2018 Market Rate Summary Graph
(per 8 CCR, Article 5.7)
Misc. Market Rate payments received within July 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
71080	2/22/2017	8/31/2018	$ 250.00	Depo review	$ 250.00	228668	8/28/2018	American Claims
68843	3/7/16 - 3/1/17	8/13/2018	$ 2,400.00	F/u chiro ($90), 9 f/u acup ($180 each), 3 PR-2s ($180 each), Lien filing fee ($150)	$ 2,400.00	02413477	8/7/2018	Amtrust/ ANA UBI
67916	11/9/15 - 5/12/16	7/26/2019	$ 1,250.00	Initial exam ($230), 4 PR-2s ($180 each), Epidural ($150), Lien filing fee ($150)	$ 1,250.00	04049851	7/23/2019	Amtrust/ Technology Ins
69975	7/6/16 - 11/2/16	4/10/2019	$ 4,260.00	Initial exam ($230), Initial acup ($230), 4 PR-2s ($180 each), 15 f/u acup ($180 each), P&S ($230), Lien filing fee ($150)	$ 4,260.00	02800873	4/5/2019	Amtrust/ ANA UBI
71185	1/24/17 - 2/2/17	8/28/2018	$ 690.00	2 Initial exams ($230 each), Initial acup ($230)	$ 690.00	03557367	8/22/2018	Amtrust/ Technology Ins
71801	5/10/17 - 6/12/17	10/9/2018	$ 360.00	Pre-op ($180), Admission ($180)	$ 360.00	02497989	10/3/2018	Amtrust/ Techmology Ins

2018 Market Rate Summary Graph
(per 8 CCR, Article 5.7)
Misc. Market Rate payments received within July 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
73304	1/31/18 - 7/24/18	8/20/2018	$ 1,460.00	Initial exam ($230),6 PR-2s ($180 each), F.I.M. ($150)	$ 1,460.00	02429101	8/15/2018	Amtrust/ ANA UBI
73456	2/23/18 - 4/20/18	2/27/2019	$ 590.00	2 PR-2s ($180 each), P&S ($230)	$ 590.00	02729870	2/22/2019	Amtrust/ ANA UBI
69836	6/22/16 - 7/27/16	5/24/2019	$ 1,330.00	Initial exam ($230),8 f/u chiro ($90), P&S ($230), Lien filing fee ($150)	$ 1,330.00	71936	5/21/2019	Athens Admistrators
73570	3/8/2018	4/26/2019	$ 180.00	PR-2	$ 180.00	825722	4/24/2019	Berkshire Hathaway
73239	1/19/18 - 2/16/18	7/31/2019	$ 360.00	2 PR-2s ($180 each)	$ 360.00	2510257	7/29/2019	Berkshire/ Redwood Fire

2018 Market Rate Summary Graph
(per 8 CCR, Article 5.7)
Misc. Market Rate payments received within July 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
72912	8/21/14 - 9/9/15	4/2/2019	$ 7,237.50	3 Initial exams ($230 each), Initial chiro ($90), FCE ($150), Initial acup ($230), 21 PR2s ($180 each), PR-2 ($180) , 8 f/u acup ($180 each), P&S (230)	$ 7,237.50	00005203	3/26/2019	Carl Warren
65296	3/3/15 - 11/16/15	8/9/2019	$ 1,280.00	Initial exam ($230), 5 PR-2s ($180 each), Lien filing fee ($150)	$ 1,280.00	144638570	8/6/2019	Cannon Cochran
73352	2/2/18 - 3/6/18	4/5/2019	$ 410.00	PR-2 ($180), P&S ($230)	$ 410.00	161631230	4/2/2019	Cannon Cochran
51566	2/8/2012	7/25/2018	$ 765.00	Surgery ($180 per 2 hours)	$ 765.00	33153682	7/20/2018	Chartis/ AIG

2018 Market Rate Summary Graph
(per 8 CCR, Article 5.7)
Misc. Market Rate payments received within July 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
43595	5/20/15 - 4/19/17	10/29/2018	$ 876.00	3 Board Appear (WCAB LBO) ($156.50 each), Prep ($156.50) & Depo review ($250)	$ 876.00	81550436	10/19/2018	Ciga
66591	4/30/15 - 7/20/16	10/2/2018	$ 4,080.00	2 Initial exam ($230 each), 18 PR-2s (180), P&S ($230), Lien filing fee ($150)	$ 4,080.00	81533055	9/27/2018	Giga/ Lua
73195	1/2/2018	5/14/2019	$ 230.00	Initial exam	$ 230.00	3197868	5/6/2019	Corvel Enterprise Comp. Inc.
62087	4/14/14 - 1/27/15	2/26/2019	$ 2,860.00	Initial exam ($230), 2 FCEs ($150 each), EMG ($150), 10 PR-2s (180 each), P&S ($230), Lien filing fee ($150)	$ 2,860.00	011947350	2/20/2019	Disney Worldwide Inc.

2018 Market Rate Summary Graph
(per 8 CCR, Article 5.7)
Misc. Market Rate payments received within July 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
72687	9/13/17 - 2/13/18	9/4/2018	$ 2,410.00	2 Initial exams ($230 each), 12 f/u chiro ($90 each), 4 PR-2s (180 each)	$ 2,410.00	13887319	8/30/2018	Employers Ins.
70899	11/10/16 - 12/21/17	4/25/2019	$ 5,740.00	Initial exam ($230),Initial acup ($230), 14 f/u acup ($180 each), 13 PR-2s ($180 each), Initial chiro ($90 each), 2 f/u chiro (90 each), Lien filing fee ($150)	$ 5,740.00	FE63747956	4/22/2019	ACE/ESIS
66005	3/31/15 - 9/25/17	7/1/2019	$ 2,100.00	3 Initial exam ($230 each), 7 PR-2s ($180), Lien filing fee ($150)	$ 2,100.00	155518925	6/24/2019	Gallagher Bassett
68341	1/25/16 - 4/27/16	8/9/2019	$ 1,390.00	Initial exam ($230), Initial acup ($230), f/u chiro ($90), 2 PR-2s (180 each), f/u acup ($180), FCE ($150) & Lien filing ($150)	$ 1,390.00	0156452425	8/1/2019	Gallagher Bassett
68752	3/2/16 - 4/13/16	8/2/2019	$ 540.00	2 f/u chiro ($90 each), 2 PR-2S ($180 each)	$ 540.00	0156292732	7/25/2019	Gallagher Bassett

2018 Market Rate Summary Graph
(per 8 CCR, Article 5.7)
Misc. Market Rate payments received within July 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
71120	1/13/17 - 10/30/17	6/4/2019	$ 1,820.00	Initial exam ($230), 8 f/u chiro ($90), 4 PR-2s ($180 each), Lien filing fee ($150)	$ 1,820.00	0154897868	5//28/19	Gallagher Bassett
72510	8/18/17 - 10/1/17	5/7/2019	$ 406.50	Prep ($156.50, Depo review ($250)	$ 406.50	0154222260	5/1/2019	Gallagher Bassett
73075	12/14/17 - 7/16/18	9/12/2018	$ 1,360.00	Initial exam ($230), Initial acup ($230),4 PR-2s ($180 each), f/u acup ($180)	$ 1,360.00	0148608863	9/7/2018	Gallagher Bassett
73561	3/6/2018	3/18/2019	$ 230.00	P&S	$ 230.00	0152967209	3/10/2019	Gallagher Bassett

2018 Market Rate Summary Graph
(per 8 CCR, Article 5.7)
Misc. Market Rate payments received within July 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
66044	8/8/13 - 12/10/14	12/6/2018	$ 13,320.00	2 Initial exam ($230 each) 24 ($180) 6 Physical therapy ($90 each), Final Physical therapy ($90) EMG ($150), 2 FCE ($150 each) Initial acup ($230), 27 f/u acup ($180 each), 3 L.I.N.T. (150 each), P&S ($230)	$ 13,320.00	3255146	11/29/2018	Intercare Ins
70245	9/29/2017	10/10/2018	$ 250.00	C & R reading	$ 250.00	03216315	10/4/2018	Liberty Mutual
39541	3/4/11 - 4/5/12	9/10/2018	$ 1,280.00	3 PR-2s ($180 each), 2 f/u acup ($180 each) FCE ($15), P&S ($230)	$ 1,280.00	528611	9/4/2018	Midwest Ins
70705	10/13/16 - 1/24/17	9/25/2018	$ 2,900.00	2 Initial exam ($230 each), Initial acup ($230), 5 f/u acup $ ($180 each), 5 PR-2s ($180 each), 2 shock wave ($150 each)	$ 2,900.00	01133672	9/21/2018	PacificComp
71153	6/27/17 3/13/18	11/5/2018	$ 720.00	4 PR-2s ($180 each)	$ 720.00	900019	11/2/2018	Patriot Risk/ Creative Risk

2018 Market Rate Summary Graph
(per 8 CCR, Article 5.7)
Misc. Market Rate payments received within July 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
57640	1/2/13 - 2/1/13	8/2/2018	$ 870.00	4 PR-2s ($180 each)	$ 870.00	CU-400754	7/31/2018	SCIF
62228	4/25/14 - 10/21/14	9/19/2018	$ 1,720.00	2 Initial exam ($230 each), 7 PR-2s ($180 each)	$ 1,720.00	CU-406421	9/17/2018	SCIF
69225	4/5/16 - 7/14/16	9/17/2018	$ 3,130.00	Initial exam ($230), Initial acup ($230), 11 f/u acup ($180 each), 3 PR-2s ($180 each), Lien filing fee ($150)	$ 3,130.00	CP-022746	9/12/2018	SCIF
69610	5/4/16 - 11/11/16	5/6/2019	$ 1,820.00	Initial exam ($230), 5 PR-2s ($180 each), 2 f/u acup ($180 each), Lien filing fee ($150)	$ 1,820.00	CE-894165	4/30/2019	SCIF

2018 Market Rate Summary Graph
(per 8 CCR, Article 5.7)
Misc. Market Rate payments received within July 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
68477	2/4/16 - 3/22/16	12/4/2018	$ 1,570.00	Initial exam ($230), Initial acup ($230), Initial chiro ($90), 4 f/u chiro $90 eacg), FCE ($150), PR-2 ($180), f/u acup ($180), Lien filing fee ($150)	$ 1,570.00	459792	11/28/2018	Sedgwick
70584	10/7/16 - 10/31/17	8/28/2018	$ 7,600.00	2 Initial exam ($ 230 each), Initial acu ($230), 26 f/u acup ($180 each), 3 f/u chiro ($90 each), 7 PR-2s (180 each) Final acup $230), Final chiro ($90), P&S ($230), Lien filing fee ($150)	$ 7,600.00	447681	8/22/2018	Sedgwick
73280	1/26/18 - 3/9/18	3/8/2019	$ 410.00	PR-2 ($180), P&S ($230)	$ 410.00	96207101	3/5/2019	Sedgwick
74609	3/22/2017	10/17/2018	$ 250.00	Depo review	$ 250.00	95749454	10/15/2018	Sedgwick
63474	7/29/14 - 8/8/14	8/1/2018	$ 870.00	Pre-op ($180), Surgery ($180 for 2 hours - billed at $540 for 6 hrs 5 mins), Lien filing fee ($150)	$ 870.00	891A 89495427	7/27/2018	Travelers

2018 Market Rate Summary Graph
(per 8 CCR, Article 5.7)
Misc. Market Rate payments received within July 2018 - July 2019

Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
65254	1/5/15 - 5/7/15	9/18/2018	$ 2,150.00	3 Initial exams ($230 each), 6 PR-2s ($180 each), P&S ($230), Lien filing fee ($150)	$ 2,150.00	903A 66910447	9/11/2018	Travelers / Constitution State Svcs.
54425	7/16/12 - 3/13/15	4/29/2019	$ 7,410.00	Initial exam ($230), 4 PR-2s ($180 each), Initial acup ($230), 33 f/u acup ($180 each), P&S ($230), f/u chiro ($90), Lien filing fee ($150)	$ 7,410.00	14338	4/26/2019	York Risk
73575	3/8/2018	3/6/2019	$ 230.00	Initial exam	$ 230.00	292964	3/1/2019	York Risk
70527	9/22/16 - 3/2/17	9/10/2018	$ 640.00	Initial exam ($230), Initial acup ($230), PR-2 ($180)	$ 640.00	1101745252	9/5/2018	Zurich

Joyce Altman Interpreters, 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 71080

EAMS#(s):

SS # : XXX-XX
DOB
Terms: 60 days
Claim #(s):
16015281

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

Case: vs TAMBIEN INC DBA MCDONALDS
Date Of Injury: 8/4/16

DOS	SERVICE	DESCRIPTION	AMOUNT
01/10/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/22/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
02/28/17	PMT BY CHECK	FOR DOS 1/10/17 * # 201661	-156.50
08/28/18	PMT BY CHECK	DOS 2/22/17* # 228668	-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 **

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. 228668

DATE
08/28/2018

California Workers' Compensation Payment

$**********250.00

Pay Two Hundred Fifty 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

⑈0000228668⑈ ⑆122235821⑆ 153495850833⑈

Payee: Joyce Altman Interpreters Inc

Check Number: 228668

IRS/SSN: XX-XXX6713

Check Date: 08/28/2018

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
16015281		08/03/2016	Interpreter Fees - Depo / WCAB Only	02/22/2017	02/22/2017	08/23/2018	.01	250.00

Comments: Depo Review

71080 —

AUG 31 2018

RECORDER 301 - U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 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#
08/13/18 68843

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
1665738

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

Case: _____ vs TACO BELL
Date Of Injury: 12/31/08 - 10/21/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/07/16	F/U CHIRO TX	CHIRO TRTMNT W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/30/16	FOLLOW-UP	W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/20/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
06/01/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/29/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/03/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/21/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/01/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/02/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
02/09/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
02/16/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
02/16/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
03/01/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/20/18	LIEN FIL FEE	LIEN FILING FEE	150.00

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

*** INVOICE ***
Date NO#
08/13/18 68843

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
1665738

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

Case: TAPIA vs TACO BELL
Date Of Injury: 12/31/08 - 10/21/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/07/18	PMT BY CHECK	DOS 3/7/16-3/1/17* # 02413477	-2400.00

BALANCE 0.00

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

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02413477
1665738-1
SWC1027479

DATE	AMOUNT
8/7/2018	$2,400.00

Two Thousand Four 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

⑈02413477⑈ ⑆021309379⑆ 790262463⑈

AUG 13 2018

Check Number	02413477
Claim Number:	1665738-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1027479/Simply Tacos. Inc. (a corp)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	7/31/2014
Location:	CA -
Examiner Code:	ndawson

Amount:	$2,400.00
Dates of Service:	3/7/2016-3/1/2017
Explanation:	DOS 3 7 16-3 1 17
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

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

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

*** INVOICE ***
Date NO#
07/26/19 67916

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1935392

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

Case: vs HUFF'S FAMILY RESTAURANT
Date Of Injury: 7/27/15

DOS	SERVICE	DESCRIPTION	AMOUNT
11/09/15	INITIAL EXAM	DR ROSARIO @ COAST PAIN MGMT* CPM (AMENDED)	230.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/11/15	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
01/19/16	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
02/22/16	PR2/REEVAL	DR ROSARIO @ COAST PAIN MGMT*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
03/22/16	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIZ SHIELS # 101192	0.00
05/12/16	EPIDURAL	DR BERNSTEIN @ NEWPORT COAST SURGERY CTR*	150.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
10/27/17	LIEN FIL FEE	LIEN FILING FEE	150.00
07/23/19	PMT BY CHECK	DOS 11/9/15-10/27/17* # 04049851	-1250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MR

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
04049851
1935392-1
TWC3480738

DATE	AMOUNT
7/23/2019	$1,250.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 180 DAYS

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

⑈04049851⑈ ⑆021309379⑆ 601877533⑈

PAID
JUL 26 2019

Check Number	04049851
Claim Number:	1935392-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3480738/ Duhem Gail Partner and Delgado Aurelio Partner
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	6/26/2015
Location:	8105 E. WARDLOW Long Beach CA 90808 -
Examiner Code:	25242

Amount:	$1,250.00
Dates of Service:	11/9/2015-10/27/2017
Explanation:	INV 67916
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

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

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

*** INVOICE ***
Date NO#
04/10/19 69975

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
1928275

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

Case:) vs CENTURY WEST BMW
Date Of Injury: 6/27/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/06/16	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
07/27/16	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ ENHANCED PRECISION*	230.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
08/01/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/05/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/08/16	PR2/REEVAL	DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
08/15/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/17/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/31/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/02/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/12/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/09/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/14/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/19/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/26/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
09/28/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00

