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

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

Final payments received within December 2018 - April 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
62034	5/7/14 - 2/25/15	12/11/18	$ 6,305.00	Initial exam ($485), 8 PR-2s ($485 each), EMG Testing ($485), Epidural ($485), Depo prep ($485), Board Appear (WCAB ANA) ($485), Lien filing fee ($150), P&I ($1,498.61), costs ($266.39)	$ 270.00	27065239	9/12/14	AIG/ Chartis
					$ 270.00	28687211	6/16/15	
					$ 90.00	2687209	6/16/15	
					$ 90.00	28687210	6/16/15	
					$ 7,500.00	33479167	12/7/18	
			TOTAL AMOUNT PAID =>		**$ 8,220.00**			
54791	9/6/12 - 9/18/18	3/11/19	$ 1,940.00	2 Initial exams ($485 each), PR-2 ($485), Board Appear (WCAB LBO) ($485), Lien activation fee ($100), P&I ($1,270.34), costs ($189.66)	$ 3,500.00	02747390	3/6/19	Amtrust/ ANA UBI
			TOTAL AMOUNT PAID =>		**$ 3,500.00**			
72371	8/4/17 - 10/19/18	4/8/19	$ 1,455.00	Depo prep ($485), Depo review ($485), Stip reading ($485), costs ($318)	$ 485.00	0140495826	10/4/17	Gallagher Bassett
					$ 485.00	0142697760	1/5/18	
					$ 485.00	0152490847	2/19/19	
					$ 318.00	0153448456	3/28/19	
			TOTAL AMOUNT PAID =>		**$ 1,773.00**			

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

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

Final payments received within December 2018 - April 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
64071	11/3/14 - 12/10/14	12/11/18	$ 970.00	Depo prep ($485), Depo review ($485), costs ($250)	$ 485.00	1223342447 5	12/12/14	Hartford
					$ 485.00	129378234 3	10/3/18	
					$ 250.00	129615595 1	12/5/18	
			TOTAL AMOUNT PAID =>		**$ 1,220.00**			
60155	10/23/13 - 2/19/15	4/11/19	$ 3,395.00	3 PR-2s ($485 each), P&S ($485), Depo review ($485), Board Appear (WCAB ANA) ($485), Lien filing fee ($150), P&I ($1,149.32), costs ($805.68)	$ 5,500.00	896D 92325383	4/5/19	Travelers
			TOTAL AMOUNT PAID =>		**$ 5,500.00**			

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#
12/11/18 62034

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
710918667

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

Case: vs TOWERJAZZ SEMICONDUCTOR CO.
Date Of Injury: 8/3/07-4/24/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/07/14	INITIAL EXAM	-DR BERNSTEIN @ INTERVENTIONA PAIN MGMT.	485.00
/ /	INTERPRETER:	LAN TRINH # 100303 LANG: VIETNAMESE	0.00
06/13/14	PR2/REEVAL	-DR BERNSTEIN @ IPM	485.00
/ /	INTERPRETER:	THE VINH TRAN # 100026	0.00
06/27/14	EMG TESTING	BY DR ALI: LOWER @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
09/12/14	PMT BY CHECK	DOS 5/7/14-6/27/14* =# 27065239	-270.00
08/01/14	PR2/REEVAL	-DR BERNSTEIN @ IPM	485.00
/ /	INTERPRETER:	THE VIN TRAN # 100026	0.00
09/05/14	PR2/REEVAL	-DR BERNSTEIN @ IPM	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/10/14	PR2/REEVAL	-DR BERNSTEIN @ IPM	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
11/14/14	MED_EXOTIC	-PR-2 W/DR ROSARIO @ IPM	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
11/24/14	MED_EXOTIC	-EPIDURAL: L/S W/DR BERNSTEIN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/15/14	MED_EXOTIC	-PR-2 W/DR BERNSTEIN & ROSARI	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/16/15	MED_EXOTIC	-PR-2 W/DR ROSARIO @ IPM	485.00
/ /	INTERPRETER:	JACQUELINE NGUYEN # 500241	0.00
02/13/15	LEGAL_EXOTIC	DEPO PREP @ L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/20/15	MED_EXOTIC	-PR-2 & TP INJ W/DR ROSARIO @ IPM	485.00
/ /	INTERPRETER:	VIET TRAN # 301678	0.00
02/25/15	LEGAL_EXOTIC	MSC @ WCAB SANTA ANA	485.00

Joyce Altman Interpreters, 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	62034

