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

Includes payments for ***Penalties, Interest, plus Cost Sanctions (Spanish)***

Date range from 2004 - 2015

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
58852	5/6/13 - 5/13/14	12/18/15	$ 2,608.50	Initial (3.5hrs), 6 PR-2's, 2 Depo preps, 2 Depo reviews, 2 Board appears. LB, Lien fil fee & P&I's		009207795	12/14/15	Guard Ins.
			TOTAL AMT PAID =>		**$ 3,499.24**			
34378	6/18/09 - 4/15/15	12/14/15	$ 1,845.50	2 Depo preps, 2 Depo reviews, 4 Board appears. LB, Job Desc., C&R reading, P&I's & Cost & Sanc.	$ 156.50	0020134132	7/20/09	AmTrust
					$ 250.00	0020145706	8/31/09	
					$ 156.50	00202827	2/22/11	
					$ 1,915.45	00192142	9/24/15	
					$ 1,128.71	00219041	12/8/15	
			TOTAL AMT PAID =>		**$ 3,607.16**			
55213	8/14/12 - 2/5/15	12/18/15	$ 2,087.00	Initial (2hrs 35min), 5 PR-2's, Depo prep, Depo review, 2 PT PR-2's, 2 Board Appears, P&I's, Cost & Sanc. & Lien Fil Fee	$ 2,237.00	1100501217	8/18/15	Zurich
					$ 900.00	1100636024	12/14/15	
			TOTAL AMT PAID =>		**$ 3,137.00**			

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

Includes payments for ***Penalties, Interest, plus Cost Sanctions (Spanish)***

Date range from 2004 - 2015

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
37993	7/13/10 - 9/13/10	12/18/15	$740.00	Initial, EMG Testing, 2 PR-2's & P&I's	$ 816.36	29690811	12/12/15	AIG
			TOTAL AMT PAID =>					
64415	12/18/14 - 6/25/15	12/28/15	$1,005.57	2 Board Appears., C&R reading, Cost & Sanc. & P&I's	$ 156.50	0001490648	3/2/15	Sedgwick
					$ 250.00	0001586655	12/4/15	
					$ 675.00	0001592684	12/23/15	
			TOTAL AMT PAID =>		**$ 1,081.50**			
55023	9/12/12 - 4/29/15	12/9/15	$1,282.50	2 Depo preps, 2 Depo reviews, 3 Board appears., P&I's, Cost & Sanc. & Lien Activ. Fee	$ 156.00	0002291319	12/5/12	Crum & Foster
					$ 156.50	0002326070	1/15/13	
					$ 782.50	0002969528	6/12/15	
					$ 1,200.00	0003026041	12/1/15	
			TOTAL AMT PAID =>		**$2,295.00**			

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

Includes payments for ***Penalties, Interest, plus Cost Sanctions (Spanish)***

Date range from 2004 - 2015

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
64668	1/29/15	11/30/15	$ 156.50	C&R Reading, P&I's & Cost & Sanc.	$ 950.00	CS - 577119	11/25/15	SCIF
			TOTAL AMT PAID =>		**$ 950.00**			
54947	8/2/12 - 2/12/13	11/30/15	$313.00	2 Board Appears, P&I's & Cost & Sanc.	$ 156.50	896D 81241834	10/30/12	Travelers
					$ 500.00	896D 86948502	11/25/15	
			TOTAL AMT PAID =>		**$ 656.50**			
53839	6/19/12 - 3/18/14	12/4/15	$813.00	Depo prep, Depo review, C&R reading, Board appear. LB & Cost & Sanc.	$ 406.50	1009230245	10/31/12	Liberty Mutual
					$ 489.23	1010353347	12/31/14	
					$ 550.00	1010550313	11/30/15	
			TOTAL AMT PAID =>		**$ 1,445.73**			
28735	12/26/07 - 4/22/11	4/14/15	$3,228.50	Initial, Initial Psych eval.(2.5hrs), 5 Diagn. Studies, 4 PR-2's, Depo prep, Depo review, Deposition, 3 Board appears. LB, P&I's & Cost & Sanc.	$ 1,799.00	0051968	8/21/08	Berkshire Hathaway
					$ 180.00	0055783	9/15/08	
					$ 630.00	0072752	1/16/09	
					$ 156.50	0096498	7/2/09	
					$ 326.39	0389374	2/11/15	
					$ 201.22	389716	2/12/15	
					$ 1,200.00	0397383	4/10/15	
			TOTAL AMT PAID =>		**$ 4,493.11**			

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

Includes payments for ***Penalties, Interest, plus Cost Sanctions (Spanish)***

Date range from 2004 - 2015

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
42372	2/10/11 - 5/6/13	4/14/15	$ 3,500.50	2 Initials, 11 PR-2's, 1 PR-2 (2h 40m), Depo prep, Depo review, C&R reading, Boad appear. VNO & P&I's	$ 566.50	2007483246	6/24/11	Sedgwick
					$ 656.50	0050944245	7/15/14	
					$ 3,811.51	0055367650	4/7/15	
			TOTAL AMT PAID =>		**$ 5,034.51**			
41235	12/10/10 - 2/22/11	3/26/15	$ 875.25	Psychometric testing (2h 45m), Psych test (3hrs 45mins), Depo prep, Depo review, Lien fil fee, P&I's + Cost & Sanc.		896D85731741	3/20/15	Travelers
			TOTAL AMT PAID =>		**$ 1,900.00**			
31873	10/13/08 - 4/20/09	3/26/15	$ 1,310.00	Initial, 6 PR-2's & P&I's		0117215517	3/19/15	Gallagher Bassett
			TOTAL AMT PAID =>		**$ 1,515.59**			
34440	6/30/09 - 2/17/10	7/17/15	$ 640.00	Initial, PR-2, P&S + P&I's		00155464	7/6/15	AmTrust
			TOTAL AMT PAID =>		**$ 746.83**			
31363	6/30/08 - 10/16/14	8/25/15	$2,342.00	Initial, 2 PR-2's, 2 Depo preps, 2 Depo reviews, 5 Board appears. LB, Lien fil fee, P&I's + Cost & Sanc.	$ 1,282.50	0000272062	3/20/12	ICW
					$ 590.00	00003252664	8/26/13	
					$ 598.80	0000766415	4/1/15	
					$ 2,000.00	001027974	8/18/15	
			TOTAL AMT PAID =>		**$ 4,471.30**			

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

Includes payments for ***Penalties, Interest, plus Cost Sanctions (Spanish)***

Date range from 2004 - 2015

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
60778	1/22/14	2/17/15	$ 156.50	Depo prep, P&I's + Cost & Sanc.		16946	2/12/15	Athens
			TOTAL AMT PAID =>		**$ 675.00**			
62955	8/6/14	7/28/15	$ 156.50	Depo prep, P&I's + Cost & Sanc.	$ 156.50	900A26922231	12/24/14	Travelers
					$ 450.00	891A86436133	7/24/15	
			TOTAL AMT PAID =>		**$ 606.50**			
55928	11/1/12 - 6/24/13	7/28/15	$ 563.00	2 Depo preps, Depo review, P&I's + Cost & Sanc.		896D86352579	7/28/15	Travelers
			TOTAL AMT PAID =>		**$ 925.00**			
60320	11/25/13 - 3/23/15	7/28/15	$ 719.50	2 Board appears. LB, Depo prep, Depo review, P&I's + Cost & Sanc.	$ 294.00	0000461221	2/26/14	ICW
					$ 92.00	0000477297	3/24/14	
					$ 156.50	0000801138	5/11/15	
					$ 800.00	0001009726	7/24/15	
			TOTAL AMT PAID =>		**$ 1,342.50**			
45112	5/16/11 - 7/16/14	11/24/15	$8,339.50	3 Initials, Initial acup., 35 PR-2's, Diagn study, 2 Depo preps, 2 Depo reviews, Board appear. LB, P&I's, + Cost & Sanc.	$ 969.50	896D85637672	3/2/15	Travelers
					$ 4,630.00	896D86913777	11/19/15	
					$ 7,370.00	896D86913778	11/19/15	
			TOTAL AMT PAID =>		**$ 12,969.50**			
46257	7/13/11 - 3/20/12	9/28/15	$ 1,440.00	Surgery (10.5hrs), Epidural (5.5hrs), & P&I's		63-113677	9/23/15	York (State of California)
			TOTAL AMT PAID =>		**$ 2,299.66**			

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

Includes payments for ***Penalties, Interest, plus Cost Sanctions (Spanish)***

Date range from 2004 - 2015

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
39422	10/21/10	11/13/15	$ 150.00	Diagn study (MRI) + P&I's		CU-249655	11/9/15	SCIF
			TOTAL AMT PAID =>		**$ 200.00**			
60646	1/3/14 - 11/5/14	11/13/15	$ 4,007.50	2 Initials, 11 PR-2's, Diagn study (NCV), 2 Pre-ops, Post-op, Surgery (7hrs 45mins) Lien fil fee & P&I's		000110628	11/10/15	Carl Warren
			TOTAL AMT PAID =>		**$ 5,000.00**			
62437	5/7/14 - 6/20/14	11/10/15	$ 790.00	Initial, Initial acup., F.C.E., PR-2, Lien fil fee + P&I's		00032310	11/5/15	AmTrust
			TOTAL AMT PAID =>		**$ 1,000.00**			
53988	6/26/12 - 6/26/13	11/10/15	$ 5,025.00	3 Initials, 14 PR-2's, Diagn study (NCV/EMG), 2 Pre-ops, 3 Post-ops, Surgery (6.5 hrs) Lien fil fee + P&I's		1100597972	11/5/15	Zurich
			TOTAL AMT PAID =>		**$ 5,200.00**			
60862	2/5/14 - 7/29/15	11/9/15	$ 813.00	Depo prep, Depo review, C&R reading, Board appear. LB & P&I's		DA75106162	11/3/15	ACE USA
			TOTAL AMT PAID =>		**$ 1,035.88**			
24060	12/10/06 - 12/26/12	11/12/15	$ 450.00	3 Diagn studies + P&I's	$ 90.00	00345456	1/31/07	ClaimQuest SCRMA Broadspire
					$ 60.00	1707	8/23/07	
					$ 512.96	9754013644	11/6/15	
			TOTAL AMT PAID =>		**$ 662.96**			

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

Includes payments for ***Penalties, Interest, plus Cost Sanctions (Spanish)***

Date range from 2004 - 2015

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
58542	3/7/13 - 1/27/15	11/11/15	$ 1,760.50	Initial, 5 PR-2's, Depo prep, Depo review, Board appear. LB, Lien fil fee, P&I's + Cost & Sanc.	$ 469.50	0000852602	7/9/15	ICW
					$ 347.19	0001059146	9/24/15	
					$ 3,000.00	000109608	11/4/15	
			TOTAL AMT PAID =>		**$ 3,816.69**			
44209	4/18/11	11/17/15	$ 230.00	Initial + P&I's		24892	11/13/15	Athens
			TOTAL AMT PAID =>		**$ 350.00**			
61162	2/28/14 - 12/2/14	11/13/15	$ 6,100.00	3 Initials, Initial acup., 2 Diagn studies (EMG/NCV), F.C.E., 15 PR-2's, 10 F/U acups., Lien fil fee + P&I's		DA75133936	11/9/15	ACE USA
			TOTAL AMT PAID =>		**$ 6,700.00**			
64035	11/4/14 - 5/5/15	6/15/15	$ 969.50	2 Depo preps, 2 Depo reviews, Board appear. LB + P&I's		20185	6/8/15	Athens
			TOTAL AMT PAID =>		**$ 1,187.93**			
38279	8/11/10 - 2/23/11	11/16/15	$ 1,360.00	Initial, 5 PR-2's, P&S, Lien fil fee + P&I's		800344298	11/11/15	Tokio Marin
			TOTAL AMT PAID =>		**$ 1,500.00**			
54789	8/6/12 - 1/7/13	6/15/15	$ 2,456.25	2 F.C.E., 7 PR-2's, Psych test (2hrs 40mins), 2 Initials, P&S, Lien fil fee + P&I's	$ 270.00	74515	3/19/15	Corvel
					$ 3,173.22	83143	6/9/15	
			TOTAL AMT PAID =>		**$ 3,443.22**			

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

Includes payments for ***Penalties, Interest, plus Cost Sanctions (Spanish)***

Date range from 2004 - 2015

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
43169	3/15/11 - 3/25/13	6/5/15	$563.00	2 Board appears. LB, C&R reading, P&I's + Cost & Sanc..	$ 563.00	CS-486532	3/5/14	SCIF
					$ 500.00	CS-552992	6/2/15	
			TOTAL AMT PAID =>		**$ 1,063.00**			
30366	4/24/08 - 12/17/14	2/9/15	$1,512.50	2 Depo preps, 2 Depo reviews, 3 Board appears. LB, Initial + P&I's	$ 156.50	201447	6/26/08	FirstComp
					$ 250.00	234089	9/12/08	
					$ 156.50	2717913	6/29/12	
					$ 43.99	2721423	7/23/12	
					$ 156.50	2732173	9/27/12	
					$ 156.50	2737279	11/1/12	
					$ 250.00	2748055	1/25/13	
					$ 386.50	2808341	2/2/15	
			TOTAL AMT PAID =>		**$ 1,556.49**			
63206	8/20/09 - 5/5/10	11/9/15	$2,816.50	4 Initials, 2 Diagn studies, 7 PR-2's, P&S, P&I'S + Cost & Sanc.	$ 156.56	96305438	2/14/12	Liberty Mutual ACE USA
					$ 5,300.00	DA75121478	11/5/15	
			TOTAL AMT PAID =>		**$ 5,456.56**			
63775	12/11/13 - 3/28/14	11/13/15	$406.50	Board appear. LB, C&R reading, P&I's + Cost & Sanc.	$ 406.50	29178710	9/5/15	AIG
					$ 54.96	29249556	9/19/15	
					$ 170.00	29528143	11/12/15	
			TOTAL AMT PAID =>		**$ 631.46**			
35643	10/13/09 - 5/8/14	11/16/15	$ 1,309.50	2 Diagn. Studies, 2 PR-2's, P&S, 3 Board appears. LB, Lien fil fee, P&I's + Cost & Sanc.	$ 331.00	0044030135	9/30/13	Sedgwick
					$ 2,400.00	0059234878	11/12/15	
			TOTAL AMT PAID =>		**$ 2,731.00**			

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

Includes payments for ***Penalties, Interest, plus Cost Sanctions (Spanish)***

Date range from 2004 - 2015

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
50072	11/16/11 - 5/28/15	3/7/16	$1,126.00	2 Depo preps, 2 Depo reviews, 2 Board appears. LB, Lien fil fee + P&I's	$ 406.50	1101710419	3/26/12	Zurich
					$ 156.50	1101836879	6/27/12	
					$ 563.00	1100604135	11/11/15	
					$ 330.27	1100730653	3/2/16	
			TOTAL AMT PAID =>		**$ 1,456.27**			
64840	11/7/12 - 8/26/13	11/16/15	$ 1,479.00	Initial (3.5 hrs), Diagn study, 3 PR-2's, P&S, Depo prep, Lien fil fee, P&I's + Cost & Sanc.		29521750	11/11/15	AIG
			TOTAL AMT PAID =>		**$ 2,340.00**			
41912	1/14/11 - 3/26/13	5/11/15	$1,466.00	Initial, Depo prep, Depo review, 2 PR-2's, 3 Board appears. LB, P&I's + Cost & Sanc.	$ 1,031.05	33140759	3/9/15	Fireman's Fund
					$ 2,700.00	33176683	4/29/15	
			TOTAL AMT PAID =>		**$ 3,731.05**			
59646	8/21/13 - 8/1/14	6/4/15	$ 543.00	Initial, Board appear. LB, Depo prep, Lien fil fee, P&I's + Cost & sanc.	$ 543.00	0000033627	4/8/15	York
					$ 1,000.00	0000035946	6/11/15	
			TOTAL AMT PAID =>		**$ 1,543.00**			
23059	9/25/06 - 10/20/09	6/19/15	$ 1,360.00	Initial, 5 PR-2's, P&S, lien fil fee + P&I's		28674829	6/13/15	AIG
			TOTAL AMT PAID =>		**$ 2,337.94**			

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

Includes payments for ***Penalties, Interest, plus Cost Sanctions (Spanish)***

Date range from 2004 - 2015

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
60696	1/17/14 - 1/13/15	6/29/15	$ 563.00	Depo prep, Depo review, Board appear. LB, P&I's + Cost & sanc.		0000266292	6/23/15	Gallagher Bassett
			TOTAL AMT PAID =>		**$ 1,100.00**			
59801	9/11/13 - 9/29/14	6/19/15	$946.50	3 PR-2's, Depo prep, C&R reading, Lien fil fee + P&I's	$ 156.50	27494611	11/21/14	AIG
					$ 156.50	27858643	2/5/15	
					$ 969.68	26676814	6/13/15	
			TOTAL AMT PAID =>		**$ 1,282.68**			
55994	10/4/12 - 12/28/12	9/3/15	$ 1,050.00	2 Initials, 2 PR-2's, P&S & Lien fil fee		578117	8/28/15	Tristar
			TOTAL AMT PAID =>		**$ 1,200.00**			
58631	3/18/13 - 8/20/13	9/2/15	$ 1,286.50	Initial, 5 PR-2's, Depo prep, Lien fil fee, P&I's + Cost & sanc.		1245936085	8/2/15	The Hartford
			TOTAL AMT PAID =>		**$ 2,613.55**			
59747	8/23/13 - 12/11/14	1/27/16	$ 563.00	Depo prep, Depo review, Board appear. LB, P&I's + Cost & sanc.		891A86972241	1/22/16	Travelers
			TOTAL AMT PAID =>		**$ 1,250.00**			
60163	10/29/13 - 4/9/15	1/27/16	$ 969.50	2 Depo preps, 2 Depo reviews, Board appear. LB, P&I's + Cost & sanc.	$ 969.50	0121205539	8/21/15	Gallagher Bassett
					$ 292.53	0121824497	9/16/15	
					$ 500.00	0124947576	1/18/16	
			TOTAL AMT PAID =>		**$ 1,762.03**			

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

Includes payments for ***Penalties, Interest, plus Cost Sanctions (Spanish)***

Date range from 2004 - 2015

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
33712	4/8/09 - 6/15/10	3/17/15	$ 1,519.50	2 Initials, Initial acup., 2 PR-2's, 2 Board appears. LB, Lien fil fee, P&I's + Cost & sanc.	$ 565.70	2741636	12/6/12	FirstComp
					$ 2,700.00	2810046	3/12/15	
			TOTAL AMT PAID =>		**$ 3,265.70**			
55650	9/20/12 - 9/8/14	3/17/15	$813.00	Depo prep, Depo review, Board appear. LB, C&R reading, P&I's + Cost & sanc.	$ 406.50	8150833	2/22/15	Chubb Gallagher Bassett
					$ 156.50	661867	8/7/14	
					$ 1,106.05	0116971697	3/10/15	
			TOTAL AMT PAID =>		**$ 1,669.05**			
49424	10/25/11 - 8/27/13	1/27/16	$ 719.50	Depo prep, Depo review, 2 Board appears. LB, Lien fil fee, P&I's + Cost & sanc.	$ 90.00	1176211625	12/12/11	The Hartford State of California
					$ 90.00	1177098180	12/30/11	
					$ 156.50	1207096784	8/5/13	
					$ 225.00	1224302150	6/18/14	
					$ 19.43	1228052522	8/28/14	
					$ 158.00	1227997175	8/27/14	
					$ 22.89	108-627446	7/10/15	
					$ 2,776.98	1252436335	1/19/16	
			TOTAL AMT PAID =>		**$ 3,538.80**			
50510	12/12/11	3/17/15	$ 150.00	Diagn study (MRI), P&I's + Cost & sanc.		DA73728252	3/12/15	ACE USA
			TOTAL AMT PAID =>		**$ 400.00**			

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

Includes payments for ***Penalties, Interest, plus Cost Sanctions (Spanish)***

Date range from 2004 - 2015

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
61559	4/23/14 - 7/21/14	8/24/15	$ 563.00	Depo prep, Depo review, Board appear. LB, + P&I's	$ 156.50	891A85249849	7/3/14	Travelers
					$ 524.26	891A86531869	8/25/15	
			TOTAL AMT PAID =>		**$ 680.76**			
58720	4/10/13 - 12/3/14	9/20/15	$ 1,696.25	Initial (2h 40m), Initial, 5 PR-2's, C&R reading, Lien fil fee, P&I's + Cost & sanc.	$ 90.00	25237379	12/7/13	AIG
					$ 90.00	26915719	8/20/14	
					$ 250.00	28027637	2/28/15	
					$ 2,450.00	29169236	9/4/15	
			TOTAL AMT PAID =>		**$ 2,880.00**			
58679	3/27/13 - 5/16/14	3/17/15	$5,880.00	5 Initials, Initial acup., F.C.E., Diagn. Study, 19 PR-2's, 3 f/u acups., Spinal decomp., L.I.N.T., Lien fil fee & P&I's	$ 630.00	2860677286	8/9/13	Broadspire
					$ 180.00	2860717640	9/4/13	
					$ 590.00	6520620749	9/17/13	
					$ 180.00	2860760157	9/25/13	
					$ 270.00	2860808830	10/23/13	
					$ 270.00	2860815876	10/28/13	
					$ 180.00	2860914739	12/13/13	
					$ 180.00	2860944928	12/30/13	
					$ 90.00	2860976225	1/16/14	
					$ 180.00	2870024696	2/11/14	
					$ 540.00	2870230548	5/28/14	
					$ 2,740.00	6530177170	3/11/15	
			TOTAL AMT PAID =>		**$ 6,030.00**			

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

Includes payments for ***Penalties, Interest, plus Cost Sanctions (Spanish)***

Date range from 2004 - 2015

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
46781	7/22/11 - 10/1/14	3/17/15	$ 1,049.50	Diagn. Study (MRI), PR-2, Depo prep, Depo review, 2 Board appears. LB, P&I's + Cost & sanc.		0053036512	3/6/15	Sedgwick
			TOTAL AMT PAID =>		**$ 1,800.00**			
38216	8/3/10 - 8/14/13	9/3/15	$ 876.00	Depo prep, Depo review, 3 Board appears. LB, P&I'S + Cost & sanc.	$ 406.50	0082054151	11/11/10	Gallagher Bassett
					$ 156.50	0089195176	10/28/11	
					$ 680.00	0121379697	8/28/15	
			TOTAL AMT PAID =>		**$ 1,243.00**			
61567	4/9/14 - 11/4/14	8/25/15	$ 563.00	Board apear. LB, Depo prep, C&R reading, P&I's + Cost & sanc.	$ 156.50	1102742366	6/23/14	Zurich
					$ 406.50	1100305678	3/9/15	
					$ 250.00	1100510782	8/25/15	
			TOTAL AMT PAID =>		**$ 813.00**			
55902	5/5/11 - 9/5/14	5/12/15	$ 550.00	2 Diagn, studies (MRI's), C&R reading, P&I's + Cost & sanc.	$ 150.00	CU-114306	5/9/14	SCIF
					$ 150.00	CU-186438	2/20/15	
					$ 250.00	CU-192214	3/13/15	
					$ 250.00	CU-205464	5/8/15	
			TOTAL AMT PAID =>		**$ 800.00**			
62954	11/16/09 - 4/8/14	4/30/15	$ 2,930.00	Initial, 15 PR-2's + P&I's		1100030687	4/27/15	Zurich
			TOTAL AMT PAID =>		**$ 4,400.00**			
39679	11/2/10 - 9/18/11	3/18/15	$ 750.00	5 Diagn studies, Lien fil fee + P&I's		FE48141643	3/13/15	ESIS
			TOTAL AMT PAID =>		**$ 1,000.00**			

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

Includes payments for ***Penalties, Interest, plus Cost Sanctions (Spanish)***

Date range from 2004 - 2015

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
20263	12/5/05 - 6/19/14	1/13/15	$ 1,300.00	Depo prep, Depo review, Initial, Diagn study (sleep study), 4 Board appears. LB, P&I's + Cost & sanc.	$ 147.00	DA52986097	2/2/06	ACE USA
					$ 147.00	DA52986099	2/2/06	
					$ 230.00	DA58416207	7/1/08	
					$ 306.50	DA58613211	7/31/08	
					$ 156.50	DA72727983	9/16/14	
					$ 156.50	DA72767865	9/23/14	
					$ 156.50	DA72767897	9/23/14	
					$ 750.00	DA73359610	1/9/15	
			TOTAL AMT PAID =>		**$ 2,050.00**			
51835	2/23/12 - 9/15/14	1/13/15	$ 1,026.00	Depo prep, Depo review, 3 Board appears. LB, Diagn study (sleep study) P&I'S + Cost & sanc.	$ 156.50	0000074447	4/23/12	Gallagher Bassett
					$ 250.00	0000086089	7/5/12	
					$ 1,200.00	0000188336	1/8/15	
			TOTAL AMT PAID =>		**$ 1,606.50**			
25461	4/13/07	1/14/15	$ 150.00	Diagn study (MRI), P&I's		27667795	12/31/14	AIG
			TOTAL AMT PAID =>		**$ 252.00**			
60720	1/22/14 - 4/2/14	7/28/15	$ 313.00	2 Board appears. SA, P&I's + Cost & sanc.		00838307	7/24/15	AmTrust
			TOTAL AMT PAID =>		**$ 832.63**			
28671	12/21/07 - 5/4/10	1/21/15	$ 1,673.00	Initial, 5 PR-2's, P&S, 2 Board appears. LB, Lien fil fee + P&I's	$ 590.00	231093	9/8/08	FirstComp
					$ 344.30	2684010	12/19/11	
					$ 2,000.00	2807466	1/14/15	
			TOTAL AMT PAID =>		**$ 2,934.30**			

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

Includes payments for ***Penalties, Interest, plus Cost Sanctions (Spanish)***

Date range from 2004 - 2015

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
64411	12/9/14 - 4/20/15	10/16/15	$ 563.00	Depo prep, Depo review, Board appear, P&I's & Cost & Sanc.	$ 156.50	023710	3/17/15	Murphy And Beane
					$ 250.00	023744	3/27/15	
					$ 600.00	024500	10/26/15	
			TOTAL AMT PAID =>		**$ 1,006.50**			
31209	7/18/08 - 5/20/09	4/15/15	$ 2,646.50	2 Initial's, Initial Acup., 10 PR-2'S, Board appear., P&I's, Cost & Sanct.	$ 5,400.00	28290000	4/9/15	AIG
			TOTAL AMT PAID =>		**$ 5,400.00**			
26867	8/16/07 - 1/19/09	7/24/15	$ 2,240.00	3 Initial's, 5 PR-2's, P&S, NCT Testing, Meds & P&I's	$ 2,371.20	2150028588	7/22/15	Metro Risk MGMT
			TOTAL AMT PAID =>		**$ 2,371.20**			
37971	7/14/10 - 12/13/11	7/23/15	$ 2,468.750	Initial, 11 PR-2's, P&S (2hrs 15min) & P&I's	$ 540.00	0022808656	2/23/11	Liberty Mutual
					$ 371.25	0023576862	7/29/11	
					$ 1,763.29	0029046976	7/17/15	
			TOTAL AMT PAID =>		**$ 2,674.54**			
60200	11/14/13 - 5/29/14	3/19/15	$ 876.50	2 Board appear., Depo prep, Depo review & P&I's	$ 469.50	CU-101472	3/27/14	SCIF
					$ 406.50	CU-192856	3/17/15	
					$ 40.65	CU-192854	3/17/15	
					$ 28.45	CU-192855	3/17/15	
			TOTAL AMT PAID =>		**$ 945.10**			

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

Includes payments for ***Penalties, Interest, plus Cost Sanctions (Spanish)***

Date range from 2004 - 2015

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
59282	7/15/13 - 5/18/15	9/10/15	$ 969.50	2 Depo prep, 2 Depo review, Board Appear. & P&I's	$ 406.50	1276878	9/23/13	YORK
					$ 156.50	1400014	2/25/14	
					$ 250.00	1429359	4/7/14	
					$ 184.02	1734213	9/3/15	
			TOTAL AMT PAID =>		**$ 997.02**			
51759	2/23/12 - 11/5/13	10/5/15	$ 550.00	2 MRI, C&R Reading, P&I'S & Cost & Sanct.	$ 356.50	CU - 168729	12/8/14	SCIF
					$ 600.00	CU - 235019	9/10/15	
			TOTAL AMT PAID =>		**$ 956.50**			
47200	8/11/11 - 8/1/13	1/21/15	$ 3,224.50	2 Initial's, MRI, 8 PR-2's, PR-2 (2hr 20min), Depo prep, Depo review, 2 Board appears., P&S, Lien Act fee & P&I'S		00061747	1/15/15	AmTrust
			TOTAL AMT PAID =>		**$ 4,200.00**			

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

Includes payments for ***Penalties, Interest, plus Cost Sanctions (Spanish)***

Date range from 2004 - 2015

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
34239	6/8/09 - 2/27/15	12/29/15	$ 18,581.50	3 Initials, Initial acup., 78 PR-2's, 3 Pre-ops, Post-op, Surgery (10h 45m), Surgery (11hrs) & P&I's	$ 4,950.00	22703158	1/1/13	CHARTIS/AIG
					$ 495.00	22929260	1/31/13	
					$ 90.00	23122696	2/26/13	
					$ 90.00	23211455	3/8/13	
					$ 90.00	23401016	4/2/13	
					$ 90.00	23648849	5/3/13	
					$ 90.00	23745452	5/16/13	
					$ 90.00	23764535	5/18/13	
					$ 180.00	24201230	7/18/13	
					$ 90.00	24336659	8/6/13	
					$ 180.00	24673058	9/20/13	
					$ 90.00	24864782	10/15/13	
					$ 280.25	25354710	12/25/13	
					$ 180.00	25354711	12/25/13	
					$ 90.00	25392547	1/1/14	
					$ 180.00	25646540	2/8/14	
					$ 270.00	25717352	2/20/14	
					$ 180.00	25755861	2/26/14	
					$ 90.00	25907075	3/20/14	
					$ 3,240.00	25897685	3/19/14	
					$ 393.75	26079128	4/15/14	
					$ 90.00	26247601	5/9/14	
					$ 90.00	26287001	5/15/14	
					$ 90.00	26316376	5/20/14	
					$ 90.00	26316377	5/20/14	
					$ 90.00	26553719	6/25/14	
					$ 90.00	26850755	8/9/14	
					$ 270.00	27035096	9/9/14	
					$ 90.00	27080080	9/16/14	
					$ 90.00	27099057	9/18/14	
					$ 90.00	27274791	10/15/14	
					$ 360.00	28053263	3/4/15	
					$ 360.00	28437344	5/5/15	
					$ 90.00	28448015	5/6/15	
					$ 7,000.00	28523369	5/19/15	
			TOTAL AMT PAID =>		**$ 20,319.00**			

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

Includes payments for ***Penalties, Interest, plus Cost Sanctions (Spanish)***

Date range from 2004 - 2015

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
56822	11/15/12 - 7/11/13	11/10/15	$ 3,520.00	Initial, 5 PR-2's, 12 f/u acups., P&S, Lien fil fee + P&I's		0061735826	11/5/15	Sedgwick
			TOTAL AMT PAID =>		**$ 5,172.36**			
20264	12/6/05 - 7/17/06	10/23/15	$ 294.00	Depo prep & C&R reading, P&I's + Cost & sanc.		1100578616	10/20/15	Zurich
			TOTAL AMT PAID =>		**$ 1,000.00**			
44953	5/23/11	10/22/15	$ 156.50	Board appear., LB, P&I's + Cost & sanc.		BU-103745	10/20/15	SCIF
			TOTAL AMT PAID =>		**$ 260.00**			
60911	2/11/14 - 8/27/14	2/18/15	$ 563.00	Depo prep, Depo review, Board appear. LB, C&R reading, P&I's + Cost & sanc.		0028611837	2/12/15	liberty Mutual
			TOTAL AMT PAID =>		**$ 900.00**			
38304	8/11/10	2/10/15	$ 156.50	Board appear. LB, P&I's additional P&I's for unpaid settlment on remaining balance + Cost & Sanc.	$ 156.50	009057766	7/30/14	Guard Ins.
					$ 1,002.83	009091450	2/2/15	
					$ 397.17	009093675	2/17/15	
			TOTAL AMT PAID =>		**$ 1,556.50**			
53581	6/1/12	2/10/15	$ 206.25	Diagn study (2h 45m), P&I's		27862235	2/5/15	AIG
			TOTAL AMT PAID =>		**$ 296.06**			

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

Includes payments for ***Penalties, Interest, plus Cost Sanctions (Spanish)***

Date range from 2004 - 2015

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
43609	3/31/11 - 5/4/11	2/12/15	$ 463.00	Diagn study (Ultrasound), Board appear. MDR, P&I's + Cost & Sanc.		0028589498	2/4/15	Liberty Mutual
			TOTAL AMT PAID =>		**$ 985.00**			
38543	9/29/10 - 3/14/12	1/27/15	$ 4,305.00	2 Initials, Initial acup., 19 PR-2's, Diagn study (EMG/NCV) + P&I's		335999	1/21/15	SeaBright
			TOTAL AMT PAID =>		**$ 6,500.00**			
50384	12/5/11 - 7/9/14	2/9/15	$ 1,945.50	4 Diagn. Studies, Depo prep, Depo review, 4 Board appears. LB, P&I's + Cost & Sanc.	$ 1,189.00	27690959	1/7/15	AIG
					$ 2,088.34	27847242	2/4/15	
			TOTAL AMT PAID =>		**$ 3,277.34**			
19626	11/15/05 - 11/13/12	2/2/15	$ 386.50	QME eval, Board appear. LB, Lien act. Fee, P&I's + Cost & sanc.	$ 90.00	00139921	12/15/05	Employers Direct PacificComp
					$ 140.00	00161833	6/13/06	
					$ 156.56	00574594	2/12/14	
					$ 35.26	00575608	2/25/14	
					$ 882.00	00606487	1/28/15	
			TOTAL AMT PAID =>		**$ 1,303.82**			
59066	5/23/13 - 4/29/14	10/5/15	$ 719.50	Depo prep, Depo review, 2 Board appears. LB, Lien fil fee, P&I's + Cost & Sanc.		1247392210	9/28/15	The Hartford
			TOTAL AMT PAID =>		**$ 1,600.00**			

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

Includes payments for ***Penalties, Interest, plus Cost Sanctions (Spanish)***

Date range from 2004 - 2015

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
40959	12/15/10 - 5/22/13	11/24/15	$ 1,245.25	Diagn. Study (6hrs), Diagn study, 2 Initials, Board appear.LB + P&I's	$ 156.50	1247849090	10/8/15	The Hartford
					$ 90.00	1247930793	10/9/15	
					$ 1,650.00	1249743931	11/19/15	
			TOTAL AMT PAID =>		**$ 1,896.50**			
59097	6/10/13 - 1/14/15	11/24/15	$ 1,802.50	Initial, 3 PR-2's, Depo prep, Depo review, 4 Board appears. LB, Lien fil fee, P&I's + Cost & sanc.		0001582119	11/19/15	Sedgwick
			TOTAL AMT PAID =>		**$ 2,700.00**			
23790	11/22/06 - 10/25/10	11/23/15	$ 8,329.50	2 Initials, Initial acup., 39 PR-2's, Surgery, 3 Board appears. LB, P&I's + Cost & sanc.	$ 1,416.50	26011340	4/4/14	AIG
					$ 2,923.00	28417145	5/1/15	
					$ 90.00	28567482	5/27/15	
					$ 9,750.00	29545675	11/17/15	
			TOTAL AMT PAID =>		**$ 14,179.50**			
58199	2/20/13 - 6/5/13	11/23/15	$ 563.00	Depo prep, Depo review, Board appear & P&I's		8815625688	11/18/15	Farmers
			TOTAL AMT PAID =>		**$ 810.28**			

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

Includes payments for ***Penalties, Interest, plus Cost Sanctions (Spanish)***

Date range from 2004 - 2015

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
58922	5/15/13 - 8/11/15	11/20/15	$ 1,936.50	Initial, 5 PR-2's, Depo prep, Depo review, C&R reading, Lien filing fee, P&I's & Cost & Sanc.		115101821	11/16/15	Corvel
			TOTAL AMT PAID =>		**$ 2,800.00**			
64411	12/9/14 - 4/20/15	10/16/15	$ 563.00	Depo prep, Depo review, Board appear, P&I's & Cost & Sanc.	$ 156.50	023710	3/17/15	Murphy And Beane, Inc.
					$ 250.00	023744	3/27/15	
					$ 156.50	024499	10/26/15	
					$ 600.00	024500	10/26/15	
			TOTAL AMT PAID =>		**$ 1,163.00**			
54776	8/6/12 - 5/23/14	2/23/15	$ 2,676.75	Initial (3hr 15min), 6 PR-2's, Depo prep, Depo review, P&S, Board appear, C&R reading, P&I's & Cost & Sanct.	$ 2,246.75	3027069	8/14/14	Intercare
					$ 430.00	3031051	9/8/14	
					$ 1,300.00	3068349	2/17/15	
			TOTAL AMT PAID =>		**$ 3,976.75**			

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

Includes payments for ***Penalties, Interest, plus Cost Sanctions (Spanish)***

Date range from 2004 - 2015

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
45270	12/20/10 - 11/13/12	2/20/15	$ 2,032.50	4 MRI's, 2 Depo prep's, 2 Depo review's, 2 Board appear., Diagn Study (Polysomno-graphy), P&I's & Cost & Sanct.	$ 863.00	0000924386	6/22/11	Carl Warren
					$ 2,716.50	000159682	2/12/15	
			TOTAL AMT PAID =>		**$ 3,579.50**			
59938	9/24/13 - 7/23/14	2/20/15	$ 3,820.00	2 Initial's, 17 PR2's, EMG testing, F.C.E testing, Lien filing fee & P&I's		0053549765	2/17/15	Sedgwick
			TOTAL AMT PAID =>		**$ 4,084.14**			
45615	6/23/11 - 4/11/13	2/26/15	$ 1,281.38	Depo prep, Depo review, C&R reading, CT scan, MRI, Board appear, Lien activ fee, P&I's & Cost & Sanct.	$ 406.50	0092824136	4/12/12	Gallagher Bassett
					$ 318.75	0093114308	4/25/12	
					$ 265.00	0111685617	8/8/14	
					$ 1,500.00	0116507295	2/20/15	
			TOTAL AMT PAID =>		**$ 2,490.25**			
53979	6/26/12 - 2/11/15	4/30/15	$ 1,517.50	Depo prep, Depo review, 3 Board appear, C&R Reading (exotic) & P&I's	$ 90.00	0095948901	8/31/12	Gallagher Bassett
					$ 1,744.99	0000369242	4/23/15	
			TOTAL AMT PAID =>		**$ 1,834.99**			

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

Includes payments for ***Penalties, Interest, plus Cost Sanctions (Spanish)***

Date range from 2004 - 2015

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
61724	4/25/14 - 2/25/15	8/25/15	$ 2,256.50	Depo prep, Initial, 9 PR-2's, Depo review, Lien filing fee, P&I's & Cost & Sanct.	$ 156.50	00013263	7/2/14	ClaimQuest
					$ 2,400.00	16339	8/19/15	
			TOTAL AMT PAID =>		**$ 2,556.50**			
27795	10/16/07 - 11/7/07	9/2/15	$ 610.00	2 Initial's, Diagn study (NCT), P&I's & Cost & Sanct.		0029125886	8/18/15	Liberty Mutual
			TOTAL AMT PAID =>		**$ 1,815.23**			
58392	2/21/13 - 1/28/15	8/24/15	$ 743.00	Depo prep, Depo review, Board appear, PR 2, Lien fil fee & Cost & Sanct.	$ 563.00	0120823324	8/6/15	Gallagher Bassett
					$ 700.00	0121187432	8/20/15	
			TOTAL AMT PAID =>		**$ 1,263.00**			
62510	5/21/14 - 11/20/14	7/27/15	$ 1,286.00	Initial, PR-2, Depo prep, Depo review, 2 Board appear. LB, P&I's + Cost & Sanc.		07031937	7/28/15	Hanover
			TOTAL AMT PAID =>		**$ 2,500.00**			
61554	4/17/14 - 4/21/14	8/12/15	$ 406.50	C&R reading, Board appear. LB, P&I's + Cost & Sanc.	$ 406.50	CU-166280	11/26/14	SCIF
					$ 82.75	CU-172101	12/19/14	
					$ 225.00	CU-225262	7/31/15	
			TOTAL AMT PAID =>		**$ 714.25**			

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

Includes payments for ***Penalties, Interest, plus Cost Sanctions (Spanish)***

Date range from 2004 - 2015

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
54819	9/4/2012 - 9/3/14	8/12/15	$ 1,032.50	Depo prep, Depo prep, 4 Board appears. LB, P&I's + Cost & Sanc.	$ 406.50	35775	10/31/12	FirstComp
					$ 156.50	44675	1/7/13	
					$ 156.50	51831	2/20/13	
					$ 313.00	182311	10/14/14	
					$ 600.00	71125016	7/29/15	
			TOTAL AMT PAID =>		**$ 1,632.50**			
10177	7/16/04 - 10/20/14	8/5/15	$ 3,686.00	3 Initials, 5 PR-2's, Diagn. Study (MRI), 2 P&S, Depo prep, Depo review, C&R reading, 8 Board appears. LB, P&I's + Cost & Sanc.	$ 270.00	1080541901	12/15/04	Zurich
					$ 147.00	1080801711	9/12/07	
					$ 156.50	1102171032	3/8/13	
					$ 250.00	1100049425	8/6/14	
					$ 7,000.00	1100480292	7/30/15	
			TOTAL AMT PAID =>		**$ 7,823.50**			
35763	11/6/09 - 12/3/09	2/24/15	$ 406.50	Depo prep, Depo review, P&I's + Cost & Sanc.		896D85591041	2/20/15	Travelers
			TOTAL AMT PAID =>		**$ 900.00**			
20689	2/8/06 - 10/19/10	2/23/15	$ 543.00	Initial, 2 Board appears. LB, P&I's + Cost & Sanc.	$ 422.87	96832822	6/13/12	liberty Mutual
					$ 90.00	0025053702	6/19/12	
					$ 900.00	00286622547	2/16/15	
			TOTAL AMT PAID =>		**$ 1,412.87**			

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

Includes payments for ***Penalties, Interest, plus Cost Sanctions (Spanish)***

Date range from 2004 - 2015

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
46772	7/25/11 - 9/23/14	11/5/15	$ 1,288.50	2 Diagn. Studies (NCV&MRI), Depo prep, Depo review, 2 Board appears. LB, P&I's + Cost & Sanc.	$ 150.00	8813882295	10/16/12	Farmers
					$ 156.50	8814191473	4/24/13	
					$ 406.50	8814281190	6/18/13	
					$ 313.00	8815234362	2/26/15	
					$ 470.36	8815495179	8/20/15	
					$ 529.64	8815567066	10/8/15	
					$ 52.86	8815603683	11/2/15	
			TOTAL AMT PAID =>		**$ 2,078.86**			
45576	6/6/11 - 2/28/12	3/3/15	$ 1,459.50	Initial, 2 PR-2's, Diagn. Study (MRI), Depo prep, Depo review, 2 Board appears. LB, P&I's + Cost & Sanc.	$ 563.00	DA72830726	10/6/14	ACE USA
					$ 2,800.00	DA73635868	2/25/15	
			TOTAL AMT PAID =>		**$ 3,363.00**			
46311	6/27/11 - 9/8/14	3/2/14	$ 1,119.50	Diagn. Study (MRI), 2 Depo preps, 2 Depo reviews, Board appear. LB, P&I's + Cost & Sanc.	$ 556.50	WC560128	11/16/11	Springfield Ins.
					$ 406.50	WC633017	10/7/14	
					$ 848.73	WC641694	2/26/15	
			TOTAL AMT PAID =>		**$ 1,811.73**			
58812	5/6/13 - 5/15/14	1/9/15	$ 719.50	Depo prep, Depo review, 2 Board appears. LB & MDR, Lien fil fee, P&I's + Cost & Sanc.	$ 156.50	1482186	6/20/14	York
					$ 1,340.00	1609207	1/7/15	
			TOTAL AMT PAID =>		**$ 1,496.50**			

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

Includes payments for ***Penalties, Interest, plus Cost Sanctions (Spanish)***

Date range from 2004 - 2015

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
61208	3/10/14 - 6/9/14	1/13/15	$ 563.00	Depo prep, Depo review, Board appear. MDR, P&I's + Cost & Sanc.		110230132	1/6/15	Zurich
			TOTAL AMT PAID =>		**$ 900.00**			
32145	10/20/08 - 5/22/14	4/14/15	$ 16,384.50	2 Initials, 74 PR-2's, P&S, Diagn. Study (EMG), 3 Pre-ops, 2 Post-ops, Surgery (5.5hrs), Surgery (4hrs), 3 Board appears. LB & P&I's	$ 90.00	0020590002	12/1/09	Liberty Mutual
					$ 1,244.88	95857239	11/4/11	
					$ 20,000.00	0028759597	4/3/15	
			TOTAL AMT PAID =>		**$ 21,334.88**			
49887	11/9/11 - 11/14/13	3/27/15	$ 1,957.50	2 Initials, Diagn study (2.5hrs), 6 PR-2's, P&S + P&I's		28177210	3/21/15	AIG
			TOTAL AMT PAID =>		**$ 2,150.00**			
299842	3/5/08 - 1/9/09	4/14/15	$ 1,825.00	Initial, Initial Psych eval (5hrs), 2 Diagn. Studies (EMG/NCV), 3 PR-2's, P&S + P&I's		896D85821007	4/8/15	Travelers
			TOTAL AMT PAID =>		**$ 2,800.00**			

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

Includes payments for ***Penalties, Interest, plus Cost Sanctions (Spanish)***

Date range from 2004 - 2015

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
56541	11/26/12 - 2/5/13	9/1/15	$ 406.50	Depo prep, Depo review & P&I's		3109002	8/21/15	Intercare
			TOTAL AMT PAID =>		**$ 570.96**			
35060	8/31/06 - 2/11/11	8/24/15	$ 820.00	Initial, 2 PR-2's, P&S & P&I's		427983	8/19/15	Alhambra Unified School District/ JT2 Integrated Resources
			TOTAL AMT PAID =>		**$ 930.45**			
43734	3/16/11 - 7/27/15	12/23/15	$ 913.00	2 Board appear, 2 C&R Reading, Lien Activ. Fee & P&I's	$ 156.50	CU - 789900	5/4/11	SCIF
					$ 15.65	CU - 174463	12/30/14	
					$ 10.96	CU - 174464	12/30/14	
					$ 313.00	CU - 174467	12/30/14	
					$ 250.00	CU - 225935	8/4/15	
					$ 469.69	CU - 261725	1/11/16	
			TOTAL AMT PAID =>		**$ 1,215.80**			
60599	12/20/13	4/2/15	$ 250.00	C&R reading & P&I's		0056206338	3/27/15	Sedgwick
			TOTAL AMT PAID =>		**$ 318.85**			
54346	8/2/12 - 4/3/14	2/23/15	$ 313.00	Board appear., C&R reading, P&I's & Cost & Sanct.	$ 211.29	CU - 109046	4/23/14	SCIF
					$ 500.00	CU - 186292	2/19/15	
			TOTAL AMT PAID =>		**$ 711.29**			
59579	8/15/13 - 9/21/13	3/6/15	$ 1,030.00	2 Initial, PT Initial, PR-2, F.C.E. Test, EMG testing, Lien Fil. Fee & P&'s		3072110	2/26/15	Intercare
			TOTAL AMT PAID =>		**$ 1,300.00**			

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

Includes payments for ***Penalties, Interest, plus Cost Sanctions (Spanish)***

Date range from 2004 - 2015

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
43331	3/15/11 - 4/15/11	1/8/15	$ 300.00	CT Scan, MRI & P&I's		27667854	12/31/14	AIG
			TOTAL AMT PAID =>		**$ 400.00**			
58701	4/3/13 - 6/4/13	11/23/15	$ 1,640.00	4 Initials, 4 PT PR-2's, 2 PR-2's, Lien fil fee & P&I's		0029357794	11/17/15	Liberty Mutual
			TOTAL AMT PAID =>		**$ 2,250.00**			

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

*** INVOICE ***
Date NO#
12/18/15 58852

FAMS#(s):

SS # : XXX-XX-N/A
DOB : 10/13/80
Terms : 45 days
Claim #(s):
ENWC321242-004

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: JESSICA VALENTIN
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs ENVIRONMENTAL LANDSCAPE & DVMT
Date Of Injury: 10/1/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/06/13	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH (3.5 HRS)	402.50
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
06/10/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
06/11/13	DEPO PREP	@ THE L/O OF HANNA, BROPHY, MACLEAN	156.50
/ /	INTERPRETER:	CARLOS ARIAS # 300574	0.00
07/03/13	DEPO PREP	@ THE L/O OF HANNA BROPHY NACLEAN (VOL II)	156.50
/ /	INTERPRETER:	JOHN MORELL # 100644	0.00
07/13/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
07/15/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/27/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
08/20/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
09/24/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
02/11/14	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH* FUTURE MED	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
04/16/14	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/18/14	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/13/14	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00

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

*** INVOICE ***
Date NO#
12/18/15 58852

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 10/13/80
Terms : 45 days
Claim #(s):
ENWC321242-004

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: JESSICA VALENTIN
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs ENVIRONMENTAL LANDSCAPE & DVMT
Date Of Injury: 10/1/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/14/14	LIEN FIL FEE	LIEN FILING FEE	150.00
10/15/14	PENALTIES	FOR DATE OF SERVICE 05/06/13	60.38
01/28/15	INTEREST	FOR DATE OF SERVICE 05/06/13	59.10
10/15/14	PENALTIES	FOR DATE OF SERVICE 06/11/13	23.48
01/28/15	INTEREST	FOR DATE OF SERVICE 06/11/13	28.15
10/15/14	PENALTIES	FOR DATE OF SERVICE 07/03/13	23.48
01/28/15	INTEREST	FOR DATE OF SERVICE 07/03/13	28.15
10/15/14	PENALTIES	FOR DATE OF SERVICE 07/13/13	37.50
01/28/15	INTEREST	FOR DATE OF SERVICE 07/13/13	44.98
10/15/14	PENALTIES	FOR DATE OF SERVICE 07/27/13	37.50
01/28/15	INTEREST	FOR DATE OF SERVICE 07/27/13	44.90
10/15/14	PENALTIES	FOR DATE OF SERVICE 04/16/14	23.48
01/28/15	INTEREST	FOR DATE OF SERVICE 04/16/14	14.40
10/15/14	PENALTIES	FOR DATE OF SERVICE 06/18/14	23.48
01/28/15	INTEREST	FOR DATE OF SERVICE 06/18/14	11.29
01/28/15	PENALTIES	FOR DATE OF SERVICE 06/10/13	27.00
01/28/15	INTEREST	FOR DATE OF SERVICE 06/10/13	32.33
01/28/15	PENALTIES	FOR DATE OF SERVICE 07/15/131	27.00
01/28/15	INTEREST	FOR DATE OF SERVICE 07/15/13	33.01
01/28/15	PENALTIES	FOR DATE OF SERVICE 08/20/13	27.00
01/28/15	INTEREST	FOR DATE OF SERVICE 08/20/13	30.96
01/28/15	PENALTIES	FOR DATE OF SERVICE 9/24/13	27.00
01/28/15	INTEREST	FOR DATE OF SERVICE 9/24/13	28.98
01/28/15	PENALTIES	FOR DATE OF SERVICE 02/11/14	27.00
01/28/15	INTEREST	FOR DATE OF SERVICE 02/11/14	20.19
12/14/15	PMT BY CHECK	DOS 5/6/13-1/28/15* # 009207795	-3499.24

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

*** INVOICE ***
Date NO#
12/18/15 58852

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 10/13/80
Terms : 45 days
Claim #(s):
ENWC321242-004

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: JESSICA VALENTIN
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs ENVIRONMENTAL LANDSCAPE & DVMT
Date Of Injury: 10/1/12

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

009207795

978

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

58852

Please see attached documentation.

EF.

OK

PAID DEC 16 2015

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

NorGUARD Insurance Company

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

Wells Fargo Bank, N.A.

11-24
1210

009207795

DATE
12/14/2015

AMOUNT
******$3,499.24

➪➪➪➪➪PAY ONLY $3,499.24

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

■ THREE THOUSAND FOUR HUNDRED NINETY-NINE DOLLARS AND 24 CENTS**********

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

VOID OVER $3,499.24

⑈009207795⑈ ⑆121000248⑆ 2000519409116⑈

Explanation of Review

BERKSHIRE HATHAWAY GUARD INSURANCE COMPANIES

Carrier

Carrier No:
Carrier: NORGUARD INSURANCE COMPANY
P.O. BOX A-H / 16 S. RIVER STREET
WILKES-BARRE, PA 18703-0020

Provider

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

Bill: GUA-GUCA-310134

Claimant

NPI:
Rendering NPI:
Tax ID: 33-0956713 **Type:** OM **Specialty (1):** AO
License: A99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, KATTAR
External ID: 5386

Claim Number: ENWC321242-007
DOI/DOL: 04-09-2013
External Claim Number: EN321242007

Payment Status Code: 1

Bill Details

Dates of Service: 04-09-2013
Post Date: 12-10-2015
Reviewer: DH/
Pay Auth: 0
Client Type of Bill: LIEN
Adjuster: BCIAVARE
File: 00000000/00000000/00000000

Bill ICD Version: 9
Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	TOS	Rev./Proc. Code	Charges	Dx.	Units	Description / Network	NGD	Other	Explanation Code(s) Allow.
1	04-09-2013	99		MDS10	3,499.24	A	1	SETTLEMENT FOR DISPUTE			G67, 961 3,499.24

Totals

Total Charges: 3,499.24
Recommended Allowance: 3,499.24

Messages

961 ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.
G67 PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE SEND THE BILL AND THE ANALYSIS TO:

GUARD INSURANCE GROUP, PO BOX 1368, WILKES-BARRE, PA 18703, (800) 673 - 2465

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DCN Number: MN-120920141202

GDCH10151214841.000978.02.02.000000

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

*** INVOICE ***
Date NO#
12/14/15 34378

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 10/20/72
Terms : 45 days
Claim #(s):
1633964-1

BILL TO:
AMTRUST NORTH AMERICA (CONCORD
W. C. DEPARTMENT
ATTN: RICHARD WOOLSEY
P.O. BOX 4026
CONCORD, CA 94524

Case: vs PAUL MCNULTY CONSTRUCTION
Date Of Injury: 1/31/09

DOS	SERVICE	DESCRIPTION	AMOUNT
06/18/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
07/20/09	PMT BY CHECK	DOS 6/18/09 # 0020134132	-156.50
07/21/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
08/31/09	PMT BY CHECK	DOS 7/21/09 # 0020145706	-250.00
01/05/11	WCAB LB	STATUS CONFERENCE - PATRICIA HAYES # 100761	156.50
02/14/11	DEPO PREP	@ THE L/O OF TOUS & ASSOC.	156.50
/ /	INTERPRETER:	JEFF MORAN # 300921	0.00
02/22/11	PMT BY CHECK	DOS 1/5/11 # 0020282709	-156.50
03/02/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (VOLL II)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/02/11	PENALTIES	FOR DATE OF SERVICE 2/14/11	23.48
08/24/15	INTEREST	FOR DATE OF SERVICE 2/14/11	81.70
09/02/11	PENALTIES	FOR DATE OF SERVICE 3/2/11	37.50
08/24/15	INTEREST	FOR DATE OF SERVICE 3/2/11	129.26
12/07/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
02/22/12	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
04/16/12	WCAB LB	TRIAL - CARMEN GUZMAN #100585	156.50
02/11/14	JOB DESCRIPT	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/15/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/11/15	PENALTIES	FOR DATE OF SERVICE 12/7/11	23.48
08/24/15	INTEREST	FOR DATE OF SERVICE 12/7/11	67.11
05/11/15	PENALTIES	FOR DATE OF SERVICE 2/22/12	23.48
08/24/15	INTEREST	FOR DATE OF SERVICE 2/22/12	63.31
05/11/15	PENALTIES	FOR DATE OF SERVICE 4/16/12	23.48
08/24/15	INTEREST	FOR DATE OF SERVICE 4/16/12	60.65
05/11/15	PENALTIES	FOR DATE OF SERVICE 2/11/14	23.48
08/24/15	INTEREST	FOR DATE OF SERVICE 2/11/14	27.81

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

*** INVOICE ***

Date	NO#
12/14/15	34378

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 10/20/72
Terms : 45 days
Claim #(s):
1633964-1

BILL TO:
AMTRUST NORTH AMERICA (CONCORD
W. C. DEPARTMENT
ATTN: RICHARD WOOLSEY
P.O. BOX 4026
CONCORD, CA 94524

Case: s PAUL MCNULTY CONSTRUCTION
Date of Injury: 1/31/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/24/15	PENALTIES	FOR DATE OF SERVICE 4/15/15	37.50
08/24/15	INTEREST	FOR DATE OF SERVICE 4/15/15	10.71
09/09/15	COSTS & SANC	COSTS & SANC	884.55
09/24/15	PMT BY CHECK	DOS 1/31/09* # 00192142	-1915.45
10/01/15	PENALTIES_U	FOR UNPAID STLM'T 8/24/15	221.14
11/05/15	INTEREST_U	FOR UNPAID STLM'T 8/24/15	23.02
12/08/15	PMT BY CHECK	DOS 1/31/09-12/2/15* # 00219041	-1128.71

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

SUA Insurance Company
Chicago, IL

Check # 0020134132

Payee: **Joyce Altman Interpreters**

Check Date 07/20/2009

Bill Id	Invoice #	Policy #	Claim #	Claimant Name	Service From-To	Amount Paid
	inv 34378	WSATMEC00526301	310W09107520		06/18/09-06/18/09	156.50

PAID

Net Check Amount $ 156.50

SUA Insurance Company
Chicago, IL

Check # 0020145706

Payee: **Joyce Altman Interpreters**

Check Date 08/31/2009

Bill Id	Invoice #	Policy #	Claim #	Claimant Name	Service From-To	Amount Paid
	Inv 34378	WSATMEC00526301	310W09107520		07/21/09-07/21/09	250.00

PAID

Net Check Amount $ 250.00

SUA Insurance Company
Chicago, IL

Check # 00202827

Payee: **Joyce Altman Interpreters**

Check Date 02/22/20

Bill Id	Invoice #	Policy #	Claim #	Claimant Name	Service From-To	Amount P
	34378	WSATMEC00526301	310W09107520		01/05/11-01/05/11	156

PAID
FEB 25 2011
BY:.....

RECEIVED FEB 25 2011

Net Check Amount $ 156

ADVERTENCIA
Este cheque es de beneficios relacionados con compensación de trabajadores. Mientras reciba estos beneficios, y antes de cobrar el cheque, debe informarle a su empleador y a SUA Insurance Company sobre cualquier otro ingreso que reciba o gane por trabajo durante el tiempo cubierto por este cheque, incluyendo ingresos por trabajo por cuenta propia. Si no lo hace, puede resultar en responsabilidad civil y/o penal. Si usted no sigue estos reglamentos, podría en violación de la ley y el castigo puede ser la cárcel o la prisión, una multa pérdida de los beneficios. Su aceptación de este cheque es una representación suya que indica que tiene derecho legal a dicho pago y que las circunstar que afectarían el derecho a recibir el pago no han cambiado. El fraude de seguro de compensación de trabajadores y la representación falsa son delitos sancionables según las leyes federales y estatales.

OFFICIAL WATERMARK ON THE BACK - HOLD AT AN ANGLE TO VIEW

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

JP MORGAN CHASE
NY
50-937/213

CHECK NO.
00192142
1633964-1
WSATMEC00526301

DATE	AMOUNT
9/24/2015	$1,915.45

VOID VOID VOID

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

JP MORGAN CHASE
NY
50-937/213

CHECK NO.
00219041
1633964-1
WSATMEC00526301

DATE	AMOUNT
12/8/2015	$1,128.71

PAY One Thousand One Hundred Twenty-Eight and 71/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

Mail To

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

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00219041⑈ ⑆021000021⑆ 639993851⑈

PAID DEC 14 2015

Check Number	00219041
Claim Number:	1633964-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WSATMEC00526301/McNulty, Paul (dba) Paul McNulty Construction
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	1/31/2009
Location:	LOS ANGELES
Examiner Code:	rwoolsey

F.F. OK
NDJ

34378

Amount:	$1,128.71	on behalf of CASTLEPOINT NATIONAL INSURANCE COMPANY
Dates of Service:	1/31/2009-12/2/2015	AmTrust North America
Explanation:	DOS 01/31/09-12/02/15	P O Box 4026
Category:	M22 - Settlement/multi bills/amt in dispute	Concord, CA 94524
Placement:	2 - Medical	212-655-2000
Transaction Type:		

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

*** INVOICE ***
Date NO#
12/18/15 55213

EAMS#(s):

SS # : XXX-XX-2513
DOB : 9/18/43
Terms : 45 days
Claim #(s):
2080275748

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

Case: vs HILTON LONG BEACH
Date Of Injury: 4/15/07-4/15/12

DOS	SERVICE	DESCRIPTION	AMOUNT
08/14/12	INITIAL EXAM	@ COAST CITY MEDICAL GROUP (2H 35M)	287.50
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/15/12	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/06/12	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/27/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/18/12	PT PR-2	PHYSICAL THERAPY W/DR LAZATIN @ COAST CITY MED*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/28/12	DEPO PREP	@ THE L/O OF STOCKWELL,HARRIS WOOLVERTON	156.50
/ /	INTERPRETER:	VERONICA BARO # 301336	0.00
01/03/13	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/13/12	PT PR-2	PHYSICAL THERAPY W/DR LAZATIN @ COAST CITY MED*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/07/13	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/28/13	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/17/14	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/05/15	LEGAL_WCAB	TRIAL @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/09/15	LIEN FIL FEE	LIEN FILING FEE	150.00
07/15/15	PENALTIES	FOR DATE OF SERVICE 12/27/12	37.50
07/15/15	INTEREST	FOR DATE OF SERVICE 12/27/12	67.50

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

*** INVOICE ***
Date NO#
12/18/15 55213

EAMS#(s):

SS # : XXX-XX-2513
DOB : 9/18/43
Terms : 45 days
Claim #(s):
2080275748

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

Case: vs HILTON LONG BEACH
Date Of Injury: 4/15/07-4/15/12

DOS	SERVICE	DESCRIPTION	AMOUNT
07/15/15	PENALTIES	FOR DATE OF SERVICE 11/28/12	23.48
07/15/15	INTEREST	FOR DATE OF SERVICE 11/28/12	42.26
07/15/15	PENALTIES	FOR DATE OF SERVICE 12/17/14	23.48
07/15/15	INTEREST	FOR DATE OF SERVICE 12/17/14	42.26
07/15/15	PENALTIES	FOR DATE OF SERVICE 2/5/15	23.48
07/15/15	INTEREST	FOR DATE OF SERVICE 2/5/15	42.26
08/18/15	PMT BY CHECK	DOS 04/14/12-07/09/15* # 1100501217	-2237.00
12/15/15	PENALTIES_U	FOR UNPAID STLM'T 11/4/15	225.00
12/15/15	INTEREST_U	FOR UNPAID STLM'T 11/4/15	9.55
12/04/15	COSTS & SANC	COSTS & SANC	363.23
12/14/15	PMT BY CHECK	DOS 8/14/12-8/18/15* # 1100636024	-900.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

PAID

BY: .....

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00267

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

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0275748 001 ZQ	WC 5095855	55213		08/02/12	08/14/12-07/09/15
Check Number	1100501217	Date Issued	08/18/15	Amount	$**2,237.00
Insured	Hilton Long Beach				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Dinesh CG-Sridharan				
File Supervisor	Marcos Ferrando	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	2,237.00		
TOTAL	$2,237.00		

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

PAID DEC 18 2015

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

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

01270

55213

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0275748 001 ZQ	WC 5095855			08/02/12	08/14/12-08/18/15

Check Number	1100636024	Date Issued	12/14/15	Amount	$*****900.00
Insured	Hilton Long Beach				
Claimant					
Nature of Payment	FULL & FINAL				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Sudha CG-Dhinakaran				
File Supervisor	Marcos Ferrando	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	900.00		
TOTAL	$900.00		

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

*** INVOICE ***
Date NO#
12/18/15 37993

EAMS#(s):

SS # : XXX-XX-3509
DOB : 11/19/56
Terms : 45 days
Claim #(s):
710674725

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

Case: CORPORATE - PERSONNEL NETWORK
Date Of Injury: 3/5/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/13/10	INITIAL EXAM	DR SCHILLING @ ADVANCED CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/03/10	EMG TESTING	BY DR BLUSH: L/E*	150.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/23/10	PR2/REEVAL	DR YOON @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
09/13/10	PR2/REEVAL	DR YOON* JESUS CASTILLO # 500358	180.00
12/10/10	PENALTIES	FOR DATE OF SERVICE 07/13/10	34.50
12/10/10	INTEREST	FOR DATE OF SERVICE 07/13/10	12.32
12/10/10	PENALTIES	FOR DATE OF SERVICE 08/03/10	22.50
12/10/10	INTEREST	FOR DATE OF SERVICE 08/03/10	7.04
12/12/15	PMT BY CHECK	DOS 12/11/15* # 29690811	-816.36

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

P4000028011

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

201512141603

Electronic Service Requested

1 OF 1

ENV 2288

MIXED AADC 926
2288 0.3820 MB 0.436

JOYCE ALTMAN INTERPRETERS INC 153
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 29690811
RFP No.: 320714
Check Date: 12/12/2015
Check Amount: 816.36
Insured: CORPORATE PERSONNEL NETWORK, I
Claimant:

PAID DEC 16 2015

Claim Office: 710
Insuring Company: NEW HAMPSHIRE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

37993

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000001242445	00674725	001	03/05/2010	MED	O	~~816.36~~
				Total Amount		816.36

Reason for Payment
FULL & FINAL LIEN SETTLEMENT

F.F. OV
NDJ

Use File # 710/00674725 on all correspondence for prompt processing.
For check information call: 877-802-5246

[redacted]

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

*** INVOICE ***
Date NO#
12/28/15 64415

EAMS#(s):

SS # : XXX-XX-2672
DOB : 11/8/67
Terms : 45 days
Claim #(s):
30110153224-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14623)
W. C. DEPARTMENT
ATTN: LISA WRITE
P.O. BOX 14623
LEXINGTON, KY 40512-4623

Case: , vs LAUSD
Date Of Injury: 1/18/11

DOS	SERVICE	DESCRIPTION	AMOUNT
12/18/14	LEGAL_WCAB	MSC @ WCAB MDR	156.50
/ /	INTERPRETER:	RAQUEL ZABRANSKI # 100076	0.00
03/02/15	PMT BY CHECK	DOS 2/18/14* # 0001490648	-156.50
07/09/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/25/15	LEGAL_WCAB	MSC @ WCAB MARINA DEL REY	156.50
/ /	INTERPRETER:	RAQUEL ZAMBROWSKI # 100076	0.00
12/07/15	PENALTIES	FOR DATE OF SERVICE 07/09/15	37.50
12/07/15	INTEREST	FOR DATE OF SERVICE 07/09/15	8.79
12/07/15	PENALTIES	FOR DATE OF SERVICE 06/25/15	23.48
12/07/15	INTEREST	FOR DATE OF SERVICE 06/25/15	6.16
12/04/15	PMT BY CHECK	DOS 7/9/15* # 0001586655	-250.00
12/07/15	COSTS & SANC		442.57
12/23/15	PMT BY CHECK	DOS 12/18/14-6/25/15* # 0001592684	-675.00

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 is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Sedgwick Claims Management Services, Inc
P O Box 14623
Lexington, KY 40512-4623

DATE	CHECK AMT	CHECK NO.
03/02/2015	156.50	0001490648

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

SCMS UNIT	PAGE
525 Sedgwick Claims Management Services	001

*001067 0001490648 00001 OF 00001 CAM 150302 1113

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

Claimant Name	Loss Date	Claim Number	SSN
	01/18/2011	30110153224-0001	

Amt Paid: 156.50 Description:
Amt Billed: 156.50 Invoice: 64415 ICN: 301101532240001
Dates: 12/18/2014 - 12/18/2014 Comment: inv 64415

PAID [illegible] 2015

Questions about other Sedgwick CMS payments? Visit Sedgwick.com. Point to Technology and click viaOne.
Under the left-hand viaOne menu, click for providers. Click the "Click here" link.

E1991.FRM (02-28-01)

[redacted]

Sedgwick Claims Management Services, Inc
P O Box 14623
Lexington, KY 40512-4623

DATE	CHECK AMT	CHECK NO.
12/04/2015	250.00	0001586655

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

SCMS UNIT	PAGE
525 Sedgwick Claims Management Services	001

*001339 0001586655 00001 OF 00001 0AM 151204 1141

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

PAID DEC 08 2015

Claimant Name	Loss Date	Claim Number	SSN
	01/18/2011	30110153224-0001	

Amt Paid: 250.00 Description:
Amt Billed: 250.00 Invoice: ICN: 301101532240001
Dates: 07/09/2015 - 07/09/2015 Comment:

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

[redacted]

Sedgwick Claims Management Services, Inc
P O Box 14623
Lexington, KY 40512-4623

DATE	CHECK AMT	CHECK NO.
12/23/2015	675.00	0001592684

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****1109

SCMS UNIT	PAGE
525 Sedgwick Claims Management Services	001

*000115 0001592684 00001 OF 00001 OAM 151223 1123

JOYCE ALTMAN INTERPRETERS
P.O. BOX 1460
TUSTIN CA 92681-0

PAID DEC 23 2015

64415

Claimant Name	Loss Date	Claim Number	SSN
	01/18/2011	30110153224-0001	

Amt Paid: 675.00
Amt Billed: 675.00
Dates: 12/18/2014 - 06/25/2015
Description:
Invoice:
Comment:
ICN: 301101532240001

F.F/
NC

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
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/09/15 55023

EAMS#(s):

SS # : XXX-XX-7265
DOB : 8/7/76
Terms : 45 days
Claim #(s):
PZC00521818

BILL TO:
CRUM & FORSTER (ORANGE)
W. C. DEPARTMENT
ATTN: NANCY ADAM
P.O. BOX # 14217
ORANGE, CA 92863

Case: vs GOODWILL SERVING THE PEOPLE OF
Date Of Injury: 7/18/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/12/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/05/12	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/01/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
10/16/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
12/05/12	PMT BY CHECK	DOS 9/12/12 # 0002291319	-156.00
05/27/15	PENALTIES	FOR DATE OF SERVICE 10/5/12	23.48
11/18/15	INTEREST	FOR DATE OF SERVICE 10/5/12	3.85
12/26/12	WCAB LB	STATUS CONFERENCE - JOHANNA JORDAN # 100793	156.50
01/15/13	PMT BY CHECK	DOS 10/5/12 # 0002326070	-156.50
06/11/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
05/27/15	PENALTIES	FOR DATE OF SERVICE 11/01/12	37.50
11/18/15	INTEREST	FOR DATE OF SERVICE 11/01/12	75.30
05/27/15	PENALTIES	FOR DATE OF SERVICE 10/16/12	37.50
11/18/15	INTEREST	FOR DATE OF SERVICE 10/16/12	75.30
05/27/15	PENALTIES	FOR DATE OF SERVICE 06/11/14	23.48
05/27/15	INTEREST	FOR DATE OF SERVICE 06/11/14	16.91
04/29/15	LEGAL WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/12/15	PMT BY CHECK	DOS 9/12/12-4/29/15 # 0002969528	-782.50
11/18/15	INTEREST	FOR DATE OF SERVICE 6/11/14	4.66
09/10/15	PENALTIES	FOR DATE OF SERVICE 04/29/15	23.48
11/18/15	INTEREST	FOR DATE OF SERVICE 04/29/15	8.04

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

*** INVOICE ***

Date	NO#
12/09/15	55023

EAMS#(s):

SS # : XXX-XX-7265
DOB : 8/7/76
Terms : 45 days
Claim #(s):
PZC00521818

BILL TO:
CRUM & FORSTER (ORANGE)
W. C. DEPARTMENT
ATTN: NANCY ADAM
P.O. BOX # 14217
ORANGE, CA 92863

Case: vs GOODWILL SERVING THE PEOPLE OF
Date Of Injury: 7/18/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/18/15	PENALTIES	FOR DATE OF SERVICE 12/26/12	23.48
11/18/15	INTEREST	FOR DATE OF SERVICE 12/26/12	44.53
11/13/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
11/18/15	COSTS & SANC	COSTS & SANC	514.99
12/01/15	PMT BY CHECK	DOS 11/18/15 # 0003026041	-1200.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Number:
0002291319

CRUM&FORSTER

Vendor Number: **406680873** Issuing Location: **Orange County Claims** Check Date: **12/05/2012**

Payee:

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

IRS:

CLAIMANT	CLAIM #	FEATURE	ACTIVITY	DATE OF LOSS	AMOUNT
55023	PZC00521818	EXP	55023	07/18/2012	$156.00

PAID
DEC 10 2012
BY:.....

