Exotic Language Market Rate Summary Graph (per 8 CCR, Article 5.7)
August 2018 - June 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.	Language	Check Date	Payment Authority
74510	8/20/18 - 9/12/18	3/20/19	$ 970.00	Depo prep ($485), Depo review ($485)	$ 970.00	009378571	Korean	10/11/18	Amguard
	9/26/18 - 1/24/19		$ 1,455.00	EMG/NCV ($485), PR-2 ($485), P&S ($485)	$ 1,455.00	009415567		3/15/19	
75333	1/30/19 & 2/1/19	3/8/19	$ 970.00	2 C&R Readings ($485 each)	$ 970.00	81636744	Korean	3/1/19	CIGA
72371	10/19/2018	2/26/19	$ 485.00	Stip reading	$ 485.00	0152490847	Korean	2/19/19	Gallagher Bassett
74585	8/23/2018	12/6/18	$ 485.00	Board appear (WCAB LBO)	$ 485.00	0150656736	Korean	11/30/18	Gallagher Bassett
75160	12/26/2018	7/26/19	$ 485.00	Depo prep	$ 485.00	0151953241	Cambodian	1/28/19	Gallagher Bassett
	1/16/2019		$ 485.00	Depo review	$ 485.00	0152222222		2/7/19	
	6/20/2019		$ 485.00	Board appear (WCAB LBO)	$ 485.00	0156123709		7/18/19	
74628	9/17/2018	11/7/18	$ 485.00	C&R reading	$ 485.00	566277	Korean	11/5/18	LWP Claims/ ARCH
75249	1/17/2019	2/5/19	$ 485.00	Board appear (WCAB LBO)	$ 485.00	95645242	Sign language	1/31/19	Sedgwick

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

*** INVOICE ***
Date NO#
03/20/19 74510

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
DAWC819292-001

BILL TO:
AMGUARD INS. (WILES BARRE)
W. C. DEPARTMENT
ATTN: SHANEY RIVERS
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs CITY SUSHI & GRILL RESTAURANT
Date Of Injury: 1/9/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/20/18	LEGAL_EXOTIC	DEPO PREP @ L/O DENNIS FUSI (KOREAN)	485.00
/ /	INTERPRETER:	AERYONG KIM # 300769	0.00
09/12/18	LEGAL_EXOTIC	DEPO REVIEW @ L/O DENNIS FUSI	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
09/26/18	MED_EXOTIC	EMG & NCV: U/E W/DR DAVID EDELMAN (KOREAN)	485.00
/ /	INTERPRETER:	JULIE WAGNER # 300979	0.00
10/11/18	PMT BY CHECK	DOS 8/20/18-9/12/18* # 009378571	-970.00
10/22/18	MED_EXOTIC	PR2 W/DR RENEE KOHANIM CHIRO (KOREAN)	485.00
/ /	INTERPRETER:	INSOOK BECK # 500360	0.00
01/24/19	MED_EXOTIC	P&S W/DR RENEE KOHANIM	485.00
/ /	INTERPRETER:	AEROYONG KIM # 300769	0.00
03/04/19	LEGAL_EXOTIC	MSC @ WCAB LONG BEACH (KOREAN)	485.00
/ /	INTERPRETER:	HAESOON PARK # 301457	0.00
03/15/19	PMT BY CHECK	DOS 8/20/18-1/24/19* # 009415567	-1455.00
		BALANCE	485.00

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

VR

009378571

100

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

10/11/2018 330956713-0000 JOYCE ALTMAN INTERPRETERS INC
E034) 970.00 DAWC819292-001 DOL:01/09/2018
Inv/Case#: 74510
:08/20/2018-09/12/2018

RECEIVED
OCT 16 2018
BY: .....

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

AmGUARD Insurance Company
16 South River Street
Wilkes-Barre, PA 18703-0020

Wells Fargo Bank, N.A.
11-24
1210

009378571

DATE 10/11/2018
AMOUNT ********$970.00

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

⇨⇨⇨⇨⇨PAY ONLY $970.00
DOLLAR NINE SEVEN ZERO PERIOD ZERO ZERO

■ NINE HUNDRED SEVENTY DOLLARS AND 00 CENTS**********

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

VOID OVER $970.00

⑈009378571⑈ ⑆121000248⑆ 2000519407927⑈

EMR
009415567

210

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

GDCH10190315740.000210.01.01.000000

03/15/2019 330956713-0000 JOYCE ALTMAN INTERPRETERS INC
(E023) 1455.00 DAWC819292-001 DOL:01/09/2018
Inv/Case#: 74510
:08/20/2018-01/24/2019

PAID
MAR 18 2019
BY .....