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
710918667

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

Case: (vs TOWERJAZZ SEMICONDUCTOR CO.
Date Of Injury: 8/3/07-4/24/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/31/15	PENALTIES	FOR DATE OF SERVICE 05/07/14	59.25
11/15/18	INTEREST	FOR DATE OF SERVICE 05/07/14	193.77
03/31/15	PENALTIES	FOR DATE OF SERVICE 06/13/14	59.25
03/31/15	INTEREST	FOR DATE OF SERVICE 06/13/14	31.36
03/31/15	PENALTIES	FOR DATE OF SERVICE 06/27/14	59.25
03/31/15	INTEREST	FOR DATE OF SERVICE 06/27/14	31.36
03/31/15	PENALTIES	FOR DATE OF SERVICE 09/12/14	72.75
03/31/15	INTEREST	FOR DATE OF SERVICE 09/12/14	37.74
03/31/15	PENALTIES	FOR DATE OF SERVICE 08/01/14	72.75
03/31/15	INTEREST	FOR DATE OF SERVICE 08/01/14	32.40
03/31/15	PENALTIES	FOR DATE OF SERVICE 09/05/14	72.75
03/31/15	INTEREST	FOR DATE OF SERVICE 09/05/14	27.05
03/31/15	PENALTIES	FOR DATE OF SERVICE 10/10/14	72.75
03/31/15	INTEREST	FOR DATE OF SERVICE 10/10/14	21.70
03/31/15	PENALTIES	FOR DATE OF SERVICE 11/14/14	72.75
03/31/15	INTEREST	FOR DATE OF SERVICE 11/14/14	20.17
03/31/15	PENALTIES	FOR DATE OF SERVICE 11/24/14	72.75
03/31/15	INTEREST	FOR DATE OF SERVICE 11/24/14	16.69
06/16/15	PMT BY CHECK	DOS 2/13/15-2/25/15* =# 28687211	-270.00
06/16/15	PMT BY CHECK	DOS 1/16/15* =# 28687210	-90.00
06/16/15	PMT BY CHECK	DOS 12/15/14* =# 28687209	-90.00
08/11/16	LIEN FIL FEE	LIEN FILING FEE	150.00
11/14/17	PENALTIES	FOR DATE OF SERVICE 2/13/15	72.75
06/16/15	INTEREST	FOR DATE OF SERVICE 2/13/15	12.53
07/24/18	INTEREST	FOR DATE OF SERVICE 2/13/15	151.33
11/14/17	PENALTIES	FOR DATE OF SERVICE 2/25/15	72.75
06/16/15	INTEREST	FOR DATE OF SERVICE 2/25/15	11.92
07/24/18	INTEREST	FOR DATE OF SERVICE 2/25/15	150.84
11/15/18	COSTS	ADD'L COSTS AWARDED	266.39

Joyce Altman Interpreters, 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	62034

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
710918667

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

Case: vs TOWERJAZZ SEMICONDUCTOR CO.
Date Of Injury: 8/3/07-4/24/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/07/18	PMT BY CHECK	DOS 11/15/18* # 33479167	-7500.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ or Petitioner is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Applic of Adjud, 4600 Election letter, Depo Transcript, Complete 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

AMERICAN INTERNATIONAL GROUP - (LMS)
P.O. Box 9918
Amarillo, TX 79105-5918

201409121607

Electronic Service Requested

MIXED AADC 926
3138 1.2556 MB 0.432
JOYCE ALTMAN INTERPRETERS INC 156
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 3138 1 OF 6 F

Check No.: 27065239
RFP No.: 241374
Check Date: 09/12/2014
Check Amount: 270.00
Insured: JAZZ TECHNOLOGIES, INC.

Claimant:

Claim Office: 710
Insuring Company: THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

Payee Name: JOYCE ALTMAN INTERPRETERS

62034

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000045850771	00918667	01	12/17/2013	MED	O	270.00
				Total Amount		270.00

Reason for Payment
ORG: 1455.00 050714-062714

Use File # 710/00918667 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID SEP 15 2014

[redacted]

AIG

EXPLANATION OF BILL REVIEW

Invoice #: 1425200907
Control #: 26142330069800

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

ENV 3138 2 OF 6 F

MIXED AADC 926
3138 1.2556 MB 0.432

JOYCE ALTMAN INTERPRETERS INC 156
PO BOX 4165
TUSTIN, CA 92781-4165

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

Tax ID: 330956713
State License #:
NPI #:

Rendering Provider:
JOYCE ALTMAN INTERPRETERS INC
Tax ID/NPI #:

Claim #: 7109186670000
Claimant:
Date of Injury: 12/17/2013
Claimant SSN:

State Claim #:
Patient Acct #:
Service Dates: 05/07/2014-06/27/2014

Policy #: 000045850771
Employer: JAZZ TECHNOLOGIES, INC.
Insurer: INS CO OF THE STATE OF PA

Date Received: 08/15/2014
Date Reviewed: 09/09/2014
Date Processed: 09/11/2014

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
05/07/2014	T1013	T1013	8.00	485.00	90.00	0.00	90.00	1 ,1 ,2
06/13/2014	T1013	T1013	8.00	485.00	90.00	0.00	90.00	1 ,1 ,2
06/27/2014	T1013	T1013	8.00	485.00	90.00	0.00	90.00	1 ,1 ,2
		Totals		1,455.00	270.00	0.00	270.00	

Diagnosis:
9599 INJURY, OTHER AND UNSPECIFIED, UNSPECIFIED SITE

1 -(BARC - G1) The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.

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, 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 employ
er 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

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

CONTINUED

P4000028000

201506164005

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

Electronic Service Requested

62034

ENV 46 5 OF 9 F

SINGLE PIECE

46 1.9115 SP 0.705

JOYCE ALTMAN INTERPRETERS INC 1
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 28687211
RFP No.: 906471
Check Date: 06/16/2015
Check Amount: 270.00
Insured: JAZZ TECHNOLOGIES, INC.

Claimant:

Claim Office: 710
Insuring Company: THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID JUN 19 2015

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000045850771	00918667	001	12/17/2013	MED	O	270.00
					Total Amount	270.00

Reason for Payment
ORG: 6305.00 ACT: NA 050714-022515

Use File # 710/00918667 on all correspondence for prompt processing.
For check information call: 877-802-5246

AIG

EXPLANATION OF BILL REVIEW

Invoice #: 1509606409
Control #: 06151120049502

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

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

Tax ID: 330956713
State License #:
NPI #:

Rendering Provider:
JOYCE ALTMAN INTERPRETERS INC
Tax ID/NPI #:

Claim #: 7109186670000
Claimant:
Date of Injury: 12/17/2013
Claimant SSN:

State Claim #:
Patient Acct #: NA
Service Dates: 05/07/2014-02/25/2015

Policy #: 000045850771
Employer: JAZZ TECHNOLOGIES, INC.
Insurer: INS CO OF THE STATE OF PA

Date Received: 04/06/2015
Date Reviewed: 06/11/2015
Date Processed: 06/15/2015

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
05/07/2014	T1013	T1013	8.00	485.00	0.00	0.00	0.00	1
06/13/2014	T1013	T1013	8.00	485.00	0.00	0.00	0.00	1
06/27/2014	T1013	T1013	8.00	485.00	0.00	0.00	0.00	1
08/01/2014	T1013	T1013	8.00	485.00	0.00	0.00	0.00	1 ,2 ,3
09/05/2014	T1013	T1013	8.00	485.00	0.00	0.00	0.00	1 ,2
10/10/2014	T1013	T1013	8.00	485.00	0.00	0.00	0.00	1 ,2
11/14/2014	T1013	T1013	8.00	485.00	0.00	0.00	0.00	1 ,2
11/24/2014	T1013	T1013	8.00	485.00	0.00	0.00	0.00	1 ,4
12/15/2014	T1013	T1013	8.00	485.00	0.00	0.00	0.00	1
01/16/2015	T1013	T1013	8.00	485.00	0.00	0.00	0.00	1
02/13/2015	T1013	T1013	8.00	485.00	90.00	0.00	90.00	5 ,6
02/20/2015	T1013	T1013	8.00	485.00	90.00	0.00	90.00	5 ,6
02/25/2015	T1013	T1013	8.00	485.00	90.00	0.00	90.00	5 ,6
			Totals	6,305.00	270.00	0.00	270.00	

Diagnosis:
9599 UNSPECIFIED SITE INJURY

1 -DUPLICATE CHARGE
2 -This workers' compensation claim has been denied.
3 -Bill previously denied. Our decision remains the same.
4 -Claim is being disputed, therefore no payment is being made at t his time.
5 -The charge for the procedure exceeds the amount indicated In the fee schedule.
6 -The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.
* -1In accordance with section 9789.12.2(a) of the California Official Medical Fee Schedule, reimbursement is based on the non-facility site of service calculation. (PNFC)
* -California is a jurisdictional state. This review has been conducted based on the Official Medical Fee Schedule (OMFS) or other criteria that apply to your bill within California jurisdiction. (Z005)
* -California Labor Code Section 4600.2 allows a carrier to enter into a contractual agreement with a pharmacy network . AIG and

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

CONTINUED

P4000028000

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

201506164005

62934

Electronic Service Requested

SINGLE PIECE
46 1.9115 SP 0.705

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

1OF9F

ENV 46

Check No.: 28687209
RFP No.: 906304
Check Date: 06/16/2015
Check Amount: 90.00
Insured: JAZZ TECHNOLOGIES, INC.