TOTAL

Send Inquiries to:
P.O. Box 14217
Orange, CA 92863

Processor: **U. Mora**

Internal Reference No: **55023**

Please Detach Before Depositing

CRUM&FORSTER

Number: 0002326070

Vendor Number: 410004656 Issuing Location: Orange County Claims Check Date: 01/15/2013

Payee:

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

IRS: 330956713

55023

[redacted]

PZC00521818	PZC00521818	55023	07/18/2012	$156.50

INV. 55023 FOR DOS 09/12/2012

PAID JAN 18 2013

[redacted]

Send Inquiries to:
P.O. Box 14217
Orange, CA 92863

Processor: T. Tran

Internal Reference No: 55023

Please Detach Before Depositing

Number:
0002969528

CRUM&FORSTER

Vendor Number: 406680873 Issuing Location: Orange County Claims Check Date: 06/12/2015

Payee:

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

IRS:

PAID JUN 16 2015

SS023

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
	PZC00521818	EXP		07/18/2012	$782.50

Interpreting fees, f[redacted] if cashed : vs Goodwill

TOTAL: $782.50

Send Inquiries to:
P.O. Box 14217
Orange, CA 92863

Processor: N. Adam

Internal Reference No:

Please Detach Before Depositing

[redacted]

Number:

CRUM&FORSTER

0003026041

Vendor Number: **406680873** Issuing Location: **Orange County Claims** Check Date: **12/01/2015**

Payee:

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

IRS:

PAID DEC 09 2015

CLAIMANT	CLAIM #	FEA/DT	CN	DATE OF LOSS	AMOUNT
Stip & Order RE ..	PZC00521818	MC		07/18/2012	$1,200.00

TOTAL $1,200.00

Send Inquiries to:
P.O. Box 14217
Orange, CA 92863

Processor: **K. Ordonez**

Internal Reference No:

Please Detach Before Depositing

[redacted]

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

*** INVOICE ***
Date NO#
11/30/15 64668

EAMS#(s):

SS # : XXX-XX-7831
DOB : 10/18/71
Terms : 45 days
Claim #(s):
06072824

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

Case: vs EXEL BINDERY, LLC
Date Of Injury: 2/6/12

DOS	SERVICE	DESCRIPTION	AMOUNT
01/29/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI (BLOCK SETTLEMENT)	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/02/15	PENALTIES	FOR DATE OF SERVICE 01/29/15	23.48
09/02/15	INTEREST	FOR DATE OF SERVICE 01/29/15	9.57
11/10/15	PENALTIES_U	FOR UNPAID STLM'T 9/2/15	47.39
11/10/15	INTEREST_U	FOR UNPAID STLM'T 9/2/15	5.78
11/10/15	COSTS & SANC	COSTS & SANC	707.28
11/25/15	PMT BY CHECK	DOS 1/29/15-2/9/15* # CS-577119	-950.00

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

Check #: **CS-577119**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 11/25/15
Doc #: 030445450

64668

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05948384		**Date of Injury:** 07/30/11		
SSN: XXX-XX-7831 Employer name: EXCEL BINDERY, LLC				Employer ID: 0005800001012100					
ICD-9 Code: 959.9 INJURY-SITE NOS									
1	SF1-SFCA-16006318	01/29/15	MDO10	Payment By Order	1	950.00	.00	961 G67	950.00
2	SF1-SFCA-16006318	09/02/15	MDO10	Payment By Order	1	.00	.00	AA0 G5	.00
							Total Allowances:		**$950.00**

PAID NOV 30 2015

F-F, DV
CA

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"

01324950030445450001 2

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

*** INVOICE ***
Date NO#
11/30/15 54947

EAMS#(s):

SS # : XXX-XX-8416
DOB : 2/7/73
Terms : 45 days
Claim #(s):
150-CB-ELW6608-K

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: CLAYTON BURKE
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs CARL'S JR.
Date Of Injury: 12/26/08-12/26/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/02/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
10/30/12	PMT BY CHECK	DOS 8/2/12 # 896D 81241834	-156.50
02/12/13	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
06/22/15	PENALTIES	FOR DATE OF SERVICE 2/12/13	23.48
11/04/15	INTEREST	FOR DATE OF SERVICE 2/12/13	49.31
07/23/15	PMT BY CHECK	DOS 02/12/13 # 896D 86342850	-156.50
11/04/15	COSTS & SANC	COSTS & SANC	427.21
11/25/15	PMT BY CHECK	DOS 11/4/15* # 896D 86948502	-500.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

018240

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
0

896D 81241834

TRAVELERS

DATE: 10/30/12
LOSS DATE: 12/26/09
FILE NUMBER: 152 CB ELW6608 K

EMPLOYEE

ACCOUNT NAME:
CKE RESTAURANTS INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 08/02/2012

TOTAL PAID: $156.50
TAX INFO: 330956713547893 9Y
PAY MISC: 54947
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
NOV 05 2012
BY:

FOR ADDITIONAL INFORMATION, CONTACT: HEATHER S VALDOVINOS AT (909)612-3027

304009171
DETACH CHECK

UNSUMM-111311
OVR-UNS2-121205
DETACH CHECK

003533

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SE00744

896D 86948502

TRAVELERS

DATE: 11/25/15
LOSS DATE: 12/26/09
FILE NUMBER: 152 CB ELW6608 K
REFERENCE #: 1010489111SW
EMPLOYEE

ACCOUNT NAME:
CKE RESTAURANTS INC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781

TRAVELERS PROP CAS CO OF AMERIC 54947

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 11/04/15

TOTAL PAID: $500.00

TAX INFO: 330956713 Y

PAID NOV 30 2015

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

F.F.
CA OK

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

329022925
DETACH CHECK

UNRUMM:111211
OVRPUNS2:121205
DETACH CHECK

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

*** INVOICE ***
Date NO#
12/04/15 53839

EAMS#(s)

SS # : XXX-XX-8353
DOB : 10/5/50
Terms : 45 days
Claim #(s):
504804730

BILL TO:
LIBERTY/GOLDEN EAGLE (L.A.)
W. C. DEPARTMENT
ATTN: NATASHA PETER
P.O. BOX 515099
LOS ANGELES, CA 90051

Case: [redacted] vs WALTON FACILITIES
Date Of Injury: 3/19/12

DOS	SERVICE	DESCRIPTION	AMOUNT
06/19/12	DEPO PREP	@ HUTCHINGS COURT REPORTERS	156.50
/ /	INTERPRETER:	JARED WOLFF # 100074	0.00
08/29/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/31/12	PMT BY CHECK	DOS 6/19/12-8/29/12 # 1009230245	-406.50
03/18/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/03/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
08/21/14	PENALTIES	FOR DATE OF SERVICE 3/18/14	37.50
01/06/15	INTEREST	FOR DATE OF SERVICE 3/18/14	23.95
08/21/14	PENALTIES	FOR DATE OF SERVICE 4/3/14	23.48
01/06/15	INTEREST	FOR DATE OF SERVICE 4/3/14	13.95
01/06/15	PMT BY CHECK	06/19/12-08/21/14*	-489.23
11/05/15	COSTS & SANC	COSTS & SANC	533.85
11/30/15	PMT BY CHECK	DOS 11/4/15* # 1010550313	-550.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Golden Eagle Insurance
A Liberty Mutual Company

B. CODE	CHECK REFERENCE	CHECK DATE
R07	1009230245	10/31/12
	CHECK AMOUNT ********$406.50	BLOCK NUMBER 003345

AGENT NAME POMS & ASSOCIATES INSURANCE BR
AGENT NUMBER 4295735

LOSS DATE 03/19/12
CASE # 504804730

PAYEE: JOYCE ALTMAN INTERPRETERS INC

PAYEE ADDRESS:
PO BOX 4165
TUSTIN CA 92781-4165

CLAIM REP: SANDRA JONES
CLAIM REP PHONE: 949-860-6138

INSURED/CLAIMANT NAME	CASE #	PAYABLE	POLICY
	504804730	406.50	8898035

REMARKS: MISC. MEDICAL EXPENSES
INVOICE #53839
504804730
06/19/2012 THRU 08/29/2012

$406.50

TOTAL AMOUNT: $406.50

PAID
NOV 05 2012
BY:

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

Liberty Mutual. INSURANCE

B. CODE	CHECK REFERENCE	CHECK DATE
R07	1010353347	12/31/14
	CHECK AMOUNT ******489.23	BLOCK NUMBER 001053

AGENT NAME POMS & ASSOCIATES INSURANCE BR
AGENT NUMBER 4295735

LOSS DATE 03/19/12
CASE # 504804730

PAYEE: JOYCE ALTMAN INTERPRETERS INC

PAYEE ADDRESS:
PO BOX 4165
TUSTIN CA 92781-4165

CLAIM REP: NATASHA PETER
CLAIM REP PHONE: 503-736-7171

INSURED/CLAIMANT NAME	CASE #	PAYABLE	POLICY
	504804730	489.23	8898035

REMARKS: DEPO PREP, REVIEW & C&R - DOS 6/19/12-8/21/14
504804730
06/19/2012 THRU 08/21/2014 $489.23

TOTAL AMOUNT: $489.23

PAID JAN 06 2015

#153829

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

Liberty Mutual. INSURANCE

B.CODE	CHECK REFERENCE	CHECK DATE
R07	1010550313	11/30/15
	CHECK AMOUNT ******$640.00	BLOCK NUMBER 002251

NAME	INVOICE #	CASE #	AMOUNT
REMARKS: 904316720 ' 11/03/2015 THRU 11/03/2015 FOR BILL INQUIRIES ONLY, PLEASE CALL 1(888)832-1130. EXPLANATION OF BENEFITS IS BEING SENT SEPARATELY.	06153200104900 $90.00	904316720	90.00
REMARKS: 504804730 ' 11/04/2015 THRU 11/04/2015 FOR BILL INQUIRIES ONLY, PLEASE CALL 1(888)832-1130. EXPLANATION OF BENEFITS IS BEING SENT SEPARATELY.	06153200130800 $550.00	504804730	550.00
TOTAL PAYMENTS COMBINED: 2			640.00

42604 F.F. WC

53839 F.F. IG OK

PAID DEC 04 2015

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

AMC * 002251
PO BOX 515097
LOS ANGELES, CA 90051

Liberty Mutual. INSURANCE

WELLS FARGO BANK, N.A.

1010550313
64-975/612
2079900411553

B.CODE	OFFICE NUMBER	PAYMENT IDENTIFICATION	CHECK DATE
R07	0237	BULK PAYMENT	11/30/15

$ ******640.00

VOID IF NOT PRESENTED WITHIN SIX MONTHS OF ISSUE DATE OF CHECK

PAY SIX HUNDRED FORTY AND 00/100 DOLLARS**********

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

TWO SIGNATURES REQUIRED IF AMOUNT EXCEEDS $600,000.00

⑈1010550313⑈ ⑆061209756⑆ 2079900411553⑈

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

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

*** INVOICE ***
Date NO#
04/14/15 28735

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0269
D.O.B. : 7/23/52
Terms : 45 days
Claim #(s):
22005586

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

Case: vs VIEWPOINT SCHOOL
Date Of Injury: 9/27/07

DOS	SERVICE	DESCRIPTION	AMOUNT
12/26/07	INITIAL EXAM	DR NEMAT*	230.00
01/18/08	NCT	DIAGNOSTIC STUDY INTERP: U/E, L/E*	125.00
01/18/08	EMG TESTING	BY DR BLUSH - U/E, L/E*	125.00
01/30/08	MRI	REF BY DR NEMAT - L/S*	150.00
01/09/08	TESTING	NEURO MUSCULAR TESTING @	150.00
02/08/08	INITIAL EXAM	DR TERRANCE - PSYCH EVAL (2.5 HRS)	287.50
03/13/08	PR2/REEVAL	DR NEMAT*	180.00
04/15/08	PR2/REEVAL	DR NEMAT*	180.00
07/17/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
07/17/08	DEPOSITION	@ THE L/O OF DENNIS FUSI	215.00
08/13/08	PR2/REEVAL	DR NEMAT @ PAIN RELIEF CTR*	180.00
08/21/08	PMT BY CHECK	DOS 12/26/07 THRU 7/17/08 # 00519968	-1799.00
08/19/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (3 HRS)	450.00
09/15/08	PMT BY CHECK	DOS 8/13/08 # 0055783	-180.00
09/23/08	PR2/REEVAL	DR NEMAT @ PAIN RELIEF CTR*	180.00
01/16/09	PMT BY CHECK	DOS 12/26/07 THRU 9/23/08 # 0072752	-630.00
06/04/09	WCAB LB	MSC	156.50
07/02/09	PMT BY CHECK	DOS 6/4/09 # 0096498	-156.50
03/11/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
06/30/10	PENALTIES	FOR DATE OF SERVICE 03/11/10	23.48
01/22/15	INTEREST	FOR DATE OF SERVICE 03/11/10	87.92
08/24/10	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/31/11	PENALTIES	FOR DATE OF SERVICE 08/24/10	23.48
02/12/15	INTEREST	FOR DATE OF SERVICE 08/24/10	80.77
04/22/11	CT SCAN	REF BY DR PIETRUSZKA: SINUS*	150.00

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

*** INVOICE ***
Date NO#
04/14/15 28735

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0269
D.O.B. : 7/23/52
Terms : 45 days
Claim #(s):
22005586

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

Case: vs VIEWPOINT SCHOOL
Date Of Injury: 9/27/07

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/16/09	PENALTIES	FOR DATE OF SERVICE 08/19/08	67.50
01/16/09	INTEREST	FOR DATE OF SERVICE 08/19/08	21.98
01/22/15	PENALTIES	FOR DATE OF SERVICE 4/22/11	22.50
02/12/15	INTEREST	FOR DATE OF SERVICE 4/22/11	66.02
02/11/15	PMT BY CHECK	DOS 3/10/10-8/24/10* # 0389374	-326.39
02/12/15	PMT BY CHECK	DOS 3/11/10-8/24/10* # 389716	-201.22
04/02/15	PENALTIES	FOR DATE OF SERVICE 9/23/08	27.00
01/16/09	INTEREST	FOR DATE OF SERVICE 9/23/08	6.81
04/02/15	PENALTIES	FOR DATE OF SERVICE 6/4/09	23.48
03/11/10	INTEREST	FOR DATE OF SERVICE 6/4/09	1.63
04/10/15	COSTS & SANC	COSTS & SANC	812.04
04/10/15	PMT BY CHECK	DOS 3/1/07-4/8/15* # 0397383	-1200.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 08/21/2008
Check Number : 0051968
Check Amount : $2,509.00

AVP210

Joyce Altman Interpreters Inc
P.O. Box 4165
Tustin, CA 927814165

49-2o1

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22004298		10/10/2007	28179	Interpreter Fees -	11/12/2007	07/29/2008	$250.00
22005586		09/27/2007	28735	Interpreter Fees -	12/26/2007	07/17/2008	$1,799.00
22006719		02/22/2008	31173	Interpreter Fees -	07/14/2008	07/25/2008	$460.00

PAID

49-48

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 09/15/2008
Check Number : 0055783
Check Amount : $180.00

GE431G

Joyce Altman Interpreters Inc
P.O. Box 4165
Tustin, CA 927814165

7-2o1

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22005586		09/27/2007	28735	Interpreter Fees -	12/26/2007	08/21/2008	$180.00

PAID

7-7

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 01/16/2009
Check Number : 0072752
Check Amount : $630.00

6WW419

OZ 01
JOYCE ALTMAN INTERPRETERS INC
P.O. BOX 4165
TUSTIN, CA 927814165

33r4a
00012

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22005586		09/27/2007	28735	Interpreter Fees -	12/26/2007	09/23/2008	$630.00

PAID

12-12

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 07/02/2009
Check Number : 0096498
Check Amount : $156.50

JH7716

OZ D1
JOYCE ALTMAN INTERPRETERS
P.O.BOX 4165
TUSTIN, CA 92781

f5k4a
00026

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22005586		09/27/2007	28735	Interpreter Fees -	12/26/2007	06/04/2009	$156.50

26-36

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 02/11/2015
Check Number : 0389374
Check Amount : $326.39

ZG3U1K

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

8gk5a
00019

PAID FEB 18 2015

Payment Summary

22006882	03/01/2007	Interpreter Fees -	03/10/2010	08/24/2010	$326.39

19-19
4014

Payee: JOYCE ALTMAN INTERPRETERS,INC.

IRS/SSN: XX-XXX713

Check Number: 389716

Check Date: 02/12/2015

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
22006882		03/01/2007	Interpreter Fees - Expense	03/11/2010	08/24/2010			201.22

Comments: DOS: March 11,2010 and August 24,2010

PAID FEB 18 2015

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/10/2015
Check Number : 0397383
Check Amount : $1,200.00

5XMJ15

OZ 01 **RETURN SERVICE REQUESTED**
JOYCE ALTMAN INTERPRETERS,INC.
P.O. BOX 4165
TUSTIN, CA 92781

g1s5a
00023

PAID APR 14 2015

28735

Payment Summary

22006882	03/01/2007	Lien Payment - Medi	03/01/2007	04/08/2015	$1,200.00

I. F.
CA OK

23-23
4014

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

*** INVOICE ***
Date NO#
04/14/15 42372

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8534
D.O.B. : 10/20/55
Terms : 45 days
Claim #(s):
YLR56358C; YLR56356C

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

Case: vs PREMIER LIGHTING GRP/ARTE MEX.
Date Of Injury: CT 1/28/10-1/28/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/10/11	INITIAL EXAM	DR KATTAR @ GARFIELD HEALT	230.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
04/15/11	DEPO PREP	@ THE L/O OF TOBIN & TRUCE	156.50
/ /	INTERPRETER:	LINDA WEINBERG # 08025285	0.00
04/14/11	PR2/REEVAL	DR KATTAR* AUGUSTO SALAZAR # 500286	180.00
05/17/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
05/25/11	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
05/26/11	INITIAL EXAM	DR GALLONI @ WILLOW MED*	230.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
06/24/11	PMT BY CHECK	DOS 2/10/11 THRU 4/15/11 # 200748324 6	-566.50
06/29/11	PR2/REEVAL	DR KATTAR (2H 40M)	247.50
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
08/03/11	PR2/REEVAL	DR KATTAR* JOHANNA JORDAN # 100793	180.00
09/07/11	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
10/12/11	PR2/REEVAL	DR KATTAR* BLANCA MEJIA # 100741	180.00
01/26/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
03/08/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
04/25/12	WCAB VNO	MSC - MANUEL DE LA TORRE # 100549	156.50
05/24/12	PR2/REEVAL	DR KATTAR* JOHANNA JORDAN # 100793	180.00
06/27/12	PR2/REEVAL	DR KATTAR* JOSE LUGO	180.00

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

*** INVOICE ***
Date NO#
04/14/15 42372

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8534
D.O.B. : 10/20/55
Terms : 45 days
Claim #(s):
YLR56358C; YLR56356C

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

Case: vs PREMIER LIGHTING GRP/ARTE MEX.
Date Of Injury: CT 1/28/10-1/28/11

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 500049	
08/08/12	PR2/REEVAL	DR KATTAR* JOSE LUGO # 500049	180.00
09/12/12	PR2/REEVAL	DR KATTAR* JESUS CASTILLO	180.00
		# 500358	
05/06/13	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/19/15	PENALTIES	FOR DATE OF SERVICE 5/17/11	37.00
03/19/15	INTEREST	FOR DATE OF SERVICE 5/17/11	91.37
12/04/13	PENALTIES	FOR DATE OF SERVICE 5/26/11	34.50
03/19/15	INTEREST	FOR DATE OF SERVICE 5/26/11	101.31
12/04/13	PENALTIES	FOR DATE OF SERVICE 4/25/12	23.48
03/19/15	INTEREST	FOR DATE OF SERVICE 4/25/12	40.24
12/04/13	PENALTIES	FOR DATE OF SERVICE 5/06/13	37.50
03/19/15	INTEREST	FOR DATE OF SERVICE 5/06/13	34.60
07/03/14	PENALTIES	FOR DATE OF SERVICE 5/25/11	27.00
03/19/15	INTEREST	FOR DATE OF SERVICE 5/25/11	79.34
07/03/14	PENALTIES	FOR DATE OF SERVICE 6/29/11	37.13
03/19/15	INTEREST	FOR DATE OF SERVICE 6/29/11	106.36
07/03/14	PENALTIES	FOR DATE OF SERVICE 8/3/11	27.00
03/19/15	INTEREST	FOR DATE OF SERVICE 8/3/11	75.37
07/03/14	PENALTIES	FOR DATE OF SERVICE 9/7/11	27.00
03/19/15	INTEREST	FOR DATE OF SERVICE 9/7/11	73.39
07/03/14	PENALTIES	FOR DATE OF SERVICE 10/12/11	27.00
03/19/15	INTEREST	FOR DATE OF SERVICE 10/12/11	71.40
07/03/14	PENALTIES	FOR DATE OF SERVICE 1/26/12	27.00
03/19/15	INTEREST	FOR DATE OF SERVICE 1/26/12	65.39
07/03/14	PENALTIES	FOR DATE OF SERVICE 3/8/12	27.00
03/19/15	INTEREST	FOR DATE OF SERVICE 3/8/12	63.01
07/03/14	PENALTIES	FOR DATE OF SERVICE 5/24/12	27.00
03/19/15	**INTEREST**	**FOR DATE OF SERVICE 5/24/12**	**58.64**
07/03/14	PENALTIES	FOR DATE OF SERVICE 6/27/12	27.00

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

*** INVOICE ***

Date	NO#
04/14/15	42372

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8534
D.O.B. : 10/20/55
Terms : 45 days
Claim #(s):
YLR56358C; YLR56356C

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

Case: vs PREMIER LIGHTING GRP/ARTE MEX.
Date Of Injury: CT 1/28/10-1/28/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/19/15	INTEREST	FOR DATE OF SERVICE 6/27/12	56.71
07/03/14	PENALTIES	FOR DATE OF SERVICE 8/8/12	27.00
03/19/15	INTEREST	FOR DATE OF SERVICE 8/8/12	54.33
07/03/14	PENALTIES	FOR DATE OF SERVICE 9/12/12	27.00
03/19/15	INTEREST	FOR DATE OF SERVICE 9/12/12	52.35
07/15/14	PMT BY CHECK	DOS 5/17/11-5/6/13* # 0050944245	-656.50
03/19/15	PENALTIES	FOR DATE OF SERVICE 02/10/11	34.50
03/19/15	INTEREST	FOR DATE OF SERVICE 02/10/11	4.78
03/19/15	PENALTIES	FOR DATE OF SERVICE 04/14/11	27.00
03/19/15	INTEREST	FOR DATE OF SERVICE 04/14/11	4.31
04/07/15	PMT BY CHECK	DOS 2/10/11-9/12/12* # 0055367650	-3811.51

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election **letter, Depo Transcript and any and all documentary evidence to be utilized in** an attempt to defeat this lien.

Specialty Risk Services , LLC
P.O. Box 61513
King Of Prussia, PA 19406
866/885-2369

SRS
SPECIALTY RISK SERVICES

001238
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
AUSTIN, CA 92781

BY:.....

01239 *

*200012 2007483246

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
42372 01-24-11	72HMC TG0889 YLRC 56356	ARTE DE MEXICO INC. VERDUGO CANYON ESTATE, LLC	$566.50
Nature of Payment: Other Medical		Service Dates 02-10-2011 04-15-2011	$566.50
Claim Handler: Kristine Vuong 866/885-2369 SO California SRS Claim Office P.O. Box 7007 La Habra, CA 90632-7007		Additional Comments: Client Invoice No. 42372	

Issue Date	06-24-2011	Check Number	2007483246	Total Amount of Check	$566.50

Please keep the above information for your records.

094444945

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

P6905028006

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

[redacted]

201407151613

Electronic Service Requested

1 OF 2

ENV 2411

SINGLE PIECE

2411 0.5738 SP 0.480

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

4

PAID JUL 25 2014

DATE	CHECK AMT	CHECK NO.
07/15/2014	656.50	0050944245

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

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services, Inc	1 of 1

Claimant Name	Loss Date	Claim Number
	01/28/2011	YLR C 56358

42372

Amt Paid:	250.00	Description: Miscellaneous Medical	
Amt Billed:	250.00	Invoice:	ICN: 118442331.6
Dates:	05/17/2011-05/17/2011	Comment:	
Amt Paid:	156.50	Description: Miscellaneous Medical	
Amt Billed:	156.50	Invoice:	ICN: 118442331.6
Dates:	04/25/2012-04/25/2012	Comment:	
Amt Paid:	250.00	Description: Miscellaneous Medical	
Amt Billed:	250.00	Invoice:	ICN: 118442331.6
Dates:	05/06/2013-05/06/2013	Comment:	

Questions about other Sedgwick CMS payments? Visit sedgwickcms.com. Click on Provider Resources, then choose viaOne Express(R) for Providers

[redacted]

P69050028006

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

201504071617

Electronic Service Requested

PAID APR 14 2015

1 OF 2

ENV 2428

SINGLE PIECE
2428 0.5486 SP 0.480

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

DATE	CHECK AMT	CHECK NO.
04/07/2015	3,811.51	0055367650

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

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services, Inc	1 of 2

Claimant Name	Loss Date	Claim Number
	01/28/2011	YLR C 56358

Amt Paid:	1,905.75	Description: Miscellaneous Medical	
Amt Billed:	1,905.75	Invoice:	ICN: 5201-12812867
Dates:	02/10/2011-02/10/2011	Comment:	
Amt Paid:	1,905.76	Description: Miscellaneous Medical	
Amt Billed:	1,905.76	Invoice:	ICN: 5201-12812867
Dates:	09/12/2012-09/12/2012	Comment:	

42372

F.F. ok
CA

Questions about other Sedgwick CMS payments? Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

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

*** INVOICE ***

Date	NO#
03/26/15	41235

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0420
D.O.B. : 12/3/58
Terms : 45 days
Claim #(s):
EHJ6458R

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W.C. DEPARTMENT
ATTN: JUDY TURNER
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: __ __ vs GOLDEN STATE FOODS
Date Of Injury: 8/30/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/10/10	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR GHODS (2H 25M)	187.50
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
01/25/11	DEPO PREP	@ THE L/O OF USHER LAW GROUP JOHNN MORELL #100644	156.50
01/27/11	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR GHODS (3H 45M)	281.25
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/22/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/11/11	PENALTIES	FOR DATE OF SERVICE 1/25/11	23.48
03/02/15	INTEREST	FOR DATE OF SERVICE 1/25/11	69.57
05/11/11	PENALTIES	FOR DATE OF SERVICE 2/22/11	37.50
03/02/15	INTEREST	FOR DATE OF SERVICE 2/22/11	111.14
05/11/11	PENALTIES	FOR DATE OF SERVICE 12/10/10	28.13
03/02/15	INTEREST	FOR DATE OF SERVICE 12/10/10	83.36
05/11/11	PENALTIES	FOR DATE OF SERVICE 01/27/11	42.19
03/02/15	INTEREST	FOR DATE OF SERVICE 01/27/11	125.03
01/15/13	LIEN FIL FEE	ACTIVATION FILING FEE	100.00
03/02/15	COSTS & SANC	COSTS & SANC	404.35
03/20/15	PMT BY CHECK	DOS 3/3/15* # 896D 85731741	-1900.00

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

*** INVOICE ***
Date NO#
03/26/15 41235

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0420
D.O.B. : 12/3/58
Terms : 45 days
Claim #(s):
EHJ6458R

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W.C. DEPARTMENT
ATTN: JUDY TURNER
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs GOLDEN STATE FOODS
Date Of Injury: 8/30/10

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 is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SE03852

896D 85731741

TRAVELERS

DATE: 03/20/15
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781

PAID MAR 26 2015

Our Customer Service Phone is 1-800-258-3710 .
Please contact us if you have any questions.

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB A4A0359K	02/23/15	$ 120.00	1007912897SW	
	152 CB EHJ6458R	03/03/15	$ 1,900.00	1007884557SW	41235
	152 CB EWJ4298K	03/11/15	$ 156.50	1007855376SW	P&F CA
			Total Amount Paid	$*****2	

9021249
DETACH CHECK

SUMM 111311
OVRPSUM2-021509

DETACH CHECK

THIS DOCUMENT HAS A RED BACKGROUND - BORDER CONTAINS MICRO PRINTING AND AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

Citibank, N.A.
One Penns Way
New Castle DE 19720

TRAVELERS
P O BOX 6510
DIAMOND BAR CA 91765-8510

896D 85731741

92-20
311

VOID

DATE	ACCOUNT NUMBER	TIN NUMBER	FILE NUMBER
03/20/15	J99	330956713	SUMMARIZED

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

TWO THOUSAND ONE HUNDRED SEVENTY SIX AND 50/100 ---------- PAY: $*****2176.50

VOID

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

018325
SE03852

Maria Olivo
AUTHORIZED SIGNATURE

⑈85731741⑈ ⑆031100209⑆ 3862289211⑈

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

*** INVOICE ***
Date NO#
03/26/15 31873

W.C.A.B.: N/A
ADJ # :
S.S.N. : XXX-XX-9260
D.O.B. : 9/11/60
Terms : 45 days
Claim #(s):
002086-007978-WC-01

BILL TO:
GALLAGHER BASSETT (CORONA)
W.C. DEPARTMENT
ATTN: PATTY GOMEZ
P.O. BOX # 6900
CORONA, CA 92878-6900

Case: JACOBO vs VOLT SERVICES GROUP
Date Of Injury: 9/26/08

DOS	SERVICE	DESCRIPTION	AMOUNT
10/13/08	INITIAL EXAM	-DR FONSECA @ NOBLE COMMUNITY	230.00
11/10/08	PR2/REEVAL	DR FONSECA @ NOBLE COMMUNITY*	180.00
12/08/08	PR2/REEVAL	DR FONSECA @ NOBLE COMMUNITY*	180.00
01/12/09	PR2/REEVAL	DR FONSECA @ NOBLE COMMUNITY*	180.00
02/09/09	PR2/REEVAL	DR FONSECA @ NOBLE COMMUNITY*	180.00
03/16/09	PR2/REEVAL	DR FONSECA @ NOBLE COMMUNITY*	180.00
04/20/09	PR2/REEVAL	DR FONSECA @ NOBLE COMMUNITY*	180.00
11/13/14	PENALTIES	FOR DATE OF SERVICE 10/13/08	34.50
03/12/15	INTEREST	FOR DATE OF SERVICE 10/13/08	171.09
03/19/15	PMT BY CHECK	DOS 3/12/15* # 0117215517	-1515.59

BALANCE 0.00

*INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

002086 PAGE 1 OF 1 004076

M.

PAID MAR 26 2015

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

31873

GALLAGHER BASSETT SERVICES INC
ON BEHALF OF NATIONAL UNION
FIRE INSURANCE CO.,
AND ITS AFFILIATES

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

**

CLAIM NO.: 002086 007978 WC 01 (41122)
CLAIMANT:
DESCRIPTION: DUE PER ORDER ISSUED 3/12/15

DATES OF SERVICE: 12Mar15 **THRU** 12Mar15
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 25Sep08

NO.: 0117215517
VN: 0000416506
DATE: 19Mar15
AMOUNT: 1515.59

F. F. OK
AM

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004671 005374 002 002

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

*** INVOICE ***
Date NO#
07/17/15 34440

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 11/14/83
Terms : 45 days
Claim #(s):
1634325

BILL TO:
AMTRUST NORTH AMERICA (CONCORD
W.C. DEPARTMENT
ATTN: JEFF CRAIL
P.O. BOX 4026
CONCORD, CA 94524

Case: [redacted] vs JOMAR TABLE LINENS/CPEHR INC
Date Of Injury: 6/24/09

DOS	SERVICE	DESCRIPTION	AMOUNT
06/30/09	INITIAL EXAM	DR RAHIMIAN @ AMERI CHIRO*	230.00
10/26/09	PR2/REEVAL	DR ZARGARAFF @ AMERI CHIRO*	180.00
02/17/10	P AND S	DR RAHIMIAN* CLARA BONILLA # 500320	230.00
06/22/10	PENALTIES	FOR DATE OF SERVICE 06/30/09	34.50
06/22/10	INTEREST	FOR DATE OF SERVICE 06/30/09	27.32
06/22/10	PENALTIES	FOR DATE OF SERVICE 02/17/10	34.50
06/22/10	INTEREST	FOR DATE OF SERVICE 02/17/10	10.51
07/06/15	PMT BY CHECK	DOS 6/30/09-6/22/10* =# 00155464	-746.83

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

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

JP MORGAN CHASE
NY
50-937/213

CHECK NO: 00155464
1634325-1
WSLTHPE00143304

DATE: 7/6/2015
AMOUNT: $746.83

PAY Seven Hundred Forty-Six and 83/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 90 DAYS

Mail To

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID JUL 10 2015

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00155464⑈ ⑆021000021⑆ 639993851⑈

Explanation Of Bill Review

Check Number	00155464	AMTRUST NORTH AMERICA, INC.-TOWER CLAIMS on behalf of CASTLEPOINT NATIONAL INSURANCE COMPANY
Claim Number:	1634325-1	P.O. BOX 740042
Regulatory ID:		ATLANTA, GA 30374-0042
Bill Number:	7878816	
Invoice Number:	FP1-MJCA-237041	888-239-3909
Policy / Insured:	WSLTHPE00143304/CPE HR, Inc. dba CPE (LCF) Jomar Table Linens, Inc.	34440
Claimant Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC	
Loss Date:	6/24/2009	FP1-MJCA-237041
Location:	4000 E. Airport Drive Ontario CA 91762 -	
Examiner Code:	jcrail	
Network/PPO Network:		

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
6/30/2009	99911	INTERPRETING SERVICES	1.00	230.00	0.00	0.00	230.00	
10/26/2009	99911	INTERPRETING SERVICES	1.00	180.00	0.00	0.00	180.00	
2/17/2010	99911	INTERPRETING SERVICES	1.00	230.00	0.00	0.00	230.00	
6/22/2010	99911	INTERPRETING SERVICES	1.00	34.50	0.00	0.00	34.50	
6/22/2010	99911	INTERPRETING SERVICES	1.00	27.32	0.00	0.00	27.32	
6/22/2010	99911	INTERPRETING SERVICES	1.00	34.50	0.00	0.00	34.50	
6/22/2010	99911	INTERPRETING SERVICES	1.00	10.51	0.00	0.00	10.51	
				746.83	0.00	0.00	746.83	

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

Reconsiderations and or appeals need to be submitted to the carrier listed above and to Mitchell International 14295 Midway Road Suite 300, Addison, Tx 75001

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE CALL Mitchell International AT 888-380-5616.

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

*** INVOICE ***

Date	NO#
08/25/15	31363

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days
Claim #(s):
10100802184, 10100802243

BILL TO:
INSURANCE CO. OF THE WEST (CA)
W.C. DEPARTMENT
ATTN: ROMAN NOURI
P.O. BOX # 11474
PLEASANTON, CA 94588

Case: vs THE HARPER GROUP/SPECTRUM BLDG
Date Of Injury: 4/15/08, 4/18/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/30/08	INITIAL EXAM	-@ RIVERSIDE WORK COND*	230.00
07/22/08	PR2/REEVAL	-@ RIVERSIDE WORK COND*	180.00
09/25/08	PR2/REEVAL	-@ RIVERSIDE WORK COND*	180.00
12/08/08	DEPO PREP	@ THE L/O OF MCDERMOTT & CLAWSON	156.50
12/15/08	WCAB LB	EXP. HEARING	156.50
01/30/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
04/29/09	PENALTIES	FOR DATE OF SERVICE 6/30/08	34.50
08/26/13	INTEREST	FOR DATE OF SERVICE 6/30/08	133.84
04/29/09	PENALTIES	FOR DATE OF SERVICE 12/8/08	23.48
03/20/13	INTEREST	FOR DATE OF SERVICE 12/8/08	77.32
04/29/09	PENALTIES	FOR DATE OF SERVICE 12/15/08	23.48
03/20/13	INTEREST	FOR DATE OF SERVICE 12/15/08	76.97
04/29/09	PENALTIES	FOR DATE OF SERVICE 1/30/09	37.50
03/20/13	INTEREST	FOR DATE OF SERVICE 1/30/09	119.33
01/04/10	WCAB LB	EXP. HEARING	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
03/23/10	WCAB LB	EXPEDITED	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
01/10/11	DEPO PREP	@ THE L/O OF DENNIS FUSI (VOL II)	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/16/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (VOL II)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/21/13	PENALTIES	FOR DATE OF SERVICE 07/22/08	27.00
08/26/13	INTEREST	FOR DATE OF SERVICE 07/22/08	106.68
02/21/13	PENALTIES	FOR DATE OF SERVICE 09/25/08	27.00
08/26/13	INTEREST	FOR DATE OF SERVICE 09/25/08	135.88
02/21/13	PENALTIES	FOR DATE OF SERVICE 03/23/10	23.48
03/20/13	INTEREST	FOR DATE OF SERVICE 03/23/10	54.14

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

*** INVOICE ***
Date NO#
08/25/15 31363

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days
Claim #(s):
10100802184, 10100802243

BILL TO:
INSURANCE CO. OF THE WEST (CA)
W.C. DEPARTMENT
ATTN: ROMAN NOURI
P.O. BOX # 11474
PLEASANTON, CA 94588

Case: s THE HARPER GROUP/SPECTRUM BLDG
Date Of Injury: 4/15/08, 4/18/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/21/13	PENALTIES	FOR DATE OF SERVICE 01/04/10	23.48
03/20/13	INTEREST	FOR DATE OF SERVICE 01/04/10	57.99
02/21/13	PENALTIES	FOR DATE OF SERVICE 03/23/10	23.48
03/20/13	INTEREST	FOR DATE OF SERVICE 03/23/10	54.14
02/21/13	PENALTIES	FOR DATE OF SERVICE 01/10/11	23.48
03/20/13	INTEREST	FOR DATE OF SERVICE 01/10/11	39.69
02/21/13	PENALTIES	FOR DATE OF SERVICE 02/16/11	37.50
03/20/13	INTEREST	FOR DATE OF SERVICE 02/16/11	60.49
02/21/13	LIEN FIL FEE	ACTIVATION FILING FEE	100.00
03/20/13	PMT BY CHECK	DOS 12/8/08-12/16/11 # 0000272062	-1282.50
08/26/13	PMT BY CHECK	DOS 6/30/08-9/25/08 # 0000352664	-590.00
11/14/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
10/16/14	WCAB LB	STATUS CONFERENCE (FULL DAY)	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 301566	0.00
02/26/15	PENALTIES	FOR DATE OF SERVICE 11/14/13	23.48
04/01/15	INTEREST	FOR DATE OF SERVICE 11/14/13	25.05
02/26/15	PENALTIES	FOR DATE OF SERVICE 10/16/14	46.95
04/01/15	INTEREST	FOR DATE OF SERVICE 10/16/14	16.96
04/01/15	PMT BY CHECK	DOS 11/14/13-4/1/15* # 0000766415	-598.80
08/18/15	PMT BY CHECK	DOS 06/30/08-10/16/14* # 0001027974	-2000.00
08/18/15	COSTS & SANC	COSTS & SANCTIONS	696.01

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

*** INVOICE ***
Date NO#
08/25/15 31363

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days
Claim #(s):
10100802184, 10100802243

BILL TO:
INSURANCE CO. OF THE WEST (CA)
W.C. DEPARTMENT
ATTN: ROMAN NOURI
P.O. BOX # 11474
PLEASANTON, CA 94588

Case: vs THE HARPER GROUP/SPECTRUM BLDG
Date of Injury: 4/15/08, 4/18/08

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 03/20/2013
Check Number: 0000272062
Check Amount: $1,282.50

VX3R1H

Sign up today for Electronic Funds Transfer (EFT). ICW Group now uses JopariPay to speed payments directly to your bank account. Visit icw.jopari.net and sign up by entering your registration code, VX3R1H

00351 JOP1ZS01 1Z 6300016391-6300502632

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID MAR 25 2013

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-08-02243		04/18/2008	31363	43	12/08/2008	02/16/2011	$1,282.50

Cat	SubPC	Stub Notes	Stub Amount
43		MISC EXPENSE/ DOS 12/8/08 12/15/08 1/30/09	$1,282.50
		1/4/10 3/23/10 1/10/11 2/16/11	$0.00
			$1,282.50

Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 08/26/2013
Check Number: 0000352664
Check Amount: $590.00

48ST1S

Sign up today for Electronic Funds Transfer (EFT). ICW Group now uses JopariPay to speed payments directly to your bank account. Visit icw.jopari.net and sign up by entering your registration code, 48ST1S

00164 JOP1ZS01 1Z 6300016500-6300546249

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID AUG 29 2013

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-08-02243		04/18/2008	31363	02	06/30/2008	09/25/2008	$590.00

Cat	SubPC	Stub Notes	Stub Amount
02		MISC MEDICAL/DOS 6/30/08 7/22/08 9/25/08	$590.00
			$590.00

Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 04/01/2015
Check Number: 0000766415
Check Amount: $598.80

RZV621

Sign up today for Electronic Funds Transfer (EFT). ICW Group now uses JopariPay to speed payments directly to your bank account. Visit icw.jopari.net and sign up by entering your registration code, RZV621

00602 JOP1ZS01 1Z 6300016956-6300752495

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID
APR 10 2015

BY: .....

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-08-02243		04/18/2008	SEE STUB	45	11/14/2013	04/01/2015	$598.80

Cat	SubPC	Stub Notes	Stub Amount
45		PENALTY	$598.80
		PENALTY OWED	$0.00
			$598.80

31363

Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 08/18/2015
Check Number: 0001027974
Check Amount: $2,000.00

89MA2D

Sign up today for Electronic Funds Transfer (EFT). ICW Group now uses JopariPay to speed payments directly to your bank account. Visit icw.jopari.net and sign up by entering your registration code, 89MA2D

00259 JOP1ZS01 1Z 6300017054-6300810689

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID

BY: Ø

Payment Summary

Claim #	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-08-02243	04/18/2008	1010-08-02243	02	06/30/2008	10/16/2014	$2,000.00

Cat	SubPC	Stub Notes	Stub Amount
		PER STIP & ORDER DATED 07/15/15	$0.00
02		MISC MEDICAL	$2,000.00
			$2,000.00

#31363 F&F CA OK

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

*** INVOICE ***

Date	NO#
02/17/15	60778

Claim # : 13008498
W.C.A.B.: --
ADJ # :
S.S.N. : XXX-XX-0251
D.O.B. : 2/4/67
Terms : 45 days

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

Case: vs AMERICAN APPAREL USA LLC
Date Of Injury: 8/26/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/22/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/29/14	PENALTIES	FOR DATE OF SERVICE 1/22/14	23.48
01/20/15	INTEREST	FOR DATE OF SERVICE 1/22/14	16.54
02/09/15	COSTS & SANC	COSTS & SANC	478.48
02/12/15	PMT BY CHECK	DOS 1/28/14* # 16946	-675.00

BALANCE 0.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

AMERICAN APPAREL
New Hampshire Insurance Co.

WELLS FARGO BANK, N.A.

11-24/121
1210(8)

CHECK NO: 16946
DATE: 02/12/2015

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

CLAIMANT:
CLAIM NO: 13008498

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT
******$675.00

PAY *Six Hundred Seventy Five Dollars And 00/100*

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

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTIN

⑈00016946⑈ ⑆121000248⑆ 4122384340⑈

ayee: Joyce Altman Interpreters, Inc. **TIN/SSN:** XX-XXX6713 **Check Number:** 16946

heck Amount: 675.00 **Check Date:** 02/12/2015

laim umber	Employer	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Date	Invoice #	Amount
3008498	American Apparel		08/26/2013	Lien Settlement - Disputed	01/28/2014	01/28/2014			675.00

omments: full and final lien resolution for all dates of service

60778

F.F.

NDJ

PAID FEB 17 2015

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

*** INVOICE ***

Date	NO#
07/28/15	62955

EAMS#(s):

SS # : XXX-XX-3970
DOB : 1/10/60
Terms : 45 days
Claim #(s):
EZJ0995

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: IAN STEWART
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs CONVAID PRODUCTS INC.
Date Of Injury: 4/25/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/06/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/04/14	PENALTIES	FOR DATE OF SERVICE 08/06/14	23.48
12/24/14	INTEREST	FOR DATE OF SERVICE 08/06/14	6.41
12/24/14	PMT BY CHECK	DOS 08/06/14-08/06/14* # 900A 26922231	-156.50
07/24/15	PMT BY CHECK	DOS 7/14/15* =# 891A 86436133	-450.00
07/24/15	COSTS & SANC	COSTS	420.11

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

019911

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA09914

900A 26922231

TRAVELERS

DATE: 12/24/14
LOSS DATE: 04/25/14
FILE NUMBER: 152 CB EZJ0995 A

EMPLOYEE

ACCOUNT NAME:
CONVAID PRODUCTS, INC.

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

LEGAL EXPENSE
FROM: 08/06/2014 TO: 08/06/2014

WEEKLY COMPENSATION RATE: $393.60
TOTAL PAID: $156.50
TAX INFO: 330956713372147 6Y

#62955
ok

PAYEE:
JOYCE ALMAN INTERPRETERS

PAID JAN 05 2015

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

358009995
DETACH CHECK

UNSUMM-111211
OVAPUNS2-121203
DETACH CHECK

[redacted]

015696

M19

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

0

891A 86436133

62955

PAID JUL 28 2015

TRAVELERS

DATE: 07/24/15
LOSS DATE: 04/25/14
FILE NUMBER: 152 CB EZJ0995 A
REFERENCE #: 1009219977SW
EMPLOYEE

ACCOUNT NAME:
CONVAID PRODUCTS, INC.

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 07/14/15

TOTAL PAID: $450.00

TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

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

205020542
DETACH CHECK

UNSUMM-111311
OVRPDNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
07/28/15	55928

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 11/24/46
Terms : 45 days
Claim #(s):
ERV4757

BILL TO:
SAINT PAUL TRAVELERS (WC-8112)
W.C. DEPARTMENT
ATTN: ALICIA JIMENEZ
P.O. BOX 8112
WALNUT CREEK, CA 94596

Case: vs COMMUNITY BANK
Date Of Injury: CT 12/1/09-3/16/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/01/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/06/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	OSVALDO LOPEZ # 301367	0.00
06/24/13	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/09/15	PENALTIES	FOR DATE OF SERVICE 11/01/12	23.48
07/09/15	INTEREST	FOR DATE OF SERVICE 11/01/12	45.81
07/09/15	PENALTIES	FOR DATE OF SERVICE 02/06/13	37.50
07/09/15	INTEREST	FOR DATE OF SERVICE 02/06/13	73.17
07/09/15	PENALTIES	FOR DATE OF SERVICE 06/24/13	23.48
07/09/15	INTEREST	FOR DATE OF SERVICE 06/24/13	45.81
07/09/15	COSTS & SANC	JURIS SETTLEMENT	112.75
07/24/15	PMT BY CHECK	DOS 7/9/15* =# 896D 86352579	-925.00

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 is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

015700

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933

SE03294

896D 86352579 ✓

55928

PAID JUL 28 2015

TRAVELERS

DATE: 07/24/15 ✓
LOSS DATE: 03/16/12
FILE NUMBER: 158 CB ERU4757 K
REFERENCE #: 1009236513SW
EMPLOYEE ✓

ACCOUNT NAME:
COMMUNITY BANK

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 07/09/15

TOTAL PAID: $925.00

TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

F&P
NC OK

FOR ADDITIONAL INFORMATION, CONTACT: ABEL MENDOZA JR AT (925)945-4085

205020543
DETACH CHECK

UNSUMM-121211
OVRFLWS2-121295

DETACH CHECK

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

*** INVOICE ***
Date NO#
07/28/15 60320

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 2/10/69
Terms : 45 days
Claim #(s):
1010-13-03831

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W.C. DEPARTMENT
ATTN: ATHENA ACREE
P.O. BOX # 85563
SAN DIEGO, CA 92186-5563

Case: _ vs HYDRAULICS INTERNATIONAL
Date Of Injury: 3/26/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/25/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
12/03/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/23/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/26/14	PMT BY CHECK	DOS 11/25/13-12/3/13* # 0000461221	-294.00
03/24/14	PMT BY CHECK	DOS 1/23/14* # 0000477297	-92.00
03/23/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/27/15	PENALTIES	FOR DATE OF SERVICE 11/25/13	1.43
04/27/15	INTEREST	FOR DATE OF SERVICE 11/25/13	1.45
04/27/15	PENALTIES	FOR DATE OF SERVICE 12/3/13	2.85
07/13/15	INTEREST	FOR DATE OF SERVICE 12/3/13	3.42
04/27/15	PENALTIES	FOR DATE OF SERVICE 1/23/14	23.70
07/13/15	INTEREST	FOR DATE OF SERVICE 1/23/14	27.73
05/11/15	PMT BY CHECK	DOS 3/23/15* # 000801138	-156.50
07/13/15	COSTS & SANC	PER STIP& ORDER DATED 7/13/15	562.42
07/24/15	PMT BY CHECK	DOS 11/25/13-3/23/15* # 0001009726	-800.00
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 02/26/2014
Check Number: 0000461221
Check Amount: $294.00

4W7X1X

Sign up today for Electronic Funds Transfer (EFT). ICW Group now uses JopariPay to speed payments directly to your bank account. Visit icw.jopari.net and sign up by entering your registration code, 4W7X1X

00010 JOP1ZS01 1Z 6300016643-6300602110

JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN, CA 92781-1460

PAID MAR 05 2014

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-13-03831		03/26/2013	60320	43	11/25/2013	12/03/2013	$294.00

Cat	SubPC	Stub Notes	Stub Amount
		TRANSLATION	$0.00
43		MISC EXPENSE - DOS 11/25/13 - WCAB LONG BEACH	$147.00
43		MISC EXPENSE - DOS 12/3/13 - DEPOSITION	$147.00
			$294.00

Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 03/24/2014
Check Number: 0000477297
Check Amount: $92.00

VVRX1H

Sign up today for Electronic Funds Transfer (EFT). ICW Group now uses JopariPay to speed payments directly to your bank account. Visit icw.jopari.net and sign up by entering your registration code, VVRX1H

00188 JOP1ZS01 1Z 6300016661-6300610948

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID MAR 31 2014

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-13-03831		03/26/2013	60320	43	01/23/2014	01/23/2014	$92.00

Cat	SubPC	Stub Notes	Stub Amount
		DEPO REVIEW - TRANSLATION	$0.00
43		MISC EXPENSE	$92.00
			$92.00

Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 05/11/2015
Check Number: 0000801138
Check Amount: $156.50

0TY720

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00307 JOP1ZS01 1Z 6300016984-6300769701

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID MAY 18 2015

60320

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-13-03831		03/26/2013	INV #60320	43	03/23/2015	03/23/2015	$156.50

Cat	SubPC	Stub Notes	Stub Amount
		INV #60320	$0.00
43		MISC EXPENSE	$156.50
			$156.50

MR

Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

PAID JUL 28 2015 &

Check Date: 07/24/2015
Check Number: 0001009726
Check Amount: $800.00

BU1A2E

Sign up today for Electronic Funds Transfer (EFT). ICW Group now uses JopariPay to speed payments directly to your bank account. Visit icw.jopari.net and sign up by entering your registration code, BU1A2E

00321 JOP1ZS01 1Z 6300017037-6300801532

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-13-03831		03/26/2013	1010-13-03831	02	11/25/2013	03/23/2015	$800.00

Cat	SubPC	Stub Notes	Stub Amount
		PER STIP & ORDER DATED 07/13/15	$0.00
02		MISC MEDICAL	~~$800.00~~
			$800.00

#60320
F&F OK
CA

[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#
11/24/15	45112

EAMS#(s):

SS # : XXX-XX-0128
DOB : 8/26/60
Terms : 45 days
Claim #(s):
ELW7229; ELW7269

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: IAN STEWART
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs CARL'S JR/CARL KARCHER ENTERP.
Date Of Injury: 3/20/11; 5/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
05/16/11	INITIAL EXAM	-DR DOMARACKI @ WILLOW MED*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
06/13/11	INITIAL EXAM	-DR JARCHI @ WILLOW MED*	230.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
06/27/11	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ # 500289	180.00
06/29/11	EMG TESTING	-BY DR DIJULIO: U/E*	150.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
06/15/11	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED *	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 100755	0.00
07/25/11	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ # 500289	180.00
08/29/11	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ # 500289	180.00
09/16/11	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ # 500289	180.00
09/20/11	INITIAL EXAM	-W/ ACUPUNCTURIST HING @ WILLOW MED*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/03/11	DEPO PREP	@ THE L/O OF BAGBY GAJDOS & ZACHARY	156.50
/ /	INTERPRETER:	GABRIELA PUELLES # 100616	0.00
10/14/11	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ # 500289	180.00
10/25/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
11/14/11	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ # 500289	180.00
12/12/11	PR2/REEVAL	-DR DOMARACKI* ELIZABETH HERRERA # 301231	180.00
01/03/12	WCAB LB	PRIORITY CONFERENCE	156.50

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

*** INVOICE ***

Date	NO#
11/24/15	45112

EAMS#(s):

SS # : XXX-XX-0128
DOB : 8/26/60
Terms : 45 days
Claim #(s):
ELW7229; ELW7269

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: IAN STEWART
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs CARL'S JR/CARL KARCHER ENTERP.
Date Of Injury: 3/20/11; 5/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
01/10/12	PR2/REEVAL	-DR DOMARACKI*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/25/12	DEPO PREP	@ THE L/O OF BAGBY, GAJDOS VOL II	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
02/07/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
02/21/12	PR2/REEVAL	-DR DOMARACKI* GLADYS REYNA # 100755	180.00
03/22/12	PR2/REEVAL	-DR SCHEEL* ELENA LOPEZ # 500289	180.00
04/11/12	PR2/REEVAL	-DR SCHEEL* ELENA LOPEZ # 500289	180.00
06/11/12	PR2/REEVAL	-DR SCHEEL* GLADYS REYNA # 100755	180.00
07/23/12	PR2/REEVAL	-DR SCHEEL* ELENA LOPEZ # 100821	180.00
08/27/12	PR2/REEVAL	-DR SCHEEL* ELENA LOPEZ # 100821	180.00
08/16/12	INITIAL EXAM	-DR OBUKHOFF @ WILLOW MEDICAL GROUP*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
09/13/12	PR2/REEVAL	-DR OBUKHOFF* GLADYS REYNA # 100755	180.00
10/01/12	PR2/REEVAL	-DR SCHEEL* ELENA LOPEZ # 100821	180.00
10/24/12	PR2/REEVAL	-DR SCHEEL* GLADYS REYNA # 100755	180.00
12/12/12	PR2/REEVAL	-DR SCHEEL* GLADYS REYNA	180.00

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TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/24/15	45112

EAMS#(s):

SS # : XXX-XX-0128
DOB : 8/26/60
Terms : 45 days
Claim #(s):
ELW7229; ELW7269

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: IAN STEWART
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: S vs CARL'S JR/CARL KARCHER ENTERP.
Date Of Injury: 3/20/11; 5/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 100755	
01/24/13	PR2/REEVAL	-DR SCHEEL* ELENA LOPEZ	180.00
		# 100821	
03/07/13	PR2/REEVAL	-DR SCHEEL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
03/29/13	PR2/REEVAL	-DR SCHEEL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
04/29/13	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/07/13	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
07/17/13	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
08/28/13	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/20/13	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
10/17/13	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
11/13/13	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
12/18/13	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
01/27/14	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
03/31/14	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
04/28/14	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
06/04/14	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	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#
11/24/15	45112

EAMS#(s):

SS # : XXX-XX-0128
DOB : 8/26/60
Terms : 45 days
Claim #(s):
ELW7229; ELW7269

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: IAN STEWART
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs CARL'S JR/CARL KARCHER ENTERP.
Date Of Injury: 3/20/11; 5/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/16/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/06/15	PENALTIES	FOR DATE OF SERVICE 05/16/11	34.50
10/22/15	INTEREST	FOR DATE OF SERVICE 05/16/11	110.08
02/06/15	PENALTIES	FOR DATE OF SERVICE 06/13/11	34.50
10/22/15	INTEREST	FOR DATE OF SERVICE 06/13/11	110.08
02/06/15	PENALTIES	FOR DATE OF SERVICE 09/20/11	34.50
10/22/15	INTEREST	FOR DATE OF SERVICE 09/20/11	110.08
02/06/15	PENALTIES	FOR DATE OF SERVICE 10/03/11	23.48
03/02/15	INTEREST	FOR DATE OF SERVICE 10/03/11	64.64
02/06/15	PENALTIES	FOR DATE OF SERVICE 10/25/11	37.50
03/02/15	INTEREST	FOR DATE OF SERVICE 10/25/11	101.92
02/06/15	PENALTIES	FOR DATE OF SERVICE 01/03/12	23.48
03/02/15	INTEREST	FOR DATE OF SERVICE 01/03/12	64.40
02/06/15	PENALTIES	FOR DATE OF SERVICE 01/25/12	23.48
03/02/15	INTEREST	FOR DATE OF SERVICE 01/25/12	63.31
02/06/15	PENALTIES	FOR DATE OF SERVICE 02/07/12	37.50
03/02/15	INTEREST	FOR DATE OF SERVICE 02/07/12	100.11
02/06/15	PENALTIES	FOR DATE OF SERVICE 08/16/12	34.50
10/22/15	INTEREST	FOR DATE OF SERVICE 08/16/12	84.57
03/02/15	PMT BY CHECK	DOS 10/3/11-2/7/12*	-969.50
		# 896D 85637672	
05/11/15	PENALTIES	FOR DATE OF SERVICE 6/27/11	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 6/27/11	86.15
05/11/15	PENALTIES	FOR DATE OF SERVICE 6/29/11	22.50
10/22/15	INTEREST	FOR DATE OF SERVICE 6/29/11	74.72
05/11/15	PENALTIES	FOR DATE OF SERVICE 6/15/11	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 6/15/11	86.15
05/11/15	PENALTIES	FOR DATE OF SERVICE 7/25/11	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 7/25/11	86.15
05/11/15	PENALTIES	FOR DATE OF SERVICE 8/29/11	27.00

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

*** INVOICE ***

Date	NO#
11/24/15	45112

EAMS#(s):

SS # : XXX-XX-0128
DOB : 8/26/60
Terms : 45 days
Claim #(s):
ELW7229; ELW7269

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: IAN STEWART
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs CARL'S JR/CARL KARCHER ENTERP.
Date Of Injury: 3/20/11; 5/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/22/15	INTEREST	FOR DATE OF SERVICE 8/29/11	86.15
05/11/15	PENALTIES	FOR DATE OF SERVICE 9/16/11	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 9/16/11	86.15
05/11/15	PENALTIES	FOR DATE OF SERVICE 10/14/11	23.48
10/22/15	INTEREST	FOR DATE OF SERVICE 10/14/11	83.59
05/11/15	PENALTIES	FOR DATE OF SERVICE 11/14/11	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 11/14/11	81.84
05/11/15	PENALTIES	FOR DATE OF SERVICE 12/12/11	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 12/12/11	80.25
05/11/15	PENALTIES	FOR DATE OF SERVICE 1/10/12	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 1/10/12	78.60
05/11/15	PENALTIES	FOR DATE OF SERVICE 2/21/12	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 2/21/12	76.22
05/11/15	PENALTIES	FOR DATE OF SERVICE 3/22/12	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 3/22/12	74.52
05/11/15	PENALTIES	FOR DATE OF SERVICE 4/11/12	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 4/11/12	73.39
05/11/15	PENALTIES	FOR DATE OF SERVICE 6/11/12	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 6/11/12	69.93
05/11/15	PENALTIES	FOR DATE OF SERVICE 7/23/12	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 7/23/12	67.54
05/11/15	PENALTIES	FOR DATE OF SERVICE 8/27/12	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 8/27/12	65.56
05/11/15	PENALTIES	FOR DATE OF SERVICE 9/13/12	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 9/13/12	64.60
05/11/15	PENALTIES	FOR DATE OF SERVICE 10/1/12	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 10/1/12	63.57
05/11/15	PENALTIES	FOR DATE OF SERVICE 10/24/12	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 10/24/12	62.27
05/11/15	PENALTIES	FOR DATE OF SERVICE 12/12/12	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 12/12/12	59.49

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

*** INVOICE ***

Date	NO#
11/24/15	45112

EAMS#(s):

SS # : XXX-XX-0128
DOB : 8/26/60
Terms : 45 days
Claim #(s):
ELW7229; ELW7269

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: IAN STEWART
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs CARL'S JR/CARL KARCHER ENTERP.
Date Of Injury: 3/20/11; 5/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
05/11/15	PENALTIES	FOR DATE OF SERVICE 1/24/13	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 1/24/13	57.05
05/11/15	PENALTIES	FOR DATE OF SERVICE 3/7/13	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 3/7/13	54.67
05/11/15	PENALTIES	FOR DATE OF SERVICE 3/29/13	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 3/29/13	53.42
05/11/15	PENALTIES	FOR DATE OF SERVICE 4/29/13	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 4/29/13	51.66
05/11/15	PENALTIES	FOR DATE OF SERVICE 6/7/13	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 6/7/13	49.45
05/11/15	PENALTIES	FOR DATE OF SERVICE 7/17/13	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 7/17/13	47.18
05/11/15	PENALTIES	FOR DATE OF SERVICE 8/28/13	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 8/28/13	44.80
05/11/15	PENALTIES	FOR DATE OF SERVICE 9/20/13	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 9/20/13	43.50
05/11/15	PENALTIES	FOR DATE OF SERVICE 10/17/13	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 10/17/13	41.97
05/11/15	PENALTIES	FOR DATE OF SERVICE 11/13/13	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 11/13/13	40.44
05/11/15	PENALTIES	FOR DATE OF SERVICE 12/18/13	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 12/18/13	38.45
05/11/15	PENALTIES	FOR DATE OF SERVICE 1/27/14	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 1/27/14	36.18
05/11/15	PENALTIES	FOR DATE OF SERVICE 3/31/14	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 3/31/14	32.61
05/11/15	PENALTIES	FOR DATE OF SERVICE 4/28/14	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 4/28/14	31.02
05/11/15	PENALTIES	FOR DATE OF SERVICE 6/4/14	27.00
10/22/15	INTEREST	FOR DATE OF SERVICE 6/4/14	28.92
05/11/15	PENALTIES	FOR DATE OF SERVICE 7/16/14	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#
11/24/15	45112

EAMS#(s):

SS # : XXX-XX-0128
DOB : 8/26/60
Terms : 45 days
Claim #(s):
ELW7229; ELW7269

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: IAN STEWART
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs CARL'S JR/CARL KARCHER ENTERP.
Date Of Injury: 3/20/11; 5/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/22/15	INTEREST	FOR DATE OF SERVICE 7/16/14	26.54
10/22/15	COSTS & SANC	COSTS & SANC	388.69
11/19/15	PMT BY CHECK	DOS 10/22/15* # 896D 86913777	-4630.00
11/19/15	PMT BY CHECK	DOS 10/22/15* # 896D 86913778	-7370.00

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

007587

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA03784

896D 85637672

TRAVELERS

DATE: 03/02/15
LOSS DATE: 03/20/11
FILE NUMBER: 152 CB ELW7229 T

EMPLOYEE

ACCOUNT NAME:
CKE RESTAURANTS INC

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

TRAVELERS PROP CAS CO OF AMERIC 45112

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 10/03/2011 TO: 02/07/2012

TOTAL PAID: $969.50
TAX INFO: 330956713372147 6Y

PAID MAR 06 2015

PAYEE:
JOYCE ALMAN INTERPRETERS

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

061003803
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121203
DETACH CHECK

019532

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA09706

896D 86913777

TRAVELERS

DATE: 11/19/15
LOSS DATE: 03/20/11
FILE NUMBER: 152 CB ELW7229 T

EMPLOYEE

ACCOUNT NAME:
CKE RESTAURANTS INC

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

TRAVELERS PROP CAS CO OF AMERIC 45112

EXPLANATION OF PAYMENT

PENALTY AGAINST TIC

SERVICE DATE: 10/22/2015

TOTAL PAID: $4630.00
TAX INFO: ~~330956713~~3721476Y

PAID NOV 24 2015

PAYEE:
JOYCE ALMAN INTERPRETERS

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

323009826
DETACH CHECK

DETACH CHECK

[redacted]

019533

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
0

896D 86913778

TRAVELERS

DATE: 11/19/15
LOSS DATE: 03/20/11
FILE NUMBER: 152 CB ELW7229 T

EMPLOYEE

ACCOUNT NAME:
CKE RESTAURANTS INC

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

TRAVELERS PROP CAS CO OF AMERIC

45112

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 10/22/2015

TOTAL PAID: $7370.00
TAX INFO: 330956713372147 6Y

PAID NOV 24 2015

FF dL
CA

PAYEE:
JOYCE ALMAN INTERPRETERS

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

323009827
DETACH CHECK

UNSUM4-111211
CWP-UNS2-121205
DETACH CHECK

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

*** INVOICE ***

Date	NO#
09/28/15	46257

EAMS#(s):

SS # :
DOB : 7/10/54
Terms : 45 days
Claim #(s):
SCIH-024819

BILL TO:
YORK/AVIZENT (ROSEVILLE)
W. C. DEPARTMENT
ATTN: MARIAN BELL
P.O. BOX 619079
ROSEVILLE, CA 95661-9079

Case: vs IN HOME SUPPORTIVE SERVICES/SS
Date Of Injury: 4/18/06

DOS	SERVICE	DESCRIPTION	AMOUNT
07/13/11	SURGERY	DR GALLONI - LT SHOULDER @ MONROVIA HOSP -10.5H	945.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
03/20/12	EPIDURAL	W/DR MILLER @ MONROVIA HOSP. (5.5 HRS)	495.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
08/19/15	PENALTIES	FOR DATE OF SERVICE 7/13/11	141.75
08/19/15	INTEREST	FOR DATE OF SERVICE 7/13/11	448.40
08/19/15	PENALTIES	FOR DATE OF SERVICE 3/20/12	74.25
08/19/15	INTEREST	FOR DATE OF SERVICE 3/20/12	195.26
09/23/15	PMT BY CHECK	DOS 7/13/11-3/20/12* # 63-113677	-2299.66

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

STATE OF CALIFORNIA

WARRANT NUMBER 63-113677

H THE TREASURER OF THE STATE WILL PAY OUT OF THE IDENTIFICATION NO.