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

*** INVOICE ***
Date NO#
04/10/19 69975

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1928275

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

Case: vs CENTURY WEST BMW
Date Of Injury: 6/27/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/30/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/05/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/07/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/14/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/21/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
10/28/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/02/16	P AND S	DR ROSTAMI @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/23/18	LIEN FIL FEE	LIEN FILING FEE	150.00
04/05/19	PMT BY CHECK	DOS 7/6/16-4/23/18* # 02800873	-4260.00

BALANCE 0.00

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

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02800873
1928275-1
SWC1052794

DATE	AMOUNT
4/5/2019	$4,260.00

Four Thousand Two Hundred Sixty and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 180 DAYS

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

⑈02800873⑈ ⑆021309379⑆ 790262463⑈

PAID
APR 10 2019

Check Number	02800873
Claim Number:	1928275-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1052794/New Century Alhambra Automobiles Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	6/27/2015
Location:	CENTURY WEST BMW UNKNOWN CA 99999 -
Examiner Code:	20824

Amount:	$4,260.00
Dates of Service:	7/6/2016-4/23/2018
Explanation:	INV 69975
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

Joyce Altman Interpreters, 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 71185

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2505234

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

Case: vs LITTLE CHINA
Date Of Injury: 12/1/14 - 12/30/16

DOS	SERVICE	DESCRIPTION	AMOUNT
01/24/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
02/01/17	INITIAL EXAM	DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/02/17	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/22/18	PMT BY CHECK	DOS 1/24/17-2/2/17* # 03557367	-690.00

BALANCE 0.00

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

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.
03557367
2505234-1
TWC3570237

DATE	AMOUNT
8/22/2018	$690.00

Six Hundred Ninety 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

⑈03557367⑈ ⑆021309379⑆ 601877533⑈

Check Number	03557367
Claim Number:	2505234-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3570237/Liu s Gardena Restaurant Inc. A Corp
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	12/30/2016
Location:	CA -
Examiner Code:	29133

AUG 28 2018

Amount:	$690.00
Dates of Service:	1/24/2017-2/2/2017
Explanation:	Inv 71185
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

Joyce Altman Interpreters, 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 71801

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2489411

BILL TO:
AMTRUST NORTH AMERICA (89404)
W. C. DEPARTMENT
ATTN: NICHOLE PATTERMAN-ISSILHA
P.O. BOX 89404
CLEVELAND, OH 44101

Case: vs WORKFORCE SOLUTION
Date Of Injury: 12/22/16

DOS	SERVICE	DESCRIPTION	AMOUNT
05/10/17	PRE-OP	DR SHAHRIAR JARCHI @ MONROVIA HOSPITAL*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
06/12/17	ADMISSION	DR WALTER BURNHAM @ MONROVIA HOSPITAL*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/03/18	PMT BY CHECK	DOS 5/10/17-6/12/17* # 02497989	-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 **

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02497989
2489411-1
SWC1106935

DATE	AMOUNT
10/3/2018	$360.00

Three Hundred Sixty 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

⑈02497989⑈ ⑆021309379⑆ 79026263⑈

PAID
OCT 09 2018

Check Number	02497989
Claim Number:	2489411-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1106935/Employers HR LLC LCF Workforce Enterprises WFE Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	12/22/2016
Location:	5700 AIRPORT DR ONTRARIO CA 91764 -
Examiner Code:	npatterman

Amount:	$360.00
Dates of Service:	5/10/2017-6/12/2017
Explanation:	71801
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

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

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

*** INVOICE ***
Date NO#
08/20/18 73304

EAMS#(s):

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

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

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

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

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

*** INVOICE ***

Date	NO#
08/20/18	73304

EAMS#(s):

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

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02429101
2775785-1
SWC1157029

DATE	AMOUNT
8/15/2018	$1,460.00

One Thousand Four Hundred Sixty 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

⑈02429101⑈ ⑆021309379⑆ 79026246 3⑈

Check Number	02429101
Claim Number:	2775785-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1157029/Wise Living Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	8/24/2017
Location:	2001 W 60th St Los Angeles CA 90002 -
Examiner Code:	29064

AUG 20 2018

Amount:	$1,460.00
Dates of Service:	1/31/2018-7/24/2018
Explanation:	Inv 73304 ✓
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

ANA UBI Claims
AmTrust North America
P. O. Box 89404
Cleveland, OH 44101
626-915-1951

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

*** INVOICE ***

Date	NO#
02/27/19	73456

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2748758

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

Case: vs MEIKO FOOD
Date Of Injury: 8/4/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/23/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/20/18	P AND S	DR FELDMAN @ HOC*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/22/19	PMT BY CHECK	DOS 2/23/18-4/20/18* # 02729870	-590.00

BALANCE 0.00

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

M2

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02729870
2748758-1
SWC1154913

DATE	AMOUNT
2/22/2019	$590.00

Five Hundred Ninety 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

⑈02729870⑈ ⑆021309379⑆ 790262463⑈

Check Number	02729870
Claim Number:	2748758-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1154913/Meiko Food Co Inc a corp
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	8/4/2017
Location:	2526 Chico Ave. South El Monte CA 91732 -
Examiner Code:	kfelt

PAID
FEB 27 2019

Amount:	$590.00
Dates of Service:	2/23/2018-4/20/2018
Explanation:	INV 73456
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

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

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

*** INVOICE ***

Date	NO#
05/24/19	69836

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
16010001

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

Case: vs AMERICAN APPAREL
Date Of Injury: 4/18/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/22/16	INITIAL EXAM	DR ERIC GOFNUNG @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
06/27/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
06/29/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
07/01/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/06/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
07/13/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
07/18/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
07/22/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
07/11/16	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
07/27/16	P AND S	DR GOFNUNG @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/10/18	LIEN FIL FEE	LIEN FILING FEE	150.00
05/21/19	PMT BY CHECK	DOS 5/16/19* # 71936	-1330.00

UR

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

*** INVOICE ***

Date	NO#
05/24/19	69836

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
16010001

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

Case: vs AMERICAN APPAREL
Date Of Injury: 4/18/16

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 **

California Bank of Commerce

11-24/175
1210(8)

CHECK NO: 71936

DATE: 5/21/2019

American Apparel

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

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT

*******$1,330.00

CLAIMANT:
CLAIM NO: 14571448
AMOUNT *One Thousand Three Hundred And Thirty And 00/100 US Dollars*

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

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTIN

⑈0007 1936⑈ ⑆121144696⑆ 1060904⑈

Payee: Joyce Altman Interpreters, **TIN/SSN:** XX-XXX6713

Check Number: 71936

Check Amount: 1330.00

Check Date: 5/21/2019

Claim Number	Employer	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Date	Invoice #	Amount
14571448	American Apparel		4/1/2014	Medical Lien	5/16/2019	5/16/2019	1/1/1900		1,330.00

Comments: Claim #: 14571448 & 16010001ADJ10555394 & ADJ12111367Lien settlement agreement, full & final resolution for all dates of service.

PAID
MAY 24 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#
04/26/19 73570

EAMS#(s):

SS # : XXX-XX-
DOB : , --, --
Terms: 60 days
Claim #(s):
55064757;30178082099

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

Case: vs TWS FACILITY SERVICES INC
Date Of Injury: CT 7/2/16 - 3/24/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/08/18	PR2/REEVAL	JOHN QIAN/DAVE FRANKE @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/24/19	PMT BY CHECK	DOS 3/8/18* # 825722	-180.00

BALANCE 0.00

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

HP

Berkshire Hathaway Homestate Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Wells Fargo Bank

420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

CHECK NO. 825722

DATE
04/24/2019

California Workers' Compensation Payment

**********180.00

Pay One Hundred Eighty Dollars And 00/100

VOID AFTER 90 DAYS

TO THE ORDER OF

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

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $10,000.00

HEAT SENSITIVE
RUB AREA TO VERIFY

⑈08257222⑈ ⑆121000248⑆ 4125523753⑈

M

Payee: JOYCE ALTMAN INTERPRETERS INC

IRS/SSN: XX-XXX6713

Check Number: 825722

Check Date: 04/24/2019

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
55064757	z	03/24/2017	Interpreter Fees - Medical	03/08/2018	03/08/2018	04/17/2019	73570	180.00

DATED
APR 26 2019

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

*** INVOICE ***
Date NO#
07/31/19 73239

EAMS#(s):
06/14/2019NOADJFOUND
SS # : XXX-XX-8944
DOB : . .
Terms: 60 days
Claim #(s):
44036768

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

Case: vs ASPHALT, FABRIC & ENGINEERING
Date Of Injury: 6/9/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/19/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/16/18	PR2/REEVAL	DR FELDMAN @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/29/19	PMT BY CHECK	DOS 1/19/18-2/16/18* =# 2510257	-360.00

BALANCE 0.00

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

MR

Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 07/29/2019
Check Number : 2510257
Check Amount : $360.00

F7TB2G

oz 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

h4d5a
00098

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
44036768		06/09/2017	73239	Interpreter Fees -	01/19/2018	01/19/2018	$180.00
44036768		06/09/2017	73239	Interpreter Fees -	02/16/2018	02/16/2018	$180.00

PAID
JUL 31 2019
BY: .....

98-98
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#
04/02/19 72912

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
6341-083A00007

BILL TO:
CARL WARREN & CO. (TUST-2411)
W. C. DEPARTMENT
ATTN: ROBERT TRAN
P.O. BOX 2411
TUSTIN, CA 92781

Case: vs CINGULAR STAFFING/BAJA RANCH
Date Of Injury: 1/1/13 - 12/13/13

DOS	SERVICE	DESCRIPTION	AMOUNT
08/21/14	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/27/14	CHIRO TX	INITIAL CHIRO TREATMENT W/DR BAHAN @ ACS*	90.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
09/09/14	INITIAL EXAM	DR WADE @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
09/22/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ACS W/DR CONOLLY*	150.00
/ /	INTERPRETER:	LESLIE MELTON # 500259 (FINAL)	0.00
09/25/14	PR2/REEVAL	DR GHODS @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
10/03/14	INITIAL EXAM	W/ACUPUNCT HAN/KIM @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
10/28/14	PR2/REEVAL	DR WADE @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
10/30/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE (2H 50M)	247.50
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
10/31/14	PR2-RE/EVAL	W/ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
11/11/14	PR2-RE/EVAL	W/ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
03/10/15	FOLLOW-UP	W/ ACUPUNCT KIM @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LISBETH CALDERON PARRENO # 101080	0.00
03/17/15	FOLLOW-UP	W/ ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	LISBETH CALDERON PARRENO	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#
04/02/19	72912

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
6341-083A00007

BILL TO:
CARL WARREN & CO. (TUST-2411)
W. C. DEPARTMENT
ATTN: ROBERT TRAN
P.O. BOX 2411
TUSTIN, CA 92781

Case: ; vs CINGULAR STAFFING/BAJA RANCH
Date Of Injury: 1/1/13 - 12/13/13

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 101080	
11/25/14	PR2/REEVAL	DR AHMAD & F/U W/ACUPUNCT KIM @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 500257	0.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/24/15	PR2/REEVAL	DR MILLMAN & F/UP ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
/ /	INTERPRETER:	LISBETH CALDERON # 101080	0.00
04/03/15	PR2/REEVAL	DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/07/15	FOLLOW-UP	W/ ACUPUNCT SUNG @ ACS*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
12/09/14	FOLLOW-UP	W/ ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	LESLIE R. MELTON # 500259	0.00
04/21/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/11/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
12/23/14	FOLLOW-UP	W/ ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
12/30/14	PR2/REEVAL	DR AHMAD @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
01/06/15	FOLLOW-UP	W/ ACUPUNCT K. BUKUM @ ACS*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
05/08/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/19/15	PR2/REEVAL	DR VALLY @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/21/15	INITIAL EXAM	DR FONSECA @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00

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

*** INVOICE ***
Date NO#
04/02/19 72912

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
6341-083A00007

BILL TO:
CARL WARREN & CO. (TUST-2411)
W. C. DEPARTMENT
ATTN: ROBERT TRAN
P.O. BOX 2411
TUSTIN, CA 92781

Case: vs CINGULAR STAFFING/BAJA RANCH
Date Of Injury: 1/1/13 - 12/13/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/20/15	FOLLOW-UP	W/ ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	LISBETH CALDERON PARRENO # 101080	0.00
01/22/15	PR2/REEVAL	DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	LESLIE R. MELTON # 500259	0.00
01/27/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/19/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
02/24/15	FOLLOW-UP	W/ ACUPUNCT K. BUKUM & PR-2 W/DR MILLMAN @ ACS*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/05/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/16/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/10/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/16/15	INITIAL EXAM	DR YAGHOOBIAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/14/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/12/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
08/21/15	P AND S	DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/09/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
03/07/17	LIEN FIL FEE	LIEN FILING FEE	150.00
03/26/19	PMT BY CHECK	DOS 8/21/14-3/7/17*	-7237.50

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#
04/02/19	72912

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
6341-083A00007

BILL TO:
CARL WARREN & CO. (TUST-2411)
W. C. DEPARTMENT
ATTN: ROBERT TRAN
P.O. BOX 2411
TUSTIN, CA 92781

Case: [redacted] vs CINGULAR STAFFING/BAJA RANCH
Date Of Injury: 1/1/13 - 12/13/13

DOS	SERVICE	DESCRIPTION	AMOUNT

00005203 CARL WARR

BALANCE 0.00

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

N

Bank of America
Costa Mesa, CA

16-66/1220

CARL WARREN & COMPANY
ACE AMERICAN INSURANCE COMPANY
CINGULAR, INC.

BRANCH: S083 ORG
CARL WARREN & COMPANY
17862 EAST 17TH ST SUITE 111
TUSTIN, CA 92780
714/544-0980

CLAIM#: 6341 CIN 0000007
CLAIMANT:
LOSS DATE: 12/05/2013

PAYMENT AMOUNT: ****7,237.50**
PAYEE NAME: JOYCE ALTMAN INTERPRETERS

CHECK#: 000005203
ISSUE DATE: 3/26/2019

72912
63871

PAYMENT SETTLEMENT: SERVICES ON 08/21/2014-03/07/2017

FAX
APR 02 2019

BY: .....

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

Bank of America
Costa Mesa, CA
16-66/1220

00005203

CLAIM NO.			CARL WARREN & COMPANY ACE AMERICAN INSURANCE COMPANY CINGULAR, INC.	CLAIMANT	
6341-0001-0000-0000-083-A00007-1-2013-W				Date of Loss 12/05/2013	LOCATION FULLERTON CA
DATE ISSUED 3/26/2019 ORG 493	TYPE PMT. 2	CLOSE /O			
PAYEE FEDERAL I.D. NO. 33-0956713	IN PAYMENT OF SERVICES ON 08/21/2014-03/07/2017			MISC.	KIND OF PMT 285

PAY THE AMOUNT OF
Seven Thousand Two Hundred Thirty-Seven and 50/100---------- DOLLARS $ **$7,237.50**
VOID IF NOT CASHED WITHIN 90 DAYS

TWO SIGNATURES REQUIRED
ON AMOUNTS OVER $5000.

TO **JOYCE ALTMAN INTERPRETERS**
PO BOX 4165
TUSTIN, CA 92781 4165

VOID

AUTHORIZED SIGNATURES

⑈00005203⑈ ⑆122000661⑆ 14538⑈32767⑈

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

*** INVOICE ***
Date NO#
08/09/19 65296

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
14D48E559048

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: NICKY FIERRO
P.O. BOX 53550
IRVINE, CA 92619

Case: vs DMS FACILITIES SERVICES
Date Of Injury: 10/31/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/03/15	INITIAL EXAM	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT* (IPM)	230.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
05/04/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
07/01/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
08/12/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
10/05/15	PR2/REEVAL	DR ROSARIO/RAPHAEL, PA @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
11/16/15	PR2/REEVAL	DR ROSARIO/RAPHAEL, PA @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
05/04/17	LIEN FIL FEE	LIEN FILING FEE	150.00
08/06/19	PMT BY CHECK	DOS 3/3/15-5/4/17* # 144638570	-1280.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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M2

THE FACE OF THIS CHECK CONTAINS A MICROPRINT BORDER AND A SPECIAL 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

2-3/710 IL

Check Number 144638570

Date: 08/06/2019

Batch #: 302896511

Bank of America
CHICAGO, IL 60603

Amount

$****1,280.00

Amount: ONE THOUSAND TWO HUNDRED EIGHTY AND XX / 100**********

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

Void After 180 Days
Two Signatures Required for Amounts over 5,000.00

Rodney J. Golden

⑈0144638570⑈ ⑆071000039⑆ 866 662 2642⑈

	Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
✓	65296	10/31/2014	14D48E559048	1,280.00	0.00	1,280.00	65296 DS 03.03.15-05.04.17	CWINDISCH

PAID
AUG 09 2019

Batch #: 302896511
Check Number 144638570
Check Amount $****1,280.00

Loc:MR6785 DMS DIVERSIFIED MAINT SVS 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#
04/05/19 73352

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
17W03F330690

BILL TO:
CANNON COCHRAN MGMT SVCS (AZ)
W. C. DEPARTMENT
ATTN: NICK GAITAN
P.O. BOX 27920
SCOTTSDALE, AZ 85255

Case: vs WORK FORCE ENTERPRISE
Date Of Injury: 10/13/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/06/18	P AND S	DR FELDMAN @ HOC*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/02/19	PMT BY CHECK	DOS 2/2/18-3/6/18* # 161631230	-410.00

BALANCE 0.00

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

HR

CGMSI OBO STATE NATIONAL INSURANCE
2 EAST MAIN ST, SUITE 208
DANVILLE, IL 61832

2-3/710 IL

Check Number 161631230

Date: 04/02/2019
Batch #: 302636743

BANK OF AMERICA
CHICAGO, IL 60603

Amount

$****410.00

Amount: FOUR HUNDRED TEN 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

⑈0161631230⑈ ⑆071000039⑆ 866 662 2642⑈

M

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
73352	10/13/2017	17W03F330690	410.00	0.00	410.00	73352 2/2/18-3/6/18	DHARRING

FAXED
APR 05 2019
BY: .....

