.RM.STD.00.NP

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

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

Enstar (US), Inc.

ORIGIN 2816224

Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/14/2018

93437581

62-22
311

PAY: ******ONE HUNDRED FIFTY SIX AND 50/100 DOLLARS

$156.50

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

430527739

MEMO: MP

Enstar (US), Inc., Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈93437581⑈ ⑆031100225⑆ 2079950059703⑈

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

0006316-0020847 0106 001 795727 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
05/29/2019	5,900.00	95983603
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
	08/02/2011	B528103387-0001-01
Amt Paid: 5,900.00	Description: Miscellaneous Medical	
Amt Billed: 5,900.00	Invoice:	ICN:44047478.848
Dates: 08/02/2011 - 05/22/2019	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

Enstar (US), Inc.
Praetorian Insurance Company

ORIGIN 2819108
Wells Fargo Bank, N.A.

95983603

VOID AFTER 60 DAYS

DATE: 05/29/2019

62-22
311

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

$5,900.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

Enstar (US), Inc., Principal
Sedgwick Claims Management Services, Inc., Agent By:

5/8/6191

⑈95983603⑈ ⑆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#
09/19/18 41344

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06040582

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs EXODUS
Date Of Injury: 8/21/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/28/10	MRI	REF BY DR KOHANIM: L/S*	150.00
/ /	INTERPRETER:	BLANCA NOCHEZ MEJIA # 100741	0.00
12/08/15	LEGAL_WCAB	PRIORITY CONFERENCE WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
01/15/16	LEGAL_PREP	DEPO PREP @ HUTCHINGS COURT REPORTERS (S.A.)	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
02/11/16	PMT BY CHECK	DOS 12/8/15* # CS-586453	-156.50
02/16/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB AHM P.M.	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
02/16/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI A.M.	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/12/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
09/27/17	LIEN FIL FEE	LIEN FILING FEE	150.00
02/09/18	PENALTIES	FOR DATE OF SERVICE 12/28/10	22.50
02/28/18	INTEREST	FOR DATE OF SERVICE 12/28/10	37.00
02/09/18	PENALTIES	FOR DATE OF SERVICE 1/15/16	23.48
06/01/18	INTEREST	FOR DATE OF SERVICE 1/15/16	41.91
02/09/18	PENALTIES	FOR DATE OF SERVICE 2/16/16	23.48
06/01/18	INTEREST	FOR DATE OF SERVICE 2/16/16	40.58
02/09/18	PENALTIES	FOR DATE OF SERVICE 2/16/16	37.50
06/01/18	INTEREST	FOR DATE OF SERVICE 2/16/16	64.83
02/09/18	PENALTIES	FOR DATE OF SERVICE 4/12/16	23.48
06/01/18	INTEREST	FOR DATE OF SERVICE 4/12/16	37.97
07/31/18	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
09/17/18	COSTS	ADD'L COSTS AWARDED	471.27
09/17/18	PMT BY CHECK	DOS 9/27/17* # CS-678303	-2000.00

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

*** INVOICE ***

Date	NO#
09/19/18	41344

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06040582

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs EXODUS
Date Of Injury: 8/21/10

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ 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: 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CS-586453**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 02/11/16
Doc #: 030721300

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 06040582		**Date of Injury:** 08/21/10		
SSN: XXX-XX-9999	Employer name: EXODUS POWER SWEEPING			Employer ID: 0000001852728100					
1	SF1-SPCA-199742	12/08/15	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
	Patient Name: /				**Claim #:** 05952694		**Date of Injury:** 10/04/13		
SSN: XXX-XX-9999	Employer name: BANH MI MY THO			Employer ID: 0000001725472130					
2	SF1-SPCA-199755	12/14/15	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
	Patient Name:				**Claim #:** 05991894		**Date of Injury:** 11/08/13		
SSN: XXX-XX-3372	Employer name: SHAWNEE CONSTRUCTION COMPANY			Employer ID: 0000009078369130					
3	SF1-SPCA-200252	01/13/16	999Q9	Interpreter Deposit-	1	156.50	.00	375 G5	156.50
					Total Allowances:				**$469.50**

41344

PAID FEB 15 2016

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.
To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

[redacted]

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CS - 678303**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/17/18
Doc #: 033713279

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06040582		**Date of Injury:** 08/21/10		
SSN: XXX-XX-0006 Employer name: EXODUS POWER SWEEPING					Employer ID: 0000001852728100				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-19327737	09/27/17	MDS10	Settlement For Dispu	1	2,277.00	277.00	375 961 G5 G67	2,000.00
					Total Allowances:				**$2,000.00**

0136061503371327900 1 2

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

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

*** INVOICE ***
Date NO#
07/30/18 43771

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
05745888

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: CHRIS OKINAL
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs INTERGRATED SUPPORT SOLUTIONS
Date Of Injury: 3/22/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/31/11	INITIAL EXAM	-DR RAHIMIAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/15/11	INITIAL EXAM	-DR CARRERA (4.5 HRS)	517.50
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
05/03/11	F.C.E. TEST	-FUNCTIONAL CAPACITY EVAL @ AMERI CHIRO (3H)	225.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/19/12	PENALTIES	FOR DATE OF SERVICE 3/31/11	34.50
07/19/18	INTEREST	FOR DATE OF SERVICE 3/31/11	182.11
04/19/12	PENALTIES	FOR DATE OF SERVICE 4/15/11	77.63
07/19/18	INTEREST	FOR DATE OF SERVICE 4/15/11	409.74
01/14/14	PENALTIES	FOR DATE OF SERVICE 05/03/11	33.75
07/19/18	INTEREST	FOR DATE OF SERVICE 05/03/11	178.15
11/24/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
07/27/18	PMT BY CHECK	DOS 11/14/12* # CS-674131	-1400.00
08/14/18	BLCE OFF SET	BALANCE OFF SET	-588.38

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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 or Appeals: 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CS-674131**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 07/27/18
Doc #: 033567006

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05745888		**Date of Injury:** 09/01/10		
SSN: XXX-XX-8105	Employer name: NASHEVE, INC. AND/OR ISSI				Employer ID: 0000001912192090				
	ICD-9 Code: 999.9	COMPLIC MED CARE NEC/NOS							
1	SF1-SFCA-19212922	11/14/12	MDO10	Payment By Order	1	1,988.38	588.38	375 961 G5 G67	1,400.00
					Total Allowances:				**$1,400.00**

JUL 30 2018

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

[redacted]

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno CA 93650-5005
Questions & Appeals: 1-888STATEFUND

Provider Number: XXXXX6713

Check #: **CS-674131**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 07/27/18
Doc #: 033567006

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-19212922	05745888	LS	1,988.38	588.38	1,400.00	.00	1,400.00

Provider NPI: Rendering Provider NPI: Rendering Provider:

Patient Acct #: LS ReviewerID: VE Carrier Receive Date: 07/19/18 Review Date: 07/26/18 Payment Code: 1 UB04:

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review

After an Explanation of Review (EOR) is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for Second Review to the claims administrator within 90 days of service of the explanation of review. The Request for Second Review must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at title 8, California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a second review within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment.

Request for Independent Bill Review

After a health care provider, health care facility, or billing agent/assignee submits a Request for Second Review, the claims administrator will review the bill and issue an EOR, which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for independent bill review within 30 days of service of the EOR. The Request for Independent Bill Review must conform to the requirements of title 8, California Code of Regulations section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee fails to request an independent bill review within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for independent bill review, and the time limit for requesting independent bill review shall not begin to run until the resolution of that issue becomes final.

The following PO Box should be used for any 2nd review request or IBR determinations only: PO Box 28919, FRESNO, CA 93729.
All other correspondence should be directed to PO Box listed at the top of this form.

EOR Reduction Code Explanation:

375 : PLEASE SEE SPECIAL *NOTE* BELOW.
961 : Allowance reflects the lump sum settlement amount
G5 : This charge was adjusted for the reasons set forth in the attached letter.
G67 : Payment based on individual pre-negotiated agreement for this specific service.

Reviewer's Comments:

SF1-SFCA-19212922 375:Settlement covers the following dates of service 09/01/10 thru 11/14/12.

01358547033567006001 2

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

*** INVOICE ***

Date	NO#
11/07/18	46750

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
05724494

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: ROSARIO DEL FIN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs W2W MEDICAL GROUP
Date Of Injury: 1/6/11

DOS	SERVICE	DESCRIPTION	AMOUNT
07/27/11	WCAB LB	PRE-CONFERENCE - JOYCE ALTMAN # 300624	156.50
09/14/11	WCAB AHM	STATUS CONFERENCE - LAURA SALAS	156.50
10/27/11	DEPO PREP	@ BEACH COURT REPORTING	156.50
/ /	INTERPRETER:	JEFF MORAN # 300921	0.00
12/08/11	PMT BY CHECK	DOS 7/27/11-10/27/11 # CP-539883	-313.00
12/16/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI*	250.00
/ /	INTERPRETER:	JUAN PEREZ #100777	0.00
04/04/12	WCAB AHM	MSC - LAURA SALAS # 100471	156.50
07/20/12	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/09/12	PMT BY CHECK	DOS 4/4/12 # CP-601640	-156.50
08/27/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
01/23/13	WCAB AHM	STATUS CONFERENCE - LAURA SALAS # 100471	156.50
01/08/14	WCAB AHM	MSC - ARMANDO BARRERA #220535	156.50
05/09/14	DEPO PREP	@ THE L/O OF JILIO RYAN COURT REPORTERS V-III	156.50
/ /	INTERPRETER:	CRISTINA PROFFITT # 301458	0.00
06/06/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL. III	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
09/09/15	LEGAL_WCAB	MSC @ WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
12/09/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00

Joyce Altman Interpreters, 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 46750

EAMS#(s):
ADJ7670127+
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
05724494

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: ROSARIO DEL FIN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs W2W MEDICAL GROUP
Date Of Injury: 1/6/11

DOS	SERVICE	DESCRIPTION	AMOUNT
04/27/16	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
06/06/16	PMT BY CHECK	DOS 7/27/11-4/27/16* =# CP-921680	-1945.50
12/14/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
05/10/17	LEGAL_WCAB	TRIAL @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
07/21/17	PMT BY CHECK	DOS 12/14/16-5/10/17* =# CU-354967 SCIF	-313.00
09/06/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
04/11/18	LEGAL_WCAB	MSC @ WCAB AHM	156.50
/ /	INTERPRETER:	MICHAEL BELTRAN # 301812	0.00
06/01/18	PENALTIES	FOR DATE OF SERVICE 10/27/11	23.48
06/06/16	INTEREST	FOR DATE OF SERVICE 10/27/11	82.15
06/01/18	PENALTIES	FOR DATE OF SERVICE 12/16/11	37.50
06/06/16	INTEREST	FOR DATE OF SERVICE 12/16/11	126.82
06/01/18	PENALTIES	FOR DATE OF SERVICE 4/4/12	23.48
08/09/12	INTEREST	FOR DATE OF SERVICE 4/4/12	5.87
06/01/18	PENALTIES	FOR DATE OF SERVICE 7/20/12	23.48
06/06/16	INTEREST	FOR DATE OF SERVICE 7/20/12	69.33
06/01/18	PENALTIES	FOR DATE OF SERVICE 8/27/12	37.50
06/06/16	INTEREST	FOR DATE OF SERVICE 8/27/12	107.20
06/01/18	PENALTIES	FOR DATE OF SERVICE 1/23/13	23.48
06/06/16	INTEREST	FOR DATE OF SERVICE 1/23/13	60.06
06/01/18	PENALTIES	FOR DATE OF SERVICE 1/8/14	23.48
06/06/16	INTEREST	FOR DATE OF SERVICE 1/8/14	42.70
06/01/18	PENALTIES	FOR DATE OF SERVICE 5/9/14	23.48
06/06/16	INTEREST	FOR DATE OF SERVICE 5/9/14	37.42
06/01/18	PENALTIES	FOR DATE OF SERVICE 6/6/14	37.50

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

*** INVOICE ***
Date NO#
11/07/18 46750

EAMS#(s):

SS # : XXX-XX-7617
DOB : 11/27/75
Terms: 60 days
Claim #(s):
05724494

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: ROSARIO DEL FIN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs W2W MEDICAL GROUP
Date Of Injury: 1/6/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/06/16	INTEREST	FOR DATE OF SERVICE 6/6/14	54.90
06/01/18	PENALTIES	FOR DATE OF SERVICE 9/9/15	23.48
06/06/16	INTEREST	FOR DATE OF SERVICE 9/9/15	12.92
06/01/18	PENALTIES	FOR DATE OF SERVICE 12/14/16	23.48
07/21/17	INTEREST	FOR DATE OF SERVICE 12/14/16	10.50
06/01/18	PENALTIES	FOR DATE OF SERVICE 9/6/17	23.48
06/01/18	INTEREST	FOR DATE OF SERVICE 9/6/17	12.82
04/23/18	PENALTIES	FOR DATE OF SERVICE 4/11/18	23.48
08/08/18	INTEREST	FOR DATE OF SERVICE 4/11/18	5.87
11/07/18	PMT BY CHECK	DOS 11/7/18* # 1185 SUNIL M SHAH	-150.00
11/19/18	PMT BY CHECK	DOS 6/1/18* # CU-413364 SCIF	-2500.00
01/11/19	COSTS	ADD'L COSTS AWARDED	1361.14

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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 **

[redacted]

Provider Number: 330956713

Check #: **CP-539883**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 12/08/11
Doc #: 024003501

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 05724494			
1	46750	07/27/11	10/27/11	Interpreter fees	1		313.00
					Total Allowances:		**$313.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05724494	313.00	.00	313.00

The preceding invoice totals reflect the amount of reviewed and/or approved billing items from the associated invoices that are included in this payment and are generated to assist your organization to balance your paperwork.

Notations:
05724494 INTERPRETING WCAB;

FILED

#46750

0127558002400350101 2

[redacted]

To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling Regulations.htm

[redacted]

Provider Number: 330956713

Check #: **CP-601640**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 08/09/12
Doc #: 025159914

Medical

41750

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:		**Claim #:** 05724494			
1		04/04/12	04/04/12	Interpreter fees	1		156.50
					Total Allowances:		**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05724494	156.50	.00	156.50

The preceding invoice totals reflect the amount of reviewed and/or approved billing items from the associated invoices that are included in this payment and are generated to assist your organization to balance your paperwork.

PAID
AUG 13 2012
BY:----------

0128857025159914012

To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling_Regulations.htm

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CP-921680**

Issue Date: 06/06/16
Doc #: 031142032

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name: R		40202	**Claim #:** SG141370		**Date of Injury:** 09/19/02		
SSN: XXX-XX-2346	Employer name: ED GRUSH GENERAL CONTRACTOR INC				Employer ID: 0000001555821010				
	ICD-9 Code: 959.9 INJURY-SITE NOS								
1	SF1-SPCA-221128	09/05/12	999L1	General Loss Exp Cod	1	1,012.00	.00	375 961 G5 G67	1,012.00
		Patient Name:			**Claim #:** 05724494		**Date of Injury:** 01/06/11		
SSN: XXX-XX-7611	Employer name: SNCH INC				Employer ID: 0006360001296110				
2	SF1-SPCA-221154	04/27/16	999Q8	Interpreter Deposit-	1	.00	.00		.00
3	SF1-SPCA-221154	07/27/11	999Q8	Interpreter Deposit-	1	1,945.50	.00		1,945.50
		46750						**Subtotal:**	1,945.50

Total Allowances: **$2,957.50**

PAID JUN 08 2016

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.

MR

"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

VOID VOID VOID VOID VOID

Medical
SP

State Compensation Insurance Fund
Santa Ana District Office
PO BOX 65005
Fresno, CA 93650-5005

CP-921680
Union Bank
Los Angeles, California
90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
June 06, 2016	$*****2,957.50

PAY ****Two Thousand Nine Hundred Fifty-Seven and 50/100 Dollars****ONLY

To The Order Of
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

⑈521692168O⑈ ⑆122241501⑆ ⑈908100104 3⑈

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals: 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-354967**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 07/21/17
Doc #: 032470252

46750 - 72044 - 72043

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06186540		**Date of Injury:** 09/01/15		
SSN: XXX-XX-0006 Employer name: RALPH DONELL HARVEY				Employer ID: 0000001912680150					
1	SF1-SPCA-300192	05/25/17	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
Patient Name: \					**Claim #:** 05724494		**Date of Injury:** 01/06/11		
SSN: XXX-XX-7611 Employer name: SNCH INC				Employer ID: 0006360001296110					
2	SF1-SPCA-299809	05/10/17	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
3	SF1-SPCA-299809	12/14/16	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
								Subtotal:	313.00
				Total Allowances:					**$469.50**

JUL 24 2017

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.
To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

SUNIL M SHAH
ATTORNEY CLIENT TRUST ACCOUNT
722 E LINCOLN AVE
ORANGE CA 92865-1808

1185

11-35/1210 CA
91095

DATE 11-7-18

PAY TO THE ORDER OF Joyce Altman Interpreting $ 150

One Hundred Fifty DOLLARS

Security Features Details on Back.

Bank of America

ACH R/T 121000358

FOR Paid in full. Inv# 46750.

MP

⑈001185⑈ ⑆121000358⑆ 00166440013 7⑈

PAID
NOV 21 2018
BY

[redacted]

Provider Number: XXXXX6713

Check #: **CU-413364**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 11/19/18
Doc #: 033894814

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 05724494		**Date of Injury:** 01/06/11		
SSN: XXX-XX-7611	Employer name: SNCH INC			Employer ID: 0006360001296110					
	ICD-10 Code:T14.90	INJURY, UNSPECIFIED							
1	SF1-SFCA-19477444	06/01/18	MDO10	Payment By Order	1	3,394.00	894.00	G67 961 G5 375	2,500.00
					Total Allowances:				**$2,500.00**

RECEIVED
NOV 21 2018

0136312703389481400l 2

[redacted]

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

[redacted]

[redacted]

Provider Number: XXXXX6713

Check #: **CU-413364**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 11/19/18
Doc #: 033894814

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-19477444	05724494	LS	3,394.00	894.00	2,500.00	.00	2,500.00

Provider NPI: Rendering Provider NPI: Rendering Provider:

Patient Acct #: LS ReviewerID: X& Carrier Receive Date: 11/07/18 Review Date: 11/16/18 Payment Code: 1 UB04:

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review

After an Explanation of Review (EOR) is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for Second Review to the claims administrator within 90 days of service of the explanation of review. The Request for Second Review must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at title 8, California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a second review within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment.

Request for Independent Bill Review

After a health care provider, health care facility, or billing agent/assignee submits a Request for Second Review, the claims administrator will review the bill and issue an EOR, which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for independent bill review within 30 days of service of the EOR. The Request for Independent Bill Review must conform to the requirements of title 8, California Code of Regulations section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee fails to request an independent bill review within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for independent bill review, and the time limit for requesting independent bill review shall not begin to run until the resolution of that issue becomes final.

The following PO Box should be used for any 2nd review request or IBR determinations only: PO Box 28919, FRESNO, CA 93729.
All other correspondence should be directed to PO Box listed at the top of this form.

EOR Reduction Code Explanation:

375 : PLEASE SEE SPECIAL *NOTE* BELOW.
961 : Allowance reflects the lump sum settlement amount
G5 : This charge was adjusted for the reasons set forth in the attached letter.
G67 : Payment based on individual pre-negotiated agreement for this specific service.

Reviewer's Comments:

SF1-SFCA-19477444 BR Msg 375: Settlement covers the following date(s) of service 7/27/11 thru 4/11/18

01363127033894814001 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#
09/10/18 54463

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
05432894

BILL TO:
SCIF (SUISUN CITY)

ATTN: MIKE SEARLY
P.O. BOX # 3171
SUISUN CITY, CA 94585-6171

Case: vs VALLEY COURIERS
Date Of Injury: 10/9/08

DOS	SERVICE	DESCRIPTION	AMOUNT
07/26/12	ULTRASOUND	DIAG STUDY REF BY DR LIPPER: ECHO @ CALIF IMAG*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
04/09/14	PMT BY CHECK	DOS 7/26/12* # CU-104976	-100.00
10/01/14	BLCE OFF SET	BALANCE OFF SET	-50.00
04/02/14	C&R READING	@ THE L/O OF DENNIS FUSI (BLOCK SETTLEMENT)	156.50
/ /	INTERPRETER:	JOHANNA JORDAN @ 301566	0.00
12/08/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
04/28/16	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/24/17	PENALTIES	FOR DATE OF SERVICE 04/02/14	23.48
01/05/18	INTEREST	FOR DATE OF SERVICE 04/02/14	67.40
08/24/17	PENALTIES	FOR DATE OF SERVICE 04/28/16	23.48
01/05/18	INTEREST	FOR DATE OF SERVICE 04/28/16	29.68
01/05/18	PMT BY CHECK	DOS 4/2/14-4/28/16* =# CU-375588	-413.00
01/03/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/26/18	PENALTIES	FOR DATE OF SERVICE 01/03/18	23.48
08/02/18	INTEREST	FOR DATE OF SERVICE 01/03/18	9.62
08/02/18	PMT BY CHECK	DOS 1/3/18* # CU-401183	-156.50
08/29/18	COSTS	ADD'L COSTS AWARDED	1500.00
09/07/18	PMT BY CHECK	DOS 8/29/18* =# CU-405441	-1677.14

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#
09/10/18	54463

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
05432894

BILL TO:
SCIF (SUISUN CITY)

ATTN: MIKE SEARLY
P.O. BOX # 3171
SUISUN CITY, CA 94585-6171

Case: vs VALLEY COURIERS
Date Of Injury: 10/9/08

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 **

[redacted]

Provider Number: 330956713

Check #: CU-104976

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 04/09/14
Doc #: 028146452

54463

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 05357494			
1	FULL&FINAL	07/26/12	07/26/12	Interpreter fees	1		100.00
						Total Allowances:	**$100.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05357494	100.00	.00	100.00

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.

Notations:
05357494 FULL AND FINAL;

F.F.K
NDJ

PAID APR 11 2014

[redacted]

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-375588**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/05/18
Doc #: 032960195

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05357494		**Date of Injury:** 10/09/08		
SSN: XXX-XX-3891	Employer name: VALLEY COURIERS, INC			Employer ID: 0000003001468080					
1	SF1-SPCA-331788	04/02/14	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
2	SF1-SPCA-331788	04/28/16	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
3	SF1-SPCA-331788	12/08/15	999Q9	Interpreter Deposit-	1	100.00	.00		100.00
					Total Allowances:				**$413.00**

JAN 08 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"

0135033803296019500 1 2

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-375588**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/05/18
Doc #: 032960195

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	05357494	**Date of Injury:**	10/09/08	
SSN: XXX-XX-3891	Employer name: VALLEY COURIERS, INC			Employer ID: 0000003001468080					
1	SF1-SPCA-331788	04/02/14	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
2	SF1-SPCA-331788	04/28/16	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
3	SF1-SPCA-331788	12/08/15	999Q9	Interpreter Deposit-	1	100.00	.00		100.00
					Total Allowances:				**$413.00**

JAN 08 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"

0135033803296019500 1 2

[redacted]

Provider Number: XXXXX6713

Check #: **CU-401183**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 08/02/18
Doc #: 033583742

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05357494		**Date of Injury:** 10/09/08		
SSN: XXX-XX-3891	Employer name: VALLEY COURIERS, INC				Employer ID: 0000003001468080				
1	SF1-SPCA-369872	01/03/18	999Q9	Interpreter Deposit-	1	156.50	.00	375 G5	156.50
					Total Allowances:				**$156.50**

AUG 06 2018

[redacted]

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

[redacted]

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals 1-888-STATEFUND

Provider Number: XXXXX6713

Check #: **CU-405441**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/07/18
Doc #: 033688854

Medical

S4463

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05357494		**Date of Injury:** 10/09/08		
SSN: XXX-XX-3891 Employer name: VALLEY COURIERS, INC					Employer ID: 0000003001468080				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-19308399	08/29/18	MDO10	Payment By Order	1	1,677.14	.00	375 961 G5 G67	1,677.14
Patient Name:					**Claim #:** 06086662		**Date of Injury:** 05/15/14		
SSN: XXX-XX-3372 Employer name: SOUTHLAND DISPOSAL COMPANY					Employer ID: 0000009073555130				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
2	SF1-SFCA-19308405	03/09/18	MDO10	Payment By Order	1	2,190.00	390.00	375 961 G5 G67	1,800.00

Total Allowances: **$3,477.14**

Ø

SEP 10 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

Medical
SA

State Compensation Insurance Fund
Glendale District Office
PO BOX 65005
Fresno, CA 93650-5005

CU-405441
Union Bank
Los Angeles, California

90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
September 07, 2018	**$*****3,477.14**

PAY ****Three Thousand Four Hundred Seventy-Seven and 14/100 Dollars****ONLY

To The Order Of
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Please negotiate at your local Union Bank Branch.

⑈521040544⑈ ⑆122241501⑆ ⑈908100104 3⑈

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-405441**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/07/18
Doc #: 033688854

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-19308399	05357494 LS		1,677.14	.00	1,677.14	.00	1,677.14
Provider NPI:	Rendering Provider NPI:	Rendering Provider:					
Patient Acct #: LS	ReviewerID: X&	Carrier Receive Date: 08/29/18 Review Date: 09/06/18 Payment Code: 1 UB04:					
SF1-SFCA-19308405	06086662 LS		2,190.00	390.00	1,800.00	.00	1,800.00
Provider NPI:	Rendering Provider NPI:	Rendering Provider:					
Patient Acct #: LS	ReviewerID: B?	Carrier Receive Date: 08/14/18 Review Date: 09/06/18 Payment Code: 1 UB04:					

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review

After an Explanation of Review (EOR) is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for Second Review to the claims administrator within 90 days of service of the explanation of review. The Request for Second Review must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at title 8, California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a second review within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment.