FUND NO. 0001 FUND NAME GENERAL FUND

5180

MO. 09 DAY 23 YR. 2015

90-1342/1211

63113677

DOLLARS	CENTS
$****2299	66

FORM CD-95 (7/99) CONTROLLERS WARRANT

TO: 113677
--- JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN CA 92781

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

⑆121134231⑆ 63113677 2⑈

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

63-113677

ISSUE DATE: 09/23/2015
CLAIM NUMBER: SCIH-024819
CLAIMANT NAME:
DATE OF INJURY: 04-18-2006
PAY DESCRIPTION: SETTLED-PAYMENT IN DISPUTE
PERIOD FROM - PERIOD TO: 07-13-2011 - 03-20-2012

46257

F.F. OK
CA

PAID SEP 28 2015

D

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

*** INVOICE ***
Date NO#
11/13/15 39422

EAMS#(s):
SS # :
DOB :
Terms : 45 days
Claim #(s):
05322712

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

Case: __ vs RELIANCE COMPANY
Date Of Injury: 8/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT
10/21/10	MRI	REF BY DR BAZEL: LT WRIST, LT ANKLE*	150.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
10/11/11	PENALTIES	FOR DATE OF SERVICE 10/21/10	22.50
10/29/15	INTEREST	FOR DATE OF SERVICE 10/21/10	80.77
11/09/15	PMT BY CHECK	DOS 10/21/10-4/16/12* # CU-249655	-200.00
11/13/15	BLCE OFF SET	BALANCE OFF SET	-53.27

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Explanation of Review (EOR)

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-249655**

Issue Date: 11/09/15
Doc #: 030386092

39422

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05322712		**Date of Injury:** 08/01/08		
Employer name: RELIANCE COMPANY					Employer ID: 0002380009435080				
ICD-9 Code: 959.9 INJURY-SITE NOS									
1	SF1-SFCA-15916848	04/16/12	MDO10	Payment By Order	1	.00	.00	B03	.00
2	SF1-SFCA-15916848	10/21/10	MDO10	Payment By Order	1	253.27	53.27	961 B03 G67	200.00
							Total Allowances:		**$200.00**

PAID NOV 18 2015

F. F.
NOJ

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

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

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

[redacted]

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
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PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/13/15 60646

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
6335083A00972

BILL TO:
CARL WARREN & CO. (TUSTIN)
W. C. DEPARTMENT
ATTN: MR.LOW
P.O. BOX # 2422
TUSTIN, CA 92781

Case: s SUPERIOR EMPLOYMENT SERVICE
Date Of Injury: 10/19/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/03/14	INITIAL EXAM	DR SCHEEL @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/23/14	INITIAL EXAM	DR SCHEEL @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/05/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/19/14	NCV	DIAGNOSTIC STUDY INTERP: RT/U/E @ WILLOW MED*	150.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/05/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/26/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
04/23/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/29/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/12/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
07/24/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
09/05/14	PRE-OP	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
09/08/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
09/11/14	PRE-OP	DR SAMIMI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/23/14	SURGERY	DR SAMIMI: RT TRIGGER FINGER RELEASE	697.50
/ /	-	@ MONROVA HOSP (7HR 45MIN)	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00

Joyce Altman Interpreters, Inc.
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www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/13/15 60646

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
6335083A00972

BILL TO:
CARL WARREN & CO. (TUSTIN)
W. C. DEPARTMENT
ATTN: MR.LOW
P.O. BOX # 2422
TUSTIN, CA 92781

Case: [redacted] vs SUPERIOR EMPLOYMENT SERVICE
Date Of Injury: 10/19/13

DOS	SERVICE	DESCRIPTION	AMOUNT
09/25/14	POST-OP	DR SAMIMI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
10/15/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/17/15	LIEN FIL FEE	LIEN FILING FEE	150.00
11/05/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
04/23/15	PENALTIES	FOR DATE OF SERVICE 1/3/14	34.50
10/15/15	INTEREST	FOR DATE OF SERVICE 1/3/14	42.25
04/23/15	PENALTIES	FOR DATE OF SERVICE 1/23/14	34.50
10/15/15	INTEREST	FOR DATE OF SERVICE 1/23/14	42.25
04/23/15	PENALTIES	FOR DATE OF SERVICE 2/5/14	27.00
10/15/15	INTEREST	FOR DATE OF SERVICE 2/5/14	33.06
04/23/15	PENALTIES	FOR DATE OF SERVICE 2/19/14	22.50
10/15/15	INTEREST	FOR DATE OF SERVICE 2/19/14	27.55
04/23/15	PENALTIES	FOR DATE OF SERVICE 3/5/14	27.00
10/15/15	INTEREST	FOR DATE OF SERVICE 3/5/14	33.06
04/23/15	PENALTIES	FOR DATE OF SERVICE 3/26/14	27.00
10/15/15	INTEREST	FOR DATE OF SERVICE 3/26/14	33.06
04/23/15	PENALTIES	FOR DATE OF SERVICE 4/23/14	27.00
10/15/15	INTEREST	FOR DATE OF SERVICE 4/23/14	28.36
04/23/15	PENALTIES	FOR DATE OF SERVICE 5/29/14	27.00
10/15/15	INTEREST	FOR DATE OF SERVICE 5/29/14	26.31
04/23/15	PENALTIES	FOR DATE OF SERVICE 6/12/14	27.00
10/15/15	INTEREST	FOR DATE OF SERVICE 6/12/14	25.52
04/23/15	PENALTIES	FOR DATE OF SERVICE 7/24/14	27.00
10/15/15	INTEREST	FOR DATE OF SERVICE 7/24/14	23.14
04/23/15	PENALTIES	FOR DATE OF SERVICE 9/5/14	27.00
10/15/15	INTEREST	FOR DATE OF SERVICE 9/5/14	20.70
04/23/15	PENALTIES	FOR DATE OF SERVICE 9/8/14	27.00
10/15/15	INTEREST	FOR DATE OF SERVICE 9/8/14	20.53

Joyce Altman Interpreters, Inc.
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www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/13/15 60646

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
6335083A00972

BILL TO:
CARL WARREN & CO. (TUSTIN)
W. C. DEPARTMENT
ATTN: MR.LOW
P.O. BOX # 2422
TUSTIN, CA 92781

Case: vs SUPERIOR EMPLOYMENT SERVICE
Date Of Injury: 10/19/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/23/15	PENALTIES	FOR DATE OF SERVICE 9/11/14	27.00
10/15/15	INTEREST	FOR DATE OF SERVICE 9/11/14	20.36
04/23/15	PENALTIES	FOR DATE OF SERVICE 9/23/14	104.63
10/15/15	INTEREST	FOR DATE OF SERVICE 9/23/14	76.26
04/23/15	PENALTIES	FOR DATE OF SERVICE 9/25/14	27.00
10/15/15	INTEREST	FOR DATE OF SERVICE 9/25/14	19.57
04/23/15	PENALTIES	FOR DATE OF SERVICE 10/15/14	27.00
10/15/15	INTEREST	FOR DATE OF SERVICE 10/15/14	18.43
04/23/15	PENALTIES	FOR DATE OF SERVICE 11/5/14	27.00
10/15/15	INTEREST	FOR DATE OF SERVICE 11/5/14	17.24
11/20/14	PR2/REEVAL	DR SAMIMI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
12/08/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
10/15/15	PENALTIES	FOR DATE OF SERVICE 11/20/14	27.00
10/15/15	INTEREST	FOR DATE OF SERVICE 11/20/14	16.39
10/15/15	PENALTIES	FOR DATE OF SERVICE 12/8/14	27.00
10/15/15	INTEREST	FOR DATE OF SERVICE 12/8/14	15.37
11/10/15	PMT BY CHECK	DOS 1/3/14-12/8/14* # 000110628	-5000.00
11/13/15	BLCE OFF SET	BALANCE OFF SET	-298.04

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

*** INVOICE ***
Date NO#
11/13/15 60646

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
6335083A00972

BILL TO:
CARL WARREN & CO. (TUSTIN)
W. C. DEPARTMENT
ATTN: MR.LOW
P.O. BOX # 2422
TUSTIN, CA 92781

Case: [redacted].3 SUPERIOR EMPLOYMENT SERVICE
Date Of Injury: 10/19/13

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

REORDER 901B - U.S. PATENT NO. 5536290, 5575508, 5641183, 5785363, 5884364, 6030000

Bank of America
Costa Mesa, CA

16-66/1220

CARL WARREN & COMPANY ITF
SUSSEX INSURANCE COMPANY
VENSURE HR INC

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

CLAIM#: 6335 VEN 0001153
CLAIMANT:
LOSS DATE: 10/10/2013

0646

PAYMENT AMOUNT: ****5,000.00**
PAYEE NAME: JOYCE ALTMAN INTERPRETERS

CHECK#: 000110628
ISSUE DATE: 11/10/2015

PAYMENT SETTLEMENT: IN FULL SATISFACTION OF OUR LIENS. 01/03/2014-12/08/2014

PAID NOV 13 2015

F.F.
CA OK

HA 11/13

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

*** INVOICE ***

Date	NO#
11/10/15	62437

EAMS#(s):

SS # : XXX-XX-8932
DOB : 10/19/54
Terms : 45 days
Claim #(s):
1581755-1

BILL TO:
AMTRUST NORTH AMERICA (CONCORD
W. C. DEPARTMENT
ATTN: RICHARD WOOLSEY
P.O. BOX 4026
CONCORD, CA 94524

Case: vs REVUELTAS LANDSCAPE INC
Date Of Injury: 2/26/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/07/14	INITIAL EXAM	-DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
05/12/14	INITIAL EXAM	W/ACUPUNCTURIST ALEX LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/14/14	F.C.E. TEST	-FUNCTIONAL CAPACITY EVAL @ AMERI CHIRO*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/20/14	PR2/REEVAL	-DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/24/14	LIEN FIL FEE	LIEN FILING FEE	150.00
10/30/15	PENALTIES	FOR DATE OF SERVICE 5/7/14	34.50
10/30/15	INTEREST	FOR DATE OF SERVICE 5/7/14	30.94
10/30/15	PENALTIES	FOR DATE OF SERVICE 5/12/14	34.50
10/30/15	INTEREST	FOR DATE OF SERVICE 5/12/14	30.94
11/05/15	PMT BY CHECK	DOS 2/26/14* # 00032310	-1000.00
11/17/15	BLCE OFF SET	BALANCE OFF SET	-70.88

BALANCE 0.00

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

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

JP MORGAN CHASE
NY
50-937/213

CHECK NO.
00032310
1581755-1
WCC7019296

DATE	AMOUNT
11/5/2015	$1,000.00

PAY One Thousand and 0/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS INC

Mail To

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

VOID AFTER 90 DAYS

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00032310⑈ ⑆021000021⑆ 687791835⑈

PAID NOV 10 2015

Explanation Of Bill Review

Check Number	00032310
Claim Number:	1581755-1
Regulatory ID:	
Bill Number:	8272223
Invoice Number:	FP1-MJCA-285222
Policy / Insured:	WCC7019296/REVUELTAS LANDSCAPE INC.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC
Loss Date:	2/26/2014 FP1-MJCA-285222
Location:	7720 Eastern Ave Bell Gardens CA CA 90201 - 5402
Examiner Code:	rwoolsey
Network/PPO Network:	

AMTRUST NORTH AMERICA, INC. on behalf of PRESERVER INSURANCE COMPANY
AmTrust North America
P O Box 4026
Concord, CA 94524
212-655-2000

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
2/26/2014	MDS10	SETTLEMENT FOR DISPUTE	1.00	1070.00	70.00	0.00	1000.00	G67, 961
				1070.00	70.00	0.00	1000.00	

G67 - PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.; 961 - ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.;

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

Reconsiderations and or appeals need to be submitted to the carrier listed above and to Mitchell International 14295 Midway Road Suite 300, Addison, Tx 75001

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE CALL Mitchell International AT 888-380-5616.

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

*** INVOICE ***
Date NO#
11/10/15 53988

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
2080271812

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

Case: vs MILLER ENVIRONMENTAL
Date Of Injury: 5/25/12

DOS	SERVICE	DESCRIPTION	AMOUNT
06/26/12	INITIAL EXAM	DR DOMARACKI @ WILLOW MEDICAL GROUP*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
07/25/12	EMG TESTING	& NCV BY DR DI JULIO: U/E @ WILLOW MEDICAL*	150.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
07/18/12	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 100821	180.00
08/15/12	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 100821	180.00
09/10/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
09/27/12	INITIAL EXAM	DR OBUKHOFF* (AMENDED) GLADYS EYNA # 100755	230.00
09/20/12	INITIAL EXAM	DR SAMIMI @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/08/12	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 100821	180.00
10/19/12	PR2/REEVAL	DR SAMIMI* GLADYS REYNA # 100755	180.00
10/29/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
11/08/12	PRE-OP	DR SAMIMI @ WILLOW MEDICAL GROUP*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
11/26/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
11/29/12	SURGERY	DR SAMIMI: RT SHDR/WRIST @ MONROVIA HOSP (6.5H)	585.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
12/13/12	POST-OP	DR SAMIMI @ WILLOW MEDICAL	180.00

Joyce Altman Interpreters, Inc.
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TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/10/15 53988

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
2080271812

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

Case: _ vs MILLER ENVIRONMENTAL
Date Of Injury: 5/25/12

DOS	SERVICE	DESCRIPTION	AMOUNT
		GROUP *	
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
12/17/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
01/21/13	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
01/24/13	POST-OP	DR SAMIMI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/25/13	PR2/REEVAL	DR DOMARACKI* VINCENT MEJIA # 500309	180.00
03/07/13	POST-OP	DR SAMIMI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/20/13	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 100821	180.00
04/10/13	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
05/06/13	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
05/30/13	PRE-OP	DR SAMIMI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/05/13	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
06/26/13	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
04/02/15	LIEN FIL FEE	LIEN FILING FEE	150.00
04/30/15	PENALTIES	FOR DATE OF SERVICE 06/26/12	34.50
04/30/15	INTEREST	FOR DATE OF SERVICE 06/26/12	48.12
04/30/15	PENALTIES	FOR DATE OF SERVICE 09/20/12	34.50
04/30/15	INTEREST	FOR DATE OF SERVICE 09/20/12	48.12
04/30/15	PENALTIES	FOR DATE OF SERVICE 11/29/12	87.75
04/30/15	INTEREST	FOR DATE OF SERVICE 11/29/12	127.39

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

*** INVOICE ***

Date	NO#
11/10/15	53988

EAMS#(s):

SS # :
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Terms : 45 days
Claim #(s):
2080271812

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

Case: vs MILLER ENVIRONMENTAL
Date Of Injury: 5/25/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/05/15	PMT BY CHECK	DOS 6/26/12-6/26/13* # 1100597972	-5200.00
11/10/15	BLCE OFF SET	BALANCE OFF SET	-355.38

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

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

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

00955

PAID NOV 10 2015

53988

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0271812 001 ZQ	WC 9217150			05/25/12	06/26/12-06/26/13

Check Number	1100597972	Date Issued	11/05/15	Amount	$**5,200.00
Insured	MILLER ENVIRONMENTAL INC				
Claimant					
Nature of Payment	FULL & FINAL				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Vinoth CG-Anandan				
File Supervisor	Marcos Ferrando	Phone Number	818 227-1700		

F. F.
KDJ

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	5,200.00		
TOTAL	$5,200.00		

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

*** INVOICE ***
Date NO#
11/09/15 60862

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
345C6264038

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

Case: vs SELECT STAFFING
Date Of Injury: 2/23/12

DOS	SERVICE	DESCRIPTION	AMOUNT
02/05/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
03/10/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/22/15	LEGAL_WCAB	EXH. HEARING @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/29/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/13/15	PENALTIES	FOR DATE OF SERVICE 2/5/14	23.48
10/30/15	INTEREST	FOR DATE OF SERVICE 2/5/14	30.42
10/13/15	PENALTIES	FOR DATE OF SERVICE 3/10/14	37.50
10/30/15	INTEREST	FOR DATE OF SERVICE 3/10/14	48.60
10/13/15	PENALTIES	FOR DATE OF SERVICE 1/22/15	23.48
10/30/15	INTEREST	FOR DATE OF SERVICE 1/22/15	14.10
10/13/15	PENALTIES	FOR DATE OF SERVICE 7/29/15	37.50
10/30/15	INTEREST	FOR DATE OF SERVICE 7/29/15	7.80
11/03/15	PMT BY CHECK	DOS 2/5/14-10/13/15* # DA75106162	-1035.88

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

PDWLDMCD-001643-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 11/03/15

CHECK NO. **DA75106162**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 00468 DA75106162
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C3406260

DOLLARS
$******1,035.88

* NOT NEGOTIABLE *

FOR
02/05/14 THRU 10/13/15 FULL & FINAL/60862

CLAIMANT

DATE OF EVENT
10/31/12

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

PDWLDMCD-001643-01-01-00

PAID NOV 09 2015

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

[redacted]

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

*** INVOICE ***
Date NO#
11/12/15 24060

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
187336388-001

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

Case: s 99 CENTS STORE
Date Of Injury: 1/19/06

DOS	SERVICE	DESCRIPTION	AMOUNT
12/10/06	MRI	REF BY DR KHAN: L/S, RT HIP, RT KNEE*	150.00
01/31/07	PMT BY CHECK	DOS 12/10/06 # 00345456	-90.00
08/23/07	PMT BY CHECK	DOS 12/10/06 # 1707	-60.00
06/29/11	MRI	REF BY DR GRABOW: RT KNEE*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
12/26/12	MRI	REF BY DR SOLOWAY: R/ANKLE, L/S @ CALIF IMG*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
05/21/14	PENALTIES	FOR DATE OF SERVICE 6/29/11	22.50
05/06/15	INTEREST	FOR DATE OF SERVICE 6/29/11	66.73
05/21/14	PENALTIES	FOR DATE OF SERVICE 12/26/12	22.50
05/06/15	INTEREST	FOR DATE OF SERVICE 12/26/12	38.80
05/06/15	PENALTIES	FOR DATE OF SERVICE 12/10/06	22.50
05/06/15	INTEREST	FOR DATE OF SERVICE 12/10/06	39.93
11/06/15	PMT BY CHECK	DOS 12/10/06-5/6/15* # 9754013644	-512.96

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Claim Quest

99 Cent Only Stores
Workers' Compensation Program

EMPLOYER	PROVIDER NO	CHECK NO	CHECK DATE	SDUH
Harbor City	330956713	00345456	01/31/2007	1

CLAIM NUMBER	INJURY DATE	EMPLOYEE	DEPT / LOC	DAYS LOST	ACCOUNT CODE	TYPE	AMOUNT
0048 06 00129	01/19/2006					M	90.00

24060

DOS: 12/10/2006-12/10/2006
INV#: 000000330551 01/29/2007
Mail Inquiries to: CQ Managed Care
20 Fairbanks, Ste 184 Irvine, CA 92618
Phone:(949) 480-3565 Fax:(949) 465-7089

Direct questions/inquiries to ClaimQuest, Inc (909)594-9400

PAYMENT TYPES							
A - ALLOCATED EXPENSE	G - MILEAGE	M - MEDICAL	T - TEMPORARY DISABILITY	Z - MISCELLANEOUS
D - DEATH BENEFIT	H - OTHER REHABILITATION	P - PERMANENT DISABILITY	X - OTHER COMPENSATION	
L - LIFETIME PENSION	I - OTHER ALLOCATED EXPENSE	R - TEMPORARY DISABILITY REHAB	Y - OTHER MEDICAL	

99¢ ONLY STORES C/O SCRMA, INC. 313 E. FOOTHILL BLVD. UPLAND, CA 91786-3952 24060

Mailing Information:

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

PAID

Claim Number: BBSB08667R
Claimant:
Date of Loss: 01/19/2006

Check Number: 1707
Check Date: 08/23/2007
Check Amount: $60.00
Type of Payment: WC Medical
HOSPITAL-IN-PATIENT

Location: 48 Harbor City
Detail: ENTERED BY PAKMED

PLEASE DETACH BEFORE DEPOSITING

Broadspire
A CRAWFORD COMPANY
P O BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	11/06/2015
Check Amount	:	$512.96
Check Number	:	9754013644

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

24060

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
187336388-001 WC BREA Professional Service	01/19/2006 ~~$512.96~~ $512.96	Lisa M. Banuelos full and final	714-989-4907 12/10/2006-05/06/2015

PAID NOV 12 2015

Please Fold on Perforation Before Tearing

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

*** INVOICE ***
Date NO#
11/11/15 58542

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
10101300553

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: SUSAN TORRANCE
P.O. BOX # 85563
SAN DIEGO, CA 92186-5563

Case: vs CAM SERVICES
Date Of Injury: 1/14/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/07/13	INITIAL EXAM	-DR KATTAR @ GARFIELD HEALTH*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
04/11/13	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
05/16/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH (2HRS 10MINS)	202.50
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
06/19/13	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
07/18/13	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH (2H 30M)	225.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
08/20/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/22/13	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
09/17/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/27/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOYCE ALTMAN @ 300624	0.00
03/31/15	LIEN FIL FEE	LIEN FILING FEE	150.00
07/21/15	PENALTIES	FOR DATE OF SERVICE 03/07/13	34.50
10/06/15	INTEREST	FOR DATE OF SERVICE 03/07/13	60.22
07/21/15	PENALTIES	FOR DATE OF SERVICE 04/11/13	27.00
10/06/15	INTEREST	FOR DATE OF SERVICE 04/11/13	47.13
07/21/15	PENALTIES	FOR DATE OF SERVICE 05/16/13	30.38
10/06/15	INTEREST	FOR DATE OF SERVICE 05/16/13	53.02
07/21/15	PENALTIES	FOR DATE OF SERVICE 06/19/13	27.00
10/06/15	INTEREST	FOR DATE OF SERVICE 06/19/13	47.13
07/21/15	PENALTIES	FOR DATE OF SERVICE 07/18/13	33.75
10/06/15	INTEREST	FOR DATE OF SERVICE 07/18/13	58.91

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

*** INVOICE ***
Date NO#
11/11/15 58542

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
10101300553

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: SUSAN TORRANCE
P.O. BOX # 85563
SAN DIEGO, CA 92186-5563

Case: , vs CAM SERVICES
Date Of Injury: 1/14/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/21/15	PENALTIES	FOR DATE OF SERVICE 08/20/13	23.48
07/05/15	INTEREST	FOR DATE OF SERVICE 08/20/13	34.17
07/21/15	PENALTIES	FOR DATE OF SERVICE 08/22/13	27.00
10/06/15	INTEREST	FOR DATE OF SERVICE 08/22/13	39.19
07/21/15	PENALTIES	FOR DATE OF SERVICE 09/17/13	37.50
07/09/15	INTEREST	FOR DATE OF SERVICE 09/17/13	59.39
07/21/15	PENALTIES	FOR DATE OF SERVICE 01/27/15	23.48
10/06/15	INTEREST	FOR DATE OF SERVICE 01/27/15	12.67
07/09/15	PMT BY CHECK	DOS 8/20/13-3/31/15* # 0000852602	-469.50
09/24/15	PMT BY CHECK	DOS 1/27/15* 0001059146	-347.19
11/04/15	COSTS & SANC	COSTS & SANC	1230.27
11/04/15	PMT BY CHECK	DOS 3/7/13-1/27/15* # 0001096608	-3000.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 07/09/2015
Check Number: 0000852602
Check Amount: $469.50

E0J92F

Sign up today for Electronic Funds Transfer (EFT). ICW Group now uses JopariPay to speed payments directly to your bank account. Visit icw.jopari.net and sign up by entering your registration code, E0J92F

00292 JOP1ZS01 1Z 6300017026-6300794505
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID JUL 13 2015

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-13-00553		01/14/2013	58542	02	08/20/2013	03/31/2015	$469.50

Cat	SubPC	Stub Notes	Stub Amount
02		MISC MEDICAL	$469.50
		DOS 08/20/13,09/17/13,03/31/15	$0.00
			$469.50

Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 09/24/2015
Check Number: 0001059146
Check Amount: $347.19

G5KB2Z

Sign up today for Electronic Funds Transfer (EFT). ICW Group now uses JopariPay to speed payments directly to your bank account. Visit icw.jopari.net and sign up by entering your registration code, G5KB2Z

00279 JOP1ZS01 1Z 6300017080-6300827187

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID SEP 28 2015

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-13-00553		01/14/2013	58542	02	01/27/2015	01/27/2015	$347.19

Cat	SubPC	Stub Notes	Stub Amount
02		MISC MEDICAL	$347.19
		PER INVOICE #58542; D.O.S. 01/27/15	$0.00
		INCLUDES PENALTIES & INTEREST	$0.00
		FOR D.O.S 08/20/13, 09/17/13 & 01/27/15	$0.00
			$347.19

Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 11/04/2015
Check Number: 0001096608
Check Amount: $3,000.00

SBSC2D

Sign up today for Electronic Funds Transfer (EFT). ICW Group now uses JopariPay to speed payments directly to your bank account. Visit icw.jopari.net and sign up by entering your registration code, SBSC2D

00539 JOP1ZS01 1Z 6300017109-6300846438

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID NOV 11 2015

S8542

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-13-00553		01/14/2013	1010-13-00553	02	03/07/2013	01/27/2015	$3,000.00

Cat	SubPC	Stub Notes	Stub Amount
02		MISC MEDICAL	$3,000.00
		PER STIP & ORDER DATED 10/06/15	$0.00
			$3,000.00

F.F.
CA OK

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

*** INVOICE ***

Date	NO#
11/17/15	44209

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
YLR57062C

BILL TO:
SEDGWICK/SRS INS (LEX14154)
W. C. DEPARTMENT
ATTN: ABIGAIL ESCHANIQUE
P.O. BOX 14154
LEXINGTON, KY 40512

Case: AMERICAN APPAREL KCL KNITTING
Date Of Injury: 2/15/10-2/15/11

DOS	SERVICE	DESCRIPTION	AMOUNT
04/18/11	INITIAL EXAM	DR ZARRINI @ PAIN RELIEF CTR* BOSCO BOKSH # 301275	230.00
11/02/15	PENALTIES	FOR DATE OF SERVICE 4/18/11	34.50
11/02/15	INTEREST	FOR DATE OF SERVICE 4/18/11	110.87
11/13/15	PMT BY CHECK	DOS 11/2/15* # 24892	-350.00
11/17/15	BLCE OFF SET	BALANCE OFF SET	-25.37

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

THIS DOCUMENT CONTAINS A VOID WITHOUT A WATERMARK • HOLD TO LIGHT TO VIEW • RUB HEAT SENSITIVE CHECKMARK TO SEE COLOR DISAPPEAR AND REAPPEAR

WELLS FARGO BANK, N.A.

11-24
1210(8)

CHECK NO: 24892

DATE: 11/13/2015

AMERICAN APPAREL
New Hampshire Insurance Co.

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

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT
*********$350.00

CLAIMANT:
CLAIM NO: YLR_C_57062
PAY *Three Hundred And Fifty And 00/100 US Dollars*

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

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈000248921⑈ ⑆121000248⑆ 4122384340⑈

Payee: Joyce Altman Interpreters, **TIN/SSN:**

Check Number: 24892

Check Amount: 350.00

Check Date: 11/13/2015

Claim Number	Employer	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Date	Invoice #	Amount
YLR_C_57062	American Apparel		2/15/2011	Lien Order -Disputed	11/2/2015	11/2/2015	1/1/1900		350.00

44209

Comments: Stipulated Lien Order dated 11/02/15, signed by Judge Roger A. Tolman, resolution of all dates of service. Full & Final

PAID NOV 17 2015

F.F.
spark

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

*** INVOICE ***
Date NO#
11/13/15 61162

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
494C33358399

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

Case: [redacted] vs VALLEY CREST TREE CO.
Date Of Injury: 3/21/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/28/14	INITIAL EXAM	-DR MIRZABEIGI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/10/14	NCV	DIAGNOSTIC STUDY INTERP: U/E @ ACS W/DR PASSATT*	150.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
03/13/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	CESAR TERAN # 500120	0.00
04/01/14	PR2/REEVAL	-DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
03/28/14	PR2/REEVAL	-DR MIRZABEIGI @ ADVANCE CARE	180.00
/ /	INTERPRETER:	LETTY JULIAO-GREEN # 301547	0.00
04/21/14	EMG TESTING	& NCV BY DR SCHILLING: L/E @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
04/25/14	PR2/REEVAL	-DR MIRZABEIGI @ ADVANCE CARE	180.00
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
06/11/14	PR2/REEVAL	-DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GABRIEL DAVIS # 100541	0.00
06/13/14	PR2/REEVAL	-DR MIRZABEIGI @ ADVANCE CARE	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
07/15/14	PR2/REEVAL	-DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
07/11/14	PR2/REEVAL	-DR MIRZABEIGI @ ADVANCE CARE	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
07/17/14	INITIAL EXAM	W/ACUPUNCTURST SUNG HAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
07/28/14	PR2-RE/EVAL	W/ACUPUNCTURIST G. DARBANDI @ ADVANCE CARE*	180.00

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

*** INVOICE ***
Date NO#
11/13/15 61162

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
494C33358399

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

Case: , vs VALLEY CREST TREE CO.
Date Of Injury: 3/21/13

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
07/23/14	PR2-RE/EVAL	W/ACUPUNCTURIST G. DARBANDI*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
08/07/14	PR2-RE/EVAL	W/ACUPUNCT HAN/JANG @ ACS*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
08/08/14	PR2/REEVAL	DR GABRIEL WADE @ ACS*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
08/14/14	PR2-RE/EVAL	W/ACUPUNCTURIST HAN/JANG @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
08/19/14	PR2/REEVAL	-DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
08/21/14	PR2-RE/EVAL	W/ACUPUNCTURIST KIM/SUNG*	180.00
/ /	INTERPRETER:	PATRICIA HERNANDEZ # 301690	0.00
08/28/14	PR2-RE/EVAL	W/ACUPUNCTURIST KIM/SUNG*	180.00
/ /	INTERPRETER:	PATRICIA HERNANDEZ # 301690	0.00
09/18/14	PR2-RE/EVAL	W/ACUPUNCT HAN @ ACS*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
09/23/14	PR2/REEVAL	-DR ATAMIAN @ ACS*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
09/04/14	PR2-RE/EVAL	W/ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
09/05/14	INITIAL EXAM	-DR WADE @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	LETTY JULIAO GREEN # 301547	0.00
09/25/14	PR2-RE/EVAL	W/ACUPUNCT HAN/KIM @ ACS*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
09/26/14	PR2/REEVAL	-DR WADE @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
10/21/14	INITIAL EXAM	-DR MENDELSOHN @ ADVANCE CARE	230.00
/ /	INTERPRETER:	JENNFER MINOTTA # 101254	0.00
10/17/14	INITIAL EXAM	DR MASSIHI @ ADVANCE CARE*	230.00

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

*** INVOICE ***
Date NO#
11/13/15 61162

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
494C33358399

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

Case: 's VALLEY CREST TREE CO.
Date Of Injury: 3/21/13

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/24/14	PR2/REEVAL	-DR WADE @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LETY JULIAO-GREEN # 301547	0.00
10/28/14	PR2/REEVAL	-DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 100942	0.00
03/04/15	LIEN FIL FEE	LIEN FILING FEE	150.00
11/13/14	PR2-RE/EVAL	W/ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
11/20/14	PR2/REEVAL	DR MASSIHI @ ACS*	180.00
/ /	INTERPRETER:	CARMEN GONZALEZ # 49448683	0.00
12/02/14	PR2/REEVAL	-DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
07/27/15	PENALTIES	FOR DATE OF SERVICE 2/28/14	34.50
07/27/15	INTEREST	FOR DATE OF SERVICE 2/28/14	31.23
07/27/15	PENALTIES	FOR DATE OF SERVICE 7/17/14	34.50
07/27/15	INTEREST	FOR DATE OF SERVICE 7/17/14	24.28
07/27/15	PENALTIES	FOR DATE OF SERVICE 9/5/14	34.50
07/27/15	INTEREST	FOR DATE OF SERVICE 9/5/14	20.65
07/27/15	PENALTIES	FOR DATE OF SERVICE 10/21/14	34.50
07/27/15	INTEREST	FOR DATE OF SERVICE 10/21/14	17.32
07/27/15	PENALTIES	FOR DATE OF SERVICE 10/17/14	34.50
07/27/15	INTEREST	FOR DATE OF SERVICE 10/17/14	17.61
10/28/15	PENALTIES	FOR DATE OF SERVICE 03/10/14	22.50
10/28/15	INTEREST	FOR DATE OF SERVICE 03/10/14	24.76
10/28/15	PENALTIES	FOR DATE OF SERVICE 03/13/14	22.50
10/28/15	INTEREST	FOR DATE OF SERVICE 03/13/14	24.76
10/28/15	PENALTIES	FOR DATE OF SERVICE 04/01/14	27.00
10/28/15	INTEREST	FOR DATE OF SERVICE 04/01/14	29.72
10/28/15	PENALTIES	FOR DATE OF SERVICE 03/28/14	27.00
10/28/15	INTEREST	FOR DATE OF SERVICE 03/28/14	29.72
10/28/15	PENALTIES	FOR DATE OF SERVICE 04/21/14	22.50

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TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/13/15 61162

EAMS#(s):

SS #
DOB :
Terms : 45 days
Claim #(s):
494C33358399

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

Case: vs VALLEY CREST TREE CO.
Date Of Injury: 3/21/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/28/15	INTEREST	FOR DATE OF SERVICE 04/21/14	24.76
10/28/15	PENALTIES	FOR DATE OF SERVICE 04/25/14	27.00
10/28/15	INTEREST	FOR DATE OF SERVICE 04/25/14	29.72
10/28/15	PENALTIES	FOR DATE OF SERVICE 06/11/14	27.00
10/28/15	INTEREST	FOR DATE OF SERVICE 06/11/14	29.72
10/28/15	PENALTIES	FOR DATE OF SERVICE 06/13/14	27.00
10/28/15	INTEREST	FOR DATE OF SERVICE 06/13/14	29.72
10/28/15	PENALTIES	FOR DATE OF SERVICE 07/15/14	27.00
10/28/15	INTEREST	FOR DATE OF SERVICE 07/15/14	26.94
10/28/15	PENALTIES	FOR DATE OF SERVICE 07/11/14	27.00
10/28/15	INTEREST	FOR DATE OF SERVICE 07/11/14	27.17
10/28/15	PENALTIES	FOR DATE OF SERVICE 07/28/14	27.00
10/28/15	INTEREST	FOR DATE OF SERVICE 07/28/14	26.20
10/28/15	PENALTIES	FOR DATE OF SERVICE 07/23/14	27.00
10/28/15	INTEREST	FOR DATE OF SERVICE 07/23/14	26.48
10/28/15	PENALTIES	FOR DATE OF SERVICE 08/07/14	27.00
10/28/15	INTEREST	FOR DATE OF SERVICE 08/07/14	25.63
10/28/15	PENALTIES	FOR DATE OF SERVICE 08/08/14	27.00
10/28/15	INTEREST	FOR DATE OF SERVICE 08/08/14	25.58
10/28/15	PENALTIES	FOR DATE OF SERVICE 08/14/14	27.00
10/28/15	INTEREST	FOR DATE OF SERVICE 08/14/14	25.24
10/28/15	PENALTIES	FOR DATE OF SERVICE 08/19/14	27.00
10/28/15	INTEREST	FOR DATE OF SERVICE 08/19/14	24.95
10/28/15	PENALTIES	FOR DATE OF SERVICE 08/21/14	27.00
10/28/15	INTEREST	FOR DATE OF SERVICE 08/21/14	24.84
10/28/15	PENALTIES	FOR DATE OF SERVICE 08/28/14	27.00
10/28/15	INTEREST	FOR DATE OF SERVICE 08/28/14	24.44
10/28/15	PENALTIES	FOR DATE OF SERVICE 09/18/14	27.00
10/28/15	INTEREST	FOR DATE OF SERVICE 09/18/14	23.25
10/28/15	PENALTIES	FOR DATE OF SERVICE 09/23/14	27.00
10/28/15	INTEREST	FOR DATE OF SERVICE 09/23/14	22.97

Joyce Altman Interpreters, Inc.
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TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/13/15 61162

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
494C33358399

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

Case: vs VALLEY CREST TREE CO.
Date Of Injury: 3/21/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/28/15	PENALTIES	FOR DATE OF SERVICE 09/04/14	27.00
10/28/15	INTEREST	FOR DATE OF SERVICE 09/04/14	24.05
10/28/15	PENALTIES	FOR DATE OF SERVICE 09/25/14	27.00
10/28/15	INTEREST	FOR DATE OF SERVICE 09/25/14	22.86
10/28/15	PENALTIES	FOR DATE OF SERVICE 09/26/14	27.00
10/28/15	INTEREST	FOR DATE OF SERVICE 09/26/14	22.80
10/28/15	PENALTIES	FOR DATE OF SERVICE 10/24/14	27.00
10/28/15	INTEREST	FOR DATE OF SERVICE 10/24/14	21.61
10/28/15	PENALTIES	FOR DATE OF SERVICE 10/28/14	27.00
10/28/15	INTEREST	FOR DATE OF SERVICE 10/28/14	20.98
10/28/15	PENALTIES	FOR DATE OF SERVICE 11/20/14	27.00
10/28/15	INTEREST	FOR DATE OF SERVICE 11/20/14	20.08
11/09/15	PMT BY CHECK	DOS 2/28/14-12/30/14* # DA75133936	-6700.00
11/13/15	BLCE OFF SET	BALANCE OFF SET	-1181.04

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

PDWLDMCD-001438-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 11/09/15

CHECK NO. **DA75133936**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

61162

5900A11DA 00 00343 DA75133936
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C3358399

DOLLARS
$******6,700.00

PAID NOV 13 2015 * NOT NEGOTIABLE *

FOR
02/28/14 THRU 12/30/14 F/F

CLAIMANT

DATE OF EVENT
03/21/13

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

F. F. OK
CA

PDWLDMCD-001438-01-01-00

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***
Date NO#
06/15/15 64035

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-3197
D.O.B. : 1/18/59
Terms : 45 days
Claim #(s):
14006628; 14007218

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

Case: vs AMERICAN APPAREL USA
Date Of Injury: 7/2/14; 8/14/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/04/14	LEGAL_PREP	DEPO PREP @ L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/18/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/23/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL. II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/01/14	LEGAL_PREP	DEPO PREP @ L/O SAMUELSON, GONZALEZ VOL. II	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
05/08/15	PENALTIES	FOR DATE OF SERVICE 11/04/14	23.48
05/08/15	INTEREST	FOR DATE OF SERVICE 11/04/14	8.84
05/08/15	PENALTIES	FOR DATE OF SERVICE 12/18/14	37.50
05/08/15	INTEREST	FOR DATE OF SERVICE 12/18/14	41.27
05/08/15	PENALTIES	FOR DATE OF SERVICE 12/23/14	37.50
05/08/15	INTEREST	FOR DATE OF SERVICE 12/23/14	41.27
05/08/15	PENALTIES	FOR DATE OF SERVICE 12/01/14	23.48
05/08/15	INTEREST	FOR DATE OF SERVICE 12/01/14	5.09
05/05/15	LEGAL_WCAB	MSC @ CARMEN GUZMAN # 100585	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/08/15	PMT BY CHECK	DOS 5/5/15* # 20185	-1187.93

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

*** INVOICE ***

Date	NO#
06/15/15	64035

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-3197
D.O.B. : 1/18/59
Terms : 45 days
Claim #(s):
14006628; 14007218

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

Case: vs AMERICAN APPAREL USA
Date Of Injury: 7/2/14; 8/14/14

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 is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

TO VIEW AUTHORIZED SIGNATURE, HOLD TO LIGHT. TO VIEW HEAT SENSITIVE CHECKMARK TO SEE COLOR DISAPPEAR AND REAPPEAR

WELLS FARGO BANK, N.A.

11-24
1210(8)

CHECK NO: 20185

DATE: 6/8/2015

AMERICAN APPAREL
New Hampshire Insurance Co.

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

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT

*******$1,187.93

CLAIMANT:
CLAIM NO: 14006628
PAY *One Thousand One Hundred And Eighty Seven And 93/100 US Dollars*

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

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈000201855⑈ ⑆121000248⑆ 4122384340⑈

Payee: Joyce Altman Interpreters, **TIN/SSN:** XXX-XX-3197

Check Number: 20185

Check Amount: 1187.93

Check Date: 6/8/2015

Claim Number	Employer	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Date	Invoice #	Amount
14006628	American Apparel		7/2/2014	Lien Settlement - Disputed	5/5/2015	5/5/2015	1/1/1900	64035	1,187.93

Comments: full and final lien resolution for all dates of service

PAID JUN 15 2015

F.F. OK
NDJ

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

*** INVOICE ***
Date NO#
11/16/15 38279

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
WC0000069934

BILL TO:
TOKIO MARINE MGMT (NY-4507)
W. C. DEPARTMENT
ATTN: TOM KWAN
P.O. BOX 4507
NEW YORK, NY 10017

Case: vs NATURES BEST
Date of Injury: 7/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/11/10	INITIAL EXAM	DR YOON @ ADVANCED CARE*	230.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
09/08/10	PR2/REEVAL	DR YOON* JOSE LUGO # 500049	180.00
10/20/10	PR2/REEVAL	DR YOON* PEDRO OSEGUEDA # 100785	180.00
11/17/10	PR2/REEVAL	DR YOON* JOSE LUGO # 500049	180.00
12/15/10	PR2/REEVAL	DR YOON* JOSE LUGO # 500049	180.00
01/12/11	PR2/REEVAL	DR YOON* JOSE LUGO # 500049	180.00
02/23/11	P AND S	DR YOON* JOSE LUGO # 500049	230.00
11/01/11	PENALTIES	FOR DATE OF SERVICE 8/11/10	34.50
11/10/15	INTEREST	FOR DATE OF SERVICE 8/11/10	135.22
11/01/11	PENALTIES	FOR DATE OF SERVICE 2/23/11	34.50
11/10/15	INTEREST	FOR DATE OF SERVICE 2/23/11	125.08
11/09/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
11/11/15	PMT BY CHECK	DOS 11/10/15* # 800344298	-1500.00
11/16/15	BLCE OFF SET	BALANCE OFF SET	-289.30

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Tokio Marine America Insurance Company
CLAIMS ACCOUNT - WESTERN REGION
230 Park Avenue
New York, NY 10169
Claim Number 210WC0000069934 Policy Number 06401805

UNION BANK
445 S. Figueroa Street, Los Angeles, CA 90071-1602

90-415 / 1222

CONTROL NO. cc:2597450

CHECK NO. 800344298

$ ********$1,500.00

Date of Issue 11/11/2015
Date of Loss 07/01/2010

One thousand five hundred and and 00/100 Dollars

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

FOR: Full & final

Insured/Claimant
NATURE'S BEST

Payment No. 1 of 1

AUTHORIZED SIGNATURE

VOID AFTER 90 DAYS

THIS CHECK CONTAINS SECURITY FEATURES: VOID PANTOGRAPH - WATERMARK ON BACK (HOLD AT ANGLE TO VIEW) - CHEMICAL PROTECTION

⑈0800344298⑈ ⑆122241501⑆ 908001366O⑈

Tokio Marine America Insurance Company

230 Park Avenue
New York, NY 10169

CHECK NO. 800344298

FROM 11/10/2015 TO 11/10/2015
Claim WC0000069934

Payment explanations may be mailed to you separately.

PAID NOV 16 2015

MAIL TO
Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

AGENT
ARTHUR J GALLAGHER & CO
ONE MARKET,SPEAR TOWER,STE#200
SAN FRANCISCO, CA 94105

38279

F.F.
SP'ok

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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

*** INVOICE ***

Date	NO#
06/15/15	54789

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1320
D.O.B. : 2/27/50
Terms : 45 days
Claim #(s):
PH12010056

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

Case: vs PRIME HEALTH CARE C/O HUNTINGT
Date Of Injury: 8/1/11 - 7/8/12

DOS	SERVICE	DESCRIPTION	AMOUNT
08/06/12	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ADVANCE3 CARE*	150.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/07/12	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/18/12	INITIAL EXAM	DR WILLIAMS @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/04/12	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR PARVIN (2H 40M)	206.25
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
10/05/12	PR2/REEVAL	DR HIGASHI* JOSE GERRY LUGO # 500049	180.00
10/16/12	PR2/REEVAL	DR SELBY @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
11/06/12	INITIAL EXAM	DR MARANS @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/13/12	PR2/REEVAL	DR WILLIAMS @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/16/12	PR2/REEVAL	DR HIGASHI* JOSE LUGO # 500049	180.00
12/11/12	PR2/REEVAL	DR SELBY @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/27/12	PR2/REEVAL	DR RAMESHNI* JOSE GERRY LUGO # 500049	180.00
01/07/13	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/18/13	P AND S	DR HIGASHI* JOSE GERRY LUGO # 500049	230.00
03/04/15	LIEN FIL FEE	LIEN FILING FEE	150.00
03/19/15	PMT BY CHECK	DOS 1/7/13-3/4/15*	-270.00

Joyce Altman Interpreters, Inc.
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TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/15/15	54789

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1320
D.O.B. : 2/27/50
Terms : 45 days
Claim #(s):
PH12010056

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

Case: vs PRIME HEALTH CARE C/O HUNTINGT
Date Of Injury: 8/1/11 - 7/8/12

DOS	SERVICE	DESCRIPTION	AMOUNT
		=# 74515	
06/01/15	PENALTIES	FOR DATE OF SERVICE 08/06/12	22.50
06/01/15	INTEREST	FOR DATE OF SERVICE 08/06/12	34.93
06/01/15	PENALTIES	FOR DATE OF SERVICE 09/07/12	27.00
06/01/15	INTEREST	FOR DATE OF SERVICE 09/07/12	41.91
06/01/15	PENALTIES	FOR DATE OF SERVICE 09/18/12	34.50
06/01/15	INTEREST	FOR DATE OF SERVICE 09/18/12	53.55
06/01/15	PENALTIES	FOR DATE OF SERVICE 09/04/12	30.94
06/01/15	INTEREST	FOR DATE OF SERVICE 09/04/12	48.02
06/01/15	PENALTIES	FOR DATE OF SERVICE 10/05/12	27.00
06/01/15	INTEREST	FOR DATE OF SERVICE 10/05/12	41.91
06/01/15	PENALTIES	FOR DATE OF SERVICE 10/16/12	27.00
06/01/15	INTEREST	FOR DATE OF SERVICE 10/16/12	41.91
06/01/15	PENALTIES	FOR DATE OF SERVICE 11/06/12	34.50
06/01/15	INTEREST	FOR DATE OF SERVICE 11/06/12	53.55
06/01/15	PENALTIES	FOR DATE OF SERVICE 11/13/12	27.00
06/01/15	INTEREST	FOR DATE OF SERVICE 11/13/12	41.91
06/01/15	PENALTIES	FOR DATE OF SERVICE 11/16/12	27.00
06/01/15	INTEREST	FOR DATE OF SERVICE 11/16/12	41.91
06/01/15	PENALTIES	FOR DATE OF SERVICE 12/11/12	27.00
06/01/15	INTEREST	FOR DATE OF SERVICE 12/11/12	41.91
06/01/15	PENALTIES	FOR DATE OF SERVICE 12/27/12	27.00
06/01/15	INTEREST	FOR DATE OF SERVICE 12/27/12	41.91
06/01/15	PENALTIES	FOR DATE OF SERVICE 01/18/13	16.50
06/01/15	INTEREST	FOR DATE OF SERVICE 01/18/13	25.61
06/09/15	PMT BY CHECK	DOS 6/1/15* # 83143	-3173.22

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

*** INVOICE ***

Date	NO#
06/15/15	54789

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1320
D.O.B. : 2/27/50
Terms : 45 days
Claim #(s):
PH12010056

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

Case: vs PRIME HEALTH CARE C/O HUNTINGT
Date Of Injury: 8/1/11 - 7/8/12

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

SAMPLE

CORVEL ENTERPRISE COMP, INC.
PRIME HEALTHCARE
4120 SE INTL WAY, SUITE A108
MILWAUKIE, OR 97222

CORVEL

Bank Code= PRIME
11-24
1210(8)

CHECK NUMBER	CHECK DATE
74515	03/19/15

*******$270.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY EXACTLY: *Two hundred seventy and 00/100 Dollars*

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

PAID MAR 25 2015

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈000074515⑈ ⑆121000248⑆ 4125 609289⑈

ETACH HERE

CORVEL

DETACH HERE

Explanation of Review

Business Unit: Huntington Beach Hospital-17772 Be
17772 Beach Blvd
Huntington Beach, CA 92647

Employer
Patient:

Patient DOB: 02/27/1950

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 6/8873140 - 1
Reprice: CA, 92780
Billed Date: 03/04/2015
Business Rcvd: 03/12/2015
MBR Rcvd: 03/12/2015
MBR Date: 03/18/2015
Date Approved: 03/18/2015
DOS From - To: 08/06/2012 - 03/04/2015

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.:

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

Claim #: PH-12-010056
Processor Initials: LL
DOI: 07/08/2012
RX Number:
Claim Rep Ext.:

Vendor #:
PIN:

#54789

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
08/06/12	T1013 G10	SIGN LANGUAGE OR ORAL INTERPRETER SERVIC	1	11	$150.00		1	$150.00	$0.00
	The service for which interpreting was performed is not authorized and/or denied. Please provide authorization for the service rendered.								
09/04/12	T1013 G10	SIGN LANGUAGE OR ORAL INTERPRETER SERVIC	1	11	$206.25		1	$206.25	$0.00
	The service for which interpreting was performed is not authorized and/or denied. Please provide authorization for the service rendered.								
09/07/12	T1013 G10	SIGN LANGUAGE OR ORAL INTERPRETER SERVIC	1	11	$180.00		1	$180.00	$0.00
	The service for which interpreting was performed is not authorized and/or denied. Please provide authorization for the service rendered.								

VOID VOID VOID

CORVEL ENTERPRISE COMP, INC.
PRIME HEALTHCARE
PO BOX 22369
PORTLAND, OR 97269

CORVEL

bankcode=PRIME
11-24
1210(8)

CHECK NUMBER	CHECK DATE
83143	06/09/15

******$3,173.22

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY EXACTLY: *Three thousand one hundred seventy three and 22/100 Dollars*

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS, INC.
P.O. Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈000008314 3⑈ ⑆121000248⑆ 4125 609289⑈

:TACH HERE

DETACH HERE

CORVEL

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
PH-12-010056	07/08/2012		06/01/2015	06/01/2015	full and final lien agreement per STIP &	******$3,173.22

PAID JUN 15 2015

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

*** INVOICE ***
Date NO#
06/05/15 43169

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5672
D.O.B. : 1/3/79
Terms : 45 days
Claim #(s):
04861646

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

Case: vs SUPERIOR MASONERY CORP.
Date Of Injury: 7/14/06

DOS	SERVICE	DESCRIPTION	AMOUNT
03/15/11	WCAB LB	MSC - PATRICIA HAYES # 100761	156.50
05/17/12	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
03/25/13	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	VERA DARLING # 301418	0.00
03/05/14	PENALTIES	FOR DATE OF SERVICE 3/15/11	23.48
03/19/15	INTEREST	FOR DATE OF SERVICE 3/15/11	50.34
03/05/14	PENALTIES	FOR DATE OF SERVICE 5/17/12	23.48
03/19/15	INTEREST	FOR DATE OF SERVICE 5/17/12	50.34
03/05/14	PENALTIES	FOR DATE OF SERVICE 3/25/13	37.50
03/19/15	INTEREST	FOR DATE OF SERVICE 3/25/13	57.42
03/05/14	PMT BY CHECK	DOS 3/15/11-3/25/13* # CS-486532	-563.00
05/21/15	COSTS & SANC	COSTS & SANC	257.44
06/02/15	PMT BY CHECK	DOS 7/14/16-4/18/13* # CS-552992	-500.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65002
FRESNO CA 93650-5002
(800) 677-1898

Provider Number: 330956713

Check #: CS-486532

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

PAID MAR 10 2014

Issue Date: 03/05/14
Doc #: 027994847

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 04861646		
1	FULL&FINAL	03/15/11	03/25/13	Interpreter fees	1		563.00
					Total Allowances:		**$563.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
04861646	563.00	.00	563.00

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

Notations:
04861646

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

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals: 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CS-552992**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 06/02/15
Doc #: 029780236

41369

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 04861646		**Date of Injury:** 07/14/06		
SSN: XXX-XX-5672 Employer name: SUPERIOR MASONRY INC					Employer ID: 0000580006484060				
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
1	SF1-SPCA-72803	04/18/13	MDS21	Settlement For Dispu	1	.00	.00		.00
2	SF1-SPCA-72803	07/14/06	MDS21	Settlement For Dispu	1	815.00	315.00	790 G1	500.00

Total Allowances: **$500.00**

F.F.
EC OK

PAID JUN 05 2015

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

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

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

0131908802978023601 2

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

*** INVOICE ***

Date	NO#
02/09/15	30366

Claim # : ECA900015075
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 9/14/74
Terms : 45 days

BILL TO:
FIRST COMP/MARKEL INS (OMAHA)
W.C. DEPARTMENT
ATTN: AIDA YBARRA
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs FULLERTON ROSEWOOD ASSIST.LVG.
Date Of Injury: 9/25/07

DOS	SERVICE	DESCRIPTION	AMOUNT
04/24/08	DEPO PREP	@ THE L/O OF STOCKWELL & HARRIS	156.50
05/19/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
06/26/08	PMT BY CHECK	DOS 4/24/08 # 201447	-156.50
09/12/08	PMT BY CHECK	DOS 5/19/08 # 234089	-250.00
05/09/11	WCAB LB	MSC	156.50
06/08/12	PENALTIES	FOR DATE OF SERVICE 5/9/11	23.48
06/08/12	INTEREST	FOR DATE OF SERVICE 5/9/11	20.51
06/29/12	PMT BY CHECK	DOS 5/9/11 # 2717913	-156.50
07/23/12	PMT BY CHECK	DOS 6/8/12 # 2721423	-43.99
09/10/12	WCAB LB	PRIORITY-CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
09/27/12	PMT BY CHECK	DOS 9/18/12 # 2732173	-156.50
09/26/12	DEPO PREP	@ THE L/O OF STOCKWELL,HARRIS & MUEHL	156.50
/ /	INTERPRETER:	JOHANNA JORDAN #100793	0.00
11/01/12	PMT BY CHECK	DOS 9/26/12 # 2737279	-156.50
12/13/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (VOL II)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/25/13	PMT BY CHECK	DOS 12/13/12 # 2748055	-250.00
02/04/13	INITIAL EXAM	DR CARLSON @ ORTHO SPECIALTY INSTITUTE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/17/14	LEGAL WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/02/15	PMT BY CHECK	DOS 4/24/08-12/17/14* # 2808341	-386.50

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

*** INVOICE ***

Date	NO#
02/09/15	30366

Claim # : ECA900015075
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 9/14/74
Terms : 45 days

BILL TO:
FIRST COMP/MARKEL INS (OMAHA)
W.C. DEPARTMENT
ATTN: AIDA YBARRA
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs FULLERTON ROSEWOOD ASSIST.LVG.
Date Of Injury: 9/25/07

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

FIRST COMP UNDERWRITERS
PO Box 3188
Omaha, NE 68103-0188

Claim Number: ECA900015075
Name: JOYCE ALTMAN INTERPRETERS INC

Claims Disbursement
Check Number: 201447
Check Date: 06/26/2008
Check Amount: 156.50

Check Information

Check Description:
EOR REFERENCE:
POLICY NUMBER: WEN0014409
CLAIMS TYPE: EX EXPENSE TYPE: 12

Invoice Number: 30366
Invoice Date: 05/16/2008

Service From: 04/24/2008 **Service to:** 04/24/2008

Claimant Last Name:
Claimant First Name:

Additional Information: 04/24/2008 04/24/2008 PAID- JOYCE ALTMAN BILL DOS 4/24/08

PAID

FIRST COMP UNDERWRITERS

PO Box 3188
Omaha, NE 68103-0188

Claim Number: ECA900015075
Name: JOYCE ALTMAN INTERPRETERS INC

Claims Disbursement
Check Number: 234089
Check Date: 09/12/2008
Check Amount: 250.00

Check Information

Check Description:
EOR REFERENCE:
POLICY NUMBER: WEN0014409
CLAIMS TYPE: EX EXPENSE TYPE: 12

Invoice Number: 30366
Invoice Date: 07/03/2008

Service From: 04/24/2008 **Service to:** 04/24/2008

Claimant Last Name:
Claimant First Name:

Additional Information: 04/24/2008 04/24/2008 JOYCE ALTMAN INTERPRETERS INC

PAID

FIRST COMP
Insuring America's Small Business®
A MARKEL® Company

PO Box 3188
Omaha, NE 68103-0188

Claims Disbursement

30366

Claim Number: ECA900015075
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 2717913
Check Date: 06/29/2012
Check Amount: 156.50

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WEN0014409
CLAIMS TYPE: EX EXPENSE TYPE: 10

PAID
JUL 05 2012
BY:

Invoice Number: 30366wcab
Invoice Date: 06/08/2012

Service From: 05/09/2011 **Service To:** 05/09/2011

Claimant First Name:
Claimant Last Name:

Additional Information: 05/09/2011 05/09/2011

FIRST COMP
Insuring America's Small Business®
A MARKEL® Company

PO Box 3188
Omaha, NE 68103-0188

PAID
JUL 30 2012
BY:

Claims Disbursement

Claim Number: ECA900015075
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 2721423
Check Date: 07/23/2012
Check Amount: 43.99

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WEN0014409
CLAIMS TYPE: EX EXPENSE TYPE:

Invoice Number: 30366
Invoice Date: 07/09/2012

Service From: 04/24/2008 **Service To:** 06/29/2012

Claimant First Name:
Claimant Last Name:

Additional Information: 04/24/2008 06/29/2012

FIRST COMP
MARKEL Insuring America's Small Business®
PO Box 3188
Omaha, NE 68103-0188

Claims Disbursement

Claim Number: ECA900015075
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 2732173
Check Date: 09/27/2012
Check Amount: 156.50

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WEN0014409
CLAIMS TYPE: EX EXPENSE TYPE: 10

Invoice Number: 30366wcab
Invoice Date: 09/14/2012

Service From: 09/10/2012 **Service To:** 09/10/2012

Claimant First Name:
Claimant Last Name:

Additional Information: 09/10/2012 09/10/2012

PAID
OCT 01 2012
BY:

FIRST COMP
MARKEL Insuring America's Small Business®
PO Box 3188
Omaha, NE 68103-0188

Claims Disbursement

Claim Number: ECA900015075
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 2737279
Check Date: 11/01/2012
Check Amount: 156.50

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WEN0014409
CLAIMS TYPE: EX EXPENSE TYPE: 10

[illegible] NOV 05 2012
BY: [illegible]

Invoice Number: 30366depo
Invoice Date: 10/18/2012

Service From: 09/26/2012 **Service To:** 09/26/2012

Claimant First Name:
Claimant Last Name:

Additional Information: 09/26/2012 09/26/2012

FIRST COMP
MARKEL Insuring America's Small Business®

PO Box 3188
Omaha, NE 68103-0188

Claims Disbursement

Claim Number: ECA900015075
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 2748055
Check Date: 01/25/2013
Check Amount: 250.00

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WEN0014409
CLAIMS TYPE: EX EXPENSE TYPE: 10

PAID JAN 29 2013

Invoice Number: 30366depo
Invoice Date: 01/07/2013

Service From: 12/13/2012 **Service To:** 12/13/2012

Claimant First Name:
Claimant Last Name:

Additional Information: 12/13/2012 12/13/2012

FIRST COMP
MARKEL Insuring America's Small Business®
PO Box 3188
Omaha, NE 68103-0188

PAID FEB 09 2015

Claims Disbursement

Claim Number: ECA900015075
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 2808341
Check Date: ~~02/02/2015~~
Check Amount: 386.50

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WEN0014409
CLAIMS TYPE: EX EXPENSE TYPE: 10

Invoice Number: 30366depo
Invoice Date: 01/13/2015

Service From: 04/24/2008 **Service To:** 12/17/2014

Claimant First Name:
Claimant Last Name:

Additional Information: 04/24/2008 12/17/2014

[redacted]

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

*** INVOICE ***
Date NO#
11/09/15 63206

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
494C2471447

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

Case: vs McDONALD'S
Date Of Injury: 8/8/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/20/09	INITIAL EXAM	-DR KATTAR @ GARFIELD HEALTH*	230.00
09/02/09	INITIAL EXAM	DR HOSSAIN @ GARFIELD HEALTH*	230.00
09/22/09	NCV	-DIAGNOSTIC STUDY INTERP: U/E @ GARFIELD HEALTH*	125.00
09/22/09	EMG TESTING	-BY DR ROWE: U/E @ GARFIELD HEALTH*	125.00
09/29/09	INITIAL EXAM	-DR PULERA @ GARFIELD HEALTH*	230.00
09/18/09	PR2/REEVAL	DR SAMAAN @ GARFIELD HEALTH*	180.00
10/16/09	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
11/13/09	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
12/11/09	PR2/REEVAL	DR HOSSAIN* TITO SILVA 500272	180.00
01/15/10	PR2/REEVAL	-DR KATTAR* ALBERTO VILLAGOME # 500341	180.00
01/28/10	INITIAL EXAM	-DR SAMIMI* ELIZABETH HERRERA # 301231	230.00
04/09/10	PR2/REEVAL	-DR HOSSAIN* ELIZABETH VARGA # 500106	180.00
11/23/09	PR2/REEVAL	-DR OBUKHOFF @ WILLOW MEDICAL GLADYS REYNA #100755	180.00
05/05/10	P AND S	-DR KATTAR* JASON RAMIREZ # 500371	230.00
08/26/10	PENALTIES	FOR DATE OF SERVICE 08/20/09	34.50
02/18/15	INTEREST	FOR DATE OF SERVICE 08/20/09	142.54
08/26/10	PENALTIES	FOR DATE OF SERVICE 09/02/09	34.50
02/18/15	INTEREST	FOR DATE OF SERVICE 09/02/09	142.54
08/26/10	PENALTIES	FOR DATE OF SERVICE 09/22/09	37.50
02/18/15	INTEREST	FOR DATE OF SERVICE 09/22/09	154.93
08/26/10	PENALTIES	FOR DATE OF SERVICE 09/29/09	34.50
02/18/15	INTEREST	FOR DATE OF SERVICE 09/29/09	142.54
08/26/10	PENALTIES	FOR DATE OF SERVICE 01/28/10	34.50
02/18/15	INTEREST	FOR DATE OF SERVICE 01/28/10	134.21

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

*** INVOICE ***
Date NO#
11/09/15 63206

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
494C2471447

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

Case: , vs McDONALD'S
Date Of Injury: 8/8/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/26/10	PENALTIES	FOR DATE OF SERVICE 05/05/10	34.50
02/18/15	INTEREST	FOR DATE OF SERVICE 05/05/10	127.18
06/21/11	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
01/18/12	PENALTIES	FOR DATE OF SERVICE 9/18/09	27.00
02/18/15	INTEREST	FOR DATE OF SERVICE 9/18/09	111.55
01/18/12	PENALTIES	FOR DATE OF SERVICE 10/16/09	27.00
02/18/15	INTEREST	FOR DATE OF SERVICE 10/16/09	111.55
01/18/12	PENALTIES	FOR DATE OF SERVICE 11/13/09	27.00
02/18/15	INTEREST	FOR DATE OF SERVICE 11/13/09	109.34
01/18/12	PENALTIES	FOR DATE OF SERVICE 12/11/09	27.00
02/18/15	INTEREST	FOR DATE OF SERVICE 12/11/09	107.75
01/18/12	PENALTIES	FOR DATE OF SERVICE 1/15/10	27.00
02/18/15	INTEREST	FOR DATE OF SERVICE 1/15/10	105.77
01/18/12	PENALTIES	FOR DATE OF SERVICE 4/9/10	27.00
02/18/15	INTEREST	FOR DATE OF SERVICE 4/9/10	101.00
01/18/12	PENALTIES	FOR DATE OF SERVICE 11/23/09	27.00
02/18/15	INTEREST	FOR DATE OF SERVICE 11/23/09	108.77
01/18/12	PENALTIES	FOR DATE OF SERVICE 6/21/11	23.48
01/18/12	INTEREST	FOR DATE OF SERVICE 6/21/11	11.39
02/15/12	PMT BY CHECK	P & I DOS 6/21/11 # 96311209	-22.42
02/14/12	PMT BY CHECK	DOS 6/21/11 # 96305438	-156.56
11/05/15	COSTS & SANC	COSTS & SANC	628.94
11/05/15	PMT BY CHECK	DOS 8/20/09-6/21/11* # DA75121478 ACE/ESI	-5300.00

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

*** INVOICE ***

Date	NO#
11/09/15	63206

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
494C2471447

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

Case: vs McDONALD'S
Date Of Injury: 8/8/09

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 is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

BRANCH OFFICE ADDRESS:
1915 NW AMBER GLEN PKWY
PO BOX 4025
BEAVERTON, OR 97076
800-424-0054

Liberty Mutual

B. CODE	CHECK NUMBER	CHECK DATE
189	96305438	02/14/12
	CHECK AMOUNT ****$156.56	BLOCK NUMBER 087104

OSN: EE3801021404-000909

CLAIM #: WC 905-493235
CONTRACT #: WCJ-Z91-451169-019-92

CONTROL #: 000000449 ID: CRWEA50
PROVIDER #: N2680064891335

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 08/08/09
EMPLOYEE:

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

EMPLOYER: DONALD BAILEY
DATES OF SERVICE 06/21/11-06/21/11
LOCATION CODE: 024695

PROVIDER:

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
06/21/11	06/21/11	MISC		156.56	156.56	

NOTE: INTERPRETING SERVICE FOR

TOTAL CHARGES	156.56
TOTAL PAYABLE:	156.56
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	156.56

PAID
FEB 28 2012
BY:_____

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PDWLDMCD-002189-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 11/05/15

CHECK NO. **DA75121478**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 00589 DA75121478
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

G

FILE ID
494C2471447

DOLLARS
$******5,300.00

PAID NOV 09 2015

* NOT NEGOTIABLE *

FOR
08/20/09 THRU 06/21/11 PER STIP/ORDER

CLAIMANT

DATE OF EVENT
08/08/09

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

63206

I.F. OK

PDWLDMCD-002189-01-01-00

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

[redacted]

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

*** INVOICE ***
Date NO#
11/13/15 63775

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
710856401

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

Case: ; vs KC BUILDING MAINTENANCE
Date Of Injury: 1/1/09-8/3/11

DOS	SERVICE	DESCRIPTION	AMOUNT
12/11/13	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
03/28/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/11/15	PENALTIES	FOR DATE OF SERVICE 12/11/13	23.48
09/05/15	INTEREST	FOR DATE OF SERVICE 12/11/13	17.01
09/11/15	PENALTIES	FOR DATE OF SERVICE 3/28/14	37.50
09/05/15	INTEREST	FOR DATE OF SERVICE 3/28/14	27.17
09/05/15	PMT BY CHECK	DOS 12/11/13-03/28/14* # 29178710	-406.50
09/19/15	PMT BY CHECK	DOS 12/11/13-3/28/14* # 29249556	-54.96
11/11/15	COSTS & SANC	COSTS & SANC	119.80
11/12/15	PMT BY CHECK	DOS 12/11/13/3/28/14* # 29528143	-170.00

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 is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

P400002800I

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

201509081935

Electronic Service Requested

ENV 1396 1 OF 15 F

ALL FOR AADC 926
1396 2.7716 AB 0.670
JOYCE ALTMAN INTERPRETERS INC 27
PO BOX 4165
TUSTIN, CA 92781-4165

PAID

63775

Check No.: 29178710
RFP No.: 114388
Check Date: 09/05/2015
Check Amount: 406.50
Insured: K.C. BUILDING MAINTENANCE INC
Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000001041143	00856401	001	12/29/2010	EXP	C	406.50
					Total Amount	406.50

Reason for Payment
121113-032814

Use File # 710/00856401 on all correspondence for prompt processing.
For check information call: 877-802-5246

[redacted]

P40000280001

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

PAID SEP 25 2015

20150921929

Electronic Service Requested

MIXED AADC 926
2930 1.6407 MB 0.436

JOYCE ALTMAN INTERPRETERS INC 81
PO BOX 4165
TUSTIN, CA 92781-4165

PAID SEP 25 2015

1 OF 8 F

ENV 2930

Check No.: 29249556
RFP No.: 140776
Check Date: 09/19/2015
Check Amount: 54.96
Insured: K.C. BUILDING MAINTENANCE INC
Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

63775

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000001041143	00856401	001	12/29/2010	EXP	C	54.96
					Total Amount	54.96

Reason for Payment
121113-032814

Use File # 710/00856401 on all correspondence for prompt processing.
For check information call: 877-802-5246

P400002800I

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

20151112014 3

Electronic Service Requested

ENV 4640 1 OF 4 F

3-DIGIT 927
4640 0.8765 AT 0.413

JOYCE ALTMAN INTERPRETERS INC 16
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 29528143
RFP No.: 255930
Check Date: 11/12/2015
Check Amount: 170.00
Insured: K.C. BUILDING MAINTENANCE INC
Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID NOV 17 2015

63775

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000001041143	00856401	001	12/29/2010	EXP	C	170.00
					Total Amount	170.00

Reason for Payment
121113-032814

F.F

NDJ

Use File # 710/00856401 on all correspondence for prompt processing.
For check information call: 877-802-5246

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

*** INVOICE ***
Date NO#
11/16/15 35643

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
410068267

BILL TO:
SEDGWICK/SRS INS (LEX14152)
W. C. DEPARTMENT
ATTN: THERESA CICA
P.O. BOX 14152
LEXINGTON, KY 40512

Case: vs ARAMARK
Date Of Injury: 8/15/09

DOS	SERVICE	DESCRIPTION	AMOUNT
10/13/09	NCV	DIAGNOSTIC STUDY INTERP: L/E @ ADVANCED CARE*	125.00
10/13/09	EMG TESTING	BY DR BLUSH: L/E @ ADVANCED CARE*	125.00
03/10/10	PR2/REEVAL	DR BONIFACE @ ADVANCED CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/21/10	P AND S	DR SEDEGHI @ ADVANCE CARE* TITO SILVA # 500272	230.00
06/02/10	PR2/REEVAL	DR BONIFACE* JESUS CASTILLO # 500358	180.00
09/03/10	PENALTIES	FOR DATE OF SERVICE 10/13/09	37.50
10/26/15	INTEREST	FOR DATE OF SERVICE 10/13/09	163.92
09/03/10	PENALTIES	FOR DATE OF SERVICE 04/21/10	34.50
10/26/15	INTEREST	FOR DATE OF SERVICE 04/21/10	146.31
06/15/11	WCAB LB	MSC - ROSARIO PALMER #100715	156.50
04/26/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
08/30/13	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
09/30/13	PMT BY CHECK	DOS 6/15/11-4/26/12 # 0044030135	-331.00
01/30/14	PENALTIES	FOR DATE OF SERVICE 3/10/10	27.00
10/26/15	INTEREST	FOR DATE OF SERVICE 3/10/10	116.88
01/30/14	PENALTIES	FOR DATE OF SERVICE 6/2/10	27.00
10/26/15	INTEREST	FOR DATE OF SERVICE 6/2/10	112.12
05/08/14	WCAB LB	WALK-THRU C&R	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/26/15	PENALTIES	FOR DATE OF SERVICE 6/15/11	23.48
10/26/15	INTEREST	FOR DATE OF SERVICE 6/15/11	41.57
10/26/15	PENALTIES	FOR DATE OF SERVICE 4/26/12	23.48
10/26/15	INTEREST	FOR DATE OF SERVICE 4/26/12	25.99
10/26/15	PENALTIES	FOR DATE OF SERVICE 5/8/14	20.78
10/26/15	INTEREST	FOR DATE OF SERVICE 5/8/14	21.64

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

*** INVOICE ***
Date NO#
11/16/15 35643

EAMS#(s)

SS # :
DOB :
Terms : 45 days
Claim #(s):
410068267

BILL TO:
SEDGWICK/SRS INS (LEX14152)
W. C. DEPARTMENT
ATTN: THERESA CICA
P.O. BOX 14152
LEXINGTON, KY 40512

Case: ARAMARK
Date Of Injury: 8/15/09

DOS	SERVICE	DESCRIPTION	AMOUNT
10/26/15	COSTS & SANC	COSTS & SANC	499.33
11/12/15	PMT BY CHECK	DOS 6/12/09-11/11/15* # 0059234878	-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 is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in **an attempt to defeat this lien.**

Sedgwick Claims Management Services, Inc
PO Box 14152
Lexington, KY 40512-4152

DATE	CHECK AMT	CHECK NO.
09/30/2013	331.00	0044030135

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

SCMS UNIT	PAGE
683 Sedgwick Claims Management Services	001

*005010 0044030135 00001 OF 00003 0AM 130930 1101

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

35643

Claimant Name	Loss Date	Claim Number	SSN
	06/12/2009	410068267	

Amt Paid: 331.00 Description: Miscellaneous Medical
Amt Billed: 331.00 Invoice: ICN: 114972719.6
Dates: 06/15/2011 - 04/26/2012 Comment: Fees for MSC Appearance

PAID OCT 03 2013

Questions about other Sedgwick payments? Visit sedgwickcms.com. Click on Provider Resources, then choose viaOne Express® for Providers.