Batch #: 302636743
Check Number 161631230
Check Amount $****410.00
Loc:WORKFORCE ENTERPRISES WFE INC - RANCHO D

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

*** INVOICE ***
Date NO#
07/25/18 51566

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
710744314

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

Case: vs RADISSON SUITES COVINA
Date Of Injury: 1/28/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/08/12	SURGERY	DR GALLONI: L/WRIST @ MONROVI HOSPITAL (8H 30M)	765.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
12/21/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
07/20/18	PMT BY CHECK	DOS 2/8/12* # 33153682	-765.00

BALANCE 100.00

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

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

201807200131

Electronic Service Requested

ALL FOR AADC 926
18302 0.7648 AB 0.405

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

149

Check No.: 33153682
RFP No.: 632002
Check Date: 07/20/2018
Check Amount: 765.00
Insured: PACKARD REALTY INC

Claimant:

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

1 OF 3 F

ENV18302

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000069862310	00744314	001	01/28/2011	MED	C	765.00
					Total Amount	765.00

Reason for Payment
ORG: 765.00 ACT: 51566 020812-020812

Use File # 710/00744314 on all correspondence for prompt processing.
For check information call: 877-802-5246

JUL 24 2018

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.: 00744314 Policy No.: 000069862310
Reason for Payment: ORG: 765.00 ACT: 51566 020812-020812

CHECK No. 33153682
RFP No. 00632002
DATE 07/20/2018

***********Seven Hundred Sixty Five Dollars*****

AMOUNT PAID
*********$765.00**

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

⑈33153682⑈ ⑆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#
10/29/18 43595

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1139500006568

BILL TO:
CIGA (GLENDALE)
W. C. DEPARTMENT
ATTN: GABRIELA TELLEZ
P.O. BOX # 29066
GLENDALE, CA 91209-9066

Case: vs LA CANADA WEST RECYCLING/WEST
Date Of Injury: 6/24/01

DOS	SERVICE	DESCRIPTION	AMOUNT
03/30/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
03/24/11	DEPO PREP	@ THE L/O OF BURLISON	156.50
/ /	INTERPRETER:	SHERRIE REYES # 100614	0.00
03/30/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
07/08/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
09/28/11	WCAB LB	MSC - PATRICIA HAYES # 100761	156.50
02/15/12	PENALTIES	FOR DATE OF SERVICE 3/30/11	23.48
02/15/12	INTEREST	FOR DATE OF SERVICE 3/30/11	16.86
02/15/12	PENALTIES	FOR DATE OF SERVICE 3/24/11	23.48
02/15/12	INTEREST	FOR DATE OF SERVICE 3/24/11	17.16
02/15/12	PENALTIES	FOR DATE OF SERVICE 3/30/11	23.48
02/15/12	INTEREST	FOR DATE OF SERVICE 3/30/11	16.86
02/15/12	PENALTIES	FOR DATE OF SERVICE 7/8/11	37.50
02/15/12	INTEREST	FOR DATE OF SERVICE 7/8/11	19.06
02/15/12	PENALTIES	FOR DATE OF SERVICE 9/28/11	23.48
02/15/12	INTEREST	FOR DATE OF SERVICE 9/28/11	7.89
04/11/12	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
05/17/12	PMT BY CHECK	DOS 3/30/11-4/11/12 # 6132	-1241.75
05/15/13	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
06/20/13	PMT BY CHECK	DOS 5/15/13 # 7233	-156.50
05/20/15	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
01/27/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/18/16	PMT BY CHECK	DOS 1/27/16* # 79894473 CIGA	-156.50
05/25/16	LEGAL_PREP	DEPO PREP @ L/O KEGEL, TOBIN	156.50
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00

MR

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

*** INVOICE ***
Date NO#
10/29/18 43595

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1139500006568

BILL TO:
CIGA (GLENDALE)
W. C. DEPARTMENT
ATTN: GABRIELA TELLEZ
P.O. BOX # 29066
GLENDALE, CA 91209-9066

Case: _____ vs LA CANADA WEST RECYCLING/WEST
Date Of Injury: 6/24/01

DOS	SERVICE	DESCRIPTION	AMOUNT
07/14/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/15/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
04/19/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
10/19/18	PMT BY CHECK	DOS 5/20/15-4/19/17* # 81550436	-876.00

BALANCE 0.00

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

000312-00001-000312 CIG1 2204173
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781

Phone: (818) 844-4300

43595

CHECK NUMBER: 81550436

Description	Invoice	CLAIM #	G/L Code	Serv/From Serv/To	Amount
112-Interpreter	Interpreting Service 113-9500006568			05/20/15 04/19/17+	$876.00

TOTAL: $876.00

PAID
OCT 29 2018

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. 81550436

DATE: 10/19/2018

Claim#: 113-9500006568
Claimant:
Insured: LA CANADA WEST RECYCLING
DOL: 06/24/2001

AMOUNT
********$876.00

PAY EIGHT HUNDRED SEVENTY-SIX AND 00/100 DOLLARS

VOID 120 DAYS AFTER DATE OF ISSUE

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Wayne D Kelly
AUTHORIZED SIGNATURE

Anthony Kennedy
AUTHORIZED SIGNATURE

Memo Interpreting Services

CIG

⑈81550436⑈ ⑆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#
10/02/18 66591

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
140-373315

BILL TO:
CIGA/LUA
W. C. DEPARTMENT
ATTN: STEPHANIE WEBER
P.O. BOX 29066
GLENDALE, CA 91209

Case: [redacted] vs CORPORATE RESOURCE/TRI STATE
Date Of Injury: 7/7/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/30/15	INITIAL EXAM	-DR RAMESHNI @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
05/14/15	INITIAL EXAM	-DR BHARATWAL @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/04/15	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
07/29/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
08/13/15	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA 301721	0.00
09/02/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
09/09/15	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/07/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/08/15	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/04/15	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/11/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/10/15	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/31/15	PR2/REEVAL	-DR SCHILLING/MALIN, PA @ACS*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/14/16	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/27/16	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00

MR

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

*** INVOICE ***
Date NO#
10/02/18 66591

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
140-373315

BILL TO:
CIGA/LUA
W. C. DEPARTMENT
ATTN: STEPHANIE WEBER
P.O. BOX 29066
GLENDALE, CA 91209

Case: vs CORPORATE RESOURCE/TRI STATE
Date Of Injury: 7/7/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/16	PR2/REEVAL	DR RAMESHNI @ ENHANCED PRECISION CARE* EPC	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/08/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
04/19/16	P AND S	DR RAMESHNI @ EPC*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
05/04/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
06/15/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
07/20/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
01/04/18	LIEN FIL FEE	LIEN FILING FEE	150.00
09/19/18	PENALTIES	FOR DATE OF SERVICE 04/30/15	34.50
09/19/18	INTEREST	FOR DATE OF SERVICE 04/30/15	61.52
09/19/18	PENALTIES	FOR DATE OF SERVICE 05/14/15	34.50
09/19/18	INTEREST	FOR DATE OF SERVICE 05/14/15	61.52
09/19/18	PENALTIES	FOR DATE OF SERVICE 04/19/16	34.50
09/19/18	INTEREST	FOR DATE OF SERVICE 04/19/16	61.52
09/27/18	PMT BY CHECK	DOS 4/30/15-2/2/16* # 81533055	-4080.00
10/02/18	BLCE OFF SET	BALANCE OFF SET	-288.06

Joyce Altman Interpreters, 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	66591

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
140-373315

BILL TO:
CIGA/LUA
W. C. DEPARTMENT
ATTN: STEPHANIE WEBER
P.O. BOX 29066
GLENDALE, CA 91209

Case: vs CORPORATE RESOURCE/TRI STATE
Date Of Injury: 7/7/14

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 **

CALIFORNIA INSURANCE GUARANTEE ASSOC.
P.O. BOX 29066
GLENDALE, CA 91209-9066

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

Address Service Requested

000160-00001-000160 CIG1 2203689
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781

Phone: (818) 844-4300

CHECK NUMBER: 81533055

Description	Invoice	CLAIM #	G/L Code	Serv/From	Serv/To	Amount
14-Medical Settlement		140-373315		04/30/15	02/02/16+	$4,080.00
TOTAL:						$4,080.00

PAID
OCT 02 2018
BY

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

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

BANK OF AMERICA NT SA
LOS ANGELES, CA 90067

CHECK NO. 81533055

DATE: 09/27/2018

Claim#: 140-373315
Claimant:
Insured: TRI-STATE EMPLOYMENT SERVICES
DOL: 07/07/2014

16-66/1220

AMOUNT
*****$4,080.00

VOID 120 DAYS AFTER DATE OF ISSUE

PAY FOUR THOUSAND EIGHTY AND 00/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Memo full and final satisfaction of lien

Wayne D Hill
AUTHORIZED SIGNATURE

Anthony Kennedy
AUTHORIZED SIGNATURE

CIG

⑈81533055⑈ ⑆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#
05/14/19	73195

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0545-WC-170002913

BILL TO:
CORVEL CORPORATION (CHINO)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 669
CHINO, CA 91708

Case: vs NELSON NUTROTION
Date Of Injury: CT 12/8/15 - 10/5/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/02/18	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
05/06/19	PMT BY CHECK	DOS 1/2/18* =# 3197868	-230.00

BALANCE 0.00

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

HR

CORVEL ENTERPRISE COMP, INC.
EMPLOYBRIDGE
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= EMPLO
11-24
1210(8)

CHECK NUMBER	CHECK DATE
3197868	05/06/19

Claim#: 0545-WC-17-0002913

Two hundred thirty and 00/100 Dollars

*******$230.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

73195

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0003197868⑈ ⑆121000248⑆ 4178 5234 11⑈

DETACH HERE

CORVEL

Explanation of Review

73195 (M) DETACH HERE

RECEIVED
MAY 14 2019
BY:

Business Unit: 504764-00030-NELLSON NUTRACEUT
5 River Park Pl E
Suite 102
Fresno, CA 93720

Employer
Patient:

Patient DOB: XXX-XX-

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB:	Workers' Compensation
Site/Bill #:	48/5048303 - 1
Reprice:	CA, 92781
Billed Date:	04/12/2019
Business Rcvd:	04/22/2019
MBR Rcvd:	04/22/2019
MBR Date:	05/03/2019
Date Approved:	05/03/2019
DOS From - To:	01/02/2018 - 01/02/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Howard, Melinda

Vendor #:
PIN:

Treating Provider:
Referring Physician: SHERRY ROSTAMI
Patient Control #: 73195
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: 0545-WC-17-0002913
Processor Initials:
DOI: 10/05/2017
RX Number:
Claim Rep Ext.:

Date	Code	Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
01/02/18	T1013 SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 G67, MV0, RZZ	1	11	$230.00		A	$0.00	$230.00
Sub-Totals for Bill: 5048303				**$230.00**			**$0.00**	**$230.00**
Totals for Bill:5048303								**$230.00**

Line Item Reason Codes and Descriptions
MV0 Market Value

RZZ Payer/ Provider agreement in place

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#
02/26/19	62087

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1000-14-0656

BILL TO:
DISNEY WORLDWIDE INC.
W. C. DEPARTMENT
ATTN: JEAN HINTON
P.O. BOX# 3909
ANAHEIM, CA 92803

Case: vs DISNEYLAND RESORT
Date Of Injury: 3/21/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/14/14	INITIAL EXAM	DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	BENELLY CURIOSO # 100538	0.00
04/21/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ACS W/DR RINK*	150.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/23/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/09/14	EMG TESTING	& NCV BY DR CHASE: L/E @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/25/14	PR2/REEVAL	DR BARRETWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
07/01/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
08/05/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
09/08/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
10/06/14	PR2/REEVAL	DR WADE @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/08/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
11/04/14	PR2/REEVAL	DR ROBERT DRUMMOND @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
11/05/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/14/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ADVANCE CARE* FINAL	150.00
/ /	INTERPRETER:	ROBERT PETERS # 500233	0.00
12/23/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00

MR

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

*** INVOICE ***
Date NO#
02/26/19 62087

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1000-14-0656

BILL TO:
DISNEY WORLDWIDE INC.
W. C. DEPARTMENT
ATTN: JEAN HINTON
P.O. BOX# 3909
ANAHEIM, CA 92803

Case: [redacted] vs DISNEYLAND RESORT
Date of Injury: 3/21/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
01/27/15	P AND S	DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/01/16	LIEN FIL FEE	LIEN FILING FEE	150.00
01/10/18	PENALTIES	FOR DATE OF SERVICE 04/14/14	34.50
01/10/18	INTEREST	FOR DATE OF SERVICE 04/14/14	89.35
01/10/18	PENALTIES	FOR DATE OF SERVICE 01/27/15	34.50
01/10/18	INTEREST	FOR DATE OF SERVICE 01/27/15	67.25
02/20/19	PMT BY CHECK	DOS 4/14/14-1/27/15* =# 011947350	-2860.00
02/26/19	BLCE OFF SET	BALANCE OFF SET	-225.60

BALANCE 0.00

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

38655918 08

Disney Worldwide Services, Inc.

08 Special Handling-Anaheim, CA

CHECK NUMBER: 011947350

VENDOR NUMBER: 1000479724

DOCUMENT NUMBER	INVOICE NUMBER	P/O NUMBER	INVOICE DATE	GROSS AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
Paying agent for WD Parks & Resorts US,Inc						
5123280543	1682754	28670	02/20/2019	2,860.00	0.00	2,860.00
1000-14-0656041414012715						
Please visit our self service and accelerated cash site at https://disney.apexanalytix.com						
			TOTALS			2,860.00

PAID
FEB 26 2019
BY .....