Request for Independent Bill Review

After a health care provider, health care facility, or billing agent/assignee submits a Request for Second Review, the claims administrator will review the bill and issue an EOR, which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for independent bill review within 30 days of service of the EOR. The Request for Independent Bill Review must conform to the requirements of title 8, California Code of Regulations section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee fails to request an independent bill review within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for independent bill review, and the time limit for requesting independent bill review shall not begin to run until the resolution of that issue becomes final.

The following PO Box should be used for any 2nd review request or IBR determinations only: PO Box 28919, FRESNO, CA 93729. All other correspondence should be directed to PO Box listed at the top of this form.

EOR Reduction Code Explanation:

375 :	PLEASE SEE SPECIAL *NOTE* BELOW.
961 :	Allowance reflects the lump sum settlement amount
G5 :	This charge was adjusted for the reasons set forth in the attached letter.
G67 :	Payment based on individual pre-negotiated agreement for this specific service.

Reviewer's Comments:

SF1-SFCA-19308405	BR Msg 375: Settlement covers the following dates of service from 02/29/2016 to 01/05/2017.
SF1-SFCA-19308399	BR Msg 375: Settlement covers the following dates of service 7/26/12 thru 1/3/18

01360234033688854001 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#
03/18/19 63973

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
04770102

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: BUANE GEBO
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs LANDAN DEVELOPMENTS
Date Of Injury: 4/5/06

DOS	SERVICE	DESCRIPTION	AMOUNT
10/15/14	LEGAL_WCAB	STATUS CONFERENCE @ WCAB RIV	156.50
/ /	INTERPRETER:	JOHN MORELL # 100644	0.00
12/12/18	PMT BY CHECK	DOS 10/15/14* # CS-685321	-156.50
03/14/19	COSTS	ADD'L COSTS AWARDED	341.00
03/15/19	PMT BY CHECK	DOS 10/15/14* # CS-692569	-341.00

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

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno CA 93650-5005
Questions & Appeals: (888)782-8338

Provider Number: XXXXX6713

Check #: **CS-685321**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 12/12/18
Doc #: 033960825

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 04770102		**Date of Injury:** 04/05/06		
SSN: XXX-XX-9208	Employer name: LANDAU DEVELOPMENT COMPANY INC				Employer ID: 0000460010838050				
1	SF1-SPCA-396824	10/15/14	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
					Total Allowances:				**$156.50**

DEC 14 2018

Please refer to the last page(s) of EOR for an explanation of reduction codes and review comments.
To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

[redacted]

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : (888)782-8338

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CS-692569**

Issue Date: 03/15/19
Doc #: 034223492

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 04770102		**Date of Injury:** 04/05/06		
SSN: XXX-XX-9208	Employer name: LANDAU DEVELOPMENT COMPANY INC				Employer ID: 0000460010838050				
1	SF1-SPCA-416282	10/15/14	999Q9	Interpreter Deposit-	1	341.00	.00	G5 375	341.00
					Total Allowances:				**$341.00**

PAID
MAR 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"

0136746903422349200 2

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

*** INVOICE ***

Date	NO#
11/20/18	65056

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06011474

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: LETICIA VASQUEZ
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs LONESTER CONSTRUCTION
Date Of Injury: 1/9/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/06/15	LEGAL_PREP	DEPO PREP @ L/O HUTCHINGS COURT REPORTERS	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/27/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
12/27/16	PMT BY CHECK	DOS 12/5/16* # CS-622831	-406.50
01/03/17	PENALTIES	FOR DATE OF SERVICE 3/6/15	23.48
03/06/17	INTEREST	FOR DATE OF SERVICE 3/6/15	35.11
01/03/17	PENALTIES	FOR DATE OF SERVICE 5/27/15	37.50
03/06/17	INTEREST	FOR DATE OF SERVICE 5/27/15	51.75
03/09/17	COSTS & SANC	MONIES CREDITED TOWARDS COSTS	102.16
03/06/17	PMT BY CHECK	DOS 3/6/15-5/27/15* =# CS-629585	-250.00
10/11/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/06/17	PMT BY CHECK	DOS 3/6/15* # CS-629585	-156.50
12/27/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/13/18	PMT BY CHECK	DOS 12/27/17* # CS-659997	-156.50
08/20/18	LEGAL_C&R	C&R READING @ L/O DENNSI FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/19/18	PMT BY CHECK	DOS 8/20/18* # CS-678592	-250.00
10/05/18	COSTS	ADD'L COSTS AWARDED	1400.00
11/16/18	PMT BY CHECK	DOS 11/5/18* # CS-683410	-1400.00

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#
11/20/18	65056

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06011474

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: LETICIA VASQUEZ
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs LONESTER CONSTRUCTION
Date Of Injury: 1/9/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals: 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CS-622831**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 12/27/16
Doc #: 031835721

Medical

65056

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06011474		**Date of Injury:** 01/09/14		
SSN: XXX-XX-3934	Employer name: LONESTAR CONSTRUCTION INC.				Employer ID: 0000001978197130				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-17534215	12/05/16	MDO10	Payment By Order	1	406.50	.00	375 961 G5 G67	406.50

Total Allowances: **$406.50**

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.

MP

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

[redacted]

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals: 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CS-629585**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 03/06/17
Doc #: 032046718

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	06011474	**Date of Injury:**	01/09/14	
SSN: XXX-XX-3934	Employer name: LONESTAR CONSTRUCTION INC.				Employer ID: 0000001978197130				
1	SF1-SPCA-271832	03/06/15	999Q9	Interpreter Deposit-	1	406.50	.00		406.50
2	SF1-SPCA-271832	05/27/15	999Q9	Interpreter Deposit-	1	.00	.00	375 G5	.00
						Total Allowances:			**$406.50**

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"

01340213032046718001 2

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CS-659997**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 02/13/18
Doc #: 033074635

Medical

65056

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06011474		**Date of Injury:** 01/09/14		
SSN: XXX-XX-3934 Employer name: LONESTAR CONSTRUCTION INC.					Employer ID: 0000001978197130				
1	SF1-SPCA-335810	12/27/17	999Q9	Interpreter Deposit-	1	156.50	.00	375 911 G5	156.50
					Total Allowances:				**$156.50**

FEB 15 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"

0135173303307463500 1 2

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno CA 93650-5005
Questions & Appeals: 1-888-STATEFUND

Provider Number: XXXXX6713

Check #: **CS-678592**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/19/18
Doc #: 033721413

Medical

65056

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06011474		**Date of Injury:** 01/09/14		
SSN: XXX-XX-3934 Employer name: LONESTAR CONSTRUCTION INC.					Employer ID: 0000001978197130				
1	SF1-SPCA-382611	08/20/18	999Q9	Interpreter Deposit-	1	250.00	.00	375 911 G5	250.00
				Total Allowances:					**$250.00**

0136072003372141300 1 3

SEP 2 1 2018

Please refer to the last page (page 3) of EOR for an explanation of reduction codes and other comments.
To ensure prompt payment of your bill, write the claim number shown above on all documents and 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"

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CS-683410**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 11/16/18
Doc #: 033891881

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06011474		**Date of Injury:** 01/09/14		
SSN: XXX-XX-3934 Employer name: LONESTAR CONSTRUCTION INC.					Employer ID: 0000001978197130				
1	SF1-SPCA-394342	11/05/18	999Q8	Interpreter Deposit-	1	1,400.00	.00	G5 375	1,400.00
				Total Allowances:					**$1,400.00**

PAID
NOV 20 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.
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#
07/23/18 65271

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06014372

BILL TO:
SCIF (SUISUN CITY)
W. C. DEPARTMENT
ATTN: CAROL JOHNS
P.O. BOX # 3171
SUISUN CITY, CA 94585-6171

Case: vs HONDO FRAMING INC
Date Of Injury: 7/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/03/15	PR2/REEVAL	-DR JOHNSON/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/16/15	INITIAL EXAM	-ACUPUNCTURE W/ M. CHOI & PT -INITIAL W/DR C.HA @	230.00
/ /	-	SIDHU CHIRO*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/18/15	FOLLOW-UP	-W/ ACUPUNCT M. CHOI & PT F/U -W/DR C. HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/25/15	FOLLOW-UP	-W/ACUPUNCT CHOI & F/U PHYS T W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/23/15	FOLLOW-UP	-W/ACUPUNCT M. CHOI & F/U PHY -TX W/DR HA @ SIDHU	202.50
/ /	INTERPRETER:	MARIA BARBOSA # 500267 (2HR 10MIN)	0.00
03/30/15	FOLLOW-UP	-W/ ACUPUNCT M. CHOI & F/UP -PT W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/01/15	FOLLOW-UP	-W/ ACUPUNCT M. CHOI & F/UP -PT W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/08/15	FOLLOW-UP	-W/ ACUPUNCT M. CHOI & F/UP -PT W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/10/15	FOLLOW-UP	-W/ ACUPUNCT M. CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/13/15	FOLLOW-UP	-W/ ACUPUNCT M. CHOI & F/UP P -W/DR C. HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/20/15	FOLLOW-UP	-W/ ACUPUNCT M. CHOI & F/UP P	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#
07/23/18 65271

EAMS#(s):

SS # : XXX-XX-
DOB : /
Terms: 60 days
Claim #(s):
06014372

BILL TO:
SCIF (SUISUN CITY)
W. C. DEPARTMENT
ATTN: CAROL JOHNS
P.O. BOX # 3171
SUISUN CITY, CA 94585-6171

Case: 's HONDO FRAMING INC
Date Or Injury: 7/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
		-W/DR C. HA @ SIDHU*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/16/15	PR2/REEVAL	-DR JOHNSON/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/22/15	FOLLOW-UP	-W/ACUPUNCT M. CHOI & F/U PH -TX W/DR HA @ SIDHU	247.50
/ /	INTERPRETER:	MARIA BARBOSA # 500267 (2HR 40MIN)	0.00
04/27/15	FOLLOW UP	-PHYSICAL THERAPY W/DR HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/14/15	PR2/REEVAL	-DR JOHNSON /TRUJILLO P.A. @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/03/15	INITIAL EXAM	-DR D. JOHNSON/D. FRANKE @ SIDHU CHIRO (2H 20M)	258.75
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/27/15	FOLLOW-UP	-W/ ACUPUNCT M. CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/03/15	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
06/16/15	PR2/REEVAL	DR JOHNSON/P.A. TRUJILLO @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/21/15	PR2/REEVAL	DR JOHNSON/FRANKE P.A. @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ROSARIO B. RIVAS # 500276	0.00
08/03/15	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/18/15	PR2/REEVAL	-DR JOHNSON/ D. FRANKE PA @	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#
07/23/18 65271

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06014372

BILL TO:
SCIF (SUISUN CITY)
W. C. DEPARTMENT
ATTN: CAROL JOHNS
P.O. BOX # 3171
SUISUN CITY, CA 94585-6171

Case: vs HONDO FRAMING INC
Date Of Injury: 7/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
		SIDHU CHIRO*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/22/15	PR2/REEVAL	DR GOUBRAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/05/15	PMT BY CHECK	DOS 2/3/15-5/27/15*	-1990.00
		=# CT-424168	
10/05/15	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/20/15	PR2/REEVAL	DR GOUBRAN/WILDER @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/13/17	LIEN FIL FEE	LIEN FILING FEE	150.00
11/27/17	PENALTIES	FOR DATE OF SERVICE 02/03/15	4.31
07/03/18	INTEREST	FOR DATE OF SERVICE 02/03/15	9.46
07/03/18	PENALTIES	FOR DATE OF SERVICE 03/18/15	13.50
07/03/18	INTEREST	FOR DATE OF SERVICE 03/18/15	29.60
07/03/18	PENALTIES	FOR DATE OF SERVICE 03/25/15	13.50
07/03/18	INTEREST	FOR DATE OF SERVICE 03/25/15	29.60
07/03/18	PENALTIES	FOR DATE OF SERVICE 03/12/15	16.88
07/03/18	INTEREST	FOR DATE OF SERVICE 03/12/15	37.00
07/03/18	PENALTIES	FOR DATE OF SERVICE 03/30/15	13.50
07/03/18	INTEREST	FOR DATE OF SERVICE 03/30/15	29.60
07/03/18	PENALTIES	FOR DATE OF SERVICE 04/01/15	13.50
07/03/18	INTEREST	FOR DATE OF SERVICE 04/01/15	29.60
07/03/18	PENALTIES	FOR DATE OF SERVICE 04/08/15	13.50
07/03/18	INTEREST	FOR DATE OF SERVICE 04/08/15	29.60
07/03/18	PENALTIES	FOR DATE OF SERVICE 04/10/15	13.50
07/03/18	INTEREST	FOR DATE OF SERVICE 04/10/15	29.60
07/03/18	PENALTIES	FOR DATE OF SERVICE 04/13/15	13.50
07/03/18	INTEREST	FOR DATE OF SERVICE 04/13/15	29.60
07/03/18	PENALTIES	FOR DATE OF SERVICE 04/16/15	13.50
07/03/18	INTEREST	FOR DATE OF SERVICE 04/16/15	29.60

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

*** INVOICE ***
Date NO#
07/23/18 65271

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06014372

BILL TO:
SCIF (SUISUN CITY)
W. C. DEPARTMENT
ATTN: CAROL JOHNS
P.O. BOX # 3171
SUISUN CITY, CA 94585-6171

Case: vs HONDO FRAMING INC
Date Of Injury: 7/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/03/18	PENALTIES	FOR DATE OF SERVICE 04/22/15	23.63
07/03/18	INTEREST	FOR DATE OF SERVICE 04/22/15	51.81
07/03/18	PENALTIES	FOR DATE OF SERVICE 05/27/15	13.50
07/03/18	INTEREST	FOR DATE OF SERVICE 05/27/15	29.60
07/03/18	PENALTIES	FOR DATE OF SERVICE 06/03/15	27.00
07/03/18	INTEREST	FOR DATE OF SERVICE 06/03/15	59.09
07/03/18	PENALTIES	FOR DATE OF SERVICE 06/16/15	27.00
07/03/18	INTEREST	FOR DATE OF SERVICE 06/16/15	58.64
07/03/18	PENALTIES	FOR DATE OF SERVICE 07/21/15	27.00
07/03/18	INTEREST	FOR DATE OF SERVICE 07/21/15	58.02
07/03/18	PENALTIES	FOR DATE OF SERVICE 08/03/15	27.00
07/03/18	INTEREST	FOR DATE OF SERVICE 08/03/15	57.56
07/03/18	PENALTIES	FOR DATE OF SERVICE 08/18/15	27.00
07/03/18	INTEREST	FOR DATE OF SERVICE 08/18/15	57.22
07/03/18	PENALTIES	FOR DATE OF SERVICE 09/22/15	27.00
07/03/18	INTEREST	FOR DATE OF SERVICE 09/22/15	56.37
07/03/18	PENALTIES	FOR DATE OF SERVICE 10/05/15	27.00
07/03/18	INTEREST	FOR DATE OF SERVICE 10/05/15	55.86
07/03/18	PENALTIES	FOR DATE OF SERVICE 10/20/15	27.00
07/03/18	INTEREST	FOR DATE OF SERVICE 10/20/15	55.41
07/19/18	PMT BY CHECK	DOS 4/13/17* # CU-399446	-3993.00
07/23/18	BLCE OFF SET	BALANCE OFF SET	-0.91

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

*** INVOICE ***

Date	NO#
07/23/18	65271

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06014372

BILL TO:
SCIF (SUISUN CITY)
W. C. DEPARTMENT
ATTN: CAROL JOHNS
P.O. BOX # 3171
SUISUN CITY, CA 94585-6171

Case: HONDO FRAMING INC
Date Of Injury: 7/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CT-424168**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 10/05/15
Doc #: 030254711

Medical

65271

PAID OCT 08 2015

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:** 06014372		**Date of Injury:** 07/19/14		
SSN: XXX-XX-		Employer name: HONDO FRAMING, INC.			Employer ID: 0000009063802140				
		ICD-9 Code: 959.9	INJURY-SITE NOS						
1	SF1-SFCA-15741867	02/03/15	999Q2	Interpreter Treatmen	120	258.75	28.75	723 A01 B03 G67	230.00
2	SF1-SFCA-15741867	03/03/15	999Q2	Interpreter Treatmen	120	180.00	.00	723 A01 B03 G67	180.00
3	SF1-SFCA-15741867	03/16/15	999Q2	Interpreter Treatmen	120	230.00	.00	723 A01 B03 G67	230.00
4 -	SF1-SFCA-15741867	03/18/15	999Q2	Interpreter Treatmen	120	180.00	90.00	375 723 A01 B03 G5 G67	90.00
5 -	SF1-SFCA-15741867	03/23/15	999Q2	Interpreter Treatmen	120	202.50	112.50	375 723 A01 B03 G5 G67	90.00
6 -	SF1-SFCA-15741867	03/25/15	999Q2	Interpreter Treatmen	120	180.00	90.00	375 723 A01 B03 G5 G67	90.00
7 -	SF1-SFCA-15741867	03/30/15	999Q2	Interpreter Treatmen	120	180.00	90.00	375 723 A01 B03 G5 G67	90.00
8 -	SF1-SFCA-15741867	04/01/15	999Q2	Interpreter Treatmen	120	180.00	90.00	375 723 A01 B03 G5 G67	90.00
9 -	SF1-SFCA-15741867	04/08/15	999Q2	Interpreter Treatmen	120	180.00	90.00	375 723 A01 B03 G5 G67	90.00
10 -	SF1-SFCA-15741867	04/10/15	999Q2	Interpreter Treatmen	120	180.00	90.00	375 723 A01 B03 G5 G67	90.00
11 -	SF1-SFCA-15741867	04/13/15	999Q2	Interpreter Treatmen	120	180.00	90.00	375 723 A01 B03 G5 G67	90.00
12 -	SF1-SFCA-15741867	04/16/15	999Q2	Interpreter Treatmen	120	180.00	90.00	375 723 A01 B03 G5 G67	90.00
13 -	SF1-SFCA-15741867	04/20/15	999Q2	Interpreter Treatmen	120	180.00	90.00	375 723 A01 B03 G5 G67	90.00

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.
To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

[redacted]

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CT-424168**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 10/05/153
Doc #: 030254711

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
14 -	SF1-SFCA-15741867	04/22/15	999Q2	Interpreter Treatmen	120	247.50	157.50 B03 G5 G67	375 723 A01	90.00
15	SF1-SFCA-15741867	04/27/15	999Q2	Interpreter Treatmen	120	90.00	.00	723 A01 B03 G67	90.00
16	SF1-SFCA-15741867	05/14/15	999Q2	Interpreter Treatmen	120	180.00	.00	723 A01 B03 G67	180.00
17 -	SF1-SFCA-15741867	05/27/15	999Q2	Interpreter Treatmen	120	180.00	90.00 B03 G5 G67	375 723 A01	90.00
							Total Allowances:		**$1,990.00**

01323249030254711001 4

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-399446**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 07/19/18
Doc #: 033539641

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06014372		**Date of Injury:** 07/19/14		
SSN: XXX-XX-3241	Employer name: HONDO FRAMING, INC.				Employer ID: 0000009063802140				
	ICD-10 Code:T14.90	INJURY, UNSPECIFIED							
1	SF1-SFCA-19190759	04/13/17	MDO10	Payment By Order	1	3,993.00	.00	375 961 G5 G67	3,993.00
					Total Allowances:				**$3,993.00**

RECEIVED
JUL 23 2018

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
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"

0135818803353964100 2

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

*** INVOICE ***
Date NO#
12/03/18 65279

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
06035002

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: CARMAN ONGSING
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs CAMARILLO HARVEST/BLAZER WILKS
Date Of Injury: 9/24/14

DOS	SERVICE	DESCRIPTION	AMOUNT
01/24/15	INITIAL EXAM	DR KAZAZIAN @ SCC*	230.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
02/09/15	PR2/REEVAL	DR OSLAND @ PFC MEDICAL*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
02/23/15	PR2/REEVAL	DR KAZAZIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
03/06/15	PR2/REEVAL	DR L. OSLAND @ PFC MEDICAL*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
03/09/15	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR GREEN @ PFC* (INT)	150.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
11/02/15	PMT BY CHECK	DOS 1/24/15-3/9/15* =# CA-597373	-870.00
01/24/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI (BLOCK SETTLEMENT)	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/10/17	PMT BY CHECK	DOS 1/24/17* # CA-660933	-90.00
07/17/17	BLCE OFF SET	BALANCE OFF SET - FOR MEDICAL DOS 1/24/15	-50.00
08/21/17	PENALTIES	FOR DATE OF SERVICE 1/24/17	16.63
04/06/18	INTEREST	FOR DATE OF SERVICE 1/24/17	4.49
04/06/18	PMT BY CHECK	DOS 1/24/17* # CU-386782	-66.50
04/10/18	PMT BY CHECK	DOS 9/24/14* =# CU-387186	-16.58
11/29/18	COSTS	ADD'L COSTS AWARDED	595.46
11/29/18	PMT BY CHECK	DOS 2/6/17* =# CU-414386	-600.00

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#
12/03/18	65279

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06035002

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: CARMAN ONGSING
P.O. BOX # 65005
FRESNO, CA 93650

Case: _ vs CAMARILLO HARVEST/BLAZER WILKS
Date Of Injury: 9/24/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

Explanation of Review (EOR)

State Compensation Insurance Fund
PO Box 3171
Suisun City, CA 94585-6171

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CA-597373**

Issue Date: 11/02/15
Doc #: 030362744

65279

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 06035002		**Date of Injury:** 09/24/14		
SSN: XXX-XX-	Employer name: BLAZER WILKINSON LP			Employer ID: 0000009101782140					
	ICD-9 Code: 999.9 COMPLIC MED CARE NEC/NOS								
1 -	SF1-SFCA-15877221	01/24/15	999Q2	Interpreter Treatmen	120	230.00	50.00	723 A01 B03 EM1 G67	180.00
2 -	SF1-SFCA-15877221	02/09/15	999Q2	Interpreter Treatmen	120	180.00	.00	723 A01 B03 EM1 G67	180.00
3 -	SF1-SFCA-15877221	02/23/15	999Q2	Interpreter Treatmen	120	180.00	.00	723 A01 B03 EM1 G67	180.00
4 -	SF1-SFCA-15877221	03/06/15	999Q2	Interpreter Treatmen	120	180.00	.00	723 A01 B03 EM1 G67	180.00
5 -	SF1-SFCA-15877221	03/09/15	999Q2	Interpreter Treatmen	120	150.00	.00	723 A01 B03 EM1 G67	150.00
								Total Allowances:	**$870.00**

PAID NOV 05 2015

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.
To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

[redacted]

Explanation of Review (EOR)

State Compensation Insurance Fund
PO Box 3171
Suisun City, CA 94585-6171
Questions & Appeals - 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CA-660933**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 02/10/17
Doc #: 031978182

Medical

65279-1

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06035002		**Date of Injury:** 09/24/14		
SSN: XXX-XX	Employer name: BLAZER WILKINSON LP				Employer ID: 0000009101782140				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-17691138 -	01/24/17	0999Q3	Interpreter Med-Lega Reviewed As Q00017	1	156.50	66.50	375 710 EM1 G5	90.00

Total Allowances: **$90.00**

RECEIVED
FEB 14 2017
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"

[redacted]

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-386782**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 04/06/18
Doc #: 033236767

Medical

Line #	Bill ID.	DOS	Billed Proc	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 06035002		**Date of Injury:** 09/24/14		
SSN: XXX-XX-	Employer name: BLAZER WILKINSON LP			Employer ID: 0000009101782140					
1	SF1-SPCA-349655	01/24/17	999Q9	Interpreter Deposit-	1	66.50	.00	375 G5	66.50
	Patient Name:				**Claim #:** 05996456		**Date of Injury:** 05/16/14		
SSN: XXX-XX-0006	Employer name: ROOFING USA			Employer ID: 0000009029933130					
2	SF1-SPCA-342728	01/25/18	999Q9	Interpreter Deposit-	1	156.50	.00	911	156.50
					Total Allowances:				**$223.00**

APR 10 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"

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-387186**

Issue Date: 04/10/18
Doc #: 033243794

Medical

65279

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 05611016		**Date of Injury:** 04/15/07		
SSN: XXX-XX-	Employer name: C & R TORRANCE, L P				Employer ID: 0004980004761060				
1	SF1-SPCA-348099	03/12/18	999Q8	Interpreter Deposit-	1	313.00	30.77	375 911 G5	282.23
	Patient Name: [redacted]				**Claim #:** 06035002		**Date of Injury:** 09/24/14		
SSN: XXX-XX-6787	Employer name: BLAZER WILKINSON LP				Employer ID: 0000009101782140				
2	SF1-SPCA-350053	02/06/17	999Q9	Interpreter Deposit-	1	.00	.00	375 G5	.00
3	SF1-SPCA-350053	09/24/14	999Q9	Interpreter Deposit-	1	16.58	.00	375 G5	16.58
								Subtotal:	**16.58**
							Total Allowances:		**$298.81**

APR 12 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

Medical
SA

State Compensation Insurance Fund
Glendale District Office
PO BOX 65005
Fresno, CA 93650-5005

CU-387186
Union Bank
Los Angeles, California
90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
April 10, 2018	**$*******298.81**

PAY ****Two Hundred Ninety-Eight and 81/100 Dollars****ONLY

To The Order Of
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Please negotiate at your local Union Bank Branch.

⑈5210387186⑈ ⑆122241501⑆ ⑈908100104 3⑈

25363311

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-414386**

Issue Date: 11/29/18
Doc #: 033923446

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06035002		**Date of Injury:** 09/24/14		
SSN: XXX-XX-6787 Employer name: BLAZER WILKINSON LP					Employer ID: 0000009101782140				
ICD-10 Code:T14.90 INJURY, UNSPECIFIED									
1	SF1-SFCA-19497490	02/06/17	MDS10	Settlement For Dispu	1	604.54	4.54	G5 375 G67 961	600.00

Total Allowances: **$600.00**

DEC 03 2018

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
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

VOID VOID VOID

Medical
SA

Payee IRS Number: XXXXX6713

State Compensation Insurance Fund
Glendale District Office
PO BOX 65005
Fresno, CA 93650-5005

CU-414386
Union Bank
Los Angeles, California

90-4150
1222

VOID After 365 Days

Check Date	Check Amount
November 29, 2018	**$*******600.00**

PAY ****Six Hundred 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.