P6905028006

Sedgwick Claims Management Services, Inc
PO Box 14152
Lexington, KY 40512-4152

201511121621

Electronic Service Requested

PAID NOV 16 2015

1 OF 1

ENV 1937

SINGLE PIECE

1937 0.3820 SP 0.485

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

4

DATE	CHECK AMT	CHECK NO.
11/12/2015	2,400.00	0059234878

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

SCMS UNIT	PAGE
683 Sedgwick Claims Management Services, Inc	1 of 1

Claimant Name	Loss Date	Claim Number
	06/12/2009	410068267

35643

Amt Paid: 2,400.00 Description: Miscellaneous Medical
Amt Billed: 2,400.00 Invoice: Full Final ICN: 126089995.6
Dates: 06/12/2009-11/11/2015 Comment: Full & Final for ALL DOS - Gloria Amezcua

F.F.
CA

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#
03/07/16	50072

EAMS#(s):

SS # : XXX-XX-
DOB : 3/10/68
Terms : 45 days
Claim #(s):
2080252768

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

Case: vs BERBERISM ENTERP/JONS MARKET
Date Of Injury: CT 3/15/09-6/23/11

DOS	SERVICE	DESCRIPTION	AMOUNT
11/16/11	DEPO PREP	@ THE L/O OF FLOYD, SKEREN & KELLY	156.50
/ /	INTERPRETER:	JOHN MORELL # 100644	0.00
12/28/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	OSVALDO LOPEZ # 301367	0.00
03/26/12	PMT BY CHECK	DOS 11/16/11-12/28/11 # 110170419	-406.50
05/07/12	DEPO PREP	@ THE L/O OF FLOYD, SKEREN VOL II	156.50
/ /	INTERPRETER:	JOHN MORELL # 100644	0.00
06/04/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/27/12	PMT BY CHECK	DOS 5/7/12 # 1101836879	-156.50
07/30/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
05/28/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/22/15	PENALTIES	FOR DATE OF SERVICE 6/4/12	37.50
11/05/15	INTEREST	FOR DATE OF SERVICE 6/4/12	98.77
07/22/15	PENALTIES	FOR DATE OF SERVICE 7/30/13	23.48
11/05/15	INTEREST	FOR DATE OF SERVICE 7/30/13	41.07
11/05/15	PENALTIES	FOR DATE OF SERVICE 5/28/15	23.48
11/05/15	INTEREST	FOR DATE OF SERVICE 5/28/15	5.97
11/11/15	PMT BY CHECK	DOS 7/12/11-11/5/15* # 1100604135	-563.00
12/23/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
02/22/16	PENALTIES_U	FOR UNPAID STLM'T 1/15/16	82.57
02/22/16	INTEREST_U	FOR UNPAID STLM'T 1/15/16	3.17
03/02/16	PMT BY CHECK	DOS 7/12/11-1/15/16* # 1100730653	-330.27

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

*** INVOICE ***

Date	NO#
03/07/16	50072

EAMS#(s):

SS # : XXX-XX
DOB : 3/10/68
Terms : 45 days
Claim #(s):
2080252768

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

Case: vs BERBERISM ENTERP/JONS MARKET
Date Of Injury: CT 3/15/09-6/23/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/07/16	BLCE OFF SET	BALANCE OFF SET	-85.74

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

PAID
MAR 29 2012
BY:

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

00971

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

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0252768 001 MR	WC 9309014	50072		03/01/09	11/16/11-12/28/11

Check Number	1101710419	Date Issued	03/26/12	Amount	$****406.50
Insured	Jons Marketplace				
Claimant					
Nature of Payment	MEDICAL-LEGAL COSTS				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	JohnstonZico CG-S				
File Supervisor	Eva Reale	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC WAGE LOSS & DISABILITY	406.50		
TOTAL	$406.50		

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

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

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781

00608

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0252768 001 MR	WC 9309014	50072		03/01/09	11/16/11-05/07/12

Check Number	1101836879	Date Issued	06/27/12	Amount	$****156.50
Insured	Jons Marketplace				
Claimant					
Nature of Payment	MEDICAL-LEGAL COSTS				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Jothi CG-Mani				
File Supervisor	Eva Reale	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC WAGE LOSS & DISABILITY	156.50		
TOTAL	$156.50		

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

PAID NOV 16 2015

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

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

00383

52072 CA

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0252768 001 ZM	WC 9309014			03/01/09	07/12/11-11/05/15

Check Number	1100604135	Date Issued	11/11/15	Amount	$****563.00
Insured	Jons Marketplace				
Claimant					
Nature of Payment					
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Munna CG-Noorbai				
File Supervisor	Gloria Holmes	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	563.00		
TOTAL	$563.00		

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

PAID MAR 07 2016

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

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781

00739

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE 80072

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0252768 001 ZM	WC 9309014			03/01/09	07/12/11-01/15/16

Check Number	1100730653	Date Issued	03/02/16	Amount	$*****330.27
Insured	Jons Marketplace				
Claimant					
Nature of Payment	FULL & FINAL OF ALL ACCOUNTS & BALANCES				
Issued To	JOYCE ALTMAN INTERPRETERS				
Requested By	Vijay CG-Radhakrishnan				
File Supervisor	Gloria Holmes	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	330.27		
TOTAL	$330.27		

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

*** INVOICE ***

Date	NO#
11/16/15	64840

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
710886018

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

Case: vs RUSH HOUR VALET dba HRLINK/T&T
Date Of Injury: 12/19/11

DOS	SERVICE	DESCRIPTION	AMOUNT
11/07/12	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH CENTER (3H 30M)	402.50
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
12/06/12	ULTRASOUND	REF BY DR KATTAR: BI/INGUINAL @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
01/23/13	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
03/06/13	PR2/REEVAL	DR KATTAR* JOSE GERRY LUGO # 500049	180.00
04/10/13	PR2/REEVAL	DR KATTAR* JOHANNA JORDAN # 100793	180.00
06/17/13	P AND S	DR KATTAR @ GARFIELD HEALTH*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
08/26/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/27/15	LIEN FIL FEE	LIEN FILING FEE	150.00
04/27/15	PENALTIES	FOR DATE OF SERVICE 8/26/13	23.48
10/27/15	INTEREST	FOR DATE OF SERVICE 8/26/13	13.02
08/13/15	PENALTIES	FOR DATE OF SERVICE 11/07/12	60.38
10/27/15	INTEREST	FOR DATE OF SERVICE 11/07/12	33.48
08/13/15	PENALTIES	FOR DATE OF SERVICE 12/06/12	22.50
10/27/15	INTEREST	FOR DATE OF SERVICE 12/06/12	12.48
08/13/15	PENALTIES	FOR DATE OF SERVICE 01/23/13	27.00
10/27/15	INTEREST	FOR DATE OF SERVICE 01/23/13	14.97
08/13/15	PENALTIES	FOR DATE OF SERVICE 03/06/13	27.00
10/27/15	INTEREST	FOR DATE OF SERVICE 03/06/13	14.97
08/13/15	PENALTIES	FOR DATE OF SERVICE 04/10/13	27.00
10/27/15	INTEREST	FOR DATE OF SERVICE 04/10/13	14.97
08/13/15	PENALTIES	FOR DATE OF SERVICE 06/17/13	34.50
10/27/15	INTEREST	FOR DATE OF SERVICE 06/17/13	19.13

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

*** INVOICE ***
Date NO#
11/16/15 64840

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
710886018

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

Case: vs RUSH HOUR VALET dba HRLINK/T&T
Date Of Injury: 12/19/11

DOS	SERVICE	DESCRIPTION	AMOUNT
10/27/15	COSTS & SANC	COSTS & SANC	366.12
11/11/15	PMT BY CHECK	DOS 10/27/15* # 29521750	-2340.00

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 is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

P400002800J1

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

201511110129

Electronic Service Requested

MIXED AADC 926
13677 0.7130 MB 0.436
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165
88

PAID NOV 16 2015

ENV 13677 1 OF 3 F

Check No.: 29521750
RFP No.: 253808
Check Date: 11/11/2015
Check Amount: 2,340.00
Insured: T & T FOOD INC (A CORP)

Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

c4840

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000003292422	00879617	001	10/30/2012	EXP	O	2,340.00
					Total Amount	2,340.00

Reason for Payment
FOR ALL DOS PER STIP&ORDER 10/27/15

I.F. OK AM

Use File # 710/00879617 on all correspondence for prompt processing.
For check information call: 877-802-5246

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

*** INVOICE ***

Date	NO#
05/11/15	41912

W.C.A.B.:
ADJ # : .
S.S.N. : XXX-XX-7659
D.O.B. : 2/28/70
Terms : 45 days
Claim #(s):
YMH52428

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

Case: vs ASSOCIATED TELEVISION INT'L
Date Of Injury: 11/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/14/11	INITIAL EXAM	-DR ZARRINI @ PAIN RELIEF CTR	230.00
/ /	INTERPRETER:	RICARDO AINSLIE # 500159	0.00
01/28/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	ALFREDO LANDEROS # 100753	0.00
03/04/11	PR2/REEVAL	-DR ZARRINI @ PAIN RELIEF CTR	180.00
/ /	INTERPRETER:	RICARDO AINSLE # 500159	0.00
03/17/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/27/11	PR2/REEVAL	-DR ZARRINI* CLARA BONILLA # 500320	180.00
02/15/12	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
10/25/12	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/26/13	WCAB LB	TRIAL - PATRICIA HAYES # 100761	156.50
07/12/13	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
02/25/14	PENALTIES	FOR DATE OF SERVICE 01/14/11	34.50
02/10/15	INTEREST	FOR DATE OF SERVICE 01/14/11	95.08
02/25/14	PENALTIES	FOR DATE OF SERVICE 01/28/11	23.48
02/10/15	INTEREST	FOR DATE OF SERVICE 01/28/11	64.69
02/25/14	PENALTIES	FOR DATE OF SERVICE 03/04/11	27.00
02/10/15	INTEREST	FOR DATE OF SERVICE 03/04/11	74.41
02/25/14	PENALTIES	FOR DATE OF SERVICE 03/17/11	37.50
02/10/15	INTEREST	FOR DATE OF SERVICE 03/17/11	103.34
02/25/14	PENALTIES	FOR DATE OF SERVICE 05/27/11	27.00
02/10/15	INTEREST	FOR DATE OF SERVICE 05/27/11	74.41
02/25/14	PENALTIES	FOR DATE OF SERVICE 02/15/12	23.48
02/10/15	INTEREST	FOR DATE OF SERVICE 02/15/12	54.04
02/25/14	PENALTIES	FOR DATE OF SERVICE 10/25/12	23.48
02/10/15	INTEREST	FOR DATE OF SERVICE 10/25/12	41.57
02/25/14	PENALTIES	FOR DATE OF SERVICE 03/26/13	23.48

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

*** INVOICE ***
Date NO#
05/11/15 41912

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7659
D.O.B. : 2/28/70
Terms : 45 days
Claim #(s):
YMH52428

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

Case: [redacted] vs ASSOCIATED TELEVISION INT'L
Date Of Injury: 11/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/10/15	INTEREST	FOR DATE OF SERVICE 03/26/13	34.07
03/09/15	PMT BY CHECK	DOS 1/28/11-3/26/13* =# 33140759 FIREMANS	-1031.05
04/15/15	INTEREST	FOR DATE OF SERVICE 10/25/12	29.13
04/15/15	INTEREST	FOR DATE OF SERVICE 03/26/13	24.24
04/15/15	MISC	ADDITIONAL AMT	1350.15
04/29/15	PMT BY CHECK	DOS 4/14/15* # 33176683 FIEREMAN'S	-2700.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Fireman's Fund Insurance Company
A company of Allianz

AMERICAN INSURANCE COMPANY
3100 ZINFANDEL DRIVE
SUITE 240
RANCHO CORDOVA CA 95670

Policy No. XWC 80973468 Claim No. B005C10798046

Insured ASSOCIATED ENTERTAINMENT HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS INC

Send to JOYCE ALTMAN INTERPRETERS INC
PO BOX #4165
TUSTIN CA 92781

Division Code

Bank Number B1

Invoice Number

Explanation For ORIG: $3500.00 /FIRST H RED: $2468.95 N
06G50640320500

Please contact our office with questions concerning this payment or claim. Any error in payee name, address or tax identification number should be reported immediately.

Representative Name BRIAN B ARNOLD Phone No. (916)852-3708

From 01/28/11 Thru 03/26/13 IRS# R330956713 Check Distribution M

Processor ID 780FFHN Check Amount $1,031.05

41912

Producer Name MOMENTOUS INS BROKERAGE, INC
Producer City VAN NUYS St. CA

Check No. 33140759

EOR FORM ATTACHED

Date of Loss 11/30/09
Issue Date 03/09/15

PAID MAR 16 2015

CF60S

Detach And Retain For Your Records

* 0 0022 0 000021 0 0 13C*
CDCG.A160.G 008

Fireman's Fund Insurance Company
A company of Allianz

AMERICAN INSURANCE COMPANY
3100 ZINFANDEL DRIVE
SUITE 240
RANCHO CORDOVA CA 95670

Policy No. XWC 80973468 Claim No. B005C10798046

Insured ASSOCIATED ENTERTAINMENT HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS INC

Send to JOYCE ALTMAN INTERPRETERS INC
PO BOX #4165
TUSTIN CA 92781

Division Code

Bank Number B1

Invoice Number

PAID MAY 11 2015

Explanation For ORIG: $6200.00 /FIRST H RED: $3500.00 N
06051170175900

4/9/12

Please contact our office with questions concerning this payment or claim. Any error in payee name, address or tax identification number should be reported immediately.

Representative Name BRIAN B ARNOLD Phone No. (916)852-3708

From 04/14/15 Thru 04/14/15 IRS# R330956713 Check Distribution M
Processor ID 780FFHN Check Amount $2,700.00

F.F. OK
CA

Producer Name MOMENTOUS INS BROKERAGE, INC
Producer City VAN NUYS St. CA

Check No. 33176683

EOR FORM ATTACHED

Date of Loss 11/30/09
Issue Date 04/29/15

* 0 0019 1 000018 1 0 06E*
CDCG.AI60.G 008

CF60S

Detach And Retain For Your Records

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

*** INVOICE ***

Date	NO#
06/04/15	59646

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 5/15/73
Terms : 45 days
Claim #(s):
467852

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

Case: vs MINUTE MAN INC.
Date Of Injury: 7/27/13

DOS	SERVICE	DESCRIPTION	AMOUNT
08/21/13	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
06/23/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
08/01/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/20/15	LIEN FIL FEE	LIEN FILING FEE	150.00
03/16/15	PENALTIES	FOR DATE OF SERVICE 08/21/13	34.50
03/16/15	INTEREST	FOR DATE OF SERVICE 08/21/13	41.81
03/16/15	PENALTIES	FOR DATE OF SERVICE 06/23/14	23.48
03/16/15	INTEREST	FOR DATE OF SERVICE 06/23/14	31.36
03/16/15	PENALTIES	FOR DATE OF SERVICE 08/01/14	23.48
03/16/15	INTEREST	FOR DATE OF SERVICE 08/01/14	11.44
04/08/15	PMT BY CHECK	DOS 8/21/13-8/1/14* # 0000033627	-543.00
05/12/15	COSTS & SANC	COSTS & SANC	683.93
06/11/15	PMT BY CHECK	DOS 5/12/1* # 0000035946	-1000.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

0005544520

Claim: 4378652 / , Accident date: 07/27/2013, Jurisdiction State: California.
Insured: Minute Man, Inc., Policy: CWC71949-0307.

The payment is for Miscellaneous Medical from 08/21/2013 to 08/01/2014.
Check: 0000033627, issued: 04/07/2015, for: $543.00, for: Medical, Invoice: Lien

To the Order of: JOYCE ALTMAN INTERPRETERS,INC.
: P.O. BOX 4165
: TUSTIN, CA 92781

S9646

Please contact Kelly Littlepage, telephone: (951) 231-6842 in CA \ Riverside Riverside CA, email: Kelly.Littlepage@yorkrsg.com, if you have questions regarding this payment.

PAID APR 14 2015

U.S. Mail

0005544520

THIS CHECK IS VOID WITHOUT A RED BACKGROUND WITH AN ARTIFICIAL FINGERPRINT SEAL ON THE BACK THAT DISAPPEARS WHEN HEAT IS APPLIED

VOID VOID VOID VOID VOID

York Risk Services Group Inc
Client Escrow Account on Behalf of
Lion Insurance Company-Southeast Personnel Leasing Claims
1625 West Causeway Approach
Mandeville LA 70471

JPMorgan Chase Bank, N.A.
Baton Rouge, LA
84-13/654

Check Number 0000033627
Issue Date: 04/08/2015
VOID After 60 Days

For Medical from 08/21/2013 to 08/01/2014. Lien full & final
Claim: 4378652 / . Miscellaneous Medical

Five hundred forty three Dollars $ *******543.00

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

CHASE

Richard Tahuk
Authorized Signature

⑈0000033627⑈ ⑆065400137⑆ 0163709560⑈

Claim: 4378652 / , Accident date: 07/27/2013, Jurisdiction State: California.
Insured: Minute Man, Inc., Policy: CWC71949-0307.

S9646

The payment is for Miscellaneous Expense from 05/12/2015 to 05/12/2015.
Check: 0000035946, issued: 06/10/2015, for: $1,000.00 for: Expense, Invoice: Lien full & final

To the Order of: JOYCE ALTMAN INTERPRETERS
: PO BOX 4165
: TUSTIN, CA 927814165

Please contact Kelly Littlepage, telephone: (951) 231-6842 in CA \ Riverside Riverside CA, email: Kelly.Littlepage@yorkrsg.com, if you have questions regarding this payment.

F.F.V
CA

PAID JUN 18 2015

U.S. Mail

0005777700

THIS DOCUMENT CONTAINS A VOID PANTOGRAPH AND IS NOT VALID IF THE WORD "VOID" APPEARS

VOID VOID VOID VOID VOID

York Risk Services Group Inc
Client Escrow Account on Behalf of
Lion Insurance Company-Southeast Personnel Leasing Claims
1625 West Causeway Approach
Mandeville LA 70471

JPMorgan Chase Bank, N.A.
Baton Rouge, LA
84-13/654

Check Number 0000035946
Issue Date: 06/11/2015
VOID After 60 Days

For Expense from 05/12/2015 to 05/12/2015. Lien full & final
Claim: 4378652 / , Miscellaneous Expense

One thousand Dollars $ *****1,000.00

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

CHASE

Richard Tabeta
Authorized Signature

⑈0000035946⑈ ⑆065400137⑆ 0163709560⑈

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

*** INVOICE ***

Date	NO#
06/19/15	23059

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/23/53
Terms : 45 days
Claim #(s):
710-224136

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

Case: vs J.C. PENNEY
Date Of Injury: 1/8/06

DOS	SERVICE	DESCRIPTION	AMOUNT
09/25/06	INITIAL EXAM	DR AMERI*	230.00
12/08/06	PENALTIES	FOR DATE OF SERVICE 9/25/06	34.50
06/11/15	INTEREST	FOR DATE OF SERVICE 9/25/06	151.53
02/28/07	FOLLOW-UP	DR AMERI*	180.00
04/16/07	FOLLOW-UP	DR AMERI*	180.00
05/23/07	FOLLOW-UP	DR RAHIMIAN/DR AMERI*	180.00
01/30/08	P AND S	DR ZARGARAFF/DR AMERI*	230.00
08/15/08	PENALTIES	FOR DATE OF SERVICE 1/30/08	27.00
06/11/15	INTEREST	FOR DATE OF SERVICE 1/30/08	90.68
06/11/09	PR2/REEVAL	DR ZARGARAFF @ AMERI CHIRO*	180.00
10/20/09	PR2/REEVAL	DR RAHIMIAN @ AMERI CHIRO*	180.00
11/15/13	PENALTIES	FOR DATE OF SERVICE 02/28/07	27.00
06/11/15	INTEREST	FOR DATE OF SERVICE 02/28/07	109.74
11/15/13	PENALTIES	FOR DATE OF SERVICE 04/16/07	27.00
06/11/15	INTEREST	FOR DATE OF SERVICE 04/16/07	107.07
11/15/13	PENALTIES	FOR DATE OF SERVICE 05/23/07	27.00
06/11/15	INTEREST	FOR DATE OF SERVICE 05/23/07	104.97
11/15/13	PENALTIES	FOR DATE OF SERVICE 06/11/09	27.00
06/11/15	INTEREST	FOR DATE OF SERVICE06/11/09	62.44
11/15/13	PENALTIES	FOR DATE OF SERVICE 10/20/09	27.00
06/11/15	INTEREST	FOR DATE OF SERVICE 10/20/09	55.01
11/15/13	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
06/13/15	PMT BY CHECK	DOS 6/11/15 # 28674829	-2337.94

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

*** INVOICE ***
Date NO#
06/19/15 23059

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/23/53
Terms : 45 days
Claim #(s):
710-224136

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

Case: vs J.C. PENNEY
Date Of Injury: 1/8/06

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

P4000028001

20150615400 4

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

Electronic Service Requested

SINGLE PIECE
4 2.8033 SP 0.925

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

ENV 4 13 OF 14 F

Check No.: 28674829
RFP No.: 904422
Check Date: 06/13/2015
Check Amount: 2,337.94
Insured: J C PENNEY CORPORATION INC

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID JUN 19 2015

23059

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000005899293	00224136	001	01/08/2006	MED	O	~~2,337.94~~
				Total Amount		2,337.94

Reason for Payment
FULL AND FINAL

F.F. OK
WC

Use File # 710/00224136 on all correspondence for prompt processing.
For check information call: 877-802-5246

[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#
06/29/15 60696

EAMS#(s):

SS # : XXX-XX-0486
DOB : 11/6/69
Terms : 45 days
Claim #(s):
011260020300WC01

BILL TO:
GALLAGHER BASSETT (CALABASAS)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 9875
CALABASAS, CA 91372

Case: _ vs RENAISSANCE FRENCH DOORS & SAS
Date Of Injury: 5/28/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/17/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/26/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
01/13/15	LEGAL_WCAB	RATING MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/02/15	PENALTIES	FOR DATE OF SERVICE 01/17/14	23.48
06/02/15	INTEREST	FOR DATE OF SERVICE 01/17/14	23.03
06/02/15	PENALTIES	FOR DATE OF SERVICE 02/26/14	37.50
06/02/15	INTEREST	FOR DATE OF SERVICE 02/26/14	36.78
06/02/15	PENALTIES	FOR DATE OF SERVICE 01/13/15	23.48
06/02/15	INTEREST	FOR DATE OF SERVICE 01/13/15	7.20
06/23/15	PMT BY CHECK	DOS 2/6/15* # 0000266292	-1100.00
07/15/15	COSTS & SANC	COST & SANCTIONS	385.53

BALANCE 0.00

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

GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

011260 PAGE 1 OF 1 - 006329

MDG2009 00005072 1 MB 0439 1

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

PAID JUN 29 2015

GALLAGHER BASSETT SERVICES INC
ON BEHALF OF HARTFORD INS /
FOR ARCHWAY INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

CLAIM NO.: 011260 028703 WC 01 (4020061-01)
CLAIMANT:
DESCRIPTION: F&F PER 6/2/15 AGREEMENT

BRANCH NO.: 170
ACC DATE: 09Oct12

NO.: 0000266292
VN: 0000859224
DATE: 23Jun15

DATES OF SERVICE: 02Jun15 **THRU** 02Jun15
BENEFIT PERIOD: **THRU**

AMOUNT: 1100.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005072 005812 001 001

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

*** INVOICE ***

Date	NO#
06/19/15	59801

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 8/4/54
Terms : 45 days
Claim #(s):
710893221

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

Case: vs DURA STRIP
Date Of Injury: CT4/6/08-4/6/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/11/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH CENTER*	180.00
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
10/09/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
11/14/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
09/18/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
09/29/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/21/14	PMT BY CHECK	DOS 9/18/14* =# 27494611	-156.50
12/01/14	LIEN FIL FEE	LIEN FILING FEE	150.00
06/02/15	PENALTIES	FOR DATE OF SERVICE 09/29/14	14.03
06/02/15	INTEREST	FOR DATE OF SERVICE 09/29/14	6.07
02/05/15	PMT BY CHECK	DOS 9/18/14* =# 27858643	-156.50
06/02/15	PENALTIES	FOR DATE OF SERVICE 9/11/13	27.00
06/02/15	INTEREST	FOR DATE OF SERVICE 9/11/13	28.36
06/02/15	PENALTIES	FOR DATE OF SERVICE 10/9/13	27.00
06/02/15	INTEREST	FOR DATE OF SERVICE 10/9/13	28.36
06/02/15	PENALTIES	FOR DATE OF SERVICE 11/14/13	27.00
06/02/15	INTEREST	FOR DATE OF SERVICE 11/14/13	28.36
06/13/15	PMT BY CHECK	DOS 6/2/15 # 28676814	-969.68

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

*** INVOICE ***

Date	NO#
06/19/15	59801

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 8/4/54
Terms : 45 days
Claim #(s):
710893221

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

Case: vs DURA STRIP
Date Of Injury: CT4/6/08-4/6/09

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 is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

P4000028000

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

201411211606

PAID NOV 26 2014

Electronic Service Requested

MIXED AADC 926

6198 0.7389 MB 0.432

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

ENV 6198 1 OF 3 F

Check No.: 27494611
RFP No.: 416388
Check Date: 11/21/2014
Check Amount: 156.50
Insured:
Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000005566896	00623659	01	07/13/2009	MED	O	156.50
					Total Amount	156.50

Reason for Payment
ORG: 156.50 ACT: 59801 091814-091814

Use File # 710/00623659 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028000

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

201502051607

Electronic Service Requested

MIXED AADC 926
2454 1.0926 MB 0.432

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

132

ENV 2454 1 OF 5 F

Check No.: 27858643
RFP No.: 563731
Check Date: 02/05/2015
Check Amount: 156.50
Insured: FRA[redacted]
Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

S9801

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000005566896	00623659	01	07/13/2009	MED	O	156.50

Total Amount 156.50

Reason for Payment
ORG: 946.50 ACT: NA 091113-092914

Use File # 710/00623659 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID FEB 09 2015

[redacted]

P4000028001

20150615400A

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

Electronic Service Requested

SINGLE PIECE
4 2.8033 SP 0.925

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

14 OF 14 F

ENV 4

Check No.: 28676814
RFP No.: 903924
Check Date: 06/13/2015
Check Amount: 969.68
Insured:

Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

PAID JUN 19 2015

Payee Name: JOYCE ALTMAN INTERPRETERS INC

59801

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000005566896	00623659	001	07/13/2009	MED	O	969.68
				Total Amount		969.68

Reason for Payment
FULL AND FINAL LIEN SETTLEMENT

F-F. OK
CA

Use File # 710/00623659 on all correspondence for prompt processing.
For check information call: 877-802-5246

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

*** INVOICE ***
Date NO#
09/03/15 55994

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-2517
D.O.B. : 7/10/62
Terms : 45 days
Claim #(s):
12485461CT

BILL TO:
TRISTAR RISK MGMT (CLINT-2805)
W.C. DEPARTMENT
ATTN: JANE GRINSTEAD
P.O. BOX 2805
CLINTON, IA 52733

Case s RAJ MANUFCTURING
Date of Injury: CT 5/21/11 - 5/21/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/04/12	INITIAL EXAM	DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/11/12	INITIAL EXAM	DR SCHILLING/CONSTABILEO @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/16/12	PR2/REEVAL	DR RAMESHNI* JOSE GERRY LUGO # 50049	180.00
11/13/12	PR2/REEVAL	DR RAMESHNI* JOSE LUGO # 500049	180.00
12/28/12	P AND S	DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/30/15	LIEN FIL FEE	LIEN FILING FEE	150.00
08/28/15	PMT BY CHECK	DOS 10/04/12-07/30/15* =# 578117	-1200.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Client: RAJ Manufacturing LLC/Nova Casualty Co.
Claimant/Employee.

Payee: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

Claim Number: 12485461
Incident Date: 05/21/2012

Check Number: 578117
Check Date: 08/28/2015
Check Total: $1,200.00
Payment Type: LANGUAGE TRANSLATOR
Invoice No: 55994

From - To: 10/04/2012 - 07/30/2015
For:

Bill Tracking No: 3001568420TMC
Received Date: 08/06/2015
Reviewed Date: 08/24/2015
DRG Code: 000
Primary ICD-9: 959.9 9599-Unspecified site injury
Bill Type:
PPO Name: NonPar

Date of Service	Billed Code/Mod	Paid Code/Mod	Service Description:	Units	Billed Amount	Bill Review Reduction	PPO Reduction	Other Reduction	Allowance Reason Code(s)
10/04/2012	T1013 00 00	T1013 00 00	INTERPRETER	8	230.00	0.00	0.00	0.00	230.00
10/11/2012	T1013 00 00	T1013 00 00	INTERPRETER	8	230.00	0.00	0.00	0.00	230.00
10/16/2012	T1013 00 00	T1013 00 00	INTERPRETER	8	180.00	0.00	0.00	0.00	180.00
11/13/2012	T1013 00 00	T1013 00 00	INTERPRETER	8	180.00	0.00	0.00	0.00	180.00
12/28/2012	T1013 00 00	T1013 00 00	INTERPRETER	8	230.00	0.00	0.00	0.00	230.00
07/30/2015	99070 00 00	99070 00 00	SUPPLIES MATERIALS	1	150.00	0.00	0.00	0.00	150.00
			Totals:		1,200.00	0.00	0.00	0.00	1,200.00

Charges in excess of the allowance are objected to for the above reasons. If you disagree with the reductions you may contact us at the address and phone number listed, or you may file an application or lien with the Workers' Compensation Appeals Board. California Labor Code Section 3751 (b) prohibits attempts to collect any balance due from the injured worker. TIME LIMITS TO DISPUTE PAYMENT AMOUNT Request for Second Review After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/ reconsideration/Request for Second Review to the claims administrator within 90 days of service of the explanation of review. The Request for Second Review must conform to the requirements of the Division of Workers' Compensation Medical Billing and Payment Guide, and either California Labor Code 4622, or regulations at title 8, California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent/ assignee does not request a second review within 90 days of the service of the explanation

Please direct inquires to: Tristar Managed Care, Fax: (714) 972-4976, P.O. Box 10220, Santa Ana, CA 92711
Phone: (877) 287-4782

PAID

BY: .....

#55994

THIS DOCUMENT WAS PRINTED ON PAPER CONTAINING ULTRAVIOLET FIBERS AND A TRUE WATERMARK

RAJ Manufacturing LLC/Nova Casualty Co.
Tustin, CA 92780

Citizens Business Bank
970 West 190th Street
Torrance, CA 90502
(310) 217-6000

90-3414
1222

TRISTAR Risk Management
P.O. Box 2805
Clinton, IA 52733-2805

Check No: 578117
Date: 08/28/2015
Void after 120 days
Amount: $**********1,200.00

PAY One Thousand Two Hundred Dollars And 00/100

TO THE ORDER OF
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

HEAT GLANCE SECURITY SPOT
RUB OR RUB WITH FINGER. IF PINK COLORED SPOT DISAPPEARS, THIS DOCUMENT IS AUTHENTIC.

Two signatures required for checks $2,500 & over

⑈578117⑈ ⑆122234149⑆ 0470356121⑈

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

*** INVOICE ***
Date NO#
09/02/15 58631

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-3213
D.O.B. : 6/2/67
Terms : 45 days
Claim #(s):
YMH97151

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

Case s PARS ICE CREAM CALIFONIA INC
Date Of Injury: 6/1/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/18/13	INITIAL EXAM	-DR KATTAR @ GARFIELD HEALTH CENTER*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
04/08/13	PR2/REEVAL	-DR KATTAR*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
05/06/13	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
06/10/13	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
07/15/13	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
08/22/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOSE GARCIA # 301005	0.00
08/20/13	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL 05511585	0.00
02/27/15	LIEN FIL FEE	LIEN FILING FEE	150.00
03/16/15	PENALTIES	FOR DATE OF SERVICE 8/22/13	23.48
08/20/15	INTEREST	FOR DATE OF SERVICE 8/22/13	36.14
06/29/15	PENALTIES	FOR DATE OF SERVICE 03/18/13	34.50
08/20/15	INTEREST	FOR DATE OF SERVICE 03/18/13	56.74
06/29/15	PENALTIES	FOR DATE OF SERVICE 04/08/13	27.00
08/20/15	INTEREST	FOR DATE OF SERVICE 04/08/13	44.41
06/29/15	PENALTIES	FOR DATE OF SERVICE 05/06/13	27.00
08/20/15	INTEREST	FOR DATE OF SERVICE 05/06/13	44.41
06/29/15	PENALTIES	FOR DATE OF SERVICE 06/10/13	27.00
08/20/15	INTEREST	FOR DATE OF SERVICE 06/10/13	44.41
06/29/15	PENALTIES	FOR DATE OF SERVICE 07/15/13	27.00
08/20/15	INTEREST	FOR DATE OF SERVICE 07/15/13	44.41
06/29/15	PENALTIES	FOR DATE OF SERVICE 08/20/13	27.00
08/20/15	INTEREST	FOR DATE OF SERVICE 08/20/13	41.68
08/26/15	PMT BY CHECK	DOS 08/17/10-09/23/13*	-2613.55

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

*** INVOICE ***

Date	NO#
09/02/15	58631

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-3213
D.O.B. : 6/2/67
Terms : 45 days
Claim #(s):
YMH97151

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

Case: [redacted] vs PARS ICE CREAM CALIFONIA INC
Date Of Injury: 6/1/11

DOS	SERVICE	DESCRIPTION	AMOUNT
09/02/15	COSTS & SANC	# 124593608 5 COSTS	671.87

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

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

THE HARTFORD

PAID

BY: ...

000796
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00813

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

1000012 124593608 5

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
08-17-10	35WEC JV2900 YMHC 43300	PAIR ICE CREAM	$2,613.35
Nature of Benefits: Other Medical	Nature of Payment: Source Payment F&F OK CA	Service Dates 08-17-2010 09-23-2013	$2,613.35

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

#58631

Additional Comments: full and final payment for all DOS known or unknown

Issue Date	08-26-2015	Check Number	124593608 5	Total Amount of Check	$2,613.35

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

110152130

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

*** INVOICE ***

Date	NO#
01/27/16	59747

EAMS#(s):

SS # : XXX-XX-
DOB : 10/13/51
Terms : 45 days
Claim #(s):
EWJ1723

BILL TO:
SAINT PAUL TRAVELERS (W CREEK)
W. C. DEPARTMENT
ATTN: LIEN UNIT DEPT
P.O. BOX # 9270
WALNUT CREEK, CA 94596

Case: [redacted] vs PETER PEPPER PRODUCTS INC.
Date Of Injury: 3/22/12

DOS	SERVICE	DESCRIPTION	AMOUNT
08/23/13	DEPO PREP	@ THE L/O OF SCOLL ASSOCIATES	156.50
/ /	INTERPRETER:	LIGIA SELIM # 100637	0.00
09/18/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/11/14	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/16/15	PENALTIES	FOR DATE OF SERVICE 8/23/13	23.48
03/16/15	INTEREST	FOR DATE OF SERVICE 8/23/13	25.10
03/16/15	PENALTIES	FOR DATE OF SERVICE 9/18/13	37.50
03/16/15	INTEREST	FOR DATE OF SERVICE 9/18/13	40.09
03/16/15	PENALTIES	FOR DATE OF SERVICE 12/11/14	23.48
03/16/15	INTEREST	FOR DATE OF SERVICE 12/11/14	3.70
10/26/15	COSTS & SANC	COSTS & SANC	533.65
01/22/16	PMT BY CHECK	DOS 10/30/15* # 891A 86972241	-1250.00

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 is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

THE TRAVELERS - RANCHO CORDOVA BI/P
WORKERS COMPENSATION CLAIMS
PO BOX 13089
SACRAMENTO CA 95813-4089
SE02950

891A 86972241

TRAVELERS

DATE: 01/22/16
LOSS DATE: 03/22/13
FILE NUMBER: 480 CB EWJ1723 H
REFERENCE #: 1011056207SW
EMPLOYEE

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781

PAID JAN 27 2016

ACCOUNT NAME:
PETER PEPPER PRODUCTS, INC

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 10/30/15

TOTAL PAID: $1250.00
TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

MR

FOR ADDITIONAL INFORMATION, CONTACT: DAVID HEATON AT (916)638-6576

22019743
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***
Date NO#
01/27/16 60163

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 6/28/51
Terms : 45 days
Claim #(s):
003531-049234-WC-01

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

Case: EVY R&H LIMITED PARTNERSHIP
Date Of Injury: 8/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/29/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/17/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/21/14	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL. II	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/04/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL. II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/09/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/14/15	PENALTIES	FOR DATE OF SERVICE 10/29/13	23.48
08/14/15	INTEREST	FOR DATE OF SERVICE 10/29/13	30.72
08/14/15	PENALTIES	FOR DATE OF SERVICE 12/17/13	37.50
08/14/15	INTEREST	FOR DATE OF SERVICE 12/17/13	48.21
08/14/15	PENALTIES	FOR DATE OF SERVICE 4/21/14	23.48
08/14/15	INTEREST	FOR DATE OF SERVICE 4/21/14	23.87
08/14/15	PENALTIES	FOR DATE OF SERVICE 6/4/14	37.50
08/14/15	INTEREST	FOR DATE OF SERVICE 6/4/14	38.67
08/14/15	PENALTIES	FOR DATE OF SERVICE 4/9/15	23.48
08/14/15	INTEREST	FOR DATE OF SERVICE 4/9/15	5.62
08/21/15	PMT BY CHECK	DOS 10/29/13-04/09/15* # 0121205539	-969.50
09/16/15	PMT BY CHECK	DOS 10/29/13-08/21/15* # 0121824497	-292.53
01/14/16	COSTS & SANC	COSTS & SANC	500.00
01/18/16	PMT BY CHECK	DOS 1/18/16* # 0124947576	-500.00

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

*** INVOICE ***
Date NO#
01/27/16 60163

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 6/28/51
Terms : 45 days
Claim #(s):
003531-049234-WC-01

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

Case: EVY R&H LIMITED PARTNERSHIP
Date Of Injury: 8/1/10

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 is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

003531 PAGE 1 OF 1 010691

PAID

BY: .....

MDG2009 00007957 1 MB 0439 1

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

GALLAGHER BASSETT SERVICES INC
FOR NATIONAL UNION FIRE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 003531 049234 WC 01 (L429)
CLAIMANT:
DESCRIPTION: INV#60163
DATES OF SERVICE: 29Oct13 THRU 09Apr15
BENEFIT PERIOD: THRU

BRANCH NO.: 094
ACC DATE: 01Aug10

NO.: 0121205539
VN: 0001299556
DATE: 21Aug15
AMOUNT: 969.50

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0007957 008839 001 001

GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

003531 PAGE 1 OF 1 004043

PAID

BY: .....

M

MDG2009 00004839 1 MB 0439 1

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

GALLAGHER BASSETT SERVICES INC
FOR NATIONAL UNION FIRE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 003531 049070 WC 01 (L429)
CLAIMANT:
DESCRIPTION: INV#60163

BRANCH NO.: 094
ACC DATE: 01Dec12

NO.: 0121824497
VN: 0001316120
DATE: 16Sep15

DATES OF SERVICE: 29Oct13 **THRU** 21Aug15
BENEFIT PERIOD: **THRU**

AMOUNT: 292.53

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004839 005503 001 002

GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

003531 PAGE 1 OF 1 005330

PAID JAN 27 2016

MDG2009 00002920 1 MB 0439 1

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

GALLAGHER BASSETT SERVICES INC
FOR NATIONAL UNION FIRE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 003531 049234 WC 01 (L429)
CLAIMANT:
DESCRIPTION: FULL AND FINAL SETTLEMENT

DATES OF SERVICE: 18Jan16 **THRU** 18Jan16
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 01Aug10

NO.: 0124947576
VN: 0001406952
DATE: 18Jan16
AMOUNT: 500.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0002920 003475 001 001

MR

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

*** INVOICE ***
Date NO#
03/17/15 33712

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 10/16/67
Terms : 45 days
Claim #(s):
ECA110000087

BILL TO:
FIRST COMP/MARKEL INS (OMAHA)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs MONTFAU INC
Date Of Injury: 3/24/09

DOS	SERVICE	DESCRIPTION	AMOUNT
04/08/09	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
04/14/09	INITIAL EXAM	ACUPUNTURE W/STEVE HING @ WILLOW MED*	230.00
05/07/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
06/12/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
12/03/09	WCAB LB	MSC	156.50
12/07/09	INITIAL EXAM	DR OBUKHOFF* VINCENT MEJIA # 500309	230.00
03/11/10	WCAB LB	MSC - SABINE SKELTON # 300884	156.50
06/15/10	WCAB LB	MSC - ROSARIO PALMER # 100715	156.50
02/03/10	PENALTIES	FOR DATE OF SERVICE 04/08/09	34.50
12/06/12	INTEREST	FOR DATE OF SERVICE 04/08/09	76.60
02/03/10	PENALTIES	FOR DATE OF SERVICE 04/14/09	34.50
12/06/12	INTEREST	FOR DATE OF SERVICE 04/14/09	76.60
02/03/10	PENALTIES	FOR DATE OF SERVICE 12/03/09	23.48
12/06/12	INTEREST	FOR DATE OF SERVICE 12/03/09	54.44
02/03/10	PENALTIES	FOR DATE OF SERVICE 12/07/09	34.50
03/03/15	INTEREST	FOR DATE OF SERVICE 12/07/09	135.80
07/02/10	PENALTIES	FOR DATE OF SERVICE 03/11/10	23.48
03/03/15	INTEREST	FOR DATE OF SERVICE 03/11/10	89.89
12/06/12	PMT BY CHECK	DOS 12/3/09 (REVISED DATE) # 2741636	-565.70
02/03/10	PENALTIES	FOR DATE OF SERVICE 05/07/09	27.00
10/14/14	INTEREST	FOR DATE OF SERVICE 05/07/09	112.91
02/03/10	PENALTIES	FOR DATE OF SERVICE 06/12/09	37.00
10/14/14	INTEREST	FOR DATE OF SERVICE 06/12/09	110.87
04/18/13	PENALTIES	FOR DATE OF SERVICE 06/15/10	23.48
03/03/15	INTEREST	FOR DATE OF SERVICE 06/15/10	85.16
11/05/13	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
03/03/15	INTEREST	FOR DATE OF SERVICE 04/14/19	0.00
03/03/15	COSTS & SANC	COSTS & SANC	665.99

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

*** INVOICE ***
Date NO#
03/17/15 33712

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 10/16/67
Terms : 45 days
Claim #(s):
ECA110000087

BILL TO:
FIRST COMP/MARKEL INS (OMAHA)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs MONTFAU INC
Date Of Injury: 3/24/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/15	PMT BY CHECK	DOS 4/8/09-3/3/15* # 2810046	-2700.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

FIRST COMP
MARKEL Insuring America's Small Business®

PO Box 3188
Omaha, NE 68103-0188

PAID
DEC 10 2012
BY:.....

Claims Disbursement

Claim Number: ECA110000087
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 2741636
Check Date: 12/06/2012
Check Amount: 565.70

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WEN0040170
CLAIMS TYPE: ME EXPENSE TYPE: 15

Invoice Number: 33712
Invoice Date:

Service From: 12/03/2009 **Service To:** 12/03/2009

Claimant First Name:
Claimant Last Name:

Additional Information: 12/03/2009 12/03/2009 interpreting services rendered at WCA

FIRST COMP
MARKEL Insuring America's Small Business

PO Box 3188
Omaha, NE 68103-0188

PAID MAR 17 2015

Claims Disbursement

Claim Number: ECA110000087
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 2810046
Check Date: 03/12/2015
Check Amount: 2,700.00

33712

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WEN0040170
CLAIMS TYPE: ME EXPENSE TYPE: 15

F.F. CA

Invoice Number: Lien F & F
Invoice Date: 03/11/2015

Service From: 04/08/2009 **Service To:** 03/03/2015

Claimant First Name:
Claimant Last Name:

Additional Information: 04/08/2009 03/03/2015

[redacted]

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

*** INVOICE ***

Date	NO#
03/17/15	55650

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 11/9/73
Terms : 45 days
Claim #(s):
WC2011379258

BILL TO:
CHUBB GROUP INS. CO. (PL-9110)
W.C. DEPARTMENT
ATTN: AILIN TOROSIAN
P.O. BOX 9110
PLEASANTON, CA 94566

Case: _____ vs FOREVER 21
Date Of Injury: 3/10-7/10/11

DOS	SERVICE	DESCRIPTION	AMOUNT
09/20/12	DEPO PREP	@ THE L/O OF WEITZMAN & ESTES	156.50
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/18/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/22/13	PMT BY CHECK	DOS 9/20/12-10/18/12 # 8150833	-406.50
06/11/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
08/07/14	PMT BY CHECK	DOS 6/11/14* # 661867	-156.50
09/08/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/07/15	PENALTIES	FOR DATE OF SERVICE 9/20/12	23.48
02/22/13	INTEREST	FOR DATE OF SERVICE 9/20/12	5.97
01/07/15	PENALTIES	FOR DATE OF SERVICE 10/18/12	37.50
02/22/13	INTEREST	FOR DATE OF SERVICE 10/18/12	10.40
01/22/15	PENALTIES	FOR DATE OF SERVICE 9/8/14	37.50
01/22/15	INTEREST	FOR DATE OF SERVICE 9/8/14	11.11
03/10/15	COSTS & SANC	COSTS & SANCTIONS	500.00
03/10/15	PENALTIES_U	FOR UNPAID STLM'T 01/22/15	218.99
03/10/15	INTEREST_U	FOR UNPAID STLM'T 01/22/15	20.10
03/10/15	PMT BY CHECK	DOS 9/20/12-9/8/14* # 0116971697	-1106.05
03/17/15	BLCE OFF SET	BALANCE OFF SET	-9.00

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

*** INVOICE ***

Date	NO#
03/17/15	55650

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 11/9/73
Terms : 45 days
Claim #(s):
WC2011379258

BILL TO:
CHUBB GROUP INS. CO. (PL-9110)
W.C. DEPARTMENT
ATTN: AILIN TOROSIAN
P.O. BOX 9110
PLEASANTON, CA 94566

Case: vs FOREVER 21
Date Of Injury: 3/10-7/10/11

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 is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 4th Floor
Los Angeles, CA 90071

Payment Summary

Claim Ref #: 022611013632
Policy: 000071603793
Occurence: 000629
Date of Loss: 09/28/2011

SSN#/TIN#: XXXXXXXXXX
Payee: Joyce Altman Interpreters

Insured: Forever 21, Inc.

Page: 1 of 1
Check Number: 8150833
Print Date: 02/25/2013
Issue Date: 02/22/2013
Invoice Number: 55650
Invoice Date:

DATE	CLAIMANT	DESCRIPTION	BILLED	REDUCTION	AMOUNT
09/20/2012-10/18/2012		Translator	406.50	0.00	406.50

PAID MAR 01 2013

CHECK TOTAL:	406.50	0.00	406.50

Comments: dos 09/20/12-10/18/12, inv# 55650, invdate 11/21/12

Claim Representative: AILIN TOROSIAN

Phone:

CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 4th Floor
Los Angeles, CA 90071

Payment Summary

Claim Ref #: 022611013632
Policy: 000071603793
Occurence: 000629
Date of Loss: 09/28/2011
SSN#/TIN#: XXXXXXXXXX
Payee: JOYCE ALTMAN INTERPRETERS

Page: 1 of 1
Check Number: 661867
Print Date: 08/08/2014
Issue Date: 08/07/2014
Invoice Number: 55650
Invoice Date:

Insured: Forever 21, Inc.

DATE	CLAIMANT	DESCRIPTION	BILLED	REDUCTION	AMOUNT
06/11/2014-	[redacted]	Translator	156.50	0.00	156.50

PAID AUG 12 2014

CHECK TOTAL:	156.50	0.00	156.50

Comments: inv# 55650 invdate 7/8/14

Claim Representative: YOLANDA JAMES Phone:

[redacted]

GALLAGHER BASSETT-GLENDALE WC
505 N. BRAND BOULEVARD
4TH FLOOR
GLENDALE CA 91203-3944

008089 PAGE 1 OF 1 003897

PAID MAR 17 2015

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

GALLAGHER BASSETT SERVICES INC
FOR FEDERAL INSURANCE COMPANY

DIRECT CHECK INQUIRIES TO:
PHONE: 818-638-2330
GALLAGHER BASSETT-GLENDALE WC
505 N. BRAND BOULEVARD
4TH FLOOR
GLENDALE CA 91203-3944

CLAIM NO.:	008089 000178 WC 01 (CAFCAHQLA)	**BRANCH NO.:**	482	**NO.:**	0116971697
CLAIMANT:		**ACC DATE:**	28Sep11	**VN:**	0000042696
DESCRIPTION:	FULL&FINAL SATISF FOR DOS 09/20/12 - 09/08/14 PER ORDER			**DATE:**	10Mar15
DATES OF SERVICE:	22Jan15	**THRU**	22Jan15	**AMOUNT:**	1106.05
BENEFIT PERIOD:		**THRU**			

55650.

P&F OK
CA

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004631 005280 002 003

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

*** INVOICE ***
Date NO#
01/27/16 49424

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 2/9/69
Terms : 45 days
Claim #(s):
YMH58642

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

Case: vs SV GENERAL & ELECTRIC CONSTRUC
Date Of Injury: 6/25/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/25/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
11/22/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SANDRA TALACON # 100802	0.00
12/12/11	PMT BY CHECK	DOS 10/25/11 # 117621162 5	-90.00
12/30/11	PMT BY CHECK	DOS 11/22/11 # 117709818 0	-90.00
07/17/13	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
08/05/13	PMT BY CHECK	DOS 7/17/13 # 120709678 4	-156.50
08/27/13	WCAB LB	TRIAL - JOHANNA JORDAN # 301566	156.50
10/18/13	PENALTIES	FOR DATE OF SERVICE 10/25/11	9.98
06/05/14	INTEREST	FOR DATE OF SERVICE 10/25/11	19.40
10/18/13	PENALTIES	FOR DATE OF SERVICE 11/22/11	24.00
06/05/14	INTEREST	FOR DATE OF SERVICE 11/22/11	74.51
10/18/13	PENALTIES	FOR DATE OF SERVICE 8/27/13	23.48
06/05/14	INTEREST	FOR DATE OF SERVICE 8/27/13	14.89
06/18/14	PMT BY CHECK	0DOS 10/25/11-8/27/13* # 122430215 0	-225.00
07/17/14	PENALTIES_U	FOR UNPAID STLM'T 06/05/14	39.50
08/28/14	INTEREST_U	FOR UNPAID STLM'T 06/05/14	4.02
08/28/14	PMT BY CHECK	DOS 10/25/11-8/27/13* # 122805252 2	-19.43
08/27/14	PMT BY CHECK	DOS 10/25/11-8/27/13* # 122799717 5	-158.00
07/10/15	PMT BY CHECK	DOS 2/24/15 # 108-627446 STATE OF CALIFORNIA	-22.89
11/20/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
01/13/16	COSTS & SANC	COSTS & SANC	2509.52
01/19/16	PMT BY CHECK	DOS 6/25/10-1/15/16* # 125243633 5	-2776.98

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

*** INVOICE ***

Date	NO#
01/27/16	49424

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 2/9/69
Terms : 45 days
Claim #(s):
YMH58642

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

Case: vs SV GENERAL & ELECTRIC CONSTRUC
Date Of Injury: 6/25/10

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 is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

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

THE HARTFORD

000161
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00165 *

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*200012 1176211625

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
49424 06-25-10	76WEG IY3823 YMHC 58642		$90.00
Nature of Payment: Miscellaneous Medical		Service Dates 10-25-2011 10-25-2011	$90.00

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

PAID
DEC 28 2011
BY:.....

Additional Comments: Interpreter Fees Reduced per CA CCR 9795.3

Issue Date	12-12-2011	Check Number	1176211625	Total Amount of Check	$90.00

Please keep the above information for your records.

095788114

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

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

THE HARTFORD

000136
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

JAN 10 2012

BY:

00140

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
RAMIREZ 06-25-10	76WEG IY3823 YMHC 58642		$90.00
Nature of Payment: Miscellaneous Medical		Service Dates 11-22-2011 11-22-2011	$90.00

#46424

Claim Handler: Summer Firth 866/401-9222 Western Workers' Compensation Claim Center P.O. Box 14475 Lexington, KY 40512	Additional Comments: Interpreter Fees Reduced per CA CCR 9795.3

Issue Date	12-30-2011	Check Number	117709818 0	Total Amount of Check	$90.00

Please keep the above information for your records.

096017868

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

*000012 1177098180

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

THE HARTFORD

RECEIVED JUL 12 2013

000583
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00590

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
49424 06-25-10	76WEG IY3823 YMHC 58642		$156.50
Nature of Payment: Interpreter Fees at Hearing		Service Dates 07-17-2013 07-17-2013	$156.50
Claim Handler: Elizabeth Cottam 866/401-9222 Western Workers' Compensation Claim Center P.O. Box 14475 Lexington, KY 40512		Additional Comments: Interpreting Services at WCAB	

Please keep the above information for your records.

Scan 5

102925001

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

*000012 1207096784

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid

Nature of Payment:	Service Dates	

Claim Handler:	Additional Comments:

Issue Date	08-05-2013	Check Number	120709678 4	Total Amount of Check	$156.50

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.

ADVERTENCIA: Es necesario que usted le avise a su patrón o a su compañia de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por éste cheque, y antes de cambiar éste cheque. Si usted no sigue estos relamentos, Usted puede estar en violación de la ley y el castigo podria ser cárcel o prisión, una multa, y pérdida de beneficios.

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

THE HARTFORD

000906
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00918

*00012 122430215O

Attention: This remittance incorporates 2 claim payments

Special Handling ID: RM 00

Explanation of Benefits **Page 1 of 2**

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
11-30-11	72WE FV1341 YMHC 75319	ADVANTAGE MAILING INC		$150.00
Nature of Payment Other Medical		Service Dates 03-12-2012 03-12-2012		$150.00
Claim Handler: Ashley Kleinau 866/401-9222 Western Workers' Compensation Claim Center P.O. Box 14475 Lexington, KY 40512		Additional Comments: Lien payment PAID JUN 24 2014		

Please keep the above information for your records.

106634882

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

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

56-1544
441

Check Number: 122430215 0
Issue Date: 06-18-2014

$**********375.00

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

Pay

THREE HUNDRED SEVENTY-FIVE DOLLARS AND 00/100

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

Authorized Signature

106634882

⑈122430215⑈ ⑆044154431⑆ 6325597381⑈

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
06-25-10	76WEG IY3823 YMHC 58642	ST[illegible]	$225.00

Nature of Payment:	Service Dates	
Other Medical	10-25-2011 08-27-2013	$225.00

Claim Handler: Ashley Kleinau 866/401-9222 Western Workers' Compensation Claim Center P.O. Box 14475 Lexington, KY 40512	Additional Comments: Lien Payment

Issue Date	06-18-2014	Check Number	122430215 0	Total Amount of Check	$375.00

PAID JUN 25 2014

PAID JUN25 2014

Endorsement of this check by the payee is a certification of a valid claim for insurance benefits of services. Any false representation to obtain this payment may be fraud and result in civil and criminal penalties.

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

THE HARTFORD

000001
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00002 * 000012 122805252

Attention: This remittance incorporates 1 claim payments

PAID SEP 03 2014

Special Handling ID: RM 00

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
06-25-10	76WEG IY3823 YMHC 58642	STEVE [redacted]KERT	$19.43
Nature of Benefits: Penalty HIG/SRS Caused	Nature of Payment: Source Payment	Service Dates 10-25-2011 08-27-2013	$19.43 49424

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

Additional Comments:

Issue Date	08-28-2014	Check Number	122805252 2	Total Amount of Check	$19.43

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

101968190

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

THE HARTFORD

001197
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

01253 *

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*400012 1227997175

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
06-25-10	76WEG IY3823 YMHC 58642	STEVE SCHOOLER, DAN VOLKERT	$158.00

Nature of Benefits:	Nature of Payment:	Service Dates	
Miscellaneous Medical	Source Payment PAID SEP 03 2014	10-25-2011 08-27-2013	$158.00

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

Additional Comments:

Issue Date	08-27-2014	Check Number	1227997175	Total Amount of Check	$158.00

Please keep the above information for your records.

10572136l

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

HOLD AT AN ANGLE TOWARD LIGHT TO VERIFY ARTIFICIAL WATERMARK ON FACE & BACK

JOHN CHIANG, TREASURER

STATE OF CALIFORNIA

SACRAMENTO

ACCOUNT - NUMBER - SERIAL

108- 627446

WARNING: THIS NUMBER BLEEDS THROUGH PINK TO THE BACK

90-1342
1211

REFUND
TRA 0223
ADJ748672

PAY TO THE ORDER OF

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

ISSUE DATE	CHECK AMOUNT
07/10/2015	$**22.89**

DEPARTMENT OF INDUSTRIAL RELATIONS

THIS CHECK VOID ONE (1) YEAR FROM ISSUE DATE

By

MICR NUMBER APPEARS PINK ON THE REVERSE SIDE

⑈0108⑈ ⑆121133423⑆ 00627446? ⑈

PAID JUL 22 2015

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

THE HARTFORD

000763
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00780

Attention: This remittance incorporates 1 claim payments

PAID JAN 27 2016

Special Handling ID: RM 00

L19424

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
06-25-10	76WEG IY3823 YMHC 58642			$2,776.98
Nature of Benefits: Other Medical		Nature of Payment: Source Payment	Service Dates 06-25-2010 01-15-2016	$2,776.98

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

Additional Comments: FULL AND FINAL PAYMENT

CA 02

Issue Date	01-19-2016	Check Number	125243633 5	Total Amount of Check	$2,776.98

Please keep the above information for your records.

*000012 1252436335

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

109628998

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

*** INVOICE ***
Date NO#
03/17/15 50510

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 11/14/74
Terms : 45 days
Claim #(s):
345C6227430

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W.C. DEPARTMENT
ATTN: TO WHOM IT MAY CONCERN
P.O. BOX 6569
SCRANTON, PA 18505

Case: _____ vs SELECT STAFFING
Date Of Injury: 12/28/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/12/11	MRI	REF BY DR MILES: C/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
/ /	PENALTIES	FOR DATE OF SERVICE	0.00
02/04/15	PENALTIES	FOR DATE OF SERVICE 12/12/11	22.50
02/04/15	INTEREST	FOR DATE OF SERVICE 12/12/11	23.35
03/10/15	PENALTIES_U	FOR UNPAID STLM'T 02/04/15	100.00
03/10/15	INTEREST_U	FOR UNPAID STLM'T 02/04/15	7.40
03/12/15	COSTS & SANC	COSTS & SANC	96.75
03/12/15	PMT BY CHECK	DOS 12/12/11* # DA73728252	-400.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, **Depo Transcript and any and all documentary evidence to be utilized in** an attempt to defeat this lien.

PDWLDMCD-002168-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 03/12/15

CHECK NO. **DA73728252**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 00433 DA73728252
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C6227430

DOLLARS
$********400.00

* NOT NEGOTIABLE *

PAID MAR 17 2015

50510

FOR
12/12/11 THRU 12/12/11

CLAIMANT

DATE OF EVENT
12/28/10

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

I.F. OK
CA

PAID MAR 17 2015

PDWLDMCD-002168-01-01-00

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***
Date NO#
08/24/15 61559

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8978
D.O.B. : 8/8/74
Terms : 45 days
Claim #(s):
EYJ4439

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W.C. DEPARTMENT
ATTN: MATT DERSAM
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs DISTINTIVE INDUSTRIES
Date Of Injury: 11/12/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/23/14	DEPO PREP	@ THE L/O OF ADELSON, TESTAN & BRUNDO	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/28/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/03/14	PMT BY CHECK	DOS 4/23/14* # 891A 85249849	-156.50
07/21/14	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/24/15	PENALTIES	FOR DATE OF SERVICE 5/28/14	37.50
08/24/15	INTEREST	FOR DATE OF SERVICE 5/28/14	36.86
08/24/15	PENALTIES	FOR DATE OF SERVICE 7/21/14	23.48
08/24/15	INTEREST	FOR DATE OF SERVICE 7/21/14	19.92
08/25/15	PMT BY CHECK	DOS 04/23/14-08/24/15* # 891A 86531869	-524.26

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

018727

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA08308

891A 85249849

TRAVELERS

DATE: 07/03/14
LOSS DATE: 11/12/13
FILE NUMBER: 152 CB EYJ4439 T

EMPLOYEE

ACCOUNT NAME:
ROADWIRE, INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 04/23/2014

TOTAL PAID: $156.50
TAX INFO: 330956713547893 9Y
PAY MISC: 61559
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID JUL 10 2014

FOR ADDITIONAL INFORMATION, CONTACT: MATTHEW DERSAM AT (909)612-3843

184008418
DETACH CHECK

UNSUMM-111311
CVRPONS2-121205
DETACH CHECK

[redacted]

019359

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA09617

891A 86531869

TRAVELERS

DATE: 08/25/15
LOSS DATE: 11/12/13
FILE NUMBER: 152 CB EYJ4439 T

EMPLOYEE

ACCOUNT NAME:
ROADWIRE, INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 04/23/2014 TO: 08/24/2015

TOTAL PAID: $524.26
TAX INFO: 330956713596647 9Y
PAY MISC: 66837 761559
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID

BY: Ø

FOR ADDITIONAL INFORMATION, CONTACT: JAZMIN BALLESTEROS AT (909)612-3856

37009742
DETACH CHECK

UNSUMM-121311
OVA-UNS2-121295
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#
09/02/15	58720

EAMS#(s)

SS # : XXX-XX-2071
DOB : 6/1/63
Terms : 45 days
Claim #(s):
710702951

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

Case: . vs MARCOR ENVIRONMENTAL LP
Date Of Injury: 7/13/10

DOS	SERVICE	DESCRIPTION	AMOUNT
04/10/13	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH CENTER (2H 40M)	316.25
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
05/21/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
06/24/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
08/05/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
09/09/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
10/15/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
12/07/13	PMT BY CHECK	DOS 10/15/13 # 25237379	-90.00
05/14/14	INITIAL EXAM	DR HOSE KIM (WHITTIER)	230.00
/ /	INTERPRETER:	LESLIE R. MELTON # 500259	0.00
08/20/14	PMT BY CHECK	DOS 5/14/14* # 26915719	-90.00
12/03/14	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI DOI: 7/13/10;CT10/14	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/26/15	PMT BY CHECK	DOS 4/10/13-12/3/14* # 28027637	-250.00
04/29/15	LIEN FIL FEE	LIEN FILING FEE	150.00
09/02/15	PENALTIES	FOR DATE OF SERVICE 4/10/13	47.44
09/02/15	INTEREST	FOR DATE OF SERVICE 4/10/13	76.13
09/02/15	PENALTIES	FOR DATE OF SERVICE 5/21/13	27.00
09/02/15	INTEREST	FOR DATE OF SERVICE 5/21/13	43.33
09/02/15	PENALTIES	FOR DATE OF SERVICE 6/24/13	27.00
09/02/15	INTEREST	FOR DATE OF SERVICE 6/24/13	43.33
09/02/15	PENALTIES	FOR DATE OF SERVICE 8/5/13	27.00
09/02/15	INTEREST	FOR DATE OF SERVICE 8/5/13	43.33

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

*** INVOICE ***
Date NO#
09/02/15 58720

EAMS#(s):

SS # : XXX-XX-2071
DOB : 6/1/63
Terms : 45 days
Claim #(s):
710702951

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

Case: [redacted] vs MARCOR ENVIRONMENTAL LP
Date Of Injury: 7/13/10

DOS	SERVICE	DESCRIPTION	AMOUNT
09/02/15	PENALTIES	FOR DATE OF SERVICE 9/9/13	27.00
09/02/15	INTEREST	FOR DATE OF SERVICE 9/9/13	41.29
09/02/15	PENALTIES	FOR DATE OF SERVICE 10/15/13	13.50
09/02/15	INTEREST	FOR DATE OF SERVICE 10/15/13	21.24
09/02/15	PENALTIES	FOR DATE OF SERVICE 5/14/14	21.00
09/02/15	INTEREST	FOR DATE OF SERVICE 5/14/14	19.23
09/02/15	PENALTIES	FOR DATE OF SERVICE 12/3/14	37.50
09/02/15	INTEREST	FOR DATE OF SERVICE 12/3/14	3.54
09/04/15	PMT BY CHECK	DOS 04/10/13-12/3/14* # 29169236	-2450.00
12/11/15	COSTS & SANC	COSTS	514.89

BALANCE 0.00

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

P400002B000

20131209164G7

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

Electronic Service Requested

MIXED AADC 926
5888 0.9028 MB 0.402

JOYCE ALTMAN INTERPRETERS INC 168
PO BOX 4165
TUSTIN, CA 92781-4165

3 OF 4 F

ENV 5888

Check No.: 25237379
RFP No.: 506726
Check Date: 12/07/2013
Check Amount: 90.00
Insured: NUPRECON-CST HOLDINGS, LLC

Claimant: [redacted]

Claim Office: 710
Insuring Company: COMMERCE AND INDUSTRY INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID DEC 13 2013

58720

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009915174	00702951	01	07/13/2010	MED	O	90.00
					Total Amount	90.00

Reason for Payment
ORG: 1216.25 041013-101513

Use File # 710/ 00702951 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028000

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

20140820160S

Electronic Service Requested

PAID AUG 25 2014

1 OF 5 F

ENV 2229

MIXED AADC 926

2229 1.0660 MB 0.432

JOYCE ALTMAN INTERPRETERS INC 138
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 26915719
RFP No.: 177722
Check Date: 08/20/2014
Check Amount: 90.00
Insured: NUPRECON-CST HOLDINGS, LLC

Claimant:

Claim Office: 710
Insuring Company: COMMERCE AND INDUSTRY INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS

58720

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009915174	00702951	01	07/13/2010	MED	O	90.00
					Total Amount	90.00

Reason for Payment
ORG: 1266.25 041013-051414

Use File # 710/00702951 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028001

20150302400?

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

Electronic Service Requested

MIXED AADC 926
2679 2.0736 MB 0.692

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

122

10 OF 10 F

ENV 2679

Check No.: 28027637
RFP No.: 639185
Check Date: 02/28/2015
Check Amount: 250.00
Insured: NUPRECON-CST HOLDINGS, LLC

Claimant:

Claim Office: 710
Insuring Company: COMMERCE AND INDUSTRY INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID MAR 06 2015

58720

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009915174	00702951	01	07/13/2010	MED	O	250.00

Total Amount 250.00

Reason for Payment
ORG: 1696.25 ACT: NONE 041013-120314

Use File # 710/00702951 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028001

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

2015090416IR

Electronic Service Requested

1 OF 2

ENV 3737

MIXED AADC 926
3737 0.5738 MB 0.436

JOYCE ALTMAN INTERPRETERS INC 143
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 29169236 ✓
RFP No.: 111107
Check Date: 09/04/2015 ✓
Check Amount: ~~2,450.00~~
Insured: NUPRECON-CST HOLDINGS, LLC

Claimant:

Claim Office: 710
Insuring Company: COMMERCE AND INDUSTRY INSURANCE CO

Payee Name: JOYCE ALTMAN INTERPRETERS INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009915174		001	07/13/2010	MED	C	2,450.00

Total Amount 2,450.00 ✓

Reason for Payment
OTP FULL AND FINAL LIEN AGREEMENT

58720

Use File # 710/00702951 on all correspondence for prompt processing.
For check information call: 877-802-5246

[redacted]

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

*** INVOICE ***
Date NO#
03/17/15 58679

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 5/8/76
Terms : 45 days
Claim #(s):
186339729

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

Case: vs PIZZA HUT
Date Of Injury: 6/7/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/27/13	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/21/13	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
04/09/13	EMG TESTING	& NCV BY DR BAZAN: U/E @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
05/02/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
05/06/13	INITIAL EXAM	DR MIRZABEIGI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/13/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/21/13	INITIAL EXAM	DR PAQUETTE @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
07/11/13	PR2/REEVAL	DR OPOKU @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
08/09/13	PMT BY CHECK	DOS 3/27/13-6/21/13 =# 2860677286	-630.00
07/25/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
08/05/13	INITIAL EXAM	W/ACUPUNCTURIST J. PARK @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	RENEE ENNABE # 500242	0.00
08/15/13	PR2/REEVAL	DR OPOKU @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
08/16/13	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
09/04/13	PMT BY CHECK	DOS 4/9/13-7/11/13 =# 2860717640	-180.00

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

*** INVOICE ***
Date NO#
03/17/15 58679

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 5/8/76
Terms : 45 days
Claim #(s):
186339729

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

Case: , vs PIZZA HUT
Date Of Injury: 6/7/12

DOS	SERVICE	DESCRIPTION	AMOUNT
08/23/13	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
08/26/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
09/17/13	PMT BY CHECK	DOS 7/25/13-8/15/13 # 6520620749	-590.00
09/06/13	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
09/04/13	SPINAL DEC.	SPINAL DECOMPRESSION @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
09/25/13	PMT BY CHECK	DOS 7/25/13-8/5/13 =# 2860760157	-180.00
09/12/13	PR2/REEVAL	DR OPOKU @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
10/23/13	PMT BY CHECK	DOS 8/15/13-8/23/13 # 2860808830	-270.00
10/07/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
10/28/13	PMT BY CHECK	DOS 8/26/13-9/4/13 =# 5860815876	-270.00
10/24/13	PR2/REEVAL	DR OPOKU @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
11/18/13	PR2/REEVAL	DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
12/13/13	PMT BY CHECK	DOS 9/12/13 # 2860914739	-180.00
12/13/13	INITIAL EXAM	DR MASSIHI, DPM @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
12/11/13	INITIAL EXAM	DR WILLIAMS @ ADVANCE CARE*	230.00

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www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/17/15 58679

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 5/8/76
Terms : 45 days
Claim #(s):
186339729

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

Case: vs PIZZA HUT
Date Of Injury: 6/7/12

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
12/30/13	PMT BY CHECK	DOS 3/21/13-10/24/13 =# 2860944928	-180.00
12/30/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
01/10/14	PR2/REEVAL	DR ALLEN MASSIHI, DPM @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
01/16/14	PMT BY CHECK	DOS 11/18/13* =# 2860976225	-90.00
02/11/14	PMT BY CHECK	DOS 12/11/13-12/13/13* =# 2870024696	-180.00
02/05/14	PR2/REEVAL	DR SELBY @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/10/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/14/14	PR2/REEVAL	DDR MASSIHI, DPM @ ACS*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/24/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/11/14	PR2/REEVAL	DR MISSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
05/28/14	PMT BY CHECK	DOS 12/30/13-3/24/14* =# 2870230548	-540.00
05/05/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
05/09/14	PR2-RE/EVAL	DR MASSIHI @ ACS*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
05/16/14	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ ACS*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00

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Tustin, CA 92781-4165
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www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/17/15 58679

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 5/8/76
Terms : 45 days
Claim #(s):
186339729

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

Case: s PIZZA HUT
Date Of Injury: 6/7/12

DOS	SERVICE	DESCRIPTION	AMOUNT
02/06/15	LIEN FIL FEE	LIEN FILING FEE	150.00
02/19/15	PENALTIES	FOR DATE OF SERVICE 03/21/13	21.00
02/19/15	INTEREST	FOR DATE OF SERVICE 03/21/13	26.51
02/19/15	PENALTIES	FOR DATE OF SERVICE 05/06/13	21.00
02/19/15	INTEREST	FOR DATE OF SERVICE 05/06/13	26.51
02/19/15	PENALTIES	FOR DATE OF SERVICE 06/21/13	21.00
02/19/15	INTEREST	FOR DATE OF SERVICE 06/21/13	26.51
02/19/15	PENALTIES	FOR DATE OF SERVICE 12/13/13	21.00
02/19/15	INTEREST	FOR DATE OF SERVICE 12/13/13	19.41
02/19/15	PENALTIES	FOR DATE OF SERVICE 12/11/13	21.00
02/19/15	INTEREST	FOR DATE OF SERVICE 12/11/13	19.41
03/11/15	PMT BY CHECK	DOS 2/19/15* # 6530177170	-2740.00
03/17/15	BLCE OFF SET	BALANCE OFF SET	-223.35

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election **letter, Depo Transcript and any and all documentary evidence to be utilized in** an attempt to defeat this lien.

BROADSPIRE
a Crawford Company

[redacted]

*** AUDIT OF MEDICAL CHARGES ***

Patient Name: [redacted] Date of Injury: 06/07/2012 Bill ID #: 888-H-16110186
EOR Date: 08/07/2013
Claim/Seq #: 186339729-001 Previous Bill ID #:
Juris Claim #: Unique Image ID: 201307255002920
Patient Ref#: 58679 Adjustor: CLH Page: 1

This Audit was prepared in complicance with the California Offical Medical and Medical -Legal Fee Schedule and the allowable rates therin set forth. Adjustment of your billing constitutes our legal objection to your charges. You may adjudicate the issue of the contested charges before the Workers' Compensation Appeals Board.

CLAIMANT:	EMPLOYER: FUGATE ENTERPRISES PIZZA HUT 1675 N PERRIS BLVD PERRIS, CA 92571	**JOYCE ALTMAN INTERPRETERS INC** **PO BOX 4165** **TUSTIN, CA 92781 4165**
PROVIDER: TAX ID#: 33-0956713 JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165	CARRIER: National Union Fire Ins. Co 70 Pine Street New York, NY 10270	

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	E O M B Codes	
03/27/2013	C0103	C0103	MISC SERVICES	1	1	150.00	90.00	G67	(113-012, 885)
03/21/2013	C0103	C0103	MISC SERVICES	1	1	230.00	90.00	G67	(113-012, 885)
05/09/2013	C0103	C0103	MISC SERVICES	1	1	150.00	90.00	G67	(113-012, 885)
05/02/2013	C0103	C0103	MISC SERVICES	1	1	180.00	90.00	G67	(113-012, 885)
05/06/2013	C0103	C0103	MISC SERVICES	1	1	230.00	90.00	G67	(113-012, 885)
06/13/2013	C0103	C0103	MISC SERVICES	1	1	180.00	90.00	G67	(113-012, 885)
06/21/2013	C0103	C0103	MISC SERVICES	1	1	230.00	90.00	G67	(113-012, 885)

Total Actual Charges	:	$1,350.00
Reduction Amount (Please Do Not Balance Forward Reductions)	:	$720.00
Contracted % Discount Reduction	:	$0.00
Total Reimbursable Amount	:	$630.00

Summary of Codes

Diagnostic Codes: (1) 959.9 INJURY-SITE NOS

(Continued on next page)

RECEIVED JUL 13 2013

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

Broadspire Services, Inc. on behalf of AIG

PAID ON BEHALF OF
National Union Fire Ins. Co

CLAIM CHECK NUMBER 2860677286 64-1278 611 GA

Bank of America
Controlled Disbursement
Bank of America, N.A.
Atlanta, Dekalb County, Georgia

3299111676
Void if not presented for payment within 180 days after date of issue

ISSUED AT: SUNRISE
DATE ISSUED: August 9, 2013

PAY TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS INC

AMOUNT: $*********630.00

AMOUNT: Six hundred thirty and 00/100 Dollars

PAYMENT FOR: Dates of service: 3/21/2013 - 6/21/2013

CLAIM NUMBER: 186339729-001

COMPANY USE ONLY

CUSTOMER CLAIM NUMBER: 58679

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

BY

⑈2860677286⑈ ⑆061111788⑆ 329 911 1676⑈

BROADSPIRE
a Crawford Company

PAID SEP 10 2013

*** AUDIT OF MEDICAL CHARGES ***

Patient Name:

Date of Injury: 06/07/2012

Claim/Seq #: 186339729-001
Juris Claim #:
Patient Ref#: 58679

Adjustor: CLH

Bill ID #: 888-H-16165092
EOR Date: 08/30/2013
Previous Bill ID #:
Unique Image ID: 201308135003240
Page: 1

This Audit was prepared in compliance with the California Offical Medical and Medical -Legal Fee Schedule and the allowable rates therin set forth. Adjustment of your billing constitutes our legal objection to your charges. You may adjudicate the issue of the contested charges before the Workers' Compensation Appeals Board.