011947350

62-20/311

Disney Worldwide Services, Inc.
LAKE BUENA VISTA, FL 32830

DATE 02/20/2019

$2,860.00
TWO EIGHT SIX ZERO ZERO ZERO

PAY
■ Two Thousand Eight Hundred Sixty And No/100 Dollars

VOID OVER $ 2,860.00
VOID AFTER 180 DAYS

TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS INC
PO Box 4165
TUSTIN CA 92781-4165

Gary L Hansen

Citibank N.A.
One Penn's Way
New Castle, DE 19720

⑈011947350⑈ ⑆031100209⑆ 38655918⑈

Disneyland Resorts 9079

Process Date: 02/19/2019
Control Number: 305514469
EOR Page 1 of 2
Rev/Aud: SS/SW*

Claim Number:	1000-14-0656				
Claimant:				PPO/OSR ID:	
Provider Tax ID:	330956713	Vendor:	11814449#5628181	NPI Number:	
Provider Ref:		Geo Zip:	92781	Claimant SSN:	XXX-XX
Provider License:	99999999			Date Of Injury:	03/21/2014
				Claims Received Date:	02/12/2019

JOYCE ALTMAN
PO BOX 4165
TUSTIN, CA 92781-4165

ICD-DX1: 959.9 Injury-site NOS

MPN Claim: N Region: 02

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
04/14/14	11	MDS10		LUM SUM/MUL BIL	1.000	1,542.80	112.80	0.00	0.00	1,430.00	197,G67, 6483,G67
01/27/15	11	MDS10		LUM SUM/MUL BIL	1.000	1,542.80	112.80	0.00	0.00	1,430.00	197,G67, 6483,G67
			TOTALS:			3,085.60	225.60	0.00	0.00	2,860.00	
			TOTAL RECOMMENDED ALLOWANCE:							2,860.00	

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

Joyce Altman Interpreters, 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 72687

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2017333168

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: JENS HAGEN
P.O. BOX 32036
LAKELAND, FL 33802

Case: ---- vs MONTES CONNECTIONS INT'L
Date Of Injury: 9/1/14 - 6/8/17

DOS	SERVICE	DESCRIPTION	AMOUNT
09/13/17	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/18/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
09/20/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/27/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/02/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
10/06/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
10/11/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/18/17	PR2/REEVAL	DR KRAVHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/20/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUHG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/30/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
11/08/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/10/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
11/13/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
11/14/17	INITIAL EXAM	DR ALLEN MASSIHI @ GOFNUNG*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/27/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	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#
09/04/18 72687

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2017333168

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: JENS HAGEN
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs MONTES CONNECTIONS INT'L
Date Of Injury: 9/1/14 - 6/8/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/03/18	PR2/REEVAL	DR KRAVCHENKO @GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/31/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/13/18	PR2/REEVAL	& INJECTION W/DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/12/18	LIEN FIL FEE	LIEN FILING FEE	150.00
08/30/18	PMT BY CHECK	DOS 9/13/17-2/13/18* =# 13887319	-2410.00

BALANCE 0.00

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

0000384-0001208 0106 001 731523 EIG

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

EMPLOYERS®

America's small business insurance specialist®

SEP 04 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
2017333168	240998315	422998728 EIG0001001	08/30/2018	$2410.00	13887319

EIG.OT

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

*** INVOICE ***
Date NO#
04/25/19 70899

EAMS#(s):
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1A954943459148;

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

Case: _____ vs ABM JANITORIAL SERVICES
Date Of Injury: 6/8/15; 5/4/15

DOS	SERVICE	DESCRIPTION	AMOUNT
11/10/16	INITIAL EXAM	DR GALAL GOUBRAN/DAVE FRANKE, P.A. @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/18/16	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/28/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/30/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/07/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/08/16	PR2/REEVAL	DR GOUBRAN/ANDREW MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/14/16	INITL CHIRO	TX & INITIAL PHYS TX W/DR C. HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/19/16	F/U CHIRO TX	CHIRO TX & F/U PHYS TX W/DR HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/12/17	PR2/REEVAL	DR GOUBRAN/TRUJILLO, PA @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/13/17	F/U CHIRO TX	CHIRO TX & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/09/17	PR2/REEVAL	DR GOUBRAN/FRANKE,PA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/16/17	PR2/REEVAL	DR GOUBRAN/MILES @ 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#
04/25/19	70899

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1A954943459148;

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

Case: vs ABM JANITORIAL SERVICES
Date Of Injury: 6/8/15; 5/4/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/20/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/18/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/15/17	PR2/REEVAL	DR GOUBRAN/FRANKE,PA @ SIDHU*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
07/20/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/17/17	PR2/REEVAL	DR GOUBRAN @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/23/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/25/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/18/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/21/17	PR2/REEVAL	DR MICHAEL PRICE/MILES* (TRANSFER OF CARE)	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/25/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/27/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/04/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00

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

*** INVOICE ***
Date NO#
04/25/19 70899

EAMS#(s)
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1A954943459148;

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

Case: _ .s ABM JANITORIAL SERVICES
Date Of Injury: 6/8/15; 5/4/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/19/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/16/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/21/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/25/19	LIEN FIL FEE	LIEN FILING FEE	150.00
04/10/19	PENALTIES	FOR DATE OF SERVICE 11/10/16	34.50
04/10/19	INTEREST	FOR DATE OF SERVICE 11/10/16	59.20
04/10/19	PENALTIES	FOR DATE OF SERVICE 11/18/16	34.50
04/10/19	INTEREST	FOR DATE OF SERVICE 11/18/16	59.20
04/10/19	PENALTIES	FOR DATE OF SERVICE 12/14/16	13.50
04/10/19	INTEREST	FOR DATE OF SERVICE 12/14/16	23.17
04/22/19	PMT BY CHECK	DOS 4/10/19* # FE63747956	-5740.00
04/25/19	BLCE OFF SET	BALANCE OFF SET	-224.07

BALANCE 0.00

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

P709202800B

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

201904190137

Electronic Service Requested

DATE: 04/22/19
CHECK NO: **FE63747956**

STATEMENT

ESIS®

ENV 594 1 OF 5 F

MIXED AADC 926
594 1.1458 MB 0.425

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

FILE ID	DOLLARS
1A95494345914	$ 5,740.00

* **NOT NEGOTIABLE** *
INVOICE # XXXXX3627
AGENCY CLAIM # 201506152230506472503 9

FOR
SERVICES FROM 04/10/18 THRU 04/10/18 PAT.#XXXXX362

CLAIMANT

DATE OF EVENT
06/08/15

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

PAID
APR 25 2019
BY.

EM-BOA10B

DETACH THIS PORTION BEFORE CASHING

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

ESIS®

64-1278/611 GA

DATE: 04/22/19

FE63747956

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

Bank of America

FILE ID 1A95494345914

$ *****$5,740.00*

Pay Five Thousand Seven Hundred Forty Dollars

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

2706686

CLAIMANT

CLIENT
ABM INDUSTRIES, INC.

DATE OF EVENT
06/08/15

F

CLAIM OFFICE
INTAKE CLAIMS F

SERVICES FROM 04/10/18 THRU 04/10/18 PAT.#XXXXX362

AUTHORIZED SIGNATURE

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

⑈4363747956⑈ ⑆061112788⑆ 0032997864 10⑈

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

*** INVOICE ***
Date NO#
07/01/19 66005

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
003000324708WC01

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

Case: vs WASTE MANAGEMENT
Date Of Injury: 3/20/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/31/15	INITIAL EXAM	DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/09/15	INITIAL EXAM	DR MILLMAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	TANIA CRAWFORD # 101330	0.00
05/05/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/09/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	TANIA CRAWFORD # 101330	0.00
06/25/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/07/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/01/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/04/15	INITIAL EXAM	DR MASSIHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/14/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	TANIA CRAWFORD # 101330	0.00
09/25/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/20/17	LIEN FIL FEE	LIEN FILING FEE	150.00
06/24/19	PMT BY CHECK	3/31/15-3/20/17* # 0155518925	-2100.00

HR

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

*** INVOICE ***

Date	NO#
07/01/19	66005

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
003000324708WC01

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

Case: vs WASTE MANAGEMENT
Date Of Injury: 3/20/15

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 **

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 WASTE MANAGEMENT, INC

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 003000 324708 WC 01 (4161)
CLAIMANT:
DESCRIPTION: ''''''''''''''

BRANCH NO.: 094
ACC DATE: 20Mar15

NO.: 0155518925
VN: 0003813704
DATE: 24Jun19

DATES OF SERVICE: 31Mar15 **THRU** 20Mar17
BENEFIT PERIOD: **THRU**

AMOUNT: 2100.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0000971 001913 002 002

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

GALLAGHER BASSETT SERVICES INC
FOR WASTE MANAGEMENT, INC

CHECK NO. 0155518925 010819
VN. 0003813704
DATE: 24Jun19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **2100.00

CLAIM NO.: 003000 324708 WC 01 (4161) **BRANCH NO.:** 094
PAY TWO THOUSAND ONE HUNDRED AND 00/100 DOLLARS**********
****

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

Donna M. Korte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0155518925⑈ ⑆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#
08/09/19 68341

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011260-049448-WC-01

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

Case: vs CITI STAFF SOLUTIONS INC
Date Of Injury: 1/8/16

DOS	SERVICE	DESCRIPTION	AMOUNT
01/25/16	INITIAL EXAM	DR ZARENA KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/28/16	F/U CHIRO TX	CHIRO TREATMENT @ AMERI CHIRO W/DR SHARMA*	90.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/03/16	INITIAL ACUP	W/ ACUPUNCT ALEX LEE @ AMERI*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/16/16	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/04/16	FOLLOW-UP	W/ ACUPUNCT LEE @ AMERI CHIRO *	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/05/16	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR BUU @ AMERI CHIRO*	150.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/27/16	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/17/17	LIEN FIL FEE	LIEN FILING FEE	150.00
08/01/19	PMT BY CHECK	DOS 1/25/16-10/17/17* # 0156452425	-1390.00
		BALANCE	0.00

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

GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

M

MDG2009 00003928 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

PAID
AUG 09 2019
BY: .....

CLAIM NO.: 011260 049448 WC 01 (4020150-08)
CLAIMANT:
DESCRIPTION: INV#-68341 ✓

DATES OF SERVICE: 25Jan16 **THRU** 17Oct17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 08Jan16

NO.: 0156452425
VN: 0002151127
DATE: 01Aug19

AMOUNT: 1390.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003928 004577 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. 0156452425 004763
VN. 0002151127
DATE: 01Aug19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY:
$ **1390.00

CLAIM NO.: 011260 049448 WC 01 (4020150-08) **BRANCH NO.:** 094
PAY ONE THOUSAND THREE HUNDRED NINETY AND 00/100 DOLLARS**********

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

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0156452425⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
08/02/19 68752

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002221-012135-WC-01

BILL TO:
GALLAGHER BASSETT (SACRAMENTO)
W. C. DEPARTMENT
ATTN: NICOLE AVILA
P.O. BOX # 4040
SACRAMENTO, CA 95812-4040

Case: vs ALLIED PROTECTION SERVICES
Date Of Injury: 11/5/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/16	F/U CHIRO TX	CHIRO TREATMENT W/DR SUUTARI @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
03/09/16	F/U CHIRO TX	CHIRO TREATMENT W/DR SUUTARI @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/16/16	PR2/REEVAL	DR SUUTARI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
04/13/16	PR2/REEVAL	DR SUUTARI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/25/19	PMT BY CHECK	DOS 3/2/16-4/13/16* # 0156292732	-540.00

BALANCE 0.00

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

MZ

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

M

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

PAID
AUG 02 2019
BY

GALLAGHER BASSETT SERVICES INC
FOR EVEREST NATIONAL INS CO

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

68752

CLAIM NO.: 002221 012135 WC 01 (0328014105)
CLAIMANT:
DESCRIPTION: TRANSLATING SERVICES

DATES OF SERVICE: 02Mar16 **THRU** 13Apr16
BENEFIT PERIOD: **THRU**

BRANCH NO.: 502
ACC DATE: 05Nov15

NO.: 0156292732
VN: 0000859673
DATE: 25Jul19
AMOUNT: 540.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004205 004859 002 003

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

39602

GALLAGHER BASSETT SERVICES INC
FOR EVEREST NATIONAL INS CO

CHECK NO. 0156292732 003197
VN. 0000859673
DATE: 25Jul19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **540.00

CLAIM NO.: 002221 012135 WC 01 (0328014105) **BRANCH NO.:** 502
PAY FIVE HUNDRED FORTY AND 00/100 DOLLARS**********

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

Donna M. Korte
AUTHORIZED SIGNATURE

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

⑈0156292732⑈ ⑆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#
06/04/19	71120

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
005565000146WC-01

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

Case: vs HOTEL BEL-AIR
Date Of Injury: 9/30/16

DOS	SERVICE	DESCRIPTION	AMOUNT
01/13/17	INITIAL EXAM	DR ERIC GOFNUNG @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
01/23/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
02/22/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
03/22/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/03/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/14/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/26/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/07/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/21/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
09/18/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
10/09/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
10/16/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
10/30/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
04/16/19	LIEN FIL FEE	LIEN FILING FEE	150.00
05/28/19	PMT BY CHECK	DOS 1/13/17-4/16/196* # 0154897868	-1820.00

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#
06/04/19	71120

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
005565000146WC-01

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

Case: vs HOTEL BEL-AIR
Date Of Injury: 9/30/16

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 **

MDG2009 00000954 1 MB .428 1

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

RECEIVED
JUN 04 2019
BY:

GALLAGHER BASSETT SERVICES INC
FOR FEDERAL INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: 818-638-2330
GB-CARRIER CALIFORNIA SOUTH WC
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 005565 000146 WC 01 (20043425)
CLAIMANT:
DESCRIPTION: INV#-71120

DATES OF SERVICE: 13Jan17 **THRU** 16Apr19
BENEFIT PERIOD: **THRU**

BRANCH NO.: 243
ACC DATE: 30Sep16

NO.: 0154897868
VN: 0000012140
DATE: 28May19

AMOUNT: 1820.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0000954 001904 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#
05/07/19 72510

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
001790-009835-WC-01

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

Case: vs RESEARCH METAL INDUSTRIES INC
Date Of Injury: 9/1/15 - 3/16/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/18/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/01/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/01/19	PMT BY CHECK	DOS 8/18/17-11/1/17* # 0154222260	-406.50

BALANCE 0.00

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

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

001790 PAGE 1 OF 1 002866

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

PAID
MAY 07 2019
BY: .....

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

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

CLAIM NO.: 001790 009835 WC 01 (043753-001)
CLAIMANT:
DESCRIPTION: DEPO TRANSCRIPT

DATES OF SERVICE: 18Aug17 **THRU** 01Nov17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 502
ACC DATE: 16Mar17

NO.: 0154222260
VN: 0000334226
DATE: 01May19

AMOUNT: 406.50

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003990 004525 002 002

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GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

CHECK NO. 0154222260 002866
VN. 0000334226
DATE: 01May19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **406.50

CLAIM NO.: 001790 009835 WC 01 (043753-001) **BRANCH NO.:** 502
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

⑈0154222260⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***

Date	NO#
09/12/18	73075

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011260-068153-WC-01

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

Case: vs CHARTWELL STAFFING SERVICES
Date Of Injury: 10/16/17

DOS	SERVICE	DESCRIPTION	AMOUNT
12/14/17	INITIAL EXAM	DR HUMBERTO RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/19/17	INITIAL ACUP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/25/18	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/06/18	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/23/18	PR2/REEVAL	DR BARRY MARKS @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/07/18	FOLLOW-UP	W/ ACUPUNCT KIM @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/16/18	PR2/REEVAL	DR ZAREENA KHAN @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/07/18	PMT BY CHECK	DOS 12/14/17-7/16/18* # 0148608863	-1360.00

BALANCE 0.00

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

LR

PO BOX 2934
CLINTON IA 52733-2934

MK

MDG2009 00008010 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: 866-841-0167
GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 011260 068153 WC 01 (4020415-07)
CLAIMANT:
DESCRIPTION: INV# 73075

DATES OF SERVICE: 14Dec17 **THRU** 16Jul18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 16Oct17

NO.: 0148608863
VN: 0001839817
DATE: 07Sep18

AMOUNT: 1360.00

SEP 12 2018

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0008010 009028 001 003

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

CHECK NO. 0148608863 005715
VN: 0001839817
DATE: 07Sep18 62-20/311

CLAIM NO.: 011260 068153 WC 01 (4020415-07) **BRANCH NO.:** 094

PAY ONE THOUSAND THREE HUNDRED SIXTY AND 00/100 DOLLARS**********

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **1360.00

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

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0148608863⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
03/18/19 73561

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002227-MV5303592

BILL TO:
GALLAGHER BASSETT (CLINT-2840)
W. C. DEPARTMENT
ATTN: AMBER TRACY
P.O. BOX 2840
CLINTON, IA 52733

Case: vs GOOD PEOPLE
Date Of Injury: 2/9/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/06/18	P AND S	DR MICHAEL FELDMAN @ HAND & ORTHO CTR*	230.00
/ /	INTERPRETER:	LISBETH Y.C. PARRENO # 101080	0.00
03/10/19	PMT BY CHECK	DOS 3/6/19* # 0152967209	-230.00

BALANCE 0.00

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

MR.

GALLAGHER BASSETT-OKLAHOMA CIT
PO BOX 2934
CLINTON IA 52733-2934

002227 PAGE 1 OF 1 000344

MDG2009 00000037 1 SP .500 2

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

BERKLEY INSURANCE COMPANY
GALLAGHER BASSETT SERVICES INC
MIDWEST EMPLOYERS CASUALTY

DIRECT CHECK INQUIRIES TO:
PHONE: 800-943-7244
GALLAGHER BASSETT-OKLAHOMA CIT
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 002227 001920 WC 01 (8010004601)
CLAIMANT:
DESCRIPTION: INV#-73561
DATES OF SERVICE: 06Mar18 **THRU** 06Mar18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 132
ACC DATE: 09Feb18

NO.: 0152967209
VN: 0000067374
DATE: 10Mar19
AMOUNT: 230.00

PAID
MAR 18 2019

PV. .....