Claimant:

Claim Office: 710
Insuring Company: THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID JUN 19 2015

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000045850771	00918667	001	12/17/2013	MED	O	90.00
					Total Amount	90.00

Reason for Payment
ORG: 4365.00 ACT: N/A 050714-121514

Use File # 710/00918667 on all correspondence for prompt processing.
For check information call: 877-802-5246

[redacted]

AIG

EXPLANATION OF BILL REVIEW

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

Invoice #: 1506501256
Control #: 06150980362902

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

Tax ID: 330956713
State License #:
NPI #:

Rendering Provider:
JOYCE ALTMAN INTERPRETERS INC
Tax ID/NPI #:

Claim #: 7109186670000
Claimant:
Date of Injury: 12/17/2013
Claimant SSN:

State Claim #:
Patient Acct #: N/A
Service Dates: 05/07/2014-12/15/2014

Policy #: 000045850771
Employer: JAZZ TECHNOLOGIES, INC.
Insurer: INS CO OF THE STATE OF PA

Date Received: 04/06/2015
Date Reviewed: 06/11/2015
Date Processed: 06/15/2015

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
05/07/2014	T1013	T1013	8.00	485.00	0.00	0.00	0.00	1
06/13/2014	T1013	T1013	8.00	485.00	0.00	0.00	0.00	1
06/27/2014	T1013	T1013	8.00	485.00	0.00	0.00	0.00	1
08/01/2014	T1013	T1013	8.00	485.00	0.00	0.00	0.00	1 ,2 ,3
09/05/2014	T1013	T1013	8.00	485.00	0.00	0.00	0.00	1 ,2 ,3
10/10/2014	T1013	T1013	8.00	485.00	0.00	0.00	0.00	1 ,2 ,3
11/14/2014	T1013	T1013	8.00	485.00	0.00	0.00	0.00	1 ,2 ,3
11/24/2014	T1013	T1013	8.00	485.00	0.00	0.00	0.00	1 ,2 ,3
12/15/2014	T1013	T1013	8.00	485.00	90.00	0.00	90.00	4 ,5
		Totals		4,365.00	90.00	0.00	90.00	

Diagnosis:
9599 UNSPECIFIED SITE INJURY

1 -DUPLICATE CHARGE
2 -This workers' compensation claim has been denied.
3 -Bill previously denied. Our decision remains the same.
4 -The charge for the procedure exceeds the amount indicated in the fee schedule.
5 -The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.
* -1In accordance with section 9789.12.2(a) of the California Official Medical Fee Schedule, reimbursement is based on the non-facility site of service calculation. (PNFC)
* -California is a jurisdictional state. This review has been conducted based on the Official Medical Fee Schedule (OMFS) or other criteria that apply to your bill within California jurisdiction. (Z005)
* -California Labor Code Section 4600.2 allows a carrier to enter into a contractual agreement with a pharmacy network . AIG and AIG Claims, Inc. have entered into a contractual agreement with TMESYS a Pharmacy Benefit Network. As of March 1, 2011 all pharmacy transactions should be processed through TMESYS. For questions regarding how to process transactions through TMESYS please call 1-800-682-4491. (Z356)
* -Request for Second Review. After an EOR is received on an original bill submission, a healthcare provider, healthcare facility, or billing agent, assignee that disputes the amount paid may submit an appeal, reconsideration, Request for Second Review to the

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

CONTINUED

P4000028000

20150616400S

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

62034

Electronic Service Requested

3 OF 9 F

ENV 46

SINGLE PIECE

46 1.9115 SP 0.705

JOYCE ALTMAN INTERPRETERS INC 1
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 28687210
RFP No.: 906311
Check Date: 06/16/2015
Check Amount: 90.00
Insured: JAZZ TECHNOLOGIES, INC.