⑈521044386⑈ ⑆122241501⑆ ⑈908100104 3⑈

259298332

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-414386**

Issue Date: 11/29/18
Doc #: 033923446

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-19497490	06035002	LS	604.54	4.54	600.00	.00	600.00

Provider NPI: Rendering Provider NPI: Rendering Provider: JOYCE ALTMAN INTERPRETERS
Patient Acct #: LS ReviewerID: 2U Carrier Receive Date: 11/27/18 Review Date: 11/28/18 Payment Code: 1 UB04:

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review

After an Explanation of Review (EOR) is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for Second Review to the claims administrator within 90 days of service of the explanation of review. The Request for Second Review must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at title 8, California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a second review within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment.

Request for Independent Bill Review

After a health care provider, health care facility, or billing agent/assignee submits a Request for Second Review, the claims administrator will review the bill and issue an EOR, which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for independent bill review within 30 days of service of the EOR. The Request for Independent Bill Review must conform to the requirements of title 8, California Code of Regulations section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee fails to request an independent bill review within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for independent bill review, and the time limit for requesting independent bill review shall not begin to run until the resolution of that issue becomes final.

The following PO Box should be used for any 2nd review request or IBR determinations only: PO Box 28919, FRESNO, CA 93729. All other correspondence should be directed to PO Box listed at the top of this form.

EOR Reduction Code Explanation:

375 : PLEASE SEE SPECIAL *NOTE* BELOW.
961 : Allowance reflects the lump sum settlement amount
G5 : This charge was adjusted for the reasons set forth in the attached letter.
G67 : Payment based on individual pre-negotiated agreement for this specific service.

Reviewer's Comments:

SF1-SFCA-19497490 375: Settlement covers the following Date(s) of service 01/24/15 to 02/06/17

01363456033923446001 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#
01/14/19 69185

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
06127968

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: CHRISTINE YRIGOYEN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs ROYALL M. RACING CORP
Date Of Injury: 3/31/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/14/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
03/15/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
04/12/17	PMT BY CHECK	DOS 3/15/17* =# CP-966875 SCIF	-156.50
05/18/17	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
06/06/17	PMT BY CHECK	DOS 5/18/17* # CP-974093 SCIF	-156.50
12/27/17	PENALTIES	FOR DATE OF SERVICE 4/14/16	23.48
12/26/17	INTEREST	FOR DATE OF SERVICE 4/14/16	29.05
12/26/17	PMT BY CHECK	DOS 4/14/16* # CP-999407 SCIF	-156.50
01/11/19	PMT BY CHECK	DOS 1/9/19* # CP-031825 SCIF	-2600.00
01/11/19	COSTS	ADD'L COSTS AWARDED	2547.47

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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 **

MZ

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

69185 - 69347 - 1

Check #: **CP-966875**

Issue Date: 04/12/17
Doc #: 032160794

Medical

line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 06092112		**Date of Injury:** 11/05/14		
SN: XXX-XX-	Employer name: AESTHETIC TREE				Employer ID: 0000009007557140				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-17891510	03/22/17	MDO10	Payment By Order	1	656.50	.00	375 961 G5 G67	656.50
	Patient Name:				**Claim #:** 06127968		**Date of Injury:** 03/31/15		
SN: XXX-XX-9434	Employer name: ROYAL M AUTO CARE				Employer ID: 0000009095686142				
2	SF1-SPCA-280446	03/15/17	999Q9	Interpreter Deposit-	1	156.50	.00	375 G5	156.50
					Total Allowances:				**$813.00**

PAID
APR 14 2017
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"

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

VOID
Medical
SP

State Compensation Insurance Fund
Santa Ana District Office
PO BOX 65005
Fresno, CA 93650-5005

CP-966875
Union Bank
Los Angeles, California

90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
April 12, 2017	**$*******813.00**

PAY ****Eight Hundred Thirteen 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.

⑈521696687 5⑈ ⑆122241501⑆ ⑈908100104 3⑈

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CP-974093**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

69347 – 1
✓ 69185 – 1

Issue Date: 06/06/17
Doc #: 032328336

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:** 06127968		**Date of Injury:** 03/31/15		
SSN: XXX-XX		Employer name: ROYAL M AUTO CARE			Employer ID: 0000009095686142				
1	SF1-SPCA-291859	05/18/17	999Q9	Interpreter Deposit-	1	156.50	.00	375 G5	156.50
					Total Allowances:				**$156.50**

JUN 08 2017

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

[redacted]

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals: 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CP-999407**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 12/26/17
Doc #: 032926786

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06127968		**Date of Injury:** 03/31/15		
SSN: XXX-XX	Employer name: ROYAL M AUTO CARE				Employer ID: 0000009095686142				
1	SF1-SPCA-329895	04/14/16	999Q9	Interpreter Deposit-	1	156.50	.00	375 G5	156.50
					Total Allowances:				**$156.50**

DEC 28 2017

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

[redacted]

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals: (888)782-8338

Provider Number: XXXXX6713

Check #: **CP-031825**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/11/19
Doc #: 034043054

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 06127968		**Date of Injury:** 03/31/15		
SSN: XXX-XX-9434	Employer name: ROYAL M AUTO CARE				Employer ID: 0000009095686142				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-19582057	01/09/19	MDO10	Payment By Order	1	4,038.00	1,438.00	G5 375 G67 961	2,600.00
					Total Allowances:				**$2,600.00**

JAN 14 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 enclosed page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

[redacted]

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals: (888)782-8338

Provider Number: XXXXX6713

Check #: **CP-031825**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/11/19
Doc #: 034043054

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-19582057	06127968	LS	4,038.00	1,438.00	2,600.00	.00	2,600.00

Provider NPI: Rendering Provider NPI: Rendering Provider:
Patient Acct #: LS ReviewerID: DW Carrier Receive Date: 01/09/19 Review Date: 01/10/19 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.

EOR Reduction Code Explanation:

375 : PLEASE SEE SPECIAL *NOTE* BELOW.
961 : Allowance reflects the lump sum settlement amount
G5 : This charge was adjusted for the reasons set forth in the attached letter.
G67 : Payment based on individual pre-negotiated agreement for this specific service.

Reviewer's Comments:

SF1-SFCA-19582057 375- This Award Order covers date(s) of service 04/01/2016

0136499703404305400 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#
01/02/19 72189

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
06131322

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: MICHAEL PUGH
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs SMAILEY M. TABRIZI C
Date Of Injury: 6/1/14 - 8/25/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/20/17	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
11/08/18	PMT BY CHECK	DOS 7/20/17* =# CP-027339	-156.50
01/02/19	COSTS	ADD'L COSTS AWARDED	500.00
12/19/19	PMT BY CHECK	DOS 12/14/18* # CP-030299	-500.00

BALANCE 0.00

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

[redacted]

Provider Number: XXXXX6713

Check #: **CP-027339**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 11/08/18
Doc #: 033868679

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 06131322		**Date of Injury:** 08/25/15		
SSN: XXX-XX-	Employer name: G & G TIRES			Employer ID: 0000009069071150					
1	SF1-SPCA-393459	07/20/17	999Q9	Interpreter Deposit-	1	156.50	.00	G5 375	156.50
				Total Allowances:					**$156.50**

01362784033868679001 2

[redacted]

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

[redacted]

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : (888)782-8338

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CP-030299**

Issue Date: 12/19/18
Doc #: 033979357

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06131322		**Date of Injury:** 08/25/15		
SSN: XXX-XX-0006 Employer name: G & G TIRES				Employer ID: 0000009069071150					
ICD-10 Code:T14.90 INJURY, UNSPECIFIED									
1	SF1-SFCA-19540084	12/14/18	MDS21	Settlement For Dispu	1	965.00	465.00	G67 961 G5 375	500.00
					Total Allowances:				**$500.00**

JAN 0 2 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"

0136419803397935700 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#
07/29/19 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: [redacted] vs VICTORS GROVE SERVICE
Date Or 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
06/04/19	COSTS	ADD'L COSTS AWARDED	445.00
07/22/19	PENALTIES_U	FOR UNPAID STLM'T 6/3/19	44.50
07/22/19	INTEREST_U	FOR UNPAID STLM'T 6/3/19	2.55
07/26/19	PEN & INT	PEN & INT	26.71
07/26/19	PMT BY CHECK	DOS 6/3/19* # CS-703307	-518.76

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CS-654311**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 12/07/17
Doc #: 032876784

Medical

72843 - 1

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	Employer name: VICTORS GROVE SERVICE				Employer ID: 0000001960691140				
1	SF1-SPCA-326463	11/03/17	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
					Total Allowances:				**$156.50**

RECEIVED
DEC 11 2017

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

[redacted]

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CS-654816**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 12/13/17
Doc #: 032893248

Medical

MR

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06232704		**Date of Injury:** 08/14/14		
SSN: XXX-X	Employer name: VICTORS GROVE SERVICE				Employer ID: 0000001960691140				
1	SF1-SPCA-327044	11/03/17	999Q9	Interpreter Deposit-	1	156.50	156.50	224 G56	.00
2	SF1-SPCA-327044	11/27/17	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
						Total Allowances:			**$250.00**

PAID

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"

01349617032893246001 2

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : (888)782-8338

Provider Number: XXXXX6713

Check #: **CS-690923**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

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	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**

0136669303416580500l 3

FILED
FEB 27 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"

[redacted]

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : (888)782-8338

Provider Number: XXXXX6713

Check #: **CS-703307**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 07/26/19
Doc #: 034607239

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06170056		**Date of Injury:** 02/16/16		
SSN: XXX-XX-3035	Employer name: LOS ANGELES RAG HOUSE INC				Employer ID: 0000009143941150				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-20120290	07/17/18	MDO10	Payment By Order	1	8,596.86	1,596.86	G5 375 G67 961	7,000.00
Patient Name: [redacted]					**Claim #:** 06232704		**Date of Injury:** 08/14/14		
SSN: XXX-XX-3640	Employer name: VICTORS GROVE SERVICE				Employer ID: 0000001960691140				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
2	SF1-SFCA-20120588	06/03/19	MDS10	Settlement For Dispu	1	445.00	.00	G67 961 G5 375	445.00
3	SF1-SFCA-20120588			Medical Penalty					66.75
4	SF1-SFCA-20120588			Medical Interest					7.01
								Subtotal:	518.76
								Total Allowances:	**$7,518.76**

FAXED
JUL 29 2019
PAY: [redacted]

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
SK

Inland Empire Claims Services
PO BOX 65005
Fresno, CA 93650-5005

CS-703307
Union Bank
Los Angeles, California

90-4150
1222

26583107

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
July 26, 2019	**$*****7,518.76**

PAY ****Seven Thousand Five Hundred Eighteen and 76/100 Dollars****ONLY

To The Order Of
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Please negotiate at your local Union Bank Branch.

⑈5214703307⑈ ⑆122241501⑆ ⑈908100104 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#
09/21/18 61679

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
301305695470

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W. C. DEPARTMENT
ATTN: ELSIE CARACANO
PO BOX # 14421
LEXINGTON, KY 40512-4421

Case: vs HILTON WORLDWIDE, INC EMBASSY
Date Of Injury: 5/14/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/28/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
04/09/14	PR2-RE/EVAL	W/ACUPUNCTURIST ALEX LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
05/05/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/22/14	PR2-RE/EVAL	W/ACUPUNCTURIST ALEX LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
06/16/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLLAGOMEZ # 500341	0.00
07/25/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/01/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ AMERI CHIRO-FINAL*	150.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
09/29/14	PMT BY CHECK	DOS 3/28/14* # 0051860873	-900.00
11/14/16	LEGAL WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/01/18	LIEN FIL FEE	LIEN FILING FEE	150.00
05/16/18	PENALTIES	FOR DATE OF SERVICE 11/14/16	23.48
09/10/18	INTEREST	FOR DATE OF SERVICE 11/14/16	32.10
09/10/18	PENALTIES	FOR DATE OF SERVICE 07/25/14	27.00
09/10/18	INTEREST	FOR DATE OF SERVICE 07/25/14	81.78
09/10/18	PENALTIES	FOR DATE OF SERVICE 08/01/14	22.50
09/10/18	INTEREST	FOR DATE OF SERVICE 08/01/14	67.82
09/10/18	COSTS	ADD'L COSTS AWARDED	1608.82
09/18/18	PMT BY CHECK	DOS 3/28/14-11/14/16* # 81600404	-2500.00

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

*** INVOICE ***
Date NO#
09/21/18 61679

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
301305695470

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W. C. DEPARTMENT
ATTN: ELSIE CARACANO
PO BOX # 14421
LEXINGTON, KY 40512-4421

Case: vs HILTON WORLDWIDE, INC EMBASSY
Date Of Injury: 5/14/13

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

P6905028006

20140929161S

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

Electronic Service Requested

SINGLE PIECE
2411 0.5738 SP 0.480

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

2 OF 2

ENV 2411

DATE	CHECK AMT	CHECK NO.
09/29/2014	900.00	0051860873

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

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

Claimant Name	Loss Date	Claim Number
	05/14/2013	30130569547-0001

61679

Amt Paid: 900.00 Description: Miscellaneous Medical
Amt Billed: 900.00 Invoice: ICN: 119162903.6
Dates: 03/28/2014-03/28/2014 Comment:

PAID OCT 03 2014

Questions about other Sedgwick CMS payments? Visit sedgwickcms.com. Click on Provider Resources, then choose viaOne Express(R) for Providers.

[redacted]

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

0001401-0004791 0106 001 736683 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
09/18/2018	2,500.00	81600404
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
		05/14/2013	30130569547-0001
Amt Paid: 2,500.00	Description:		
Amt Billed: 2,500.00	Invoice:	17000836	ICN:301305695470001
Dates: 03/28/2014 - 11/14/2016	Comment:		

4

SWK.RM.STD.00.NP

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

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

Sedgwick CMS As Agent For
Hilton Hotels Corporation - World Wide
ACE American Insurance Company

ORIGIN 6004263

Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/18/2018

81600404

62-22
311

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

$2,500.00

Bob Blankenship

MEMO: MP

Hilton Hotels Corporation, Principal
Sedgwick Claims Management Services, Inc., Agent By:

4327948664

⑈81600404⑈ ⑆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#
11/13/18 70864

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30165718366-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: SHAZI RYAN
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: _____ vs THORO BRED RACING PLATE CO.
Date Of Injury: 2/24/16

DOS	SERVICE	DESCRIPTION	AMOUNT
12/02/16	LEGAL_PREP	DEPO PREP @ L/O KEGEL, TOBIN	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
12/30/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
01/12/17	PMT BY CHECK	DOS 12/2/16* 0076829017	-156.50
01/25/17	PMT BY CHECK	DOS 12/2/16*12/30/16* # 0076831296	-250.00
05/09/17	LEGAL_WCAB	PRIORITY CONF @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
01/25/17	PMT BY CHECK	DOS 12/2/16-12-30/16* # 0076831296	-156.50
07/31/17	LEGAL_WCAB	TRIAL @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
05/08/18	PENALTIES	FOR DATE OF SERVICE 07/31/17	23.48
05/24/18	INTEREST	FOR DATE OF SERVICE 07/31/17	14.50
05/24/18	PMT BY CHECK	DOS 7/31/17* # 89568320	-172.22
10/18/18	COSTS	ADD'L COSTS AWARDED	727.74
11/08/18	PMT BY CHECK	DOS 10/18/18* # 92892962	-750.00

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 **

HC

P6905028006

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

Electronic Service Requested

20170112161I

PAID
JAN 18 2017
BY:

1 OF 1

ENV 4480

SINGLE PIECE

4480 0.3820 SP 0.465

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

8

DATE	CHECK AMT	CHECK NO.
01/12/2017	156.50	0076829017

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

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

Claimant Name	Loss Date	Claim Number
	02/24/2016	30165718366-0001

Amt Paid: 156.50 Description:
Amt Billed: 156.50 Invoice: 70864
Dates: 12/02/2016-12/02/2016 Comment:

ICN: 301657183660001

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

[redacted]

P6905028006

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

[redacted]

201701251618

Electronic Service Requested

1 OF 1

ENV 4145

SINGLE PIECE

4145 0.3820 SP 0.460

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

7

PAID
JAN 30 2017

DATE	CHECK AMT	CHECK NO.
01/25/2017	406.50	0076831296

250.00
156.50

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

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

Claimant Name	Loss Date	Claim Number
	02/24/2016	30165718366-0001

Amt Paid: 406.50 Description:
Amt Billed: 406.50 Invoice: 70864
Dates: 12/02/2016-12/30/2016 Comment:

ICN: 301657183660001

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

P6905028006

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

201701251618

Electronic Service Requested

1 OF 1

ENV 4145

SINGLE PIECE
4145 0.3820 SP 0.460

JOYCE ALTMAN INTERPRETERS 7
P.O. BOX 4165
TUSTIN, CA 92781-4165

JAN 30 2017

DATE	CHECK AMT	CHECK NO.
01/25/2017	406.50	0076831296

250.00
156.50
156.50

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

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

Claimant Name	Loss Date	Claim Number
	02/24/2016	30165718366-0001

Amt Paid: 406.50 Description:
Amt Billed: 406.50 Invoice: 70864 ICN: 301657183660001
Dates: 12/02/2016-12/30/2016 Comment:

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

[redacted]

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

0001746-0006029 0106 001 708704 SWK

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

DATE	CHECK AMOUNT	CHECK NUMBER
05/24/2018	172.22	89568320
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
	02/24/2016	30165718366-0001
Amt Paid: 172.22	Description: Interpreter	
Amt Billed: 172.22	Invoice:	ICN:163459916.6
Dates: 07/31/2017 - 07/31/2017	Comment: Invoice#70864	

MAY 29 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: 05/24/2018

89568320

62-22
311

PAY: ******ONE HUNDRED SEVENTY TWO AND 22/100 DOLLARS

$172.22

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

371394936

Bob Blankenship

MEMO: MP

Everest National Insurance Co, Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈89568320⑈ ⑆031100225⑆ 20799500597 03⑈

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

0008509-0028791 0106 001 748401 SWK

JOYCE ALTMAN INTERPRETERS INC.
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
11/08/2018	750.00	92892962
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS INC		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name		Loss Date	Claim Number
		02/24/2016	30165718366-0001
Amt Paid: 750.00	Description:	Miscellaneous Medical	
Amt Billed: 2,147.00	Invoice:		ICN:5201-13257241
Dates: 10/18/2018 - 10/18/2018	Comment:		

PAID
NOV 13 2018

SWK.RM.STD.00.NP

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

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: 11/08/2018

92892962

62-22
311

PAY: ******SEVEN HUNDRED FIFTY AND 00/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

$750.00

462025487

Bob Blankenship

MEMO: MP

Everest National Insurance Co, Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈92892962⑈ ⑆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#
08/31/18 71165

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30154026217-0001

BILL TO:
SEDGWICK CLAIMS (LEX-14779)
W. C. DEPARTMENT
ATTN: NATALIE CHRISTIAN
P.O. BOX 14779
LEXINGTON, KY 40512

Case: vs BEU INDUSTRIES
Date Of Injury: 5/11/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/30/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/23/17	PENALTIES	FOR DATE OF SERVICE 1/30/17	23.48
07/19/17	INTEREST	FOR DATE OF SERVICE 1/30/17	7.59
07/19/17	PMT BY CHECK	DOS 1/30/17* # 377285	-156.50
08/28/18	COSTS	ADD'L COSTS AWARDED	2968.93
08/28/18	PMT BY CHECK	DOS 1/30/17* =# 448504	-3000.00

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 **

DATE	CHECK AMOUNT	CHECK NUMBER
07/19/2017	156.50	377285

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
523 Sedgwick Claims Management Services, Inc	1

Sedgwick Claims Management Services, Inc
PO Box 14779
Lexington, KY 40512

CHK0001
000 0001400 00000000 0001 0006 00275 INS: 0 0
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

JUL 24 2017

CLAIMANT NAME	LOSS DATE	CLAIM NUMBER	SSN
	05/11/2015	30154026217-0001	

Amount Paid: 156.50
Amount Billed: 156.50
Dates: 01/30/2017 – 01/30/2017
Description:
Invoice:
Comment:
ICN: 206979305.339

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

CHK0001 v1.57

Sedgwick Claims Management Services, Inc
PO Box 14779
Lexington, KY 40512

0000866~0002993 0106 001 730955 SWK

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
08/28/2018	3,000.00	448504
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS INC		*****6713
SCMS UNIT		PAGE
523 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name	Loss Date	Claim Number
	05/11/2015	30154026217-0001
Amt Paid: 3,000.00	Description: Miscellaneous Medical	
Amt Billed: 3,000.00	Invoice:	ICN:6200-589908
Dates: 01/30/2017 - 01/30/2017	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

Republic Underwriters Insurance Co.
Claims Account
Republic Underwriters Insurance Company

ORIGIN 5236200
JP Morgan Chase
Dallas, TX

VOID AFTER 60 DAYS

DATE: 08/28/2018

448504

32-61/1110

******THREE THOUSAND AND 00/100 DOLLARS

$3,000.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

421483361

Debra Davenport

MEMO: MP

⑈448504⑈ ⑆111000614⑆ 21119705 6⑈

Joyce Altman Interpreters, 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 71314

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30166739049-0001; 3016673

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W. C. DEPARTMENT
ATTN: MAGGIE ROUCE
P.O. BOX # 14421
LEXINGTON, KY 40512

Case: vs PRO AMERICA PREMIUM TOOLS
Date Of Injury: 6/1/15; 6/15 - 12/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/09/17	LEGAL_PREP	DEPO PREP @ L/O STOCKWELL HARRIS	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
04/04/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/03/17	PMT BY CHECK	DOS 2/9/17-4/4/17* # 0079259344	-406.50
03/19/18	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
10/17/18	PMT BY CHECK	DOS 3/19/18* # 92125261	-156.50
01/16/19	PMT BY CHECK	DOS 1/7/19* # 94685261	-600.00
01/16/19	COSTS	ADD'L COSTS AWARDED	600.00

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 **

NR

P6905028006

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

201705031616

Electronic Service Requested

1 OF 1

ENV 2918

SINGLE PIECE

2918 0.3820 SP 0.460

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781-4165 5

DATE	CHECK AMT	CHECK NO.
05/03/2017	406.50	0079259344

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services, Inc	1 of 1

Claimant Name	Loss Date	Claim Number
	12/24/2015	30166739049-0001

Amt Paid: 406.50 Description:
Amt Billed: 406.50 Invoice: 71314 ICN: 301667390490001
Dates: 02/09/2017-04/04/2017 Comment:

MAY 09 2017

MP

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

0004584-0013113 0106 001 743422 SWK

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

DATE	CHECK AMOUNT	CHECK NUMBER
10/17/2018	156.50	92125261
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
	06/01/2015	30166739039-0001
Amt Paid: 156.50	Description:	
Amt Billed: 156.50	Invoice: 71314	ICN:166049653.6
Dates: 03/19/2018 - 03/19/2018	Comment: MSC Interpreter fees	

PAID
OCT 19 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: 10/17/2018

92125261
62-22
311

PAY: ******ONE HUNDRED FIFTY SIX AND 50/100 DOLLARS

$156.50

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

Everest National Insurance Co, Principal
Sedgwick Claims Management Services, Inc., Agent By:

449590792

⑈92125261⑈ ⑆031100225⑆ 20799500597 03⑈

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

0004584-0013113 0106 001 743422 SWK

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

DATE	CHECK AMOUNT	CHECK NUMBER
10/17/2018	156.50	92125261
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
		06/01/2015	30166739039-0001
Amt Paid: 156.50	Description:		
Amt Billed: 156.50	Invoice:	71314	ICN:166049653.6
Dates: 03/19/2018 - 03/19/2018	Comment:	MSC Interpreter fees	

PAID
OCT 19 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: 10/17/2018

92125261
62-22
311

PAY: ******ONE HUNDRED FIFTY SIX AND 50/100 DOLLARS

$156.50

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

Everest National Insurance Co, Principal
Sedgwick Claims Management Services, Inc., Agent By:

449590792

⑈92125261⑈ ⑆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#
03/18/19 71393

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
CA14480844-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W. C. DEPARTMENT
ATTN: MATTHEW DORES
P.O. BOX # 14421
LEXINGTON, KY 40512

Case: vs TARGET
Date Of Injury: 4/30/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/07/17	LEGAL WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/24/18	PENALTIES	FOR DATE OF SERVICE 3/7/17	23.48
08/09/18	INTEREST	FOR DATE OF SERVICE 3/7/17	23.22
08/09/18	PMT BY CHECK	DOS 3/7/18* # 78967475	-156.50
08/29/18	PMT BY CHECK	DOS 8/9/18* # 78974116	-46.70
09/05/18	COSTS	MONIES CREDITED TOWARDS COSTS	156.50
09/05/18	PMT BY CHECK	DOS 3/7/17* # 79985134	-156.50
03/07/19	COSTS	ADD'L COSTS AWARDED	400.00
03/14/19	PMT BY CHECK	DOS 3/7/19* # 82841637	-400.00

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

0002922-0009553 0106 001 726858 SWK

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

DATE	CHECK AMOUNT	CHECK NUMBER
08/09/2018	156.50	78967475
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
	04/30/2014	CA14480844-0001

Amt Paid: 156.50
Amt Billed: 156.50
Dates: 03/07/2018 - 03/07/2018
Description:
Invoice: INV No: 71393
Comment:
ICN:226794668.339

AUG 13 2018

SWK.RM.STD.80.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: 08/09/2018

78967475
62-22
311

PAY: ******ONE HUNDRED FIFTY SIX AND 50/100 DOLLARS

$156.50

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

411683191

MEMO: MP

Target Corporation, Principal
Sedgwick Claims Management Services, Inc., Agent By:

Bob Blankenship

⑈78967475⑈ ⑆031100225⑆ 20799500597 03⑈

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

0002024-0005753 0106 001 731009 SWK

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

DATE	CHECK AMOUNT	CHECK NUMBER
08/29/2018	46.70	78974116
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
		04/30/2014	CA14480844-0001
Amt Paid: 46.70	Description:		
Amt Billed: 46.70	Invoice:	71393 ✓	ICN:227309219.339
Dates: 08/09/2018 - 08/09/2018	Comment:		

d

SEP 04 2018

SWK.RM.STD.00.NP

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

THE FACE OF THIS CHECK IS PRINTED BLUE - THE BACK CONTAINS A SIMULATED WATERMARK - SEE BACK FOR DETAILS

Sedgwick Claims Management Services, Inc
on Behalf of Target Corporation

ORIGIN
2131639

Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 08/29/2018

78974116

62-22
311

PAY: ******FORTY SIX AND 70/100 DOLLARS

$46.70

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

421668055

Bob Blankenship

MEMO: MP

Target Corporation, Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈78974116⑈ ⑆031100225⑆ 207995005970 3⑈

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

0002197-0006445 0106 001 732663 SWK

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
09/05/2018	156.50	79985134
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS INC		******6713
SCMS UNIT		PAGE
213 Sedgwick Claims Management Services Inc.		01 of 01

Claimant Name		Loss Date	Claim Number
		04/30/2014	CA14480844-0001
Amt Paid: 156.50	Description:	Interpreter	
Amt Billed: 156.50	Invoice:		ICN:1639-553208
Dates: 03/07/2017 - 03/07/2017	Comment:		

SEP 10 2018

SWK.RM.STD.00.NP

For additional information about this payment or other bills, visit us at https://vlaoneselfservice.sedgwickcms.net/User/Login

THE FACE OF THIS CHECK IS PRINTED BLUE - THE BACK CONTAINS A SIMULATED WATERMARK - SEE BACK FOR DETAILS

Sedgwick Claims Management Services, Inc
on Behalf of Target Corporation

ORIGIN 2131639 Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/05/2018

79985134

62-22
311

PAY: ******ONE HUNDRED FIFTY SIX AND 50/100 DOLLARS

$156.50

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Bob Blankenship

MEMO: MP

Target Corporation, Principal
Sedgwick Claims Management Services, Inc., Agent By:

425683581

⑈79985134⑈ ⑆031100225⑆ 2079950059703⑈

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

0001637-0006081 0106 001 777299 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
03/14/2019	400.00	82841637
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
213 Sedgwick Claims Management Services Inc.		01 of 01

Claimant Name		Loss Date	Claim Number
		04/30/2014	CA14480844-0001
Amt Paid: 400.00	Description:	Interpreter	
Amt Billed: 400.00	Invoice:		ICN:1639-582742
Dates: 03/07/2017 - 03/07/2017	Comment:		

PAID
MAR 18 2019

SWK.RM.STD.00.NP

For additional information about this payment or other bills, visit us at https://MessageSelfservice.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: 03/14/2019

82841637
62-22
311

PAY: ******FOUR HUNDRED AND 00/100 DOLLARS

$400.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Bob Blankenship

MEMO: MP

Target Corporation, Principal
Sedgwick Claims Management Services, Inc., Agent By:

533315630

⑈82841637⑈ ⑆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#
04/05/19 71697

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
30165809429-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
PO BOX # 14421
LEXINGTON, KY 40512-4421

Case: [redacted] vs DOUBLE GREEN LANDSCAPE
Date Of Injury: 2/9/16

DOS	SERVICE	DESCRIPTION	AMOUNT
04/18/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/16/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/14/17	PMT BY CHECK	DOS 4/18/17-5/16/17* # 376037	-180.00
07/26/17	PMT BY CHECK	DOS 4/18/17* 378970	-226.50
08/30/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
12/27/18	PMT BY CHECK	DOS 8/30/18* # 462042	-156.50
03/28/19	COSTS	ADD'L COSTS AWARDED	1400.00
04/02/19	PMT BY CHECK	DOS 3/28/19* # 469927	-1400.00

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

DATE	CHECK AMOUNT	CHECK NUMBER
07/14/2017	180.00	376037

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS INC	*****6713

SCMS UNIT	PAGE
523 Sedgwick Claims Management Services, Inc	1

Sedgwick Claims Management Services, Inc
PO Box 14779
Lexington, KY 40512

CHK0001
000 0002579 00000000 0001 0007 00477 INS: 0 0
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 927814165

CLAIMANT NAME		LOSS DATE	CLAIM NUMBER	SSN
		02/09/2016	30165809429-0001	
Amount Paid: 90.00	Description:	Miscellaneous Medical		
Amount Billed: 156.50	Invoice:		ICN: 6200-443173	
Dates: 04/18/2017 – 04/18/2017	Comment:			
ALVARADO, SALVADOR		02/09/2016	30165809429-0001	
Amount Paid: 90.00	Description:	Miscellaneous Medical		
Amount Billed: 250.00	Invoice:		ICN: 6200-443173	
Dates: 05/16/2017 – 05/16/2017	Comment:	71697 -1		

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

CHK0001 V1.57

JUL 17 2017

[redacted]

DATE	CHECK AMOUNT	CHECK NUMBER
07/26/2017	226.50	378970

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
523 Sedgwick Claims Management Services, Inc	1

Sedgwick Claims Management Services, Inc
PO Box 14779
Lexington, KY 40512

CHK0001
000 0000323 00000000 0001 0001 00323 INS: 0 0
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

CLAIMANT NAME		LOSS DATE	CLAIM NUMBER	SSN
		02/09/2016	30165809429-0001	
Amount Paid: 226.50	Description:			
Amount Billed: 226.50	Invoice: 71697			
Dates: 04/18/2017 – 07/14/2017	Comment:		ICN: 208894407.339	

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

CHK0001 v1.57

JUL 3 1 2017

[redacted]

Sedgwick Claims Management Services, Inc
PO Box 14779
Lexington, KY 40512

0002758-0010717 0106 001 759235 SWK

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

DATE	CHECK AMOUNT	CHECK NUMBER
12/27/2018	156.50	462042
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
523 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name		Loss Date	Claim Number
		02/12/2016	30177295304-0001
Amt Paid: 156.50	Description:		
Amt Billed: 156.50	Invoice:		ICN:301772953040001
Dates: 08/30/2018 - 08/30/2018	Comment:		

JAN 0 2 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

Republic Underwriters Insurance Co.
Claims Account
Republic Underwriters Insurance Company

ORIGIN 5236200 JP Morgan Chase Dallas, TX

VOID AFTER 60 DAYS

DATE: 12/27/2018

462042

32-61/1110

******ONE HUNDRED FIFTY SIX AND 50/100 DOLLARS

$156.50

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

488631481

MEMO: MP

Debra Davenport

⑈462042⑈ ⑆111000614⑆ 21119705 6⑈

Sedgwick Claims Management Services, Inc
PO Box 14779
Lexington, KY 40512

DATE	CHECK AMOUNT	CHECK NUMBER
04/02/2019	1,400.00	469927

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
523 Sedgwick Claims Management Services, Inc	01 of 01

0001453-0006177 0106 001 781504

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

Claimant Name	Loss Date	Claim Number
	02/09/2016	30165809429-0001

Amt Paid: 1,400.00
Amt Billed: 1,400.00
Dates: 03/28/2019 - 03/28/2019
Description:
Invoice:
Comment:
ICN:301658094290001

PAID
APR 05 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

Republic Underwriters Insurance Co.
Claims Account
Republic Underwriters Insurance Company

ORIGIN 5236200
JP Morgan Chase
Dallas, TX

VOID AFTER 60 DAYS

DATE: 04/02/2019

469927

32-61/1110

******ONE THOUSAND FOUR HUNDRED AND 00/100 DOLLARS

$1,400.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

MEMO: MP

544745187

⑈469927⑈ ⑆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#
02/25/19 73956

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30179128743-0001

BILL TO:
SEDGWICK CLAIMS (LEX-14779)

ATTN: REGINA DIAZ
P.O. BOX 14779
LEXINGTON, KY 40512

Case: vs SP PLUS CORPORTATION
Date Of Injury: 6/26/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/16/18	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
11/05/18	PMT BY CHECK	DOS 5/16/18* # 87368618	-156.50
02/13/19	COSTS	ADD'L COSTS AWARDED	300.00
02/22/19	PMT BY CHECK	DOS 5/16/18* # 90103119	-300.00

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 14153
Lexington, KY 40512-4153

0002639-0008801 0106 001 747712 SWK

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

DATE	CHECK AMOUNT	CHECK NUMBER
11/05/2018	156.50	87368618
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

73956

Claimant Name			Loss Date	Claim Number
			06/26/2017	30179128743-0001
Amt Paid:	156.50	Description:		
Amt Billed:	156.50	Invoice:		ICN:301791287430001
Dates:	05/16/2018 - 05/16/2018	Comment:		

NOV 07 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 SP+
XL Insurance America, Inc.

ORIGIN 6004833 Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 11/05/2018

87368618

62-22
311

PAY: ******ONE HUNDRED FIFTY SIX AND 50/100 DOLLARS

$156.50

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

STANDARD PARKING, Principal
Sedgwick Claims Management Services, Inc., Agent By:

460286874

⑈87368618⑈ ⑆031100225⑆ 207995005970 3⑈

Sedgwick Claims Management Services, Inc
PO Box 14153
Lexington, KY 40512-4153

0003267-0011861 0106 001 772694 SWK

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

DATE	CHECK AMOUNT	CHECK NUMBER
02/22/2019	300.00	90103119

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
	06/26/2017	30179128743-0001

Amt Paid: 300.00
Amt Billed: 300.00
Dates: 05/16/2018 - 05/16/2018
Description:
Invoice:
Comment:
ICN:301791287430001

PAID
FEB 25 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

THIS PAGE OF THIS CHECK IS PRINTED BLUE - THE BACK CONTAINS A SIMULATED WATERMARK - SEE BACK FOR DETAILS

Sedgwick as Agent for SP+
XL Insurance America, Inc.

ORIGIN 6004833
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 02/22/2019

90103119
62-22
311

PAY: ******THREE HUNDRED AND 00/100 DOLLARS

$300.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

MEMO: MP

STANDARD PARKING, Principal
Sedgwick Claims Management Services, Inc., Agent By:

Bob Blankenship

⑈90103119⑈ ⑆031100225⑆ 20799500597 03⑈

7490901.72

Joyce Altman Interpreters, 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 74954

EAMS#(s):
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
100009177

BILL TO:
SEDGWICK CLAIMS (LEXING-14479)

ATTN: ALEXANDRA COSAS
P.O. BOX 14479
LEXINGTON, KY 40512

Case: vs SWIFT PORK CO
Date Of Injury: 1/13/16

DOS	SERVICE	DESCRIPTION	AMOUNT
02/26/18	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
11/05/18	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	EUGENIA RICHICHI # 100659	0.00
12/10/18	PMT BY CHECK	DOS 2/26/18-11/5/18* # 91601831 SEDGWICK	-313.00
03/22/19	COSTS	ADD'L COSTS AWARDED	350.00
04/02/19	PMT BY CHECK	DOS 3/22/19* # 92932186 SEDGWICK	-350.00

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
PO Box 14154
Lexington, KY 40512-4154

0000876-0003325 0106 001 755384 SWK

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

DATE	CHECK AMOUNT	CHECK NUMBER
12/10/2018	313.00	91601831
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
648 Sedgwick Claims Management Services Inc.		01 of 01

74954
73471

Claimant Name	Loss Date	Claim Number
	01/13/2016	100009177
Amt Paid: 313.00	Description:	
Amt Billed: 313.00	Invoice: 73471	ICN:230010601.339
Dates: 02/26/2018 - 11/05/2018	Comment:	

DEC 14 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

JBS USA LLC
1770 Promontory Circle
Greeley, CO 80634
American Zurich Insurance Company

ORIGIN 6483478
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 12/10/2018

91601831
62-22
311

PAY: ******THREE HUNDRED THIRTEEN AND 00/100 DOLLARS

$313.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

MEMO: MP

Pilgrim's Pride Corporation, Principal
Sedgwick Claims Management Services, Inc., Agent By:

Bob Blankenship

4795030099

⑈91601831⑈ ⑆031100225⑆ 20799500597031⑈

Sedgwick Claims Management Services, Inc
PO Box 14154
Lexington, KY 40512-4154

0001453-0006175 0106 001 781504 SWK

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

DATE	CHECK AMOUNT	CHECK NUMBER
04/02/2019	350.00	92932186
PAYEE		**TAX ID**
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		**PAGE**
648 Sedgwick Claims Management Services Inc.		01 of 01

Claimant Name		Loss Date	Claim Number
		01/13/2016	100009177
Amt Paid:	350.00	Description:	
Amt Billed:	350.00	Invoice:	ICN:233541276.339
Dates:	03/22/2019 - 03/22/2019	Comment:	Lien settlement agreement

PAID
APR 05 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

JBS USA LLC
1770 Promontory Circle
Greeley, CO 80634
American Zurich Insurance Company

ORIGIN 6483478
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 04/02/2019

92932186
62-22
311

PAY: ******THREE HUNDRED FIFTY AND 00/100 DOLLARS

$350.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

Pilgrim's Pride Corporation, Principal
Sedgwick Claims Management Services, Inc., Agent By:

544/13836

⑈92932186⑈ ⑆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#
04/17/19 66320

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
55C193040; 55C194990

BILL TO:
SENTRY INSURANCE (WI-8032)
W. C. DEPARTMENT
ATTN: DANIELLE STOCKER
P.O. BOX 8032
STEVENS POINT, WI 54481

Case: vs CEDARLANE NATURAL FOODS
Date Of Injury: 2/4/14; 3/2/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/10/15	LEGAL_PREP	DEPO PREP @ L/O GRANCELL, STANDER, REUBENS	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
07/15/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO CORTEZ # 100533	0.00
08/13/15	PMT BY CHECK	DOS 06/10/15-07/15/15* # 45728192	-406.50
06/09/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/13/16	PMT BY CHECK	DOS 6/10/15-6/9/16* # 46400284	-156.50
05/08/17	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
07/11/17	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/09/17	PMT BY CHECK	DOS 5/8/17-7/11/17* # 47281459	-313.00
03/22/19	COSTS	ADD'L COSTS AWARDED	985.00
04/09/19	PMT BY CHECK	DOS 3/10/15* # 48676401	-985.00
		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 **

HL

Please retain for your records. No. 45728192

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

1 1 1,884 15225 BCLM.F2T70SEN

REFERENCE NO. 107517601
EMPLOYEE/PATIENT:

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

INVOICE# 66320

PAID

BY:

CL NO. 55C193040

NOT NEGOTIABLE

$******406.50

THIS PAYMENT COVERS--061015 THRU 071515 ACCT#66320

)-656B ▼ Detach Here ▼ (10/13)

VOID VOID VOID

No. 45728192

CLAIM ACCOUNT

56-382 / 412 WELLS FARGO BANK, N.A. VAN WERT, OH 45891

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C193040	02/05/14	CEDARLANE NATURAL FOODS INC	08/13/15

PAYMENT COVERS	AMOUNT
061015 THRU 071515 ACCT#66320	$******406.50

FOUR HUNDRED SIX AND 50/100 DOLLARS

SENTRY CASUALTY COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Kelly Beard

⑈45728192⑈ ⑆041203824⑆960003168⑈

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 46400284

7-13-16

1 1 702 16195 BCLM.F2T705EN
00270200443547312727927816165 65

SENTRY INSURANCE

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

INVOICE# 66320

REFERENCE NO. 108319685
EMPLOYEE/PATIENT:

CL NO. 55C193040
NOT NEGOTIABLE
$******156.50

THIS PAYMENT COVERS--061015 THRU 060916 ACCT#66320

0-656B

▼ Detach Here ▼

(10/13)

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 47281459

8-9-17

1 1 073 17221 BCLM.F2T70BEN

SENTRY INSURANCE

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

AUG 14 2017

INVOICE# 66320

REFERENCE NO. 110372191
EMPLOYEE/PATIENT:

CL NO. 55C193040
NOT NEGOTIABLE
$******313.00

THIS PAYMENT COVERS--050817 THRU 071117 ACCT#66320

)-656B

▼ Detach Here ▼

(10/13)

[redacted]

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 48676401

0000286

Sentry®

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

ICN: 01CA-391275
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
031015 THRU 031015
ACCT#ADJ9870687

PAID
APR 17 2019
BY.

REFERENCE NO.: 111964365
EMPLOYEE/PATIENT:

CL NO. 55C193040
NOT NEGOTIABLE
$******985.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#ADJ9870687

1 00001 0000286 19099 N AC 0 190409104053.9400 00270200443495943677927814165 65 55C193040

20-656B ▼ Detach Here ▼ (10/13

Sentry®

CLAIM ACCOUNT

No. 48676401

56-382
412
WELLS FARGO BANK, N.A.
VAN WERT, OH 45891

VOID VOID VOID VOID

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C193040	02/05/14	CEDARLANE NATURAL FOODS INC	04/09/19

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#ADJ9870687	$******985.00

NINE HUNDRED EIGHTY-FIVE AND NO/100 DOLLARS

SENTRY CASUALTY COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Jerry Boars

⑈48676401⑈ ⑆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#
01/07/19 68436

EAMS#(s):

SS # : XXX-XX-.
DOB :
Terms: 60 days
Claim #(s):
55C169584

BILL TO:
SENTRY INSURANCE (STEVENS,WI)
W. C. DEPARTMENT
ATTN: BRIAN ADELMAN
P.O. BOX # 8032
STEVENS POINT, WI 54481

Case: [redacted] vs BEDROSIAN TILE AND STONE
Date Of Injury: 10/29/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/10/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
03/23/16	PMT BY CHECK	DOS 3/11/16* # 46153546	-156.50
10/31/16	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
12/08/16	PMT BY CHECK	DOS 10/31/16* # 46731160	-156.50
02/13/17	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
03/07/17	PMT BY CHECK	DOS 2/13/17* # 46930882	-156.50
04/17/17	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
06/01/17	LEGAL_WCAB	TRIAL @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
03/23/16	PMT BY CHECK	DOS 3/23/16* # 46153546	-0.10
10/17/18	PMT BY CHECK	DOS 4/17/17-6/1/17* # 48282252	-312.90
12/28/18	COSTS	ADD'L COSTS AWARDED	750.00
12/28/18	PMT BY CHECK	DOS 12/19/18* # 48446208	-750.00

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. 46153546

1 1 720 16985 BCLM.FZT708EN
0027920044356742529927814166E5

REFERENCE NO. 108046810
EMPLOYEE/PATIENT:

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

68436

FOR DATE OF SERVICE 3-11-16 DEPOSITION

CL NO. 55C169584
NOT NEGOTIABLE
$******156.60

THIS PAYMENT COVERS--032316 THRU 032316 ACCT#

20-656B ▼ Detach Here ▼ (10/1

CLAIM ACCOUNT

No. 46153546

56-382 / 412 WELLS FARGO BANK, N.A. VAN WERT, OH 45891

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C169584	10/29/14	PARAGON INDUSTRIES INC	03/23/16

PAYMENT COVERS	AMOUNT
032316 THRU 032316 ACCT#	$******156.60

ONE HUNDRED FIFTY-SIX AND 60/100 DOLLARS

SENTRY CASUALTY COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Terry Bauer

⑈46153546⑈ ⑆041203824⑆960003168⑈

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 46731160

12-8-16

1 1 1,854 16343 BCLM.F2770SEN
00270280445611471109278141656S

SENTRY INSURANCE

JOYCE ALMANT INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

INVOICE# 68436

REFERENCE NO. 109759317
EMPLOYEE/PATIENT:

CL NO. 55C169584
NOT NEGOTIABLE
$******156.50

THIS PAYMENT COVERS--103116 THRU 103116 ACCT#68436

20-656B ▼ Detach Here ▼ (10/13)

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 46930882

3-7-17

1 1 798 17866 BCLM.F2T70SEN
00270280443578501594927814165 65

SENTRY INSURANCE

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

PAID
MAR 1

INVOICE# 68436

REFERENCE NO. 109983116
EMPLOYEE/PATIENT:

CL NO. 55C169584
NOT NEGOTIABLE
$******156.50

THIS PAYMENT COVERS--021317 THRU 021317 ACCT#68436

20-656B ▼ Detach Here ▼ (10/

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 48282252

0000925

Sentry

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

INVOICE# 68436

PAID
OCT 23 2018

REFERENCE NO.: 111526159
EMPLOYEE/PATIENT:

CL NO. 55C169584
NOT NEGOTIABLE
$******312.90

THIS PAYMENT COVERS -- 041717 THRU 060117 ACCT#68436

1 00001 0000925 18290 N A 0 181017102652.9400 00270200443471563894927814165 65 55C169584

I-656B ▼ Detach Here ▼ (10/13)

Sentry CLAIM ACCOUNT

VOID VOID VOID

No. 48282252

56-382 / 412 WELLS FARGO BANK, N.A. VAN WERT, OH 45891

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C169584	10/29/14	PARAGON INDUSTRIES INC	10/17/18

PAYMENT COVERS	AMOUNT
041717 THRU 060117 ACCT#68436	$******312.90

THREE HUNDRED TWELVE AND 90/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY CASUALTY COMPANY

Terry Bares

⑈48282252⑈ ⑆041203824⑆ 9600031681⑈

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 48446208

0000294

Sentry

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

ICN: 01CA-359984
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
102914 THRU 102914
ACCT#ADJ10148011

JAN 07 2019

REFERENCE NO.: 111709814
EMPLOYEE/PATIENT:
-
CL NO. 55C169584
NOT NEGOTIABLE
$******750.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#ADJ10148011

I 00001 0000294 18362 N AC 0 181228101552.9400 00270200443480901225927814165 65 55C169584

56B ▼ Detach Here ▼ (10/13

Sentry CLAIM ACCOUNT

No. 48446208

56-382 412 WELLS FARGO BANK, N.A. VAN WERT, OH 45891

VOID

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C169584	10/29/14	PARAGON INDUSTRIES INC	12/28/18

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#ADJ10148011	$******750.00

SEVEN HUNDRED FIFTY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY CASUALTY COMPANY

Terry Boers

⑈48446208⑈ ⑆041203824⑆ 960003168 6⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/01/18	64055

EAMS#(s):?