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0000037 000066 001 001

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

39602

BERKLEY INSURANCE COMPANY
GALLAGHER BASSETT SERVICES INC
MIDWEST EMPLOYERS CASUALTY

CHECK NO. 0152967209 000344
VN. 0000067374
DATE: 10Mar19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **230.00

CLAIM NO.: 002227 001920 WC 01 (8010004601) **BRANCH NO.:** 132
PAY TWO HUNDRED THIRTY AND 00/100 DOLLARS**********

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

Donna M. Korte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0152967209⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
12/06/18 66044

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
13-073117

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

Case: vs CINGULAR STAFFING
Date Of Injury: 11/4/12

DOS	SERVICE	DESCRIPTION	AMOUNT
08/08/13	INITIAL EXAM	-DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/14/13	PR2/REEVAL	-DR JACKSON & INIT PHYS TX W/DR MENDOZA @ ACS*	180.00
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/16/13	PT PR-2	PHYSICAL THERAPY W/DR MENDOZA @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/19/13	PT PR-2	PHYSICAL THERAPY W/DR MENDOZA @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
08/30/13	PT PR-2	PHYSICAL THERAPY W/DR MENDOZA @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/12/13	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
09/27/13	EMG TESTING	& NCV BY DR BEHZAD: U/E @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
10/02/13	PT P&S	-PHYSICAL THERAPY W/DR GHODS ADVANCE CARE*	90.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/17/13	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
11/13/13	F.C.E. TEST	-FUNCTIONAL CAPACITY EVAL @ ACS W/DR RINK*	150.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
11/21/13	PR2/REEVAL	-DR RAMESHNI @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/17/13	INITIAL EXAM	W/ACUPUNCTURIST J. PARK @	230.00

HR

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

*** INVOICE ***

Date	NO#
12/06/18	66044

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
13-073117

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

Case: vs CINGULAR STAFFING
Date Of Injury: 11/4/12

DOS	SERVICE	DESCRIPTION	AMOUNT
		ADVANCE CARE*	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/19/13	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/20/13	INITIAL EXAM	DR WILLIAMS @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
01/07/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/09/14	PR2-RE/EVAL	-W/ACUPUNCTURIST J. PARK & PR-2 W/DR RAMESHNI*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/21/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	LESLIE RIVERA # 500259	0.00
01/23/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/28/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	PATRICIA SANCHEZ # 301554	0.00
01/29/14	PR2/REEVAL	-DR JACKSON-SCOTT @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/30/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
09/11/13	PT PR-2	PHYSICAL THERAPY W/DR GHODS @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/18/13	PT PR-2	PHYSICAL THERAPY W/DR GHODS @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/23/13	PT PR-2	PHYSICAL THERAPY W/DR GHODS @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/06/18 66044

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
13-073117

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

Case: vs CINGULAR STAFFING
Date Of Injury: 11/4/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/01/13	INITIAL EXAM	DR SHAMLOU @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/06/14	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/24/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/27/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/03/14	PR2-RE/EVAL	-W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/06/14	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/13/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/24/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/03/14	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/17/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/21/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
04/30/14	PR2/REEVAL	-DR MIRZABEIGI @ ADVANCE CARE	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/01/14	PR2/REEVAL	-DR RAMESHNI @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/08/14	L.I.N.T.	-LOCALIZED INTENSE NEURO-STIMULATION @ ACS*	150.00
/ /	INTERPRETER:	LESLIE R. MELTON # 500259	0.00
05/15/14	L.I.N.T.	-LOCALIZED INTENSE NEURO-STIMULATION @ ACS*	150.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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*** INVOICE ***

Date	NO#
12/06/18	66044

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
13-073117

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

Case: vs CINGULAR STAFFING
Date Of Injury: 11/4/12

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LESLIE R. MELTON # 500259	0.00
05/28/14	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/29/14	PR2/REEVAL	-DR RAMESHNI & L.I.N.T. @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
/ /	INTERPRETER:	LESLIE MELTON # 500259	0.00
06/05/14	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ ACS*	150.00
/ /	INTERPRETER:	LESLIE R. MELTON # 500259	0.00
06/12/14	PR2-RE/EVAL	W/ACUPUNCTURIST PARK @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LESLIE R. MELTON # 500259	0.00
06/20/14	INITIAL EXAM	-DR MENDELSON @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/19/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LILIAN HALPERIN # 100048	0.00
06/26/14	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/25/14	PR2/REEVAL	-DR MIRZABEIGI @ ADVANCE CARE	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/03/14	PR2-RE/EVAL	-W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/10/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/16/14	PR2/REEVAL	DR MENDELSOHN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
07/17/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	JOSE LOPEZ # 301665	0.00
07/23/14	PR2/REEVAL	-DR MIRZABEIGI @ ACS*	180.00

Joyce Altman Interpreters, Inc.
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Date	NO#
12/06/18	66044

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Claim #(s):
13-073117

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

Case: vs CINGULAR STAFFING
Date Of Injury: 11/4/12

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/24/14	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/31/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/13/14	PR2/REEVAL	DR MENDELSOHN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
08/14/14	PR2-RE/EVAL	W/ACUPUNCT A.HONG @ ADV CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/18/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ACS W/DR CONNOLLY*	150.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/20/14	PR2/REEVAL	DR TASHA BROWN @ ADV CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/19/14	PR2-RE/EVAL	W/ACUPUNCT HONG @ ADV CARE*	180.00
/ /	INTERPRETER:	LESLIE MELTON # 500259	0.00
08/21/14	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
09/16/14	PR2-RE/EVAL	W/ACUPUNCTURIST S. HONG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/26/14	PR2-RE/EVAL	W/ACUPUNCT HAN @ ADV CARE*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
09/04/14	PR2-RE/EVAL	W/ACUPUNCT HONG @ ACS*	180.00
/ /	INTERPRETER:	IRENE MORA # 100159	0.00
09/09/14	PR2-RE/EVAL	W/ACUPUNCT HONG @ ACS*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/11/14	PR2-RE/EVAL	W/ACUPUNCT SUNG HONG @ ACS*	180.00
/ /	INTERPRETER:	LESLIE MELTON # 500259	0.00
09/17/14	PR2/REEVAL	-DR BHARATWAL & PT PR-2 W/DR GHODS @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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BILL TO:
INTERCARE INS (PASADENA)
W. C. DEPARTMENT
ATTN: CAROL HORAN
P.O. BOX # 7111
PASADENA, CA 91109

Case: vs CINGULAR STAFFING
Date Of Injury: 11/4/12

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/25/14	P AND S	DR RAMESHNI & F/U ACUPUNCT. W/S. HONG @ ACS	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/15/14	PR2/REEVAL	DR BHARATWAL @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/12/14	PR2/REEVAL	DR BHARATWAL @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/10/14	PR2/REEVAL	DR BHARTWAL @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/31/18	PENALTIES	FOR DATE OF SERVICE 08/08/13	34.50
11/15/18	INTEREST	FOR DATE OF SERVICE 08/08/13	131.96
03/31/15	PENALTIES	FOR DATE OF SERVICE 08/14/13	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 08/14/13	29.26
03/31/15	PENALTIES	FOR DATE OF SERVICE 08/16/13	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 08/16/13	14.63
03/31/15	PENALTIES	FOR DATE OF SERVICE 08/19/13	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 08/19/13	14.63
03/31/15	PENALTIES	FOR DATE OF SERVICE 08/30/13	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 08/30/13	14.63
03/31/15	PENALTIES	FOR DATE OF SERVICE 09/12/13	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 09/12/13	29.26
03/31/15	PENALTIES	FOR DATE OF SERVICE 09/27/13	22.50
03/31/15	INTEREST	FOR DATE OF SERVICE 09/27/13	24.39
05/31/18	PENALTIES	FOR DATE OF SERVICE 10/02/13	13.50
11/15/18	INTEREST	FOR DATE OF SERVICE 10/02/13	51.64
03/31/15	PENALTIES	FOR DATE OF SERVICE 10/17/13	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 10/17/13	29.26
03/31/15	PENALTIES	FOR DATE OF SERVICE 11/13/13	22.50
03/31/15	INTEREST	FOR DATE OF SERVICE 11/13/13	24.01

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/06/18	66044

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Terms: 60 days
Claim #(s):
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INTERCARE INS (PASADENA)
W. C. DEPARTMENT
ATTN: CAROL HORAN
P.O. BOX # 7111
PASADENA, CA 91109

Case: vs CINGULAR STAFFING
Date Of Injury: 11/4/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/31/15	PENALTIES	FOR DATE OF SERVICE 11/21/13	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 11/21/13	28.36
05/31/18	PENALTIES	FOR DATE OF SERVICE 12/17/13	34.50
11/15/18	INTEREST	FOR DATE OF SERVICE 12/17/13	127.76
03/31/15	PENALTIES	FOR DATE OF SERVICE 12/19/13	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 12/19/13	26.77
05/31/18	PENALTIES	FOR DATE OF SERVICE 12/20/13	34.50
11/15/18	INTEREST	FOR DATE OF SERVICE 12/20/13	127.39
03/31/15	PENALTIES	FOR DATE OF SERVICE 01/07/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 01/07/14	25.69
03/31/15	PENALTIES	FOR DATE OF SERVICE 01/09/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 01/09/14	25.58
03/31/15	PENALTIES	FOR DATE OF SERVICE 01/21/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 01/21/14	24.90
03/31/15	PENALTIES	FOR DATE OF SERVICE 01/23/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 01/23/14	24.78
03/31/15	PENALTIES	FOR DATE OF SERVICE 01/28/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 01/28/14	24.50
03/31/15	PENALTIES	FOR DATE OF SERVICE 01/29/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 01/29/14	24.44
03/31/15	PENALTIES	FOR DATE OF SERVICE 01/30/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 01/30/14	24.39
03/31/15	PENALTIES	FOR DATE OF SERVICE 09/11/13	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 09/11/13	16.19
03/31/15	PENALTIES	FOR DATE OF SERVICE 09/18/13	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 09/18/13	15.99
03/31/15	PENALTIES	FOR DATE OF SERVICE 09/23/13	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 09/23/13	15.85
05/31/18	PENALTIES	FOR DATE OF SERVICE 11/01/13	34.50
11/15/18	INTEREST	FOR DATE OF SERVICE 11/01/13	125.29
03/31/15	PENALTIES	FOR DATE OF SERVICE 02/06/14	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#
12/06/18	66044

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
13-073117

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

Case: _ _ _ vs CINGULAR STAFFING
Date Of Injury: 11/4/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/31/15	INTEREST	FOR DATE OF SERVICE 02/06/14	23.99
03/31/15	PENALTIES	FOR DATE OF SERVICE 02/24/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 02/24/14	22.97
03/31/15	PENALTIES	FOR DATE OF SERVICE 02/27/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 02/27/14	22.80
03/31/15	PENALTIES	FOR DATE OF SERVICE 03/03/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 03/03/14	22.57
03/31/15	PENALTIES	FOR DATE OF SERVICE 03/06/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 03/06/14	22.40
03/31/15	PENALTIES	FOR DATE OF SERVICE 03/13/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 03/13/14	22.00
03/31/15	PENALTIES	FOR DATE OF SERVICE 03/24/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 03/24/14	21.38
03/31/15	PENALTIES	FOR DATE OF SERVICE 03/26/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 03/26/14	21.27
03/31/15	PENALTIES	FOR DATE OF SERVICE 04/03/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 04/03/14	20.81
03/31/15	PENALTIES	FOR DATE OF SERVICE 04/17/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 04/17/14	20.02
03/31/15	PENALTIES	FOR DATE OF SERVICE 04/21/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 04/21/14	19.79
03/31/15	PENALTIES	FOR DATE OF SERVICE 04/30/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 04/30/14	19.28
03/31/15	PENALTIES	FOR DATE OF SERVICE 05/01/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 05/01/14	19.23
03/31/15	PENALTIES	FOR DATE OF SERVICE 05/08/14	22.50
03/31/15	INTEREST	FOR DATE OF SERVICE 05/08/14	15.69
03/31/15	PENALTIES	FOR DATE OF SERVICE 05/15/14	22.50
03/31/15	INTEREST	FOR DATE OF SERVICE 05/15/14	15.36
03/31/15	PENALTIES	FOR DATE OF SERVICE 05/28/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 05/28/14	17.69

Joyce Altman Interpreters, 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	66044

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
13-073117

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

Case: vs CINGULAR STAFFING
Date Of Injury: 11/4/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/31/15	PENALTIES	FOR DATE OF SERVICE 05/29/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 05/29/14	17.64
03/31/15	PENALTIES	FOR DATE OF SERVICE 06/05/14	22.50
03/31/15	INTEREST	FOR DATE OF SERVICE 06/05/14	14.37
03/31/15	PENALTIES	FOR DATE OF SERVICE 06/12/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 06/12/14	16.84
05/31/18	PENALTIES	FOR DATE OF SERVICE 06/20/14	34.50
11/15/18	INTEREST	FOR DATE OF SERVICE 06/20/14	111.23
03/31/15	PENALTIES	FOR DATE OF SERVICE 06/19/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 06/19/14	16.45
03/31/15	PENALTIES	FOR DATE OF SERVICE 06/26/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 06/26/14	16.05
03/31/15	PENALTIES	FOR DATE OF SERVICE 06/25/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 06/25/14	16.11
03/31/15	PENALTIES	FOR DATE OF SERVICE 07/03/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 07/03/14	15.65
03/31/15	PENALTIES	FOR DATE OF SERVICE 07/10/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 07/10/14	15.26
03/31/15	PENALTIES	FOR DATE OF SERVICE 07/16/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 07/16/14	14.92
03/31/15	PENALTIES	FOR DATE OF SERVICE 07/17/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 07/17/14	14.86
03/31/15	PENALTIES	FOR DATE OF SERVICE 07/23/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 07/23/14	14.52
03/31/15	PENALTIES	FOR DATE OF SERVICE 07/24/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 07/24/14	14.46
03/31/15	PENALTIES	FOR DATE OF SERVICE 07/31/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 07/31/14	14.06
03/31/15	PENALTIES	FOR DATE OF SERVICE 08/13/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 08/13/14	13.33
03/31/15	PENALTIES	FOR DATE OF SERVICE 08/14/14	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#
12/06/18 66044

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
13-073117

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

Case: vs CINGULAR STAFFING
Date Of Injury: 11/4/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/31/15	INTEREST	FOR DATE OF SERVICE 08/14/14	13.27
03/31/15	PENALTIES	FOR DATE OF SERVICE 08/18/14	22.50
03/31/15	INTEREST	FOR DATE OF SERVICE 08/18/14	10.87
03/31/15	PENALTIES	FOR DATE OF SERVICE 08/20/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 08/20/14	12.93
03/31/15	PENALTIES	FOR DATE OF SERVICE 08/19/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 08/19/14	12.99
03/31/15	PENALTIES	FOR DATE OF SERVICE 08/21/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 08/21/14	12.87
03/31/15	PENALTIES	FOR DATE OF SERVICE 09/16/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 09/16/14	11.40
03/31/15	PENALTIES	FOR DATE OF SERVICE 08/26/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 08/26/14	12.59
03/31/15	PENALTIES	FOR DATE OF SERVICE 09/04/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 09/04/14	12.08
03/31/15	PENALTIES	FOR DATE OF SERVICE 09/09/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 09/09/14	11.80
03/31/15	PENALTIES	FOR DATE OF SERVICE 09/11/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 09/11/14	11.68
03/31/15	PENALTIES	FOR DATE OF SERVICE 09/17/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 09/17/14	11.34
05/31/18	PENALTIES	FOR DATE OF SERVICE 09/25/14	34.50
11/15/18	INTEREST	FOR DATE OF SERVICE 09/25/14	103.12
03/31/15	PENALTIES	FOR DATE OF SERVICE 10/15/14	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 10/15/14	9.75
04/01/15	PR2/REEVAL	DR BHARTWAL @ ACS*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/06/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/11/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS ALEX 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#
12/06/18	66044

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
13-073117

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

Case: vs CINGULAR STAFFING
Date Of Injury: 11/4/12

DOS	SERVICE	DESCRIPTION	AMOUNT
02/11/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
07/30/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/18/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/14/17	LIEN FIL FEE	LIEN FILING FEE	150.00
11/29/18	PMT BY CHECK	DOS 9/18/15* # 3255146 INTERCARE	-13320.00
12/06/18	BLCE OFF SET	BALANCE OFF SET	-3707.74