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

AmGUARD Insurance Company

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

Wells Fargo Bank, N.A.

11-24
1210

009415567

DATE 03/15/2019

AMOUNT ******$1,455.00

➪➪➪➪➪PAY ONLY $1,455.00
DOLLAR ONE COMMA FOUR FIVE FIVE PERIOD ZERO ZERO

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

■ ONE THOUSAND FOUR HUNDRED FIFTY-FIVE DOLLARS AND 00 CENTS**********

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

VOID OVER $1,455.00

⑈009415567⑈ ⑆121000248⑆ 2000519407927⑈

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

*** INVOICE ***
Date NO#
03/08/19 75333

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
141-5176325

BILL TO:
CIGA/TRISTAR
W. C. DEPARTMENT
ATTN: BRIAN YORK
P.O. BOX 29066
GLENDALE, CA 91209

Case: vs INTERNATIONAL STEEL SERV CO.
Date Of Injury: 3/4/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/30/19	C&R READING	@ THE L/O OF DENNIS FUSI (KOREAN)	485.00
/ /	INTERPRETER:	JULIE WAGNER # 300979	0.00
02/01/19	C&R READING	@ THE L/O OF DENNIS FUSI ADDENDUM (KOREAN)	485.00
/ /	INTERPRETER:	JULIE WAGNER # 300978	0.00
03/01/19	PMT BY CHECK	DOS 1/30/19-2/1/19* # 81636744	-970.00

BALANCE 0.00

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

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

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

Address Service Requested

Phone: (818) 844-4300

000258-00001-000258 CIG1 2206927
Joyce Altman Interpreters, Inc.
PO Box 4165
Tustin, CA 92781-1460

CHECK NUMBER: 81636744

Description	Invoice	CLAIM #	G/L Code	Serv/From	Serv/To	Amount
112-Interpreter	75333	141-1576325		01/30/19	02/01/19+	$970.(

TOTAL: $970.(

PAID
MAR 08 2019
BY .....

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

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

BANK OF AMERICA NT SA
LOS ANGELES, CA 90067

CHECK NO. 81636744

DATE: 03/01/2019

Claim#: 141-1576325
Claimant.
Insured: INTERNATIONAL STEEL SERVICE CO
DOL: 03/04/2013

16-66/1220

AMOUNT
*******$970.00

VOID 120 DAYS AFTER DATE OF ISSUE

PAY NINE HUNDRED SEVENTY AND 00/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.

Memo INV #: 75333

Bradley K Rocha
AUTHORIZED SIGNATURE

Anthony Kennedy
AUTHORIZED SIGNATURE

C1

⑈81636744⑈ ⑆122000661⑆ 14177⑈ 5021 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#
02/26/19 72371

EAMS#(s):

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

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

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

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

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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LR

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

005645 PAGE 1 OF 1

EMR

MDG2009 00004242 1 MB .428 1

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

PAID
FEB 26 2019

PV. .....

72371

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

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

CLAIM NO.: 005645 000562 WC 02 (PCP0006904)
CLAIMANT:
DESCRIPTION:
DATES OF SERVICE: 19Oct18 **THRU** 19Oct18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 502
ACC DATE: 28Mar17

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

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004242 004733 001 001

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

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

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **485.00

39602

CLAIM NO.: 005645 000562 WC 02 (PCP0006904) **BRANCH NO.:** 502
PAY FOUR HUNDRED EIGHTY-FIVE AND 00/100 DOLLARS**********

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

Donna M. Korte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0152490847⑈ ⑆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	74585

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
005485-012981/012757WC01

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

Case: 's HEALTHCARE SVC GRP/QUALITY BUS
Date Of Injury: 11/1/17; 1/20/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/23/18	LEGAL_EXOTIC	STATUS CONFERENCE @ WCAB LBO LANG: KOREAN	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
11/30/18	PMT BY CHECK	DOS 8/23/18* # 0150656736	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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HR

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

005485 PAGE 1 OF 1 008873

MDG2009 00006626 1 MB .424 1

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

DEC 06 2018

GALLAGHER BASSETT SERVICES INC
FOR NEW HAMPSHIRE INS CO

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

CLAIM NO.: 005485 012757 WC 01 (SUNMA41)
CLAIMANT:
DESCRIPTION: INV# 74585

BRANCH NO.: 094
ACC DATE: 20Jan18

NO.: 0150656736
VN: 0000431635
DATE: 30Nov18

DATES OF SERVICE: 23Aug18 **THRU** 23Aug18
BENEFIT PERIOD: **THRU**

AMOUNT: 485.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0006626 007570 001 001