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
7534K6671

BILL TO:
STATE FARM CALIF. W.C.C. (AZ)
W. C. DEPARTMENT
ATTN: JANETT POLTE
P.O. BOX 52298
PHOENIX, AZ 85072

Case: vs JAMES BULLARD / DUKE BULLARD
Date of Injury: 8/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/30/14	LEGAL_PREP	DEPO PREP @ L/O GOLDMAN, MAGDALIN & KRIKES	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
12/12/14	LEGAL_PREP	DEPO PREP @ L/O GOLDMAN MAGDALIN, & KRIKES	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754 (AMENDED)	0.00
04/30/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL II	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
05/18/15	PMT BY CHECK	DOS 10/30/14-4/30/15* # 1 23 631022 K	-563.00
03/01/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/01/18	PMT BY CHECK	DOS 3/1/17* # 1 23 273424 K	-250.00
12/10/14	PENALTIES	FOR DATE OF SERVICE 10/30/14	23.48
05/18/15	INTEREST	FOR DATE OF SERVICE 10/30/14	7.84
01/20/15	PENALTIES	FOR DATE OF SERVICE 12/12/14	23.48
05/18/15	INTEREST	FOR DATE OF SERVICE 12/12/14	5.82
03/01/17	PENALTIES	FOR DATE OF SERVICE 03/01/17	37.50
05/01/18	INTEREST	FOR DATE OF SERVICE 03/01/17	34.03
09/24/18	COSTS	ADD'L COSTS AWARDED	1567.85
09/26/18	PMT BY CHECK	DOS 9/14/18* # 1 23 495793 K	-1700.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/01/18	64055

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
7534K6671

BILL TO:
STATE FARM CALIF. W.C.C. (AZ)
W. C. DEPARTMENT
ATTN: JANETT POLTE
P.O. BOX 52298
PHOENIX, AZ 85072

Case: FLORES vs JAMES BULLARD / DUKE BULLARD
Date Of Injury: 8/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ or Petitioner is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Applic of Adjud, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien/ or Petition. ** THIS SERVES AS DEMAND FOR PAYMENT **

PAYMENT NO 1 23 631022 K
PAYMENT AMOUNT $563.00
ISSUE DATE 05-18-2015
AUTHORIZED BY POLTE, JANET
PHONE (800) 749-9703

CLAIM NO 75-34K6-671
LOSS DATE 08-16-2013
POLICY NO 75-R14825-5
INSURED BULLARD, JAMES E

64055

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

START DATE 10-30-2014
END DATE 04-30-2015

REMARKS RE: (

COVERAGE DESCRIPTION	ON BEHALF OF	AMOUNT
WORK COMP - MEDICAL - NON-HOSPITAL		563.00

RECEIVED MAY 22 2015

RETAIN STUB FOR RECORDS

State Farm STATE FARM GENERAL INSURANCE COMPANY
CALIFORNIA
CA HO STEWARD W P12PCL232

#0 JPMORGAN CHASE BANK, NA 56-1544/441
COLUMBUS, OH 43240

1 23 631022 K

05-18-2015
DATE MM DD YYYY

CLAIM NO 75-34K6-671 INSURED BULLARD, JAMES E
LOSS DATE 08-16-2013

***

PAYMENT NO 1 23 273424 K
PAYMENT AMOUNT $250.00
ISSUE DATE 05-01-2018
AUTHORIZED BY CALLAWAY, JEANNIE
PHONE (916) 636-4402

CLAIM NO 75-34K6-671
LOSS DATE 08-16-2013
POLICY NO 75-R14825-5
INSURED BULLARD, JAMES E

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

64055

START DATE 03-01-2017
END DATE 03-01-2017

REMARKS ADJ9623094

COVERAGE DESCRIPTION	ON BEHALF OF	AMOUNT
CLAIMANT LITIGATION EXPENSE		250.00

MAY 07 2018

RETAIN STUB FOR RECORDS

STATE FARM GENERAL INSURANCE COMPANY
FIRE
WORK COMP ASSIST P26PCL8
JPMORGAN CHASE BANK, NA 56-1544/441
COLUMBUS, OH

1 23 273424 K

CLAIM NO 75-34K6-671
LOSS DATE 08-16-2013
INSURED BULLARD, JAMES E
DATE 05-01-2018 M M, D D Y Y Y Y

**************************EXACTLY TWO HUNDRED FIFTY AND 00/100 DOLLARS $*******250.00

Pay to the Order of: JOYCE ALTMAN INTERPRETERS INC

Thomas Conby PRESIDENT
Jon C. Farney TREASURER

SECURED DOCUMENT WATERMARK APPEARS ON BACK, HOLD AT 45° ANGLE FOR VIEWING

GREEN DROPOUT APPEARS ON FACE OF DOCUMENT

VOID IF GREEN COLORED BACKGROUND IS MISSING

⑈231227342⑈ ⑆044115443⑆ 777145228⑈

PAYMENT NO 1 23 495793 K
PAYMENT AMOUNT $1,700.00
ISSUE DATE 09-26-2018
AUTHORIZED BY COLLADO, ASHLEY
PHONE (916) 636-1580

CLAIM NO 75-34K6-671
LOSS DATE 08-16-2013
POLICY NO 75-R14825-5
INSURED BULLARD, JAMES E

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

9

START DATE 09-14-2018
END DATE 09-14-2018

REMARKS SFCA-297988

COVERAGE DESCRIPTION	ON BEHALF OF	AMOUNT
WORK COMP - MEDICAL - PHYSICIAN FEE		1,700.00

RETAIN STUB FOR RECORDS

StateFarm STATE FARM GENERAL INSURANCE COMPANY 1 23 495793 K
FIRE
WORK COMP ASSIST P12PCL244
JPMORGAN CHASE BANK, NA 56-1544/441
COLUMBUS, OH

DATE 09-26-2018 MM DD YYYY

CLAIM NO 75-34K6-671 INSURED BULLARD, JAMES E
LOSS DATE 08-16-2013

**********EXACTLY ONE THOUSAND SEVEN HUNDRED AND 00/100 DOLLARS $*****1,700.00

Pay to the Order of: JOYCE ALTMAN INTERPRETERS INC

Thomas Conley PRESIDENT
Jon C. Farney TREASURER

VOID IF GREEN COLORED BACKGROUND IS MISSING

SECURED DOCUMENT WATERMARK APPEARS ON BACK, HOLD AT 45° ANGLE FOR VIEWING

⑈231249579 3⑈ ⑆044115443⑆ 7771452 28⑈

Joyce Altman Interpreters, 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	68531

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
7541C1878

BILL TO:
STATE FARM CALIF. W.C.C. (AZ)
W. C. DEPARTMENT
ATTN: CHRISTINA SHUMACHER
P.O. BOX 52298
PHOENIX, AZ 85072

Case: vs GEORGES MEXICAN FOOD
Date Of Injury: 1/1/12 - 7/14/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/24/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
03/21/16	PMT BY CHECK	DOS 2/24/16* # 131777 MIDWEST	-156.50
03/29/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
04/29/16	PMT BY CHECK	DOS 3/29/16* # 132178 MIDWEST	-250.00
06/22/17	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
08/10/17	PMT BY CHECK	DOS 6/22/17* # 123 86433 K STATE FARM	-156.50
08/22/17	LEGAL_WCAB	TRIAL @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
07/14/16	LEGAL_WCAB	PRIORITY CONFERENCE @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
10/03/17	PMT BY CHECK	DOS 8/22/17* # 1 23 945273 K STATE FARM	-156.50
10/09/18	PMT BY CHECK	DOS 7/14/16* # 1 23 515917 K	-156.50
10/23/18	COSTS	ADD'L COSTS AWARDED	290.00
10/17/18	PMT BY CHECK	DOS 10/17/18* # 1 23 528939 K STATE FARM	-290.00

Joyce Altman Interpreters, 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	68531

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
7541C1878

BILL TO:
STATE FARM CALIF. W.C.C. (AZ)
W. C. DEPARTMENT
ATTN: CHRISTINA SHUMACHER
P.O. BOX 52298
PHOENIX, AZ 85072

Case: vs GEORGES MEXICAN FOOD
Date Of Injury: 1/1/12 - 7/14/15

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 **

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
AVANCE SERGURO, INC.
Claimant

Check No:	131777
Check Amt:	$156.50
Check Date:	03/21/2016
Claimant:	
Soc. Sec. No:	–
Claim No:	0258550-WCMWIL
Date of Loss:	03/31/2012
Adjuster:	Thomas, Megan
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	02/24/2016 To: 02/24/2016
Invoice No:	68707

68531
68706

Payable Comment

PAID MAR 28 2016

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
AVANCE SERGURO, INC.
Claimant

Check No:	131777
Check Amt:	$156.50
Check Date:	03/21/2016
Claimant:	
Soc. Sec. No:	–
Claim No:	0258550-WCMWIL
Date of Loss:	03/31/2012
Adjuster:	Thomas, Megan
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	02/24/2016 To: 02/24/2016
Invoice No:	68707

Payable Comment

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
AVANCE SERGURO, INC.
Claimant

Check No:	132178
Check Amt:	$250.00
Check Date:	04/29/2016
Claimant:	
Soc. Sec. No:	
Claim No:	0258550-WCMWIL
Date of Loss:	03/31/2012
Adjuster:	Thomas, Megan
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	02/24/2016 To: 03/29/2016
Invoice No:	68707

A

Payable Comment

PAID MAY 02 2016

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
AVANCE SERGURO, INC.
Claimant

Check No:	132178
Check Amt:	$250.00
Check Date:	04/29/2016
Claimant:	
Soc. Sec. No:	
Claim No:	0258550-WCMWIL
Date of Loss:	03/31/2012
Adjuster:	Thomas, Megan
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	02/24/2016 To: 03/29/2016
Invoice No:	68707

Payable Comment

68531 - 68706

PAYMENT NO 1 23 864333 K
PAYMENT AMOUNT $156.50
ISSUE DATE 08-10-2017
AUTHORIZED BY SCHUMACHER, CHRISTINA ANN
PHONE (844) 866-5190

CLAIM NO 75-41C1-878
LOSS DATE 07-14-2015
POLICY NO 92-CQD723-7
INSURED AVANCE SEGURO INC

68531
68706
68707

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

START DATE 06-22-2017
END DATE 06-22-2017

BILL REFERENCE NO 68531

REMARKS STF-SFCA-252270

COVERAGE DESCRIPTION	ON BEHALF OF	AMOUNT
WORK COMP - MEDICAL - NON-HOSPITAL	---	156.50

AUG 14 2017

RETAIN STUB FOR RECORDS

StateFarm STATE FARM FIRE AND CASUALTY COMPANY
FIRE
WORK COMP BKF OF R12PCL232
JPMORGAN CHASE BANK, NA 56-1544/441
COLUMBUS, OH

1 23 864333 K

CLAIM NO 75-41C1-878
LOSS DATE 07-14-2015
INSURED AVANCE SEGURO INC
DATE 08-10-2017 MM DD YYYY

**********EXACTLY ONE HUNDRED FIFTY-SIX AND 50/100 DOLLARS

$*******156.50

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 OVER $156.50 CENTS MISSING

⑈231286433③⑈ ⑆044115443⑆ ???145210⑈

PAYMENT NO 1 23 945273 K
PAYMENT AMOUNT $156.50
ISSUE DATE 10-03-2017
AUTHORIZED BY WALLACE, BRITTANY
PHONE (844) 866-5190

CLAIM NO 75-41C1-878
LOSS DATE 07-14-2015
POLICY NO 92-CQD723-7
INSURED AVANCE SEGURO INC

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

OCT 05 2017

START DATE 08-22-2017
END DATE 08-22-2017

BILL REFERENCE NO 68531 ✓ 68706/07

REMARKS SFCA 258196 DOS 8/22/17

COVERAGE DESCRIPTION	ON BEHALF OF	AMOUNT
WORK COMP - MEDICAL - NON-HOSPITAL		156.50

RETAIN STUB FOR RECORDS

STATE FARM FIRE AND CASUALTY COMPANY
FIRE
WORK COMP BKF OF P12PCL278
JPMORGAN CHASE BANK, NA 56-1544/441
COLUMBUS, OH

1 23 945273 K

CLAIM NO 75-41C1-878
LOSS DATE 07-14-2015
INSURED AVANCE SEGURO INC
DATE 10-03-2017 MM DD YYYY

**********EXACTLY ONE HUNDRED FIFTY-SIX AND 50/100 DOLLARS $*******156.50

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

⑈231294527 3⑈ ⑆044115443⑆ 777145210⑈

PAYMENT NO 1 23 515917 K
PAYMENT AMOUNT $156.50
ISSUE DATE 10-09-2018
AUTHORIZED BY BOZZO, STEVE
PHONE (916) 636-4409

CLAIM NO 75-41C1-878
LOSS DATE 07-14-2015
POLICY NO 92-CQD723-7
INSURED AVANCE SEGURO INC

68531

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

START DATE 07-14-2016
END DATE 07-14-2016

REMARKS ADJ10063542

COVERAGE DESCRIPTION	ON BEHALF OF	AMOUNT
WORK COMP - MEDICAL - NON-HOSPITAL		156.50

PAID
OCT 16 2018
BY .....

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 515917 K

DATE 10-09-2018 MM DD YYYY

CLAIM NO 75-41C1-878
LOSS DATE 07-14-2015
INSURED AVANCE SEGURO INC

**********EXACTLY ONE HUNDRED FIFTY-SIX AND 50/100 DOLLARS $*******156.50

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

⑈231251591 7⑈ ⑆044115443⑆ 7771452 10⑈

PAYMENT NO 1 23 528939 K
PAYMENT AMOUNT $290.00
ISSUE DATE 10-17-2018
AUTHORIZED BY BOZZO, STEVE
PHONE (916) 636-4409

CLAIM NO 75-41C1-878
LOSS DATE 07-14-2015
POLICY NO 92-CQD723-7
INSURED AVANCE SEGURO INC

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

PAID
OCT 23 2018

START DATE 10-17-2018
END DATE 10-17-2018

REMARKS ADJ10063542

COVERAGE DESCRIPTION	ON BEHALF OF	AMOUNT
WORK COMP - MEDICAL - NON-HOSPITAL		290.00

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 528939 K

CLAIM NO 75-41C1-878
LOSS DATE 07-14-2015

INSURED AVANCE SEGURO INC

DATE 10-17-2018
M M D D Y Y Y Y

**********EXACTLY TWO HUNDRED NINETY AND 00/100 DOLLARS $********290.00

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

⑈231252893 9⑈ ⑆044115443⑆ 77714521 0⑈

Joyce Altman Interpreters, 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 67158

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
100577

BILL TO:
TRANSGUARD INS (WARRENVILLE)
W. C. DEPARTMENT
ATTN: BRENT PIERSMA
P.O. BOX 2148
WARRENVILLE, IL 60555

Case: vs CALKO TRANSPORT COMPANY
Date Of Injury: 6/17/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/03/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI DOI: 1/2/14	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/30/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI DOI: 6/17/14	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/07/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH DOI: 6/17/14	156.50
/ /	INTERPRETER:	JOYCE C. ALTMAN # 300624	0.00
11/03/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI DOI: BOTH	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
06/27/18	PENALTIES	FOR ORD 5811 - 3/14/18 (25%)	203.25
06/18/18	INTEREST	FOR ORD 5811 PD LATE (10%)	26.73
06/18/18	PMT BY CHECK	DOS 9/7/16-11/3/16* # 0000269109	-256.00
07/16/18	INTEREST	FOR UNPAID ORD 5811 ($557)	21.76
01/14/19	COSTS	ADD'L COSTS AWARDED	1691.26
01/23/19	PMT BY CHECK	DOS 1/15/19* # 0000275236	-2500.00

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#
01/29/19	67158

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
100577

BILL TO:
TRANSGUARD INS (WARRENVILLE)
W. C. DEPARTMENT
ATTN: BRENT PIERSMA
P.O. BOX 2148
WARRENVILLE, IL 60555

Case: vs CALKO TRANSPORT COMPANY
Date Of Injury: 6/17/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ or Petitioner is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Applic of Adjud, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien/ or Petition. ** THIS SERVES AS DEMAND FOR PAYMENT **

100577
TRANSGUARD INSURANCE COMPANY
P.O. Box 2148
Warrenville IL 60555

IAT INSURANCE GROUP

Check No. 0000269109
Check Date 06/18/2018
Check Amount $256.00
Agent No.

ADDRESS SERVICE REQUESTED

000 0000308 00000000 0001 0001 00308 INS: 0 0
Joyce Altman Interpreters Inc.
P.O. Box 4165
Tustin CA 92781-4165

In Payment of: Service Dates 09/07/16-11/03/16

Date of Loss	Claimant Name	Reference	Claim Number	Policy Number	Paid Amount
06/17/2014		9/7/16 MSC and 11/3/16 read C&R	100577	224405	$256.00
P487_v06 08.20.2016		TOTAL			$256.00

PAID
JUN 25 2018

100577
TRANSGUARD INSURANCE COMPANY
P.O. Box 2148
Warrenville IL 60555

IAT INSURANCE GROUP

0000269109
June 18, 2018

66-19/530 NC
VOID AFTER 90 DAYS

PAY: **TWO HUNDRED FIFTY SIX AND 00/100 DOLLARS**

$256.00

TO THE ORDER OF Joyce Altman Interpreters Inc.

Bank of America N.A.
Asheville, North Carolina
FOR: Service Dates 09/07/16-11/03/16

Authorized Signature

DO NOT CASH IF THE WORD VOID APPEARS - SEE REVERSE SIDE FOR LIST OF SECURITY FEATURES

⑈0000269109⑈ ⑆053000196⑆ 237017336190⑈

100577
TRANSGUARD INSURANCE COMPANY
P.O. Box 2148
Warrenville IL 60555

IAT INSURANCE GROUP

Check No. 0000275236
Check Date 01/23/2019
Check Amount $2,500.00
Agent No.

ADDRESS SERVICE REQUESTED

000 0000320 00000000 0001 0001 00320 INS: 0 0
Joyce Altman Interpreters Inc.
P.O. Box 4165
Tustin CA 92781-4165

In Payment of: Service Dates 01/11/19-01/11/19

Date of Loss	Claimant Name	Reference	Claim Number	Policy Number	Paid Amount
06/17/2014		Jorge Gandara/ lien trial payment	100577	224405	$2,500.00
P487_v06 08.20.2016		**TOTAL**			$2,500.00

JAN 2 9 2019

100577
TRANSGUARD INSURANCE COMPANY
P.O. Box 2148
Warrenville IL 60555

IAT INSURANCE GROUP

0000275236
January 23, 2019

66-19/530 NC
VOID AFTER 90 DAYS

PAY: **TWO THOUSAND FIVE HUNDRED AND 00/100 DOLLARS**

$2,500.00

TO THE ORDER OF Joyce Altman Interpreters Inc.

Bank of America N.A.
Asheville, North Carolina
FOR: Service Dates 01/11/19-01/11/19

Authorized Signature

⑈0000275236⑈ ⑆053000196⑆ 237017336190⑈

Joyce Altman Interpreters, 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 62428

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E2F6834

BILL TO:
SAINT PAUL TRAVELERS (DALLAS)
W. C. DEPARTMENT
ATTN: VANNESA DUTZLAFF
P.O. BOX # 660055
DALLAS, TX 75266

Case: [redacted] vs ONTIME STAFFING
Date Of Injury: 10/7/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/08/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ SIDHU CHIRO-INITIAL*	150.00
/ /	-	W/ DR KHASHAYAN*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/19/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ SIDHU CHIRO-FINAL	150.00
/ /	-	W/ DR KHASHAYAN*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/03/18	PR2/REEVAL	DR JOHN XIAO JIANG QIAN/DAVE FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/18/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
10/18/18	LIEN FIL FEE	LIEN FILING FEE	150.00
11/01/18	COSTS	ADD'L COSTS AWARDED	530.00
11/09/18	PMT BY CHECK	DOS 11/2/18* # 896D 91708947	-1316.50

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 **

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266--005
SE02029

896D 91708947

TRAVELERS

DATE: 11/09/18
LOSS DATE: 10/07/13
FILE NUMBER: 152 CB E2F6834 N
REFERENCE #: 1020820803SW
EMPLOYEE

ACCOUNT NAME:
ON TIME STAFFING LLC

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 11/02/18

TOTAL PAID: $1316.50
TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
NOV 13 2018

FOR ADDITIONAL INFORMATION, CONTACT: VANESSA BUTZLAFF AT (909)612-3412

313019390
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/30/19 63007

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E0B2620

BILL TO:
SAINT PAUL TRAVELERS (DALLAS)
W. C. DEPARTMENT
ATTN: JIM A HENSON
P.O. BOX # 660055
DALLAS, TX 75266

Case: vs LUCILLE S SMOKEHOUSE BBQ
Date Of Injury: 5/21/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/23/14	INITIAL EXAM	-DR RAMESHNI @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	SYLVIA POSADA # 101008	0.00
06/25/14	INITIAL EXAM	-DR BHARATWAL @ ACS* (AMENDED)	230.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
07/28/14	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/29/14	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
09/11/14	PR2/REEVAL	-DR WADE @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/23/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR RINK @ ACS* INITIAL	150.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/29/14	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/16/15	P AND S	-DR RAMESHNI @ ACS* (AMENDED)	230.00
/ /	INTERPRETER:	TANIA CRAWFORD # 101330	0.00
07/09/15	PR2/REEVAL	-DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	TANIA CRAWFORD # 101330	0.00
12/12/16	LIEN FIL FEE	LIEN FILING FEE	150.00
07/10/19	PENALTIES	FOR DATE OF SERVICE 06/23/14	34.50
07/10/19	INTEREST	FOR DATE OF SERVICE 06/23/14	122.83
07/10/19	PENALTIES	FOR DATE OF SERVICE 07/28/14	27.00
07/10/19	INTEREST	FOR DATE OF SERVICE 07/28/14	96.13
07/10/19	PENALTIES	FOR DATE OF SERVICE 08/29/14	27.00
07/10/19	INTEREST	FOR DATE OF SERVICE 08/29/14	96.13
07/10/19	PENALTIES	FOR DATE OF SERVICE 09/11/14	27.00
07/10/19	INTEREST	FOR DATE OF SERVICE 09/11/14	95.79

ML

Joyce Altman Interpreters, 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 63007

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E0B2620

BILL TO:
SAINT PAUL TRAVELERS (DALLAS)
W. C. DEPARTMENT
ATTN: JIM A HENSON
P.O. BOX # 660055
DALLAS, TX 75266

Case: vs LUCILLE S SMOKEHOUSE BBQ
Date Of Injury: 5/21/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/10/19	PENALTIES	FOR DATE OF SERVICE 09/23/14	22.50
07/10/19	INTEREST	FOR DATE OF SERVICE 09/23/14	79.11
07/10/19	PENALTIES	FOR DATE OF SERVICE 09/29/14	27.00
07/10/19	INTEREST	FOR DATE OF SERVICE 09/29/14	93.80
07/10/19	PENALTIES	FOR DATE OF SERVICE 07/09/15	27.00
07/10/19	INTEREST	FOR DATE OF SERVICE 07/09/15	79.40
07/26/19	PMT BY CHECK	DOS 7/10/19* # 896D 92789276 TRAVELERS	-2745.19

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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 660055
DALLAS TX 75266-0055

SD04214

896D 92789276

TRAVELERS

DATE: 07/26/19
LOSS DATE: 05/21/14
FILE NUMBER: 152 CB E0B2620 A
REFERENCE #: 1023101392SW
EMPLOYEE

ACCOUNT NAME:
HOF'S HUT RESTAURANTS INC

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 07/10/19

TOTAL PAID: $2745.19
TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
JUL 30 2019
BY: .....

FOR ADDITIONAL INFORMATION, CONTACT: JEANNETTE MENDEZ AT (909)612-3811

207015642
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#
04/04/19 69872

EAMS#(s)..

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
ELW1967

BILL TO:
SAINT PAUL TRAVELERS (DALLAS)
W. C. DEPARTMENT
ATTN: CELSO F. VIRRUETA
P.O. BOX # 660055
DALLAS, TX 75266

Case: vs UNIVERSAL MOLDING COMPANY
Date Of Injury: 1/18/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/22/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
03/14/18	PMT BY CHECK	DOS 6/22/16* # 891A 89135399 TRAVELERS	-156.50
03/27/18	PENALTIES	FOR DATE OF SERVICE 6/22/16	23.48
03/14/18	INTEREST	FOR DATE OF SERVICE 6/22/16	28.25
04/04/19	COSTS	ADD'L COSTS AWARDED	336.77
04/02/19	PMT BY CHECK	DOS 6/22/16-3/14/18* # 891A 90143487 TRAV	-388.50

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 **

M2

019367

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA09632

891A 89135399

TRAVELERS

DATE: 03/14/18
LOSS DATE: 01/18/11
FILE NUMBER: 152 CB ELW1967 J

EMPLOYEE

ACCOUNT NAME:
UNIVERSAL MOLDING COMPANY

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: 6/22/2016

TOTAL PAID: $156.50
TAX INFO: 330956713 Y C
PAY MISC: Invoice # 69872
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

MAR 20 2018

FOR ADDITIONAL INFORMATION, CONTACT: CELSO F VIRRUETA AT (909)612-3684

073009735
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

[redacted]

017770

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SA08843

891A 90143487

TRAVELERS

DATE: 04/02/19
LOSS DATE: 01/18/11
FILE NUMBER: 152 CB ELW1967 J

EMPLOYEE

ACCOUNT NAME:
UNIVERSAL MOLDING COMPANY

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: 6/22/2016 TO: 3/14/2018

TOTAL PAID: $388.50
TAX INFO: 330956713 Y C
PAY MISC: Full and Final
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
APR 08 2019
BY: .....

FOR ADDITIONAL INFORMATION, CONTACT: CELSO F VIRRUETA AT (909)612-3684

092008927
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121205
DETACH CHECK

[redacted]

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/19/18 69890

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E5Q2114

BILL TO:
SAINT PAUL TRAVELERS (SACRAM)
W. C. DEPARTMENT
ATTN: NICOLE SEKULICH
P.O. BOX # 13089
SACRAMENTO, CA 95813-4089

Case: vs FASCHINGS CAR WASH
Date Of Injury: 8/24/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/27/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POMONA	156.50
/ /	INTERPRETER:	CARLOS ARIAS # 301574	0.00
08/22/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAD POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
08/10/16	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/19/16	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/08/16	PMT BY CHECK	DOS 6/27/16-8/22/16* # 891A 87644544	-313.00
01/17/17	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
02/22/18	BLCE OFF SET	BALANCE OFF SET - FOR MEDICAL DOS 8/10/16, 8/19/16	-460.00
07/30/18	PENALTIES	FOR DATE OF SERVICE 1/17/17	23.48
07/24/18	INTEREST	FOR DATE OF SERVICE 1/17/17	26.77
07/24/18	PMT BY CHECK	DOS 7/12/18* # 891A 89485870	-156.50
10/02/18	COSTS	ADD'L COSTS AWARDED	549.75
10/10/18	PMT BY CHECK	DOS 10/2/18* # 891A 89689056	-600.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/19/18	69890

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E5Q2114

BILL TO:
SAINT PAUL TRAVELERS (SACRAM)
W. C. DEPARTMENT
ATTN: NICOLE SEKULICH
P.O. BOX # 13089
SACRAMENTO, CA 95813-4089

Case: vs FASCHINGS CAR WASH
Date Of Injury: 8/24/15

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 **

019307

THE TRAVELERS - WALNUT CREEK CL CLA
TRAVELERS WC CLAIMS
PO BOX 13089
SACRAMENTO CA 95813-3089

SA09593

891A 87644544

TRAVELERS

DATE: 09/08/16
LOSS DATE: 08/24/15
FILE NUMBER: 158 CB E5Q2114 R

EMPLOYEE

ACCOUNT NAME:
FASCHING'S CAR WASH

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: 6/27/2016 TO: 8/22/2016

TOTAL PAID: $313.00
TAX INFO: 330956713 Y C
PAY MISC: 69890 —(
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: NICOLE S SEKULICH AT (925)945-4025

252009714
DETACH CHECK

UNSUMM-111211
OVRFUNS2-121295
DETACH CHECK

[redacted]

019203

THE TRAVELERS - TRAVELERS WC CLAIMS
TRAVELERS WC CLAIMS
PO BOX 660055
DALLAS TX 75266-0055
SA09551

891A 89485870

TRAVELERS

DATE: 07/24/18
LOSS DATE: 08/24/15
FILE NUMBER: 158 CB E5Q2114 R

EMPLOYEE

ACCOUNT NAME:
FASCHING'S CAR WASH

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

TRAVELERS PROP CAS CO OF AMERIC

69890

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 7/12/2018

TOTAL PAID: $156.50
TAX INFO: 330956713 Y C
PAY MISC: Per order for costs
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

JUL 31 2018

FOR ADDITIONAL INFORMATION, CONTACT: NICOLE S SEKULICH AT (916)859-2700

205009652
DETACH CHECK

UNSUMM-111311
CWRPONS2-121295
DETACH CHECK

[redacted]

018122

THE TRAVELERS - TRAVELERS WC CLAIMS
TRAVELERS WC CLAIMS
PO BOX 660055
DALLAS TX 75266-0055
SA09010

891A 89689056

TRAVELERS

DATE: 10/10/18
LOSS DATE: 08/24/15
FILE NUMBER: 158 CB E5Q2114 R

EMPLOYEE

ACCOUNT NAME:
FASCHING'S CAR WASH

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: 10/2/2018

TOTAL PAID: $600.00
TAX INFO: 330956713 Y C
PAY MISC: Full/Final Any/All DOS
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
OCT 19 2018
BY: .....