Claimant:

Claim Office: 710
Insuring Company: THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID JUN 19 2015

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000045850771	00918667	001	12/17/2013	MED	O	90.00
					Total Amount	90.00

Reason for Payment
ORG: 4850.00 ACT: N/A 050714-011615

Use File # 710/00918667 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028003

20150616400S

AIG

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

EXPLANATION OF BILL REVIEW

Invoice #: 1507507042
Control #: 06151200083802

4 OF 9 F

ENV 46

SINGLE PIECE
46 1.9115 SP 0.705

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

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

Tax ID: 330956713
State License #:
NPI #:

Rendering Provider:
JOYCE ALTMAN INTERPRETERS INC
Tax ID/NPI #:

Claim #: 7109186670000
Claimant: [redacted]
Date of Injury: 12/17/2013
Claimant SSN:

State Claim #:
Patient Acct #: N/A
Service Dates: 05/07/2014-01/16/2015

Policy #: 000045850771
Employer: JAZZ TECHNOLOGIES, INC.
Insurer: INS CO OF THE STATE OF PA

Date Received: 04/06/2015
Date Reviewed: 06/11/2015
Date Processed: 06/15/2015

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
05/07/2014	T1013	T1013	8.00	485.00	0.00	0.00	0.00	1
06/13/2014	T1013	T1013	8.00	485.00	0.00	0.00	0.00	1
06/27/2014	T1013	T1013	8.00	485.00	0.00	0.00	0.00	1
08/01/2014	T1013	T1013	8.00	485.00	0.00	0.00	0.00	1 ,2 ,3
09/05/2014	T1013	T1013	8.00	485.00	0.00	0.00	0.00	1 ,2
10/10/2014	T1013	T1013	8.00	485.00	0.00	0.00	0.00	1 ,2
11/14/2014	T1013	T1013	8.00	485.00	0.00	0.00	0.00	1 ,2
11/24/2014	T1013	T1013	8.00	485.00	0.00	0.00	0.00	1 ,4
12/15/2014	T1013	T1013	8.00	485.00	0.00	0.00	0.00	1
01/16/2015	T1013	T1013	8.00	485.00	90.00	0.00	90.00	5 ,6
		Totals		4,850.00	90.00	0.00	90.00	

Diagnosis:
9599 UNSPECIFIED SITE INJURY

1 -DUPLICATE CHARGE
2 -This workers' compensation claim has been denied.
3 -Bill previously denied. Our decision remains the same.
4 -Claim is being disputed, therefore no payment is being made at t his time.
5 -The charge for the procedure exceeds the amount indicated in the fee schedule.
6 -The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.
* -1In accordance with section 9789.12.2(a) of the California Official Medical Fee Schedule, reimbursement is based on the non-facility site of service calculation. (PNFC)
* -California is a jurisdictional state. This review has been conducted based on the Official Medical Fee Schedule (OMFS) or other criteria that apply to your bill within California jurisdiction. (Z005)
* -California Labor Code Section 4600.2 allows a carrier to enter into a contractual agreement with a pharmacy network . AIG and AIG Claims, Inc. have entered into a contractual agreement with TMESYS a Pharmacy Benefit Network. As of March 1, 2011 all pharmacy transactions should be processed through TMESYS. For questions regarding how to process transactions through TMESYS please call 1-800-682-4491. (Z356)

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

CONTINUED

P4000028001

20181207013I

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

Electronic Service Requested

3 OF 3 F

ENV 26537

ALL FOR AADC 926
26537 0.7648 AB 0.405

JOYCE ALTMAN INTERPRETERS INC 250
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 33479167
RFP No.: 700785
Check Date: 12/07/2018
Check Amount: 7,500.00
Insured: JAZZ TECHNOLOGIES, INC.

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
000045850771	00918667	001	12/17/2013	MED	O	7,500.00

Total Amount 7,500.00

Reason for Payment
LIEN RESOLVE/ADJ 9454061

DEC 11 2018

Use File # 710/00918667 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: 00918667 Policy No.: 000045850771
Reason for Payment LIEN RESOLVE/ADJ 9454061