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

GALLAGHER BASSETT SERVICES INC
FOR NEW HAMPSHIRE INS CO

CHECK NO. 0150656736 008873
VN. 0000431635
DATE: 30Nov18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **485.00

CLAIM NO.: 005485 012757 WC 01 (SUNMA41) **BRANCH NO.:** 094

PAY FOUR HUNDRED EIGHTY-FIVE AND 00/100 DOLLARS**********

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

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0150656736⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
07/26/19 75160

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
005497001155WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)

ATTN: CLAIM ADJUSTER
P.O. BOX 2934
CLINTON, IA 52733

Case: vs THE COMMERCE CASINO AND HOTEL
Date Of Injury: 8/24/18

DOS	SERVICE	DESCRIPTION	AMOUNT
12/26/18	LEGAL_EXOTIC	DEPO PREP @ L/O LLARENA & MURDOCK	485.00
/ /	INTERPRETER:	SAMEDY CHHUM # 700574 LANG: CAMBODIAN	0.00
01/16/19	LEGAL_EXOTIC	DEPO REVIEW @ L/O DENNIS FUSI	485.00
/ /	INTERPRETER:	SAMEDY CHHUM # 700574	0.00
01/28/19	PMT BY CHECK	DOS 12/26/18* # 0151953241	-485.00
02/07/19	PMT BY CHECK	DOS 1/16/19* # 0152222222	-485.00
06/20/19	LEGAL_EXOTIC	MSC @ WCAB LONG BEACH	485.00
/ /	INTERPRETER:	BO K.S. UCE # 3011334	0.00
07/18/19	PMT BY CHECK	DOS 6/20/19* # 0156123709	-485.00

BALANCE 0.00

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

GALLAGHER BASSETT-LA/ORANGE CA
PO BOX 2934
CLINTON IA 52733-2934

005497 PAGE 1 OF 1 002898

EMR

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INDEMNITY INS

DIRECT CHECK INQUIRIES TO:
PHONE: 800-297-0866
GALLAGHER BASSETT-LA/ORANGE CA
PO BOX 2934
CLINTON IA 52733-2934

FEB 08 2019

CLAIM NO.: 005497 001155 WC 01 (21)
CLAIMANT:
DESCRIPTION: INV#-75160 ✓ 1

BRANCH NO.: 138
ACC DATE: 24Aug18

NO.: 0151953241
VN: 0000075926
DATE: 28Jan19

DATES OF SERVICE: 26Dec18 **THRU** 26Dec18
BENEFIT PERIOD: **THRU**

AMOUNT: 485.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004064 004690 002 002

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INDEMNITY INS

CHECK NO. 0151953241 002898
VN. 0000075926
DATE: 28Jan19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **485.00

CLAIM NO.: 005497 001155 WC 01 (21) **BRANCH NO.:** 138
PAY FOUR HUNDRED EIGHTY-FIVE AND 00/100 DOLLARS**********
TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

Donna M. Korte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0151953241⑈ ⑆031100209⑆ 4007490⑈

GALLAGHER BASSETT-LA/ORANGE CA
PO BOX 2934
CLINTON IA 52733-2934

005497 PAGE 1 OF 1 007885

M

MDG2009 00004981 1 MB .428 1

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

4

FEB 12 2019

GALLAGHER BASSETT SERVICES INC
FOR ARCH INDEMNITY INS

DIRECT CHECK INQUIRIES TO:
PHONE: 800-297-0866
GALLAGHER BASSETT-LA/ORANGE CA
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 005497 001155 WC 01 (21)
CLAIMANT:
DESCRIPTION: INV #: 75160

DATES OF SERVICE: 16Jan19 **THRU** 16Jan19
BENEFIT PERIOD: **THRU**

BRANCH NO.: 138
ACC DATE: 24Aug18

NO.: 0152222222
VN: 0000077238
DATE: 07Feb19

AMOUNT: 485.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004981 005738 001 001

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

39802

GALLAGHER BASSETT SERVICES INC
FOR ARCH INDEMNITY INS

CHECK NO. 0152222222 007885
VN. 0000077238
DATE: 07Feb19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **485.00

CLAIM NO.: 005497 001155 WC 01 (21) **BRANCH NO.:** 138
PAY FOUR HUNDRED EIGHTY-FIVE AND 00/100 DOLLARS**********
****
TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0152222222⑈ ⑆031100209⑆ 4007490⑈

EMR

PAID
JUL 26 2019
BY: .....