BALANCE 0.00

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

P8528028003

20181130202 HD

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

Electronic Service Requested

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

PAID
DEC 06 2018

Payee: Joyce Altman Interpeters
Company Name: Clarendon National Insurance Compan
Facility: Personnel Plus, Inc
Policy ID: CPMU16076
IRS/SSN: XXXXX6713
Administrator: CMcWilliam
Claim #: 13-073117
Account #:
Check #: 3255146
Check Total: $13,320.00
Check Date: 11/29/2018
Injury Date: 11/04/2012
From/Through Date: 09/18/15-09/18/15
Claimant Name:
Invoice #:
Description: Medical Lien Payment
Document #: PAL91CA136099
Primary ICD-9: 959.9
Received Date: 11/20/2018
Reviewed Date: 11/28/2018
PPO Name:
Pharmacy #:
DRG Code:

96 OF 240

ENV 6

Line	From/Through	Billed Code/ Mod	Units	Billed	Reviewed/Mod	Allowed	Discount	Recommended	Reason Code
001	09/18/15-09/18/15 PAYMENT BY ORDER	MDO10	001	17,027.74	MDO10	13,320.00	0.00	13,320.00	MCA-961
	Totals:			17,027.74		13,320.00	0.00	13,320.00	

Reason Code Description

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

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

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

*** INVOICE ***
Date NO#
10/10/18 70245

EAMS#(s):
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC6058-C29820

BILL TO:
LIBERTY MUTUAL (ROCKLIN)

ATTN: ROMISA BASSTEN
P.O. BOX 779008
ROCKLIN, CA 95677

Case: vs YARD HOUSE USA
Date Of Injury: 5/4/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/02/16	INITIAL EXAM	DR ROSENBERG @ TARZANA*	230.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
09/29/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/17/18	BLCE OFF SET	BALANCE OFF SET - FOR MEDICAL dos 8/2/16	-230.00
10/04/18	PMT BY CHECK	DOS 9/29/17* # 03216315	-250.00

BALANCE 0.00

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

HR

M

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	03216315	10/04/18
	CHECK AMOUNT ****$250.00	BLOCK NUMBER 002418

OSN: EE2801100403-003247

CLAIM #: WC 608-C29820
CONTRACT #: WA5-C4D-004161-104

CONTROL #: 000002558 ID: CRWE013

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 05/04/15
EMPLOYEE: J

EMPLOYER: YARD HOUSE USA INC
DATES OF SERVICE 09/29/17-09/29/17
LOCATION CODE: 108342

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
09/29/17	09/29/17	EXPENSE		.00	250.00	250.00	

NOTE: PAYS INTERPRETING FEES PER INVOICE 70245 ✓

TOTAL GROSS	250.00
TOTAL PAYABLE:	250.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	250.00

PAID
OCT 09 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#
09/10/18 39541

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0222360-WCMSTR

BILL TO:
MIDWEST INS (SPRINGFIELD,IL)
W. C. DEPARTMENT
ATTN: KYLE AMERSON
P.O. BOX # 13369
SPRINGFIELD, IL 62791-3369

Case: vs CRETE GUARD
Date Of Injury: 3/17/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/05/10	INITIAL EXAM	DR RAHIMIAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/18/10	PR2/REEVAL	DR RAHIMIAN* JESUS CASTILLO # 500358	180.00
12/28/10	PR2/REEVAL	DR RAHIMIAN* BOSCO BOKSCH # 301275	180.00
03/04/11	PMT BY CHECK	DOS 10/5/10 THRU 12/28/10 # 149624	-590.00
05/10/11	PR2/REEVAL	DR RAHIMIAN*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/09/11	PR2/REEVAL	DR RAHIMIAN* JESUS CASTILLO # 500358	180.00
10/29/11	PR2/REEVAL	W/ ACUPUNCTURIST LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/09/12	PR2/REEVAL	DR RAHIMIAN* JOSE LUGO # 500049	180.00
02/24/12	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ AMERI CHIRO*	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/18/12	PR2/REEVAL	W/CUPUNCTURIST A. LEE @ AMERI CHIRO*	180.00
04/05/12	P AND S	DR RAHIMIAN* SANDRA TALANCON # 100802	230.00
11/30/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
09/11/17	PENALTIES	FOR DATE OF SERVICE 04/05/12	34.50
08/07/18	INTEREST	FOR DATE OF SERVICE 04/05/12	165.44
09/06/18	PMT BY CHECK	DOS 9/4/18* # 528611	-1280.00
09/10/18	BLCE OFF SET	BALANCE OFF SET	-299.94

MA

Joyce Altman Interpreters, 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 39541

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0222360-WCMSTR

BILL TO:
MIDWEST INS (SPRINGFIELD,IL)
W. C. DEPARTMENT
ATTN: KYLE AMERSON
P.O. BOX # 13369
SPRINGFIELD, IL 62791-3369

Case: vs CRETE GUARD
Date Of Injury: 3/17/10

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
Creteguard Inc
Claimant
MORENO, FERNANDO
7312 SOUTH PICKERING AVENUE
APT #1
WHITTIER, CA 90602

Check No:	528611
Check Amt:	$1,280.00
Check Date:	09/06/2018
Claimant:	
Soc. Sec. No:	XXX-X)
Claim No:	0222360-WCMSTR
Date of Loss:	03/17/2010
Adjuster:	Larmon, Amanda
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	09/04/2018 To: 09/04/2018
Invoice No:	LIEN

SEP 10 2018

Payable Comment

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Creteguard Inc
Claimant
MORENO, FERNANDO
7312 SOUTH PICKERING AVENUE
APT #1
WHITTIER, CA 90602

Check No:	528611
Check Amt:	$1,280.00
Check Date:	09/06/2018
Claimant:	
Soc. Sec. No:	XXX-X.
Claim No:	0222360-WCMSTR
Date of Loss:	03/17/2010
Adjuster:	Larmon, Amanda
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	09/04/2018 To: 09/04/2018
Invoice No:	LIEN

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#
09/25/18 70705

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
00044700

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

Case: vs RISVOLDS INC
Date Of Injury: 4/24/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/13/16	INITIAL EXAM	-DR NEGIN RAMESHNI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
10/20/16	INITIAL ACUP	-W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
10/27/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/09/16	INITIAL EXAM	-DR BIPIN BHARTWAL @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/10/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/17/16	PR2/REEVAL	-DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/01/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/08/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 301721	0.00
12/14/16	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/15/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/22/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/29/16	SHOCK WAVE	THERAPY W/DR MOGHARABI @ EPC*	150.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/05/17	SHOCK WAVE	THERAPY W/DR MOGHARABI @ EPC*	150.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/18/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
01/24/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00

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

*** INVOICE ***
Date NO#
09/25/18 70705

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
00044700

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

Case: vs RISVOLDS INC
Date Of Injury: 4/24/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/07/18	LIEN FIL FEE	LIEN FILING FEE	150.00
09/19/18	PENALTIES	FOR DATE OF SERVICE 10/13/16	34.50
09/19/18	INTEREST	FOR DATE OF SERVICE 10/13/16	45.65
09/19/18	PENALTIES	FOR DATE OF SERVICE 10/20/16	34.50
09/19/18	INTEREST	FOR DATE OF SERVICE 10/20/16	45.65
09/19/18	PENALTIES	FOR DATE OF SERVICE 11/09/16	34.50
09/19/18	INTEREST	FOR DATE OF SERVICE 11/09/16	45.65
09/21/18	PMT BY CHECK	DOS 10/13/16-1/24/17* =# 01133672	-2900.00
09/25/18	BLCE OFF SET	BALANCE OFF SET	-280.45

BALANCE 0.00

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

000088-000001-000088 2511236 2320EDC 1
Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

Explanation of Review
Page: 1 of 2
DCN: PC1-0010-0478037
Date of Review: 09/19/2018
Date Bill Received: 09/18/2018
Adjustor: GJOHNSON
File: 00000000010.00 / 00000000000.00 / 00000000
Check No.: 01133672 Bulk $2,900.00
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 00044700
Policy: WA00035800
Employer Name: RISVOLD S, INC.
Doi: 04/24/2014
Claimant
Patient SSI
MPN Number: 1018

SEP 25 2018

Tax ID: 330956713 OMP
DOS: 10/13/2016 TO 01/24/2017
Ext ID: 33095671300 100
Payment Status Code: 1
Payment Date: 09/21/2018 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	Allowance	Expl. Code(s)
10/13/2016	MDS10			LUM SUM/MUL BILL-THE AMNT		1	1	0	1,450.00			1,450.00	1000
1/24/2017	MDS10			LUM SUM/MUL BILL-THE AMNT		1	1	0	1,450.00			1,450.00	1000
								Total Charges:	2,900.00				
								Bill Review Reductions:		0.00			
								Recommended Allowance				2,900.00	

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: 01133672

DATE: 09/21/2018

AMOUNT
*****$2,900.00

VOID AFTER 6 MONTHS

PAY **Two Thousand Nine Hundred and 00/100**

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

Marc E. Schmatter

⑈01133672⑈ ⑆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#
11/05/18	71153

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
112642WC2015

BILL TO:
PATRIOT RISK SVCS (W.H. 746)
W. C. DEPARTMENT
ATTN: SARA COLONIA
P.O. BOX 746
WOODLAND HILLS, CA 91365

Case: , vs ANANTA SERVICES INC. DBA TYCHO
Date Of Injury: 2/1/13 - 11/15/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/22/16	PR2/REEVAL	DR ALLEN MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
04/26/16	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/20/16	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/14/17	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/27/17	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
09/12/17	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/12/17	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
03/13/18	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
09/13/18	LIEN FIL FEE	LIEN FILING FEE	150.00
10/29/18	PMT BY CHECK	DOS 4/12/18* # CS-681907 SCIF	-720.00
11/02/18	PMT BY CHECK	DOS 3/22/16-3/18/18* # 900019 PATRIOTT	-720.00
11/05/18	BLCE OFF SET	BALANCE OFF SET	-150.00

HR

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

*** INVOICE ***

Date	NO#
11/05/18	71153

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
112642WC2015

BILL TO:
PATRIOT RISK SVCS (W.H. 746)
W. C. DEPARTMENT
ATTN: SARA COLONIA
P.O. BOX 746
WOODLAND HILLS, CA 91365

Case: vs ANANTA SERVICES INC. DBA TYCHO
Date Of Injury: 2/1/13 - 11/15/14

DOS	SERVICE	DESCRIPTION	AMOUNT

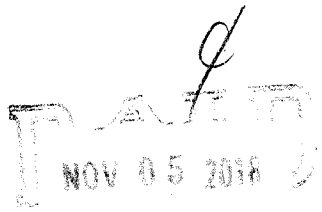
BALANCE 0.00

* 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 **

REATIVE RISK SOLUTIONS DES MOINES, IA 50306-9207

Description	From Date	To Date	Invoice #	Invoice Amt	Amount
Medical translation and interpre	3/22/2016	3/18/2018		$0.00	$720.00

Claim Number: 112640WC2015 Claimant Payee:Joyce Altman Interpreters, Inc.
Check Number: 900019 Total Check Amt: $720.00 Event Date: 6/1/2013 Department: TAN-0077 Tycho Services
Check Memo: per lien agreement



REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

CREATIVE RISK SOLUTIONS
PO BOX 9207
DES MOINES, IA 50306 -9207

BANKERS TRUST COMPANY
DES MOINES, IOWA 50309

72-64/730

DATE	CHECK NO.
11/02/2018	900019
AMOUNT	
$	**720.00**

PAY Seven Hundred Twenty and 00/100 Dollars**********

TO THE ORDER OF Joyce Altman Interpreters, Inc.
PO Box 4165
Tustin, CA 927810000

TWO SIGNATURES REQUIRED IF OVER $5,000

VOID IF NOT CASHED WITHIN 90 DAYS

⑈000090001 9⑈ ⑆073000642⑆ 480 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#
08/02/18 57640

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
05439138

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: RICHARD OWENS
P.O. BOX # 65005
FRESNO, CA 93650

Case: , vs RYAN CONSTRUCTION
Date Of Injury: 5/4/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/02/13	PR2/REEVAL	W/ACUPUNCTURIST PARK @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/09/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
01/23/13	PR2/REEVAL	W/ACUPUNCTURIST PARK*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/01/13	PR2/REEVAL	DR WILLIAMS @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/21/16	LIEN FIL FEE	LIEN FILING FEE	150.00
07/31/18	PMT BY CHECK	DOS 1/21/16* # CU-400754	-870.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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12

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals: 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-400754**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 07/31/18
Doc #: 033574303

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05439138		**Date of Injury:** 05/04/09		
SSN: XXX-XX-6327	Employer name: RYAN CONSTRUCTION, INC.				Employer ID: 0002380005496080				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-19219689	01/21/16	MDS10	Settlement For Dispu	1	870.00	.00	375 961 G5 G67	870.00
					Total Allowances:				**$870.00**

AUG 02 2018

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.
To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

Joyce Altman Interpreters, 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	62228

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
05986060

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: MEREDITH FRANCISCO
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs KANG NAM TRANS
Date Of Injury: 4/8/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/25/14	INITIAL EXAM	DR ATAMIAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
05/12/14	INITIAL EXAM	DR MIRZABEIGI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/30/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
06/09/14	PR2/REEVAL	DR MIZRABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
07/07/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
07/11/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	PATRICIA HERNANDEZ # 301690	0.00
08/04/14	PR2/REEVAL	DR BROWN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
09/15/14	PR2/REEVAL	DR ATAMIAN @ ACS*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
10/21/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
04/04/16	LIEN FIL FEE	LIEN FILING FEE	150.00
09/17/18	PMT BY CHECK	DOS 9/6/18* =# CU-406421	-1720.00
09/19/18	BLCE OFF SET	BALANCE OFF SET	-150.00

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

*** INVOICE ***

Date	NO#
09/19/18	62228

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
05986060

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: MEREDITH FRANCISCO
P.O. BOX # 65005
FRESNO, CA 93650

Case: , vs KANG NAM TRANS
Date Or Injury: 4/8/14

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 **

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals: 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-406421**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/17/18
Doc #: 033712429

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:			1 4416 **Claim #:** 06166714			**Date of Injury:** 04/17/15		
SSN: XXX-XX-5947	Employer name: YOO N ME USA, INC.			Employer ID: 0000009114183140					
1 SF1-SPCA-381563		08/06/18	999Q9	Interpreter Deposit-	1	156.50	.00	375 911 G5	156.50
	Patient Name:			68540 **Claim #:** 06077768			**Date of Injury:** 11/19/14		
SSN: XXX-XX-0709	Employer name: MAIN ST 76			Employer ID: 0000001576858140					
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
2 SF1-SFCA-19327813		12/04/17	MDO10	Payment By Order	1	15,320.80	3,320.80	375 961 G5 G67	12,000.00
	Patient Name:			**Claim #:** 05986060			**Date of Injury:** 04/08/14		
SSN: XXX-XX-2199	Employer name: KANG NAM TRANS CORP. 62228			Employer ID: 0000001939990140					
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
3 SF1-SFCA-19327774		04/04/16	MDS10	Settlement For Dispu	1	1,720.00	.00	375 961 G5 G67	1,720.00
				Total Allowances:					**$13,876.50**

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"

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

Medical
SA

Payee IRS Number: XXXXX6713

State Compensation Insurance Fund

Glendale District Office
PO BOX 65005
Fresno, CA 93650-5005

CU-406421
Union Bank
Los Angeles, California

90-4150
1222

VOID After 365 Days

Check Date	Check Amount
September 17, 2018	**$****13,876.50**

PAY ****Thirteen Thousand Eight Hundred Seventy-Six and 50/100 Dollars****ONLY

To The Order Of
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Please negotiate at your local Union Bank Branch.