FOR ADDITIONAL INFORMATION, CONTACT: NICOLE S SEKULICH AT (916)859-2700

:83009112
DETACH CHECK

UNSHVM
OVRPUNS2-121295
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/01/19 70139

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E3F0400

BILL TO:
SAINT PAUL TRAVELERS (DALLAS)

ATTN: SHARON GONZALEZ
P.O. BOX # 660055
DALLAS, TX 75266

Case: vs LMS INTELLIBOUND
Date Of Injury: 12/17/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/02/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
08/26/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO CORTEZ # 100533	0.00
03/30/18	PMT BY CHECK	DOS 8/2/16-8/26/16* # 896D 90758847	-406.50
04/04/18	PENALTIES	FOR DATE OF SERVICE 8/2/16	23.48
03/30/18	INTEREST	FOR DATE OF SERVICE 8/2/16	28.01
04/04/18	PENALTIES	FOR DATE OF SERVICE 8/26/16	37.50
03/30/18	INTEREST	FOR DATE OF SERVICE 8/26/16	44.42
09/17/18	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/19/18	PMT BY CHECK	DOS 9/17/18* # 896D 91618353	-156.50
11/20/18	PMT BY CHECK	DOS 8/2/16-10/19/18* # 896D 91757831	-133.41
01/07/19	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	WALTER VASQUEZ # 100770	0.00
02/13/19	PMT BY CHECK	DOS 1/7/19* # 896D 92099418	-250.00
06/25/19	COSTS	ADD'L COSTS AWARDED	1250.00
06/25/19	COSTS	ADD'L COSTS AWARDED	126.13
06/25/19	PMT BY CHECK	DOS 8/2/161/7/19* # 896D 92663708	-1376.13

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#
07/01/19 70139

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E3F0400

BILL TO:
SAINT PAUL TRAVELERS (DALLAS)

ATTN: SHARON GONZALEZ
P.O. BOX # 660055
DALLAS, TX 75266

Case: vs LMS INTELLIBOUND
Date Of Injury: 12/17/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ or Petitioner is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Applic of Adjud, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien/ or Petition. ** THIS SERVES AS DEMAND FOR PAYMENT **

000319

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SB00154

896D 90758847

TRAVELERS

DATE: 03/30/18
LOSS DATE: 12/17/14
FILE NUMBER: 152 CB E2F0400 F

EMPLOYEE

ACCOUNT NAME:
CAPSTONE LOGISTICS LLC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 8/2/2016 TO: 8/26/2016

TOTAL PAID: $406.50
TAX INFO: 330956713 Y C
PAY MISC: INV #70139
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

APR 03 2018

FOR ADDITIONAL INFORMATION, CONTACT: SHARON F GONZALEZ AT (909)612-3897

089010165
DETACH CHECK

UNSUMM-1212
OVRPDNS2-1212
DETACH CHECK

000057

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266--005
SB00027

896D 91618353

TRAVELERS

DATE: 10/19/18
LOSS DATE: 12/17/14
FILE NUMBER: 152 CB E2F0400 F

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

EMPLOYEE

ACCOUNT NAME:
CAPSTONE LOGISTICS LLC

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 9/17/2018

TOTAL PAID: $156.50
TAX INFO: 330956713 Y C
PAY MISC: 70139
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
OCT 23 2018
BY

FOR ADDITIONAL INFORMATION, CONTACT: SHARON F GONZALEZ AT (909)612-3897

292010030
DETACH CHECK

UNSUMM-111331
OVRPUNS2-121286
DETACH CHECK

[redacted]

019394

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266--005
SA09653

896D 91757831

TRAVELERS

DATE: 11/20/18
LOSS DATE: 12/17/14
FILE NUMBER: 152 CB E2F0400 F

EMPLOYEE

ACCOUNT NAME:
CAPSTONE LOGISTICS LLC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 8/2/2016 TO: 10/19/2018

TOTAL PAID: $133.41
TAX INFO: 330956713 Y C
PAY MISC: 70139
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

NOV 28 2018

FOR ADDITIONAL INFORMATION, CONTACT: SHARON F GONZALEZ AT (909)612-3897

324009741
DETACH CHECK

UNSHMM
DETACH CHECK

[redacted]

018414

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055

SA09162

896D 92099418

TRAVELERS

DATE: 02/13/19
LOSS DATE: 12/17/14
FILE NUMBER: 152 CB E2F0400 F

EMPLOYEE

ACCOUNT NAME:
CAPSTONE LOGISTICS LLC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 1/7/2019

TOTAL PAID: $250.00
TAX INFO: 330956713 Y C
PAY MISC: 70139
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
FEB 19 2019

PV. .....

FOR ADDITIONAL INFORMATION, CONTACT: SHARON F GONZALEZ AT (909)612-3897

144009252
DETACH CHECK

UVPUMS2-121285
DETACH CHECK

000392

M

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055

SB00192

896D 92663708

TRAVELERS

DATE: 06/25/19
LOSS DATE: 12/17/14
FILE NUMBER: 152 CB E2F0400 F

EMPLOYEE

ACCOUNT NAME:
CAPSTONE LOGISTICS LLC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Lump sum settlement

SERVICE DATE: 8/2/2016 TO: 1/7/2019

TOTAL PAID: $1376.13
TAX INFO: 330956713 Y C
PAY MISC: Per f/final sat lien w/P&I
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
JUL 01 2019
BY

FOR ADDITIONAL INFORMATION, CONTACT: SHARON F GONZALEZ AT (909)612-3897

176010200
DETACH CHECK

UNSUMM -111311
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)612-3897

896D 92663708 82-20 311

DATE	ACCOUNT NUMBER	FILE NUMBER
06/25/19	JP8	152 CB E2F0400 F

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

ONE THOUSAND THREE HUNDRED SEVENTY SIX AND 13/100 ---------- PAY: $****1,376.13 SFG

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

000392
SB00192

Douglas K. Russell
AUTHORIZED SIGNATURE

⑈92663708⑈ ⑆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#
05/17/19 71698

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E7R8375

BILL TO:
SAINT PAUL TRAVELERS (660055)

ATTN: NORMA POLSON
P.O. BOX 660055
DALLAS, TX 75266

Case: , vs REDONDO BEACH HOSP/MANHATTAN O
Date Of Injury: 11/18/16

DOS	SERVICE	DESCRIPTION	AMOUNT
04/18/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/01/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/16/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA J. RAMIREZ # 301566	0.00
01/07/19	PMT BY CHECK	DOS 4/18/17-8/16/18* # 891a 89916256	-656.50
05/02/19	COSTS	ADD'L COSTS AWARDED	1050.00
05/13/19	PMT BY CHECK	DOS 5/2/19* # 891A 90251826	-1050.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ or Petitioner is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Applic of Adjud, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien/ or Petition. ** THIS SERVES AS DEMAND FOR PAYMENT **

MR

014626

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SA07264

891A 89916256

TRAVELERS

DATE: 01/07/19
LOSS DATE: 11/26/16
FILE NUMBER: 152 CB E7R8376 A

EMPLOYEE

ACCOUNT NAME:
MANHATTAN INN OPERATING COMPA

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: 4/18/2017 TO: 8/16/2018

TOTAL PAID: $656.5
TAX INFO: 330956713 Y C
PAY MISC: 71698
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

JAN 14 2019

FOR ADDITIONAL INFORMATION, CONTACT: ARMIN R DELARMENTE AT (909)612-3149

007007362
DETACH CHECK

UNSUMM-111311
OVRFLWS2-121295
DETACH CHECK

014626

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SA07264

891A 89916256

TRAVELERS

DATE: 01/07/19
LOSS DATE: 11/26/16
FILE NUMBER: 152 CB E7R8376 A

EMPLOYEE

ACCOUNT NAME:
MANHATTAN INN OPERATING COMPA

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: 4/18/2017 TO: 8/16/2018

TOTAL PAID: $656.5
TAX INFO: 330956713 Y C
PAY MISC: 71698
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

JAN 14 2019

FOR ADDITIONAL INFORMATION, CONTACT: ARMIN R DELARMENTE AT (909)612-3149

)07007362
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

012690

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SA06309

891A 90251826

TRAVELERS

DATE: 05/13/19
LOSS DATE: 11/26/16
FILE NUMBER: 152 CB E7R8376 A

EMPLOYEE

ACCOUNT NAME:
MANHATTAN INN OPERATING COMPA

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Penalty Against Tic

SERVICE DATE: 5/2/2019

TOTAL PAID: $1050.00
TAX INFO: 330956713 Y C
PAY MISC: Per STIP
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
MAY 17 2019
BY.

FOR ADDITIONAL INFORMATION, CONTACT: ARMIN R DELARMENTE AT (909)612-3149

133006381
DETACH CHECK

UNSUMM-111313
OVRPUNS2-121295
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/11/18 72623

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E527726

BILL TO:
SAINT PAUL TRAVELERS (DALLAS)
W. C. DEPARTMENT
ATTN: LINDA MORA
P.O. BOX # 660055
DALLAS, TX 75266

Case: vs SIGUE CORPORATION
Date Of Injury: 6/15/16 - 4/20/17

DOS	SERVICE	DESCRIPTION	AMOUNT
09/12/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/01/18	PENALTIES	FOR DATE OF SERVICE 9/12/17	23.48
04/27/18	INTEREST	FOR DATE OF SERVICE 9/12/17	8.43
04/27/18	PMT BY CHECK	DOS 9/12/17* # 891A 89257827	-156.50
10/09/18	COSTS	ADD'L COSTS AWARDED	0.20
10/09/18	PMT BY CHECK	DOS 9/12/17* # 896D 91572733	-32.11
11/26/18	COSTS	ADD'L COSTS AWARDED	900.00
12/07/18	PMT BY CHECK	DOS 11/26/1* # 896D 91827026	-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 **

000075

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SB00036

891A 89257827

TRAVELERS

DATE: 04/27/18
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

Our Customer Service Phone is 1-800-258-3710 .
Please contact us if you have any questions.

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
[redacted]	152 CB EUJ9272R 152 CB E5Z7726K	04/11/18 - 04/20/18 09/12/17	$ 38.08 $ 156.50		62134 ADJ10816402 72623 -1
			MAY 04 2018		
		Total Amount Paid	$******194.58		

117010039
DETACH CHECK

SUMM 111311
OVRPSUM2-021509
DETACH CHECK

019036

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266--005
SA09481

896D 91572733

TRAVELERS

DATE: 10/09/18
LOSS DATE: 06/15/16
FILE NUMBER: 152 CB E5Z7726 K

EMPLOYEE

ACCOUNT NAME:
SIGUE CORPORATION

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 9/12/2017

TOTAL PAID: $32.11
TAX INFO: 330956713 Y C
PAY MISC: Inv # 72623
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
OCT 15 2018
BY

FOR ADDITIONAL INFORMATION, CONTACT: LINDA G MORA AT (909)612-3815

282009555
DETACH CHECK

DETACH CHECK

[redacted]

008088

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266--005
SE01727

896D 91827026

TRAVELERS

DATE: 12/07/18
LOSS DATE: 06/15/16
FILE NUMBER: 152 CB E5Z7726 K
REFERENCE #: 1021038659SW
EMPLOYEE

ACCOUNT NAME:
SIGUE CORPORATION

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 11/26/18

TOTAL PAID: $900.00
TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

DEC 1 1 2018

FOR ADDITIONAL INFORMATION, CONTACT: LINDA G MORA AT (909)612-3815

341018384
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#
05/16/19 73965

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
FBA3771

BILL TO:
SAINT PAUL TRAVELERS (DALLAS)

ATTN: CAROL ALSILHI
P.O. BOX # 660055
DALLAS, TX 75266

Case: vs NATION WIDE JANITORIAL
Date Of Injury: 10/10/16 - 10/10/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/21/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
06/22/18	PMT BY CHECK	DOS 5/21/18* # 896D 91117022 TRAVELERS	-156.50
08/27/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	MARJORIE MARTINEZ # 100739	0.00
04/02/19	COSTS	ADD'L COSTS AWARDED	843.50
05/13/19	PMT BY CHECK	DOS 11/21/17-4/2/19* # 1101985795 ZURICH	-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 **

M2

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SB00271

896D 91117022

TRAVELERS

DATE: 06/22/18
LOSS DATE: 10/10/17
FILE NUMBER: 152 CB FBA3771 M

EMPLOYEE

ACCOUNT NAME:
INTERSTATE CLEANING CORPORATI

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 5/21/2018

TOTAL PAID: $156.50
TAX INFO: 330956713 Y C
PAY MISC: 73965 - 74076
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
JUN 26 2018

FOR ADDITIONAL INFORMATION, CONTACT: CAROL ALSILHI AT (909)612-3310

73010288
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121288
DETACH CHECK

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

1010103200033

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

01032

RECD MAY 16 2019

PV.

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0360633 001 ZM	WC 0184002			09/14/17	11/21/17-04/02/19

Check Number	1101985795	**Date Issued**	05/13/19	**Amount**	$**1,000.00
Insured	Interstate Cleaning Corporation				
Claimant					
Nature of Payment	FULL AND FINAL				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Praveen Kumar Nishad				
File Supervisor	Gloria Holmes	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	1,000.00		

TOTAL	**$1000.00**

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/04/19 75057

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E9H3981

BILL TO:
SAINT PAUL TRAVELERS (DALLAS)
W. C. DEPARTMENT
ATTN: ERICKA DABAO
P.O. BOX # 660055
DALLAS, TX 75266

Case: vs TOWNE INC
Date Of Injury: 5/17/17

DOS	SERVICE	DESCRIPTION	AMOUNT
12/03/18	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
05/20/19	COSTS	ADD'L COSTS AWARDED	543.50
05/31/19	PMT BY CHECK	DOS 5/20/19* # 891A 90298931	-700.00

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

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055

SA09447

891A 90298931

TRAVELERS

DATE: 05/31/19
LOSS DATE: 05/17/17
FILE NUMBER: 152 CB E9H3981 R

EMPLOYEE

ACCOUNT NAME:
TOWNE INC.

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 5/20/2019

TOTAL PAID: $700.00
TAX INFO: 330956713 Y C
PAY MISC: FULL AND FINAL
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
JUN 04 2019

FOR ADDITIONAL INFORMATION, CONTACT: VANESSA BUTZLAFF AT (909)612-3412

151009513
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#
03/11/19 60351

EAMS#(s):

SS # : xXX-XX-
DOB :
Terms: 60 days
Claim #(s):
13525376

BILL TO:
TRISTAR RISK MGMT (CLINT-2805)
W. C. DEPARTMENT
ATTN: ISMAEL NUNGARAY
P.O. BOX # 2805
CLINTON, IA 52733

Case: vs L.B.U.S.D.
Date Of Injury: 10/11/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/06/13	PT PR-2	PHYSICAL THERAPY W/DR GHODS @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/04/13	R.P.T.	REHAB PHYSICAL THERAPY @ ACS W/D. WILLIAMS*	90.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/02/17	LEGAL_REVIEW	DEPO REVIEW @ L/O KUPER & WILSON	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721 (AMENDED)	0.00
03/21/17	PMT BY CHECK	DOS 11/6/13-2/2/17* # 150235182	-430.00
06/14/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/05/18	COSTS	ADD'L COSTS AWARDED	14.88
11/05/18	PMT BY CHECK	DOS 6/14/17* # 170653424	-171.38
02/22/19	COSTS	ADD'L COSTS AWARDED	425.94
02/22/19	PMT BY CHECK	DOS 11/4/13-6/14/17* # 175866963	-425.94
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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 **

MAR 27 2017

THIS CHECK IS VOID WITHOUT A BLUE & GREEN BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT AN ANGLE TO VIEW

VOID VOID VOID VOID VOID

Wells Fargo Bank, N.A.
82-382
412

DRAFT NO. 150235182
DRAFT DATE 03/21/2017

Electronic Payment Clearinghouse
TRISTAR Risk Management
PO Box 2805
Clinton, IA 52733-2805

Electronic Payment Clearinghouse
Echo Health, Inc.

VOID VOID VOID

AMOUNT
**********$430.00

PAYABLE THROUGH DRAFT Four Hundred Thirty & 00 / 100 DOLLARS

TO THE ORDER OF Joyce Altman Interpreters Inc
PO Box 4165
Tustin CA 92781

VOID AFTER 180 DAYS

VOID VOID

COPY

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈150235182⑈ ⑆041203824⑆ 9604000621⑈

JOD NO. 55/000

TRISTAR Risk Management
PO Box 2805
Clinton, IA 52733-2805

Joyce Altman Interpreters Inc
PO Box 4165

Tustin CA 92781

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 #: 150235182* *Payment Week:* 12 *Payment Date: 03/21/2017*

Claimant/Employee:
Claim Number: 13525376
Primary ICD-9:
Bill Tracking Code:

Received Date:
Reviewed Date:
Incident Date: 10/11/2013
Invoice #:

Client Long Beach Unified School District
PPO Name #:
DRG Code:
Payment Type: LEGAL INTERPRETER

Service Date(s)	Procedure Code/Mod	Service Description	Units	Billed Amount	Bill Review Reduction	PPO Reduction	Other Reduction	Allowance	Reason Code
11/06/13-02/02/17				430.00	0.00	0.00	0.00	430.00	
			Totals:	430.00	0.00	0.00	0.00	430.00	

60351

VOID VOID VOID

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#
02/05/19 72168

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
7190247580;7190247184

BILL TO:
TRISTAR RISK MGMT (CLINT-2805)
W. C. DEPARTMENT
ATTN: BARBARA BURKE
P.O. BOX # 2805
CLINTON, IA 52733

Case: vs HERZOG CONTRACTING CORP.
Date Of Injury: 4/4/14; 3/8/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/10/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
03/07/18	LEGAL_WCAB	MSC @ WCAB POMONA	165.00
/ /	INTERPRETER:	LINDA GOMEZ # 301557	0.00
03/14/18	PMT BY CHECK	DOS 3/7/18* # 553499	-165.00
03/27/18	PENALTIES	FOR DATE OF SERVICE 7/10/17	23.48
06/18/18	INTEREST	FOR DATE OF SERVICE 7/10/17	14.99
06/18/18	PMT BY CHECK	DOS 7/10/17* # 560028	-156.50
01/30/19	COSTS	ADD'L COSTS AWARDED	461.53
01/24/19	PMT BY CHECK	DOS 7/10/17-3/7/18* # 174537048	-500.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ 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

Client: Herzog Transit Services, Inc.-CA ACIG

Payee: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

Check Number: 553499
Check Date: 03/14/2018
Check Amount: $165.00

Claim Number: 7190247184
Claimant/Employee:
From - To: 03/07/2018 - 03/07/2018
For: Interpreting services-WCAB

Amount: $165.00
Incident Date: 03/08/2015
Payment Type: LEGAL INTERPRETER
Invoice No:
Invoice Date:

72168

MAR 20 2018

THIS DOCUMENT WAS PRINTED ON PAPER CONTAINING ULTRAVIOLET FIBERS AND A TRUE WATERMARK

Herzog Transit Services, Inc.-CA ACIG
Richardson, TX 75080

Citizens Business Bank
3102176000
970 West 190th Street

90-3414
1222

TRISTAR Risk Management
P.O. Box 2805
Clinton, IA 52733-2805

Check No: 553499
Date: 03/14/2018
Void After 120 Days
Amount: $**$165.00

PAY One Hundred Sixty-Five & 00 / 100

TO THE ORDER OF
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

HEAT GLANCE SECURITY SPOT
PRESS OR RUB WITH FINGER. IF PINK COLORED SPOT DISAPPEARS, THIS DOCUMENT IS AUTHENTIC.

MP

⑈553499⑈ ⑆122234149⑆ 04303584 9⑈

Client:	Herzog Transit Services, Inc.-CA ACIG	**Check Number:**	560028
Payee:	Joyce Altman Interpreters Inc PO Box 4165 Tustin, CA 92781	**Check Date:**	06/18/2018
		Check Amount:	$156.50

Claim Number:	7190247184	**Amount:**	$156.50
Claimant/Employee:		**Incident Date:**	03/08/2015
From - To:	07/10/2017 - 07/10/2017	**Payment Type:**	LEGAL INTERPRETER
For:	Interpreting services-WCAB	**Invoice No:**	72168
		Invoice Date:	

PAID
JUN 21 2018

PAID
JUN 2 : 2018

THIS DOCUMENT WAS PRINTED ON PAPER CONTAINING ULTRAVIOLET FIBERS AND A TRUE WATERMARK

Herzog Transit Services, Inc.-CA ACIG
Richardson, TX 75080

Citizens Business Bank
3102176000
970 West 190th Street

90-3414
1222

TRISTAR Risk Management
P.O. Box 2805
Clinton, IA 52733-2805

Check No: 560028
Date: 06/18/2018
Void After 120 Days
Amount: $**$156.50

PAY One Hundred Fifty-Six & 50 / 100

Deeese Cotter

TO THE ORDER OF
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

HEAT GLANCE SECURITY SPOT
PRESS OR RUB WITH FINGER. IF PINK COLORED SPOT DISAPPEARS, THIS DOCUMENT IS AUTHENTIC.

MP

⑈560028⑈ ⑆122234149⑆ 04303584 9⑈

VOID VOID VOID

TRISTAR Risk Management
PO Box 2805
Clinton, IA 52733-2805

5/10/18 2:31 PM 3 0000155 20190125 OA76S101 ECHO 1 oz DOM OA76S10000* 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 #: 174537048* *Payment Week:* 3 *Payment Date: 01/24/2019*

Claimant/Employee: **Received Date:** **Client** Herzog Transit Services, Inc.-CA ACIG
Claim Number: 7190247184 **Reviewed Date:** **PPO Name #:**
Primary ICD-9: **Incident Date:** 03/08/2015 **DRG Code:**
Bill Tracking Code: **Invoice #:** **Payment Type:** LEGAL INTERPRETER

Service Date(s)	Procedure Code/Mod	Service Description	Units	Billed Amount	Bill Review Reduction	PPO Reduction	Other Reduction	Allowance	Reason Code
07/10/17-03/07/18				500.00	0.00	0.00	0.00	500.00	
			Totals:	500.00	0.00	0.00	0.00	500.00	

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/29/18 41927

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
5691313; 6224884; 4884902

BILL TO:
YORK INSURANCE SVCS (LEXINGTON
W. C. DEPARTMENT
ATTN: JANCE LEVAU
P.O. BOX 14731
LEXINGTON, KY 40512

Case: vs WALMART
Date Of Injury: 2/8/08;11/17/08;1/06

DOS	SERVICE	DESCRIPTION	AMOUNT
01/18/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
05/25/11	PMT BY CHECK	DOS 1/18/11 # 10382371	-156.50
02/09/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIANA DEMARZIANI # 100816	0.00
03/08/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
11/24/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
02/01/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/12/17	LEGAL_WCAB	FULL DAY TRIAL @ WCAB LBO	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/08/18	PMT BY CHECK	DOS 1/18/11-12/12/17* # 19912148	-976.00
01/22/18	PENALTIES	FOR DATE OF SERVICE 2/9/12	23.48
01/08/18	INTEREST	FOR DATE OF SERVICE 2/9/12	105.86
01/22/18	PENALTIES	FOR DATE OF SERVICE 3/8/12	37.50
01/08/18	INTEREST	FOR DATE OF SERVICE 3/8/12	167.38
01/22/18	PENALTIES	FOR DATE OF SERVICE 2/1/16	23.48
01/08/18	INTEREST	FOR DATE OF SERVICE 2/1/16	104.78
10/09/18	COSTS	ADD'L COSTS AWARDED	2237.52
10/22/18	PMT BY CHECK	DOS 1/18/11-12/12/17* # 20640906	-2700.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/29/18	41927

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
5691313; 6224884; 4884902

BILL TO:
YORK INSURANCE SVCS (LEXINGTON
W. C. DEPARTMENT
ATTN: JANCE LEVAU
P.O. BOX 14731
LEXINGTON, KY 40512

Case: vs WALMART
Date Of Injury: 2/8/08;11/17/08;1/06

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 **

Avizent - Wal-Mart WC
P.O. Box 1288
Bentonville, AR 72712-1288

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-1460

PAID
MAY 27 2011
BY:

Claim Number:	6224884		**Check Amount:**	$ 156.50	**Check No.:** 10382371
Claimant Name:			**Coverage:**		**Invoice No.:** 41927
Service/Indemnity From:	01/18/2011	**Thru:** 01/18/2011			**Vendor Tax ID No.:** 330956713
Insurance Company:	National Union Fire				**Invoice Comments:**
Comments:					

5-25-11

DETACH AT PERFORATION

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: 5691313
Case No.:
Check Amount: $976.00
Check No.: 19912148
Claimant Name:
Coverage:
Invoice No.: 41927
Service/Indemnity From:01/18/2011 Thru: 12/12/2017
Date:
Vendor Tax ID No.: 330956713
Comments:
Insurance Company: National Union Fire
Invoice Comments:

JAN 1 1 2018

0001000111001147000000001147

↓ 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.: 5691313
Claimant Name:
Store No.: 2949

Check No: 19912148
Issue Date: 01/08/2018

Wells Fargo Bank, N.A.

66-156
531

PAY: Nine Hundred Seventy-Six Dollars And 00/100

$ 976.00
VOID AFTER 120 DAYS

To The Order Of JOYCE ALTMAN INTERPRETERS INC

Chief Financial Officer

⑈19912148⑈ ⑆053101561⑆ 2079900124769⑈

Claims Management, Inc.- Walmart
P.O. Box 14731
Lexington, KY 40512-4731

Claim Number: 5691313
Case No.:
Check Amount: $2,700.00
Check No.: 20640906
Claimant Name:
Coverage:
Invoice No.:
Service/Indemnity From:01/18/2011 Thru: 12/12/2017
Date:
Vendor Tax ID No.: 330956713
Comments: CO Stip & Order top ay cost
Petitioner
Insurance Company: National Union Fire
Invoice Comments: CO

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-1460

PAID
OCT 29 2018

0001000111000619000000000619

↓ 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.: 5691313
Claimant Name:
Store No.: 2949

Check No: 20640906
Issue Date: 10/22/2018

Wells Fargo Bank, N.A.