*********Seven Thousand Five Hundred Dollars***

CHECK No. 33479167
RFP No. 00700785
DATE 12/07/2018

AMOUNT PAID
*******$7,500.00

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

⑈33479167⑈ ⑆021309379⑆ 7864205391⑈

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

*** INVOICE ***
Date NO#
03/11/19 54791

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
829764

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

Case: vs H MART LOGISTICS INC
Date Of Injury: 9/12/11

DOS	SERVICE	DESCRIPTION	AMOUNT
09/06/12	INITIAL EXAM	DR AGUIRRE @ NOGALES PSYCHOLOGICAL COUNSELING	485.00
/ /	INTERPRETER:	CHANSUN NISHIMUNA # 301033 (LANG: KOREAN)	0.00
11/21/12	PR2/REEVAL	DR KIM (LANG: KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
11/27/12	INITIAL EXAM	DR ARCHIE MAYS (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
11/25/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
09/18/18	LEGAL_EXOTIC	TRIAL @ WCAB LONG BEACH	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
12/18/18	PENALTIES	FOR DATE OF SERVICE 09/06/12	72.75
02/25/19	INTEREST	FOR DATE OF SERVICE 09/06/12	357.11
02/25/19	PENALTIES	FOR DATE OF SERVICE 11/21/12	72.75
02/25/19	INTEREST	FOR DATE OF SERVICE 11/21/12	347.49
02/25/19	PENALTIES	FOR DATE OF SERVICE 11/27/12	72.75
02/25/19	INTEREST	FOR DATE OF SERVICE 11/27/12	347.49
02/25/19	COSTS	ADD'L COSTS AWARDED	189.66
03/06/19	PMT BY CHECK	DOS 2/25/19* # 02747390	-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

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02747390
829764-1
SWC1002664

DATE	AMOUNT
3/6/2019	$3,500.00

Three 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

⑈02747390⑈ ⑆021309379⑆ 79026263⑈

PAID
MAR 11 2019

BY: .....

Check Number	02747390
Claim Number:	829764-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1002664/H Mart Logistics Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	9/12/2011
Location:	605 Freeway Downey CA 90650 -
Examiner Code:	29427

Amount:	$3,500.00
Dates of Service:	2/25/2019-2/25/2019
Explanation:	Order
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#
04/08/19 72371

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
005645-000562WC01

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

Case: vs KW TRANSPORTATION INC
Date Of Injury: 3/28/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/04/17	LEGAL_EXOTIC	DEPO PREP @ L/O DENNIS FUSI LANG: KOREAN	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
10/04/17	PMT BY CHECK	DOS 8/4/17* # 0140495826	-485.00
11/03/17	LEGAL_EXOTIC	DEPO REVIEW @ L/O DENNIS FUSI	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
01/05/18	PMT BY CHECK	DOS 11/3/17* # 0142697760	-485.00
10/19/18	LEGAL_EXOTIC	STIP READING @ L/O DENNIS FUSI	485.00
/ /	INTERPRETER:	HAESOON PARK # 301457	0.00
02/19/19	PMT BY CHECK	DOS 10/19/18* # 0152490847	-485.00
03/25/19	COSTS	ADD'L COSTS AWARDED	318.00
03/28/19	PMT BY CHECK	DOS 8/4/17-2/15/19* # 0153448456	-318.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ or Petitioner is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Applic of Adjud, 4600 Election letter, Depo Transcript, Complete 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

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

005645 PAGE 1 OF 1 003910

M

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

PAID
OCT 11 2017

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

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

**

CLAIM NO.: 005645 000562 WC 01 (PCP0006904)
CLAIMANT:
DESCRIPTION: INV #: 72371

BRANCH NO.: 502
ACC DATE: 28Mar17

NO.: 0140495826
VN: 0000018427
DATE: 04Oct17

DATES OF SERVICE: 04Aug17 **THRU** 04Aug17
BENEFIT PERIOD: **THRU**

AMOUNT: 485.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004752 005498 002 002

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

CHECK NO. 0140495826 003910
VN. 0000018427
DATE: 04Oct17 62-20/311

NOT VALID AFTER 21 DAYS
PAY EXACTLY
$ **485.00

CLAIM NO.: 005645 000562 WC 01 (PCP0006904) **BRANCH NO.:** 502
PAY FOUR HUNDRED EIGHTY-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

⑈0140495826⑈ ⑆031100209⑆ 4007490⑈

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

005645 PAGE 1 OF 1 005416

✓EMR

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

JAN 1 1 2018

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

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

CLAIM NO.: 005645 000562 WC 01 (PCP0006904)
CLAIMANT:
DESCRIPTION: INV #: 72371

BRANCH NO.: 502
ACC DATE: 28Mar17

NO.: 0142697760
VN: 0000020514
DATE: 05Jan18

DATES OF SERVICE: 03Nov17 **THRU** 03Nov17
BENEFIT PERIOD: **THRU**

AMOUNT: 485.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0008009 008998 002 003

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

CHECK NO. 0142697760 005416
VN. 0000020514
DATE: 05Jan18 62-20/311

CLAIM NO.: 005645 000562 WC 01 (PCP0006904) **BRANCH NO.:** 502

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **485.00

PAY FOUR HUNDRED EIGHTY-FIVE 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

⑈0142697760⑈ ⑆031100209⑆ 4007490⑈

GB-CARRIER CALIFORNIA NORTH WC
PO BOX 2934
CLINTON IA 52733-2934

005645 PAGE 1 OF 1

EMR

MDG2009 00004242 1 MB .428 1

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

PAID
FEB 26 2019

BY: .....