CLAIMANT:	EMPLOYER:	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165
	FUGATE ENTERPRISES PIZZA HUT 1675 N PERRIS BLVD PERRIS, CA 92571	
PROVIDER: TAX ID#: 33-0956713 JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165	CARRIER: National Union Fire Ins. Co 70 Pine Street New York, NY 10270	

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	EOMB Codes	
03/27/2013	C0103	C0103	MISC SERVICES	1	1	150.00	0.00	G56	(476)
03/21/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	G56	(476)
04/09/2013	C0103	C0103	MISC SERVICES	1	1	150.00	90.00	885	
05/02/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
05/06/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	G56	(476)
06/13/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
06/21/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	G56	(476)
07/11/2013	C0103	C0103	MISC SERVICES	1	1	180.00	90.00	885	

Total Actual Charges	:	$1,530.00
Reduction Amount (Please Do Not Balance Forward Reductions)	:	$1,350.00
Contracted % Discount Reduction	:	$0.00
Total Reimbursable Amount	:	$180.00

Summary of Codes

Diagnostic Codes: (1) 959.9 INJURY-SITE NOS

(Continued on next page)

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

Broadspire Services, Inc. on behalf of AIG

PAID ON BEHALF OF
National Union Fire Ins. Co

CLAIM CHECK NUMBER **2860717640**

64-1278
611 GA

Bank of America
Controlled Disbursement
Bank of America, N.A.
Atlanta, Dekalb County, Georgia

3299111676
Void if not presented for payment within 180 days after date of issue

ISSUED AT
SUNRISE

DATE ISSUED
September 4, 2013

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

AMOUNT
$*********180.00

AMOUNT
One hundred eighty and 00/100 Dollars

PAYMENT FOR Dates of service: 3/21/2013 - 7/11/2013

CLAIM NUMBER
186339729-001

COMPANY USE ONLY

CUSTOMER CLAIM NUMBER
58679

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

BY

BROADSPIRE
a Crawford Company
P O BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	09/17/2013
Check Amount	:	$590.00
Check Number	:	6520620749

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

PAID SEP 24 2013

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186339729-001 WC RANCHO CORD-RT Professional Service	06/07/2012 $590.00 $590.00	Christine L. Harris 58679	916-636-4878 07/25/2013-08/15/2013

Please Fold on Perforation Before Tearing

BROADSPIRE
a Crawford Company

*** AUDIT OF MEDICAL CHARGES ***

Patient Name: [redacted]

Date of Injury: 06/07/2012

Bill ID #: 888-H-16222194
EOR Date: 09/23/2013
Previous Bill ID #:
Unique Image ID: 201309095002625
Page: 1

Claim/Seq #: 186339729-001
Juris Claim #:
Patient Ref#: 58679

Adjustor: CLH

This Audit was prepared in compliance with the California Offical Medical and Medical -Legal Fee Schedule and the allowable rates therin set forth. Adjustment of your billing constitutes our legal objection to your charges. You may adjudicate the issue of the contested charges before the Workers' Compensation Appeals Board.

CLAIMANT:	EMPLOYER: FUGATE ENTERPRISES PIZZA HUT 1675 N PERRIS BLVD PERRIS, CA 92571	**JOYCE ALTMAN INTERPRETERS INC** **PO BOX 4165** **TUSTIN, CA 92781 4165**
PROVIDER: TAX ID#: 33-0956713 JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165	CARRIER: National Union Fire Ins. Co 70 Pine Street New York, NY 10270	

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	E O M B Codes	
03/27/2013	C0103	C0103	MISC SERVICES	1	1	150.00	0.00	G56	(476)
03/21/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	G56	(476)
04/09/2013	C0103	C0103	MISC SERVICES	1	1	150.00	0.00	G56	(476)
05/02/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
05/06/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	G56	(476)
06/13/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
06/21/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	G56	(476)
07/11/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
07/25/2013	C0103	C0103	MISC SERVICES	1	1	180.00	90.00	885	
08/05/2013	C0103	C0103	MISC SERVICES	1	1	230.00	90.00	885	

Total Actual Charges	:	$1,940.00
Reduction Amount (Please Do Not Balance Forward Reductions)	:	$1,760.00
Contracted % Discount Reduction	:	$0.00
Total Reimbursable Amount	:	$180.00

PAID OCT 01 2013

Summary of Codes

Diagnostic Codes: (1) 959.9 INJURY-SITE NOS

(Continued on next page)

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT ■ CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM

Broadspire Services, Inc. on behalf of AIG

PAID ON BEHALF OF
National Union Fire Ins. Co

CLAIM CHECK NUMBER 2860760157

64-1278
611 GA

Bank of America
Controlled Disbursement
Bank of America, N.A.
Atlanta, Dekalb County, Georgia

3299111676

Void if not presented for payment within 180 days after date of issue.

ISSUED AT
SUNRISE

DATE ISSUED
September 25, 2013

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

AMOUNT
$**********180.00

AMOUNT
One hundred eighty and 00/100 Dollars

PAYMENT FOR Dates of service: 3/21/2013 - 8/05/2013

CLAIM NUMBER
186339729-001

COMPANY USE ONLY

CUSTOMER CLAIM NUMBER
58679

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

BY

⑈2860760157⑈ ⑆061112788⑆ 329 911 1676⑈

BROADSPIRE
a Crawford Company

PAID OCT 28 2013

*** AUDIT OF MEDICAL CHARGES ***

Patient Name: [redacted]

Date of Injury: 06/07/2012

Bill ID #: 888-H-16291268
EOR Date: 10/21/2013
Previous Bill ID #:
Unique Image ID: 201310025003188
Page: 1

Claim/Seq #: 186339729-001
Juris Claim #:
Patient Ref#: 58679

Adjustor: CLH

This Audit was prepared in compliance with the California Offical Medical and Medical -Legal Fee Schedule and the allowable rates therin set forth. Adjustment of your billing constitutes our legal objection to your charges. You may adjudicate the issue of the contested charges before the Workers' Compensation Appeals Board.

CLAIMANT:	EMPLOYER: FUGATE ENTERPRISES PIZZA HUT 1675 N PERRIS BLVD PERRIS, CA 92571	**JOYCE ALTMAN INTERPRETERS INC** **PO BOX 4165** **TUSTIN, CA 92781 4165**
PROVIDER: TAX ID#: 33-0956713 JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165	CARRIER: National Union Fire Ins. Co 70 Pine Street New York, NY 10270	

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	E O M B Codes	
03/27/2013	C0103	C0103	MISC SERVICES	1	1	150.00	0.00	G56	(476)
03/21/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	G56	(476)
04/09/2013	C0103	C0103	MISC SERVICES	1	1	150.00	0.00	G56	(476)
05/02/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
05/06/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	G56	(476)
06/13/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
06/21/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	G56	(476)
07/11/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
07/25/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
08/05/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	G56	(476)
08/15/2013	C0103	C0103	MISC SERVICES	1	1	180.00	90.00	885	
08/16/2013	C0103	C0103	MISC SERVICES	1	1	180.00	90.00	885	
08/23/2013	C0103	C0103	MISC SERVICES	1	1	180.00	90.00	885	

(Continued on next page)

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT ■ CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

Broadspire Services, Inc. on behalf of AIG

PAID ON BEHALF OF
National Union Fire Ins. Co

CLAIM CHECK NUMBER **2860808830**

64-1278
611 GA

Bank of America
Controlled Disbursement
Bank of America, N.A.
Atlanta, Dekalb County, Georgia

3299111676
Void if not presented for payment within 180 days after date of issue

ISSUED AT
SUNRISE

DATE ISSUED
October 23, 2013

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

AMOUNT
$**********270.00

AMOUNT
Two hundred seventy and 00/100 Dollars

PAYMENT FOR Dates of service: 3/21/2013 - 8/23/2013

CLAIM NUMBER
186339729-001

COMPANY USE ONLY

CUSTOMER CLAIM NUMBER
58679

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

BY

⑈2860808830⑈ ⑆061112788⑆ 329 911 1676⑈

BROADSPIRE
a Crawford Company

*** AUDIT OF MEDICAL CHARGES ***

Patient Name: [redacted]

Date of Injury: 06/07/2012

Bill ID #: 888-H-16304297
EOR Date: 10/24/2013
Previous Bill ID #:
Unique Image ID: 201310095002884
Page: 1

Claim/Seq #: 186339729-001
Juris Claim #:
Patient Ref#: 58679

Adjustor: CLH

This Audit was prepared in complicance with the California Offical Medical and Medical -Legal Fee Schedule and the allowable rates therin set forth. Adjustment of your billing constitutes our legal objection to your charges. You may adjudicate the issue of the contested charges before the Workers' Compensation Appeals Board.

CLAIMANT:	EMPLOYER: FUGATE ENTERPRISES PIZZA HUT 1675 N PERRIS BLVD PERRIS, CA 92571	**JOYCE ALTMAN INTERPRETERS INC** **PO BOX 4165** **TUSTIN, CA 92781 4165**
PROVIDER: TAX ID#: 33-0956713 JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165	CARRIER: National Union Fire Ins. Co 70 Pine Street New York, NY 10270	PAID NOV 05 2013

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	E O M B Codes	
03/27/2013	C0103	C0103	MISC SERVICES	1	1	150.00	0.00	G56	(476)
03/21/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	G56	(476)
04/09/2013	C0103	C0103	MISC SERVICES	1	1	150.00	0.00	G56	(476)
05/02/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
05/08/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	G56	(476)
06/13/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
06/21/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	G56	(476)
07/11/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
07/25/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
08/05/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	G56	(476)
08/15/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
08/16/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
08/23/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
08/26/2013	C0103	C0103	MISC SERVICES	1	1	180.00	90.00	885	
09/06/2013	C0103	C0103	MISC SERVICES	1	1	180.00	90.00	885	
09/04/2013	C0103	C0103	MISC SERVICES	1	1	90.00	90.00	885	

(Continued on next page)

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM

Broadspire Services, Inc. on behalf of AIG

PAID ON BEHALF OF
National Union Fire Ins. Co

CLAIM CHECK NUMBER **2860815876**

64-1278
611 GA

Bank of America
Controlled Disbursement
Bank of America, N.A.
Atlanta, Dekalb County, Georgia

3299111676
Void if not presented for payment within 180 days after date of issue

ISSUED AT
SUNRISE

DATE ISSUED
October 28, 2013

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

AMOUNT
$**********270.00

AMOUNT
Two hundred seventy and 00/100 Dollars

PAYMENT FOR Dates of service: 3/21/2013 - 9/06/2013

CLAIM NUMBER
186339729-001

COMPANY USE ONLY

CUSTOMER CLAIM NUMBER
58679

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

BY

⑈2860815876⑈ ⑆061112788⑆ 329 911 1676⑈

BROADSPIRE
a Crawford Company

*** AUDIT OF MEDICAL CHARGES ***

Patient Name: [redacted]

Date of Injury: 06/07/2012

Bill ID #: 888-H-16398654
EOR Date: 12/11/2013
Previous Bill ID #:
Unique Image ID: 201311125002783
Page: 1

Claim/Seq #: 186339729-001
Juris Claim #:
Patient Ref#: 58679

Adjustor: CLH

This Audit was prepared in compliance with the California Offical Medical and Medical -Legal Fee Schedule and the allowable rates therin set forth. Adjustment of your billing constitutes our legal objection to your charges. You may adjudicate the issue of the contested charges before the Workers' Compensation Appeals Board.

CLAIMANT:	EMPLOYER:	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165
[redacted]	FUGATE ENTERPRISES PIZZA HUT 1675 N PERRIS BLVD PERRIS, CA 92571	
PROVIDER: TAX ID#: 33-0956713 JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165	CARRIER: National Union Fire Ins. Co 70 Pine Street New York, NY 10270	PAID DEC 17 2013

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	E O M B Codes	
03/27/2013	C0103	C0103	MISC SERVICES	1	1	150.00	0.00	G56	(476)
03/21/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	G56	(476)
04/09/2013	C0103	C0103	MISC SERVICES	1	1	150.00	0.00	G56	(476)
05/02/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
05/06/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	G56	(476)
06/13/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
06/21/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	G56	(476)
07/11/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
07/25/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
08/05/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	G56	(476)
08/15/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
08/16/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
08/23/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
08/26/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
09/06/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
09/04/2013	C0103	C0103	MISC SERVICES	1	1	90.00	0.00	G56	(476)
09/12/2013	C0103	C0103	MISC SERVICES	1	1	180.00	180.00		

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VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. ■ CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

Broadspire Services, Inc. on behalf of AIG
PAID ON BEHALF OF
National Union Fire Ins. Co

CLAIM CHECK NUMBER 2860914739

64-1278
611 GA

Bank of America
Controlled Disbursement
Bank of America, N.A.
Atlanta, Dekalb County, Georgia

3299111676
Void if not presented for payment within 180 days after date of issue

ISSUED AT
SUNRISE
DATE ISSUED
December 13, 2013

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

AMOUNT
$*********180.00

AMOUNT
One hundred eighty and 00/100 Dollars

PAYMENT FOR Dates of service: 3/21/2013 - 9/12/2013

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

CLAIM NUMBER
186339729-001

COMPANY USE ONLY

CUSTOMER CLAIM NUMBER
58679

BY

⑈2860914739⑈ ⑆061112788⑆ 329 911 1676⑈

BROADSPIRE
a Crawford Company

*** AUDIT OF MEDICAL CHARGES ***

Patient Name: [redacted]

Date of Injury: 06/07/2012

Bill ID #: 888-H-16429427
EOR Date: 12/26/2013
Previous Bill ID #:
Unique Image ID: 201312055000580
Page: 1

Claim/Seq #: 186339729-001
Juris Claim #:
Patient Ref#: 58679

Adjustor: CLH

This Audit was prepared in compliance with the California Offical Medical and Medical -Legal Fee Schedule and the allowable rates therin set forth. Adjustment of your billing constitutes our legal objection to your charges. You may adjudicate the issue of the contested charges before the Workers' Compensation Appeals Board.

CLAIMANT:	EMPLOYER: FUGATE ENTERPRISES PIZZA HUT 1675 N PERRIS BLVD PERRIS, CA 92571	**JOYCE ALTMAN INTERPRETERS INC** **PO BOX 4165** **TUSTIN, CA 92781 4165**
PROVIDER: TAX ID#: 33-0956713 JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165	CARRIER: National Union Fire Ins. Co 70 Pine Street New York, NY 10270	

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	E O M B Codes
03/27/2013	C0103	C0103	MISC SERVICES	1	1	150.00	0.00	886
03/21/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	886
04/09/2013	C0103	C0103	MISC SERVICES	1	1	150.00	0.00	886
05/02/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	886
05/06/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	886
06/13/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	886
06/21/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	886
07/11/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	886
07/25/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	886
08/05/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	886
08/15/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	886
08/16/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	886
08/23/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	886
08/26/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	886
09/06/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	886
09/04/2013	C0103	C0103	MISC SERVICES	1	1	90.00	0.00	886
09/12/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	886

PAID

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VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT — CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM

Broadspire Services, Inc. on behalf of AIG

PAID ON BEHALF OF
National Union Fire Ins. Co

CLAIM CHECK NUMBER **2860944928**

64-1276
611 GA

Bank of America
Controlled Disbursement
Bank of America, N.A.
Atlanta, Dekalb County, Georgia

3299111676

Void if not presented for payment within 180 days after date of issue

ISSUED AT
SUNRISE

DATE ISSUED
December 30, 2013

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

AMOUNT
$*********180.00

AMOUNT
One hundred eighty and 00/100 Dollars

PAYMENT FOR Dates of service: 3/21/2013 - 10/24/2013

CLAIM NUMBER
186339729-001

COMPANY USE ONLY

CUSTOMER CLAIM NUMBER
58679

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

BY

⑈2860944928⑈ ⑆061112788⑆ 329 911 1676⑈

BROADSPIRE
a Crawford Company

*** AUDIT OF MEDICAL CHARGES ***

Patient Name: [redacted]

Date of Injury: 06/07/2012

Claim/Seq #: 186339729-001
Juris Claim #:
Patient Ref#: 58679

Adjustor: CLH

Bill ID #: 888-H-16465437
EOR Date: 01/14/2014
Previous Bill ID #:
Unique Image ID: 201312295000083
Page: 1

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CLAIMANT:	EMPLOYER: FUGATE ENTERPRISES PIZZA HUT 1675 N PERRIS BLVD PERRIS, CA 92571	**JOYCE ALTMAN INTERPRETERS INC** **PO BOX 4165** **TUSTIN, CA 92781 4165**
PROVIDER: TAX ID#: 33-0958713 JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165	CARRIER: National Union Fire Ins. Co 70 Pine Street New York, NY 10270	PAID JAN 22 2014

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	EOMB Codes	
03/27/2013	C0103	C0103	MISC SERVICES	1	1	150.00	0.00	G56	(476)
03/21/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	G56	(476)
04/09/2013	C0103	C0103	MISC SERVICES	1	1	150.00	0.00	G56	(476)
05/02/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
05/06/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	G56	(476)
06/13/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
06/21/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	G56	(476)
07/11/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
07/25/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
08/05/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	G56	(476)
08/15/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
08/16/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
08/23/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
08/26/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
09/06/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
09/04/2013	C0103	C0103	MISC SERVICES	1	1	90.00	0.00	G56	(476)
09/12/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)

(Continued on next page)

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. ■ CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

Broadspire Services, Inc. on behalf of AIG

PAID ON BEHALF OF
National Union Fire Ins. Co

CLAIM CHECK NUMBER **2860976225**

64-1278
611 GA

Bank of America
Controlled Disbursement
Bank of America, N.A.
Atlanta, Dekalb County, Georgia

3299111676
Void if not presented for payment within 180 days after date of issue

ISSUED AT
SUNRISE
DATE ISSUED
January 16, 2014

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

AMOUNT
$**********90.00

AMOUNT
Ninety and 00/100 Dollars

PAYMENT FOR Dates of service: 3/21/2013 - 11/18/2013

CLAIM NUMBER
186339729-001

COMPANY USE ONLY

CUSTOMER CLAIM NUMBER
58679

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

BY

⑈2860976225⑈ ⑆061112788⑆ 329 911 1676⑈

BROADSPIRE
a Crawford Company

*** AUDIT OF MEDICAL CHARGES ***

Patient Name: [redacted]

Claim/Seq #: 186339729-001
Juris Claim #:
Patient Ref#: 58679

Date of Injury: 06/07/2012

Adjustor: CLH

Bill ID #: 888-H-16491700
EOR Date: 02/07/2014
Previous Bill ID #:
Unique Image ID: 201401275003410
Page: 1

This Audit was prepared in compliance with the California Offical Medical and Medical -Legal Fee Schedule and the allowable rates therin set forth. Adjustment of your billing constitutes our legal objection to your charges. You may adjudicate the issue of the contested charges before the Workers' Compensation Appeals Board.

CLAIMANT:	EMPLOYER: FUGATE ENTERPRISES PIZZA HUT 1675 N PERRIS BLVD PERRIS, CA 92571	**JOYCE ALTMAN INTERPRETERS INC** **PO BOX 4165** **TUSTIN, CA 92781 4165** PAID FEB 17 2014
PROVIDER: TAX ID#: 33-0956713 JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165	CARRIER: National Union Fire Ins. Co 70 Pine Street New York, NY 10270	

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	E O M B Codes	
03/27/2013	C0103	C0103	MISC SERVICES	1	1	150.00	0.00	G56	(476)
03/21/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	G56	(476)
04/09/2013	C0103	C0103	MISC SERVICES	1	1	150.00	0.00	G56	(476)
05/02/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
05/08/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	G56	(476)
06/13/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
06/21/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	G56	(476)
07/11/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
07/25/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
08/05/2013	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	G56	(476)
08/15/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
08/16/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
08/23/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
08/26/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
09/06/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)
09/04/2013	C0103	C0103	MISC SERVICES	1	1	90.00	0.00	G56	(476)
09/12/2013	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	G56	(476)

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VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT ■ CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM

Broadspire Services, Inc. on behalf of AIG
PAID ON BEHALF OF
National Union Fire Ins. Co

CLAIM CHECK NUMBER 2870024696
94-1278
611 GA
Bank of America
Controlled Disbursement
Bank of America, N.A.
Atlanta, Dekalb County, Georgia
3299111676
Void if not presented for payment within 180 days after date of issue

ISSUED AT: SUNRISE
DATE ISSUED: February 11, 2014
PAY TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS INC

AMOUNT: $********180.00

AMOUNT: One hundred eighty and 00/100 Dollars
PAYMENT FOR: Dates of service: 3/21/2013 - 12/13/2013

CLAIM NUMBER: 186339729-001
COMPANY USE ONLY
CUSTOMER CLAIM NUMBER: 58679

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

BY

⑈2870024696⑈ ⑆061112788⑆ 329 911 1676⑈

BROADSPIRE
a Crawford Company

*** AUDIT OF MEDICAL CHARGES ***

Patient Name: [redacted]

Date of Injury: 06/07/2012

Bill ID #: BRS-BSCA-179001
EOR Date: 05/23/2014
Previous Bill ID #:
Unique Image ID: 201405145000304
Page: 1

Claim/Seq #: 186339729-001
Juris Claim #:
Patient Ref#: 58679

Adjustor: CLHARR

This Audit was prepared in compliance with the California Offical Medical and Medical -Legal Fee Schedule and the allowable rates therin set forth. Adjustment of your billing constitutes our legal objection to your charges. You may adjudicate the issue of the contested charges before the Workers' Compensation Appeals Board.

CLAIMANT:	EMPLOYER: PIZZA HUT, DESERT HOT SPRINGS, 14577 PALM DRIVE, HOT SPRINGS, CA 92240	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165 PAID JUN 02 2014
PROVIDER: TAX ID#: 33-0956713 JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165	CARRIER: National Union Fire Ins. Co 70 Pine Street New York, NY 10270	

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	E O M B Codes
03/21/2013	99199	99199	UNLISTED SPECIAL SERV	0	1,	230.00	0.00	224,G56
03/27/2013	99199	99199	UNLISTED SPECIAL SERV	0	1.	150.00	0.00	224,G56
04/09/2013	99199	99199	UNLISTED SPECIAL SERV	0	1.	150.00	0.00	224,G56
05/02/2013	99199	99199	UNLISTED SPECIAL SERV	0	1.	180.00	0.00	224,G56
05/06/2013	99199	99199	UNLISTED SPECIAL SERV	0	1.	230.00	0.00	224,G56
06/13/2013	99199	99199	UNLISTED SPECIAL SERV	0	1.	180.00	0.00	224,G56
06/21/2013	99199	99199	UNLISTED SPECIAL SERV	0	1.	230.00	0.00	224,G56
07/11/2013	99199	99199	UNLISTED SPECIAL SERV	0	1.	180.00	0.00	224,G56
07/25/2013	99199	99199	UNLISTED SPECIAL SERV	0	1.	180.00	0.00	224,G56
08/05/2013	99199	99199	UNLISTED SPECIAL SERV	0	1.	230.00	0.00	224,G56
08/15/2013	99199	99199	UNLISTED SPECIAL SERV	0	1.	180.00	0.00	224,G56
08/16/2013	99199	99199	UNLISTED SPECIAL SERV	0	1.	180.00	0.00	224,G56
08/23/2013	99199	99199	UNLISTED SPECIAL SERV	0	1.	180.00	0.00	224,G56
08/26/2013	99199	99199	UNLISTED SPECIAL SERV	0	1.	180.00	0.00	224,G56
09/04/2013	99199	99199	UNLISTED SPECIAL SERV	0	1.	90.00	0.00	224,G56
09/06/2013	99199	99199	UNLISTED SPECIAL SERV	0	1.	180.00	0.00	224,G56
09/12/2013	99199	99199	UNLISTED SPECIAL SERV	0	1.	180.00	0.00	224,G56

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VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT ■ CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM

Broadspire Services, Inc. on behalf of AIG

PAID ON BEHALF OF
National Union Fire Ins. Co

CLAIM CHECK NUMBER 2870230548

84-1278
811 GA

Bank of America
Controlled Disbursement
Bank of America, N.A.
Atlanta, Dekalb County, Georgia

3299111676

Void if not presented for payment within 180 days after date of issue

ISSUED AT: SUNRISE
DATE ISSUED: May 28, 2014

PAY TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS INC

AMOUNT: $*********540.00

AMOUNT: Five hundred forty and 00/100 Dollars

PAYMENT FOR: Dates of service: 3/21/2013 - 3/24/2014

CLAIM NUMBER: 186339729-001

COMPANY USE ONLY

CUSTOMER CLAIM NUMBER: 58679

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

BY

⑈2870230548⑈ ⑆061111788⑆ 329 911 1676⑈

Broadspire
A CRAWFORD COMPANY

P O BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	03/11/2015
Check Amount	:	$2740.00
Check Number	:	6530177170

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

PAID MAR 17 2015

58679

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186339729-001 WC RANCHO CORD-RT Other Medical Providers	06/07/2012 $2740.00 $2740.00	Christine L. Harris Settles Lien	916-850-8181 02/19/2015-02/19/2015

I. F.
SP

Please Fold on Perforation Before Tearing

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

*** INVOICE ***
Date NO#
03/17/15 46781

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 1/29/48
Terms : 45 days
Claim #(s):
YLR52293

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

Case: s EZ SALES MANUFACTURING
Date Of Injury: 8/6/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/22/11	MRI	REF BY DR BOYER:C/S;L/S @ CAL IMG *	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/06/11	PR2/REEVAL	W/ ACUPUNCTURIST LEE @ PAIN RELIEF CTR*	180.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
01/05/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/25/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/04/13	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/01/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/20/14	PENALTIES	FOR DATE OF SERVICE 01/05/12	23.48
02/11/15	INTEREST	FOR DATE OF SERVICE 01/05/12	53.80
10/20/14	PENALTIES	FOR DATE OF SERVICE 01/25/12	37.50
02/11/15	INTEREST	FOR DATE OF SERVICE 01/25/12	85.93
10/20/14	PENALTIES	FOR DATE OF SERVICE 09/04/13	23.48
02/11/15	INTEREST	FOR DATE OF SERVICE 09/04/13	26.18
02/11/15	PENALTIES	FOR DATE OF SERVICE 07/22/11	22.50
02/11/15	INTEREST	FOR DATE OF SERVICE 07/22/11	51.56
02/11/15	PENALTIES	FOR DATE OF SERVICE 09/06/11	27.00
02/11/15	INTEREST	FOR DATE OF SERVICE 09/06/11	61.87
02/11/15	PENALTIES	FOR DATE OF SERVICE 10/1/14	23.48
02/11/15	INTEREST	FOR DATE OF SERVICE 10/1/14	6.85
03/06/15	COSTS & SANC	COSTS & SANC	306.87
03/06/15	PMT BY CHECK	DOS 7/22/11-2/11/15 # 0053036512	-1800.00

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

*** INVOICE ***
Date NO#
03/17/15 46781

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 1/29/48
Terms : 45 days
Claim #(s):
YLR52293

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

Case: _ vs EZ SALES MANUFACTURING
Date Of Injury: 8/6/10

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 is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

P6905028006

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

201503061607

Electronic Service Requested

1 OF 2

ENV 7403

SINGLE PIECE

7403 0.548L SP 0.480

JOYCE ALTMAN INTERPRETERS INC 12
PO BOX 4165
TUSTIN, CA 92781-4165

DATE	CHECK AMT	CHECK NO.
03/06/2015	1,800.00	0053036512

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

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services, Inc	1 of 2

Claimant Name	Loss Date	Claim Number 46781
	08/06/2010	YLR C 52293

Amt Paid:	900.00	Description: Doctor	
Amt Billed:	900.00	Invoice:	ICN: 5202-44821
Dates:	07/22/2011-07/22/2011	Comment:	
Amt Paid:	900.00	Description: Doctor	
Amt Billed:	900.00	Invoice:	ICN: 5202-44821
Dates:	10/01/2014-10/01/2014	Comment:	

PAID MAR 17 2015

F.F. OK
CA

Questions about other Sedgwick CMS payments? Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

[redacted]

P6905028006

20150306160?

EXPLANATION OF BILL REVIEW

PAYOR **Sedgwick**	RECEIVED BY VENDOR 03/04/2015	DATE OF INJURY 08/06/2010	
BILL ID(ICN) 5202-44821	PROCESSED BY VENDOR 03/05/2015	SOCIAL SECURITY NUMBER	
INJURED NAME (LAST,FIRST, MI)	TPA CLAIM NUMBER YLR C 52293		
INJURED ADDRESS	PATIENT ACCOUNT NUMBER	PROVIDER NAME AND ADDRESS JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781	
	EMPLOYER CONTRACT NUMBER 5202		
IMAGE NUMBER (DCN)	TPA TRANSACTION # (MBDCN)		
EMPLOYER NAME Ez Sales And Manufacturing, I	CARRIER NAME Everest National Insurance		
EMPLOYER ADDRESS 1432 W. 166Th Street Gardena, CA 90247	CARRIER ADDRESS 477 Martinsville Road Liberty Corner New Jersey, NJ 079380830	TREATING PROVIDER JOYCE ALTMAN INTERPR JOYCE ALT	
		PROVIDER TAX ID *****6713	
PROVIDER NPI	ICD CODES 959.9	DATES OF SERVICE 07/22/2011-10/01/2014	

sedgwick.

2 OF 2

ENV 7403

Date of Service	Submitted Code	Mod(s)	Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance
07/22/2011	MDS10 LUM SUM/MUL BILL-THE AMNT OF R		1	MDS10	900.00	0.00 REASON CODES 5385	0.00	0.00	900.00
10/01/2014	MDS10 LUM SUM/MUL BILL-THE AMNT OF R		1	MDS10	900.00	0.00 REASON CODES 5385	0.00	0.00	900.00

Explanation of Reason Codes For Detail Lines
5385 This payment is being made in full and final satisfaction of the lien per the settlement agreement.

Explanation of Bill Review:
TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW Form: http://www.dir.ca.gov/dwc/DWCPropRegs/IBR/FormSBR_1.pdf After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee (herein referred to as 'Provider') that disputes the amount paid may submit an appeal/reconsideration/Request for Second Review to the claims administrator within 90 days of service of the EOR. The Request for Second Review must conform to the requirements of the DWC's Medical Billing and Payment Guide, and regulations at Title 8, CA Code of Regulations, section 9792.5.4 et seq. If the dispute is the amount of payment and the Provider does not request a second review within 90 days of the service of the EOR, the bill shall be deemed

satisfied and neither the employer nor the employee shall be liable for any further payment. REQUEST FOR INDEPENDENT BILL REVIEW Form: http://www.dir.ca.gov/dwc/DWCPropRegs/IBR/FormIBR_1.pdf After the Provider submits a Request for Second Review, the claims administrator will review the bill and issue an EOR which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, the Provider that still disputes the amount paid may submit a request for independent bill review (IBR) within 30 days of service of the EOR. The Request for IBR must conform to the requirements of Title 8, CA Code of Regulations, section 9792.5.4 et seq. If the Provider fails to request an IBR within 30 days, the bill shall be deeme d satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final. Unless otherwise st

Totals:	1,800.00	0.00	0.00	0.00	1,800.00

* Date Received by Sedgwick: 03/03/2015
* Date of Review: 03/05/2015
* Payment Date: 03/06/2015
* Diagnostic Group Code: N/A
* Payment Method: Paper Check
* Check Number: 53036512
* Payment Status Code: 1

QUESTIONS ABOUT OTHER SEDGWICK PAYMENTS?

Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

QUESTIONS ABOUT THIS EXPLANATION OF REVIEW?

Bill Review Vendor: Sedgwick CMS - National Bill R
P.O. Box 14447
Lexington, KY 40512-4447

Customer Service Phone: (866) 495-7844
Customer Service

PPO Network:

PPO Sub Network:

FOR RECONSIDERATIONS

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

800-854-6188

Fax: 714-258-5001

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

*** INVOICE ***

Date	NO#
09/03/15	38216

W.C.A.B.:
ADJ # : -
S.S.N. : XXX-XX-9518
D.O.B. : 8/16/53
Terms : 45 days
Claim #(s):
003397-000164WC01

BILL TO:
GALLAGHER BASSETT (CORONA)
W.C. DEPARTMENT
ATTN: KRISTINE CARMEN
P.O. BOX # 6900
CORONA, CA 92878-6900

Case: - /s J. FLETCHER CREAMER & SON
Date Of Injury: 8/15/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/03/10	DEPO PREP	@ THE L/O OF WATERS & ROBERTSON	156.50
/ /	INTERPRETER:	JOHN MORELL # 100644	0.00
08/16/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/11/10	PMT BY CHECK	DOS 8/3/10 THRU 8/16/10 # 0082054151	-406.50
07/06/11	WCAB LB	EXP. HEARING	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
10/28/11	PMT BY CHECK	DOS 7/6/11 # 0089195176	-156.50
03/27/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
08/14/13	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
10/28/11	PENALTIES	FOR DATE OF SERVICE 07/25/11	23.48
10/28/11	INTEREST	FOR DATE OF SERVICE 07/25/11	5.67
02/26/15	PENALTIES	FOR DATE OF SERVICE 03/27/13	23.48
08/13/15	INTEREST	FOR DATE OF SERVICE 03/27/13	43.54
02/26/15	PENALTIES	FOR DATE OF SERVICE 08/14/13	23.48
08/13/15	INTEREST	FOR DATE OF SERVICE 08/14/13	36.34
08/28/15	PMT BY CHECK	DOS 11/15/09-08/19/15* # 0121379697	-680.00
08/28/15	COSTS & SANC	COSTS	211.01

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

*** INVOICE ***
Date NO#
09/03/15 38216

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9518
D.O.B. : 8/16/53
Terms : 45 days
Claim #(s):
003397-000164WC01

BILL TO:
GALLAGHER BASSETT (CORONA)
W.C. DEPARTMENT
ATTN: KRISTINE CARMEN
P.O. BOX # 6900
CORONA, CA 92878-6900

Case: vs J. FLETCHER CREAMER & SON
Date Of Injury: 8/15/08

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92878-6900

0105824 01 RE 0.382 **AUTO T9 0 5918 92781

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

DIRECT INQUIRIES TO:

PHONE: 1-866-855-0230
GALLAGHER BASSETT - CORON
P.O BOX 6900
CORONA CA 92878-6900

J FLETCHER CREAMER & SON INC

CLAIM NO. 003397 000162 WC 01

CLAIMANT:

DESCRIPTION: INV# 38216 INVDT 10/21/10 DOS 8/3/10-8/16/10

DATE OF SERVICE: 03-Aug-2010 TO 16-Aug-2010

BRANCH NO. 170

ACC. DATE 15-Nov-2009

CHECK NO. 0082054151

VN. 0000004213

DATE: 11-Nov-2010

PAYMENT AMOUNT: $406.50

PAID

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0082054151 ATTACHED BELOW

[redacted]

GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92878-6900

003397 PAGE 1 OF 1 005049

MDG2009 00000965 1 AB 0368 1

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

PAID
NOV 01 2011
BY:

GALLAGHER BASSETT SERVICES INC
FOR ARCH INS CO.

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92878-6900

CLAIM NO.: 003397 000162 WC 01 (10)
CLAIMANT:
DESCRIPTION: INV#38216 INVDAT07/25/11 DOS08/03/10-07/06/11

DATES OF SERVICE: 03Aug2010 **THRU** 06Jul2011
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 15Nov09

NO.: 0089195176
VN: 0000007570
DATE: 28Oct11
AMOUNT: 156.50

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0000965 001059 001 002

GB-CARRIER DIRECT/ALL OTHER
1630 DES PERES ROAD
SUITE 140
ST LOUIS MO 63131-1871

003397 PAGE 1 OF 1 011287

PAID

BY: Ø

MDG2009 00008971 1 MB 0439 1

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INS CO.

DIRECT CHECK INQUIRIES TO:
PHONE: 800-333-6137
GB-CARRIER DIRECT/ALL OTHER
1630 DES PERES ROAD
SUITE 140
ST LOUIS MO 63131-1871

**

CLAIM NO.: 003397 000162 WC 01 (10)
CLAIMANT:
DESCRIPTION: FULL AND FINAL FOR JOYNCE ALTMAN

BRANCH NO.: 468
ACC DATE: 15Nov09

NO.: 0121379697
VN: 0000024080
DATE: 28Aug15
AMOUNT: 680.00

DATES OF SERVICE: 15Nov09 THRU 19Aug15
BENEFIT PERIOD: THRU

#38216

P&F OK
NDJ

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0008971 009817 001 001

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

*** INVOICE ***
Date NO#
08/25/15 61567

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 1/4/60
Terms : 45 days
Claim #(s):
2080293875

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

Case: vs JMS BUILDING SOLUTIONS
Date Of Injury: 8/28/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/09/14	WCAB LB	MSC	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/23/14	PMT BY CHECK	DOS 4/9/14* # 1102742366	-156.50
10/09/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/04/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/09/15	PENALTIES	FOR DATE OF SERVICE 10/09/14	23.48
03/09/15	INTEREST	FOR DATE OF SERVICE 10/09/14	7.15
03/09/15	PENALTIES	FOR DATE OF SERVICE 11/04/14	37.50
03/09/15	INTEREST	FOR DATE OF SERVICE 11/04/14	10.32
03/09/15	PMT BY CHECK	DOS 10/9/14-11/4/14* # 1100305678	-406.50
08/25/15	PMT BY CHECK	DOS 08/28/13-11/25/14* # 1100510782	-250.00
08/25/15	MISC	MISC	171.55

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

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

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

00654

PAID JUN 26 2014

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0293875 001 RZ	WC 4857664	61567		08/28/13	04/09/14-04/09/14

Check Number	1102742366	Date Issued	06/23/14	Amount	$****156.50
Insured	JMS Building Solutions LLC				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	PonVinothan CG-Ganesan				
File Supervisor	Rita Thomassian	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	156.50		
TOTAL	$156.50		

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

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

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

00519

PAID MAR 11 2015

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0293875 001 RZ	WC 4857664	61567		08/28/13	10/09/14-11/04/14

Check Number	1100305678	Date Issued	03/09/15	Amount	$****406.50
Insured	JMS Building Solutions LLC				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Manikandan CG-Raman				
File Supervisor	Rita Thomassian	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	406.50		
TOTAL	$406.50		

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

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

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

01189

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0293875 001 RZ	WC 4857664	#61567		08/28/13	08/28/13-11/25/14

Check Number	1100510782	Date Issued	08/25/15	Amount	$****250.00
Insured	JMS Building Solutions LLC				
Claimant					
Nature of Payment	FULL & FINAL				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Vinoth CG-Anandan				
File Supervisor	Rita Thomassian	Phone Number	818 227-1700		

PAID
BY:

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	250.00		
TOTAL	$250.00		

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

*** INVOICE ***
Date NO#
05/12/15 55902

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 10/1/55
Terms : 45 days
Claim #(s):
SA643930

BILL TO:
SCIF (PINEDALE)
W.C. DEPARTMENT
ATTN: MICKY JAMES
P.O. BOX # 65005
PINEDALE, CA 93650-5005

Case: vs STERLING PACIFIC MEAT CO.
Date Of Injury: 7/21/05

DOS	SERVICE	DESCRIPTION	AMOUNT
05/05/11	MRI	2REF BY DR ROSENZWEIG: LT KNE & BIL SHOULDERS*	150.00
/ /	INTERPRETER:	CLARA BONILLLA # 500320	0.00
11/07/12	MRI	REF BY DR ROSENZWEIG: RT KNEE @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/09/14	PMT BY CHECK	DOS 5/5/11* # CU-114306	-150.00
02/10/15	PENALTIES	FOR DATE OF SERVICE 5/5/11	22.50
02/10/15	INTEREST	FOR DATE OF SERVICE 5/5/11	38.71
02/20/15	PMT BY CHECK	DOS 5/5/11-11/7/12* =# CU-186438	-150.00
02/10/15	COSTS & SANC	COSTS & SANC	188.79
03/13/15	PMT BY CHECK	DOS 5/5/11-5/9/14* # CU-192214	-250.00
09/05/14	C&R READING	@ L/O DENNIS FUSI (INADVERTENTLY NOT BILLED)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/08/15	PMT BY CHECK	DOS 5/5/11-9/3/14* # CU-205464 SCIF	-250.00

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
1888STATEFUND

Provider Number: 330956713

Check #: **CU-114306**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 05/09/14
Doc #: 028280145

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
	44125		**Patient Name:**	**Claim #:** 05721282			
1	FULL/FINAL	01/17/11	05/09/14	Interpreter fees	1	SA	1,300.00
			Patient Name: G os	**Claim #:** SA643930			
2	INV#55902	05/05/11	05/05/11	Medical Services	1		150.00
						Total Allowances:	**$1,450.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
SA643930	150.00	.00	150.00
05721282	1,300.00	.00	1,300.00

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

Notations:

SA643930	INV#55902;
05721282	FULL & FINAL PER AGREEMNT;

PAID MAY 12 2014

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

21154910

VOID VOID VOID

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

Medical
SA

CU-114306
Union Bank
Los Angeles, California

0-4150
1222

Payee IRS Number: 330956713

VOID VOID VOID

VOID After 365 Days

Check Date	Check Amount
May 09, 2014	$*****1,450.00

PAY ****One Thousand Four Hundred Fifty and 00/100 Dollars****ONLY

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

⑈521011430⑈ ⑆122241501⑆ ⑈908100104 3⑈

Explanation of Review (EOR)

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

Questions & Appeals: 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-186438**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 02/20/15
Doc #: 029389834

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name: 61549 **Claim #:** SA630202 **Date of Injury:** 04/09/03									
SSN: XXX-XX-8332 Employer name: HACOR INC Employer ID: 0000001650911020									
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
1	SF1-SFCA-14678505	10/07/14	999Q2	Interpreter Treatmen	120	180.00	.00	723 A01 G67	180.00
Patient Name: [redacted] **Claim #:** 03356558 **Date of Injury:** 11/08/05									
SSN: XXX-XX-7756 Employer name: INTERSTATE MEAT CO INC Employer ID: 0000001622026050									
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
2	SF1-SFCA-14681540	05/05/11	MDO10	Payment By Order	1	400.00	250.00	961 G67	150.00
3	SF1-SFCA-14681540	11/07/12	MDO10	Payment By Order	1	.00	.00		.00
55902								**Subtotal:**	**150.00**
								Total Allowances:	**$330.00**

PAID FEB 23 2015

CA

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"

01315752029389834012

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-192214**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 03/13/15
Doc #: 029481110

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name	**Claim #:** 05591320			
1	61391	04/02/14	04/02/14	Interpreter fees	1		156.50
			Patient Nam	**Claim #:** 03356558			
2	55902	05/05/11	05/09/14	Interpreter fees	1		250.00
			Patient Nar	**Claim #:** 06024060			
3	64358	02/17/15	02/17/15	Interpreter fees	1		250.00
			Patient Name	**Claim #:** 05637158			
4	42847	05/23/11	05/23/11	Medical Services	1		100.00
5	42847	08/10/11	08/10/11	Interpreter fees	1		156.50
6	42847	11/09/11	11/09/11	Interpreter fees	1		156.50
						Subtotal:	413.00
						Total Allowances:	**$1,069.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
06024060	250.00	.00	250.00
05637158	413.00	.00	413.00
05591320	156.50	.00	156.50
03356558	250.00	.00	250.00

PAID MAR 17 2015

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

Notations:

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
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"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

22148622

State Compensation Insurance Fund

Medical
SA

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

CU-192214
Union Bank
Los Angeles, California

90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
March 13, 2015	**$*****1,069.50**

PAY ****One Thousand Sixty-Nine and 50/100 Dollars****ONLY

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

⑈521019221⑆ ⑆122241501⑆ ⑈908100104⑈

Explanation of Review (EOR)

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-205464**

Issue Date: 05/08/15
Doc #: 029690714

Medical

26377
28995

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Nar			a 65435 **Claim #:** 05464370			**Date of Injury:**	06/15/01	
SSN: XXX-XX-0049	Employer name: B & W CUSTOM TILE			Employer ID: 0000001592646000					
1	SF1-SPCA-42354	01/29/15	999Q8	Interpreter Deposit-	1	.00	.00		.00
2	SF1-SPCA-42354	06/19/12	999Q8	Interpreter Deposit-	1	1,815.00	.00		1,815.00
	Patient Name:			59902 **Claim #:** 03356558				**Subtotal:**	**1,815.00**
SSN: XXX-XX-7756	Employer name: INTERSTATE MEAT CO INC			Employer ID: 0000001622026050			**Date of Injury:**	11/08/05	
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
3	SF1-SFCA-15024803	05/05/11	MDO10	Payment By Order	1	250.00	.00	961 G67	250.00
4	SF1-SFCA-15024803	09/03/14	MDO10	Payment By Order	1	.00	.00		.00
								Subtotal:	**250.00**
							Total Allowances:		**$2,065.00**

PAID MAY 12 2015

F.F.
CA OK

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
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/30/15 62954

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9450
D.O.B. : 10/24/51
Terms : 45 days
Claim #(s):
WC648A36245

BILL TO:
LIBERTY MUTUAL (GLEND-29073)
W.C. DEPARTMENT
ATTN: KATHARINE CANTLIN
P.O. BOX 29073
GLENDALE, CA 91209

Case: vs OAKWOOD WORLDWIDE
Date Of Injury: 11/28/08

DOS	SERVICE	DESCRIPTION	AMOUNT
11/16/09	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
11/20/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
12/18/09	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
04/12/10	PENALTIES	FOR DATE OF SERVICE 11/16/09	34.50
03/25/15	INTEREST	FOR DATE OF SERVICE 11/16/09	139.28
04/08/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
04/29/10	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
05/20/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
07/13/10	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
08/30/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
11/08/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
12/06/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
01/17/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
10/24/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
12/12/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/28/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/25/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00

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

*** INVOICE ***

Date	NO#
04/30/15	62954

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9450
D.O.B. : 10/24/51
Terms : 45 days
Claim #(s):
WC648A36245

BILL TO:
LIBERTY MUTUAL (GLEND-29073)
W.C. DEPARTMENT
ATTN: KATHARINE CANTLIN
P.O. BOX 29073
GLENDALE, CA 91209

Case: vs OAKWOOD WORLDWIDE
Date Of Injury: 11/28/08

DOS	SERVICE	DESCRIPTION	AMOUNT
04/08/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
04/08/14	INTERPRETER:	GLADYS REYNA # 100755	0.00
08/27/14	PENALTIES	FOR DATE OF SERVICE 11/20/09	27.00
03/25/15	INTEREST	FOR DATE OF SERVICE 11/20/09	109.00
08/27/14	PENALTIES	FOR DATE OF SERVICE 12/18/09	27.00
03/25/15	INTEREST	FOR DATE OF SERVICE 12/18/09	109.00
08/27/14	PENALTIES	FOR DATE OF SERVICE 04/08/10	27.00
03/25/15	INTEREST	FOR DATE OF SERVICE 04/08/10	103.05
08/27/14	PENALTIES	FOR DATE OF SERVICE 04/29/10	27.00
03/25/15	INTEREST	FOR DATE OF SERVICE 04/29/10	101.86
08/27/14	PENALTIES	FOR DATE OF SERVICE 05/20/10	27.00
03/25/15	INTEREST	FOR DATE OF SERVICE 05/20/10	100.66
08/27/14	PENALTIES	FOR DATE OF SERVICE 07/13/10	27.00
03/25/15	INTEREST	FOR DATE OF SERVICE 07/13/10	97.60
08/27/14	PENALTIES	FOR DATE OF SERVICE 08/30/10	27.00
03/25/15	INTEREST	FOR DATE OF SERVICE 08/30/10	94.88
08/27/14	PENALTIES	FOR DATE OF SERVICE 11/08/10	27.00
03/25/15	INTEREST	FOR DATE OF SERVICE 11/08/10	90.91
08/27/14	PENALTIES	FOR DATE OF SERVICE 12/06/10	27.00
03/25/15	INTEREST	FOR DATE OF SERVICE 12/06/10	89.32
08/27/14	PENALTIES	FOR DATE OF SERVICE 01/17/11	27.00
03/25/15	INTEREST	FOR DATE OF SERVICE 01/07/11	86.94
08/27/14	PENALTIES	FOR DATE OF SERVICE 10/24/13	27.00
03/25/15	INTEREST	FOR DATE OF SERVICE 10/24/13	29.60
08/27/14	PENALTIES	FOR DATE OF SERVICE 12/12/13	27.00
03/25/15	INTEREST	FOR DATE OF SERVICE 12/12/13	26.82
08/27/14	PENALTIES	FOR DATE OF SERVICE 01/28/14	27.00
03/25/15	INTEREST	FOR DATE OF SERVICE 01/28/14	24.16
08/27/14	PENALTIES	FOR DATE OF SERVICE 02/25/14	27.00
03/25/15	**INTEREST**	**FOR DATE OF SERVICE 02/25/14**	**22.57**
08/27/14	PENALTIES	FOR DATE OF SERVICE 04/08/14	27.00

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

*** INVOICE ***

Date	NO#
04/30/15	62954

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9450
D.O.B. : 10/24/51
Terms : 45 days
Claim #(s):
WC648A36245

BILL TO:
LIBERTY MUTUAL (GLEND-29073)
W.C. DEPARTMENT
ATTN: KATHARINE CANTLIN
P.O. BOX 29073
GLENDALE, CA 91209

Case: vs OAKWOOD WORLDWIDE
Date Of Injury: 11/28/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/25/15	INTEREST	FOR DATE OF SERVICE 04/08/14	17.64
04/27/15	PMT BY CHECK	DOS 11/12/09-4/24/15* # 1100030687 ZURICH	-4400.00
04/30/15	BLCE OFF SET	BALANCE OFF SET	-212.79

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election **letter, Depo Transcript and any and all documentary evidence to be utilized in** an attempt to defeat this lien.

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

ZURICH SERVICES CORPORATION

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

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781 4165

06282

PAID APR 30 2015

PAID APR 30 2015

62954 ✓

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Contract	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0185994 001 XG	WC 9299265			01/01/05	11/12/09-04/24/15
Check Number	1100030687	Date Issued	04/27/15	Amount	$**4,400.00
Customer	OAM-San Jose South (Apartment)				
Claimant					
Nature of Payment	FULL AND FINAL				
Issued To	JOYCE ALTMAN INTERPRETERS				
Requested By	Vijay CG-Radhakrishnan				
File Supervisor	Ivan Olisea		Phone Number	818 227-1700	

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	4,400.00		
TOTAL	$4,400.00		

F. F. OK
CA

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

*** INVOICE ***

Date	NO#
03/18/15	39679

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 10/10/54
Terms : 45 days
Claim #(s):
56394940575872

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

Case: vs A.B.M. JANITORIAL SVCS.
Date Of Injury: 6/23/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/02/10	MRI	-& BONE SCAN OF WRIST REF BY DR KOMBERG*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
02/24/11	CT SCAN	-REF BY DR KOMBERG: L/S*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
06/04/11	MRI	-REF BY DR ROSENZWEIG: BIL KNEES*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/03/11	DIAGNSTUDY	-POLYSOMNOGRAPHY REF BY DR SADIGHPOUR*	150.00
/ /	INTERPRETER:	RICARDO AINSLIE # 500159	0.00
09/18/11	MRI	-REF BY DR KOMBERG: RT ELBOW*	150.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
02/20/12	PENALTIES	FOR DATE OF SERVICE 11/02/10	22.50
02/20/12	INTEREST	FOR DATE OF SERVICE 11/02/10	23.39
02/20/12	PENALTIES	FOR DATE OF SERVICE 2/24/11	22.50
02/20/12	INTEREST	FOR DATE OF SERVICE 2/24/11	18.01
02/20/12	PENALTIES	FOR DATE OF SERVICE 6/04/11	22.50
02/20/12	INTEREST	FOR DATE OF SERVICE 6/04/11	13.28
02/20/12	PENALTIES	FOR DATE OF SERVICE 9/03/11	22.50
02/20/12	INTEREST	FOR DATE OF SERVICE 9/03/11	8.98
02/20/12	PENALTIES	FOR DATE OF SERVICE 9/18/11	22.50
02/20/12	INTEREST	FOR DATE OF SERVICE 9/18/11	8.27
03/04/15	LIEN FIL FEE	LIEN FILING FEE	150.00
03/13/15	PMT BY CHECK	DOS 11/2/10-9/18/11* # FE48141643	-1000.00
03/18/15	BLCE OFF SET	BALANCE OFF SET	-84.43

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

*** INVOICE ***

Date	NO#
03/18/15	39679

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 10/10/54
Terms : 45 days
Claim #(s):
56394940575872

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

Case: vs A.B.M. JANITORIAL SVCS.
Date Of Injury: 6/23/09

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 is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election **letter, Depo Transcript and any and all documentary evidence to be utilized in** an attempt to defeat this lien.

PDWLDMCD-001138-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 03/13/15

CHECK NO. **FE48141643**

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00251 FE48141643
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
5639494057587

DOLLARS
$******1,000.00

* NOT NEGOTIABLE *

FOR
11/02/10 THRU 09/18/11 FULL AND FINAL

CLAIMANT

DATE OF EVENT
07/23/09

39679

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

PAID MAR 18 2015

F.F. ok
NDJ

PDWLDMCD-001138-01-01-00

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

[redacted]

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

*** INVOICE ***

Date	NO#
01/13/15	20263

Claim # : C345C4752583
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0631
D.O.B. : 3/1/45
Terms : 45 days

BILL TO:
ESIS WC (SCRANTON 6569)
W.C. DEPARTMENT
ATTN: PAIGE PETERS
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs ARCHSTONE SMITH
Date Of Injury: 9/5/04

DOS	SERVICE	DESCRIPTION	AMOUNT
12/05/05	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
01/03/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
02/02/06	PMT BY CHECK	DOS 12/5/05 # DA52986097	-147.00
02/02/06	PMT BY CHECK	DOS 1/03/05 # DA52986009	-147.00
06/06/08	INITIAL EXAM	DR JAMES BURROWS*	230.00
07/01/08	DIAGNSTUDY	POLYSOMNOGRAPHY DONE BY TECH RIVAS*	150.00
07/01/08	PMT BY CHECK	DOS 6/6/08 # DA58416207	-230.00
07/10/08	WCAB LB	MSC	156.50
07/31/08	PMT BY CHECK	DOS 12/5/05 THRU 7/10/08 # DA58613211	-306.50
11/29/11	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
05/23/12	PENALTIES	FOR DATE OF SERVICE 11/29/11	23.48
05/23/12	INTEREST	FOR DATE OF SERVICE 11/29/11	9.66
05/07/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
06/19/14	WCAB LB	TRIAL - JOHANNA JORDAN # 301566	156.50
08/29/14	PENALTIES	FOR DATE OF SERVICE 11/29/11	23.48
09/16/14	INTEREST	FOR DATE OF SERVICE 11/29/11	50.64
08/29/14	PENALTIES	FOR DATE OF SERVICE 05/07/14	23.48
09/23/14	INTEREST	FOR DATE OF SERVICE 05/07/14	7.10
08/29/14	PENALTIES	FOR DATE OF SERVICE 06/19/14	23.48
09/23/14	INTEREST	FOR DATE OF SERVICE 06/19/14	4.98
09/16/14	PMT BY CHECK	DOS 11/29/11* # DA72727983	-156.50
09/23/14	PMT BY CHECK	DOS 6/19/14* # DA72767865	-156.50
09/23/14	PMT BY CHECK	DOS 5/7/14* # DA72767897	-156.50
01/06/15	COSTS & SANC	COSTS & SANC	583.70
01/09/15	PMT BY CHECK	DOS 12/5/06-9/23/14* # DA73359610	-750.00

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

*** INVOICE ***

Date	NO#
01/13/15	20263

Claim # : C345C4752583
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0631
D.O.B. : 3/1/45
Terms : 45 days

BILL TO:
ESIS WC (SCRANTON 6569)
W.C. DEPARTMENT
ATTN: PAIGE PETERS
P.O. BOX # 6569
SCRANTON, PA 18505

Case: [redacted] vs ARCHSTONE SMITH
Date Of Injury: 9/5/04

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

*10DA52986097049460101060202001246O
ACE, PROPERTY AND CASUALTY COMPANIES
PO BOX 4464
WOODLAND HILLS CA 91365-4464

DATE 02/02/06

CHECK NO. DA52986097

STATEMENT

ACE USA
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A21DA 00 01299 DA52986097
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

FILE ID
345C4752583

DOLLARS
$*********147.00

2 pymts =>

* NOT NEGOTIABLE *

FOR
12/05/05 THRU 12/05/05 LOC/DEPO PREP

CLAIMANT

DATE OF EVENT
09/05/04

Questions with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

PAID

BOA18B (02/2003)

DETACH THIS PORTION BEFORE CASHING

"10DA52986099049470101060202001246 1
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 4464
WOODLAND HILLS CA 91365-4464

DATE 02/02/06

CHECK NO. DA52986099

STATEMENT

ACE USA
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A21DA 00 01300 DA52986099
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

FILE ID
345C4752583

DOLLARS
$********147.00

* NOT NEGOTIABLE *

FOR
01/03/06 THRU 01/03/06 LOC/DEPO REVIEW

CLAIMANT

DATE OF EVENT
09/05/04

Questions with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

PAID

BOA18B (02/2003)

DETACH THIS PORTION BEFORE CASHING

*I0DA584162070352601010807010010130
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 31051
TAMPA FL 33631-3051

DATE 07/01/08

CHECK NO. DA58416207

STATEMENT

ACE USA
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A21DA 00 00694 DA58416207
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C4752583

DOLLARS
$*********230.00

* NOT NEGOTIABLE *

FOR
06/06/08 THRU 06/06/08 20263

CLAIMANT

DATE OF EVENT
09/05/04

Questions with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

PAID

BOA18B (02/2003)

DETACH THIS PORTION BEFORE CASHING

*10DA58613211037830101080731001023 6
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 31051
TAMPA FL 33631-3051

DATE 07/31/08

CHECK NO. DA58613211

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A21DA 00 00842 DA58613211
JOYCE ALTMAN INTERPRETERS, INC.
FULL/FINAL LIEN SETTLEMENT
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C4752583

DOLLARS
$********306.50

* NOT NEGOTIABLE *

FOR
07/01/08 THRU 07/10/08 20263

CLAIMANT

DATE OF EVENT
09/05/04

Questions with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

PAID

DETACH THIS PORTION BEFORE CASHING

PDWLDMCD-002379-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6561
SCRANTON PA 18505-6561

DATE 09/16/14

CHECK NO. **DA72727983**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

PAID SEP 19 2014

5900A11DA 00 00897 DA72727983
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781

FILE ID
345C4752583

DOLLARS
$********156.50

* NOT NEGOTIABLE *

FOR
11/29/11 THRU 11/29/11 20263

CLAIMANT

DATE OF EVENT
09/05/04

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

PDWLDMCD-002379-01-01-00

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

[redacted]

PDWLDMCD-002149-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6561
SCRANTON PA 18505-6561

DATE 09/23/14

CHECK NO. **DA72767865**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 00568 DA72767865
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781

FILE ID
345C4752583

DOLLARS
$********156.50

* NOT NEGOTIABLE *

FOR
06/19/14 THRU 06/19/14 20263

CLAIMANT

DATE OF EVENT
09/05/04

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

PAID SEP 30 2014

PDWLDMCD-002149-01-01-00

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

[redacted]

PDWLDMCD-002159-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6561
SCRANTON PA 18505-6561

DATE 09/23/14

CHECK NO. **DA72767897**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 00578 DA72767897
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781

FILE ID
345C4752583

DOLLARS
$********156.50

* NOT NEGOTIABLE *

FOR
05/07/14 THRU 05/07/14 20263

PAID SEP 30 2014

CLAIMANT

DATE OF EVENT
09/05/04

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

PDWLDMCD-002159-01-01-00

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

[redacted]

PDWLDMCD-001635-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6561
SCRANTON PA 18505-6561

DATE 01/09/15

CHECK NO. **DA73359610**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 00373 DA73359610
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781

FILE ID
345C4752583

DOLLARS
$********750.00

*** NOT NEGOTIABLE ***

FOR
12/05/06 THRU 09/23/14 FULL & FINAL

PAID JAN 13 2015

CLAIMANT

DATE OF EVENT
09/05/04

2026

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

F.F.
CA

MR

PDWLDMCD-001635-01-01-00

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

[redacted]

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

*** INVOICE ***

Date	NO#
01/13/15	51835

Claim # : 002647-004779-WC-01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 4/30/71
Terms : 45 days

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

Case: vs CHA LA MIRADA dba HOLIDAY INN
Date Of Injury: 5/4/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/12	DEPO PREP	@ THE L/O OF LOUIE, STETTLER	156.50
/ /	INTERPRETER:	MARIA TERESA PEREZ # 100630	0.00
03/22/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
04/23/12	PMT BY CHECK	DOS 2/23/12 # 0000074447	-156.50
05/07/12	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
07/05/12	PMT BY CHECK	DOS 3/22/12 # 0000086089	-250.00
08/21/12	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR KOMBERG @ CA SLP CT*	150.00
/ /	INTERPRETER:	FERNANDO RODRIGUEZ # 500234	0.00
02/10/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/15/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
11/19/14	PENALTIES	FOR DATE OF SERVICE 5/7/12	23.48
12/22/14	INTEREST	FOR DATE OF SERVICE 5/7/12	47.53
12/22/14	PENALTIES	FOR DATE OF SERVICE 3/22/12	37.50
12/22/14	INTEREST	FOR DATE OF SERVICE 3/22/12	8.66
12/22/14	PENALTIES	FOR DATE OF SERVICE 8/21/12	22.50
12/22/14	INTEREST	FOR DATE OF SERVICE 8/21/12	40.55
12/22/14	PENALTIES	FOR DATE OF SERVICE 2/10/14	23.48
12/22/14	INTEREST	FOR DATE OF SERVICE 2/10/14	15.78
12/22/14	PENALTIES	FOR DATE OF SERVICE 9/15/14	23.48
12/22/14	INTEREST	FOR DATE OF SERVICE 9/15/14	5.08
12/22/14	COSTS & SANC	COSTS & SANC	332.46
01/08/15	PMT BY CHECK	DOS 12/22/14* # 0000188336	-1200.00

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

*** INVOICE ***

Date	NO#
01/13/15	51835

Claim # : 002647-004779-WC-01
W.C.A.B.: .
ADJ # : [illegible]
S.S.N. : XXX-XX-N/A
D.O.B. : 4/30/71
Terms : 45 days

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

Case: [illegible] vs CHA LA MIRADA dba HOLIDAY INN
Date Of Injury: 5/4/11

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

0104121 01 RE 0.401 **AUTO T1 0 5778 92781 -P04125

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

RECEIVED
APR 27 2012
BY:_____

DIRECT INQUIRIES TO:

PHONE: 1-866-841-0167
GALLAGHER BASSETT-GOLD RI
P.O. BOX 2290
GOLD RIVER CA 95741-2290

VENTURE HOSPITALITY

CLAIM NO. 002647 004779 WC 01

CLAIMANT:

DESCRIPTION: INV# 51835

DATE OF SERVICE: 23-Feb-2012 TO 23-Feb-2012

BRANCH NO. 094

ACC. DATE 04-May-2011

CHECK NO. 0000074447

VN. 0000153951

DATE: 23-Apr-2012

PAYMENT AMOUNT: $156.50

RE0104121-0002_of_0003 5778-0005135 (F26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0000074447 ATTACHED BELOW

GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

0103595 01 RE 0.401 **AUTO T0 0 5828 92781 -P03598

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

PAID
JUL 10 2012
BY:.....

DIRECT INQUIRIES TO:

PHONE: 1-866-841-0167
GALLAGHER BASSETT-GOLD RI
P.O. BOX 2290
GOLD RIVER CA 95741-2290

VENTURE HOSPITALITY

CLAIM NO. 002647 004779 WC 01

CLAIMANT:

DESCRIPTION: INV #51835 05/03/12 DOS 02/23-04/23/12

DATE OF SERVICE: 23-Feb-2012 TO 23-Apr-2012

BRANCH NO. 094

ACC. DATE 04-May-2011

CHECK NO. 0000086089

VN. 0000170446

DATE: 05-Jul-2012

PAYMENT AMOUNT: $250.00

RE0103595-0001_of_0001 5828-0004437 (F26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

002647 PAGE 1 OF 1 007224

MDG2009 00004377 1 MB 0435 1

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

PAID JAN 13 2015

GALLAGHER BASSETT SERVICES INC
ON BEHALF OF HARTFORD INS /
FOR VENTURE HOSPITALITY

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

51835

F.F.
CA

CLAIM NO.: 002647 004779 WC 01 (0042240000) **BRANCH NO.:** 094 **NO.:** 0000188336

CLAIMANT: **ACC DATE:** 04May11 **VN:** 0000313075

DESCRIPTION: PER STIP/ORDER FULL/FINAL RESOLUTION OF LIEN ALL DOS **DATE:** 08Jan15

DATES OF SERVICE: 22Dec14 **THRU** 22Dec14 **AMOUNT:** 1200.00

BENEFIT PERIOD: **THRU**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004377 005058 001 001

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

*** INVOICE ***

Date	NO#
01/14/15	25461

Claim # : 710286532
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8671
D.O.B. : 3/10/53
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25978)
W.C. DEPARTMENT
ATTN: Edna Ponds
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: , vs AMERICAN RACING EQUIPMENT
Date Of Injury: 3/6/07

DOS	SERVICE	DESCRIPTION	AMOUNT
04/13/07	MRI	REF BY DR ANEL : LT SHLDR*	150.00
07/30/07	PENALTIES	FOR DATE OF SERVICE 4/13/07	22.50
12/22/14	INTEREST	FOR DATE OF SERVICE 4/13/07	131.86
12/31/14	PMT BY CHECK	DOS 4/13/07 # 27667795 CHARTIS	-252.00
01/14/15	BLCE OFF SET	BALANCE OFF SET	-52.36

BALANCE 0.0(

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

P4000028001

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

M

Electronic Service Requested

MIXED AADC 926
9607 0.7389 MB 0.432

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165 222

Check No.: 27667795
RFP No.: 490475
Check Date: 12/31/2014
Check Amount: 252.00
Insured: AMERICAN RACING EQUIPMENT, INC
Claimant:

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

Payee Name: JOYCE ALTMAN INTERPRETERS INC

25461 ✓
34815

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000002919892	00365318	01	03/16/2007	MED	O	~~252.00~~
					Total Amount	252.00

Reason for Payment
FULL/FINAL ALL DOS

I.F. ok
CA

PAID JAN 13 2015

Use File # 710/00365318 on all correspondence for prompt processing.
For check information call: 877-802-5246

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

*** INVOICE ***
Date NO#
07/28/15 60720

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 1/20/69
Terms : 45 days
Claim #(s):
851140

BILL TO:
AMTRUST NORTH AMERICA CONCORD
W.C. DEPARTMENT
ATTN: CEDRIC MARTIN
P.O. BOX 4026
CONCORD, CA 94524

Case: vs ANAHEIM WHITE HOUSE
Date Of Injury: 6/1/10 - 5/7/12

DOS	SERVICE	DESCRIPTION	AMOUNT
01/22/14	WCAB SA	MSC - ROSARIO PALMER # 100715	156.50
04/02/14	WCAB SA	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
05/12/14	PENALTIES	FOR DATE OF SERVICE 1/22/14	23.48
07/15/15	INTEREST	FOR DATE OF SERVICE 1/22/14	25.20
05/15/14	LIEN FIL FEE	LIEN FILING FEE	150.00
08/27/14	PENALTIES	FOR DATE OF SERVICE 04/02/14	23.48
07/15/15	INTEREST	FOR DATE OF SERVICE 04/02/14	18.89
07/15/15	COSTS & SANC	SETTLEMENT FOR DISPUTE	278.58
07/24/15	PMT BY CHECK	1/22/14-7/15/15 #00838307	-832.63

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

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

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
00838307
851140-1
SWC1003590

DATE	AMOUNT
7/24/2015	$832.63

PAY Eight Hundred Thirty-Two and 63/100s Dollars**********

Pay To: JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 90 DAYS

Mail To

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID JUL 28 2015

SIGNATURE HAS A COLORED BACKGROUND - PAPER CONTAINS MICROPRINTING

⑈00838307⑈ ⑆021309379⑆ 790262463⑈

Explanation Of Bill Review

Check Number	00838307 ✓	ANA UBI Claims on behalf of Security National Insurance Company	
Claim Number:	851140-1	PO BOX 740042	
Regulatory ID:		Atlanta, GA 30374-0042	
Bill Number:	7956994		
Invoice Number:	FP1-MSCA-204700	888-239-3909	
Policy / Insured:	SWC1003590/Ganlaon A Corporation (a corp.)		
Claimant Name:			
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC		
Loss Date:	5/7/2012	FP1-MSCA-204700	
Location:	CA -		
Examiner Code:	kcastillo	#60720	F&P OK SP
Network/PPO Network:			

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
5/7/2012	MDS10	SETTLEMENT FOR DISPUTE	1.00	832.63	0.00			
				832.63	0.00	0.00	832.63	

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

Reconsiderations and or appeals need to be submitted to the carrier listed above and to Mitchell International 14295 Midway Road Suite 300, Addison, Tx 75001

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE CALL Mitchell International AT 888-380-5616.