66-156
531

PAY: Two Thousand Seven Hundred Dollars And 00/100

$ 2,700.00
VOID AFTER 120 DAYS

To The Order Of JOYCE ALTMAN INTERPRETERS INC

Chief Financial Officer

⑈20640906⑈ ⑆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#
11/19/18	68491

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
5391854

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: ELENA ZEPEDA
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: [redacted] vs WKS RESTAURANTS
Date Of Injury: 3/15/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/18/16	LEGAL_WCAB	EXP. HEARING @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/22/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/13/17	PMT BY CHECK	DOS 3/22/17* # 0000023668	-156.50
04/26/17	PMT BY CHECK	DOS 2/18/16* # 0000024159	-156.50
09/27/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/26/17	PENALTIES	FOR DATE OF SERVICE 2/18/16	23.48
04/26/17	INTEREST	FOR DATE OF SERVICE 2/18/16	20.36
01/04/18	PENALTIES	FOR DATE OF SERVICE 9/27/17	23.40
01/04/18	INTEREST	FOR DATE OF SERVICE 9/27/17	4.63
01/04/18	PMT BY CHECK	DOS 9/27/17* # 0000034543	-156.50
10/31/18	COSTS	ADD'L COSTS AWARDED	2628.13
11/15/18	PMT BY CHECK	DOS 10/31/18* # 0000046402	-2700.00

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 **

Claim: 5391854 / , Accident date: 03/18/2015, Jurisdiction State: California.
Insured: WKS Restaurant Corporation (ARCH), Policy: ZAWCI8504200.

The payment is for Language Interpreter - paid under Expense from 03/22/2017 to 03/22/2017.
Check: 0000023668, issued: 04/13/2017, for: $156.50, for: Expense, Invoice: 68491

To the Order of: JOYCE ALTMAN INTERPRETERS
: PO BOX 4165
: TUSTIN, CA 927814165

Please contact Elena Zepeda, telephone: (714) 202-2023 in CA \ Orange Orange CA, email: elena.zepeda@yorkrsg.com, if you have questions regarding this payment.

PAID
APR 18 2017
BY:.....

U.S. Mail

0007003148

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
PO Box 182364
Columbus OH 43218

JPMorgan Chase Bank, N.A.
Baton Rouge, LA
84-13/654

Check Number 0000023668
Issue Date: 04/13/2017
VOID After 60 Days

For Expense from 03/22/2017 to 03/22/2017. 68491
Claim: 5391854 / Language Interpreter - paid under Expense

One Hundred Fifty-Six and 50/100 Dollars

$ *******156.50

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

CHASE

Richard Tabuchi
Authorized Signature

⑈0000023668⑈ ⑆065400137⑆ 602182789⑈

Claim: 5391854 / Accident date: 03/18/2015, Jurisdiction State: California.
Insured: WKS Restaurant Corporation (ARCH), Policy: ZAWCI8504200.

The payment is for Language Interpreter - paid under Expense from 02/18/2016 to 02/18/2016.
Check: 0000024159, issued: 04/26/2017, for: $156.50, for: Expense

To the Order of: JOYCE ALTMAN INTERPRETERS
: PO BOX 4165
: TUSTIN, CA 927814165

68491

Please contact Elena Zepeda, telephone: (714) 202-2023 in CA \ Orange Orange CA, email: elena.zepeda@yorkrsg.com, if you have questions regarding this payment.

PAID
MAY 01 2017

U.S. Mail

0007024202

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
PO Box 182364
Columbus OH 43218

JPMorgan Chase Bank, N.A
Baton Rouge, LA
84-13/654

Check Number 0000024159
Issue Date: 04/26/2017
VOID After 60 Days

For Expense from 02/18/2016 to 02/18/2016.
Claim: 5391854 / Language Interpreter - paid under Expense

One Hundred Fifty-Six and 50/100 Dollars

$ *******156.50

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

CHASE

Richard Tabuk
Authorized Signature

⑈0000024159⑈ ⑆065400137⑆ 602182789⑈

York Risk Services Group, Inc.

00073951941

Claim: 5391854 / , Accident date: 03/18/2015, Jurisdiction State: California.
Insured: WKS Restaurant Corporation (ARCH), Policy: ZAWCI8504200.

The payment is for Miscellaneous Expense from 09/27/2017 to 09/27/2017.
Check: 0000034543, issued: 01/04/2018, for: $156.50, for: Expense, Invoice: order

To the Order of: JOYCE ALTMAN INTERPRETERS
: PO BOX 4165
: TUSTIN, CA 927814165

Please contact Elena Zepeda, telephone: (714) 202-2023 in CA \ Orange Orange CA, email: elena.zepeda@yorkrsg.com, if you have questions regarding this payment.

JAN 08 2018

U.S. Mail

0007395194

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK • HOLD UP TO LIGHT TO VIEW • CHEMICAL 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 0000034543
Issue Date: 01/04/2018
VOID After 60 Days

For Expense from 09/27/2017 to 09/27/2017. order
Claim: 5391854 / . Miscellaneous Expense

$ *******156.50

One Hundred Fifty-Six and 50/100 Dollars

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

CHASE

Richard Tabuk
Authorized Signature

⑈0000034543⑈ ⑆065400137⑆ 602182789⑈

00078762770

Please see attached list of 1 items paid by check: 0000046402, issued: 11/15/2018, for $2,700.00.

PAID
NOV 19 2018

U.S. Mail

0007876277

SECURITY FEATURES INCLUDED ON THIS CHECK. READ THE BACK OF THIS DOCUMENT FOR DETAILS. • HOLD UP TO LIGHT TO VIEW • CHECK CONTAINS MICR READABLE 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 0000046402
Issue Date: 11/15/2018
VOID After 60 Days

For Please see attached listing for items paid by this check.

Two Thousand Seven Hundred and 00/100 Dollars

$ *****2,700.00

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS,INC.
P.O. BOX 4165
TUSTIN, CA 92781

CHASE

Richard Talbert
Authorized Signature

⑈0000046402⑈ ⑆065400137⑆ 602182789⑈

Bulk check detail sheet for check number 0000046402. Issue date: 11/15/2018
Payable to: JOYCE ALTMAN INTERPRETERS,INC.

Invoice Number	Amount	Service From	Service To	ClaimId	Claimant	Description
Full and Final	$ 2,700.00	10/31/2018	10/31/2018	5391854		Expense from 10/31/2018 to 10/31/2018. Full and Final

Total Amount: $ 2,700.00

Joyce Altman Interpreters, 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 71580

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
AVIC-0364

BILL TO:
YORK INSURANCE (OH-183188)
W. C. DEPARTMENT
ATTN: MICHELLE MAY
P.O. BOX 183188
COLUMBUS, OH 43518

Case: vs TBS FOODS dba JACK IN THE BOX
Date Of Injury: 5/6/15 - 5/6/16

DOS	SERVICE	DESCRIPTION	AMOUNT
04/10/17	LEGAL_WCAB	PRIORITY CONF @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
06/12/17	LEGAL_WCAB	TRIAL @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
07/24/17	LEGAL_WCAB	TRIAL @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
10/03/18	PMT BY CHECK	DOS 4/10/17-7/24/17* # 000044726	-469.50
01/15/19	COSTS	ADD'L COSTS AWARDED	750.00
01/25/19	PMT BY CHECK	DOS 1/15/19* # 0000048828	-750.00

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 **

0007805453

Please see attached list of 1 items paid by check: 0000044726, issued: 10/03/2018, for $469.50.

DATE
OCT 09 2018

U.S. Mail

0007805453

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
0000044726
Issue Date: 10/03/2018
VOID After 60 Days

For Please see attached listing for items paid by this check.

$ *******469.50

Four Hundred Sixty-Nine and 50/100 Dollars

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

CHASE

Richard Talbot
Authorized Signature

⑈0000044726⑈ ⑆065400137⑆ 602182789⑈

00079867610

Please see attached list of 2 items paid by check: 0000048828, issued: 01/25/2019, for $1,408.50.

JAN 2 9 2019

U.S. Mail

0007986761

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 0000048828

Issue Date: 01/25/2019
VOID After 60 Days

For Please see attached listing for items paid by this check.

$ *****1,408.50

One Thousand Four Hundred Eight and 50/100 Dollars

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

CHASE

Richard Talbot
Authorized Signature

⑈0000048828⑈ ⑆065400137⑆ 602182789⑈

Bulk check detail sheet for check number 0000048828. Issue date: 01/25/2019
Payable to: JOYCE ALTMAN INTERPRETERS

0007986761 1

Invoice Number	Amount	Service From	Service To	ClaimId	Claimant	Description
					71580	
Lien Settlement I	$ 750.00	01/15/2019	01/15/2019	6368572		Expense from 01/15/2019 to 01/15/2019. Lien Settlement Pymt Full & Final all DOS
	$ 658.50	12/12/2018	12/12/2018	6182991	71700	Medical from 12/12/2018 to 12/12/2018.

Total Amount: $ 1,408.50

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/08/19 71700

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
6182991; 6407063

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: KRISTIN HALDEMAN
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs TBS FOODS INC DBA JITB
Date Of Injury: 3/18/16; 8/15 - 8/16

DOS	SERVICE	DESCRIPTION	AMOUNT
04/25/17	LEGAL_WCAB	PRIORITY CONF @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
06/27/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
12/12/18	COSTS	ADD'L COSTS AWARDED	345.50
01/04/19	PMT BY CHECK	DOS 10/26/18* # 0000048092	-658.50

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 **

HR

0007952349

Please see attached list of 1 items paid by check: 0000048092, issued: 01/04/2019, for $658.50.

JAN 08 2019

U.S. Mail

0007952349

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 0000048092
Issue Date: 01/04/2019
VOID After 60 Days

For Please see attached listing for items paid by this check.

Six Hundred Fifty-Eight and 50/100 Dollars

$ *******658.50

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

CHASE

Richard Tabuchi
Authorized Signature

⑈0000048092⑈ ⑆065400137⑆ 602182789⑈

Joyce Altman Interpreters, 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 71728

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
6349595

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: KRISTIN HALDEMAN
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs TBS FOODS INC./JACK IN THE BOX
Date Of Injury: 7/26/15 - 7/26/16

DOS	SERVICE	DESCRIPTION	AMOUNT
05/08/17	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
11/08/17	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
05/16/18	PENALTIES	FOR DATE OF SERVICE 5/8/17	23.48
07/19/18	INTEREST	FOR DATE OF SERVICE 5/8/17	19.72
05/16/18	PENALTIES	FOR DATE OF SERVICE 11/8/17	23.48
07/19/18	INTEREST	FOR DATE OF SERVICE 11/8/17	11.78
07/19/18	PMT BY CHECK	DOS 5/8/17-11/8/17* # 0000041862	-385.16
07/19/18	COSTS	ADD'L COSTS AWARDED	693.70
07/25/18	PMT BY CHECK	DOS 7/19/188* # 0000042055	-700.00

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 **

01009031060

Please see attached list of 1 items paid by check: 0000041862, issued: 07/19/2018, for $385.16.

JUL 23 2018

U.S. Mail

0100903106

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
0000041862
Issue Date: 07/19/2018
VOID After 60 Days

For Please see attached listing for items paid by this check.

Three Hundred Eighty-Five and 16/100 Dollars

$ *******385.16

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

CHASE

Richard Tabuchi
Authorized Signature

⑈0000041862⑈ ⑆065400137⑆ 602182789⑈

00076930760

Please see attached list of 1 items paid by check: 0000042055, issued: 07/25/2018, for $700.00.

U.S. Mail

0007693076

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 0000042055

Issue Date: 07/25/2018
VOID After 60 Days

For Please see attached listing for items paid by this check.

Seven Hundred and 00/100 Dollars

$ *******700.00

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

CHASE

Richard Tabuk
Authorized Signature

⑈0000042055⑈ ⑆065400137⑆ 602182789⑈

Bulk check detail sheet for check number 0000042055. Issue date: 07/25/2018
Payable to: JOYCE ALTMAN INTERPRETERS

0007693076 1

Invoice Number	Amount	Service From	Service To	ClaimId	Claimant	Description
FULL & FINAL FOR	$ 700.00	07/19/2018	07/19/2018	6349595		Medical from 07/19/2018 to 07/19/2018. FULL & FINAL FOR ALL DOS

Total Amount: $ 700.00

Joyce Altman Interpreters, 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	72632

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
6396020

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: ELVA CARNOVAL
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs BODEGA LATINA CORP/EL SUPER
Date Of Injury: 11/16/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/14/17	LEGAL_PREP	DEPO PREP @ L/O SAMUELSON, GONZALEZ	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/01/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/20/18	LEGAL_WCAB	EXPEDITED HEARING @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/02/18	PENALTIES	FOR DATE OF SERVICE 09/14/17	23.48
07/02/18	INTEREST	FOR DATE OF SERVICE 09/14/17	11.69
07/02/18	PENALTIES	FOR DATE OF SERVICE 11/01/17	37.50
07/02/18	INTEREST	FOR DATE OF SERVICE 11/01/17	18.51
07/02/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/16/18	COSTS	ADD'L COSTS AWARDED	1089.32
07/26/18	PMT BY CHECK	DOS 9/14/17-7/2/18* # 0000050510	-1900.00

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 **

00076950510

Please see attached list of 1 items paid by check: 0000050510, issued: 07/26/2018, for $1,900.00.

4

U.S. Mail

0007695051

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK - HOLD UP TO LIGHT TO VIEW - CHECK CONTAINS VISIBLE AND INVISIBLE FIBERS

York Risk Services Group, Inc Client Escrow Account
on Behalf of Safety First Insurance Co-
Bodega Latina Corporation dba El Super
1625 West Causeway Approach
Mandeville LA 70471

JPMorgan Chase Bank, N.A.
Baton Rouge, LA
84-13/654

Check Number 0000050510
Issue Date: 07/26/2018
VOID After 60 Days

For Please see attached listing for items paid by this check.

One Thousand Nine Hundred and 00/100 Dollars

$ *****1,900.00

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

CHASE

Richard Taheth
Authorized Signature

⑈0000050510⑈ ⑆065400137⑆ 068500823⑈

Bulk check detail sheet for check number 0000050510. Issue date: 07/26/2018
Payable to: JOYCE ALTMAN INTERPRETERS

Invoice Number	Amount	Service From	Service To	ClaimId	Claimant	Description
in full and final	$ 1,900.00	09/14/2017	07/02/2018	6466233	1	Medical from 09/14/2017 to 07/02/2018. in full and final all dates of service

Total Amount: $ 1,900.00

Joyce Altman Interpreters, 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	72736

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
GUIG-0407

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: ELSA PALAYO
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs DND LIQUOR
Date Of Injury: 1/20/15

DOS	SERVICE	DESCRIPTION	AMOUNT
10/09/17	LEGAL_WCAB	PRIORITY CONFERENCE @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
11/02/18	PMT BY CHECK	DOS 10/9/17* # 14028	-156.50
01/09/19	COSTS	ADD'L COSTS AWARDED	320.31
01/09/19	PMT BY CHECK	DOS 1/4/19* # 14165	-320.31

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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 **

Mailing Information:

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN, CA 92781-4165

Claim Number:	GUIG-0407
Claimant:	
Date of Loss:	01/02/2015
Check Number:	14028
Check Date:	11/02/2018
Check Amount:	$156.50
Type of Payment:	
	EP 58 - MISC. LEGAL EXP.
Location:	4577 217 N Long Beach Blvd Compton, Ca 90221 217 N Long Beach Blvd of David Ju
For Period:	10/09/2017 to 10/09/2017
IRS #:	33-0956713
Handling Office:	642-Anaheim WC Profit Center, Roseville, CA
Detail:	PAYMENT PER ORDER 5811 DATED 10/26/2018 FULL & FINAL

NOV 06 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 GUARD Insurance Company
and its Affiliated Insurance Companies 7196/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	
GUIG-0407	
DATE	CHECK NO
11/2/2018	14028
AMOUNT	
***$156.50	

PAY ONE HUNDRED FIFTY-SIX AND 50/100

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.
Mail to: P.O. BOX 4165
TUSTIN, CA 92781-4165

Not Negotiable After 180 Days

⑈00 14 0 28⑈ ⑆1 2 1000 248⑆ 4006 10000 2⑈

Mailing Information:

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN, CA 92781-4165

Claim Number:	GUIG-0407
Claimant:	
Date of Loss:	01/02/2015
Check Number:	14165
Check Date:	01/09/2019
Check Amount:	$320.31
Type of Payment:	EP 61 - MISC. ALL OTHER
Location:	4577 217 N Long Beach Blvd Compton, Ca 90221 217 N Long Beach Blvd of David Ju
For Period:	01/04/2019 to 01/04/2019
IRS #:	33-0956713
Handling Office:	642-Anaheim WC Profit Center, Roseville, CA
Detail:	FUL & FINAL FOR ALL DATES OF SERVICE PER AGREEMENT

JAN 14 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 Account
on behalf of GUARD Insurance Company
and its Affiliated Insurance Companies 7196/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	
GUIG-0407	
DATE	CHECK NO
1/9/2019	**14165**
AMOUNT	
***$320.31	

PAY THREE HUNDRED TWENTY AND 31/100

TO THE ORDER OF **JOYCE ALTMAN INTERPRETERS, INC.**
Mail to: P.O. BOX 4165
TUSTIN, CA 92781-4165

Not Negotiable After 180 Days

⑈00014165⑈ ⑆122000248⑆ 4006 10000 2⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/06/18 73090

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
7954808

BILL TO:
YORK INSURANCE SVCS (LEXINGTON
W. C. DEPARTMENT
ATTN: ERIKA ARANDS
P.O. BOX 14731
LEXINGTON, KY 40512

Case: vs WALMART ASSOCIATES
Date Of Injury: 2/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
12/12/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
12/26/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
05/11/18	PENALTIES	FOR DATE OF SERVICE 12/12/17	23.48
05/11/18	INTEREST	FOR DATE OF SERVICE 12/12/17	7.35
06/28/18	PENALTIES	FOR DATE OF SERVICE 12/26/17	37.50
05/11/18	INTEREST	FOR DATE OF SERVICE 12/26/17	11.74
06/28/18	PMT BY CHECK	DOS 12/12/17-12/26/17* # 20347927	-406.50
12/06/18	COSTS	ADD'L COSTS AWARDED	2419.93
11/30/18	PMT BY CHECK	DOS 10/29/18* # 20747468	-2500.00

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

York Risk Services Group-Walmart
P.O. Box 14731
Lexington, KY 40512-4731

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-1460

Claim Number: 7954808
Case No.:
Check Amount: $406.50
Check No.: 20347927
Claimant Name:
Coverage:
Invoice No.:
Service/Indemnity From:12/12/2017 Thru: 12/26/2017
Date:
Vendor Tax ID No.: 330956713
Comments: Interpreting -court/legal proceedings
Insurance Company: on behalf of ACE American Insurance Company
Invoice Comments: LC5811 06/05/18

JUL 03 2018

0001000111000337000000000337

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.

York Risk Services Group-Walmart
P.O. Box 14731
Lexington, KY 40512-4731

Claim No. : 7954808
Claimant Name :
Store No. : 3100

Check No : 20347927
Issue Date : 06/28/2018

Wells Fargo Bank, N.A.

66-156
531

PAY: **Four Hundred Six Dollars And 50/100**

$ 406.50
VOID AFTER 120 DAYS

To The Order Of **JOYCE ALTMAN INTERPRETERS INC**

Chief Financial Officer

⑈20347927⑈ ⑆053101561⑆ 207990012476 9⑈

73090

York Risk Services Group-Walmart
P.O. Box 14731
Lexington, KY 40512-4731

Claim Number: 7954808
Case No.:
Check Amount: $2,500.00
Check No.: 20747468
Claimant Name:
Coverage:
Invoice No.:
Service/Indemnity From:10/29/2018 Thru: 10/29/2018
Date:
Vendor Tax ID No.: 330956713
Comments: Stip & Order to pay cost Petitioner
Insurance Company: on behalf of ACE American Insurance Company
Invoice Comments: Stip & Order

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-1460

PAID
DEC 06 2018

0001000111000456000000000456

↓ 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

York Risk Services Group-Walmart
P.O. Box 14731
Lexington, KY 40512-4731

Claim No.: 7954808
Claimant Name:
Store No.: 5180

Check No: 20747468
Issue Date: 11/30/2018

Wells Fargo Bank, N.A.

66-156
531

PAY: **Two Thousand Five Hundred Dollars And 00/100**

$ 2,500.00
VOID AFTER 120 DAYS

To The Order Of **JOYCE ALTMAN INTERPRETERS INC**

Chief Financial Officer

⑈20747468⑈ ⑆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#
03/04/19 74441

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
ARKM-4684

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: TO WHOM IT MAY CONCERN
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs LANDAS SYSTEM CORP/McDONALD'S
Date Of Injury: 2/22/14 - 3/14/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/13/15	LEGAL_PREP	DEPO PREP @ L/O DIETZ, GILMOR, & CHAZER	156.50
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
08/24/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/07/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/19/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/01/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOYCE C. ALTMAN # 300624	0.00
06/25/18	PENALTIES	FOR DATE OF SERVICE 7/13/15	23.48
06/25/18	INTEREST	FOR DATE OF SERVICE 7/13/15	50.94
06/25/18	PENALTIES	FOR DATE OF SERVICE 8/24/15	37.50
06/25/18	INTEREST	FOR DATE OF SERVICE 8/24/15	80.89
06/25/18	PENALTIES	FOR DATE OF SERVICE 3/7/16	23.48
06/25/18	INTEREST	FOR DATE OF SERVICE 3/7/16	40.98
06/25/18	PENALTIES	FOR DATE OF SERVICE 10/19/16	23.48
06/25/18	PENALTIES	FOR DATE OF SERVICE 10/19/16	30.03
06/25/18	PENALTIES	FOR DATE OF SERVICE 5/1/17	23.48
06/25/18	INTEREST	FOR DATE OF SERVICE 5/1/17	19.92
06/27/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/07/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/25/19	PMT BY CHECK	DOS 7/13/15-8/7/18* # 72674 YORK RISK	-1282.50
02/04/19	COSTS	ADD'L COSTS AWARDED	1800.00
02/13/19	PMT BY CHECK	DOS 2/4/19* # 02367325 AMTRUST	-1077.09
02/25/19	PMT BY CHECK	DOS 7/13/15-8/7/18*	-1077.09

Joyce Altman Interpreters, 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	74441

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
ARKM-4684

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: TO WHOM IT MAY CONCERN
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs LANDAS SYSTEM CORP/McDONALD'S
Date Of Injury: 2/22/14 - 3/14/15

DOS	SERVICE	DESCRIPTION	AMOUNT

72769 YORK

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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 **

Mailing Information:

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN, CA 92781-4165

Claim Number:	ARKM-1960
Claimant:	
Date of Loss:	08/22/2012
Check Number:	72674
Check Date:	01/25/2019
Check Amount:	$1,282.50
Type of Payment:	
	EP 61 - MISC. ALL OTHER
Location:	00857 Angelo & Catherine Lardas / Lardas Systems 16866 Beach Blvd of Lardas Angelo & Cath
For Period:	07/13/2015 to 08/07/2018
IRS #:	33-0956713
Handling Office:	642-Anaheim WC Profit Center, Roseville, CA
Detail:	ORDER TO PAY ISSUED ON 1/2/19

JAN 28 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., on behalf of
Arch Insurance Group-KAH McDonalds Progarm-WC-4889/D
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	
ARKM-1960	
DATE	CHECK NO
1/25/2019	**72674**
AMOUNT	
***$1,282.50	

PAY ONE THOUSAND TWO HUNDRED EIGHTY-TWO AND 50/100

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.