72371

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

DIRECT CHECK INQUIRIES TO:
PHONE: 916-576-8200
GB-CARRIER CALIFORNIA NORTH WC
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 005645 000562 WC 02 (PCP0006904)
CLAIMANT:
DESCRIPTION: ADJ 10852988

BRANCH NO.: 502
ACC DATE: 28Mar17

NO.: 0152490847
VN: 0000029066
DATE: 19Feb19
AMOUNT: 485.00

DATES OF SERVICE: 19Oct18 **THRU** 19Oct18
BENEFIT PERIOD: **THRU**

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004242 004733 001 001

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

CHECK NO. 0152490847 003010
VN. 0000029066
DATE: 19Feb19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **485.00

CLAIM NO.: 005645 000562 WC 02 (PCP0006904) **BRANCH NO.:** 502
PAY FOUR HUNDRED EIGHTY-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

⑈0152490847⑈ ⑆031100209⑆ 4007490⑈

GB-CARRIER CALIFORNIA NORTH WC
PO BOX 2934
CLINTON IA 52733-2934

MDG2009 00001206 1 MB .428 1

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

4

PAID
APR 08 2019

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

DIRECT CHECK INQUIRIES TO:
PHONE: 916-576-8200
GB-CARRIER CALIFORNIA NORTH WC
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 005645 000562 WC 02 (PCP0006904)
CLAIMANT:
DESCRIPTION: FULL AND FINAL FOR THIS CLAIM

BRANCH NO.: 502
ACC DATE: 28Mar17

NO.: 0153448456
VN: 0000029800
DATE: 28Mar19

DATES OF SERVICE: 04Aug17 **THRU** 15Feb19
BENEFIT PERIOD: **THRU**

AMOUNT: 318.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0001206 002360 001 001

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

CHECK NO. 0153448456 012831
VN. 0000029800
DATE: 28Mar19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **318.00

CLAIM NO.: 005645 000562 WC 02 (PCP0006904) **BRANCH NO.:** 502
PAY THREE HUNDRED EIGHTEEN 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

⑈0153448456⑈ ⑆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#
12/11/18 64071

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMQ33073

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

Case: vs OMEGA ENGINEERING
Date Of Injury: 9/11/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/03/14	LEGAL_EXOTIC	DEPO PREP @ L/O NORMAN HOMEN LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/12/14	PMT BY CHECK	DOS 11/3/14* # 123342447 5	-485.00
12/10/14	LEGAL_EXOTIC	DEPO REVIEW @ L/O OF NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/03/18	PMT BY CHECK	DOS 12/10/14* # 129378234 3	-485.00
12/03/18	COSTS	ADD'L COSTS AWARDED	250.00
12/05/18	PMT BY CHECK	DOS 12/4/18* # 129615595 1	-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 **

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

04071

PAID DEC 22 2014

THE HARTFORD

000011
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00012

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
09-11-13	39WN MF5370 YMQC 33073	SPECTRIS, INC		$485.00
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Source Payment	Service Dates 11-03-2014 11-03-2014	$485.00

Claim Handler: Angela Sanders
866/401-9222
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

*200012 123424475

Please keep the above information for your records.

107727679

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: 123424475
Issue Date: 12-12-2014
Benefit Period: 11-03-2014 to 11-03-2014

$**********485.00

JPMorgan Chase Bank, N.A.
Columbus, OH 43085

Pay

FOUR HUNDRED EIGHTY-FIVE DOLLARS AND 00/100

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

VOID

Authorized Signature

107727679

⑈123424475⑈ ⑆044115443⑆ 632559738⑈

M

Centralized Workers Compensation Claim Center
PO Box 14267
Lexington KY 40512-4267
8664019222 x2308177

001767 1/1

MB 01 001767 58660 B 8 A

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

PAID
OCT 09 2018

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
64071 ✓ 09/11/2013	39WN MF5370 YMQC 33073	SPECTRIS INC/NEWPORT ELECTRONICS (AN OMEGA CO.)		$485.00
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Payment Reason - Interpreter Fees at Hmg	Service Dates 12/10/2014 12/10/2014	$485.00

Claim Handler: KASIE KELLAR
8664019222 x2308177
Centralized Workers Compensation Claim Center
PO Box 14267
Lexington, KY 40512-4267

Additional Comments:

Issue Date	10/03/2018	Check Number	129378234 3	Total Check Amount	$485.00

Please keep the above information for your records.