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

*** INVOICE ***

Date	NO#
01/21/15	28671

Claim # : ECA900017446
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-3457
D.O.B. : 9/19/55
Terms : 45 days

BILL TO:
FIRST COMP/MARKEL INS (OMAHA)
W.C. DEPARTMENT
ATTN: FRANK RAMIREZ (LIEN UNIT)
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs AVI CUSTOM CARPENTRY, INC.
Date Of Injury: 11/15/07

DOS	SERVICE	DESCRIPTION	AMOUNT
12/21/07	PR2/REEVAL	-DR DOMARACKI*	180.00
01/14/08	PR2/REEVAL	-DR DOMARACKI*	180.00
12/07/07	INITIAL EXAM	-DR DOMARACKI*	230.00
04/11/08	PENALTIES	FOR DATE OF SERVICE 12/7/07	34.50
09/08/08	INTEREST	FOR DATE OF SERVICE 12/7/07	131.24
04/07/08	PR2/REEVAL	-DR DOMARACKI*	180.00
04/29/08	PR2/REEVAL	-DR DOMARACKI/DR SCHEEL*	180.00
08/29/08	PR2/REEVAL	-DR DOMARACKI* @ WILLOW MED	180.00
09/08/08	PMT BY CHECK	DOS 12/7/07 THRU 1/14/08 # 231093	-590.00
10/21/08	P AND S	-DR DOMARACKI @ WILLOW MED*	230.00
02/25/10	WCAB LB	PRIORITY CONFERENCE CARMEN GUZMAN 100585	156.50
05/04/10	WCAB LB	TRIAL - CARMEN GUZMAN #100585	156.50
07/26/10	PENALTIES	FOR DATE OF SERVICE 4/7/08	27.00
01/07/15	INTEREST	FOR DATE OF SERVICE 4/7/08	140.14
07/26/10	PENALTIES	FOR DATE OF SERVICE 4/29/08	27.00
01/07/15	INTEREST	FOR DATE OF SERVICE 4/29/08	138.89
07/26/10	PENALTIES	FOR DATE OF SERVICE 8/29/08	27.00
01/07/15	INTEREST	FOR DATE OF SERVICE 8/29/08	131.97
07/26/10	PENALTIES	FOR DATE OF SERVICE 10/21/08	34.50
01/07/15	INTEREST	FOR DATE OF SERVICE 10/21/08	164.79
07/26/10	PENALTIES	FOR DATE OF SERVICE 2/25/10	23.48
10/26/11	INTEREST	FOR DATE OF SERVICE 2/25/10	30.97
03/09/11	PENALTIES	FOR DATE OF SERVICE 5/4/10	23.48
10/26/11	INTEREST	FOR DATE OF SERVICE 5/4/10	27.61
12/19/11	PMT BY CHECK	DOS 10/19/11 # 2684010	-344.30
03/01/12	PENALTIES	FOR DATE OF SERVICE 12/21/07	27.00
09/08/08	INTEREST	FOR DATE OF SERVICE 12/21/07	15.99
03/01/12	PENALTIES	FOR DATE OF SERVICE 1/14/08	27.00

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

*** INVOICE ***

Date	NO#
01/21/15	28671

Claim # : ECA900017446
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-3457
D.O.B. : 9/19/55
Terms : 45 days

BILL TO:
FIRST COMP/MARKEL INS (OMAHA)
W.C. DEPARTMENT
ATTN: FRANK RAMIREZ (LIEN UNIT)
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs AVI CUSTOM CARPENTRY, INC.
Date Of Injury: 11/15/07

DOS	SERVICE	DESCRIPTION	AMOUNT
09/08/08	INTEREST	FOR DATE OF SERVICE 1/14/08	14.63
03/01/12	PENALTIES	FOR SETTLEMENT PAID LATE (10/19/11)	78.25
10/19/11	INTEREST	FOR SETTLEMENT PAID LATE (10/19/11)	8.68
07/29/14	LIEN FIL FEE	LIEN FILING FEE	150.00
01/14/15	PMT BY CHECK	DOS 12/21/07-1/7/15* # 2807466	-2000.00
01/21/15	BLCE OFF SET	BALANCE OFF SET	-22.82

BALANCE 0.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

FIRST COMP UNDERWRITERS

PO Box 3188
Omaha, NE 68103-0188

Claim Number: ECA900017446
Name: JOYCE ALTMAN INTERPRETERS, INC

Claims Disbursement
Check Number: 231093
Check Date: 09/08/2008
Check Amount: 590.00

Check Information

Check Description:
EOR REFERENCE:
POLICY NUMBER: WEN0027542
CLAIMS TYPE: ME EXPENSE TYPE:

28671

Invoice Number:
Invoice Date: 01/30/2008

Service From: 12/07/2007 **Service to:** 01/14/2008

Claimant Last Name:
Claimant First Name:

Additional Information: 12/07/2007 01/14/2008

PAID

FIRST COMP
Insuring America's Small Business®
PO Box 3188
Omaha, NE 68103-0188

Claims Disbursement

Claim Number: ECA900017446
Name: JOYCE ALTMAN INTERPRETERS, INC

Check Number: 2684010
Check Date: 12/19/2011
Check Amount: 344.30

#2871

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WEN0027542
CLAIMS TYPE: ME EXPENSE TYPE: 15

Invoice Number:
Invoice Date:

Service From: 10/19/2011 **Service To:** 10/19/2011

Claimant First Name:
Claimant Last Name:

Additional Information: 10/19/2011 10/19/2011 settlement agreement

M

FIRST COMP
MARKEL Insuring America's Small Business®

PO Box 3188
Omaha, NE 68103-0188

Claims Disbursement

Claim Number: ECA900017446
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 2807466
Check Date: 01/14/2015
Check Amount: 2,000.00

28671

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WEN0027542
CLAIMS TYPE: ME EXPENSE TYPE: 15

F. F. ok
CA

Invoice Number: Lien F & F
Invoice Date: 01/13/2015

Service From: 12/21/2007 **Service To:** 01/07/2015

Claimant First Name:
Claimant Last Name:

& MR

Additional Information: 12/21/2007 01/07/2015

PAID JAN 21 2015

[redacted]

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

*** INVOICE ***
Date NO#
10/16/15 64411

EAMS#(s):

SS # : XXX-XX-3498
DOB : 3/6/51
Terms : 45 days
Claim #(s):
BV13-038CA; VV13-008CA

BILL TO:
MURPHY & BEANE (CULVER CITY)
W. C. DEPARTMENT
ATTN: KIM VALDEZ
5901 Green Valley Circle,# 145
CULVER CITY, CA 90230

Case: vs LEISURE VALE RETIREMENT HOTEL
Date Of Injury: 5/28/13; 5/13-11/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/09/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/15/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/17/15	PMT BY CHECK	DOS 12/9/14* # 023710	-156.50
03/27/15	PMT BY CHECK	DOS 1/15/15* # 023744	-250.00
04/20/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/22/15	PENALTIES	FOR DATE OF SERVICE 4/20/15	23.48
09/22/15	INTEREST	FOR DATE OF SERVICE 4/20/15	7.45
10/26/15	PMT BY CHECK	DOS 4/20/15* # 024499	-156.50
10/16/15	COSTS & SANC	COSTS & SANC	569.07
10/26/15	PMT BY CHECK	DOS 12/9/14-12/9/15* # 024500	-600.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

MURPHY AND BEANE, INC.
COMPENSATION ACCOUNT
5901 GREEN VALLEY CIRCLE, SUITE 145 • CULVER CITY, CA 90230

WELLS FARGO BANK
11-24/1210(8)

NO. 023710

23710

VOID AFTER 90 DAYS

DATE 03/17/2015

BV 13-008CA

AMOUNT *****$156.50*

PAY *****One Hundred Fifty-Six Dollars And 50 Cents*****

Miscellaneous Allocated Expense

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

AUTHORIZED SIGNATURE

THIS PAPER CONTAINS VISIBLE AND INVISIBLE FIBERS FACE AND BACK WHICH FLUORESCE UNDER ULTRAVIOLET LIGHT.

⑈023710⑈ ⑆121000248⑆ 40200127 38⑈

MURPHY AND BEANE, INC. - COMPENSATION ACCOUNT

023710

PAYEE: THIS IS YOUR RECORD OF CLAIM PAYMENT PLEASE DETACH AND SAVE

CLAIM NUMBER	PAYMENT FOR	FOR THE PERIOD FROM	THRU	AMOUNT	CODE
BV 13-008CA	Miscellaneous Allocated Expense	12/09/2014	12/09/2014	156.50	R 2P12

64411

PAID APR 27 2015

MURPHY AND BEANE, INC.
COMPENSATION ACCOUNT
5901 GREEN VALLEY CIRCLE, SUITE 145 • CULVER CITY, CA 90230

WELLS FARGO BANK
11-24/1210(8)

NO. 023744

23744

VOID AFTER 90 DAYS

DATE 03/27/2015

BV 13-008CA
Invoice #: 64411

AMOUNT *****$250.00*

PAY *****Two Hundred Fifty Dollars And 0 Cents*****

Miscellaneous Allocated Expense

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

AUTHORIZED SIGNATURE

THIS PAPER CONTAINS VISIBLE AND INVISIBLE FIBERS FACE AND BACK WHICH FLUORESCE UNDER ULTRAVIOLET LIGHT.

⑈023744⑈ ⑆121000248⑆ 402001273⑧⑈

MURPHY AND BEANE, INC. - **COMPENSATION ACCOUNT** 023744

PAYEE: THIS IS YOUR RECORD OF CLAIM PAYMENT PLEASE DETACH AND SAVE

CLAIM NUMBER	PAYMENT FOR	FOR THE PERIOD FROM	THRU	AMOUNT	CODE
BV 13-008CA 64411	Miscellaneous Allocated Expense	01/15/2015	01/15/2015	250.00	R 2P12

PAID APR 27 2015

MURPHY AND BEANE, INC.
COMPENSATION ACCOUNT
5901 GREEN VALLEY CIRCLE, SUITE 145 • CULVER CITY, CA 90230

WELLS FARGO BANK
11-24/1210(8)

NO. 024500
24500

VOID AFTER 90 DAYS

DATE 10/26/2015

BV 13-038CA
Invoice #: FULL & FINAL

AMOUNT*****$600.00*

PAY *****Six Hundred Dollars And 0 Cents*****

Miscellaneous Allocated Expense

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

AUTHORIZED SIGNATURE

THIS PAPER CONTAINS UNIQUE AND INVISIBLE WATERMARK ON FACE AND BACK WHICH FLUORESCE UNDER ULTRAVIOLET LIGHT

⑈024500⑈ ⑆121000248⑆ 402001273 8⑈

MURPHY AND BEANE, INC. - **COMPENSATION ACCOUNT** 024500

PAYEE: THIS IS YOUR RECORD OF CLAIM PAYMENT PLEASE DETACH AND SAVE

CLAIM NUMBER	PAYMENT FOR	FOR THE PERIOD FROM	THRU	AMOUNT	CODE
BV 13-038CA					
FULL & FINAL		12/09/2014	12/09/2015	600.00	F
Miscellaneous Allocated Expense					2P12

64411 F-F. OK NDJ

PAID NOV 19 2015

Add line item Costs.

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

*** INVOICE ***

Date	NO#
04/15/15	31209

W.C.A.B.: N/A
ADJ # :
S.S.N. : XXX-XX-3758
D.O.B. : 07/8/59
Terms : 45 days
Claim #(s):
710527765

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

Case: vs TEAZE OF CALIFORNIA
Date Of Injury: 3/20/08

DOS	SERVICE	DESCRIPTION	AMOUNT
07/18/08	INITIAL EXAM	DR DOMARACKI*	230.00
08/08/08	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
08/29/08	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
09/19/08	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
10/13/08	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
09/25/08	INITIAL EXAM	W/ ACUPUNCTURIST STEVE HING @ WILLOW MED*	230.00
10/31/08	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
11/13/08	INITIAL EXAM	DR SAMIMI @ WILLOW MED*	230.00
12/01/08	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
01/08/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
03/25/09	PENALTIES	FOR DATE OF SERVICE 7/18/08	34.50
03/31/15	INTEREST	FOR DATE OF SERVICE 7/18/08	176.96
03/25/09	PENALTIES	FOR DATE OF SERVICE 9/25/08	34.50
03/31/15	INTEREST	FOR DATE OF SERVICE 9/25/08	172.69
03/25/09	PENALTIES	FOR DATE OF SERVICE 11/13/08	34.50
03/31/15	INTEREST	FOR DATE OF SERVICE 11/13/08	169.14
04/20/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
05/21/09	WCAB LB	PRIORITY CONFERENCE	156.50
05/12/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
05/20/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
02/09/10	PENALTIES	FOR DATE OF SERVICE 5/21/09	23.48
03/31/15	INTEREST	FOR DATE OF SERVICE 5/21/09	105.77
03/30/15	PENALTIES	FOR DATE OF SERVICE 8/8/08	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 8/8/08	137.87
03/30/15	PENALTIES	FOR DATE OF SERVICE 8/29/08	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 8/29/08	136.68
03/30/15	PENALTIES	FOR DATE OF SERVICE 9/19/08	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 9/19/08	135.49
03/30/15	PENALTIES	FOR DATE OF SERVICE 10/13/08	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 10/13/08	134.12

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

*** INVOICE ***
Date NO#
04/15/15 31209

W.C.A.B.: N/A
ADJ # :
S.S.N. : XXX-XX-3758
D.O.B. : 07/8/59
Terms : 45 days
Claim #(s):
710527765

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

Case: vs TEAZE OF CALIFORNIA
Date Of Injury: 3/20/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/30/15	PENALTIES	FOR DATE OF SERVICE 10/31/08	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 10/31/08	133.10
03/30/15	PENALTIES	FOR DATE OF SERVICE 12/01/08	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 12/01/08	131.35
03/30/15	PENALTIES	FOR DATE OF SERVICE 1/8/09	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 1/8/09	129.19
03/30/15	PENALTIES	FOR DATE OF SERVICE 5/12/09	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 5/12/09	122.16
03/30/15	PENALTIES	FOR DATE OF SERVICE 5/20/09	27.00
03/31/15	INTEREST	FOR DATE OF SERVICE 5/20/09	121.70
04/09/15	COSTS & SANC	COSTS & SANC	577.30
04/09/15	PMT BY CHECK	DOS 3/30/15* # 28290000	-5400.00

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 is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

P40000028001

20150409161 3

American International Group, Inc.
Attn: Bryan Wiltfong
PO Box 25565
Shawnee Mission, KS 66225

Electronic Service Requested

ENV 1674 4 OF 4 F

MIXED AADC 926
1674 0.9291 MB 0.432
JOYCE ALTMAN INTERPRETERS INC 123
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 28290000
RFP No.: 747948
Check Date: 04/09/2015
Check Amount: 5,400.00
Insured: TEAZE OF CALIFORNIA, INC.

Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID APR 15 2015

31209

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000003426087	00527765	001	03/20/2008	MED	O	5,400.00
					Total Amount	5,400.00

Reason for Payment
033015-033015

F.F.
CA 6K

Use File # 710/00527765 on all correspondence for prompt processing.
For check information call: 877-802-5246

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

*** INVOICE ***
Date NO#
07/24/15 26867

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 10/20/64
Terms : 45 days
Claim #(s):
2319932; 2319377

BILL TO:
METRO RISK MGMT (WILMINGTON)
W.C. DEPARTMENT
ATTN: SUNNY BYRD
PO BOX 547
WILMINGTON, CA 90748

Case: /s PRODUCTION PLUS PLUMBING
Date Of Injury: 12/3/07; 7/30/07

DOS	SERVICE	DESCRIPTION	AMOUNT
08/16/07	INITIAL EXAM	DR HOANG @ EMPIRE CHIRO*	230.00
12/05/07	INITIAL EXAM	DR FRANCISCO - PSYCH EVAL*	230.00
01/16/08	NCT	DIAGNOSTIC STUDY INTERP: L/E*	150.00
02/25/08	TESTING	NEURO MUSCULAR TESTING @ EMPIRE CHIRO*	150.00
05/08/08	PENALTIES	FOR DATE OF SERVICE 8/16/07	34.50
05/08/08	INTEREST	FOR DATE OF SERVICE 8/16/07	20.73
05/08/08	PENALTIES	FOR DATE OF SERVICE 12/5/07	34.50
05/08/08	INTEREST	FOR DATE OF SERVICE 12/5/07	12.68
05/08/08	PENALTIES	FOR DATE OF SERVICE 1/16/08	22.50
05/08/08	INTEREST	FOR DATE OF SERVICE 1/16/08	6.29
09/22/08	INITIAL EXAM	DR PAYANDEH @ ADVANCED CARE*	230.00
10/27/08	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
11/20/08	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
12/22/08	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
01/05/09	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
02/23/09	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
03/12/09	P AND S	DR PAYANDEH @ ADVANCED CARE*	230.00
01/19/09	MEDS	INSTRUCTION ON MEDICATIONS @ ADVANCED CARE*	120.00
07/22/15	PMT BY CHECK	DOS 8/16/07-1/19/09* # 2150028588	-2371.20

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

*** INVOICE ***

Date	NO#
07/24/15	26867

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 10/20/64
Terms : 45 days
Claim #(s):
2319932; 2319377

BILL TO:
METRO RISK MGMT (WILMINGTON)
W.C. DEPARTMENT
ATTN: SUNNY BYRD
PO BOX 547
WILMINGTON, CA 90748

Case: __ vs PRODUCTION PLUS PLUMBING
Date Of Injury: 12/3/07; 7/30/07

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 is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Client: Contractors Access Program
Payee: Joyce Altman Interpreters, Inc.
PO Box 4165
Tustin, CA 92781

Check Number: 2150028588
Check Date: 07/22/2015
Check Total: $2,371.20

26867

Claim Number / Incident Date	Employee	Payment Type	Invoice Number / Date	Amount
2319377		Language Translator		$2,371.20
07/31/2007	Production Plus Plumbing	From - To: 08/16/2007-01/19/2009	For: dc2572781	

PAID JUL 24 2015

Pt.550 Another Quality Product From Altec (800) 333-5180

DOCUMENT HAS A MULTI-COLORED BACKGROUND. SECURITY FEATURES LISTED ON BACK.

Contractors Access Program

Bank of America Merrill Lynch

90-78
1211

Self Insurers Security Fund
Metro Claims Account
P.O. Box 547
Wilmington, CA 90748

Check No: 2150028588

Date: 07/22/2015
VOID AFTER 180 DAYS

PAY TWO THOUSAND THREE HUNDRED SEVENTY-ONE AND 20/100

Amount: $ **********2,371.20

Antoinette Amaca

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

Tustin, CA 92781

Two signatures required on amounts over $5000

⑈2150028588⑈ ⑆121000358⑆ 149998205⑈

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

*** INVOICE ***
Date NO#
07/23/15 37971

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 9/10/40
Terms : 45 days
Claim #(s):
605A29022

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W.C. DEPARTMENT
ATTN: DANIEL CAFFER
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs FLYING FOOD GROUP
Date Of Injury: 10/8/09

DOS	SERVICE	DESCRIPTION	AMOUNT
07/14/10	INITIAL EXAM	DR CHAN* ALBERTO VILLAGOMEZ # 500341	230.00
07/26/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
08/16/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
10/04/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
11/29/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
01/10/11	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
02/23/11	PMT BY CHECK	DOS 7/14/10 THRU 1/10/11 # 0022808656	-540.00
02/28/11	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
03/28/11	P AND S	DR CHAN (2 HRS 15 MINS)	258.75
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/02/11	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/29/11	PMT BY CHECK	DOS 7/14/10-6/02/11 # 0023576862	-371.25
07/26/11	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/10/11	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/15/11	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/13/11	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/08/15	PENALTIES	FOR DATE OF SERVICE 11/29/10	13.50

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

*** INVOICE ***
Date NO#
07/23/15 37971

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 9/10/40
Terms : 45 days
Claim #(s):
605A29022

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W.C. DEPARTMENT
ATTN: DANIEL CAFPER
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs FLYING FOOD GROUP
Date Of Injury: 10/8/09

DOS	SERVICE	DESCRIPTION	AMOUNT
07/08/15	INTEREST	FOR DATE OF SERVICE 11/29/10	47.84
07/08/15	PENALTIES	FOR DATE OF SERVICE 01/10/11	13.50
07/08/15	INTEREST	FOR DATE OF SERVICE 01/10/11	46.65
07/08/15	PENALTIES	FOR DATE OF SERVICE 02/28/11	13.50
07/08/15	INTEREST	FOR DATE OF SERVICE 02/28/11	45.26
07/08/15	PENALTIES	FOR DATE OF SERVICE 03/28/11	23.63
07/08/15	INTEREST	FOR DATE OF SERVICE 03/28/11	77.81
07/08/15	PENALTIES	FOR DATE OF SERVICE 06/02/11	13.50
07/08/15	INTEREST	FOR DATE OF SERVICE 06/02/11	42.59
07/08/15	PENALTIES	FOR DATE OF SERVICE 07/26/11	13.50
07/08/15	INTEREST	FOR DATE OF SERVICE 07/26/11	41.06
07/08/15	PENALTIES	FOR DATE OF SERVICE 10/10/11	27.00
07/08/15	INTEREST	FOR DATE OF SERVICE 10/10/11	77.81
07/08/15	PENALTIES	FOR DATE OF SERVICE 11/15/11	27.00
07/08/15	INTEREST	FOR DATE OF SERVICE 11/15/11	75.77
07/08/15	PENALTIES	FOR DATE OF SERVICE 12/13/11	27.00
07/08/15	INTEREST	FOR DATE OF SERVICE 12/13/11	74.18
07/08/15	PENALTIES	FOR DATE OF SERVICE 07/14/10	21.00
07/08/15	INTEREST	FOR DATE OF SERVICE 07/14/10	79.31
07/08/15	PENALTIES	FOR DATE OF SERVICE 07/26/10	13.50
07/08/15	INTEREST	FOR DATE OF SERVICE 07/26/10	50.98
07/08/15	PENALTIES	FOR DATE OF SERVICE 08/16/10	13.50
07/08/15	INTEREST	FOR DATE OF SERVICE 08/16/10	50.98
07/08/15	PENALTIES	FOR DATE OF SERVICE 10/04/10	13.50
07/08/15	INTEREST	FOR DATE OF SERVICE 10/04/10	49.42
07/17/15	PMT BY CHECK	DOS 4/14/10-7/10/15* =# 0029046976	-2550.79

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

*** INVOICE ***

Date	NO#
07/23/15	37971

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 9/10/40
Terms : 45 days
Claim #(s):
605A29022

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W.C. DEPARTMENT
ATTN: DANIEL CAFPER
P.O. BOX 4555
PORTLAND, OR 97208

Case: [redacted] vs FLYING FOOD GROUP
Date Of Injury: 10/8/09

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 is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

B. CODE
288

CHECK REFERENCE	CHECK DA
0022808656	02/23/
CHECK AMOUNT	BLOCK NU
***$1170.00	02495]

OSN:MM0801022311-001379

THIS CHECK REPRESENTS A COMBINATION OF BILLED SERVICES. PLEASE REFER TO EACH DETAILED ITEMIZATION FOR SPECIFIC INFORMATION TO SUPPORT THE PAYMENT.

PATIENT NAME	DATES OF SERVICE	CLAIM #	TOTAL BILL CHARGES	TOTAL PAID
	10/11/10-01/05/11	WC 905-510701 HOD	1,581.25	630.00
	07/14/10-01/10/11	WC 905-495153 HOD	1,130.00	540.00

37971

PAID
FEB 28 2011
BY:.....

RECEIVED FEB 28 2011

TOTAL BILLS COMBINED: 2 1,170.00

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

B.CODE
288

CHECK REFERENCE	CHECK DATE
0023576862	07/29/11
CHECK AMOUNT	BLOCK NUMBER
***$2371.25	040328

OSN:MM0801072912-000156

THIS CHECK REPRESENTS A COMBINATION OF BILLED SERVICES. PLEASE REFER TO EACH DETAILED ITEMIZATION FOR SPECIFIC INFORMATION TO SUPPORT THE PAYMENT.

PATIENT NAME	DATES OF SERVICE	CLAIM #	TOTAL BILL CHARGES	TOTAL PAID
	07/14/10-06/02/11	WC 905-495153 HOD	2,288.75	371.25
	03/02/09-08/03/09	WC 648-422123 HOD	2,360.00	1,340.00
	03/02/09-03/02/09	WC 648-422123 HOD	230.00	230.00
	03/02/09-04/22/09	WC 648-422123 HOD	410.00	180.00
	03/02/09-04/22/09	WC 648-422123 HOD	660.00	250.00

#37971

PAID

TOTAL BILLS COMBINED: 5

2,371.25

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

MPA * 008023
LIBERTY MUTUAL - WAUSAU
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

CITIBANK NA, ONE PENNS WAY
NEW CASTLE, DE 19720

0023576862
62-20/311
38621945

CHECK DATE
07/29/11

$ **********2,371.25

VOID IF NOT PRESENTED WITHIN 6 MONTHS OF DATE OF CHECK

B.CODE	OFFICE NUMBER	PAYMENT IDENTIFICATION
288	949	COMBINED PAYMENT

PAY TWO THOUSAND THREE HUNDRED SEVENTY ONE AND 25/100 DOLLARS**********

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

TWO SIGNATURES REQUIRED IF OVER $150,000

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual. INSURANCE

B.CODE
288

CHECK REFERENCE	CHECK DATE
0029046976	07/17/15
CHECK AMOUNT	BLOCK NUMBER
***4350.79	030755

OSN:HM0801071712-000216

THIS CHECK REPRESENTS A COMBINATION OF BILLED SERVICES. PLEASE REFER TO EACH DETAILED ITEMIZATION FOR SPECIFIC INFORMATION TO SUPPORT THE PAYMENT.

PATIENT NAME	DATES OF SERVICE	CLAIM #	TOTAL BILL CHARGES	TOTAL PAID
	05/29/07-07/09/15	WC 608-564533 HOD	1,634.58	1,364.58
	03/25/08-02/12/10	WC 608-564533 HOD	795.42	435.42
	07/14/10-06/02/11	WC 604-A29022 HOD	2,288.75	787.50
	07/14/10-07/10/15	WC 604-A29022 HOD	2,303.29	1,763.29

2,550.79

37971

F.F.
CA

PAID JUL 23 2015

TOTAL BILLS COMBINED: 4 4,350.79

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

MPA * 000055
LIBERTY MUTUAL - WAUSAU
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual. INSURANCE

CITIBANK NA, ONE PENNS WAY
NEW CASTLE, DE 19720

0029046976
62-20/311
38621945

B.CODE	OFFICE NUMBER	PAYMENT IDENTIFICATION
288	949	COMBINED PAYMENT

CHECK DATE 07/17/15

$ ***********4,350.79

VOID IF NOT PRESENTED WITHIN 6 MONTHS OF DATE OF CHECK

PAY FOUR THOUSAND THREE HUNDRED FIFTY AND 79/100 DOLLARS**********

TO THE ORDER OF
JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN CA 92781-4165

TWO SIGNATURES REQUIRED IF OVER $150,000

⑈0029046976⑈ ⑆031100209⑆ 38621945⑈

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

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

*** INVOICE ***
Date NO#
03/19/15 60200

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 2/17/59
Terms : 45 days
Claim #(s):
05830426

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

Case: vs CONSTRACTIVE
Date Of Injury: 8/7/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/14/13	WCAB LB.	MSC - CARMEN GUZMAN # 100585	156.50
01/23/14	DEPO PREP	@ THE L/O OF HUTCHINGS COURT REPORTERS	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/06/14	WCAB LB .	MSC - CARMEN GUZMAN # 100585	156.50
03/27/14	PMT BY CHECK	DOS 11/14/13-1/23/14* # CU-101472	-469.50
05/01/14	DEPO PREP .	@ M&M COURT REPORTERS	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/29/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/17/15	PENALTIES	DOS 5/1/14-5/29/14	40.65
03/17/15	INTEREST	DOS 5/1/14-5/29/14	28.45
03/17/15	PMT BY CHECK	DOS 5/1/14-5/29/14* # CU-192856	-406.50
03/17/15	PMT BY CHECK	DOS 5/1/14-5/29/14* PENALTY # CU-192854	-40.65
03/17/15	PMT BY CHECK	DOS 5/1/14-5/29/15* INTEREST # CU-192855	-28.45

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 is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election **letter, Depo Transcript and any and all documentary evidence to be utilized in** an attempt to defeat this lien.

[redacted]

Provider Number: 330956713

Check #: **CU-101472**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 03/27/14
Doc #: 028095459

Medical

60200

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 05830426			
1	INV#60200	11/14/13	02/06/14	Interpreter fees	1		313.00
2	INV#60200	01/23/14	01/23/14	Depositions	1		156.50
						Total Allowances:	**$469.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05830426	469.50	.00	469.50

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

Notations:
05830426 INV#60200;

PAID APR 01 2014

[redacted]

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

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-192856**

Issue Date: 03/17/15
Doc #: 029491302

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	a **Claim #:** 05177878			
1	40613	06/15/11	02/02/12	Interpreter fees	1		313.00
			Patient Name:	**Claim #:** 05404158			
2	64186	08/02/11	03/12/14	Interpreter fees	1		313.00
3	64186	08/02/12	08/02/12	Med-Legal Evals & Costs	1		575.00
						Subtotal:	888.00
			Patient Name:	a **Claim #:** 05771092			
4	53400	10/07/13	05/07/14	Depositions	1		563.00
			Patient Name:	**Claim #:** 05830426			
5	60200	05/01/14	05/29/14	Interpreter fees	1		406.50
	51013		**Patient Name:**	**Claim #:** 05477368			
6	40991	12/13/10	12/13/10	Interpreter fees	1		156.50
			Patient Name:	**Claim #:** 05737980			
7	INTERPRET	04/19/12	04/19/12	Treating Physicians	1		180.00
			Patient Name	**Claim #:** 05329616			
8	43794	10/15/14	10/15/14	Interpreter fees	1		156.50
						Total Allowances:	**$2,663.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05177878	313.00	.00	313.00
05477368	156.50	.00	156.50
05830426	406.50	.00	406.50
05329616	156.50	.00	156.50
05404158	888.00	.00	888.00
05737980	180.00	.00	180.00

PAID MAR 18 2015

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

2215663

State Compensation Insurance Fund

Medical
SA

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

CU-192856
Union Bank
Los Angeles, California
90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
March 17, 2015	**$*****2,663.50**

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

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

⑈521019285⑈ ⑆122241501⑆ ⑈908100104 3⑈

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-192854**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 03/17/15
Doc #: 029491300

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 05830426			
1	PENALTY	05/01/14	05/29/14	Med-Legal Penalty	1		40.65
						Total Allowances:	**$40.65**

Claim Number	Allowances	Penalty & Interest	Invoice Totals

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Notations:

05830426 PENALTY; INVOICE # 60200;

PAID MAR 18 2015

0121657802949130001 2

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

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

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-192855**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 03/17/15
Doc #: 029491301

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 05830426			
1	INTEREST	05/01/14	05/29/14	Med-Legal Interest	1		28.45
						Total Allowances:	**$28.45**

Claim Number	Allowances	Penalty & Interest	Invoice Totals

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

Notations:

05830426 INTEREST; INVOICE # 60200;

PAID MAR 19 2015

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

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

[redacted]

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

*** INVOICE ***
Date NO#
09/10/15 59282

EAMS#(s)

SS # : XXX-XX-4322
DOB : 10/26/53
Terms : 45 days
Claim #(s):
TWCI-2553

BILL TO:
YORK/AVIZENT (ROSEVILLE)
W.C. DEPARTMENT
ATTN: JILL MORGAN
P.O. BOX 619079
ROSEVILLE, CA 95661-9079

Case: vs ACCURATE METAL FABRICATIONS
Date Of Injury: 8/31/12

DOS	SERVICE	DESCRIPTION	AMOUNT
07/15/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/09/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/23/13	PMT BY CHECK	DOS 7/15/13-8/9/13 # 1276878	-406.50
02/06/14	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
02/25/14	PMT BY CHECK	DOS 2/6/14 # 1400014	-156.50
03/18/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/07/14	PMT BY CHECK	DOS 3/18/14* # 1429359	-250.00
05/18/15	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/12/15	PENALTIES	FOR DATE OF SERVICE 5/18/15	23.48
08/12/15	INTEREST	FOR DATE OF SERVICE 5/18/15	4.04
09/10/15	PMT BY CHECK	DOS 07/15/13-08/12/15* # 1734213	-184.02
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

INSURANCE FRAUD IS A CRIME AND IS PUNISHABLE BY LAW

PAID SEP 27 2013

Mailing Information:

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

Claim Number: TWCI-2553
Claimant:
Date of Loss: 08/31/2012

Check Number: 1276878
Check Date: 09/23/2013
Check Amount: $406.50
Type of Payment:
61 MISC. ALL OTHER

Location: 2208 Accurate Metal Solutions 2100 E Orangewood

For Period: 07/15/2013 to 08/09/2013
InvoiceNo: 59282
IRS #: 33-0956713

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

INSURANCE FRAUD IS A CRIME AND IS PUNISHABLE BY LAW

Mailing Information:

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

Claim Number: TWCI-2553
Claimant:
Date of Loss: 08/31/2012

Check Number: 1400014
Check Date: 02/25/2014
Check Amount: $156.50
Type of Payment:
61 MISC. ALL OTHER

Location: 2208 Accurate Metal Solutions 2100 E Orangewood

PAID MAR 03 2014

For Period: 07/15/2013 to 02/06/2014
InvoiceNo: 59282
IRS #: 33-0956713

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

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

York Risk Services Group, Inc.

YORK
P.O BOX 5245
PARSIPPANY, NJ 07801 (973) 541-1330

ON BEHALF OF
4739 Tower Castlepoint NSM Insurex

WELLS FARGO BANK, N.A.
190 RIVER ROAD, NJ3179
SUMMIT, NJ 07901-1444
55-2/212

NOT VALID AFTER SIX MONTHS
CLAIM NUMBER
TWCI-2553
DATE CHECK NO.
02/25/2014 1400014
AMOUNT
***$156.50

PAY
TO THE ORDER OF
ONE HUNDRED FIFTY-SIX AND 50/100

JOYCE ALTMAN INTERPRETING
Mail to: PO BOX 4165
TUSTIN, CA 92781-4165

Richard Talbot

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER $25,000.00.

⑈1400014⑈ ⑆021200025⑆ 20000134869651⑈

INSURANCE FRAUD IS A CRIME AND IS PUNISHABLE BY LAW

Mailing Information:

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

Claim Number: TWCI-2553
Claimant:
Date of Loss: 08/31/2012

Check Number: 1429359
Check Date: 04/07/2014
Check Amount: $250.00
Type of Payment:
176 INTERPRETER MED

Location: 2208 Accurate Metal Solutions 2100 E Orangewood

For Period: 07/15/2013 to 03/18/2014
InvoiceNo: 59282
IRS #: 33-0956713

PAID APR 09 2014

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

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

YORK
P.O BOX 5245
PARSIPPANY, NJ 07801 (973) 541-1330

ON BEHALF OF

4739 Tower Castlepoint NSM Insurex

WELLS FARGO BANK, N.A.
190 RIVER ROAD, NJ3179
SUMMIT, NJ 07901-1444
55-2/212

NOT VALID AFTER SIX MONTHS

CLAIM NUMBER
TWCI-2553

DATE 04/07/2014
CHECK NO. 1429359

AMOUNT
***$250.00

PAY TO THE ORDER OF
TWO HUNDRED FIFTY AND 0/100

JOYCE ALTMAN INTERPRETING
Mail to: PO BOX 4165
TUSTIN, CA 92781-4165

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER $25,000.00.

York Risk Services Group, Inc.

⑈1429359⑈ ⑆021200025⑆ 2000013486965⑈

INSURANCE FRAUD IS A CRIME AND IS PUNISHABLE BY LAW

Mailing Information:

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

PAID
BY: .....

#59282

Claim Number: TWCI-2553
Claimant:
Date of Loss: 08/31/2012

Check Number: 1734213
Check Date: 09/03/2015
Check Amount: $184.02
Type of Payment:
EP 108 - DEPOSITION COSTS

F&F
5811

Location: 2208 Accurate Metal Solutions 2100 E Orangewood of Accurate Metal Fabricators Inc

For Period: 07/15/2013 to 08/12/2015
InvoiceNo: 59282
IRS #: 33-0956713
Handling Office: 705-Los Angeles, Roseville, CA

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

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

YORK
P.O BOX 5245
PARSIPPANY, NJ 07801
(973) 541-1330

ON BEHALF OF
4739 Tower Castlepoint NSM Insurex

PAY
TO THE ORDER OF
ONE HUNDRED EIGHTY-FOUR AND 2/100

JOYCE ALTMAN INTERPRETING
Mail to: PO BOX 4165
TUSTIN, CA 92781-4165

WELLS FARGO BANK, N.A.
190 RIVER ROAD, NJ3179
SUMMIT, NJ 07901-1444
55-2/212

NOT VALID AFTER SIX MONTHS

CLAIM NUMBER
TWCI-2553

DATE 09/03/2015
CHECK NO. 1734213

AMOUNT
***$184.02

Richard Talbot

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER $25,000.00.

⑈1734213⑈ ⑆121000248⑆ 2000013486965⑈

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

*** INVOICE ***

Date	NO#
10/05/15	51759

EAMS#(s):

SS # : XXX-XX-0908
DOB : 5/11/72
Terms : 45 days
Claim #(s):
05736784

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

Case: vs JL FURNISHING
Date Of Injury: CT 8/19/10-8/19/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/12	MRI	REF BY DR TOUTOUNDJIAN: BIL ELBOWS @ CA IMAGING*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
06/06/12	MRI	REF BY DR PAYNE: C/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
11/05/13	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/07/14	PENALTIES	FOR DATE OF SERVICE 11/05/13	29.03
08/26/15	INTEREST	FOR DATE OF SERVICE 11/05/13	72.49
08/20/14	PENALTIES	FOR DATE OF SERVICE 2/23/12	22.50
12/08/14	INTEREST	FOR DATE OF SERVICE 2/23/12	43.86
08/20/14	PENALTIES	FOR DATE OF SERVICE 6/6/12	22.50
12/08/14	INTEREST	FOR DATE OF SERVICE 6/6/12	43.86
12/08/14	PMT BY CHECK	DOS 2/23/12-11/5/13* # CU-168729	-356.50
09/10/15	PMT BY CHECK	DOS 02/23/12-11/05/13* # CU-235019	-600.00
10/05/15	COSTS & SANC	COSTS	172.26

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-168729**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 12/08/14
Doc #: 029104749

Medical

PAID DEC 12 2014

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name: A	**Claim #:** 05736784			
1	#51759	02/23/12	11/05/13	Interpreter fees	1		356.50
			Patient Name:	**Claim #:** 05632626			
2	#42405	02/02/11	02/02/11	Medical Services	1		19.31
			Patient Name:	**Claim #:** 05855722			
3	#61973	12/12/13	03/27/14	Interpreter fees	1		313.00
4	#61973	04/16/14	04/16/14	Interpreter fees	1		156.50
						Subtotal:	469.50
			Patient Name:	**Claim #:** 05731170			
5	#61284	04/04/14	10/20/14	Interpreter fees	1		188.41
						Total Allowances:	**$1,033.72**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05731170	188.41	.00	188.41
05855722	469.50	.00	469.50
05736784	356.50	.00	356.50
05632626	19.31	.00	19.31

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

Notations:

05855722 INV#61973;

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU

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

[redacted]

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals: 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-235019**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/10/15
Doc #: 030156295

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05712582		**Date of Injury:** 06/10/11		
SSN: XXX-XX-0908	Employer name: J L FURNISHINGS LLC			Employer ID: 0000001620545110					
ICD-9 Code:999.9	COMPLIC MED CARE NEC/NOS								
1	SF1-SFCA-15649870	02/23/12	MDO10	Payment By Order	1	600.00	.00	375 961 B03 G5 G67	600.00
2	SF1-SFCA-15649870	11/05/13	MDO10	Payment By Order	1	.00	.00	B03	.00
							Total Allowances:		**$600.00**

PAID

PT: .....

51759

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

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence. Please detach and retain the statement page(s) as your record of payment. THANK YOU

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

[redacted]

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

*** INVOICE ***
Date NO#
01/21/15 47200

Claim # : 1577129; 1572423
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7032
D.O.B. : 9/10/59
Terms : 45 days

BILL TO:
AMTRUST NORTH AMERICA (CONCORD
W.C. DEPARTMENT
ATTN: RICHARD WOOLLSLEY
P.O. BOX 4026
CONCORD, CA 94524

Case: vs AMERICAN ALLIANCE
Date Of Injury: 1/1/07; 6/6/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/11/11	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
10/03/11	MRI	REF BY DR KATTAR: C/S, LT SHOULDER @ CA IMG*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
12/08/11	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
01/19/12	PR2/REEVAL	DR KATTAR (2H 20M) JASON RAMIREZ # 500371	225.00
01/26/12	INITIAL EXAM	DR GALLONI @ WILLOW MEDICAL GROUP*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
02/23/12	PR2/REEVAL	DR KATTAR* ALBERTO VILLAGOMEZ # 500341	180.00
04/12/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
05/23/12	PR2/REEVAL	DR KATTAR* AUGUSTO SALAZAR # 500286	180.00
07/11/12	PR2/REEVAL	DR KATTAR* JOHANNA JORDAN # 100793	180.00
08/15/12	PR2/REEVAL	DR KATTAR* PATRICIA HAYES # 500287	180.00
10/04/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
11/27/12	WCAB LB	PRIORITY CONFERENCE - CARMEN GUZMAN # 100585	156.50
01/24/13	DEPO PREP	@ THE L/O OF ADELSON, TESTAN	156.50
/ /	INTERPRETER:	MARIA PACO - CORTEZ # 100533	0.00
01/30/13	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
02/28/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00

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

*** INVOICE ***

Date	NO#
01/21/15	47200

Claim # : 1577129; 1572423
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7032
D.O.B. : 9/10/59
Terms : 45 days

BILL TO:
AMTRUST NORTH AMERICA (CONCORD
W.C. DEPARTMENT
ATTN: RICHARD WOOLLSLEY
P.O. BOX 4026
CONCORD, CA 94524

Case: 1 vs AMERICAN ALLIANCE
Date Of Injury: 1/1/07; 6/6/11

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/04/13	P AND S	DR KATTAR @ GARFIELD HEALTH*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
08/01/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
10/24/13	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
04/03/14	PENALTIES	FOR DATE OF SERVICE 8/11/11	34.50
12/16/14	INTEREST	FOR DATE OF SERVICE 8/11/11	57.25
04/03/14	PENALTIES	FOR DATE OF SERVICE 10/3/11	22.50
04/03/14	INTEREST	FOR DATE OF SERVICE 10/3/11	25.19
04/03/14	PENALTIES	FOR DATE OF SERVICE 12/8/11	27.00
04/03/14	INTEREST	FOR DATE OF SERVICE 12/8/11	30.23
04/03/14	PENALTIES	FOR DATE OF SERVICE 1/19/12	33.75
04/03/14	INTEREST	FOR DATE OF SERVICE 1/19/12	37.78
04/03/14	PENALTIES	FOR DATE OF SERVICE 1/26/12	34.50
12/16/14	INTEREST	FOR DATE OF SERVICE 1/26/12	57.25
04/03/14	PENALTIES	FOR DATE OF SERVICE 2/23/12	27.00
04/03/14	INTEREST	FOR DATE OF SERVICE 2/23/12	25.19
04/03/14	PENALTIES	FOR DATE OF SERVICE 4/12/12	27.00
04/03/14	INTEREST	FOR DATE OF SERVICE 4/12/12	25.19
04/03/14	PENALTIES	FOR DATE OF SERVICE 5/23/12	27.00
04/03/14	INTEREST	FOR DATE OF SERVICE 5/23/12	25.19
04/03/14	PENALTIES	FOR DATE OF SERVICE 7/11/12	27.00
04/03/14	INTEREST	FOR DATE OF SERVICE 7/11/12	25.19
04/03/14	PENALTIES	FOR DATE OF SERVICE 8/15/12	27.00
04/03/14	INTEREST	FOR DATE OF SERVICE 8/15/12	25.19
04/03/14	PENALTIES	FOR DATE OF SERVICE 11/27/12	23.48
12/16/14	INTEREST	FOR DATE OF SERVICE 11/27/12	37.18
04/03/14	PENALTIES	FOR DATE OF SERVICE 1/24/13	23.48
12/16/14	INTEREST	FOR DATE OF SERVICE 1/24/13	34.32
04/03/14	PENALTIES	FOR DATE OF SERVICE 1/30/13	27.00
04/03/14	INTEREST	FOR DATE OF SERVICE 1/30/13	25.41

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

*** INVOICE ***

Date	NO#
01/21/15	47200

Claim # : 1577129; 1572423
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7032
D.O.B. : 9/10/59
Terms : 45 days

BILL TO:
AMTRUST NORTH AMERICA (CONCORD
W.C. DEPARTMENT
ATTN: RICHARD WOOLLSLEY
P.O. BOX 4026
CONCORD, CA 94524

Case: vs AMERICAN ALLIANCE
Date Of Injury: 1/1/07; 6/6/11

DOS	SERVICE	DESCRIPTION	AMOUNT
04/03/14	PENALTIES	FOR DATE OF SERVICE 2/28/13	37.50
12/16/14	INTEREST	FOR DATE OF SERVICE 2/28/13	52.07
04/03/14	PENALTIES	FOR DATE OF SERVICE 4/4/13	34.50
12/16/14	INTEREST	FOR DATE OF SERVICE 4/4/13	45.36
04/03/14	PENALTIES	FOR DATE OF SERVICE 8/1/13	23.48
12/16/14	INTEREST	FOR DATE OF SERVICE 8/1/13	25.00
01/15/15	PMT BY CHECK	DOS 6/6/11* # 00061747	-4200.00
01/21/15	BLCE OFF SET	BALANCE OFF SET	-134.18

BALANCE 0.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

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

JP MORGAN CHASE
, NY
50-937/213

CHECK NO.
00061747
1572423-1
~~WSLTHCO00492907~~

DATE	AMOUNT
1/15/2015	$4,200.00

PAY Four Thousand Two Hundred and 0/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 90 DAYS

Mail To

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00061747⑈ ⑆021000021⑆ 639993851⑈

PAID JAN 21 2015

Explanation Of Bill Review

Check Number	00061747
Claim Number:	1572423-1
Regulatory ID:	
Bill Number:	7253381
Invoice Number:	FP1-MJCA-163237
Policy / Insured:	WSLTHCO00492907/American Alliance Property Management, Inc.
SSN / Employee Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC
Loss Date:	6/6/2011 FP1-MJCA-163237
Location:	1112 Montana Ave #249 Santa Monica CA 90059 -
Examiner Code:	jturner
Network/PPO Network:	

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

888-239-3909

F.F 10
JJ

4200

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
6/6/2011	MDS21	SETTLEMENT FOR DISPUTE	1.00	4334.14	134.14	0.00	4200.00	G67, 961
				4334.14	134.14	0.00	4200.00	

G67 - PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.; 961 - ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.;

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

Reconsiderations and or appeals need to be submitted to the carrier listed above andto Fair Pay 14295 Midway Road Suite 300, Addison, Tx 75001

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE CALL FairPay SOLUTIONS AT 888-380-5616.

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

*** INVOICE ***

Date	NO#
12/29/15	34239

EAMS#(s):

SS # : XXX-XX-0404
DOB : 10/25/51
Terms : 45 days
Claim #(s):
710586862

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

Case: vs RUFFIN HOTEL/L.B. MARRIOTT
Date Of Injury: 12/14/08; CT 4/5/09

DOS	SERVICE	DESCRIPTION	AMOUNT
06/08/09	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
06/29/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
07/13/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
08/03/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
09/04/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
10/02/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
10/20/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
11/12/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
11/25/09	INITIAL EXAM	DR JARCHI @ WILLOW MED*	230.00
12/03/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
01/04/10	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 500257	180.00
01/21/10	INITIAL EXAM	DR GALLONI* ELIZABETH HERRERA # 301231	230.00
02/01/10	PR2/REEVAL	DR DOMARACKI @ WILLOW MED* GLADYS REYNA #100755	180.00
02/24/10	PR2/REEVAL	DR JARCHI* ELIZABETH HERRERA # 301231	180.00
03/12/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
04/06/10	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA #100755	180.00
05/05/10	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA #100755	180.00
05/27/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
06/16/10	PR2/REEVAL	DR JARCHI* ELIZABETH HERRERA # 301231	180.00
06/18/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
07/16/10	PR2/REEVAL	DR DOMARACKI*	180.00

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

*** INVOICE ***
Date NO#
12/29/15 34239

EAMS#(s):

SS # : XXX-XX-0404
DOB : 10/25/51
Terms : 45 days
Claim #(s):
710586862

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

Case:] vs RUFFIN HOTEL/L.B. MARRIOTT
Date Of Injury: 12/14/08; CT 4/5/09

DOS	SERVICE	DESCRIPTION	AMOUNT
07/21/10	PR2/REEVAL	ELENA LOPEZ # 500289 DR JARCHI* ELIZABETH HERRERA # 301231	180.00
08/11/10	PR2/REEVAL	DR JARCHI* VINCENT MEJIA # 500309	180.00
08/12/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ #500289	180.00
09/09/10	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA #100755	180.00
09/30/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
10/21/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
11/18/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
12/22/10	WCAB LB	EXPEDITED HEARING - JOYCE ALTMAN # 300624	156.50
01/03/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
01/10/11	PRE-OP	DR JARCHI* ELIZABETH HERRERA # 301231	180.00
01/31/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
02/02/11	SURGERY	DR GALLONI - LT KNEE (10 HRS 45 MINS)	967.50
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
02/14/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
03/09/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
04/11/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ	180.00

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

*** INVOICE ***

Date	NO#
12/29/15	34239

EAMS#(s):

SS # : XXX-XX-0404
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Claim #(s):
710586862

BILL TO:
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ATTN: VERNON ROGERS
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs RUFFIN HOTEL/L.B. MARRIOTT
Date Of Injury: 12/14/08; CT 4/5/09

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 500289	
05/04/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA	180.00
		# 100755	
06/17/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ	180.00
		# 500289	
07/15/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ	180.00
		# 500289	
08/26/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ	180.00
		# 500289	
09/26/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ	180.00
		# 500289	
10/18/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA	180.00
		# 100755	
11/15/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA	180.00
		# 100755	
12/14/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA	180.00
		# 100755	
12/20/11	INITIAL EXAM	W/ ACUPUNCTURIST HING @	230.00
		WILLOW MED*	
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
01/13/12	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ	180.00
		# 500289	
02/03/12	PR2/REEVAL	DR DOMARACKI*	180.00
		ELENA LOPEZ # 500289	
02/27/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ	180.00
		# 500289	
03/21/12	PR2/REEVAL	DR SCHEEL*	180.00
		GLADYS REYNA #100755	
04/30/12	PR2/REEVAL	DR SCHEEL*	180.00
		ELENA LOPEZ # 500289	
06/08/12	PR2/REEVAL	DR SCHEEL*	180.00

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

*** INVOICE ***

Date	NO#
12/29/15	34239

EAMS#(s)

SS # :
DOB : 10/25/51
Terms : 45 days
Claim #(s):
710586862

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

Case: vs RUFFIN HOTEL/L.B. MARRIOTT
Date Of Injury: 12/14/08; CT 4/5/09

DOS	SERVICE	DESCRIPTION	AMOUNT
		ELENA LOPEZ # 100821	
07/20/12	PR2/REEVAL	DR SCHEEL*	180.00
		ELENA LOPEZ # 100821	
08/15/12	PR2/REEVAL	DR SCHEEL*	180.00
		GLADYS REYNA #100755	
09/05/12	PR2/REEVAL	DR SCHEEL*	180.00
		GLADYS REYNA #100755	
10/10/12	PR2/REEVAL	DR SCHEEL*	180.00
		GLADYS REYNA #100755	
10/29/12	PRE-OP	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
11/03/12	SURGERY	DR GALLONI: RT KNEE @ MONROVI HOSPITAL (11 HRS)	990.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
01/01/13	PMT BY CHECK	DOS 6/8/09-10/10/12 =# 22703158	-4950.00
11/19/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
12/17/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
01/31/13	PMT BY CHECK	DOS 11/3/12 # 22929260	-495.00
01/14/13	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
02/26/13	PMT BY CHECK	DOS 12/17/12 # 23122696	-90.00
03/08/13	PMT BY CHECK	DOS 1/14/13 # 23211455	-90.00
02/18/13	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
04/02/13	PMT BY CHECK	DOS 10/29/12 # 23401016	-90.00
03/20/13	PR2/REEVAL	DR SCHEEL @ WILLOW MED*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/03/13	PMT BY CHECK	DOS 2/18/13 # 23648849	-90.00

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SHAWNEE MISSION, KS 66225

Case: vs RUFFIN HOTEL/L.B. MARRIOTT
Date Of Injury: 12/14/08; CT 4/5/09

DOS	SERVICE	DESCRIPTION	AMOUNT
05/16/13	PMT BY CHECK	DOS 3/20/13 # 23745452	-90.00
05/18/13	PMT BY CHECK	DOS 2/26/13 # 23764535	-90.00
04/29/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
05/29/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/19/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
07/18/13	PMT BY CHECK	DOS 4/29/13-5/29/13 =# 24201230	-180.00
08/06/13	PMT BY CHECK	DOS 6/19/13 # 24336659	-90.00
07/24/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
08/14/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
08/28/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/20/13	PMT BY CHECK	DOS 5/18/13-7/24/13 # 24673058	-180.00
10/15/13	PMT BY CHECK	DOS 8/28/13 # 24864782	-90.00
09/11/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/09/13	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
11/08/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
12/09/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
12/25/13	PMT BY CHECK	DOS 6/8/09-10/10/12 # 25354710	-280.25
12/25/13	PMT BY CHECK	DOS 11/19/12 # 25354711	-180.00

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

Case: vs RUFFIN HOTEL/L.B. MARRIOTT
Date Of Injury: 12/14/08; CT 4/5/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/01/14	PMT BY CHECK	DOS 11/8/13* # 25392547	-90.00
12/07/13	PRE-OP	DR ATTOCHIAN @ WILLOW MEDICAL *	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 1008201	0.00
01/13/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
02/08/14	PMT BY CHECK	DOS 12/9/13-12/7/13* # 25646540	-180.00
02/10/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
02/20/14	PMT BY CHECK	DOS 6/8/09-1/13/14* =# 25717352	-270.00
02/26/14	PMT BY CHECK	DOS 8/14/13,9/11/13* =# 25722861	-180.00
03/05/14	SURGERY	DR GALLONI: LT KNEE @ MONROV-IA HOSP (8HRS 40MIN)	787.50
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/20/14	PMT BY CHECK	DOS 2/10/14* # 25907075	-90.00
03/19/14	PMT BY CHECK	DOS 6/8/09-9/11/13* =# 25897685	-3240.00
03/17/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
04/15/14	PMT BY CHECK	DOS 6/8/09-3/5/14* # 26079128	-393.75
03/20/14	POST-OP	DR GALLONI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
05/09/14	PMT BY CHECK	DOS 10/9/13* # 26247602	-90.00
05/15/14	PMT BY CHECK	DOS 3/17/14* # 26287001	-90.00
05/20/14	PMT BY CHECK	DOS 6/8/09-3/20/14* # 26316377	-90.00
05/20/14	PMT BY CHECK	DOS 6/8/09-12/9/13*	-90.00

Joyce Altman Interpreters, Inc.
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CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: VERNON ROGERS
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs RUFFIN HOTEL/L.B. MARRIOTT
Date Of Injury: 12/14/08; CT 4/5/09

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 26316376	
04/16/14	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
06/25/14	PMT BY CHECK	DOS 4/16/14* # 26553719	-90.00
05/08/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
08/09/14	PMT BY CHECK	DOS 6/8/09-5/08/14*	-90.00
		# 26850755	
06/12/14	PR2/REEVAL	DR GALLONI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
06/13/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/09/14	PMT BY CHECK	DOS 6/8/09-5/8/14*	-270.00
		# 27035096	
09/16/14	PMT BY CHECK	DOS 6/8/09-6/12/14*	-90.00
		# 27080080	
07/25/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
09/18/14	PMT BY CHECK	DOS 6/13/14* 27099057	-90.00
08/22/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
10/15/14	PMT BY CHECK	DOS 6/8/09-7/25/14*	-90.00
		# 27274791	
10/01/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/23/14	PR2/REEVAL	DR GALLONI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
03/04/15	PMT BY CHECK	DOS 8/22/14-10/1/14*	-360.00
		=# 28053263	
11/13/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00

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*** INVOICE ***
Date NO#
12/29/15 34239

EAMS#(s):

SS # : XXX-XX-0404
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710586862

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

Case: vs RUFFIN HOTEL/L.B. MARRIOTT
Date Of Injury: 12/14/08; CT 4/5/09

DOS	SERVICE	DESCRIPTION	AMOUNT
12/29/14	PR2/REEVAL	DR SCHEEL @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
03/31/15	PENALTIES	FOR DATE OF SERVICE 11/25/09	7.50
03/31/15	INTEREST	FOR DATE OF SERVICE 11/25/09	30.83
03/31/15	PENALTIES	FOR DATE OF SERVICE 01/04/10	7.50
03/31/15	INTEREST	FOR DATE OF SERVICE 01/04/10	29.93
03/31/15	PENALTIES	FOR DATE OF SERVICE 12/22/10	23.48
01/11/11	INTEREST	FOR DATE OF SERVICE 12/22/10	58.33
03/31/15	INTEREST	FOR DATE OF SERVICE 12/22/10	32.69
03/31/15	PENALTIES	FOR DATE OF SERVICE 02/02/11	131.63
03/31/15	INTEREST	FOR DATE OF SERVICE 02/02/11	421.07
03/31/15	PENALTIES	FOR DATE OF SERVICE 02/14/11	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 02/14/11	42.85
03/31/15	PENALTIES	FOR DATE OF SERVICE 03/09/11	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 03/09/11	42.19
03/31/15	PENALTIES	FOR DATE OF SERVICE 04/11/11	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 04/11/11	41.26
03/31/15	PENALTIES	FOR DATE OF SERVICE 05/04/11	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 05/04/11	40.61
03/31/15	PENALTIES	FOR DATE OF SERVICE 06/17/11	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 06/17/11	39.36
03/31/15	PENALTIES	FOR DATE OF SERVICE 07/15/11	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 07/15/11	38.56
03/31/15	PENALTIES	FOR DATE OF SERVICE 08/26/11	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 08/26/11	37.37
03/31/15	PENALTIES	FOR DATE OF SERVICE 09/26/11	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 09/26/11	36.49
03/31/15	PENALTIES	FOR DATE OF SERVICE 10/18/11	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 10/18/11	35.87
03/31/15	PENALTIES	FOR DATE OF SERVICE 11/15/11	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 11/15/11	35.08

Joyce Altman Interpreters, Inc.
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Case: vs RUFFIN HOTEL/L.B. MARRIOTT
Date Of Injury: 12/14/08; CT 4/5/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/31/15	PENALTIES	FOR DATE OF SERVICE 12/14/11	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 12/14/11	34.25
03/31/15	PENALTIES	FOR DATE OF SERVICE 12/20/11	21.00
03/31/15	INTEREST	FOR DATE OF SERVICE 12/20/11	53.02
03/31/15	PENALTIES	FOR DATE OF SERVICE 01/13/12	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 01/13/12	33.40
03/31/15	PENALTIES	FOR DATE OF SERVICE 02/03/12	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 02/03/12	32.81
03/31/15	PENALTIES	FOR DATE OF SERVICE 03/21/12	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 03/21/12	31.48
03/31/15	PENALTIES	FOR DATE OF SERVICE 04/30/12	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 04/30/12	30.34
03/31/15	PENALTIES	FOR DATE OF SERVICE 06/08/12	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 06/08/12	29.24
03/31/15	PENALTIES	FOR DATE OF SERVICE 07/20/12	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 07/20/12	28.04
03/31/15	PENALTIES	FOR DATE OF SERVICE 08/15/12	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 08/15/12	27.31
03/31/15	PENALTIES	FOR DATE OF SERVICE 09/05/12	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 09/05/12	26.71
03/31/15	PENALTIES	FOR DATE OF SERVICE 10/10/12	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 10/10/12	25.72
03/31/15	PENALTIES	FOR DATE OF SERVICE 10/29/12	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 10/29/12	25.18
03/31/15	PENALTIES	FOR DATE OF SERVICE 11/03/12	74.25
03/31/15	INTEREST	FOR DATE OF SERVICE 11/03/12	137.71
03/31/15	PENALTIES	FOR DATE OF SERVICE 01/14/13	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 01/14/13	23.00
03/31/15	PENALTIES	FOR DATE OF SERVICE 02/18/13	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 02/18/13	22.00
03/31/15	PENALTIES	FOR DATE OF SERVICE 03/20/13	13.50

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Case: vs RUFFIN HOTEL/L.B. MARRIOTT
Date Of Injury: 12/14/08; CT 4/5/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/31/15	PENALTIES	FOR DATE OF SERVICE 07/25/14	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 07/25/14	5.93
01/15/15	PR2/REEVAL	DR GALLONI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/27/15	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
05/05/15	PMT BY CHECK	DOS 1/15/15-2/27/15* # 28437344	-360.00
05/06/15	PMT BY CHECK	DOS 1/15/15* # 28448015	-90.00
05/19/15	PMT BY CHECK	DOS 6/8/09-2/27/15* # 28523369	-7000.00
05/26/15	BLCE OFF SET	BALANCE OFF SET	-897.27

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN
CA 92781

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 22703158
RFP No.: 00509683
01/01/2013

Insured: RUFFIN COMPANIES
Claimant:
Producer:

Claim Office: 710

ORG: 10864.00 ACT: 34239 060809-101012

Policy	Claim	Sym.	DOL	Typ	S	Amount
000009909267	00586862	01	12/14/2008	MED	O	$4,950.00

PAID JAN 09 2013

Use file # 710-00586862 **on all correspondence, for prompt processing.**
For check information call: 800-736-6671

P4000028000

CHARTIS
P.O. BOX 2017
JERSEY CITY, NJ 07303-2017

20130131918

Electronic Service Requested

SINGLE PIECE
41 1.9644 SP 0.660

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

1 OF 10 F
ENV 41

Check No.: 22929260
RFP No.: 590902
Check Date: 01/31/2013
Check Amount: 495.00
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

PAID FEB 11 2013

Payee Name: JOYCE ALTMAN INTERPRETERS INC

34239

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	495.00
					Total Amount	495.00

Reason for Payment
ORG: 12034.00 ACT: 34239 060809-110312

Use File # 710/ 00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028000

201302263913

CHARTIS
P.O. BOX 2017
JERSEY CITY, NJ 07303-2017

Electronic Service Requested

MIXED AADC 926
5317 2.2081 MB 0.652

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

143

ENV 5317 3 OF 11 F

Check No.: 23122696
RFP No.: 661020
Check Date: 02/26/2013
Check Amount: 90.00
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

34239

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	90.00
				Total Amount		90.00

Reason for Payment
ORG: 12394.00 ACT: 34239 060809-121712

Use File # 710/ 00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID MAR 04 2013

P4000028000

CHARTIS
P.O. BOX 2017
JERSEY CITY, NJ 07303-2017

201303080123

Electronic Service Requested

3-DIGIT 926
13833 0.8765 AT 0.381

JOYCE ALTMAN INTERPRETERS INC 90
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 13833 1 OF 4 F

Check No.: 23211455
RFP No.: 697594
Check Date: 03/08/2013
Check Amount: 90.00
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

34239

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	90.00
					Total Amount	90.00

Reason for Payment
ORG: 12574.00 ACT: 34239 060809-011413

Use File # 710/ 00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID MAR 18 2013

P4000028000

CHARTIS
P.O. BOX 2017
JERSEY CITY, NJ 07303-2017

201304021413

Electronic Service Requested

MIXED ADC 926
1489 4.1784 MB 1.537

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

57

ENV 1489 1 OF 21 F

Check No.: 23401016
RFP No.: 775489
Check Date: 04/02/2013
Check Amount: 90.00
Insured: RUFFIN COMPANIES

Claimant: [redacted]

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	90.00
				Total Amount		90.00

Reason for Payment
ORG: 11044.00 ACT: 34239 060809-102912

Use File # 710/ 00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID APR 09 2013

P4000028000

201305034003

CHARTIS
P.O. BOX 2017
JERSEY CITY, NJ 07303-2017

Electronic Service Requested

SINGLE PIECE
35 1.8842 SP 0.660

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

3 OF 9 F

ENV 35

Check No.: 23648849
RFP No.: 875639
Check Date: 05/03/2013
Check Amount: 90.00
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	90.00
					Total Amount	90.00

Reason for Payment
ORG: 12754.00 ACT: 34239 060809-021813

Use File # 710/ 00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

RECEIVED MAY 0 6 2013

P4000028000

20130516606

CHARTIS
P.O. BOX 2017
JERSEY CITY, NJ 07303-2017

Electronic Service Requested

MIXED AADC 926
3568 1.0660 MB 0.402
JOYCE ALTMAN INTERPRETERS INC 158
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 3568 3 OF 5 F

Check No.: 23745452
RFP No.: 910876
Check Date: 05/16/2013
Check Amount: 90.00
Insured: RUFFIN COMPANIES

Claimant:

PAID MAY 20 2013

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	90.00
					Total Amount	90.00

Reason for Payment
ORG: 12934.00 ACT: 34239 060809-032013

Use File # 710/ 00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028000

20130529A004

CHARTIS
P.O. BOX 2017
JERSEY CITY, NJ 07303-2017

Electronic Service Requested

ENV 33 4 OF 9 F

SINGLE PIECE
33 1.8570 SP 0.660

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

Check No.: 23764535
RFP No.: 917787
Check Date: 05/18/2013
Check Amount: 90.00
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

PAID MAY 24 2013

Payee Name: JOYCE ALTMAN INTERPRETERS INC

34239

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	90.00
					Total Amount	90.00

Reason for Payment
ORG: 12164.00 060809-032013

Use File # 710/ 00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028000

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

201307181607

Electronic Service Requested

MIXED AADC 926
4077 0.7130 MB 0.402

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

153

ENV 4077 1 OF 3 F

Check No.: 24201230
RFP No.: 088820
Check Date: 07/18/2013
Check Amount: 180.00
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

34239

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	180.00
					Total Amount	180.00

Reason for Payment
ORG: 13294.00 060809-052913

Use File # 710/ 00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID JUL 22 2013

P4000028000

20130806400Z

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

Electronic Service Requested

SINGLE PIECE
20 2.559D SP 0.86D

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

ENV 20 11 OF 13 F

Check No.: 24336659
RFP No.: 145691
Check Date: 08/06/2013
Check Amount: 90.00
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

RECEIVED JUL 12 2013

34239

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	90.00

Total Amount 90.00

Reason for Payment
ORG: 13474.00 060809-061913

Use File # 710/ 00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028000

20130920040X4

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

Electronic Service Requested

SINGLE PIECE
29 1.8842 SP 0.660

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

ENV 29 3 OF 9 F

Check No.: 24673058
RFP No.: 279855
Check Date: 09/20/2013
Check Amount: 180.00
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID SEP 23 2013

34239

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	180.00
				Total Amount		180.00

Reason for Payment
ORG: 13654.00 060809-072413

Use File # 710/ 00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

P8000028000

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

[redacted]

201310151607

Electronic Service Requested

ENV 9095 1 OF 6 F

MIXED AADC 926
9095 1.2556 MB 0.402

JOYCE ALTMAN INTERPRETERS INC 210
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 24864782
RFP No.: 360613
Check Date: 10/15/2013
Check Amount: 90.00
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

PAID OCT 18 2013

Payee Name: JOYCE ALTMAN INTERPRETERS INC

34239

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	90.00
				Total Amount		90.00

Reason for Payment
ORG: 14014.00 060809-082813

Use File # 710/ 00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028000

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

201312261608

Electronic Service Requested

MIXED AADC 926
2229 1.2288 MB 0.402

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

132

ENV 2229 1 OF 6 F

Check No.: 25354710
RFP No.: 560267
Check Date: 12/25/2013
Check Amount: 280.25
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID JAN 06 2013

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	280.25

Total Amount 280.25

Reason for Payment
Recon Prev Pay: 4950.00 ACT: 34239 060809-1

Use File # 710/ 00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000029000

20131226160B

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

Electronic Service Requested

MIXED AADC 926
2229 1.2288 MB 0.402
JOYCE ALTMAN INTERPRETERS INC 132
PO BOX 4165
TUSTIN, CA 92781-4165

4 OF 6 F

ENV 2229

Check No.: 25354711
RFP No.: 560268
Check Date: 12/25/2013
Check Amount: 180.00
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID JAN 06 2013

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	180.00
					Total Amount	180.00

Reason for Payment
ORG: 12214.00 ACT: 34239 060809-111912

Use File # 710/ 00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028000

20140102160G

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

Electronic Service Requested

MIXED AADC 926
3163 1.0660 MB 0.402

JOYCE ALTMAN INTERPRETERS INC 143
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 3163 3 OF 5 F

Check No.: 25392547
RFP No.: 569160
Check Date: 01/01/2014
Check Amount: 90.00
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID JAN 07 2014

34239

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	90.00
				Total Amount		90.00

Reason for Payment
ORG: 14554.00 060809-110813

Use File # 710/ 00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028000

20140210605

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

Electronic Service Requested

MIXED AADC 926
3056 1.2556 MB 0.432

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

142

ENV 3056 3 OF 6 F

Check No.: 25646540
RFP No.: 669533
Check Date: 02/08/2014
Check Amount: 180.00
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

34239

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	180.00
					Total Amount	180.00

Reason for Payment
ORG: 14914.00 060809-120913

Use File # 710/ 00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID FEB 17 2014

P4000028000

20140220400

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

Electronic Service Requested

SINGLE PIECE
55 1.5596 SP 0.690

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

1

3 OF 7 F

ENV 55

Check No.: 25717352
RFP No.: 695399
Check Date: 02/20/2014
Check Amount: 270.00
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

34239

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	270.00
				Total Amount		270.00

Reason for Payment
ORG: 15094.00 060809-011314

Use File # 710/ 00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID FEB 24 2014

P4000028000

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

201402261610

Electronic Service Requested

ENV 4974 1 OF 4 F

MIXED AADC 926
4974 0.9028 MB 0.432

JOYCE ALTMAN INTERPRETERS INC 170
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 25755861
RFP No.: 718985
Check Date: 02/26/2014
Check Amount: 180.00
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

PAID MAR 05 2014

Payee Name: JOYCE ALTMAN INTERPRETERS INC

34239

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	180.00

Total Amount 180.00

Reason for Payment
ORG: 14734.00 060809-120913

Use File # 710/ 00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028000

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

201403201618

Electronic Service Requested

MIXED AADC 926
441 0.7130 MB 0.432

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

34

1 OF 3 F

ENV 441

Check No.: 25907075
RFP No.: 773154
Check Date: 03/20/2014
Check Amount: 90.00
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

34239

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	90.00

Total Amount 90.00

Reason for Payment
ORG: 15274.00 060809-021014

Use File # 710/ 00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID MAR 25 2014

P4000028000

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

201403191609

Electronic Service Requested

MIXED AADC 926
3081 0.9028 MB 0.432

JOYCE ALTMAN INTERPRETERS INC 146
PO BOX 4165
TUSTIN, CA 92781-4165

1 OF 4 F

ENV 3081

Check No.: 25897685
RFP No.: 770225
Check Date: 03/19/2014
Check Amount: 3,240.00
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

34239

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	3,240.00
					Total Amount	3,240.00

Reason for Payment
ORG: 15094.00 060809-011314

Use File # 710/ 00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID MAR 25 2014

P4000028000

20140151610

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

Electronic Service Requested

MIXED AADC 926
3937 1.0660 MB 0.432

JOYCE ALTMAN INTERPRETERS INC 149
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 3937 3 OF 5 F

Check No.: 26079128
RFP No.: 844573
Check Date: 04/15/2014
Check Amount: 393.75
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

PAID APR 21 2014

Payee Name: JOYCE ALTMAN INTERPRETERS INC

34239

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	393.75

Total Amount 393.75

Reason for Payment
ORG: 16061.50 060809-030514

Use File # 710/ 00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

P40000280000

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

[redacted]

201405091610

Electronic Service Requested

1 OF 4 F

ENV 3959

MIXED AADC 926
3959 0.9028 MB 0.432

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

170

Check No.: 26247601
RFP No.: 909473
Check Date: 05/09/2014
Check Amount: 90.00
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID MAY 12 2014

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	90.00
					Total Amount	90.00

Reason for Payment
ORG: 14194.00 ACT: 34239060809-100913

Use File # 710/ 00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028000

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

201405151611

Electronic Service Requested

MIXED AADC 926
2411 0.9028 MB 0.432

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

130

ENV 2411 1 OF 4 F

Check No.: 26287001
RFP No.: 925955
Check Date: 05/15/2014
Check Amount: 90.00
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

34239

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	90.00

Total Amount 90.00

Reason for Payment
ORG: 16241.50 060809-031714

Use File # 710/ 00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID MAY 19 2014

P4000028000

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

20140520400G

Electronic Service Requested

SINGLE PIECE
33 2.0463 SP 0.900

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

ENV 33 1 OF 10 F

Check No.: 26316376
RFP No.: 938696
Check Date: 05/20/2014
Check Amount: 90.00
Insured: RUFFIN COMPANIES

Claimant:

34239

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID MAY 27 2014

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	90.00
					Total Amount	90.00