⑈0072674⑈ ⑆121000248⑆ 20000296709560⑈

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.
02367325
1829672-1
WWC3123136

DATE	AMOUNT
2/13/2019	$1,077.09

One Thousand Seventy-Seven and 9/100s 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

⑈02367325⑈ ⑆021309379⑆ 601894744⑈

PAID
FEB 20 2019

Check Number	02367325
Claim Number:	1829672-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WWC3123136/Lardas Systems Inc A Corp
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	3/14/2015
Location:	16866 Beach Blvd Huntington Beach CA 92647 -
Examiner Code:	28954

Amount:	$1,077.09	WESCO INSURANCE CO (Claims Funding) 1148 on behalf of Wesco Insurance Company
Dates of Service:	2/4/2019-2/4/2019	AmTrust North America
Explanation:	Medical Interpreter	P.O. Box 89404
Category:	M23 - Medical Interpreter	Cleveland, OH 44101
Placement:	2 - Medical	844-601-7760
Transaction Type:		

Mailing Information:

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN, CA 92781-4165

Claim Number:	ARKM-1960
Claimant:	
Date of Loss:	08/22/2012
Check Number:	72769
Check Date:	02/25/2019
Check Amount:	$1,077.09
Type of Payment:	
	MP 229 - SETTLED-PAYMENT IN DISPUTE
Location:	00857 Angelo & Catherine Lardas / Lardas Systems 16866 Beach Blvd of Lardas Angelo & Cath
For Period:	07/13/2015 to 08/07/2018
IRS #:	33-0956713
Handling Office:	642-Anaheim WC Profit Center, Roseville, CA
Detail:	PAYMENT PER ORDER DATED 02/04/2019

PAID
MAR 04 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., on behalf of
Arch Insurance Group-KAH McDonalds Progarm-WC-4889/D
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	
ARKM-1960	
DATE	CHECK NO
2/25/2019	**72769**
AMOUNT	
***$1,077.09	

PAY ONE THOUSAND SEVENTY-SEVEN AND 9/100

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.
Mail to: P.O. BOX 4165
TUSTIN, CA 92781-4165

Not Negotiable After 180 Days

⑈002325⑈ ⑆122000248⑆ 2000029670956⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/23/18 30131

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2620203473

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs IT'S ALL GREEK TO ME
Date Of Injury: 6/3/04

DOS	SERVICE	DESCRIPTION	AMOUNT
04/10/08	INITIAL EXAM	DR NEMAT (2.5 HRS)	287.50
07/03/08	PENALTIES	FOR DATE OF SERVICE 4/10/08	43.13
10/08/18	INTEREST	FOR DATE OF SERVICE 4/10/08	345.30
07/21/08	SHOCK WAVE	THERAPY W/ TECH BIANCA RIVAS*	150.00
08/04/08	SHOCK WAVE	THERAPY W/ DR DANESH*	150.00
09/09/08	P AND S	DR NEMAT* @ PAIN RELIEF	230.00
09/18/08	MRI	REF BY DR NEMAT: C/S, L/S*	150.00
10/14/08	PR2/REEVAL	DR NEMAT @ PAIN RELIEF CTR*	180.00
10/07/08	PR2/REEVAL	DR NEMAT @ PAIN RELIEF CTR*	180.00
12/09/08	INITIAL EXAM	DR KASIMIAN @ PAIN RELIEF CTR*	230.00
01/27/09	INITIAL EXAM	DR COLLINS @ PAIN RELIEF CTR*	230.00
03/03/09	PR2/REEVAL	DR SOTELO @ PAIN RELIEF CTR*	180.00
05/01/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
05/22/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
02/16/10	PENALTIES	FOR DATE OF SERVICE 09/09/08	34.50
10/08/18	INTEREST	FOR DATE OF SERVICE 09/09/08	265.73
02/16/10	PENALTIES	FOR DATE OF SERVICE 09/18/08	22.50
10/08/18	INTEREST	FOR DATE OF SERVICE 09/18/08	173.02
02/16/10	PENALTIES	FOR DATE OF SERVICE 12/09/08	34.50
10/08/18	INTEREST	FOR DATE OF SERVICE 12/09/08	259.43
02/16/10	PENALTIES	FOR DATE OF SERVICE 01/27/09	34.50
10/08/18	INTEREST	FOR DATE OF SERVICE 01/27/09	256.17
02/16/10	PENALTIES	FOR DATE OF SERVICE 05/01/09	23.48
02/16/10	INTEREST	FOR DATE OF SERVICE 05/01/09	15.33
02/16/10	PENALTIES	FOR DATE OF SERVICE 05/22/09	37.50
02/16/10	INTEREST	FOR DATE OF SERVICE 05/22/09	22.84
10/11/12	WCAB LB	EXPEDITED HEARING - JOYCE ALTMAN # 300624	156.50
11/24/14	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	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#
10/23/18 30131

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2620203473

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs IT'S ALL GREEK TO ME
Date Of Injury: 6/3/04

DOS	SERVICE	DESCRIPTION	AMOUNT
08/17/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
11/19/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
10/24/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/20/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
01/22/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/12/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/20/18	PENALTIES	FOR DATE OF SERVICE 7/21/08	22.50
10/08/18	INTEREST	FOR DATE OF SERVICE 7/21/08	176.00
09/20/18	PENALTIES	FOR DATE OF SERVICE 8/4/08	22.50
10/08/18	INTEREST	FOR DATE OF SERVICE 8/4/08	175.48
09/20/18	PENALTIES	FOR DATE OF SERVICE 10/14/08	27.00
10/08/18	INTEREST	FOR DATE OF SERVICE 10/14/08	206.32
09/20/18	PENALTIES	FOR DATE OF SERVICE 10/7/08	27.00
10/08/18	INTEREST	FOR DATE OF SERVICE 10/7/08	206.26
09/20/18	PENALTIES	FOR DATE OF SERVICE 3/3/09	27.00
10/08/18	INTEREST	FOR DATE OF SERVICE 3/3/09	198.83
10/08/18	COSTS	ADD'L COSTS AWARDED	1500.00
10/17/18	PMT BY CHECK	DOS 4/10/08-10/8/18* # 1101787374	-7819.82

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/23/18	30131

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2620203473

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: , vs IT'S ALL GREEK TO ME
Date Of Injury: 6/3/04

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 **

PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

Zurich American Insurance Co.

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

Visit **enrollments.zurichna.com** to enroll in electronic payments.

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781 4165

01028

PAID
OCT 23 2018

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
262-0203973 001 CT	WC 8374692			06/16/04	04/10/08-10/08/18

Check Number	1101787374	Date Issued	10/17/18	Amount	$**7,819.82
Insured	Trivest, Inc.				
Claimant					
Nature of Payment	full and final				
Issued To	JOYCE ALTMAN INTERPRETERS PO BOX 4165				
Requested By	SRama Krishnan				
File Supervisor	Chris Salt	Phone Number	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	7,819.82		
TOTAL	$7819.82		

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/10/18 64077

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080307241

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: STACY HENSLEY
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs FIRST CLASS STAFFING
Date Of Injury: 5/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/02/14	INITIAL EXAM	-DR HIGASHI @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
09/10/14	PT INITIAL	-PHYSICAL THERAPY W/DR GHODS @ ACS*	90.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
09/12/14	PT PR-2	-PHYSICAL THERAPY W/J. BAHAN ACS*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/17/14	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/03/14	F/U CHIRO TX	-CHIRO TREATMENT W/DR GHODS ACS*	90.00
/ /	INTERPRETER:	LESLIE MELTON # 500259	0.00
10/14/14	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/15/14	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/12/14	PR2/REEVAL	-DR BHARATWAL @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/13/15	INITIAL EXAM	-DR A.YAGHOOBIAN @ ACS*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
03/16/15	PR2/REEVAL	-DR MENDELSOHN @ ADVANCE CARE	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
11/21/14	PT P&S	-PHYSICAL THERAPY W/DR GHODS ACS*	90.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/18/15	PR2/REEVAL	-DR BHARATWAL @ ACS*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
11/25/14	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/10/18 64077

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080307241

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: STACY HENSLEY
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case:) vs FIRST CLASS STAFFING
Date Of Injury: 5/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/01/15	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
04/14/15	PR2/REEVAL	-DR YAGHOOBIAN @ ADVANCE CARE	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
04/22/15	PR2/REEVAL	-DR BHARATWAL @ ACS*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
01/06/15	PR2/REEVAL	-DR R. HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
05/06/15	PR2/REEVAL	-DR P. MENDELSOHN @ ACS*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/14/15	PR2/REEVAL	-DR BHARATWAL @ ACS*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/12/15	PR2/REEVAL	-DR R. HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
01/21/15	PR2/REEVAL	-DR MENDELSOHN & -L/E EMG&NCV BY DR GROSS @ ACS*	180.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
02/11/15	PR2/REEVAL	-DR BHARATWAL @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
05/27/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/17/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
06/23/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
07/01/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/30/15	PR2/REEVAL	-DR RAMESHNI @ ACS*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/05/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/10/18 64077

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080307241

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: STACY HENSLEY
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs FIRST CLASS STAFFING
Date Of Injury: 5/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/08/15	PR2/REEVAL	-DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/30/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
10/13/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
10/28/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
11/18/15	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE* (TRANSFER OF CARE)	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
11/30/15	INITIAL EXAM	-PSYCH EVAL W/DR SALKELD @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/22/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/26/16	P AND S	-DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/27/17	LIEN FIL FEE	LIEN FILING FEE	150.00
02/21/18	PENALTIES	FOR DATE OF SERVICE 09/02/14	34.50
11/19/18	INTEREST	FOR DATE OF SERVICE 09/02/14	100.22
02/21/18	PENALTIES	FOR DATE OF SERVICE 09/10/14	13.50
11/19/18	INTEREST	FOR DATE OF SERVICE 09/10/14	39.22
02/21/18	PENALTIES	FOR DATE OF SERVICE 09/12/14	13.50
11/19/18	INTEREST	FOR DATE OF SERVICE 09/12/14	39.22
02/21/18	PENALTIES	FOR DATE OF SERVICE 09/17/14	27.00
11/19/18	INTEREST	FOR DATE OF SERVICE 09/17/14	78.43
02/21/18	PENALTIES	FOR DATE OF SERVICE 10/03/14	13.50
11/19/18	INTEREST	FOR DATE OF SERVICE 10/03/14	39.22
02/21/18	PENALTIES	FOR DATE OF SERVICE 10/14/14	27.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/10/18 64077

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080307241

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: STACY HENSLEY
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: [redacted] vs FIRST CLASS STAFFING
Date Of Injury: 5/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/19/18	INTEREST	FOR DATE OF SERVICE 10/14/14	78.43
02/21/18	PENALTIES	FOR DATE OF SERVICE 10/15/14	27.00
11/19/18	INTEREST	FOR DATE OF SERVICE 10/15/14	78.43
02/21/18	PENALTIES	FOR DATE OF SERVICE 11/12/14	27.00
11/19/18	INTEREST	FOR DATE OF SERVICE 11/12/14	76.11
02/21/18	PENALTIES	FOR DATE OF SERVICE 03/13/15	34.50
11/19/18	INTEREST	FOR DATE OF SERVICE 03/13/15	94.35
02/21/18	PENALTIES	FOR DATE OF SERVICE 03/16/15	27.00
11/19/18	INTEREST	FOR DATE OF SERVICE 03/16/15	73.78
02/21/18	PENALTIES	FOR DATE OF SERVICE 11/21/14	13.50
11/19/18	INTEREST	FOR DATE OF SERVICE 11/21/14	36.69
02/21/18	PENALTIES	FOR DATE OF SERVICE 03/18/15	27.00
11/19/18	INTEREST	FOR DATE OF SERVICE 03/18/15	73.33
02/21/18	PENALTIES	FOR DATE OF SERVICE 11/25/14	27.00
11/19/18	INTEREST	FOR DATE OF SERVICE 11/25/14	73.27
02/21/18	PENALTIES	FOR DATE OF SERVICE 04/01/15	27.00
11/19/18	INTEREST	FOR DATE OF SERVICE 04/01/15	72.48
02/21/18	PENALTIES	FOR DATE OF SERVICE 04/14/15	27.00
11/19/18	INTEREST	FOR DATE OF SERVICE 04/14/15	71.34
02/21/18	PENALTIES	FOR DATE OF SERVICE 04/22/15	27.00
11/19/18	INTEREST	FOR DATE OF SERVICE 04/22/15	70.95
02/21/18	PENALTIES	FOR DATE OF SERVICE 01/06/15	27.00
11/19/18	INTEREST	FOR DATE OF SERVICE 01/06/15	69.70
02/21/18	PENALTIES	FOR DATE OF SERVICE 05/06/15	27.00
11/19/18	INTEREST	FOR DATE OF SERVICE 05/06/15	69.30
02/21/18	PENALTIES	FOR DATE OF SERVICE 01/14/15	27.00
11/19/18	INTEREST	FOR DATE OF SERVICE 01/14/15	69.25
02/21/18	PENALTIES	FOR DATE OF SERVICE 05/12/15	27.00
11/19/18	INTEREST	FOR DATE OF SERVICE 05/12/15	69.08
02/21/18	PENALTIES	FOR DATE OF SERVICE 01/21/15	27.00
11/19/18	INTEREST	FOR DATE OF SERVICE 01/21/15	69.02

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/10/18 64077

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080307241

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: STACY HENSLEY
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs FIRST CLASS STAFFING
Date Of Injury: 5/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/21/18	PENALTIES	FOR DATE OF SERVICE 02/11/15	27.00
11/19/18	INTEREST	FOR DATE OF SERVICE 02/11/15	68.17
02/21/18	PENALTIES	FOR DATE OF SERVICE 05/27/15	27.00
11/19/18	INTEREST	FOR DATE OF SERVICE 05/27/15	68.05
02/21/18	PENALTIES	FOR DATE OF SERVICE 02/17/15	27.00
11/19/18	INTEREST	FOR DATE OF SERVICE 02/17/15	68.05
02/21/18	PENALTIES	FOR DATE OF SERVICE 06/23/15	27.00
11/19/18	INTEREST	FOR DATE OF SERVICE 06/23/15	66.52
02/21/18	PENALTIES	FOR DATE OF SERVICE 07/01/15	27.00
11/19/18	INTEREST	FOR DATE OF SERVICE 07/01/15	65.84
02/21/18	PENALTIES	FOR DATE OF SERVICE 07/30/15	27.00
11/19/18	INTEREST	FOR DATE OF SERVICE 07/30/15	65.45
02/21/18	PENALTIES	FOR DATE OF SERVICE 08/05/15	27.00
11/19/18	INTEREST	FOR DATE OF SERVICE 08/05/15	65.39
02/21/18	PENALTIES	FOR DATE OF SERVICE 09/08/15	27.00
11/19/18	INTEREST	FOR DATE OF SERVICE 09/08/15	64.94
02/21/18	PENALTIES	FOR DATE OF SERVICE 09/30/15	27.00
11/19/18	INTEREST	FOR DATE OF SERVICE 09/30/15	63.86
02/21/18	PENALTIES	FOR DATE OF SERVICE 10/13/15	27.50
11/19/18	INTEREST	FOR DATE OF SERVICE 10/13/15	63.52
02/21/18	PENALTIES	FOR DATE OF SERVICE 10/28/15	27.00
11/19/18	INTEREST	FOR DATE OF SERVICE 10/28/15	62.89
02/21/18	PENALTIES	FOR DATE OF SERVICE 11/18/15	27.00
11/19/18	INTEREST	FOR DATE OF SERVICE 11/18/15	61.36
02/21/18	PENALTIES	FOR DATE OF SERVICE 11/30/15	34.50
11/19/18	INTEREST	FOR DATE OF SERVICE 11/30/15	78.12
02/21/18	PENALTIES	FOR DATE OF SERVICE 12/22/15	27.00
11/19/18	INTEREST	FOR DATE OF SERVICE 12/22/15	59.43
02/21/18	PENALTIES	FOR DATE OF SERVICE 01/26/16	34.50
11/19/18	INTEREST	FOR DATE OF SERVICE 01/26/16	73.34
12/07/18	PMT BY CHECK	DOS 9/2/17* # 1101837491	-9000.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/10/18	64077

EAMS#(s):

SS # : XXX-XX-
DOB : 7/2/68
Terms: 60 days
Claim #(s):
2080307241

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: STACY HENSLEY
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs FIRST CLASS STAFFING
Date Of Injury: 5/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/10/18	BLCE OFF SET	BALANCE OFF SET	-855.25

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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

Zurich American Ins. Co. of IL

DEC 10 2018

JOYCE ALTMAN INTERP
PO BOX # 4165
TUSTIN CA 92781

00765

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.

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0307241 001 ZQ	WC 5714141			05/01/14	09/02/17-09/02/17

Check Number	1101837491	Date Issued	12/07/18	Amount	$**9,000.00
Insured	1st Class Staffing				
Claimant					
Nature of Payment	FULL AND FINAL				
Issued To	JOYCE ALTMAN INTERP PO BOX # 4165				
Requested By	Neeraj Joshi				
File Supervisor	Marcos Ferrando	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	9,000.00		
TOTAL	$9000.00		

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/10/18 65219

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2010231487

BILL TO:
ZURICH INS.(968002-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: JAINE CHONG
P.O. BOX 968002
SCHAUMBURG, IL 60196

Case: vs THERMO FLUIDS
Date Of Injury: 10/4/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/10/14	EPIDURAL	DR BERNSTEIN @ INTEVENTIONAL PAIN MGMT* (IPM)	150.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
10/25/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/06/18	BLCE OFF SET	BALANCE OFF SET FOR MEDICAL DOS 11/10/14	-150.00
04/13/18	PENALTIES	FOR DATE OF SERVICE 10/25/16	23.48
05/15/18	INTEREST	FOR DATE OF SERVICE 10/25/16	26.92
05/15/18	PMT BY CHECK	DOS 10/25/16* # 1101633097	-156.50
09/04/18	COSTS	ADD'L COSTS AWARDED	1949.60
09/07/18	PMT BY CHECK	DOS 11/10/14-10/25/15* # 1101747394	-2000.00

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 968002
SCHAUMBURG IL 60196 8002
415 538-7100

Zurich American Insurance Co.

1010117400175

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

01174

MAY 18 2018

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0231487 001 J9	WC 5833473			10/04/13	10/25/16-10/25/16

Check Number	1101633097	Date Issued	05/15/18	Amount	$***156.50
Insured	Thermo Fluids Inc				
Claimant					
Nature of Payment	Per order dated 4/24/2018				
Issued To	Joyce Altman Interpreters Inc PO BOX #4165				
Requested By	Nitin Saxena				
File Supervisor	Janie Chong	Phone Number	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	156.50		
TOTAL	$156.50		

PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

Zurich American Insurance Co.

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

Visit **enrollments.zurichna.com** to enroll in electronic payments.

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781

00610

SEP 10 2018

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0231487 001 J9	WC 5833473			10/04/13	11/10/14-10/25/15

Check Number	1101747394	**Date Issued**	09/07/18	**Amount**	$**2,000.00
Insured	Thermo Fluids Inc				
Claimant					
Nature of Payment	resolves lien for all DOS's				
Issued To	Joyce Altman Interpreters PO BOX 4165				
Requested By	Binny Sajwan				
File Supervisor	Janie Chong	**Phone Number**	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	2,000.00		

TOTAL $2000.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/05/19 67421

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
20102566030001

BILL TO:
ZURICH INS.(968002-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: JEFF WERNER
P.O. BOX 968002
SCHAUMBURG, IL 60196

Case: vs DOUBLE TREE
Date Of Injury: 5/21/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/16/15	LEGAL_PREP	DEPO PREP @ L/O MULLEN & FILIPPI	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
10/13/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/09/15	PMT BY CHECK	DOS 9/16/15* # 1100600973	-156.50
12/01/15	PMT BY CHECK	DOS 10/13/15* # 1100626240	-250.00
02/15/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/06/18	PENALTIES	FOR DATE OF SERVICE 2/15/17	23.48
09/06/18	INTEREST	FOR DATE OF SERVICE 2/15/17	27.61
10/18/18	PMT BY CHECK	DOS 2/15/17* # 1101788688	-207.59
02/01/19	PMT BY CHECK	DOS 1/30/19* # 1101889255	-1500.00
02/01/19	COSTS	ADD'L COSTS AWARDED	1500.00

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 **

MZ

PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

Zurich American Insurance Co.

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00501

PAID NOV 12 2015

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0256603 001 JW	WC 0176907	67421		05/21/15	09/16/15-09/16/15

Check Number	1100600973	Date Issued	11/09/15	Amount	$*****156.50
Insured	DoubleTree by Hilton Los Angeles				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Kavithra CG-Durai				
File Supervisor	Jeff Werner	Phone Number	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	156.50		
TOTAL	$156.50		

PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

Zurich American Insurance Co.

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

PAID DEC 04 2015

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

01027

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0256603 001 JW	WC 0176907	67421		05/21/15	10/13/15-10/13/15

Check Number	1100626240	Date Issued	12/01/15	Amount	$****250.00
Insured	DoubleTree by Hilton Los Angeles				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Kavithra CG-Durai				
File Supervisor	Jeff Werner	Phone Number	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	250.00		
TOTAL	$250.00		

PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

Zurich American Insurance Co.

1010097200972

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

00972

RECD OCT 23 2018

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0256603 001 JW	WC 0176907			05/21/15	02/15/17-02/15/17

Check Number	1101788688	Date Issued	10/18/18	Amount	$***207.59
Insured	DoubleTree by Hilton Los Angeles				
Claimant					
Nature of Payment	Invoice# 67421				
Issued To	Joyce Altman Interpreters, Inc. PO Box 4165				
Requested By	Equan Atiq				
File Supervisor	Jeff Werner	Phone Number	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	207.59		
TOTAL	$207.59		

PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

Zurich American Insurance Co.

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

Visit **enrollments.zurichna.com** to enroll in electronic payments.

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781

01347

FEB 04 2019

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0256603 001 JW	WC 0176907			05/21/15	01/30/19-01/30/19

Check Number	1101889255	Date Issued	02/01/19	Amount	$**1,500.00
Insured	DoubleTree by Hilton Los Angeles				
Claimant					
Nature of Payment	In full & final satisfaction of all LC 5813/5811 allegations				
Issued To	JOYCE ALTMAN INTERPRETERS PO BOX 4165				
Requested By	Sumit Kumar				
File Supervisor	Jeff Werner	Phone Number	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	1,500.00		
TOTAL	$1500.00		

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/01/19 70066

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2080289903

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: DARLENE NEALY
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs NFI INDUSTRIES INC
Date Of Injury: 6/29/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/05/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/23/16	PMT BY CHECK	DOS 7/5/16* # 1100934966	-156.50
06/08/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/30/17	LEGAL_MISC	STIP AND AWARD READING @ L/O DENISE KUPER	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/13/17	PMT BY CHECK	DOS 6/8/17-7/30/17* # 1101371710	-313.00
03/25/19	COSTS	ADD'L COSTS AWARDED	1350.00
03/28/19	PMT BY CHECK	DOS 3/25/19* # 1101941842	-1350.00

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

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

1010029800298

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

JOYCE ALTMAN INTERPRETERS INC
P.O. BOX # 4165
TUSTIN CA 92781 4165

00298

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0289903 001 DN	WC 5916239	70066		06/29/13	07/05/16-07/05/16

Check Number	1100934966	Date Issued	08/23/16	Amount	$***156.50
Insured	NFI Industries Inc				
Claimant					
Nature of Payment	MEDICAL-LEGAL COSTS				
Issued To	JOYCE ALTMAN INTERPRETERS INC P.O. BOX # 4165				
Requested By	Dinesh CG-Sridharan				
File Supervisor	Darlene Nealy	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC WAGE LOSS & DISABILITY	156.50		
TOTAL	$156.50		

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

1010115800159

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

01158

SEP 18 2017

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0289903 001 B9	WC 5916239	70066		06/29/13	06/08/17-07/30/17

Check Number	1101371710	Date Issued	09/13/17	Amount	$***313.00
Insured	NFI Industries Inc				
Claimant					
Nature of Payment	MISCELLANEOUS EXPENSE				
Issued To	Joyce Altman Interpreters Inc. PO Box 4165				
Requested By	Monisha CG-Deenadayalan				
File Supervisor	Catherine Smitha	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	313.00		
TOTAL	$313.00		

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

PAID
APR 01 2019

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781

00275

1010027500275

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.

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0289903 001 XW	WC 5916239	ADJ9506020		06/29/13	03/25/19-03/25/19

Check Number	1101941842	**Date Issued**	03/28/19	**Amount**	$**1,350.00
Insured	NFI Industries Inc				
Claimant					
Nature of Payment	INTEREST ON MEDICAL EXPENSES MEDICAL				
Issued To	JOYCE ALTMAN INTERPRETERS PO BOX 4165				
Requested By	Sushil Kumar Sharma				
File Supervisor	Rozik Agoopi	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	1,350.00		

TOTAL $1350.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/19/18 70963

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080305606

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)

ATTN: DELIA ROBES
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: ____ vs FLYING FOOD GROUP
Date Of Injury: 6/5/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/16/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
01/25/17	PMT BY CHECK	DOS 12/16/16* # 1101109385	-156.50
07/27/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/15/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/21/18	LEGAL_WCAB	FULL DAY TRIAL @ WCAB LBO (AMENDED)	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/12/18	PMT BY CHECK	DOS 12/16/16-3/15/18* # 1101661003	-313.00
06/25/18	PENALTIES	FOR DATE OF SERVICE 7/27/17	23.48
06/12/18	INTEREST	FOR DATE OF SERVICE 7/27/17	15.58
06/25/18	PENALTIES	FOR DATE OF SERVICE 3/15/18	23.48
06/12/18	INTEREST	FOR DATE OF SERVICE 3/15/18	3.45
08/15/18	COSTS	MONIES CREDITED TOWARDS COSTS	90.51
08/10/18	PMT BY CHECK	DOS 7/27/17-5/21/18* # 896D 91321226 TRAV	-469.50
11/15/18	COSTS	ADD'L COSTS AWARDED	365.00
11/16/18	PMT BY CHECK	DOS 12/16/16-5/21/18* # 1101819041 ZURICH	-365.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/19/18	70963

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080305606

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)

ATTN: DELIA ROBES
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs FLYING FOOD GROUP
Date Of Injury: 6/5/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ 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

American Zurich Ins. Co.

1010097900979

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00979

JAN 30 2017

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0305606 001 DD	WC 0170500	70963		06/05/14	12/16/16-12/16/16

Check Number	1101109385	Date Issued	01/25/17	Amount	$***156.50
Insured	Flying Food Group Inc				
Claimant					
Nature of Payment	MEDICAL-LEGAL COSTS				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Munna CG-Noorbai				
File Supervisor	Delia Robes	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC WAGE LOSS & DISABILITY	156.50		
TOTAL	$156.50		

[redacted]

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

1010087800878

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

00878

RECEIVED
JUN 18 2018

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0305606 001 A4	WC 0170500	70963		06/05/14	12/16/16-03/15/18

Check Number	1101661003	Date Issued	06/12/18	Amount	$***313.00
Insured	Flying Food Group Inc				
Claimant					
Nature of Payment	MEDICAL-LEGAL COSTS				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX # 4165				
Requested By	Neeraj Joshi				
File Supervisor	Irina Khan	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC WAGE LOSS & DISABILITY	313.00		

TOTAL $313.00

000078

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SB00037

896D 91321226

TRAVELERS

DATE: 08/10/18
LOSS DATE: 05/31/14
FILE NUMBER: 152 CB E9C7773 N

EMPLOYEE

ACCOUNT NAME:
FLYING FOOD GROUP

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: 7/27/2017 TO: 5/21/2018

TOTAL PAID: $469.50
TAX INFO: 330956713 Y C
PAY MISC: 70963
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

AUG 15 2018

FOR ADDITIONAL INFORMATION, CONTACT: KIRT HARRISON AT (909)612-3865

22010041
DETACH CHECK

UNSUMM
OVRPUNS2:121293

DETACH CHECK

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

Visit **enrollments.zurichna.com** to enroll in electronic payments.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

01102

PAID
NOV 19 2018

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0305606 001 A4	WC 0170500			06/05/14	12/16/16-05/21/18

Check Number	1101819041	**Date Issued**	11/16/18	**Amount**	$***365.00
Insured	Flying Food Group Inc				
Claimant					
Nature of Payment	FULL AND FINAL				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Neeraj Joshi				
File Supervisor	Irina Khan	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	365.00		
TOTAL	**$365.00**		