⑈521040642⑈ ⑆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#
09/17/18	69225

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06144690

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: JEN LIN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs WESTERN JV SERVICE
Date Of Injury: 9/24/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/05/16	INITIAL EXAM	-DR GALAL GOUBRAN/DAVE FRANKE P.A. @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/13/16	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/20/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/15/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/22/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	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
05/03/16	PR2/REEVAL	-DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/13/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/18/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/20/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/25/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/27/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/01/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/07/16	PR2/REEVAL	-DR GOUBRAN/MILES @ SIDHU*	180.00

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

*** INVOICE ***
Date NO#
09/17/18 69225

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06144690

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: JEN LIN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs WESTERN JV SERVICE
Date of Injury: 9/24/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/14/16	PR2/REEVAL	DR GOUBRAN/TRUJILLO, P.A. @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/07/17	LIEN FIL FEE	LIEN FILING FEE	150.00
02/26/18	PENALTIES	FOR DATE OF SERVICE 04/05/16	34.50
02/26/18	INTEREST	FOR DATE OF SERVICE 04/05/16	44.13
02/26/18	PENALTIES	FOR DATE OF SERVICE 04/13/16	34.50
02/26/18	INTEREST	FOR DATE OF SERVICE 04/13/16	44.13
09/12/18	PMT BY CHECK	DOS 9/7/17* =# CP-022746	-3130.00
09/17/18	BLCE OFF SET	BALANCE OFF SET	-157.26

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals: 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CP-022746**

Issue Date: 09/12/18
Doc #: 033700440

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 06328872		**Date of Injury:** 03/01/17		
SSN: XXX-XX-0006	Employer name: THE SERVICES GROUP, LLC				Employer ID: 0000009202170170				
1	SF1-SPCA-380971	07/25/18	99Q9	Interpreter Deposit-	1	156.50	.00	375 911 G5	156.50
	Patient Name:				**Claim #:** 06144690		**Date of Injury:** 09/24/15		
SSN: XXX-XX-2402	Employer name: WESTERN JV SERVICE, INC				Employer ID: 0000009128971150				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
2	SF1-SFCA-19317381	09/07/17	MDS10	Settlement For Dispu	1	3,130.00	.00	375 961 G5 G67	3,130.00
					Total Allowances:				**$3,286.50**

SEP 17 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
SP

State Compensation Insurance Fund
Santa Ana District Office
PO BOX 65005
Fresno, CA 93650-5005

CP-022746
Union Bank
Los Angeles, California

90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
September 12, 2018	**$*****3,286.50**

PAY ****Three Thousand Two Hundred Eighty-Six and 50/100 Dollars****ONLY

To The Order Of
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Please negotiate at your local Union Bank Branch.

⑈521602274⑆ ⑆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#
05/06/19 69610

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06188296

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: LIEN UNIT
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs CEA PACK
Date Of Injury: 3/29/15-3/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
05/04/16	INITIAL EXAM	-DR NEGIN RAMESHNI-SANTA ANA*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/13/16	PR2/REEVAL	-DR NEGIN RAMESHNI-SANTA ANA*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/20/16	FOLLOW-UP	W/ ACUPUNCT BEHZAD RADPARVAR @ RAMESHNI CHIRO*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049 (AMENDED)	0.00
06/03/16	FOLLOW-UP	-W/ ACUPUNCT BEHZAD @RAMESHNI CHIRO*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/08/16	PR2/REEVAL	-DR RAMESHNI @RAMESHNI CHIRO*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/31/16	PR2/REEVAL	-DR RAMESHNI @RAMESHNI CHIRO*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/09/16	FOLLOW-UP	-W/ ACUPUNCT BEHZAD @RAMESHNI CHIRO*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/05/16	PR2/REEVAL	-DR RAMESHNI @RAMESHNI CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
11/11/16	PR2/REEVAL	DR RAMESHNI @ RAMESHNI CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
05/01/18	LIEN FIL FEE	LIEN FILING FEE	150.00
01/30/19	PENALTIES	FOR DATE OF SERVICE 05/04/16	34.50
04/10/19	INTEREST	FOR DATE OF SERVICE 05/04/16	70.65
01/30/19	PENALTIES	FOR DATE OF SERVICE 05/13/16	27.00
04/10/19	INTEREST	FOR DATE OF SERVICE 05/13/16	55.29
01/30/19	PENALTIES	FOR DATE OF SERVICE 05/20/16	27.00
04/10/19	INTEREST	FOR DATE OF SERVICE 05/20/16	55.29
01/30/19	PENALTIES	FOR DATE OF SERVICE 06/03/16	27.00
04/10/19	INTEREST	FOR DATE OF SERVICE 06/03/16	55.29

Joyce Altman Interpreters, 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 69610

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06188296

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: LIEN UNIT
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs CEA PACK
Date Of Injury: 3/29/15-3/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
01/30/19	PENALTIES	FOR DATE OF SERVICE 06/08/16	27.00
04/10/19	INTEREST	FOR DATE OF SERVICE 06/08/16	55.29
01/30/19	PENALTIES	FOR DATE OF SERVICE 08/31/16	27.00
04/10/19	INTEREST	FOR DATE OF SERVICE 08/31/16	52.01
01/30/19	PENALTIES	FOR DATE OF SERVICE 09/09/16	27.00
04/10/19	INTEREST	FOR DATE OF SERVICE 09/09/16	51.66
01/30/19	PENALTIES	FOR DATE OF SERVICE 10/05/16	27.00
04/10/19	INTEREST	FOR DATE OF SERVICE 10/05/16	50.42
01/30/19	PENALTIES	FOR DATE OF SERVICE 11/11/16	27.00
04/10/19	INTEREST	FOR DATE OF SERVICE 11/11/16	48.72
04/24/19	PMT BY CHECK	DOS 4/10/19* # CE-893706	-1820.00
04/30/19	PMT BY CHECK	DOS 5/1/18* # CE-894165	-745.12

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 **

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 #: **CE-894165**

Issue Date: 04/30/19
Doc #: 034351373

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05765028		**Date of Injury:** 12/30/11		
SSN: XXX-XX-4076 Employer name: CEA-PACK SERVICES INC					Employer ID: 0009150000688100				
ICD-10 Code:T14.90 INJURY, UNSPECIFIED									
1	SF1-SFCA-19852785	05/01/18	MDO10	Payment By Order	1	2,565.12	1,820.00	G67 961 G5 375	745.12
					Total Allowances:				**$745.12**

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
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0136922303435137300 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#
12/04/18	68477

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
301653180230-0001

BILL TO:
SEDGWICK CLAIMS (LEX-14779)
W. C. DEPARTMENT
ATTN: ALVIN CASTILLO
P.O. BOX 14779
LEXINGTON, KY 40512

Case: vs FAIRFIELD INN SUITES
Date Of Injury: 8/29/13 - 2/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
02/04/16	INITIAL EXAM	DR RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/12/16	INITIAL ACUP	W/ ACUPUNCT ALEX LEE @ AMERI*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/15/16	F/U CHIRO TX	CHIRO TREATMENT W/DR KHAN*	90.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/16/16	F/U CHIRO TX	CHIRO TREATMENT W/DR BUU*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/09/16	INITL CHIRO	TREATMENT W/DR SHARMA @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/23/16	F.C.E. TEST	FUNCT CAPACITY EVAL @ AMERI W/DR KHAN* INITIAL	150.00
/ /	INTERPRETER:	SANDRA TALACON # 100802	0.00
03/08/16	F/U CHIRO TX	CHIRO TREATMENT W/DR BUU @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/14/16	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/22/16	F/U CHIRO TX	CHIRO TREATMENT W/DR BUU @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/04/16	FOLLOW-UP	W/ ACUPUNCT LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/25/17	LIEN FIL FEE	LIEN FILING FEE	150.00
11/20/18	PENALTIES	FOR DATE OF SERVICE 02/04/16	34.50
11/20/18	INTEREST	FOR DATE OF SERVICE 02/04/16	70.44
11/20/18	PENALTIES	FOR DATE OF SERVICE 02/12/16	34.50
11/20/18	INTEREST	FOR DATE OF SERVICE 02/12/16	70.44
11/20/18	PENALTIES	FOR DATE OF SERVICE 02/09/16	13.50

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

*** INVOICE ***

Date	NO#
12/04/18	68477

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
301653180230-0001

BILL TO:
SEDGWICK CLAIMS (LEX-14779)
W. C. DEPARTMENT
ATTN: ALVIN CASTILLO
P.O. BOX 14779
LEXINGTON, KY 40512

Case: vs FAIRFIELD INN SUITES
Date Of Injury: 8/29/13 - 2/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
11/20/18	INTEREST	FOR DATE OF SERVICE 02/09/16	27.56
11/28/18	PMT BY CHECK	DOS 4/4/16* # 459792	-1570.00
12/04/18	BLCE OFF SET	BALANCE OFF SET	-250.94

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 **

Sedgwick Claims Management Services, Inc
PO Box 14779
Lexington, KY 40512

0005713-0016971 0106 001 752642 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
11/28/2018	1,570.00	459792
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
			01/31/2016	30165318023-0001
Amt Paid:	785.00	Description:	Interpreter	
Amt Billed:	910.47	Invoice:		ICN:6200-623299
Dates:	02/04/2016 - 02/04/2016	Comment:		
ARIAS, VERONICA			01/31/2016	30165318023-0001
Amt Paid:	785.00	Description:	Interpreter	
Amt Billed:	910.47	Invoice:		ICN:6200-623299
Dates:	04/04/2016 - 04/04/2016	Comment:		

RECEIVED
DEC 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

Joyce Altman Interpreters, 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 70584

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30166659189-0001

BILL TO:
SEDGWICK CLAIMS (LEX-14779)
W. C. DEPARTMENT
ATTN: ANNA SKOROPISARA
P.O. BOX 14779
LEXINGTON, KY 40512

Case: vs BRIGHTSTAR CARE
Date Of Injury: 1/1/96 - 9/26/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/07/16	INITIAL EXAM	DR GOFNUNG @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
11/14/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
11/28/16	INITIAL ACUP	W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/02/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/05/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
12/08/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/12/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
12/15/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
12/16/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
12/19/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
12/28/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/05/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
01/09/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
01/12/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
01/13/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	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#
08/28/18	70584

EAMS#(s):. _____

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30166659189-0001

BILL TO:
SEDGWICK CLAIMS (LEX-14779)
W. C. DEPARTMENT
ATTN: ANNA SKOROPISARA
P.O. BOX 14779
LEXINGTON, KY 40512

Case: ___ vs BRIGHTSTAR CARE
Date Of Injury: 1/1/96 - 9/26/16

DOS	SERVICE	DESCRIPTION	AMOUNT
01/16/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
01/20/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/23/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
01/27/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/26/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
01/30/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/03/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/06/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
02/08/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
02/13/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
02/17/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
02/20/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/24/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/27/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
03/02/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/03/17	FINAL ACUPT	W/ ACUPUNCT FEDER @ GOFNUNG*	230.00

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

*** INVOICE ***
Date NO#
08/28/18 70584

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30166659189-0001

BILL TO:
SEDGWICK CLAIMS (LEX-14779)
W. C. DEPARTMENT
ATTN: ANNA SKOROPISARA
P.O. BOX 14779
LEXINGTON, KY 40512

Case: vs BRIGHTSTAR CARE
Date Of Injury: 1/1/96 - 9/26/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
03/28/17	INITIAL EXAM	DR ALLEN MASSIHI @ GOFNUNG*	230.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
03/29/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
04/03/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
04/11/17	PR2/REEVAL	DR MASSIHI @ GOFNUNG* S	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
04/28/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
05/08/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
05/09/17	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
06/12/17	FINAL CHIRO	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
06/27/17	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
08/22/17	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
10/31/17	P AND S	DR MASSIHI @ GOFNUNG*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/09/18	LIEN FIL FEE	LIEN FILING FEE	150.00
08/20/18	PENALTIES	FOR DATE OF SERVICE 10/07/16	34.50
08/20/18	INTEREST	FOR DATE OF SERVICE 10/07/16	42.03
08/20/18	PENALTIES	FOR DATE OF SERVICE 11/28/16	34.50
08/20/18	INTEREST	FOR DATE OF SERVICE 11/28/16	42.03
08/20/18	PENALTIES	FOR DATE OF SERVICE 03/03/17	34.50
08/20/18	INTEREST	FOR DATE OF SERVICE 03/03/17	37.83
08/20/18	PENALTIES	FOR DATE OF SERVICE 03/28/17	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#
08/28/18 70584

EAMS#(s):

SS # : XXX-XX-
DOB : 5/6/67
Terms: 60 days
Claim #(s):
30166659189-0001

BILL TO:
SEDGWICK CLAIMS (LEX-14779)
W. C. DEPARTMENT
ATTN: ANNA SKOROPISARA
P.O. BOX 14779
LEXINGTON, KY 40512

Case: vs BRIGHTSTAR CARE
Date Of Injury: 1/1/96 - 9/26/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/20/18	INTEREST	FOR DATE OF SERVICE 03/28/17	35.94
08/20/18	PENALTIES	FOR DATE OF SERVICE 06/12/17	13.50
08/20/18	INTEREST	FOR DATE OF SERVICE 06/12/17	11.85
08/20/18	PENALTIES	FOR DATE OF SERVICE 10/31/17	34.50
08/20/18	INTEREST	FOR DATE OF SERVICE 10/31/17	20.80
08/22/18	PMT BY CHECK	DOS 9/30/16* # 447681	-7600.00
09/18/18	BLCE OFF SET	BALANCE OFF SET	-376.48

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
PO Box 14779
Lexington, KY 40512

0002147-0006765 0106 001 729619 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
08/22/2018	7,600.00	447681
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
			09/26/2016	30166659189-0001
Amt Paid:	7,600.00	Description:	Miscellaneous Medical	
Amt Billed:	7,600.00	Invoice:		ICN:227120257.339
Dates:	09/30/2016 - 09/30/2016	Comment:	LIEN SETTLEMENT	

AUG 28 2018

SWK.RM.STD.00.NP

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

[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#
03/08/19 73280

EAMS#(s):
02/07/2018
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30178040577-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: JESUS MACIAS
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs MONARCH LITHO, INC.
Date Of Injury: 6/7/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/26/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/09/18	P AND S	DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/05/19	PMT BY CHECK	DOS 1/26/18-3/9/18* # 96207101	-410.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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HL

M

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

DATE	CHECK AMOUNT	CHECK NUMBER
03/05/2019	410.00	96207101

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services, Inc	01 of 01

0000091-0000309 0106 001 775187

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

Claimant Name	Loss Date	Claim Number
	06/07/2017	30178040577-0001
Amt Paid: 410.00	Description: Interpreter	
Amt Billed: 410.00	Invoice: 73280	ICN:178458652.6
Dates: 01/26/2018 - 03/09/2018	Comment:	

PAID
MAR 08 2019
BY: .....

SWK.RM.STD.00.NP

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

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

Sedgwick as Agent for Everest National Insurance Co - CA1
Everest National Insurance

ORIGIN 6005201
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 03/05/2019

96207101
62-22
311

PAY: ******FOUR HUNDRED TEN AND 00/100 DOLLARS

$410.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

Everest National Insurance Co. Principal
Sedgwick Claims Management Services, Inc., Agent By:

527864040

⑈96207101⑈ ⑆031100225⑆ 207995005970 3⑈

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

*** INVOICE ***
Date NO#
10/17/18 74609

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
09950000141; 0995-0000142

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: LILIAN CALUMPONG
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: [redacted] vs FIELD FRESH FOODS INC.
Date Of Injury: 8/30/16; 11/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
02/07/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/13/17	PMT BY CHECK	DOS 2/7/17* # 17602	-156.50
03/22/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
10/15/18	PMT BY CHECK	DOS 3/22/17* # 95749454 SEDGWICK	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

0000897-0003151 0106 001 742858 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
10/15/2018	250.00	95749454
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
527 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name		Loss Date	Claim Number
		11/01/2016	0995-0000142
Amt Paid: 250.00	Description:		
Amt Billed: 250.00	Invoice:		ICN:0995-0000142
Dates: 09/21/2018 - 09/21/2018	Comment:	Joint Order for Interpreting Costs DOS: 03/22/17	

PAID
OCT 1 [illegible] 2018
BY. .....

SWK.RM.STD.00.NP

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

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

Sedgwick as Agent for Food Products of CA WC Program, Inc.