Reason for Payment
ORG: 14734:00 060809-120913

Use File # 710/ 00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028000

20140520400G

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

Electronic Service Requested

SINGLE PIECE
33 2.0463 SP 0.900

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

Check No.: 26316377
RFP No.: 938704
Check Date: 05/20/2014
Check Amount: 90.00
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

34239

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	90.00
				Total Amount		90.00

Reason for Payment
ORG: 16421.50 060809-032014

Use File # 710/ 00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID MAY 27 2014

7 OF 10 F

ENV 33

P4000028000

20140625A005

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

Electronic Service Requested

SINGLE PIECE
11 2.7757 SP 0.900

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

1

Check No.: 26553719
RFP No.: 041966
Check Date: 06/25/2014
Check Amount: 90.00
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID JUN 30 2014

34239

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	90.00

Total Amount 90.00

Reason for Payment
ORG: 16601.50 060809-041614

Use File # 710/ 00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

ENV 11 5 OF 14 F

P4000028000

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

201408111606

Electronic Service Requested

MIXED AADC 926
2295 0.7130 MB 0.432

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

139

ENV 2295 1 OF 3 F

Check No.: 26850755
RFP No.: 153692
Check Date: 08/09/2014
Check Amount: 90.00
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID AUG 14 2014

34239

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	90.00
					Total Amount	90.00

Reason for Payment
ORG: 16781.50 060809-050814

Use File # 710/ 00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

P-0000028000

20140909091607

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

Electronic Service Requested

MIXED AADC 926
2539 1.0660 MB 0.432

JOYCE ALTMAN INTERPRETERS INC 134
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 2539 3 OF 5 F

Check No.: 27035096
RFP No.: 232219
Check Date: 09/09/2014
Check Amount: 270.00
Insured: RUFFIN COMPANIES

Claimant: [redacted]

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

34239

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	270.00

Total Amount 270.00

Reason for Payment
ORG: 16781.50 060809-050814

Use File # 710/00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID SEP 15 2014

P4000028000

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

20140916160A

Electronic Service Requested

MIXED AADC 926
1903 0.7130 MB 0.432

JOYCE ALTMAN INTERPRETERS INC 127
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 1903 1 OF 3 F

Check No.: 27080080
RFP No.: 248239
Check Date: 09/16/2014
Check Amount: 90.00
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID SEP 19 2014

34239

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	90.00
					Total Amount	90.00

Reason for Payment
ORG: 16961.50 060809-061214

Use File # 710/00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028000

20140918160G

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

Electronic Service Requested

PAID SEP 22 2014

MIXED AADC 926
1959 1.0660 MB 0.432

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165
129

ENV 1959 3 OF 5 F

Check No.: 27099057
RFP No.: 255410
Check Date: 09/18/2014
Check Amount: 90.00
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

34239

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	90.00

Total Amount 90.00

Reason for Payment
ORG: 17141.50 060809-061314

Use File # 710/00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028000

20141015405

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

Electronic Service Requested

SINGLE PIECE
32 2.5865 SP 0.900

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

ENV 32 8 OF 13 F

Check No.: 27274791
RFP No.: 329735
Check Date: 10/15/2014
Check Amount: 90.00
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID OCT 21 2014

34239

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	90.00
				Total Amount		90.00

Reason for Payment
ORG: 17321.50 060809-072514

Use File # 710/00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028000

20150304006

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

Electronic Service Requested

SINGLE PIECE
62 2.0736 SP 0.900

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

5 OF 10 F
ENV 62

Check No.: 28053263
RFP No.: 651244
Check Date: 03/04/2015
Check Amount: 360.00
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

34239

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	01	12/14/2008	MED	O	360.00
					Total Amount	360.00

Reason for Payment
ORG: 17681.50 ACT: N/A 060809-100114

Use File # 710/00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID MAR 10 2015

[redacted]

P4000028000

20150054005

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

Electronic Service Requested

ENV 4 5 OF 16 F

SINGLE PIECE
4 3.1265 SP 1.110

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

Check No.: 28437344
RFP No.: 806992
Check Date: 05/05/2015
Check Amount: 360.00
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID MAY 1 1 2015

34239

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	001	12/14/2008	MED	O	360.00
					Total Amount	360.00

Reason for Payment
ORG: 360.00 ACT: NONE 011515-022715

Use File # 710/00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028000

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

201505061611

Electronic Service Requested

ENV 1755 1 OF 5 F

MIXED AADC 926
1755 1.0926 MB 0.432

JOYCE ALTMAN INTERPRETERS INC 122
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 28448015
RFP No.: 808565
Check Date: 05/06/2015
Check Amount: 90.00
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID MAY 11 2015 34239

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	001	12/14/2008	MED	O	90.00
					Total Amount	90.00

Reason for Payment
ORG: 180.00 ACT: 34239 011515-011515

Use File # 710/00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028001

20150519400S

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

Electronic Service Requested

SINGLE PIECE
27 2.3450 SP 0.900

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

ENV 27 8 OF 11 F

Check No.: 28523369
RFP No.: 840178
Check Date: 05/19/2015
Check Amount: 7,000.00
Insured: RUFFIN COMPANIES

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

RECEIVED MAY 26 2015

Payee Name: JOYCE ALTMAN INTERPRETERS INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009909267	00586862	001	12/14/2008	MED	O	7,000.00

Total Amount 7,000.00

Reason for Payment
060809-022715

#34239

FF. OK
MISC

Use File # 710/00586862 on all correspondence for prompt processing.
For check information call: 877-802-5246

(S)

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

*** INVOICE ***

Date	NO#
11/10/15	56822

EAMS#(s):

SS # : XXX-XX-9889
DOB : 3/18/65
Terms : 45 days
Claim #(s):
YLRC57104

BILL TO:
SEDGWICK/SRS INS (LEX14153)
W. C. DEPARTMENT
ATTN: KATIA RUIZ
P.O. BOX # 14153
LEXINGTON, KY 40512

Case: _____ vs HERTZ RENT A CAR (LAX)
Date Of Injury: 2/26/11

DOS	SERVICE	DESCRIPTION	AMOUNT
11/15/12	PR2/REEVAL	-DR YOON @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/03/13	PR2/REEVAL	-DR YOON* JESUS CASTILLO # 500358	180.00
01/29/13	PR2/REEVAL	W/ACUPUNCTURIST J. PARK @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
01/22/13	PR2/REEVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	GLORIA CERVANTES	0.00
02/05/13	PR2/REEVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
01/31/13	PR2/REEVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
02/07/13	PR2/REEVAL	-W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/12/13	PR2/REEVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/14/13	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
02/26/13	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
02/28/13	PR2-RE/EVAL	W/ACUPUNCTURIST J PARK @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/07/13	PR2/REEVAL	-DR YOON* JESUS CASTILLO # 500358	180.00
03/05/13	PR2-RE/EVAL	W/ACUPUNCTURIST J PARK*	180.00
/ /	INTERPRETER:	PATRICIA HAYES # 500287	0.00
03/12/13	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00

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

*** INVOICE ***

Date	NO#
11/10/15	56822

EAMS#(s):

SS # : XXX-XX-9889
DOB : 3/18/65
Terms : 45 days
Claim #(s):
YLRC57104

BILL TO:
SEDGWICK/SRS INS (LEX14153)
W. C. DEPARTMENT
ATTN: KATIA RUIZ
P.O. BOX # 14153
LEXINGTON, KY 40512

Case: vs HERTZ RENT A CAR (LAX)
Date Of Injury: 2/26/11

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
03/19/13	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
03/26/13	INITIAL EXAM	-DR KEVIN SHAMLOU @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
04/11/13	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/16/13	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/11/13	P AND S	-DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/22/14	LIEN FIL FEE	LIEN FILING FEE	150.00
08/05/15	PENALTIES	FOR DATE OF SERVICE 11/15/12	27.00
10/19/15	INTEREST	FOR DATE OF SERVICE 11/15/12	50.08
08/05/15	PENALTIES	FOR DATE OF SERVICE 01/03/13	27.00
10/19/15	INTEREST	FOR DATE OF SERVICE 01/03/13	50.08
08/05/15	PENALTIES	FOR DATE OF SERVICE 01/29/13	27.00
10/19/15	INTEREST	FOR DATE OF SERVICE 01/29/13	50.08
08/05/15	PENALTIES	FOR DATE OF SERVICE 01/22/13	27.00
10/19/15	INTEREST	FOR DATE OF SERVICE 01/22/13	50.08
08/05/15	PENALTIES	FOR DATE OF SERVICE 02/05/13	27.00
10/19/15	INTEREST	FOR DATE OF SERVICE 02/05/13	50.08
08/05/15	PENALTIES	FOR DATE OF SERVICE 01/31/13	27.00
10/19/15	INTEREST	FOR DATE OF SERVICE 01/31/13	50.08
08/05/15	PENALTIES	FOR DATE OF SERVICE 02/07/13	27.00
10/19/15	INTEREST	FOR DATE OF SERVICE 02/07/13	50.08
08/05/15	PENALTIES	FOR DATE OF SERVICE 02/12/13	27.00
10/19/15	INTEREST	FOR DATE OF SERVICE 02/12/13	50.08
08/05/15	PENALTIES	FOR DATE OF SERVICE 02/14/13	27.00
10/19/15	INTEREST	FOR DATE OF SERVICE 02/14/13	50.08

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

*** INVOICE ***

Date	NO#
11/10/15	56822

EAMS#(s):

SS # : XXX-XX-9889
DOB : 3/18/65
Terms : 45 days
Claim #(s):
YLRC57104

BILL TO:
SEDGWICK/SRS INS (LEX14153)
W. C. DEPARTMENT
ATTN: KATIA RUIZ
P.O. BOX # 14153
LEXINGTON, KY 40512

Case: vs HERTZ RENT A CAR (LAX)
Date Of Injury: 2/26/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/05/15	PENALTIES	FOR DATE OF SERVICE 02/26/13	27.00
10/19/15	INTEREST	FOR DATE OF SERVICE 02/26/13	50.08
08/05/15	PENALTIES	FOR DATE OF SERVICE 02/28/13	27.00
10/19/15	INTEREST	FOR DATE OF SERVICE 02/28/13	50.08
08/05/15	PENALTIES	FOR DATE OF SERVICE 03/07/13	27.00
10/19/15	INTEREST	FOR DATE OF SERVICE 03/07/13	50.08
08/05/15	PENALTIES	FOR DATE OF SERVICE 03/19/13	27.00
10/19/15	INTEREST	FOR DATE OF SERVICE 03/19/13	50.08
08/05/15	PENALTIES	FOR DATE OF SERVICE 03/26/13	27.00
10/19/15	INTEREST	FOR DATE OF SERVICE 03/26/13	69.99
08/05/15	PENALTIES	FOR DATE OF SERVICE 04/11/13	27.00
10/19/15	INTEREST	FOR DATE OF SERVICE 04/11/13	50.08
08/05/15	PENALTIES	FOR DATE OF SERVICE 05/16/13	27.00
10/19/15	INTEREST	FOR DATE OF SERVICE 05/16/13	50.08
08/05/15	PENALTIES	FOR DATE OF SERVICE 07/11/13	34.50
10/19/15	INTEREST	FOR DATE OF SERVICE 07/11/13	60.51
10/19/15	PENALTIES	FOR DATE OF SERVICE 3/5/13	27.00
10/19/15	INTEREST	FOR DATE OF SERVICE 3/5/13	50.08
10/19/15	PENALTIES	FOR DATE OF SERVICE 3/12/13	27.00
10/19/15	INTEREST	FOR DATE OF SERVICE 3/12/13	50.08
11/05/15	PMT BY CHECK	DOS 11/15/12-7/11/13* =# 0061735826	-5172.36

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

*** INVOICE ***

Date	NO#
11/10/15	56822

EAMS#(s):

SS # : XXX-XX-9889
DOB : 3/18/65
Terms : 45 days
Claim #(s):
YLRC57104

BILL TO:
SEDGWICK/SRS INS (LEX14153)
W. C. DEPARTMENT
ATTN: KATIA RUIZ
P.O. BOX # 14153
LEXINGTON, KY 40512

Case: vs HERTZ RENT A CAR (LAX)
Date Of Injury: 2/26/11

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

P6905028006

Sedgwick Claims Management Services, Inc
PO Box 14153
Lexington, KY 40512-4153

201511051613

Electronic Service Requested

1 OF 4 F

ENV 674

SINGLE PIECE

674 0.9028 SP 0.485

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

2

DATE	CHECK AMT	CHECK NO.
11/05/2015	5,172.36	0061735826

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

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services, Inc	1 of 3

PAID NOV 10 2015

Claimant Name	Loss Date	Claim Number
	02/26/2011	YLR C 57104

Amt Paid:	2,586.18	Description: Doctor	
Amt Billed:	2,586.18	Invoice:	ICN: 4256-79057
Dates:	11/15/2012-11/15/2012	Comment:	
Amt Paid:	2,586.18	Description: Doctor	
Amt Billed:	2,586.18	Invoice:	ICN: 4256-79057
Dates:	07/11/2013-07/11/2013	Comment:	

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#
10/29/15	20264

EAMS#(s):

SS # : XXX-XX-
DOB : 10/22/1975
Terms : 45 days
Claim #(s):
2620193896

BILL TO:
ZURICH INS.(968002-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: JULIE JODOIN
P.O. BOX 968002
SCHAUMBURG, IL 60196

Case: vs A.T.C. DISTRIBUTION GROUP INC.
Date Of Injury: 2/25/04

DOS	SERVICE	DESCRIPTION	AMOUNT
12/06/05	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
01/13/06	PMT BY CHECK	DOS 12/6/05 # 1080659439	-50.00
01/13/06	PENALTIES	FOR DATE OF SERVICE 12/6/05	14.55
10/14/15	INTEREST	FOR DATE OF SERVICE 12/6/05	110.08
07/17/06	C&R READING	@ THE L/O OF DENNIS FUSI	147.00
09/29/06	PENALTIES	FOR DATE OF SERVICE 7/17/06	22.05
10/14/15	INTEREST	FOR DATE OF SERVICE 7/17/06	156.73
10/20/15	PMT BY CHECK	DOS 1/17/15-12/6/15* # 1100578616	-1000.00
10/29/15	COSTS & SANC	COST	452.59

BALANCE 0.00

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

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

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

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

01280

PAID OCT 23 2015

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
262-0193896 001 DX	WC 9302170	ADJ 2288141		02/25/04	01/17/15-12/06/15

Check Number	1100578616	Date Issued	10/20/15	Amount	$**1,000.00
Insured	ACEOMATIC RECON HOLDINGS INC				
Claimant					
Nature of Payment	FULL AND FINAL				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Kavithra CG-Durai				
File Supervisor	Julie Jodoin	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	1,000.00		
TOTAL	$1,000.00		

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

*** INVOICE ***
Date NO#
10/22/15 44953

EAMS#(s):

SS # : XXX-XX-5567
DOB : 2/17/70
Terms : 45 days
Claim #(s):
05500894

BILL TO:
SCIF (SUISUN CITY)
W. C. DEPARTMENT
ATTN: TALORI ROBINSON
P.O. BOX # 3171
SUISUN CITY, CA 94585-6171

Case: vs WIN TRUCKING
Date Of Injury: 10/2/09

DOS	SERVICE	DESCRIPTION	AMOUNT
05/23/11	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
10/19/15	PENALTIES	FOR DATE OF SERVICE	23.48
10/19/15	INTEREST	FOR DATE OF SERVICE	77.96
10/20/15	COSTS & SANC	COSTS & SANC	2.06
10/20/15	PMT BY CHECK	DOS 5/23/11* =# BU-103745	-260.00

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 is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
(888)782-8338

Provider Number: XXXXX6713

Check #: **BU-103745**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 10/20/15
Doc #: 030316208

Compensation

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	C. 594710 **Claim #:** 05908474			
1		09/23/15	09/23/15	Claimant Incurred Legal Expense	1		250.00
			Patient Name:	414953 **Claim #:** 05500894			
2		05/23/11	05/23/11	Claimant Incurred Legal Expense	1	I.F. NDS	260.00
						Total Allowances:	**$510.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05500894	260.00	.00	260.00
05908474	250.00	.00	250.00

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

Notations:

05908474 JA C & R; reading @ L/O D. Fusi;
05500894

PAID AUG 21 2015

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
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/18/15	60911

Claim # : 604A33063
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8476
D.O.B. : 1/7/59
Terms : 45 days

BILL TO:
LIBERTY MUTUAL(PORTLAND-4555)
W.C. DEPARTMENT
ATTN: STACEY JOCHIMSEN
P.O. BOX 4555
PORTLAND, OR 97208

Case: , vs DISTICTIVE INDUSTRIES
Date Of Injury: 08/28/12

DOS	SERVICE	DESCRIPTION	AMOUNT
02/11/14	DEPO PREP	@ THE L/O OF HUTCHINS COURT REPORTER	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
03/19/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/27/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
10/14/14	PENALTIES	FOR DATE OF SERVICE 02/11/14	23.48
01/23/15	INTEREST	FOR DATE OF SERVICE 02/11/14	16.03
10/14/14	PENALTIES	FOR DATE OF SERVICE 03/19/14	37.50
01/23/15	INTEREST	FOR DATE OF SERVICE 03/19/14	24.97
02/12/15	COSTS & SANC	COSTS & SANC	235.02
02/12/15	PMT BY CHECK	DOS 2/6/15* # 0028611837	-900.00

BALANCE 0.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

ROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
OR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

END ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

Liberty Mutual. INSURANCE

B. CODE	CHECK REFERENCE	CHECK DATE
288	0028611837	02/12/15
	CHECK AMOUNT ****$900.00	BLOCK NUMBER 012585

OSN: MM0801021204-002228
BANK: 288
CHECK REF: 0028611837 DATE: 02/12/15 AMT: 900.0
INTERNAL BILL NO: 107843314 MSR: N0077377
CUST/EXTERNAL BILL NO: 06150410309200
BR PROVIDER #: 0593309567138O

LAIM NO. WC 604-A33063 HOD
ONTRACT NO: WCC-Z91-456954-012-92
OCUMENT NO:

AYEE: JOYCE ALTMAN INTERPRETERS
AX ID: 33-0956713
ILL PROV: JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

PATIENT ACCT. #:
SSN: XXX-XX-8476
DOI: 08/28/12
PATIENT:

6091

F

ROVIDER: JOYCE ALTMAN INTERPRETERS

PAID FEB 18 2015

MPLOYER: CLASSIC SOFT TRIM INC
ADDRESS: 9419 ANN STREET
SANTA FE SPRINGS, CA 90670

OCATION CODE: DI

AGENCY CLAIM#(BOARD COMM#): 201209031540369503909l
IDC-9 CODES: 799.8

DATES OF SERVICE: 02/06/15-02/06/15
AUDIT DATE: 02/10/15

ATE OF ERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODE
2/06/15	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	900.00	900.00	N/A	0.00	900.00 G5	Z47

TOTAL CHARGES:	900.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	900.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	900.00

F. F. 6W
SH

XPLANATION CODE DESCRIPTIONS:
5 THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.
473 THIS PAYMENT IS THE RESULT OF A CALIFORNIA LIEN SETTLEMENT AND REFLECTS A FULL AND FINAL SETTLEMENT AMOUNT. (Z473)
CA1 THE PAYMENT STATUS CODE REFLECTS THE RECOMMENDED ALLOWANCE AS A RESULT OF OUR BILL REVIEW ANALYSIS. THE ACTUAL PAYMENT WILL BE DETERMINED BY THE PAYOR. (ZCA1)
C72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 8011, WAUSAU, WI 54402. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB.

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

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

*** INVOICE ***

Date	NO#
02/10/15	38304

EAMS#(s):

SS # : XXX-XX-1325
DOB : 2/20/68
Terms : 45 days
Claim #(s):
SMWC022482-001

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: JASON VOLONAKIS
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs S.M.C. MAINTENANCE INC.
Date Of Injury: 6/11/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/11/10	WCAB LB	MSC (OTOC)	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/23/11	PENALTIES	FOR DATE OF SERVICE 08/11/10	23.48
04/22/14	INTEREST	FOR DATE OF SERVICE 08/11/10	64.05
07/03/14	PENALTIES_U	FOR UNPAID STLM'T 4/22/14	186.01
07/30/14	INTEREST_U	FOR UNPAID STLM'T 4/22/14	30.32
07/30/14	PMT BY CHECK	DOS 8/11/10* # 009057766	-156.50
02/03/15	INTEREST_U	FOR UNPAID STLM'T REMAIN BAL.	61.77
02/03/15	PENALTIES_U	FOR UNPAID STLM'T REMAIN BAL.	146.88
02/03/15	COSTS & SANC	COSTS	887.49
02/02/15	PMT BY CHECK	DOS 6/11/09* # 009091450	-1002.83
02/17/15	PMT BY CHECK	DOS 8/11/10* # 009093675	-397.17

BALANCE 0.00

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

009057766

252

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

07/30/2014 330956713-0000 JOYCE ALTMAN INTERPRETERS, INC.
(E034) 156.50 SMWC022482-001 DOL:06/11/2009
Inv/Case#: GUA-GUCA-104897
:08/11/2010

PAID AUG 02 2014

38304.

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

AmGUARD Insurance Company
A SUBSIDIARY OF GUARD INSURANCE GROUP
16 South River Street
Wilkes-Barre, PA 18703-0020

Wells Fargo Bank, N.A.
3-50
310

009057766

DATE 07/30/2014
AMOUNT ********$156.50

⇨⇨⇨⇨⇨PAY ONLY $156.50
DOLLAR ONE FIVE SIX TEACH FIVE ZERO

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

■ ONE HUNDRED FIFTY-SIX DOLLARS AND 50 CENTS*********

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

Sy Fogel

VOID OVER $156.50

⑈009057766⑈ ⑆121000248⑆ 2000519407927⑈

Explanation of Review

BERKSHIRE HATHAWAY GUARD INSURANCE COMPANIES

Carrier

Carrier No:
Carrier: AMGUARD INSURANCE COMPANY
P.O. BOX A-H
WILKES-BARRE, PA 18703-0020

Bill: GUA-GUCA-170685

Provider

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

Claimant

NPI: **Rendering NPI:**
Tax ID: 33-0956713 **Type:** OT **Specialty (1):** AO **Claim Number:** SMWC022482-001
License: A9999999 **DOI/DOL:** 06-11-2009
Rendering Provider: JOYCE ALTMAN INTERPRETERS
External ID: 5386 **External Claim Number:** SM022482001

Payment Status Code: 1

Bill Details

Dates of Service: 06-11-2009
Post Date: 01-29-2015
Reviewer: TM/
Pay Auth: 0
Client Type of Bill: LIEN
Adjuster: BGRAY
File: 00000000/00000000/00000000

Bill ICD Version: 9
Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	TOS	Rev./Proc. Code	Charges	Dx.	Units	BR	Description Network	NGD	Other	Explanation Code(s) Allow.
1	06-11-2009	99		MDS10	1,002.83	A	1		SETTLEMENT FOR DISPUTE			G67, D28 1,002.83

Totals

Total Charges: 1,002.83
Recommended Allowance: 1,002.83

Messages

D28 PAID ACCORDING TO CONTRACTED/PRE-NEGOTIATED RATES
G67 PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE SEND THE BILL AND THE ANALYSIS TO:

GUARD INSURANCE GROUP, PO BOX 1368, WILKES-BARRE, PA 18703, (800) 673 - 2465

CPT Copyright 1995-2014 American Medical Association. All rights reserved.

DCN Number: MN-010820150228

GDCH101502029O4.000469.02.02.000000

009093675

55

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID FEB 20 201

02/17/2015 330956713-0000 JOYCE ALTMAN INTERPRETERS INC
(E024) 397.17 SMWC022482-001 DOL:06/11/2009
:08/11/2010

fqPok
CA

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.

009093675

11-24
1210

DATE
02/17/2015

AMOUNT
********$397.17

⇨⇨⇨⇨⇨PAY ONLY $397.17
DOLLAR THREE NINE SEVEN PERIOD ONE SEVEN

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

■ THREE HUNDRED NINETY-SEVEN DOLLARS AND 17 CENTS**********

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

Sy Fogel

VOID OVER $397.17

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

*** INVOICE ***

Date	NO#
02/10/15	53581

Claim # : 710780588 (MASTER CLAIM)
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6952
D.O.B. : 6/20/61
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE,KS)
W.C. DEPARTMENT
ATTN: KIMBERLY KELLER
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225-5978

Case: , vs SERTA MATTRESS
Date Of Injury: 12/9/10; 8/6/10

DOS	SERVICE	DESCRIPTION	AMOUNT
06/01/12	CT SCAN	REF BY DR PAQUETTE: L/S W/CONTRAST (2H 45M)	206.25
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/23/14	PENALTIES	FOR DATE OF SERVICE 6/1/12	30.94
12/23/14	INTEREST	FOR DATE OF SERVICE 6/1/12	58.87
02/05/15	PMT BY CHECK	DOS 6/1/12 # 27862235	-296.06

BALANCE 0.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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000028001

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

Electronic Service Requested

MIXED AADC 926
2454 1.0926 MB 0.432

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165 132
TUSTIN, CA 92781-4165

5 OF 5 F
ENV 2454

Check No.: 27862235
RFP No.: 565571
Check Date: 02/05/2015
Check Amount: 296.06
Insured: AOT BEDDING SUPER HOLDING LLC
Claimant:

PAID FEB 09 2015

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

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000020342688	00780588	01	12/09/2010	MED	O	296.06
					Total Amount	296.06

Reason for Payment
FULL AND FINAL LIEN SETTLEMENT

Use File # 710/00780588 on all correspondence for prompt processing.
For check information call: 877-802-5246

[redacted]

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

*** INVOICE ***

Date	NO#
02/12/15	43609

Claim # : 648423860
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0132
D.O.B. : 11/3/67
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (GLENDALE)
W.C. DEPARTMENT
ATTN: ANNA LOPEZ
PO BOX 29073
GLENDALE, CA 91209

Case: vs EDEL BROCK
Date Of Injury: 4/1/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/31/11	ULTRASOUND	-DIAG STUDY REF BY DR BOYER: PELVIS*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
05/04/11	WCAB MDR	TRIAL-JOHANNA JORDAN #100793 (FULL DAY)	313.00
01/18/12	PENALTIES	FOR DATE OF SERVICE 3/31/11	22.50
01/22/15	INTEREST	FOR DATE OF SERVICE 3/31/11	62.19
01/18/12	PENALTIES	FOR DATE OF SERVICE 5/4/11	46.95
01/22/15	INTEREST	FOR DATE OF SERVICE 5/4/11	129.78
01/22/15	COSTS & SANC	COSTS & SANC	260.58
02/04/15	PMT BY CHECK	DOS 4/1/07* # 0028589498	-985.00

BALANCE 0.0

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ROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
DR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

END ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Liberty Mutual. INSURANCE

B. CODE	CHECK REFERENCE	CHECK DATE
288	0028589498	02/04/15
	CHECK AMOUNT ****9985.00	BLOCK NUMBER 010421

OSN: MM0801020404-001340
BANK: 288
CHECK REF: 0028589498 DATE: 02/04/15 AMT: 985.0
INTERNAL BILL NO: 107740171 MSR: N0153716
CUST/EXTERNAL BILL NO: 06150330290300
BR PROVIDER #: 059330956713F0

LAIM NO. WC 648-423860 HOD
ONTRACT NO: WC2-161-037540-047-92
OCUMENT NO:

AYEE: JOYCE ALTMAN INTERPRETER
AX ID: 33-0956713
ILL PROV: JOYCE ALTMAN INTERPRETER
PO BOX 4165
TUSTIN, CA 92781

PATIENT ACCT. #:
SSN: XXX-XX-0132
DOI: 04/01/07
PATIENT:

43609

PAID [illegible]

F.F.

ROVIDER: JOYCE ALTMAN INTERPRETER

MPLOYER: EDELBROCK CORP
ADDRESS: 2700 CALIFORNIA ST
TORRANCE, CA 90503

OCATION CODE: 000001

AGENCY CLAIM#(BOARD COMM#): 20090317161611704699999
IDC-9 CODES: 799.8

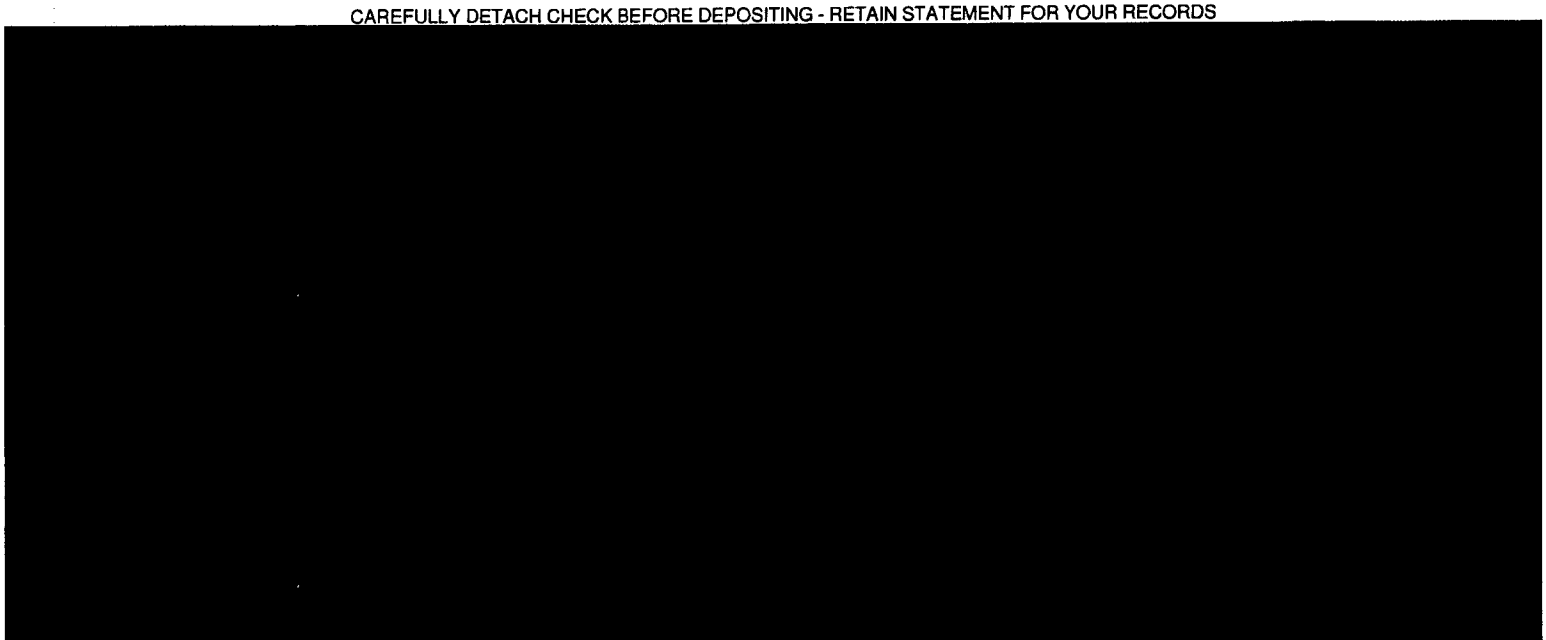
DATES OF SERVICE: 04/01/07-01/22/15
AUDIT DATE: 02/02/15

ATE OF ERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODE
4/01/07	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	985.00	985.00	N/A	0.00	985.00 G5	Z47

TOTAL CHARGES:	985.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	985.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	985.00

XPLANATION CODE DESCRIPTIONS:
5 THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.
473 THIS PAYMENT IS THE RESULT OF A CALIFORNIA LIEN SETTLEMENT AND REFLECTS A FULL AND FINAL SETTLEMENT AMOUNT. (Z473)
CA1 THE PAYMENT STATUS CODE REFLECTS THE RECOMMENDED ALLOWANCE AS A RESULT OF OUR BILL REVIEW ANALYSIS. THE ACTUAL PAYMENT WILL BE DETERMINED BY THE PAYOR. (ZCA1)
C72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 8011, WAUSAU, WI 54402. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB.

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
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/27/15 38543

Claim # : LB000529113
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5840
D.O.B. : 6/10/67
Terms : 45 days

BILL TO:
ENSTAR/SEABRIGHT INS (ORANGE)
W.C. DEPARTMENT
ATTN: BRIAN PRUITT
P.O. BOX # 11027
ORANGE, CA 92856

Case: vs PANDELCO INC. dba L.A. MOVERS
Date Or Injury: 10/23/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/29/10	INITIAL EXAM	DR DOMARACKI @ WILLOW MED* GLADYS REYNA #100755	230.00
10/14/10	INITIAL EXAM	W/ ACUPUNCTURIST STEVE HING @ WILLOW MED*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
11/18/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
12/16/10	INITIAL EXAM	DR JARCHI* ELIZABETH HERRERA # 301231	230.00
12/20/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
01/20/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
02/17/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
03/17/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
03/28/11	PR2/REEVAL	DR JARCHI* ELIZABETH HERRERA # 301231	180.00
04/07/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
05/10/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
05/16/11	PR2/REEVAL	DR JARCHI* ELIZABETH HERRERA # 301231	180.00
06/07/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
07/12/11	PR2/REEVAL	DR DOMARACKI (2H 20M) GLADYS REYNA # 100755	225.00
08/12/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00

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

*** INVOICE ***

Date	NO#
01/27/15	38543

Claim # : LB000529113
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5840
D.O.B. : 6/10/67
Terms : 45 days

BILL TO:
ENSTAR/SEABRIGHT INS (ORANGE)
W.C. DEPARTMENT
ATTN: BRIAN PRUITT
P.O. BOX # 11027
ORANGE, CA 92856

Case: [redacted] vs PANDELCO INC. dba L.A. MOVERS
Date Of Injury: 10/23/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/09/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
10/10/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
10/31/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
12/12/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
11/02/11	EMG TESTING	& NCV BY DR DI JULIO: L/E @ WILLOW MEDICAL*	150.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
01/16/12	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
02/17/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 500289	180.00
03/14/12	PR2/REEVAL	DR SCHEEL* GLADYS REYNA # 100755	180.00
01/14/15	PENALTIES	FOR DATE OF SERVICE 09/29/10	34.50
01/14/15	INTEREST	FOR DATE OF SERVICE 09/29/10	105.58
01/14/15	PENALTIES	FOR DATE OF SERVICE 10/14/10	34.50
01/14/15	INTEREST	FOR DATE OF SERVICE 10/14/10	105.58
01/14/15	PENALTIES	FOR DATE OF SERVICE 11/18/10	27.00
01/14/15	INTEREST	FOR DATE OF SERVICE 11/18/10	82.63
01/14/15	PENALTIES	FOR DATE OF SERVICE 12/16/10	34.50
01/14/15	INTEREST	FOR DATE OF SERVICE 12/16/10	105.58
01/14/15	PENALTIES	FOR DATE OF SERVICE 12/20/10	27.00
01/14/15	INTEREST	FOR DATE OF SERVICE 12/20/10	82.63
01/14/15	PENALTIES	FOR DATE OF SERVICE 01/20/11	27.00
01/14/15	INTEREST	FOR DATE OF SERVICE 01/20/11	82.63
01/14/15	PENALTIES	FOR DATE OF SERVICE 02/17/11	27.00
01/14/15	INTEREST	FOR DATE OF SERVICE 02/17/11	81.21

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

*** INVOICE ***

Date	NO#
01/27/15	38543

Claim # : LB000529113
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5840
D.O.B. : 6/10/67
Terms : 45 days

BILL TO:
ENSTAR/SEABRIGHT INS (ORANGE)
W.C. DEPARTMENT
ATTN: BRIAN PRUITT
P.O. BOX # 11027
ORANGE, CA 92856

Case: vs PANDELCO INC. dba L.A. MOVERS
Date Of Injury: 10/23/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/14/15	PENALTIES	FOR DATE OF SERVICE 03/17/11	27.00
01/14/15	INTEREST	FOR DATE OF SERVICE 03/17/11	79.62
01/14/15	PENALTIES	FOR DATE OF SERVICE 03/28/11	27.00
01/14/15	INTEREST	FOR DATE OF SERVICE 03/28/11	79.00
01/14/15	PENALTIES	FOR DATE OF SERVICE 04/07/11	27.00
01/14/15	INTEREST	FOR DATE OF SERVICE 04/07/11	78.43
01/14/15	PENALTIES	FOR DATE OF SERVICE 05/10/11	27.00
01/14/15	INTEREST	FOR DATE OF SERVICE 05/10/11	76.56
01/14/15	PENALTIES	FOR DATE OF SERVICE 05/16/11	27.00
01/14/15	INTEREST	FOR DATE OF SERVICE 05/16/11	76.22
01/14/15	PENALTIES	FOR DATE OF SERVICE 06/07/11	27.00
01/14/15	INTEREST	FOR DATE OF SERVICE 06/07/11	74.97
01/14/15	PENALTIES	FOR DATE OF SERVICE 07/12/11	33.75
01/14/15	INTEREST	FOR DATE OF SERVICE 07/12/11	91.24
01/14/15	PENALTIES	FOR DATE OF SERVICE 08/12/11	27.00
01/14/15	INTEREST	FOR DATE OF SERVICE 08/12/11	71.23
01/14/15	PENALTIES	FOR DATE OF SERVICE 09/09/11	27.00
01/14/15	INTEREST	FOR DATE OF SERVICE 09/09/11	69.64
01/14/15	PENALTIES	FOR DATE OF SERVICE 10/10/11	27.00
01/14/15	INTEREST	FOR DATE OF SERVICE 10/10/11	67.88
01/14/15	PENALTIES	FOR DATE OF SERVICE 10/31/11	27.00
01/14/15	INTEREST	FOR DATE OF SERVICE 10/31/11	66.69
01/14/15	PENALTIES	FOR DATE OF SERVICE 12/12/11	27.00
01/14/15	INTEREST	FOR DATE OF SERVICE 12/12/11	64.31
01/14/15	PENALTIES	FOR DATE OF SERVICE 11/02/11	22.50
01/14/15	INTEREST	FOR DATE OF SERVICE 11/02/11	55.48
01/14/15	PENALTIES	FOR DATE OF SERVICE 01/16/12	27.00
01/14/15	INTEREST	FOR DATE OF SERVICE 01/16/12	62.33
01/14/15	PENALTIES	FOR DATE OF SERVICE 02/17/12	27.00
01/14/15	INTEREST	FOR DATE OF SERVICE 02/17/12	60.51
01/14/15	PENALTIES	FOR DATE OF SERVICE 03/14/12	27.00

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

*** INVOICE ***

Date	NO#
01/27/15	38543

Claim # : LB000529113
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5840
D.O.B. : 6/10/67
Terms : 45 days

BILL TO:
ENSTAR/SEABRIGHT INS (ORANGE)
W.C. DEPARTMENT
ATTN: BRIAN PRUITT
P.O. BOX # 11027
ORANGE, CA 92856

Case: [redacted] vs PANDELCO INC. dba L.A. MOVERS
Date Of Injury: 10/23/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/14/15	INTEREST	FOR DATE OF SERVICE 03/14/12	59.04
01/21/15	PMT BY CHECK	DOS 9/29/10-3/14/12* # 335999	-6500.00
01/27/15	BLCE OFF SET	BALANCE OFF SET	-229.74

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 is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

SeaBright Insurance Company
1501 4th Avenue, Suite 2700
Seattle, WA 98101

Bank of America
101 E Kennedy Blvd 5th Floor
Tampa, FL 33602-5179

63-568 / 631 FL

CHECK NO
335999

1/21/15
LB000529113

PAY Six Thousand Five Hundred And No/100 Dollars $*****6,500.00
VOID AFTER SIX MONTHS

TO THE ORDER OF:

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

AN AGENT OF SeaBright Insurance Company

116

MP

⑈335999⑈ ⑆063105683⑆00227005359 6⑈

PAID JAN 27 2015

EXPLANATION OF REVIEW

Ref No 014452546
Bill ID PAL-09CA-269432
Audit Date 1/19/15
Adjuster
Payee
JOYCE ALTMAN INTERPRETERS INC.
P.O. BOX 4165
TUSTIN, CA 92781

Payee TIN XXXXX6713
Provider JOYCE ALTMAN INTERPRETERS INC.
Provider TIN XXXXX6713
Patient Acct#

Network
Network Plan

Claimant
Claim ID
SSN XXX-XX-5840
Date of Loss 10/23/09
Office LB
Insured
Pandelco Inc
Employer
Pandelco Inc
13812 Figueroa Street
Los Angeles , CA 90061-0

38543

Admission Date
Dates of Service 09/29/10 - 03/14/12

ICD-9 DX:
959 INJURY, OTHER AND UNSPEC

Total Charges	$6,729.74	**Reductions**	$229.74	**Total Allowance**	$6,500.00
				Prior Payments	$.00
				Allowance	$6,500.00

****** SEE ATTACHED FOR DETAILS ******

F.F. OK
CA

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

*** INVOICE ***
Date NO#
02/09/15 50384

Claim # : 710789211
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 12/26/54
Terms : 45 days

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

Case: vs LAITHP & SHIRLEY ALSARRAF
Date Of Injury: 1/1/07

DOS	SERVICE	DESCRIPTION	AMOUNT
12/05/11	MRI	REF BY DR KOMBERG: R/WRIST, R/ANKLE @ CAL IMAG*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
12/11/11	MRI	REF BY DR KOMBERG: C/S, L/S, T/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
01/27/12	CT SCAN	REF BY DR KATZEN: PELVIA @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/06/12	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR KOMBERG @ CALIF SLP*	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
10/10/12	WCAB LB	PRI-CONFERENCE - JOYCE ALTMAN # 300624	156.50
12/11/12	WCAB LB	TRIAL - JOHANNA JORDAN # 100793	156.50
02/26/13	WCAB LB	TRIAL - JOHANNA JORDAN # 301564 (FULL DAY)	313.00
05/10/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/27/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
07/09/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
10/13/14	PENALTIES	FOR DATE OF SERVICE 10/10/12	23.48
01/07/15	INTEREST	FOR DATE OF SERVICE 10/10/12	40.04
10/13/14	PENALTIES	FOR DATE OF SERVICE 12/11/12	23.48
01/07/15	INTEREST	FOR DATE OF SERVICE 12/11/12	38.38
10/13/14	PENALTIES	FOR DATE OF SERVICE 02/26/13	46.95
01/07/15	INTEREST	FOR DATE OF SERVICE 02/26/13	80.08
10/13/14	PENALTIES	FOR DATE OF SERVICE 05/10/13	23.48
01/07/15	INTEREST	FOR DATE OF SERVICE 05/10/13	30.18

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

*** INVOICE ***
Date NO#
02/09/15 50384

Claim # : 710789211
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 12/26/54
Terms : 45 days

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

Case: vs LAITHP & SHIRLEY ALSARRAF
Date Of Injury: 1/1/07

DOS	SERVICE	DESCRIPTION	AMOUNT
10/13/14	PENALTIES	FOR DATE OF SERVICE 06/27/13	37.50
01/07/15	INTEREST	FOR DATE OF SERVICE 06/27/13	44.42
10/13/14	PENALTIES	FOR DATE OF SERVICE 07/09/14	23.48
01/07/15	INTEREST	FOR DATE OF SERVICE 07/09/14	9.22
10/02/14	WCAB LB	TRIAL - JOYCE ALTMAN # 300624	156.50
01/07/15	PENALTIES	FOR DATE OF SERVICE 12/5/11	22.50
01/07/15	INTEREST	FOR DATE OF SERVICE 12/5/11	38.38
01/07/15	PENALTIES	FOR DATE OF SERVICE 01/27/12	22.50
01/07/15	INTEREST	FOR DATE OF SERVICE 01/27/12	38.38
01/07/15	PENALTIES	FOR DATE OF SERVICE 02/06/12	22.50
01/07/15	INTEREST	FOR DATE OF SERVICE 02/06/12	38.38
01/07/15	PENALTIES	FOR DATE OF SERVICE 10/2/14	23.48
01/07/15	INTEREST	FOR DATE OF SERVICE 10/2/14	5.03
01/07/15	PMT BY CHECK	DOS 10/10/12-7/19/14* # 27690959	-1189.00
01/07/15	COSTS & SANC	COSTS & SANC	700.00
02/04/15	PMT BY CHECK	DOS 12/5/11* # 27847242	-2088.34

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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00028001

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

201501071602

Electronic Service Requested

1 OF 1

ENV 8940

MIXED AADC 926
8940 0.3820 MB 0.432

JOYCE ALTMAN INTERPRETERS INC 198
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 27690959
RFP No.: 498238
Check Date: 01/07/2015
Check Amount: 1,189.00
Insured: LAITH ALSARRAF

Claimant:

Claim Office: 710
Insuring Company: AIG Property Casualty Company

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID JAN 13 2015

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000005064860	00789211	01	08/01/2007	MED	O	1,189.00
					Total Amount	1,189.00

Reason for Payment
101012-071914

Use File # 710/00789211 on all correspondence for prompt processing.
For check information call: 877-802-5246

[redacted]

000028000

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

201502041606

Electronic Service Requested

MIXED AADC 926

1652 1.0926 MB 0.432

JOYCE ALTMAN INTERPRETERS INC 128
PO BOX 4165
TUSTIN, CA 92781-4165

1 OF 5 F

ENV 1652

Check No.: 27847242
RFP No.: 560850
Check Date: 02/04/2015
Check Amount: 2,088.34
Insured: LAITH ALSARRAF

Claimant:

Claim Office: 710
Insuring Company: AIG Property Casualty Company

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID FEB 09 2015

50384

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000005064860	00789211	01	08/01/2007	MED	O	2,088.34
					Total Amount	2,088.34

Reason for Payment
ORG: 3277.34 ACT: 50384 120511-120511

Use File # 710/00789211 on all correspondence for prompt processing.
For check information call: 877-802-5246

F.F. OK
CA

[redacted]

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

*** INVOICE ***

Date	NO#
02/02/15	19626

Claim # : 00007310
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6755
D.O.B. : 9/21/51
Terms : 45 days

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

Case: vs INTERCONTINENTAL ART
Date Of Injury: 6/3/05

DOS	SERVICE	DESCRIPTION	AMOUNT
11/15/05	QME EVAL	DR GROMIS*	230.00
12/15/05	PMT BY CHECK	DOS 11/15/05 # 00139921	-90.00
02/28/06	PENALTIES	FOR DATE OF SERVICE 11/15/05	21.00
05/03/06	INTEREST	FOR DATE OF SERVICE 11/15/05	8.34
06/13/06	PMT BY CHECK	DOS 11/15/05 # 00161833	-140.00
11/13/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
10/17/13	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
01/23/14	PENALTIES	FOR DATE OF SERVICE 11/13/12	23.48
02/25/14	INTEREST	FOR DATE OF SERVICE 11/13/12	24.11
02/12/14	PMT BY CHECK	DOS 11/13/12* # 00574594	-156.56
02/25/14	PMT BY CHECK	DOS 11/13/12* # 00575608	-35.26
01/15/15	COSTS & SANC	COST & SANC	740.39
01/28/15	PMT BY CHECK	DOS 6/3/05-1/15/15* # 00606487	-882.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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EMPLOYERS DIRECT INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042
(818) 575-8500

000067-00001-000067 EDC: 1354179
Joyce Altman Interpreters, Inc
P.O.Box 4165
Tustin CA 92781-4165

Insured: INTERCONTINENTAL ART
Amount of this check: $450.00

Claimant: Jc [illegible],
Claim: 00007309
Policy #: WC 00015201
Date of Injury: 08-01-2005
Description: 08-23-05 - 10-31-05 17168
Payment For: INTERPRETER

Payment Amount: $360.00

Claimant: [redacted]
Claim: 00007310
Policy #: WC 00015201
Date of Injury: 06-03-2005
Description: 11-15-05 - 11-15-05 19626
Payment For: INTERPRETER

Payment Amount: [redacted]

DIRECT INQUIRIES TO: EMPLOYERS DIRECT INSURANCE COMPANY

12/15/05
Ck# 0013921

POSTED

EMPLOYERS DIRECT INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042
(818) 575-8500

000085-00001-000085 EDC1 1363366
Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

CK# 00161833

Amount of this check: $140.00

Claimant:
Claim: 00007310
Policy #: WC 00015201
Date of Injury: 06-03-2005
Description: 11-15-05 - 11-15-05 19626
Payment For: INTERPRETER

Payment Amount: $140.00

DIRECT INQUIRIES TO: EMPLOYERS DIRECT INSURANCE COMPANY

6/13/06

PACIFIC COMPENSATION INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042

Temporary Return Service Requested

000078-000001-000078 2500979 2320EDC 1
Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

Insured: INTERCONTINENTAL ART
Amount of this check: 156.56

Claimant:
Claim: 00007310
Policy #: WC 00015201
Date of Injury: 20050603
Description: 11-13-12 - 11-13-12 #19626
Payment For: INTERPRETER FOR HEARINGS

Payment Amount: $ 156.56

19626

DIRECT INQUIRIES TO: PACIFIC COMPENSATION INSURANCE COMPANY

PAID FEB 18 2014

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

PacificComp®
PACIFIC COMPENSATION INSURANCE COMPANY

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

18-01606/1220

CHECK NO: 00574594

DATE: 02/12/2014

AMOUNT
*****$156.56

VOID AFTER 6 MONTHS
TWO SIGNATURES REQUIRED IF $10,000.00 OR MORE

PAY One Hundred Fifty-Six and 56/100

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

Authorized Signature

Authorized Signature

⑈00574594⑈ ⑆122016066⑆ 412⑈87889211

PACIFIC COMPENSATION INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042

Temporary Return Service Requested

000065-000001-000065 2501063 2320EDC 1
Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

Insured: INTERCONTINENTAL ART
Amount of this check: 35.26

Claimant:
Claim: 00007310
Policy #: WC 00015201
Date of Injury: 20050603
Description: 11-13-12 - 11-13-12 PENALTY & INTEREST
Payment For: INTERPRETER FOR HEARINGS

Payment Amount: $ 35.26

PAID FEB 28 2014

DIRECT INQUIRIES TO: PACIFIC COMPENSATION INSURANCE COMPANY

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

PacificComp®
PACIFIC COMPENSATION INSURANCE COMPANY

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

CHECK NO: 00575608
DATE: 02/25/2014

18-01606/1220

AMOUNT
*****$35.26

VOID AFTER 6 MONTHS
TWO SIGNATURES REQUIRED IF $10,000.00 OR MORE

PAY Thirty-Five and 26/100

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

Authorized Signature

Authorized Signature

⑈00575608⑈ ⑆122016066⑆ 412⑈878892⑈

PACIFIC COMPENSATION INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042
(818) 575-8500

Temporary Return Service Requested

000062-000001-000062 2503500 2320EDC 1
Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

Explanation of Review
Page: 1 of 2
DCN: PC1-0010-0075676
Date of Review: 01/23/2015
Date Bill Received: 01/19/2015
Adjustor: PPENA
File: 00000000010.00 / 00000000000.00 / 00000000
Check No.: 00606487 Bulk $882.00
Method of Payment: Paper Check

19626

ovider: JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781
ovider State License: 99999999
ovider Invoice:
ndering Provider: JOYCE ALTMAN INTERPRETERS, INC,
ndering Provider ID: 9999999999

Claim 00007310
Policy: WC 00015201
Employer Name: INTERCONTINENTAL ART
Doi: 06/03/2005
Claimant:
Patient SSN:

F. F. CA

c ID: 330956713 OMP
S: 06/03/2005 TO 01/15/2015
t ID: 33095671300 100
yment Status Code: 1
yment Date: 01/28/2015 Bill Frequency:

DX 1: 9599 Injury-site NOS

PAID FEB 02 2015

te of vice	Code	Mod	Rev Code	Service Description	Prescription #	Allow Units	Bill Units	Adjust Qnty	Charges	Reductions Bill Review	Reductions PPO	Allowance	Expl. Code(s)
03/2005	MDO10			FINAL ORDR/AWARD WC APPL		1	1	0	441.00			441.00	1000
15/2015	MDO10			FINAL ORDR/AWARD WC APPL		1	1	0	441.00			441.00	1000
								Total Charges:	882.00				
								Bill Review Reductions:		0.00			
								Recommended Allowance				882.00	

)0 FULL and FINAL SETTLEMENT

If you have any questions regarding the applicability of your PPO contract to this claim, please contact Anthem Blue Cross at 1 (855) 766-3719.

E 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®
ACIFIC COMPENSATION INSURANCE COMPANY

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

16-01606/1220

CHECK NO: 00606487
DATE: 01/28/2015

AMOUNT
*****$882.00

VOID AFTER 6 MONTHS
TWO SIGNATURES REQUIRED IF $10,000.00 OR MORE

PAY Eight Hundred Eighty-Two and 00/100

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

Authorized Signature

Authorized Signature

⑈00606487⑈ ⑆122016066⑆ 41⑈878892⑈

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

*** INVOICE ***
Date NO#
10/05/15 59066

EAMS#(s):

SS # :
DOB : 1/22/82
Terms : 45 days
Claim #(s):
YMH96613C

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

Case: vs ORION PLASTIC CORP
Date Of Injury: 2/21/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/23/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
07/02/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/11/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
05/06/14	LIEN FIL FEE	LIEN FILING FEE	150.00
04/29/14	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
07/28/14	PENALTIES	FOR DATE OF SERVICE 5/23/13	23.48
09/16/15	INTEREST	FOR DATE OF SERVICE 5/23/13	39.55
07/28/14	PENALTIES	FOR DATE OF SERVICE 7/02/13	37.50
09/16/15	INTEREST	FOR DATE OF SERVICE 7/02/13	63.17
07/28/14	PENALTIES	FOR DATE OF SERVICE 3/11/14	23.48
09/16/15	INTEREST	FOR DATE OF SERVICE 3/11/14	27.56
07/28/14	PENALTIES	FOR DATE OF SERVICE 4/29/14	23.48
09/16/15	INTEREST	FOR DATE OF SERVICE 4/29/14	22.93
09/16/15	COSTS & SANC	COSTS & SANC	469.35
09/28/15	PMT BY CHECK	DOS 2/21/13-9/16/15* # 124739221 0	-1600.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

THE HARTFORD

000736
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00739

Attention: This remittance incorporates 2 claim payments

583'15

Special Handling ID: RM 00

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
05-18-12	72WEC ES4511 YMHC 87743	PINKY KIDS		$90.00
Nature of Benefits: Miscellaneous Medical		Nature of Payment: Source Payment	Service Dates 09-14-2015 09-14-2015	$90.00

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

Additional Comments:

F.F..
SP

See 2nd page →

Please keep the above information for your records.

107185811

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

*000012 1247392210

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
02-21-13	72WE DF2252 YMHC 96613	ORION PLASTICS, MFG	$1,600.00

Nature of Benefits:	Nature of Payment:	Service Dates	
Miscellaneous Medical	Source Payment	02-21-2013 09-16-2015	$1,600.00

S9066

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

PAID OCT 05 2015

Additional Comments:

F. F. ok
CA

Issue Date	09-28-2015	Check Number	1247392210	Total Amount of Check	$1,690.00

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

*** INVOICE ***
Date NO#
11/24/15 40959

EAMS#(s):

SS # :
DOB : 9/1/51
Terms : 45 days
Claim #(s):
YMH49690

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

Case: , vs CASITAS CARE CENTER
Date Of Injury: 4/15/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/15/10	MRI	& MRA REF BY DR CHANIN: RT SHOULDER (6 HRS)	450.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
08/09/11	INITIAL EXAM	DR BONIFACE @ PAIN RELIEF CT*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
08/23/11	INITIAL EXAM	DR ZARRINI @ PAIN RELIEF CTR (2H 15M)	258.75
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
08/31/11	V-SNCT	VOLTAGE SENSORY NCT: C/S @ PAIN RELIEF CTR*	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
05/22/13	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
03/25/14	PENALTIES	FOR DATE OF SERVICE 12/15/10	67.50
07/01/15	INTEREST	FOR DATE OF SERVICE 12/15/10	199.06
03/25/14	PENALTIES	FOR DATE OF SERVICE 8/9/11	34.50
10/30/15	INTEREST	FOR DATE OF SERVICE 8/9/11	110.51
03/25/14	PENALTIES	FOR DATE OF SERVICE 8/23/11	38.81
10/30/15	INTEREST	FOR DATE OF SERVICE 8/23/11	124.32
03/25/14	PENALTIES	FOR DATE OF SERVICE 8/31/11	22.50
07/01/15	INTEREST	FOR DATE OF SERVICE 8/31/11	67.11
03/25/14	PENALTIES	FOR DATE OF SERVICE 5/22/13	23.48
07/01/15	INTEREST	FOR DATE OF SERVICE 5/22/13	38.21
10/08/15	PMT BY CHECK	DOS 5/22/13* # 124784909 0	-156.50
10/09/15	PMT BY CHECK	DOS 12/15/10* # 124793079 3	-90.00
11/19/15	PMT BY CHECK	DOS 4/15/10-7/2/13* # 124974393 1	-1650.00
11/24/15	BLCE OFF SET	BALANCE OFF SET	-74.75

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

*** INVOICE ***

Date	NO#
11/24/15	40959

EAMS#(s):

SS # :
DOB : 9/1/51
Terms : 45 days
Claim #(s):
YMH49690

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

Case: vs CASITAS CARE CENTER
Date Of Injury: 4/15/10

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 is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

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

THE HARTFORD

000012
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00013

Attention: This remittance incorporates 1 claim payments

40959

Special Handling ID: RM 00

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
04-15-10	38WE ZH8297 YMHC 49690	CASITAS CARE CENTER		$156.50
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Source Payment	Service Dates 05-22-2013 05-22-2013	$156.50

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

PAID OCT 14 2015

Additional Comments:

Please keep the above information for your records.

HAR-100-2

107267475

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

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

56-1544
441

Check Number: 1247849090
Issue Date: 10-08-2015
Benefit Period: 05-22-2013 to 05-22-2013

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

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

Pay

ONE HUNDRED FIFTY-SIX DOLLARS AND 50/100

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

VOID VOID VOID VOID VOID

Authorized Signature

107267475

⑈1247849090⑈ ⑆044115443⑆ 632559738⑈

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

THE HARTFORD

PAID OCT 19 2015

PAID OCT 19 2015

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

00013

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

40959

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
04-15-10	38WE ZH8297 YMHC 49690	CASITAS CARE CENTER		$90.00
Nature of Benefits: Miscellaneous Medical		Nature of Payment: Source Payment	Service Dates 12-15-2010 12-15-2010	$90.00

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

Additional Comments:

Issue Date	10-09-2015	Check Number	124793079 3	Total Amount of Check	$90.00

Please keep the above information for your records.

107279014

*200012 1247930793

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
04-15-10	38WE ZH8297 YMHC 49690	CASITAS CARE CENTER	$1,650.00
Nature of Benefits: Miscellaneous Medical	Nature of Payment: Source Payment	Service Dates 04-15-2010 07-02-2013	$1,650.00

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

Additional Comments: Lien Payment is for full and final settlement for all DOS's pretaining to Rosa Ramirez.

40959

F.F.
AMOUNT

Issue Date	11-19-2015	Check Number	124974393 1	Total Amount of Check	$1,920.00

PAID NOV 24 2015

Endorsement of this check by the payee is a certification of a valid claim for insurance benefits of services. Any false representation to obtain this payment may be fraud and result in civil and criminal penalties.

THIS IS WATERMARKED PAPER AND CONTAINS INVISIBLE FIBERS
DO NOT ACCEPT WITHOUT NOTING WATERMARK
HOLD TO LIGHT TO
VERIFY WATERMARK

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

*** INVOICE ***
Date NO#
11/24/15 59097

EAMS#(s):

SS # :
DOB : 1/15/56
Terms : 45 days
Claim #(s):
30130510835-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14623)
W. C. DEPARTMENT
ATTN: JANE ACORIN-PEREZ
P.O. BOX 14623
LEXINGTON, KY 40512-4623

Case: vs L.A.U.S.D.
Date Of Injury: 4/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
06/10/13	INITIAL EXAM	DR JARCHI @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
07/24/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
08/06/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/13/13	PR2/REEVAL	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
01/08/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
03/19/14	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/14/14	PR2/REEVAL	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
05/14/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/20/14	PR2/REEVAL	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
01/14/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/09/15	LIEN FIL FEE	LIEN FILING FEE	150.00
07/15/15	PENALTIES	FOR DATE OF SERVICE 7/24/13	23.48
07/15/15	INTEREST	FOR DATE OF SERVICE 7/24/13	34.02
07/15/15	PENALTIES	FOR DATE OF SERVICE 8/6/13	37.50
07/15/15	INTEREST	FOR DATE OF SERVICE 8/6/13	54.35
07/15/15	PENALTIES	FOR DATE OF SERVICE 1/8/14	23.48
07/15/15	INTEREST	FOR DATE OF SERVICE 1/8/14	27.56
07/15/15	PENALTIES	FOR DATE OF SERVICE 3/19/14	23.48
07/15/15	INTEREST	FOR DATE OF SERVICE 3/19/14	24.11
07/15/15	PENALTIES	FOR DATE OF SERVICE 5/14/14	23.48
07/15/15	INTEREST	FOR DATE OF SERVICE 5/14/14	21.01
07/15/15	PENALTIES	FOR DATE OF SERVICE 1/14/15	23.48

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

*** INVOICE ***

Date	NO#
11/24/15	59097

EAMS#(s):

SS # :
DOB : 1/15/56
Terms : 45 days
Claim #(s):
30130510835-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14623)
W. C. DEPARTMENT
ATTN: JANE ACORIN-PEREZ
P.O. BOX 14623
LEXINGTON, KY 40512-4623

Case: vs L.A.U.S.D.
Date Of Injury: 4/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/15/15	INTEREST	FOR DATE OF SERVICE 1/14/15	7.30
11/03/15	COSTS & SANC	COSTS & SANC	424.25
11/19/15	PMT BY CHECK	DOS 6/10/13-1/14/15* # 0001582119	-2700.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Sedgwick Claims Management Services, Inc
P O Box 14623
Lexington, KY 40512-4623

DATE	CHECK AMT	CHECK NO.
11/19/2015	2,700.00	0001582119

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

SCMS UNIT	PAGE
525 Sedgwick Claims Management Services	001

002625 0001582119 00002 OF 00002 0AM 151119 1147

PAID NOV 24 2015

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

S9097

Claimant Name	Loss Date	Claim Number	SSN
	04/01/2010	30130510835-0001	

Amt Paid: 2700.00 Description:
Amt Billed: 2700.00 Invoice: ICN: 301305108350001
Dates: 06/10/2013 - 01/14/2015 Comment:

F.F.
CA OK

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
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/23/15 23790

EAMS#(s):

SS # :
DOB : 9/30/70
Terms : 45 days
Claim #(s):
710249382; 710258757

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

Case: vs ST. GEORGE WAREHOUSE/MAYOR LOG
Date Of Injury: 5/23/06;4/30/06

DOS	SERVICE	DESCRIPTION	AMOUNT
11/22/06	INITIAL EXAM	-DR DOMARACKI*	230.00
05/14/07	RE-EVAL	-DR DOMARACKI*	180.00
06/13/07	RE-EVAL	-DR DOMARACKI*	180.00
08/01/07	PR-2	-DR DOMARACKI*	180.00
07/03/07	PR2/REEVAL	-DR DOMARACKI*	180.00
08/15/07	PR2/REEVAL	-DR DOMARACKI*	180.00
09/06/07	PR2/REEVAL	-DR DOMARACKI*	180.00
10/05/07	PR2/REEVAL	DR DOMARACKI*	180.00
12/07/07	PR2/REEVAL	DR DOMARACKI*	180.00
01/04/08	PR2/REEVAL	-DR DOMARACKI*	180.00
02/01/08	PR2/REEVAL	-DR DOMARACKI*	180.00
02/22/08	PR2/REEVAL	-DR DOMARACKI*	180.00
03/21/08	PR2/REEVAL	-DR DOMARACKI*	180.00
04/02/08	PR2/REEVAL	DR DOMARACKI*	180.00
05/16/08	PR2/REEVAL	-DR DOMARACKI*	180.00
06/02/08	PR2/REEVAL	-DR DOMARACKI*	180.00
08/27/08	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
09/18/08	INITIAL EXAM	-WITH ACUPUNCTURIST STEVE HIN @ WILLOW MED*	230.00
11/10/08	SURGERY	DR OBUKHOFF @ MONROVIA MEDICAL HOSPITAL*	150.00
11/12/08	WCAB LB	MSC	156.50
11/24/08	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
01/28/09	WCAB LB	MSC	156.50
03/04/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
04/07/09	PR2/REEVAL	-DR OBURHOFF @ WILLOW MED*	180.00
04/10/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
05/12/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
05/11/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
06/01/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
06/25/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00

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

*** INVOICE ***

Date	NO#
11/23/15	23790

EAMS#(s):

SS # :
DOB : 9/30/70
Terms : 45 days
Claim #(s):
710249382; 710258757

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

Case: vs ST. GEORGE WAREHOUSE/MAYOR LOG
Date Of Injury: 5/23/06;4/30/06

DOS	SERVICE	DESCRIPTION	AMOUNT
06/05/09	PR2/REEVAL	-DR OBUKHOFF @ WILLOW MED*	180.00
07/14/09	PR2/REEVAL	-DR OBUKHOFF @ WILLOW MED*	180.00
07/27/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
08/19/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
08/20/09	INITIAL EXAM	-DR GALLONI @ WILLOW MED*	230.00
09/01/09	PR2/REEVAL	-DR OBUKOFF @ WILLOW MED*	180.00
10/13/09	PR2/REEVAL	-DR OBUKHOFF @ WILLOW MED*	180.00
12/02/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
02/26/10	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ # 500289	180.00
06/22/10	PR2/REEVAL	-DR OBUKHOFF* ELIZABETH VARGA # 500106	180.00
07/01/10	PR2/REEVAL	-DR DOMARACKI*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
08/04/10	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/24/10	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ # 500289	180.00
09/14/10	PR2/REEVAL	-DR OBUKHOFF*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
10/11/10	PR2/REEVAL	-DR OBUKHOFF* ROBERT PETERS # 500233	180.00
10/25/10	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ # 500289	180.00
04/28/11	PENALTIES	FOR DATE OF SERVICE 11/22/06	34.50
11/05/15	INTEREST	FOR DATE OF SERVICE 11/22/06	138.64
04/28/11	PENALTIES	FOR DATE OF SERVICE 09/18/08	21.00
11/05/15	INTEREST	FOR DATE OF SERVICE 09/18/08	115.08
03/31/15	PENALTIES	FOR DATE OF SERVICE 11/12/08	9.98
11/05/15	INTEREST	FOR DATE OF SERVICE 11/12/08	53.51
03/31/15	PENALTIES	FOR DATE OF SERVICE 01/28/09	9.98

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

*** INVOICE ***
Date NO#
11/23/15 23790

EAMS#(s):

SS # :
DOB : 9/30/70
Terms : 45 days
Claim #(s):
710249382; 710258757

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

Case: vs ST. GEORGE WAREHOUSE/MAYOR LOG
Date Of Injury: 5/23/06;4/30/06

DOS	SERVICE	DESCRIPTION	AMOUNT
11/05/15	INTEREST	FOR DATE OF SERVICE 01/28/09	51.90
04/28/11	PENALTIES	FOR DATE OF SERVICE 08/20/09	21.00
11/05/15	INTEREST	FOR DATE OF SERVICE 08/20/09	100.26
03/31/15	PENALTIES	FOR DATE OF SERVICE 08/04/10	23.48
11/05/15	INTEREST	FOR DATE OF SERVICE 08/04/10	40.31
11/01/13	PR2/REEVAL	-DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
04/04/14	PMT BY CHECK	DOS 11/22/06-11/1/13* # 26011340	-1416.50
03/31/15	PENALTIES	FOR DATE OF SERVICE 09/06/07	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 09/06/07	34.70
03/31/15	PENALTIES	FOR DATE OF SERVICE 10/05/07	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 10/05/07	83.88
03/31/15	PENALTIES	FOR DATE OF SERVICE 12/07/07	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 12/07/07	82.09
03/31/15	PENALTIES	FOR DATE OF SERVICE 01/04/08	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 01/04/08	81.30
03/31/15	PENALTIES	FOR DATE OF SERVICE 02/01/08	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 02/01/08	80.50
03/31/15	PENALTIES	FOR DATE OF SERVICE 02/22/08	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 02/22/08	79.91
03/31/15	PENALTIES	FOR DATE OF SERVICE 03/21/08	13.50
03/31/15	INTEREST	FOR DATE OF SERVICE 03/21/08	78.83
03/31/15	PENALTIES	FOR DATE OF SERVICE 04/02/08	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 04/02/08	78.72
03/31/15	PENALTIES	FOR DATE OF SERVICE 05/16/08	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 05/16/08	77.53
03/31/15	PENALTIES	FOR DATE OF SERVICE 06/02/08	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 06/02/08	77.04
03/31/15	PENALTIES	FOR DATE OF SERVICE 11/10/08	9.00
11/05/15	INTEREST	FOR DATE OF SERVICE 11/10/08	48.32

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

*** INVOICE ***
Date NO#
11/23/15 23790

EAMS#(s):
SS # :
DOB : 9/30/70
Terms : 45 days
Claim #(s):
710249382; 710258757

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

Case: s ST. GEORGE WAREHOUSE/MAYOR LOG
Date Of Injury: 5/23/06;4/30/06

DOS	SERVICE	DESCRIPTION	AMOUNT
03/31/15	PENALTIES	FOR DATE OF SERVICE 03/04/09	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 03/04/09	70.24
03/31/15	PENALTIES	FOR DATE OF SERVICE 04/07/09	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 04/07/09	68.28
03/31/15	PENALTIES	FOR DATE OF SERVICE 04/10/09	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 04/10/09	68.20
03/31/15	PENALTIES	FOR DATE OF SERVICE 05/12/09	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 05/12/09	67.29
03/31/15	PENALTIES	FOR DATE OF SERVICE 05/11/09	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 05/11/09	67.32
03/31/15	PENALTIES	FOR DATE OF SERVICE 06/01/09	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 06/01/09	66.72
03/31/15	PENALTIES	FOR DATE OF SERVICE 06/25/09	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 06/25/09	66.04
03/31/15	PENALTIES	FOR DATE OF SERVICE 06/05/09	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 06/05/09	66.61
03/31/15	PENALTIES	FOR DATE OF SERVICE 07/14/09	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 07/14/09	65.50
03/31/15	PENALTIES	FOR DATE OF SERVICE 07/27/09	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 07/27/09	65.13
03/31/15	PENALTIES	FOR DATE OF SERVICE 08/19/09	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 08/19/09	64.48
03/31/15	PENALTIES	FOR DATE OF SERVICE 09/01/09	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 09/01/09	64.11
03/31/15	PENALTIES	FOR DATE OF SERVICE 10/13/09	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 10/13/09	62.92
03/31/15	PENALTIES	FOR DATE OF SERVICE 12/02/09	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 12/02/09	61.50
04/05/15	PMT BY CHECK	DOS 11/22/06-11/1/13* =# 28417145	-2923.00
05/27/15	**PMT BY CHECK**	**DOS 8/4/10* =# 28567482**	**-90.00**