MDG2009 00004276 1 MB .428 1

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INDEMNITY INS

DIRECT CHECK INQUIRIES TO:
PHONE: 800-297-0866
GALLAGHER BASSETT-LA/ORANGE CA
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 005497 001155 WC 01 (21)
CLAIMANT:
DESCRIPTION: INV#-75160 ✓

BRANCH NO.: 138
ACC DATE: 24Aug18

NO.: 0156123709
VN: 0000089860
DATE: 18Jul19

DATES OF SERVICE: 20Jun19 **THRU** 20Jun19
BENEFIT PERIOD: **THRU**

AMOUNT: 485.00

[redacted]

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

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

*** INVOICE ***
Date NO#
11/07/18 74628

EAMS#(s):
/
SS # : XXX-XX-
DOB
Terms: 60 days
Claim #(s):
SAC0000168824

BILL TO:
LWP CLAIMS SOLUTIONS (SAC)
W. C. DEPARTMENT
ATTN: CYNTHIA LEE
P.O. BOX # 349016
SACRAMENTO, CA 95834

Case: /s PLAYER POKER CLUB
Date Of Injury: 1/27/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/17/18	LEGAL_EXOTIC	C&R READING @ L/O DENNIS FUSI LANG: KOREAN	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
11/05/18	PMT BY CHECK	DOS 9/17/18* # 566277	-485.00

BALANCE 0.00

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

ARCH
Administered by: LWP Claims Solutions, Inc., Inc.
PO Box 349016 Sacramento, CA 95834
FOR:

11-24
1210(8)

Wells Fargo Bank
299 South Main Street
4th Floor
Salt Lake City, UT 84111

CHECK DATE	CHECK NO.
11/5/2018	566277

CHECK AMOUNT

$485.00

VOID AFTER 180 DAYS

PAY Four Hundred Eighty Five Dollars and No Cents

TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS
PO Box 4165

Tustin, CA 92781

Judy Adlam
AUTHORIZED SIGNATURE

⑈00566277⑈ ⑆121000248⑆ 4000036228⑈

Claim Number	Claimant	Loss Date	Invoice Number
SAC0000168824		01/27/2016	74628
Service Dates	9/17/2018 - 9/17/2018		
Reference	74628 ✓	Invoice Amount	Paid Amount
Translation		485.00	485.00
Comment			

PAID
NOV 01 2018

LWP Claims Solutions, Inc., Inc.
PO Box 349016 Sacramento, CA 95834

Phone: (916) 609-3600
Fax: (916) 609-3639

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

*** INVOICE ***

Date	NO#
02/05/19	75249

EAMS#(s):

SS # : XXX-XX- --
DOB :
Terms: 60 days
Claim #(s):
30166339179-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14522)
W. C. DEPARTMENT
ATTN: ELSA PELAYO
P.O. BOX 14522
LEXINGTON, KY 40512

Case: 's VALLARTA FOOD ENT/VALLARTA MAR
Date Of Injury: 8/5/16

DOS	SERVICE	DESCRIPTION	AMOUNT
01/17/19	LEGAL_EXOTIC	MSC @ WCAB LONG BEACH SIGN LANGUAGE	485.00
/ /	INTERPRETER:	MONIQUE JOHNSON	0.00
01/31/19	PMT BY CHECK	DOS 1/17/19* # 95645242	-485.00

BALANCE 0.00

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

MP

EMR

Sedgwick Claims Management Services, Inc
P O Box 14522
Lexington, KY 40512-4497

0000764-0002591 0106 001 767426 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
01/31/2019	485.00	95645242

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

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

75249

Claimant Name	Loss Date	Claim Number
	08/05/2016	30166339179-0001

Amt Paid: 485.00
Amt Billed: 485.00
Dates: 01/17/2019 - 01/17/2019

Description:
Invoice: ICN:301663391790001
Comment: For sign language services

Sign

FEB 0 5 2019

SWK.RM.STD.00.NP

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

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

Vallarta Food Enterprises Inc
Safety National Casualty Corporation

ORIGIN 6322603
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 01/31/2019

95645242
62-22
311

PAY: ******FOUR HUNDRED EIGHTY FIVE AND 00/100 DOLLARS

$485.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

Vallarta Food Enterprises Inc, Principal
Sedgwick Claims Management Services, Inc., Agent By:

508599812

⑈95645242⑈ ⑆031100225⑆ 207995005970 3⑈