ORIGIN 5276911

Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 10/15/2018

95749454

62-22
311

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

$250.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

Food Products of CA WC Program, Principal
Sedgwick Claims Management Services, Inc., Agent By:

447945414

⑈95749454⑈ ⑆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#
08/01/18 63474

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
A5T6602

BILL TO:
SAINT PAUL TRAVELERS (SACRAM)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 13089
SACRAMENTO, CA 95813

Case: vs NORWALK COLLISION CENTER
Date Of Injury: 6/4/09

DOS	SERVICE	DESCRIPTION	AMOUNT
07/29/14	PRE-OP	DR JARCHI @ MONROVIA HOSPITAL*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
08/08/14	SURGERY	DR PELTON: LT KNEE @ MONROVIA HOSP (6hrs 5mins)	540.00
/ /	INTERPRETER:	ELISA MEDINA # 003695	0.00
01/21/16	LIEN FIL FEE	LIEN FILING FEE	150.00
07/27/18	PMT BY CHECK	DOS 7/29/14-1/21/16* # 891A 89495427	-870.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THE TRAVELERS - TRAVELERS WC CLAIMS
TRAVELERS WC CLAIMS
PO BOX 660055
DALLAS TX 75266-0055
SA09730

891A 89495427

M

TRAVELERS

DATE: 07/27/18
LOSS DATE: 06/04/09
FILE NUMBER: 158 CB A5T6602 P

EMPLOYEE

ACCOUNT NAME:
HI TECH COLLISION & GLASS

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

TRAVELERS CAS & SURETY COMPANY

EXPLANATION OF PAYMENT

Med Interpreting Srvc

SERVICE DATE: 7/29/2014 TO: 1/21/2016

TOTAL PAID: $870.00
TAX INFO: 330956713 Y C
PAY MISC: 63474
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: LORI D THOMPSON AT (916)859-2709

:08009825
DETACH CHECK

HNSHMM-111311
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
09/18/18	65254

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E5Y9522

BILL TO:
CONSTITUION/TRAVLERS (D.B.)
W. C. DEPARTMENT
ATTN: BRYAN SCHENEWERK
P.O. BOX 6510
DIAMOND BAR, CA 91765

Case: , vs MASCO CONTRACTORS
Date Of Injury: 9/25/14

DOS	SERVICE	DESCRIPTION	AMOUNT
01/05/15	INITIAL EXAM	DR NEGIN RAMESHNI @ ADVANCE CARE* ACS	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/19/15	INITIAL EXAM	DR ROBERT HASHEMIYOON @ ACS*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/02/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/26/15	PR2/REEVAL	DR JEFFREY MILLMAN @ ACS*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/03/15	PR2/REEVAL	DR RAMESHNI @ ACS*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/23/15	PR2/REEVAL	DR MILLMAN @ ACS*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
04/07/15	PR2/REEVAL	DR RAMESHNI @ ACS*	180.00
/ /	INTERPRETER:	TANIA CRAWFORD # 101330	0.00
04/21/15	INITIAL EXAM	DR ARASH YAGHOOBIAN @ ACS*	230.00
/ /	INTERPRETER:	TANIA CRAWFORD # 101330	0.00
05/05/15	P AND S	DR RAMESHNI @ ACS*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/07/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/25/16	LIEN FIL FEE	LIEN FILING FEE	150.00
09/11/18	PMT BY CHECK	DOS 1/5/15-10/25/16* # 903A 66910447	-2150.00

Joyce Altman Interpreters, 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	65254

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E5Y9522

BILL TO:
CONSTITUION/TRAVLERS (D.B.)
W. C. DEPARTMENT
ATTN: BRYAN SCHENEWERK
P.O. BOX 6510
DIAMOND BAR, CA 91765

Case: vs MASCO CONTRACTORS
Date Of Injury: 9/25/14

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 **

CSS LLC - DIAMOND BAR CL CLAIM
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266--005

SA00574

903A 66910447

mc

Constitution State Services

DATE: 09/11/18
LOSS DATE: 10/03/14
FILE NUMBER: 152 CB E5Y9522 H

EMPLOYEE

ACCOUNT NAME:
MASCO CORP

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

MASCO CORPORATION

EXPLANATION OF PAYMENT

Med Interpreting Srvc

SERVICE DATE: 1/5/2015 TO: 10/25/2016

TOTAL PAID: $2150.00
TAX INFO: 330956713 Y C
PAY MISC: 65254
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

SEP 18 2018

FOR ADDITIONAL INFORMATION, CONTACT: IAN STEWART AT (909)612-3033

54000581
— DETACH CHECK

UNSUMM-111331
OVRPUNS1-121295
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#
04/29/19 54425

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
GUIG-0233

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: PAUL BAUMGARTNER
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: . vs SO. CALIFORNIA COLLISION
Date Of Injury: 4/1/08 - 7/13/11

DOS	SERVICE	DESCRIPTION	AMOUNT
07/16/12	INITIAL EXAM	DR HA @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
08/27/12	PR2/REEVAL	DR HA* CLARA BONILLA # 500320	180.00
10/08/12	PR2/REEVAL	DR HA* CLARA BONILLA # 500320	180.00
12/12/12	PR2/REEVAL	DR HA* MARIA BARBOSA # 500267	180.00
01/16/13	PR2/REEVAL	DR HA* MARIA BARBOSA # 500267	180.00
02/06/13	INITIAL EXAM	W/ACUPUNCTURIST P. HUANG @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/06/13	PR2-RE/EVAL	W/ACUPUNCTURIST P HUANG *	180.00
/ /	INTERPRETER:	AURORA SINGER # 500169	0.00
03/11/13	P AND S	DR HA*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/27/13	PR2-RE/EVAL	W/ACUPUNCTURIST P. HUANG*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/03/13	PR2-RE/EVAL	W/ACUPUNCTURIST P. HUANG*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/10/13	PR2-RE/EVAL	W/ACUPUNCTURIST P. HUANG*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/17/13	PR2-RE/EVAL	W/ACUPUNCTURIST P. HUANG*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
04/24/13	PR2-RE/EVAL	W/ACUPUNCTURIST P. HUANG*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/01/13	PR2-RE/EVAL	W/ACUPUNCTURIST P. HUANG @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/15/13	PR2-RE/EVAL	W/ACUPUNCTURIST P HUANG @ SIDHU CHIRO*	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#
04/29/19 54425

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
GUIG-0233

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: PAUL BAUMGARTNER
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs SO. CALIFORNIA COLLISION
Date Of Injury: 4/1/08 - 7/13/11

DOS	SERVICE	DESCRIPTION	AMOUNT
05/24/13	PR2-RE/EVAL	W/ACUPUNCTURIST P HUANG @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/29/13	PR2-RE/EVAL	W/ACUPUNCTURIST P HUANG @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/05/13	PR2-RE/EVAL	W/ACUPUNCTURIST P HUANG @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/19/13	PR2-RE/EVAL	W/ACUPUNCTURIST P HUANG @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/03/13	PR2-RE/EVAL	W/ACUPUNCTURIST P. HUANG*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/10/13	PR2-RE/EVAL	W/ACUPUNCTURIST P. HUANG*	180.00
/ /	INTERPRETER:	AURORA SINGER # 500169	0.00
07/24/13	PR2-RE/EVAL	W/ACUPUNCTURIST P. HUANG*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/07/13	PR2-RE/EVAL	W/ACUPUNCTURIST P. HUANG*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/14/13	PR2-RE/EVAL	W/ACUPUNCTURIST P. HUANG*	180.00
/ /	INTERPRETER:	MARIA BABOSA # 500267	0.00
08/23/13	PR2-RE/EVAL	W/ACUPUNCTURIST P. HUANG*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/28/13	PR2-RE/EVAL	W/ACUPUNCTURIST P. HUANG*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/04/13	PR2-RE/EVAL	W/ACUPUNCTURIST P. HUANG*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/11/13	PR2-RE/EVAL	W/ACUPUNCTURIST P. HUANG*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/18/13	PR2-RE/EVAL	W/ACUPUNCTURIST P. HUANG*	180.00

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

*** INVOICE ***
Date NO#
04/29/19 54425

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
GUIG-0233

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: PAUL BAUMGARTNER
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs SO. CALIFORNIA COLLISION
Date Of Injury: 4/1/08 - 7/13/11

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/02/13	PR2-RE/EVAL	W/ACUPUNCTURIST P. HUANG*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/16/13	PR2-RE/EVAL	W/ACUPUNCTURIST P. HUANG*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/30/13	PR2-RE/EVAL	W/ACUPUNCTURIST P. HUANG*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/20/13	PR2-RE/EVAL	W/ACUPUNCTURIST P. HUANG*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/22/14	F/U CHIRO TX	CHIRO TREATMENT W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/12/15	FOLLOW-UP	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/26/15	FOLLOW-UP	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/02/15	FOLLOW-UP	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/09/15	FOLLOW-UP	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/02/15	FOLLOW-UP	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/13/15	FOLLOW-UP	W/ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	PATY PAREDES-NAVA # 101026	0.00
12/26/13	LIEN FIL FEE	LIEN FILING FEE	150.00
04/26/19	PMT BY CHECK	DOS 7/16/12-3/13/15* =# 143338	-7410.00

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

*** INVOICE ***

Date	NO#
04/29/19	54425

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
GUIG-0233

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: PAUL BAUMGARTNER
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs SO. CALIFORNIA COLLISION
Date Of Injury: 4/1/08 - 7/13/11

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 **

PAID
APR 29 2019

54425

PV.

York Risk Services Group, Inc., Client Escrow Account
and its Affiliated Insurance Companies 7196/W
P.O. Box 1700
Rancho Cucamonga, CA 91729

Payee: JOYCE ALTMAN INTERPRETERS, INC

IRS/SSN#: *****6713
Invoice#: 16262613

DOS From: 07/16/2012
DOS Thru: 03/13/2015
Description: MP 176-INTERPRETER MED

PPO Name:
Handling Office: 642-Anaheim WC Profit Center, Roseville, CA

Reviewed Date: 04/18/2019
Claim#: GUIG-0233
Date of Injury/Loss: 06/26/2012
Claimant:
Location:

Diagnosis Codes:
T1490XA

Check#: 14338
Check Date: 04/26/2019
Check Total: $7,410.00

Document#: 16262613-M
Batch#: 418190924

#	Billed Code	Reviewed Code	Units	Begin DOS	End DOS	Service Description	Amount Billed	BR Reduction	PPO Reduction	Other Reductions	Net Allowed	Reason Code
1	T1013	T1013	1	07/16/12	07/16/12	SIGN LANG/ORAL INTER	$230.00	$0.00	$0.00	$0.00	$230.00	
2	T1013	T1013	1	08/27/12	08/27/12	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
3	T1013	T1013	1	10/08/12	10/08/12	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
4	T1013	T1013	1	12/12/12	12/12/12	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
5	T1013	T1013	1	01/16/13	01/16/13	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
6	T1013	T1013	1	02/06/13	02/06/13	SIGN LANG/ORAL INTER	$230.00	$0.00	$0.00	$0.00	$230.00	
7	T1013	T1013	1	03/06/13	03/06/13	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
8	T1013	T1013	1	03/11/13	03/11/13	SIGN LANG/ORAL INTER	$230.00	$0.00	$0.00	$0.00	$230.00	
9	T1013	T1013	1	03/27/13	03/27/13	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
10	T1013	T1013	1	04/03/13	04/03/13	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
11	T1013	T1013	1	04/10/13	04/10/13	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
12	T1013	T1013	1	04/17/13	04/17/13	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
13	T1013	T1013	1	04/24/13	04/24/13	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
14	T1013	T1013	1	05/01/13	05/01/13	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
15	T1013	T1013	1	05/15/13	05/15/13	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
16	T1013	T1013	1	05/24/13	05/24/13	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
17	T1013	T1013	1	05/29/13	05/29/13	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
18	T1013	T1013	1	06/05/13	06/05/13	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
19	T1013	T1013	1	06/19/13	06/19/13	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
20	T1013	T1013	1	07/03/13	07/03/13	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
21	T1013	T1013	1	07/10/13	07/10/13	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
22	T1013	T1013	1	07/24/13	07/24/13	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
23	T1013	T1013	1	08/07/13	08/07/13	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
24	T1013	T1013	1	08/14/13	08/14/13	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
25	T1013	T1013	1	08/23/13	08/23/13	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
26	T1013	T1013	1	08/28/13	08/28/13	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
27	T1013	T1013	1	09/04/13	09/04/13	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
						SUBTOTALS:	$5,010.00	$0.00	$0.00	$0.00	$5,010.00	

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK • HOLD UP TO LIGHT TO VIEW • CHECK CONTAINS VISIBLE AND INVISIBLE FIBERS

York Risk Services Group, Inc.

York Risk Services Group, Inc., Client Escrow 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-0233	
DATE	CHECK NO
4/26/2019	**14338**
AMOUNT	
***$7,410.00	

PAY SEVEN THOUSAND FOUR HUNDRED TEN AND 0/100

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

Not Negotiable After 180 Days

⑈014338⑈ ⑆122000248⑆ 4006100002⑈

Document#: 16262613-M
Batch#: 418190924

#	Billed Code	Reviewed Code	Units	Begin DOS	End DOS	Service Description	Amount Billed	BR Reduction	PPO Reduction	Other Reductions	Net Allowed	Reason Code
28	T1013	T1013	1	09/11/13	09/11/13	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
29	T1013	T1013	1	09/18/13	09/18/13	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
30	T1013	T1013	1	10/02/13	10/02/13	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
31	T1013	T1013	1	10/16/13	10/16/13	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
32	T1013	T1013	1	10/30/13	10/30/13	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
33	T1013	T1013	1	11/20/13	11/20/13	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
34	T1013	T1013	1	12/22/14	12/22/14	SIGN LANG/ORAL INTER	$90.00	$0.00	$0.00	$0.00	$90.00	
35	T1013	T1013	1	01/12/15	01/12/15	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
36	T1013	T1013	1	01/26/15	01/26/15	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
37	T1013	T1013	1	02/02/15	02/02/15	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
38	T1013	T1013	1	02/09/15	02/09/15	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
39	T1013	T1013	1	03/02/15	03/02/15	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
40	T1013	T1013	1	03/13/15	03/13/15	SIGN LANG/ORAL INTER	$180.00	$0.00	$0.00	$0.00	$180.00	
41	T1013	T1013	1	12/26/13	12/26/13	SIGN LANG/ORAL INTER	$150.00	$0.00	$0.00	$0.00	$150.00	
						TOTAL:	$7,410.00	$0.00	$0.00	$0.00	$7,410.00	

*Unless otherwise noted, reductions are per applicable CA medical fee schedules; reasons are shown above. If you disagree with any reduction you may contact us at the address/phone below. For svcs prior to 1/1/13, you may adjudicate the dispute with the Workers' Compensation Appeals Board. For svcs on/after 1/1/13: Per Labor Code Secs 4603.6(a) or 4622(b)(1), disputes shall be resolved by requesting a 2nd review via DWC form SBR-1 within ninety (90) days of receipt of this EOR, or an Independent Bill Review (IBR) on DWC form IBR-1 within thirty (30) days of receipt of the 2nd review. Request of a 2nd review is a prerequisite to filing an IBR. Your bill is deemed satisfied if you fail to make either request within its timeframe. CA Labor Code Secs 3751(b) & 4600 prohibit attempts to collect funds from the injured worker.

WellComp Managed Care Services * 800/932-5535 * PO Box 619079, Roseville, CA * 95661

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

*** INVOICE ***
Date NO#
03/06/19 73575

EAMS#(s):
03/29/2018
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
MEWC0494

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: DAN CONLEY
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs FUJI FOOD CORP.
Date Of Injury: 5/18/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/09/18	INITIAL EXAM	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/01/19	PMT BY CHECK	DOS 3/9/18* # 292964	-230.00

BALANCE 0.00

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

42

M

Mailing Information:

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

Claim Number:	MEWC-0494
Claimant:	
Date of Loss:	05/18/2017
Check Number:	292964
Check Date:	03/01/2019
Check Amount:	$230.00
Type of Payment:	73575 MP 176 - INTERPRETER MED
Location:	63 Fuji Food Products 14420 Bloomfield Avenue of Fuji Food Products, Inc.
For Period:	03/09/2018 to 03/09/2018
InvoiceNo:	73575
IRS #:	33-0956713
Handling Office:	701-Inland Empire I, Roseville, CA
Detail:	PAYMENT FOR INTERPRETING SERVICES.

PAID
MAR 06 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 Starr Indemnity & Liability Insurance Company-4091/E
P.O. Box 1700
Rancho Cucamonga, CA 91729

Wells Fargo Bank, N A
190 River Road
Summit, NJ 07901-1444
62-22/311

REF. NUMBER
MEWC-0494

DATE
3/1/2019

CHECK NO
292964

AMOUNT
***$230.00**

PAY TWO HUNDRED THIRTY AND 0/100

TO THE ORDER OF
JOYCE ALTMAN INTERPRETING
Mail to: PO BOX 4165
TUSTIN, CA 92781-4165

Richard Tabuena

Not Negotiable After 180 Days

⑈0292964⑈ ⑆121000248⑆ 2000039124654⑈

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

*** INVOICE ***
Date NO#
09/10/18 70527

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2010344677

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: JACQUELINE TRAN
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs MVP UNIVERSAL FOREST PRODUCTS
Date Of Injury: 12/21/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/22/16	INITIAL EXAM	DR GALAL GOUBRAN @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
10/12/16	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, INITIAL CHIRO & PHYS TX W/DR	230.00
/ /	-	CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
03/02/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/05/18	PMT BY CHECK	DOS 9/22/16-3/2/17* # 1101745252	-640.00

BALANCE 0.00

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PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

MR

American Zurich Ins. Co.

Please Note:

We have a new mailing address for our claim office. Please use the above address for any future correspondence.

Visit **enrollments.zurichna.com** to enroll in electronic payments.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

01145

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
201-0344677 001 XO	WC 4664773	70527		12/21/15	09/22/16-03/02/17

Check Number	1101745252	**Date Issued**	09/05/18	**Amount**	$***640.00
Insured	MVP Universak Forest Products				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Jawed Alam				
File Supervisor	Jacqueline Tran	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	640.00		

TOTAL $640.00