119714235

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

Centralized Workers Compensation Claim Center
PO Box 14267
Lexington KY 40512-4267
8664019222 x2308177

MB 01 001710 11263 B 7 D

001710 1/1

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

DEC 1 1 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
ALL 09/11/2013	39WN MF5370 YMQC 33073	SPECTRIS INC/NEWPORT ELECTRONICS (AN OMEGA CO.)		$250.00
Nature of Benefits: Translation Services		Nature of Payment: Payment Reason - Translation Services	Service Dates 12/04/2018 12/04/2018	$250.00

Claim Handler: KASIE KELLAR
8664019222 x2308177
Centralized Workers Compensation Claim Center
PO Box 14267
Lexington, KY 40512-4267

Additional Comments:

Issue Date	12/05/2018	Check Number	129615595 1	Total Check Amount	$250.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

117192217

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

*** INVOICE ***
Date NO#
04/11/19 60155

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
EHJ2901; ESB9768

BILL TO:
SAINT PAUL TRAVELERS (DALLAS)
W. C. DEPARTMENT
ATTN: HECTOR LOPEZ
P.O. BOX # 660055
DALLAS, TX 75266

Case: vs EDWARDS LIFESCIENCES
Date Of Injury: 6/28/10; 5/10/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/23/13	PR2/REEVAL	-DR MOHEIMANI @ COAST SPINE & SPORTS MEDICINE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
11/20/13	PR2/REEVAL	-DR MOHEIMANI @ COAST SPINE LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/27/13	PR2/REEVAL	-DR MOHEIMANI @ COAST SPINE & SPORTS MEDICINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
01/22/14	P AND S	-DR MOEIMANI @ COAST SPINE & SPORTS MEDICINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
03/13/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/01/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
02/19/15	LEGAL_EXOTIC	MSC @ WCAB SANTA ANA	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/11/16	LIEN FIL FEE	LIEN FILING FEE	150.00
11/17/17	PENALTIES	FOR DATE OF SERVICE 3/13/14	72.75
02/23/18	INTEREST	FOR DATE OF SERVICE 3/13/14	217.14
11/17/17	PENALTIES	FOR DATE OF SERVICE 2/19/15	72.75
02/23/18	INTEREST	FOR DATE OF SERVICE 2/19/15	162.89
02/23/18	PENALTIES	FOR DATE OF SERVICE 7/01/14	72.75
02/23/18	INTEREST	FOR DATE OF SERVICE 7/01/14	197.12
03/18/19	PENALTIES	FOR DATE OF SERVICE 1/22/14	72.75
03/18/19	INTEREST	FOR DATE OF SERVICE 1/22/14	281.17
03/18/19	COSTS	ADD'L COSTS AWARDED	805.68
04/05/19	PMT BY CHECK	DOS 4/2/19* # 896D 92325383	-5500.00

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

*** INVOICE ***

Date	NO#
04/11/19	60155

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
EHJ2901; ESB9768

BILL TO:
SAINT PAUL TRAVELERS (DALLAS)
W. C. DEPARTMENT
ATTN: HECTOR LOPEZ
P.O. BOX # 660055
DALLAS, TX 75266

Case: vs EDWARDS LIFESCIENCES
Date Of Injury: 6/28/10; 5/10/12

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 **

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SE01709

896D 92325383

TRAVELERS

DATE: 04/05/19
LOSS DATE: 06/28/10
FILE NUMBER: 152 CB EHJ2901 M
REFERENCE #: 1022103092SW
EMPLOYEE

JOYCE ALTMAN INTERPRETERS INC
PO BOX # 4165
TUSTIN CA 92781

ACCOUNT NAME:
EDWARDS LIFESCIENCES CORPORAT

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 04/02/19

TOTAL PAID: $5500.00
TAX INFO: 330956713 Y

PAID
APR 11 2019
BY.....

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: HECTOR LOPEZ AT (909)612-3098

095017950
DETACH CHECK

UNSUMM-11131
OVRPUNS2-12129
DETACH CHECK