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

*** INVOICE ***
Date NO#
11/23/15 23790

EAMS#(s):
SS # :
DOB : 9/30/70
Terms : 45 days
Claim #(s):
710249382; 710258757

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

Case: ST. GEORGE WAREHOUSE/MAYOR LOG
Date Of Injury: 5/23/06;4/30/06

DOS	SERVICE	DESCRIPTION	AMOUNT
11/05/15	PENALTIES	FOR DATE OF SERVICE 11/22/06	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 11/22/06	87.96
11/05/15	PENALTIES	FOR DATE OF SERVICE 05/14/07	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 05/14/07	87.11
11/05/15	PENALTIES	FOR DATE OF SERVICE 06/13/07	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 06/13/07	87.11
11/05/15	PENALTIES	FOR DATE OF SERVICE 08/01/07	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 08/01/07	85.72
11/05/15	PENALTIES	FOR DATE OF SERVICE 07/03/07	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 07/03/07	86.54
11/05/15	PENALTIES	FOR DATE OF SERVICE 08/15/07	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 08/15/07	85.32
11/05/15	PENALTIES	FOR DATE OF SERVICE 08/27/08	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 08/27/08	72.08
11/05/15	PENALTIES	FOR DATE OF SERVICE 02/26/10	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 02/26/10	59.07
11/05/15	PENALTIES	FOR DATE OF SERVICE 06/22/10	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 06/22/10	55.78
11/05/15	PENALTIES	FOR DATE OF SERVICE 07/01/10	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 07/01/10	55.52
11/05/15	PENALTIES	FOR DATE OF SERVICE 08/24/10	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 08/24/10	53.99
11/05/15	PENALTIES	FOR DATE OF SERVICE 09/14/10	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 09/14/10	53.39
11/05/15	PENALTIES	FOR DATE OF SERVICE 10/11/10	13.50
11/05/15	INTEREST	FOR DATE OF SERVICE 10/11/10	52.63
11/05/15	PENALTIES	FOR DATE OF SERVICE 10/25/10	27.00
11/05/15	INTEREST	FOR DATE OF SERVICE 10/25/10	104.46
11/05/15	COSTS & SANC	COSTS & SANCT	1941.02
11/17/15	PMT BY CHECK	DOS 11/23/06-11/01/13*	-9750.00
		=# 29545675	

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

*** INVOICE ***

Date	NO#
11/23/15	23790

EAMS#(s):

SS # :
DOB : 9/30/70
Terms : 45 days
Claim #(s):
710249382; 710258757

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

Case: vs ST. GEORGE WAREHOUSE/MAYOR LOG
Date Of Injury: 5/23/06;4/30/06

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

P4000028000

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

201404041619

Electronic Service Requested

MIXED AADC 926
456 1.0926 MB 0.432

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

34

1 OF 5 F

ENV 456

Check No.: 26011340
RFP No.: 818362
Check Date: 04/04/2014
Check Amount: 1,416.50
Insured: ST GEORGE TRUCKING AND WAREHOU
Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

23790

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000001241719	00258757	01	05/23/2006	MED	O	1,416.50
					Total Amount	1,416.50

Reason for Payment
ORG: 8329.50 112206-110113

Use File # 710/ 00258757 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID APR 09 2014

P4000028000

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

201505011609

Electronic Service Requested

ENV 1667 1 OF 4 F

MIXED AADC 926
1667 0.9028 MB 0.432

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165
121

Check No.: 28417145
RFP No.: 800527
Check Date: 05/01/2015
Check Amount: 2,923.00
Insured: ST GEORGE TRUCKING AND WAREHOU
Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID MAY 05 2015

23790

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000001241719	00258757	001	05/23/2006	MED	O	2,923.00
					Total Amount	2,923.00

Reason for Payment
Recon Prev Pay: 1416.50 ACT: NA 112206-1101

Use File # 710/00258757 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028000

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

201505271610

Electronic Service Requested

ENV 4619 1 OF 4 F

MIXED AADC 926
4619 0.9028 MB 0.432

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

160

Check No.: 28567482
RFP No.: 856233
Check Date: 05/27/2015
Check Amount: 90.00
Insured: ST GEORGE TRUCKING AND WAREHOU
Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID JUN 0 2 2015

23790

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000001241719	00258757	001	05/23/2006	MED	O	90.00

Total Amount 90.00

Reason for Payment
ORG: 3086.50 ACT: NONE 060509-110113

Use File # 710/00258757 on all correspondence for prompt processing.
For check information call: 877-802-5246

P400028000

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

201511171612

Electronic Service Requested

ENV 1849 1 OF 2 F

MIXED AADC 926
1849 0.548b MB 0.436

JOYCE ALTMAN INTERPRETERS INC 133
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 29545675
RFP No.: 262646
Check Date: 11/17/2015
Check Amount: 9,750.00
Insured: ST GEORGE TRUCKING AND WAREHOU
Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID NOV 23 2015

23790

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000001241719	00258757	001	05/23/2006	MED	O	9,750.00
					Total Amount	9,750.00

Reason for Payment
ORG: 9750.00 ACT: NONE 112306-110113

Use File # 710/00258757 on all correspondence for prompt processing.
For check information call: 877-802-5246

F.F. OK CA

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

*** INVOICE ***
Date NO#
11/23/15 58199

EAMS#(s):

SS # :
DOB : 12/9/62
Terms : 45 days
Claim #(s):
WC10084284

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W. C. DEPARTMENT
ATTN: BLAKE IALES
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: vs THAI PARADISE RESTAURANT
Date Of Injury: 1/05

DOS	SERVICE	DESCRIPTION	AMOUNT
02/20/13	DEPO PREP	@ THE L/O OF EARLY & MASLACH	156.50
/ /	INTERPRETER:	ANDREA HARLEY # 100459	0.00
05/14/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
06/05/13	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/10/15	PENALTIES	FOR DATE OF SERVICE 2/20/13	23.48
11/10/15	INTEREST	FOR DATE OF SERVICE 2/20/13	46.10
11/10/15	PENALTIES	FOR DATE OF SERVICE 5/14/13	37.50
11/10/15	INTEREST	FOR DATE OF SERVICE 5/14/13	72.54
11/10/15	PENALTIES	FOR DATE OF SERVICE 6/5/13	23.48
11/10/15	INTEREST	FOR DATE OF SERVICE 6/5/13	44.18
11/18/15	PMT BY CHECK	DOS 2/20/13-6/5/13* # 8815625688	-810.28

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

FARMERS INSURANCE

Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

November 18, 2015

MID-CENTURY INSURANCE COMPANY

Check Number: 8815625688
Date: 11/18/2015

Amount: $810.28******

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

PAID NOV 23 2015

Claimant/Patient:			
Insured:	POONLUA SOMKIAT PTR		
Date of Loss:	11/22/2012	Claim Representative:	Donna Rebold
Claim Number:	WC10084284	Office Phone Number:	5125338364
Correspondence Reference:	W51H84DWN		

Additional Information:
ADJ8656596 Petition for Sanctions If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (800) 258-6444 or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
02/20/13 - 06/05/13	Work Comp Late Payments	$810.28

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

01 01 000
01 01 000243 W51H84DWN1 CE1118P1 02 [] 000291

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

*** INVOICE ***
Date NO#
11/20/15 58922

EAMS#(s):

SS # :
DOB : 09/08/1966
Terms : 45 days
Claim #(s):
DWC00904515

BILL TO:
CRUM & FORSTER (PLANO,TX)
W. C. DEPARTMENT
ATTN: MONTE DENMAN
6404 INTERNATIONAL PKWY., 1000
PLANO, TX 75093

Case: [redacted]rs HAEMONETICS MFG., INC.
Date Of Injury: 4/10/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/15/13	.INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH (2HRS 15MINS)	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
07/19/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/15/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH CENTER*	180.00
/ /	INTERPRETER:	JAOSN RAMIREZ # 500371	0.00
08/20/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
08/23/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/24/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
10/22/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
12/09/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
06/08/15	LIEN FIL FEE	LIEN FILING FEE	150.00
09/14/15	PENALTIES	FOR DATE OF SERVICE 7/19/13	23.48
09/14/15	INTEREST	FOR DATE OF SERVICE 7/19/13	36.09
09/14/15	PENALTIES	FOR DATE OF SERVICE 8/23/13	37.50
09/14/15	INTEREST	FOR DATE OF SERVICE 8/23/13	57.66
08/11/15	LEGAL C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/30/15	COSTS & SANC	COSTS & SANC	708.77
11/16/15	PMT BY CHECK	DOS 4/10/13* # 115101821	-2800.00

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

*** INVOICE ***

Date	NO#
11/20/15	58922

EAMS#(s):

SS # :
DOB : 09/08/1966
Terms : 45 days
Claim #(s):
DWC00904515

BILL TO:
CRUM & FORSTER (PLANO,TX)
W. C. DEPARTMENT
ATTN: MONTE DENMAN
6404 INTERNATIONAL PKWY., 1000
PLANO, TX 75093

Case: vs HAEMONETICS MFG., INC.
Date Of Injury: 4/10/13

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

VOID VOID VOID

CORVEL CORPORATION
CRUM & FORSTER
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= CFORS
11-24
1210(8)

CHECK NUMBER	CHECK DATE
115101821	11/16/15

Claim#: DWC00904515

PAY EXACTLY: *Two thousand eight hundred and 00/100 Dollars*

******$2,800.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schaeppi

WELLS FARGO BANK PORTLAND, OR

⑈011510182 1⑈ ⑆121000248⑆ 4123 996704⑈

ETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: US Fire Insurance Co. - DWC
305 Madison Ave
Morristown, NJ 07960

Employer Patient: Haemonetics Corporation and It

PAID NOV 20 2015

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 6/9631242 - 1
Reprice: CA, 92781
Billed Date: 04/10/2013
Business Rcvd: 11/10/2015
MBR Rcvd: 11/10/2015
MBR Date: 11/12/2015
Date Approved: 11/16/2015
DOS From - To: 04/10/2013 - 04/10/2013

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Quigley, Cindy
Vendor #:
PIN:

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

Claim #: DWC00904515
Processor Initials: CP
DOI: 04/10/2013
RX Number:

F-F-OK
NDJ

58922

Bill Comments
Lien Settlement Payment

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
04/10/13	MD010 352, 524, G1	JURISDICTION ORDERED LUMP SUM PAYMENT	1	11	$2800.00		1	$0.00	$2800.00

MD010 Jurisdiction orders a lump sum payment for multiple bills where the amount of reimbursement is in dispute between the claims payer and the healthcare provider. (Ordered or approved by WCAB). 4/10/13 - 10/30/15

Sub-Totals for Bill: 9631242		**$2800.00**	**$0.00**	**$2800.00**
Totals for Bill:9631242				**$2800.00**

Line Item Reason Codes and Descriptions
352 Network disc not applicable to procedure billed
524 Recommended allowance per Insurer decision

Line Item Reason Codes and Descriptions

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

*** INVOICE ***
Date NO#
10/16/15 64411

EAMS#(s):

SS # :
DOB : 3/6/51
Terms : 45 days
Claim #(s):
BV13-038CA; VV13-008CA

BILL TO:
MURPHY & BEANE (CULVER CITY)
W. C. DEPARTMENT
ATTN: KIM VALDEZ
5901 Green Valley Circle,# 145
CULVER CITY, CA 90230

Case: vs LEISURE VALE RETIREMENT HOTEL
Date Of Injury: 5/28/13; 5/13-11/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/09/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/15/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/17/15	PMT BY CHECK	DOS 12/9/14* # 023710	-156.50
03/27/15	PMT BY CHECK	DOS 1/15/15* # 023744	-250.00
04/20/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/22/15	PENALTIES	FOR DATE OF SERVICE 4/20/15	23.48
09/22/15	INTEREST	FOR DATE OF SERVICE 4/20/15	7.45
10/26/15	PMT BY CHECK	DOS 4/20/15* # 024499	-156.50
10/16/15	COSTS & SANC	COSTS & SANC	569.07
10/26/15	PMT BY CHECK	DOS 12/9/14-12/9/15* # 024500	-600.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

MURPHY AND BEANE, INC.
COMPENSATION ACCOUNT
5901 GREEN VALLEY CIRCLE, SUITE 145 • CULVER CITY, CA 90230

WELLS FARGO BANK
11-24/1210(8)

NO. 023710

23710

VOID AFTER 90 DAYS

BV 13-008CA

DATE 03/17/2015

AMOUNT *****$156.50*

PAY *****One Hundred Fifty-Six Dollars And 50 Cents*****

Miscellaneous Allocated Expense

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

AUTHORIZED SIGNATURE

THIS PAPER CONTAINS VISIBLE AND INVISIBLE FIBERS FACE AND BACK WHICH FLUORESCE UNDER ULTRAVIOLET LIGHT.

⑈023710⑈ ⑆121000248⑆ 402001273 8⑈

MURPHY AND BEANE, INC. - **COMPENSATION ACCOUNT**

023710

PAYEE: THIS IS YOUR RECORD OF CLAIM PAYMENT PLEASE DETACH AND SAVE

CLAIM NUMBER	PAYMENT FOR	FOR THE PERIOD FROM	THRU	AMOUNT	CODE
BV 13-008CA	Miscellaneous Allocated Expense	12/09/2014	12/09/2014	156.50	R 2P12

64411

PAID APR 27 2015

MURPHY AND BEANE, INC.
COMPENSATION ACCOUNT
5901 GREEN VALLEY CIRCLE, SUITE 145 • CULVER CITY, CA 90230

WELLS FARGO BANK
11-24/1210(8)

NO. 023744

23744

VOID AFTER 90 DAYS

DATE 03/27/2015

BV 13-008CA
Invoice #: 64411

AMOUNT *****$250.00*

PAY *****Two Hundred Fifty Dollars And 0 Cents*****

Miscellaneous Allocated Expense

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

AUTHORIZED SIGNATURE

THIS PAPER CONTAINS VISIBLE AND INVISIBLE FIBERS FACE AND BACK WHICH FLUORESCE UNDER ULTRAVIOLET LIGHT.

⑈023744⑈ ⑆121000248⑆ 402001273⑧⑈

MURPHY AND BEANE, INC. - **COMPENSATION ACCOUNT** 023744

PAYEE: THIS IS YOUR RECORD OF CLAIM PAYMENT PLEASE DETACH AND SAVE

CLAIM NUMBER	PAYMENT FOR	FOR THE PERIOD FROM	THRU	AMOUNT	CODE
BV 13-008CA 64411	Miscellaneous Allocated Expense	01/15/2015	01/15/2015	250.00	R 2P12

PAID APR 27 2015

MURPHY AND BEANE, INC.
COMPENSATION ACCOUNT
5901 GREEN VALLEY CIRCLE, SUITE 145 • CULVER CITY, CA 90230

WELLS FARGO BANK
11-24/1210(8)

NO. 024499

24499

VOID AFTER 90 DAYS

DATE 10/26/2015

BV 13-038CA
Invoice #: FULL & FINAL

AMOUNT*****$156.50*

PAY *****One Hundred Fifty-Six Dollars And 50 Cents*****

Miscellaneous Allocated Expense

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

AUTHORIZED SIGNATURE

⑈024499⑈ ⑆121000248⑆ 402001273 8⑈

MURPHY AND BEANE, INC. - **COMPENSATION ACCOUNT** 024499

PAYEE: THIS IS YOUR RECORD OF CLAIM PAYMENT PLEASE DETACH AND SAVE

CLAIM NUMBER	PAYMENT FOR	FOR THE PERIOD FROM	THRU	AMOUNT	CODE
BV 13-038CA	FULL & FINAL Miscellaneous Allocated Expense	04/20/2015	04/20/2015	156.50	F 2P12

PAID NOV 19 2015

64411?
apply reg.

MURPHY AND BEANE, INC.
COMPENSATION ACCOUNT
5901 GREEN VALLEY CIRCLE, SUITE 145 • CULVER CITY, CA 90230

WELLS FARGO BANK
11-24/1210(8)

NO. 024500

24500

VOID AFTER 90 DAYS

DATE 10/26/2015

BV 13-038CA
Invoice #: FULL & FINAL

AMOUNT*****$600.00*

PAY *****Six Hundred Dollars And 0 Cents*****

Miscellaneous Allocated Expense

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

AUTHORIZED SIGNATURE

THIS PAPER CONTAINS VISIBLE AND INVISIBLE FIBERS. SEE BACK WHICH FLUORESCE UNDER ULTRAVIOLET LIGHT.

⑈024500⑈ ⑆121000248⑆ 402001273 8⑈

MURPHY AND BEANE, INC. - **COMPENSATION ACCOUNT** 024500

PAYEE: THIS IS YOUR RECORD OF CLAIM PAYMENT PLEASE DETACH AND SAVE

CLAIM NUMBER	PAYMENT FOR	FOR THE PERIOD FROM	THRU	AMOUNT	CODE
BV 13-038CA					
FULL & FINAL		12/09/2014	12/09/2015	600.00	F
Miscellaneous Allocated Expense					2P12

64411 F-F. NDJ OK

PAID NOV 19 2015

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

*** INVOICE ***
Date NO#
02/23/15 54776

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7375
D.O.B. : 10/4/61
Terms : 45 days
Claim #(s):
12-065006

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

Case: vs PACON
Date Of Injury: 4/17/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/06/12	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH CENTER (3H 15M)	373.75
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
09/10/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
10/23/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
01/15/13	DEPO PREP	@ THE L/O OF MANNING & KASS	156.50
/ /	INTERPRETER:	SUSANA SARDAS # 100498	0.00
02/11/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/12/13	P AND S	DR KATTAR @ GARFIELD HEALTH*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
08/12/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/10/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH* FUTURE MED	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
01/21/14	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
02/18/14	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
05/06/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
04/15/14	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
05/23/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
07/23/14	PENALTIES	FOR DATE OF SERVICE 1/15/13	23.48
08/14/14	INTEREST	FOR DATE OF SERVICE 1/15/13	27.22
07/23/14	PENALTIES	FOR DATE OF SERVICE 2/11/13	37.50
08/14/14	INTEREST	FOR DATE OF SERVICE 2/11/13	43.48

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

*** INVOICE ***

Date	NO#
02/23/15	54776

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7375
D.O.B. : 10/4/61
Terms : 45 days
Claim #(s):
12-065006

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

Case: [redacted] vs PACON
Date Of Injury: 4/17/11

DOS	SERVICE	DESCRIPTION	AMOUNT
07/23/14	PENALTIES	FOR DATE OF SERVICE 3/12/13	34.50
08/14/14	INTEREST	FOR DATE OF SERVICE 3/12/13	50.15
07/23/14	PENALTIES	FOR DATE OF SERVICE 5/06/14	23.48
08/14/14	INTEREST	FOR DATE OF SERVICE 5/06/14	6.41
08/14/14	PMT BY CHECK	DOS 8/6/12-5/6/14* # 3027069	-2246.75
09/08/14	PMT BY CHECK	DOS 4/15/14-5/23/14* # 3031051	-430.00
01/28/15	PENALTIES	FOR DATE OF SERVICE 8/6/12	56.06
08/14/14	INTEREST	FOR DATE OF SERVICE 8/6/12	65.00
01/28/15	PENALTIES	FOR DATE OF SERVICE 9/10/12	27.00
08/14/14	INTEREST	FOR DATE OF SERVICE 9/10/12	31.31
01/28/15	PENALTIES	FOR DATE OF SERVICE 10/23/12	27.00
08/14/14	INTEREST	FOR DATE OF SERVICE 10/23/12	31.31
01/28/15	PENALTIES	FOR DATE OF SERVICE 8/12/13	27.00
08/14/14	INTEREST	FOR DATE OF SERVICE 8/12/13	30.57
01/28/15	PENALTIES	FOR DATE OF SERVICE 12/10/13	27.00
08/14/14	INTEREST	FOR DATE OF SERVICE 12/10/13	23.76
01/28/15	PENALTIES	FOR DATE OF SERVICE 1/21/14	27.00
08/14/14	INTEREST	FOR DATE OF SERVICE 1/21/14	21.38
01/28/15	PENALTIES	FOR DATE OF SERVICE 2/18/14	27.00
08/14/14	INTEREST	FOR DATE OF SERVICE 2/18/14	19.79
01/28/15	PENALTIES	FOR DATE OF SERVICE 4/15/14	27.00
09/08/14	INTEREST	FOR DATE OF SERVICE 4/15/14	8.56
01/28/15	COSTS & SANC	COSTS SANC	577.04
02/17/15	PMT BY CHECK	DOS 8/6/12-5/23/14* # 3068349	-1300.00

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

*** INVOICE ***

Date	NO#
02/23/15	54776

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7375
D.O.B. : 10/4/61
Terms : 45 days
Claim #(s):
12-065006

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

Case: vs PACON
Date Of Injury: 4/17/11

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.0(

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

P8528028002

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

201408150111

Electronic Service Requested

3-DIGIT 926
5249 0.3820 AT 0.403

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

37

ENV 5249 1 OF 1

Payee:	Joyce Altman Interpeters
Company Name:	Companion Property and Casualty Insu
Facility:	Pacon Inc
Policy ID:	CPCA11457
IRS/SSN:	XXXXX6713
Administrator:	LCORONA
Claim Number:	12-065006
Check #:	3027069
Check Total:	2,246.75
Check Date:	08/14/2014

Explanation of Benefits

Incident Date	Claim Number / Invoice Number	Account Number / From/Through Date	Claimant Name / Document Number	Description / Amount
4/17/2011	12-065006 54776	08/06/12-05/06/14		Interpreter Fees - Medical Rel 2,246.75
			Totals:	**2,246.75**

PAID AUG 21 2014

PK5280280002

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

201409090113

Electronic Service Requested

PAID SEP 15 2014

1 OF 2

ENV 5903

3-DIGIT 926
5903 0.5738 AT 0.403

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

37

Payee:	Joyce Altman Interpeters
Company Name:	Companion Property and Casualty Insu
Facility:	Pacon Inc
Policy ID:	CPCA11457
IRS/SSN:	XXXXX6713
Administrator:	LCORONA
Claim Number:	12-065006
Check #:	3031051
Check Total:	430.00
Check Date:	09/08/2014

Explanation of Benefits

Incident Date	Claim Number Invoice Number	Account Number From/Through Date	Claimant Name Document Number	Description Amount
4/17/2011	12-065006 54776	04/15/14-05/23/14		Interpreter Fees - Medical Rel 430.00
			Totals:	**430.00**

528028002

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

201502180109

Electronic Service Requested

1 OF 1

ENV 19891

3-DIGIT 926
19891 0.3820 AT 0.403

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

194

Payee:	Joyce Altman Interpeters
Company Name:	Companion Property and Casualty Insu
Facility:	Pacon Inc
Policy ID:	CPCA11457
IRS/SSN:	XXXXX6713
Administrator:	LCORONA
Claim Number:	12-065006
Check #:	3068349
Check Total:	1,300.00
Check Date:	02/17/2015

Explanation of Benefits

Incident Date	Claim Number / Invoice Number	Account Number / From/Through Date	Claimant Name / Document Number	Description / Amount
4/17/2011	12-065006	08/06/12-05/23/14	54776	Interpreter Fees - Medical Rel 1,300.00
			Totals:	**1,300.00**

PAID FEB 23 2015

F.F.
CA 01

[redacted]

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

*** INVOICE ***

Date	NO#
02/20/15	45270

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 5/24/79
Terms : 45 days
Claim #(s):
7190218488

BILL TO:
CARL WARREN & CO. (TUSTIN)
W.C. DEPARTMENT
ATTN: CARMEN VALQUI
P.O. BOX # 2422
TUSTIN, CA 92781

Case: vs ONE-DAY PAINT & BODY
Date Of Injury: 11/15/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/20/10	MRI	REF BY DR GOFNUNG: L/S, LT SHOULDER*	150.00
/ /	INTERPRETER:	BLANCA NOCHEZ MEJIA # 100741	0.00
01/26/11	MRI	REF BY DR SUUTARI: C/S*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/23/11	DEPO PREP	@ THE L/O OF SAMUELSEN & GONZALEZ	156.50
/ /	INTERPRETER:	ALBERTINA LOPEZ # 01438482	0.00
05/02/11	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
04/25/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
06/22/11	PMT BY CHECK	DOS 12/20/10 THRU 4/25/11 # 0000924386 CO WEST	-863.00
07/06/11	MRI	REF BY DR MASSIHI: LT FOOT, LT ANKLE*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
08/29/11	MRI	REF BY DR VAISMAN: TMJ*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
05/10/11	+DEPO PREP	@ L/O OF SAMUELSEN & GONZALEZ	156.50
/ /	INTERPRETER:	OSBALDO LOPEZ # 301367	0.00
07/25/11	DEPO PREP	@ THE L/O OF SAMUELSEN & GONZALEZ	156.50
/ /	INTERPRETER:	NANCY SILVA # 22056879	0.00
09/06/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (VOL II)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/02/11	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR SADIGHPOUR*	150.00
/ /	INTERPRETER:	RICARDO AINSLIE # 500159	0.00
03/29/12	PENALTIES	FOR DATE OF SERVICE 7/6/11	22.50

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

*** INVOICE ***

Date	NO#
02/20/15	45270

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 5/24/79
Terms : 45 days
Claim #(s):
7190218488

BILL TO:
CARL WARREN & CO. (TUSTIN)
W.C. DEPARTMENT
ATTN: CARMEN VALQUI
P.O. BOX # 2422
TUSTIN, CA 92781

Case: vs ONE-DAY PAINT & BODY
Date Of Injury: 11/15/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/26/15	INTEREST	FOR DATE OF SERVICE 7/6/11	61.67
03/29/12	PENALTIES	FOR DATE OF SERVICE 8/29/11	22.50
01/26/15	INTEREST	FOR DATE OF SERVICE 8/29/11	59.12
03/29/12	PENALTIES	FOR DATE OF SERVICE 5/10/11	23.48
01/26/15	INTEREST	FOR DATE OF SERVICE 5/10/11	67.16
03/29/12	PENALTIES	FOR DATE OF SERVICE 7/25/11	23.48
01/26/15	INTEREST	FOR DATE OF SERVICE 7/25/11	63.41
03/29/12	PENALTIES	FOR DATE OF SERVICE 9/6/11	37.50
01/26/15	INTEREST	FOR DATE OF SERVICE 9/6/11	97.91
11/13/12	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
09/25/14	PENALTIES	FOR DATE OF SERVICE 11/13/12	23.48
01/26/15	INTEREST	FOR DATE OF SERVICE 11/13/12	39.89
01/26/15	COSTS & SANC	COSTS & SANC	1004.90
02/12/15	PMT BY CHECK	DOS 1/16/15* # 00159682 CARLS WARREN	-2716.50

BALANCE 0.0(

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 06/22/2011
Check Number: 0000924386
Check Amount: $863.00

G4ME11

Sign up today for Electronic Funds Transfer (EFT). ICW Group now uses JopariPay to speed payments directly to your bank account. Visit icw.jopari.net and sign up by entering your registration code, G4ME11

00272 JOP1ZS01 1Z 6300013298-6300347813

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID

BY:.....

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-11-00429		06/22/2010	41164	43	12/20/2010	04/25/2011	$863.00

Cat	SubPC	Stub Notes	Stub Amount
		INTERP FOR DEPOSITIONS 4/52 H	$0.00
43		MISC EXPENSE	$863.00
			$863.00

Bank of America
Costa Mesa, CA

16/66/1220

CARL WARREN & COMPANY
ATF
COMPANION PROPERTY & CASUALTY GROUP
COMPANION PROPERTY & CASUALTY

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

CLAIM#: 6334 CMP 0002365
CLAIMANT:
LOSS DATE: 11/15/2010

41164
45270 ✓

PAYMENT AMOUNT: ****2,716.50**
PAYEE NAME: JOYCE ALTMAN INTERPRETERS

CHECK#: 000159682
ISSUE DATE: 2/12/2015

PAYMENT SETTLEMENT: MEDICAL LIEN- FULL & FINAL ALL DOS 01/26/2015-01/26/2015

F.F. ✓
CA

PAID FEB 20 2015

THIS CHECK IS VOID WITHOUT A COLORED BORDER AND BACKGROUND PANTOGRAPH & ENDORSEMENT WATERMARK ON BACK - HOLD AT ANGLE TO VIEW

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

00159682

CLAIM NO.			CARL WARREN & COMPANY ATF COMPANION PROPERTY & CASUALTY GROUP COMPANION PROPERTY & CASUALTY	CLAIMANT	
334-0259-0001-0000-719-218488-1-2010-W					
DATE ISSUED	TYPE PMT	CLOSE		Date of Loss	LOCATION
2/12/2015 ORG 311	2	/O		11/15/2010	UNKNOWN
PAYEE FEDERAL I.D. NO.	IN PAYMENT OF			MISC.	KIND OF PMT
33-0956713	MEDICAL LIEN- FULL & FINAL ALL DOS 01/26/2015-01/26/2015				496

PAY THE AMOUNT OF
Two Thousand Seven Hundred Sixteen and 50/100---------- DOLLARS $ $2,716.50

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

Caryn B. Siebert

AUTHORIZED SIGNATURES

⑈00159682⑈ ⑆122000661⑆ 14539⑈20655⑈

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

*** INVOICE ***

Date	NO#
02/20/15	59938

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 7/27/72
Terms : 45 days
Claim #(s):
30131050161

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

Case: vs BASAW MANUFACTURING
Date Of Injury: 8/30/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/24/13	INITIAL EXAM	DR ATAMIAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
10/04/13	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LETTY JULIAO-GREEN # 301547	0.00
10/07/13	EMG TESTING	& NCV BY DR SCHILLING: L/E @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
10/24/13	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
10/29/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
11/01/13	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LUISA FERNANDEZ # 500215	0.00
12/02/13	PR2/REEVAL	-DR MIRZABEIGI @ ADVANCE CARE	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
12/03/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
01/10/14	PR2/REEVAL	-DR MIRZABEIGI @ ADVANCE CARE	180.00
/ /	INTERPRETER:	PATRICIA SANCHEZ # 301554	0.00
01/14/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
02/18/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/25/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
04/11/14	PR2/REEVAL	-DR MIRZABEIGI @ ADVANCE CARE	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
04/29/14	PR2/REEVAL	DR ATAMIAN @ ACS*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
05/02/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00

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

*** INVOICE ***
Date NO#
02/20/15 59938

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 7/27/72
Terms : 45 days
Claim #(s):
30131050161

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

Case: s BASAW MANUFACTURING
Date Of Injury: 8/30/12

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
05/30/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
06/03/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
06/25/14	INITIAL EXAM	DR MENDELSOHN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
06/27/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
07/08/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
09/16/14	LIEN FIL FEE	LIEN FILING FEE	150.00
07/23/14	PR2/REEVAL	DR MENDELSOHN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
02/03/15	PENALTIES	FOR DATE OF SERVICE 09/24/13	34.50
02/03/15	INTEREST	FOR DATE OF SERVICE 09/24/13	28.62
02/03/15	PENALTIES	FOR DATE OF SERVICE 06/25/14	34.50
02/03/15	INTEREST	FOR DATE OF SERVICE 06/25/14	16.52
02/17/15	PMT BY CHECK	DOS 9/24/13-7/23/14* # 005354965	-4084.14
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

6905028006

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

201502161611

Electronic Service Requested

PAID FEB 20 2015

SINGLE PIECE

2352 0.5486 SP 0.480

JOYCE ALTMAN INTERPRETERS INC 4
PO BOX 4165
TUSTIN, CA 92781-4165

DATE	CHECK AMT	CHECK NO.
02/17/2015	4,084.14	0053549765

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

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services, Inc	1 of 2

Claimant Name	Loss Date	Claim Number
	08/30/2012	30131050161-0001

Amt Paid:	2,042.07	Description: Doctor	
Amt Billed:	2,042.07	Invoice:	ICN: 5201-12800119
Dates:	09/24/2013-09/24/2013	Comment:	
Amt Paid:	2,042.07	Description: Doctor	
Amt Billed:	2,042.07	Invoice:	ICN: 5201-12800119
Dates:	07/23/2014-07/23/2014	Comment:	

59938

F.F. 80

MV

Questions about other Sedgwick CMS payments? Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

[redacted]

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

*** INVOICE ***

Date	NO#
02/26/15	45615

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0582
D.O.B. : 1/27/78
Terms : 45 days
Claim #(s):
003651-000030-WC-01

BILL TO:
GALLAGHER BASSETT (SAN DIEGO)
W.C. DEPARTMENT
ATTN: ELLEN SHOTTS
P.O. BOX # 85013
SAN DIEGO, CA 92186

Case: vs PACIFICA HOTEL CO.
Date Of Injury: 5/29/10

DOS	SERVICE	DESCRIPTION	AMOUNT
06/23/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/13/11	CT SCAN	REF BY DR SUUTARI: L/S*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
09/07/11	MRA	& MRI REF BY DR SUUTARI: LT SHLDR (4HRS 15MIN)	318.75
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
08/12/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRI (AMENDED)	250.00
/ /	INTERPRETER:	OSVALDO LOPEZ # 301367	0.00
03/21/12	PENALTIES	FOR DATE OF SERVICE 6/23/11	23.48
01/29/14	INTEREST	FOR DATE OF SERVICE 6/23/11	13.56
03/21/12	PENALTIES	FOR DATE OF SERVICE 7/13/11	22.50
01/29/14	INTEREST	FOR DATE OF SERVICE 7/13/11	44.94
03/21/12	PENALTIES	FOR DATE OF SERVICE 9/7/11	47.81
01/29/14	INTEREST	FOR DATE OF SERVICE 9/7/11	25.21
03/21/12	PENALTIES	FOR DATE OF SERVICE 8/12/11	37.50
01/29/14	INTEREST	FOR DATE OF SERVICE 8/12/11	20.79
04/12/12	PMT BY CHECK	DOS 6/23/11-8/12/11 # 0092824136	-406.50
04/25/12	PMT BY CHECK	DOS 6/23/11-4/23/12 # 0093114308	-318.75
03/19/13	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
04/11/13	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/23/13	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
08/14/14	PENALTIES	FOR DATE OF SERVICE 03/19/13	23.48
08/14/14	INTEREST	FOR DATE OF SERVICE 03/19/13	26.28
08/14/14	PENALTIES	FOR DATE OF SERVICE 04/11/13	37.50
08/14/14	INTEREST	FOR DATE OF SERVICE 04/11/13	40.14
08/14/14	PMT BY CHECK	DOS 3/19/13-4/11/13*	-265.00

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

*** INVOICE ***
Date NO#
02/26/15 45615

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0582
D.O.B. : 1/27/78
Terms : 45 days
Claim #(s):
003651-000030-WC-01

BILL TO:
GALLAGHER BASSETT (SAN DIEGO)
W.C. DEPARTMENT
ATTN: ELLEN SHOTTS
P.O. BOX # 85013
SAN DIEGO, CA 92186

Case: vs PACIFICA HOTEL CO.
Date Of Injury: 5/29/10

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 0111685617	
01/28/15	INTEREST	FOR DATE OF SERVICE 03/19/13	5.18
01/28/15	INTEREST	FOR DATE OF SERVICE 04/11/13	24.51
01/28/15	COSTS & SANC	COSTS & SANC	715.62
02/20/15	PMT BY CHECK	DOS 2/20/15* # 0116507295	-1500.00

BALANCE 0.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

0103922 01 RE 0.401 **AUTO T0 0 5771 92781 -P03925

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

DIRECT INQUIRIES TO:

PHONE: 1-619-471-1219
GALLAGHER BASSETT-SAN DIE
P.O. BOX 85013
SAN DIEGO CA 92186-5013

PACIFICA HOTEL COMPANY

CLAIM NO. 003651 000030 WC 01

CLAIMANT:

DESCRIPTION: 45615

DATE OF SERVICE: 23-Jun-2011 TO 21-Mar-2012

PAID
APR 16 2012
BY.....

BRANCH NO. 187

ACC. DATE 29-May-2010

CHECK NO. 0092824136

VN. 0000003756

DATE: 12-Apr-2012

PAYMENT AMOUNT: $406.50

RE0103922-0002_of_0002 5771-0004771 (F26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0092824136 ATTACHED BELOW

GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

0103518 01 RE 0.401 **AUTO T0 0 5780 92781 -P03521

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

RECEIVED
APR 30 2012
BY:

DIRECT INQUIRIES TO:

PHONE: 1-619-471-1219
GALLAGHER BASSETT-SAN DIE
P.O. BOX 85013
SAN DIEGO CA 92186-5013

PACIFICA HOTEL COMPANY

CLAIM NO. 003651 000030 WC 01

CLAIMANT:

DESCRIPTION: 45615

DATE OF SERVICE: 23-Jun-2011 TO 12-Apr-2012

BRANCH NO. 187

ACC. DATE 29-May-2010

CHECK NO. 0093114308

VN. 0000003855

DATE: 25-Apr-2012

PAYMENT AMOUNT: $318.75

RE0103518-0001_of_0001 5780-0004322 (Rad)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0093114308 ATTACHED BELOW

GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

003651 PAGE 1 OF 1 010047

PAID AUG 14 2014

MDG2009 00007769 1 MB 0435 1

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

41561S

GALLAGHER BASSETT SERVICES INC
FOR FEDERAL INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: 619-471-1219
GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

CLAIM NO.: 003651 000030 WC 01 (363)
CLAIMANT:
DESCRIPTION: DOS 3-19/4-11-13 MD

DATES OF SERVICE: 19Mar13 **THRU** 11Apr13
BENEFIT PERIOD: **THRU**

BRANCH NO.: 187
ACC DATE: 29May10

NO.: 0111685617
VN: 0000008051
DATE: 08Aug14

AMOUNT: 265.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0007769 008708 001 001

GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

003651 PAGE 1 OF 1 006188

MDG2009 00001020 1 AB 0406 1

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

PAID FEB 26 2015

GALLAGHER BASSETT SERVICES INC
FOR FEDERAL INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: 619-471-1219
GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

45615

CLAIM NO.: 003651 000030 WC 01 (363)
CLAIMANT:
DESCRIPTION: FULL AND FINAL FOR ALL DOS

DATES OF SERVICE: 20Feb15 **THRU** 20Feb15
BENEFIT PERIOD: **THRU**

BRANCH NO.: 187
ACC DATE: 29May10

NO.: 0116507295
VN: 0000009679
DATE: 20Feb15
AMOUNT: 1500.00

F-10K
CA

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0001020 001249 001 002

[redacted]

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

*** INVOICE ***
Date NO#
04/30/15 53979

W.C.A.B.:

S.S.N. : XXX-XX-8564
D.O.B. : 7/31/72
Terms : 45 days
Claim #(s):
001687-016275-WC-01

BILL TO:
GALLAGHER BASSETT (CALABASAS)
W.C. DEPARTMENT
ATTN: STEPHANIE FRANCO
P.O. BOX # 9875
CALABASAS, CA 91372

Case: vs THE CHEESE CAKE FACTORY
Date Of Injury: 1/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/26/12	DEPO PREP	@ THE L/O OF ALTMAN, LUNCHE & BLITSTEIN	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
08/31/12	PMT BY CHECK	DOS 6/26/12 # 0095948901	-90.00
08/22/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/17/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/16/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
06/10/14	WCAB LB	TRIAL (FULL DAY)	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/11/15	LEGAL EXOTIC	C&R @ L/O DENNIS FUSI	485.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761 (ENGLISH TO SPANISH)	0.00
/ /	INTERPRETER:	FIDEL SONTAY QUALIFY (SPANISH TO QUINCHE)	0.00
08/31/12	PENALTIES	FOR DATE OF SERVICE 6/26/12	9.98
08/31/12	INTEREST	FOR DATE OF SERVICE 6/26/12	20.76
04/14/15	PENALTIES	FOR DATE OF SERVICE 8/22/12	37.50
04/14/15	INTEREST	FOR DATE OF SERVICE 8/22/12	75.77
04/14/15	PENALTIES	FOR DATE OF SERVICE 7/17/13	23.48
04/14/15	INTEREST	FOR DATE OF SERVICE 7/17/13	31.75
04/14/15	PENALTIES	FOR DATE OF SERVICE 4/16/14	23.48
04/14/15	INTEREST	FOR DATE OF SERVICE 4/16/14	18.24
04/14/15	PENALTIES	FOR DATE OF SERVICE 6/10/14	46.95
04/14/15	INTEREST	FOR DATE OF SERVICE 6/10/14	29.58
04/23/15	PMT BY CHECK	DOS 6/26/12-4/14/15* # 0118148414	-1744.99

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

*** INVOICE ***
Date NO#
04/30/15 53979

W.C.A.B.:

S.S.N. : XXX-XX-8564
D.O.B. : 7/31/72
Terms : 45 days
Claim #(s):
001687-016275-WC-01

BILL TO:
GALLAGHER BASSETT (CALABASAS)
W.C. DEPARTMENT
ATTN: STEPHANIE FRANCO
P.O. BOX # 9875
CALABASAS, CA 91372

Case: vs THE CHEESE CAKE FACTORY
Date Of Injury: 1/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372

001687 PAGE 1 OF 1 004799

PAID
SEP 07 2012
BY:.....

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

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 818-746-9925
GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372

CLAIM NO.: 001687 016275 WC 01 (WCB)
CLAIMANT:
DESCRIPTION: INV# 53979

DATES OF SERVICE: 31Aug2012 **THRU** 26-Jun-20
BENEFIT PERIOD: **THRU**

BRANCH NO.: 165
ACC DATE: 01Jan08

NO.: 0095948901
VN: 0000258853
DATE: 31Aug12
AMOUNT: 90.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0001451 001580 002 002

GALLAGHER BASSETT-LA/ORANGE CA
P.O. BOX 14260
ORANGE CA 92863-1260

001687 PAGE 1 OF 1 003560

PAID APR 30 2015

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

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 800-297-0866
GALLAGHER BASSETT-LA/ORANGE CA
P.O. BOX 14260
ORANGE CA 92863-1260

S3979

CLAIM NO.: 001687 016275 WC 01 (WCB)
CLAIMANT:
DESCRIPTION: ~~FULL & FINAL RESOLUTION~~ F&F OF LIEN ANY & ALL DOS

DATES OF SERVICE: 26Jun12 THRU 14Apr15
BENEFIT PERIOD: THRU

BRANCH NO.: 138
ACC DATE: 01Jan08

NO.: 0118148414
VN: 0000369242
DATE: 23Apr15
AMOUNT: 1744.99

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004491 005092 002 003

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

*** INVOICE ***

Date	NO#
08/25/15	61724

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days
Claim #(s):
0030-14-00011

BILL TO:
CLAIM QUEST (WALNUT)
W.C. DEPARTMENT
ATTN: GRACE GONZALEZ
675 BREA CANYON RD, STE #4
WALNUT, CA 91789-3065

Case: vs REGENTS POINT
Date Of Injury: 1/29/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/25/14	DEPO PREP	@ THE L/O OF NORMAN J. HOMEN	156.50
/ /	INTERPRETER:	DANIEL FATTORI # 36586781	0.00
07/02/14	PMT BY CHECK	DOS 4/25/14* # 00013263	-156.50
06/16/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
05/13/14	INITIAL EXAM	DR ROSARIO @ IPM*	230.00
/ /	INTERPRETER:	FRANCSICO SOMOANO # 500260	0.00
07/15/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/02/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/13/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/17/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
10/20/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
11/20/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/30/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
01/26/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
02/25/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
07/27/15	LIEN FIL FEE	LIEN FILING FEE	150.00
07/31/15	PENALTIES	FOR DATE OF SERVICE 9/2/14	37.50
07/31/15	INTEREST	FOR DATE OF SERVICE 9/2/14	26.15
08/19/15	PMT BY CHECK	DOS 08/12/15-08/12/15* # 16339	-2400.00
08/25/15	COSTS & SANC	COSTS	86.35

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

*** INVOICE ***

Date	NO#
08/25/15	61724

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days
Claim #(s):
0030-14-00011

BILL TO:
CLAIM QUEST (WALNUT)
W.C. DEPARTMENT
ATTN: GRACE GONZALEZ
675 BREA CANYON RD, STE #4
WALNUT, CA 91789-3065

Case: vs REGENTS POINT
Date Of Injury: 1/29/14

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 is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

So Ca Presbyterian Homes
Workers' Compensation Program

EMPLOYER	PROVIDER NO.	CHECK NO.	CHECK DATE	SDJH
Regents Point	330956713	00013263	07/02/2014	1

CLAIM NUMBER	INJURY DATE	EMPLOYEE	DEPT / LOC	DAYS LOST	ACCOUNT CODE	TYPE	AMOUNT
0030 14 00011	01/29/2014					A	156.50

DOS: 04/25/2014-04/25/2014
INV#: 61724 06/26/2014

PAID JUL 07 2014

Direct questions/inquiries to ClaimQuest, Inc (909)594-9400

PAYMENT TYPES							
	A - ALLOCATED EXPENSE	G - MILEAGE	M - MEDICAL	T - TEMPORARY DISABILITY	Z - MISCELLANEOUS
	D - DEATH BENEFIT	H - OTHER REHABILITATION	P - PERMANENT DISABILITY	X - OTHER COMPENSATION	
	F - LIFETIME PENSION	L - OTHER ALLOCATED EXPENSE	R - TEMPORARY DISABILITY (REHAB)	Y - OTHER MEDICAL	

be.group Worker's Compensation Program Administered by ClaimQuest

Payee: Joyce Altman Interpreters
Check Number: 16339
Date of Check: 8/19/2015
Invoice Number:
Invoice Date:

Description	Claim Number	Injury Date	Claimant	From Date	To Date	Provider ID	Bill ID	Amount
Medical - Other	301500301400 011	1/29/2014		8/12/2015	8/12/2015	330956713		$2,400.00

#61724

f&f OK NDJ

PAID
BY: Ø

Direct Questions/Injuries to ClaimQuest, Inc (909) 594-9400

be.group
Workers Compensation Program
Administered by ClaimQuest, Inc.
675 S Brea Canyon Rd, Suite 4
Wainut, CA 91789-3065
(909) 594-9400

Bank of America
333 S. Hope Street
Los Angeles, CA 90071

16-66
1220

DATE	CHECK NO
8/19/2015	16339

AMOUNT	
$	**$2,400.00**

VOID AFTER 180 DAYS

PAY Two Thousand Four Hundred Dollars and No Cents*********

TO THE ORDER OF
Joyce Altman Interpreters
P.O. Box 4165
Tustin, CA 927814165

Two Signatures Required over $3,000

⑈016339⑈ ⑆122000661⑆ 14596080 26⑈

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

*** INVOICE ***
Date NO#
09/02/15 27795

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 1/11/77
Terms : 45 days
Claim #(s):
WC905432763

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W. C. DEPARTMENT
ATTN: MICHAEL WILLIAMS
P.O. BOX # 4555
PORTLAND, OR 97208

Case: vs CROWN SHEET METAL
Date Of Injury: 7/27/07

DOS	SERVICE	DESCRIPTION	AMOUNT
10/16/07	INITIAL EXAM	DR WISEMAN*	230.00
11/06/07	NCT	DIAGNOSTIC STUDY INTERP:L/E*	150.00
11/07/07	INITIAL EXAM	DR FRANCISCO - PYSCH EVAL*	230.00
07/09/14	PENALTIES	FOR DATE OF SERVICE 10/16/07	34.50
07/30/15	INTEREST	FOR DATE OF SERVICE 10/16/07	206.45
07/09/14	PENALTIES	FOR DATE OF SERVICE 11/6/07	22.50
07/30/15	INTEREST	FOR DATE OF SERVICE 11/6/07	134.64
07/09/14	PENALTIES	FOR DATE OF SERVICE 11/7/07	34.50
07/30/15	INTEREST	FOR DATE OF SERVICE 11/7/07	205.95
08/18/15	PMT BY CHECK	DOS 10/16/07-11/07/07 # 0029125886	-1815.23
08/18/15	COSTS & SANC	COSTS	566.69

BALANCE 0.00

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

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual. INSURANCE

B. CODE
288

CHECK REFERENCE	CHECK DATE
0029125886	08/18/15
CHECK AMOUNT	BLOCK NUMBER
***$1935.23	026007

OSN:MM0801081812-000184

THIS CHECK REPRESENTS A COMBINATION OF BILLED SERVICES. PLEASE REFER TO EACH DETAILED ITEMIZATION FOR SPECIFIC INFORMATION TO SUPPORT THE PAYMENT.

PATIENT NAME	DATES OF SERVICE	CLAIM #	TOTAL BILL CHARGES	TOTAL PAID
	10/16/07-01/25/08	WC 604-A03576 HOD	723.26	723.26
	10/16/07-08/03/15	WC 604-A03576 HOD	711.97	711.97
	11/06/07-11/07/07	WC 604-A03576 HOD	380.00	380.00
	08/06/15-08/06/15	WC 604-A22833 HOD	120.00	120.00

$1815.23

27795

PAID

BY: .....

TOTAL BILLS COMBINED: 4

1,935.23

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
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/24/15 58392

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days
Claim #(s):
004541-000396-WC01

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

Case: vs LITTLE CEASAR ENT.
Date Of Injury: 6/13/12

DOS	SERVICE	DESCRIPTION	AMOUNT
02/21/13	PR2/REEVAL	DR SELBY @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	OSVALDO LOPEZ # 301367	0.00
04/09/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
06/03/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/28/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
07/28/15	LIEN FIL FEE	LIEN FILING FEE	150.00
08/06/15	PMT BY CHECK	DOS 04/09/13/-01/28/15* # 0120823324	-563.00
08/20/15	MISC	COSTS	370.00
08/20/15	PMT BY CHECK	DOS 2/21/13-7/28/15* # 0121187432	-700.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

0102418 01 RE 0.436 **AUTO T7 2 1652 92781 -P02420

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

DIRECT INQUIRIES TO:

PHONE: 1-866-841-0167
GALLAGHER BASSETT-GOLD RI
P.O. BOX 2290
GOLD RIVER CA 95741-2290

PAID

BY: .....

LITTLE CAESAR ENTERPRISES, INC.

CLAIM NO. 004541 000396 WC 01

CLAIMANT:

DESCRIPTION: INV#58392

DATE OF SERVICE: 09-Apr-2013 TO 28-Jan-2015

BRANCH NO. 094

ACC. DATE 13-Jun-2012

CHECK NO. 0120823324

VN. 0000051800

DATE: 06-Aug-2015

PAYMENT AMOUNT: $563.00

RED102418-0001_of_0001 1652-0002681 (G26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0120823324 ATTACHED BELOW

GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

58392

0102482 01 RE 0.436 **AUTO T8 0 1662 92781 -P02484

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

PAID

BY: .....

DIRECT INQUIRIES TO:

PHONE: 1-866-841-0167
GALLAGHER BASSETT-GOLD RI
P.O. BOX 2290
GOLD RIVER CA 95741-2290

LITTLE CAESAR ENTERPRISES, INC.

CLAIM NO. 004541 000396 WC 01

CLAIMANT:

DESCRIPTION: LIEN SETTLEMENT - FULL, FINAL AND SATISFACTION

DATE OF SERVICE: 21-Feb-2013 TO 28-Jul-2015

BRANCH NO. 094

ACC. DATE 13-Jun-2012

CHECK NO. 0121187432

VN. 0000052640

DATE: 20-Aug-2015

PAYMENT AMOUNT: $700.00

RE0102482-0001_of_0001 1662-0002758 (G26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0121187432 ATTACHED BELOW

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

*** INVOICE ***
Date NO#
07/27/15 62510

EAMS#(s):

SS # : XXX-XX-8672
DOB : 11/26/71
Terms : 45 days
Claim #(s):
03-951969

BILL TO:
HANOVER INS (WORCESTER 15144)
W. C. DEPARTMENT
ATTN: KIM LOOK
PO BOX 15144
WORCESTER, MA 01615

Case: vs BUCKS BODY + FENDERS
Date Of Injury: 4/7/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/21/14	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
06/25/14	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
08/26/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
09/09/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
10/08/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/14/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
11/20/14	LEGAL_WCAB	TRIAL @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301564	0.00
04/20/15	LIEN FIL FEE	LIEN FILING FEE	150.00
04/20/15	PENALTIES	FOR DATE OF SERVICE 8/26/14	23.48
07/27/15	INTEREST	FOR DATE OF SERVICE 8/26/14	13.41
04/20/15	PENALTIES	FOR DATE OF SERVICE 9/9/14	23.48
07/27/15	INTEREST	FOR DATE OF SERVICE 9/9/14	13.41
04/20/15	PENALTIES	FOR DATE OF SERVICE 10/8/14	37.50
07/27/15	INTEREST	FOR DATE OF SERVICE 10/8/14	24.58
04/20/15	PENALTIES	FOR DATE OF SERVICE 10/14/14	23.48
07/27/15	INTEREST	FOR DATE OF SERVICE 10/14/14	15.38
04/20/15	PENALTIES	FOR DATE OF SERVICE 11/20/14	23.48
07/27/15	INTEREST	FOR DATE OF SERVICE 11/20/14	12.52
07/27/15	PENALTIES	FOR DATE OF SERVICE 05/21/14	34.50
07/27/15	INTEREST	FOR DATE OF SERVICE 05/21/14	31.67
07/27/15	PENALTIES	FOR DATE OF SERVICE 06/25/14	27.00
07/27/15	INTEREST	FOR DATE OF SERVICE 06/25/14	22.80
07/28/15	PMT BY CHECK	DOS 5/21/14-11/20/14 # 07031937	-2500.00
10/21/15	COSTS & SANC	COSTS	737.31

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

*** INVOICE ***

Date	NO#
07/27/15	62510

EAMS#(s):

SS # : XXX-XX-8672
DOB : 11/26/71
Terms : 45 days
Claim #(s):
03-951969

BILL TO:
HANOVER INS (WORCESTER 15144)
W. C. DEPARTMENT
ATTN: KIM LOOK
PO BOX 15144
WORCESTER, MA 01615

Case: vs BUCKS BODY + FENDERS
Date Of Injury: 4/7/14

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 is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

THE HANOVER INSURANCE COMPANY
P O BOX 15149
WORCESTER, MA 01615-0149

07031937

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

Notes:

PAID
AUG 05 2015
BY: .....

DETACH AND RETAIN TOP SECTION FOR YOUR RECORDS #62510

THE ORIGINAL DOCUMENT CONTAINS A VOID PANTOGRAPH AND A MICROPRINT BORDER.

09457 (11/05)

THE HANOVER AMERICAN INSURANCE CO
Deutsche Bank Trust Company Delaware, Wilmington, Delaware

62-38
311

Date Issued: 07282015
Insured: BUCKS BODY & FENDER INC
For: LIEN PAYMENT
PARTIAL CLAIM PAYMENT

CHECK 07031937

183

Not Valid After 6 MONTHS
Pay: ***2,500.00

Authorized By:

Pay To:
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

Claim Number 0395196902
Adjuster OKL
Policy Number WZ3 9468779
Claimant

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

"07031937" :031100380: 00535320"

996118

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

*** INVOICE ***
Date NO#
08/12/15 61554

EAMS#(s):

SS # : XXX-XX-7878
DOB : 7/11/78
Terms : 45 days
Claim #(s):
05895450

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

Case: vs UNION CENTRAL COLD STORAGE INC
Date Of Injury: 12/1/12-4/26/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/21/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/17/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
10/20/14	PENALTIES	FOR DATE OF SERVICE 04/21/14	37.50
10/20/14	INTEREST	FOR DATE OF SERVICE 04/21/14	13.39
10/20/14	PENALTIES	FOR DATE OF SERVICE 04/17/14	23.48
10/20/14	INTEREST	FOR DATE OF SERVICE 04/17/14	8.38
11/26/14	PMT BY CHECK	DOS 4/17/14-4/21/14* # CU-166280	-406.50
12/19/14	PMT BY CHECK	DOS 4/21/14- 11/26/14* # CU-172101	-82.75
07/31/15	PMT BY CHECK	DOS 04/17/14-04/21/14* =# CU-225262	-225.00
07/21/15	COSTS & SANC	COSTS	225.00

BALANCE 0.00

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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-166280**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 11/26/14
Doc #: 029070870

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	61554 **Claim #:** 05895450			
1		04/17/14	04/21/14	Interpreter fees	1		406.50
			Patient Name:	**Claim #:** 05797246			
2	INV#23618	04/29/14	04/29/14	Interpreter fees	1		250.00
					Total Allowances:		**$656.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05895450	406.50	.00	406.50
05797246	250.00	.00	250.00

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

Notations:

05895450 INV#61554;
05797246 INV#23618;

PAID DEC 01 2014

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

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

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-172101**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 12/19/14
Doc #: 029157601

PAID DEC 23 2014

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name: [redacted]		**Claim #:** 05895450		
1	61554	04/21/14	11/26/14	Interpreter fees	1		82.75
			Patient Name: [redacted]		**Claim #:** 05575924		
2	51705	12/07/10	10/27/14	Interpreter fees	1		167.48
					Total Allowances:		**$250.23**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05895450	82.75	.00	82.75
05575924	167.48	.00	167.48

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

Notations:

05895450 INV.#61554;
05575924 INV.#51705;

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"

0121385302915760101 2

Explanation of Review (EOR)

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-225262**

Issue Date: 07/31/15
Doc #: 030003127

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 05595112		**Date of Injury:** 12/29/09		
SSN	Employer name: R A M CONSTRUCTION CO				Employer ID: 0000001656049090				
1	SF1-SPCA-139427	07/08/15	999Q8	Interpreter Deposit-	1	313.00	.00	375 G5	313.00
	Patient Name: (61554				**Claim #:** 05895450		**Date of Injury:** 04/25/13		
SSN:	Employer name: UNION CENTRAL COLD STORAGE INC.				Employer ID: 0000001980679120				
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
2	SF1-SPCA-139217	04/17/14	999Q9	Interpreter Deposit-	1	225.00	.00	375 G5	225.00
3	SF1-SPCA-139217	04/21/14	999Q9	Interpreter Deposit-	1	.00	.00		.00
								Subtotal:	225.00
							Total Allowances:		**$538.00**

01321120030003127012

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.

PAID
AUG 05 2015
BY:

"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

22465365

VOID VOID VOID

Medical
SA

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

CU-225262
Union Bank
Los Angeles, California
90-4150
1222

Payee IRS Number: XXXXX6713

VOID VOID VOID

VOID After 365 Days

Check Date	Check Amount
July 31, 2015	**$*******538.00**

PAY ****Five Hundred Thirty-Eight and 00/100 Dollars****ONLY

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

⑈5210225262⑈ ⑆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#
08/12/15	54819

EAMS#(s):

SS # : XXX-XX-3107
DOB : 6/21/65
Terms : 45 days
Claim #(s):
MCA900090133

BILL TO:
FIRST COMP/MARKEL INS (OMAHA)
W. C. DEPARTMENT
ATTN: SOFIA ARELLANO
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs F&F PRODUCE
Date Of Injury: 5/26/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/04/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/27/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/31/12	PMT BY CHECK	DOS 9/4/12-9/27/12 # 35775	-406.50
11/14/12	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
01/07/13	PMT BY CHECK	DOS 11/14/12 # 44675	-156.50
01/16/13	WCAB LB	PRIORTY CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
02/20/13	PMT BY CHECK	DOS 1/16/13 # 51831	-156.50
03/05/14	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
09/03/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
10/14/14	PENALTIES	FOR DATE OF SERVICE 03/05/14	23.48
10/14/14	INTEREST	FOR DATE OF SERVICE 03/05/14	12.24
10/14/14	PMT BY CHECK	DOS 9/4/14/12-9/3/14* # 182311	-313.00
07/29/15	PMT BY CHECK	DOS 07/22/15-07/22/15* # 71125016	-600.00
07/29/15	COSTS & SANC	COSTS	564.28

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

*** INVOICE ***

Date	NO#
08/12/15	54819

EAMS#(s):

SS # : XXX-XX-3107
DOB : 6/21/65
Terms : 45 days
Claim #(s):
MCA900090133

BILL TO:
FIRST COMP/MARKEL INS (OMAHA)
W. C. DEPARTMENT
ATTN: SOFIA ARELLANO
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs F&F PRODUCE
Date Of Injury: 5/26/12

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

FIRST COMP
MARKEL Insuring America's Small Business®
PO Box 3188
Omaha, NE 68103-0188

Claims Disbursement

Claim Number: MCA900090133
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 35775
Check Date: 10/31/2012
Check Amount: 406.50

Check Information

PAID
NOV 05 2012
BY:

Check Description: EOR REFERENCE:
POLICY NUMBER: MWC0027345
CLAIMS TYPE: EX EXPENSE TYPE: 10

Invoice Number: 54819 depo
Invoice Date: 10/18/2012

Service From: 09/04/2012 **Service To:** 09/27/2012

Claimant First Name:
Claimant Last Name:

Additional Information: 09/04/2012 09/27/2012

FIRST COMP
MARKEL Insuring America's Small Business®
PO Box 3188
Omaha, NE 68103-0188

PAID JAN 11 2013

Claims Disbursement

Claim Number: MCA900090133
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 44675
Check Date: 01/07/2013
Check Amount: 156.50

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: MWC0027345
CLAIMS TYPE: EX EXPENSE TYPE: 10

Invoice Number: 54819 wcab
Invoice Date: 12/10/2012

Service From: 09/04/2012 **Service To:** 11/14/2012

Claimant First Name:
Claimant Last Name:

Additional Information: 09/04/2012 11/14/2012

FIRST COMP
MARKEL Insuring America's Small Business®
PO Box 3188
Omaha, NE 68103-0188

PAID FEB 25 2013

Claims Disbursement

Claim Number: MCA900090133
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 51831
Check Date: 02/20/2013
Check Amount: 156.50

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: MWC0027345
CLAIMS TYPE: EX EXPENSE TYPE: 10

Invoice Number: 54819 depo
Invoice Date: 02/04/2013

Service From: 01/16/2013 **Service To:** 01/16/2013

Claimant First Name:
Claimant Last Name:

Additional Information: 01/16/2013 01/16/2013

FIRST COMP
MARKEL® Insuring America's Small Business®
PO Box 3188
Omaha, NE 68103-0188

Claims Disbursement

Claim Number: MCA900090133
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 182311
Check Date: 10/14/2014
Check Amount: 313.00

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: MWC0027345
CLAIMS TYPE: EX EXPENSE TYPE: 10

Invoice Number: 54819wcab
Invoice Date: 09/22/2014

Service From: 09/04/2012 **Service To:** 09/03/2014

Claimant First Name:
Claimant Last Name:

54819

Additional Information: 09/04/2012 09/03/2014

PAID OCT 20 2014

[redacted]

FIRST COMP
MARKEL Insuring America's Small Business®

PO Box 3188
Omaha, NE 68103-3188

Claims Disbursement

54819

CLAIM #: SCA900103016
PAYEE: JOYCE ALTMAN INTERPRETERS INC

CHECK NUMBER: 71125016
CHECK DATE: 07/29/2015
CHECK AMOUNT: $600.00

Check Information

CLAIMANT NAME:
POLICY #: WSI0046749-01
INVOICE #: Lien F & F
INVOICE DATE: 07/28/2015
BILL ID #: 5416689
BILL REVIEW ID #:
BENEFIT BEGIN: 07/22/2015
BENEFIT END: 07/22/2015
RESERVE TYPE: ME
SUB-RESERVE TYPE: Other

CHECK MEMO:

PAID
AUG 0 5 2015
BY: .....

Please contact our Customer Service Department at 1-888-500-3344 if you have any questions.

[redacted]

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

*** INVOICE ***

Date	NO#
08/05/15	10177

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days
Claim #(s):
2080108423

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

Case: HEALTH CARE SVCS. GROUP
Date Of Injury: CT 2000 - 7/10/04

DOS	SERVICE	DESCRIPTION	AMOUNT
07/16/04	INITIAL EXAM	DR VAZQUEZ*	150.00
08/25/04	RE-EVAL	DR VAZQUEZ*	120.00
09/27/04	DEPO PREP	@ THE L/O OF GOLDMAN & MAGDALLAN	147.00
10/15/04	RE-EVAL	DR AMERI*	120.00
12/08/04	RE-EVAL	DR AMERI*	120.00
12/15/04	PMT BY CHECK	DOS 07/16/04 HRU 08/25/04 # 1080541901	-270.00
01/11/05	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
01/19/05	RE-EVAL	DR AMERI*	120.00
03/11/05	P AND S	-DR AMERI*	150.00
12/05/05	WCAB LB	MSC	147.00
02/16/06	PENALTIES	FOR DATE OF SERVICE 9/27/04	22.05
07/20/15	INTEREST	FOR DATE OF SERVICE 9/27/04	165.58
02/16/06	PENALTIES	FOR DATE OF SERVICE 1/11/05	22.05
07/20/15	INTEREST	FOR DATE OF SERVICE 1/11/05	165.58
02/16/06	PENALTIES	FOR DATE OF SERVICE 3/11/05	22.50
07/20/15	INTEREST	FOR DATE OF SERVICE 3/11/05	168.96
02/16/06	PENALTIES	FOR DATE OF SERVICE 12/5/05	22.05
07/20/15	INTEREST	FOR DATE OF SERVICE 12/5/05	162.98
03/06/06	WCAB LB	MSC	147.00
05/08/06	PENALTIES	FOR DATE OF SERVICE 3/6/06	22.05
07/20/15	INTEREST	FOR DATE OF SERVICE 3/6/06	158.77
05/22/06	WCAB LB	MSC	147.00
07/25/06	PENALTIES	FOR DATE OF SERVICE 5/22/06	22.05
07/20/15	INTEREST	FOR DATE OF SERVICE 5/22/06	155.20
08/02/06	WCAB LB	TRIAL (FULL DAY)	294.00
10/10/06	PENALTIES	FOR DATE OF SERVICE 8/2/06	44.10
07/20/15	INTEREST	FOR DATE OF SERVICE 8/2/06	303.73
10/31/06	WCAB LB	TRIAL	147.00
12/14/06	INITIAL EXAM	DR ANEL*	230.00

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

*** INVOICE ***
Date NO#
08/05/15 10177

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/21/52
Terms : 45 days
Claim #(s):
2080108423

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

Case: vs HEALTH CARE SVCS. GROUP
Date Of Injury: CT 2000 - 7/10/04

DOS	SERVICE	DESCRIPTION	AMOUNT
01/03/07	MRI	REF BY DR ANEL: RT KNEE*	150.00
01/17/07	INITIAL EXAM	-DR HAJJ*	230.00
04/04/07	PENALTIES	FOR DATE OF SERVICE 10/31/06	22.05
07/20/15	INTEREST	FOR DATE OF SERVICE 10/31/06	147.70
04/04/07	PENALTIES	FOR DATE OF SERVICE 12/14/06	34.50
07/20/15	INTEREST	FOR DATE OF SERVICE 12/14/06	227.90
04/04/07	PENALTIES	FOR DATE OF SERVICE 1/3/07	22.50
07/20/15	INTEREST	FOR DATE OF SERVICE 1/3/07	147.69
04/04/07	PENALTIES	FOR DATE OF SERVICE 1/17/07	34.50
07/20/15	INTEREST	FOR DATE OF SERVICE 1/17/07	225.44
07/30/07	WCAB LB	STATUS CONFERENCE	147.00
08/23/07	PR2/REEVAL	-DR HAJJ*	180.00
09/12/07	PMT BY CHECK	DOS 7/30/07 # 1080801711	-147.00
10/16/08	P AND S	-DR RAHIMIAN @ AMERI CHIRO*	230.00
02/11/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
03/08/13	PMT BY CHECK	DOS 2/11/13 # 1102171032	-156.00
06/27/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
08/06/14	PMT BY CHECK	DOS 6/27/14* # 1100049425	-250.00
10/20/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/06/15	PENALTIES	FOR DATE OF SERVICE 10/20/14	23.48
07/20/15	INTEREST	FOR DATE OF SERVICE 10/20/14	13.71
05/11/15	PENALTIES	FOR DATE OF SERVICE 10/15/04	18.00
07/20/15	INTEREST	FOR DATE OF SERVICE 10/15/04	135.16
05/11/15	PENALTIES	FOR DATE OF SERVICE 12/08/04	18.00
07/20/15	INTEREST	FOR DATE OF SERVICE 12/08/04	135.16
05/11/15	PENALTIES	FOR DATE OF SERVICE 01/19/05	18.00
07/20/15	INTEREST	FOR DATE OF SERVICE 01/19/05	135.16
05/11/15	PENALTIES	FOR DATE OF SERVICE 08/23/07	27.00
07/20/15	INTEREST	FOR DATE OF SERVICE 08/23/07	164.07

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

*** INVOICE ***

Date	NO#
08/05/15	10177

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/21/52
Terms : 45 days
Claim #(s):
2080108423

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

Case: vs HEALTH CARE SVCS. GROUP
Date Of Injury: CT 2000 - 7/10/04

DOS	SERVICE	DESCRIPTION	AMOUNT
05/11/15	PENALTIES	FOR DATE OF SERVICE 10/16/08	34.50
07/20/15	INTEREST	FOR DATE OF SERVICE 10/16/08	179.21
07/30/15	PMT BY CHECK	DOS 07/27/04-07/28/15* # 1100480292	-7000.00
07/30/15	COSTS & SANC	COST & SANCTIONS	915.62

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

PO BOX 92566
LOS ANGELES CA 90009 2566
818 227-1700

Zurich American Insurance Co.

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

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

00302

PAID
CK NO | DATE

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0108423 001 GA	WC 6821210	#10177		07/10/04	07/16/04-08/25/04

Check Number	1080541901	Date Issued	12/15/04	Amount	$****270.00
Insured	Healthcare Services Group				
Claimant					
Nature of Payment	WC MEDICAL PAYMENT NOT OTHERWISE SPECIFIED				
Issued To	Joyce Altman Interpreters, Inc.				
Requested By	Leticia Avila				
File Supervisor	Leticia Avila	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	270.00		
TOTAL	$270.00		

PO BOX 92566
LOS ANGELES CA 90009 2566
818 227-1700

Zurich American Insurance Co.

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

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

00363

PAID

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0108423 001 GC	WC 6821210	10177		07/10/04	07/30/07-07/30/07

Check Number	1080801711	Date Issued	09/12/07	Amount	$****147.00
Insured	Healthcare Services Group				
Claimant					
Nature of Payment	OTHER LEGAL EXPENSE				
Issued To	Joyce Altman Interpreters, Inc.				
Requested By	Myrna West				
File Supervisor	Gina Cousart	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	147.00		
TOTAL	$147.00		

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

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

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781

00517

PAID MAR 11 2013

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0108423 001 GC	WC 6821210	10177		07/10/04	02/11/13-02/11/13

Check Number	1102171032	Date Issued	03/08/13	Amount	$****156.50
Insured	Healthcare Services Group				
Claimant					
Nature of Payment	MEDICAL-LEGAL COSTS				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Srinivas CG-Kumar				
File Supervisor	Gina Cousart	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC WAGE LOSS & DISABILITY	156.50		
TOTAL	$156.50		

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

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

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00834

PAID AUG 12 2014

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0108423 001 GC	WC 6821210	10177		07/10/04	06/27/14-06/27/14

Check Number	1100049425	Date Issued	08/06/14	Amount	$*****250.00
Insured	Healthcare Services Group				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Sushamma CG-Appukuttan				
File Supervisor	Gina Cousart	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	250.00		
TOTAL	$250.00		

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

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

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781

00809

PAID
AUG 0 5 2015

#10177

BY: .....

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0108423 001 XG	WC 6821210			07/10/04	07/27/04-07/28/15

Check Number	1100480292	Date Issued	07/30/15	Amount	$**7,000.00
Insured	Healthcare Services Group				
Claimant					
Nature of Payment	FULL & FINAL ✓CA				
Issued To	JOYCE ALTMAN INTERPRETERS				
Requested By	Vijay CG-Radhakrishnan				
File Supervisor	Ivan Olisea	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	7,000.00 ✓	OK BB	
TOTAL	$7,000.00		

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

*** INVOICE ***

Date	NO#
02/24/15	35763

EAMS#(s)

SS # : XXX-XX-7401
DOB : 7/31/72
Terms : 45 days
Claim #(s):
A7T3591

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: RHONDA JAMES
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: , vs DW BERRY FARMS
Date Of Injury: 3/25/08

DOS	SERVICE	DESCRIPTION	AMOUNT
11/06/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
12/03/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
01/08/10	PENALTIES	FOR DATE OF SERVICE 11/06/09	23.48
02/10/15	INTEREST	FOR DATE OF SERVICE 11/06/09	92.65
01/08/10	PENALTIES	FOR DATE OF SERVICE 12/03/09	37.50
02/10/15	INTEREST	FOR DATE OF SERVICE 12/03/09	148.00
02/20/15	PMT BY CHECK	DOS 2/10/15* 896D 85591041 TRAVELERS	-900.00
03/04/15	COSTS & SANC	COST & SANCTIONS	191.87

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

015242

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
0

896D 85591041

TRAVELERS

DATE: 02/20/15
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781

PAID FEB 24 2015

Our Customer Service Phone is 1-800-258-3710 .
Please contact us if you have any questions.

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB A7T3591J	02/10/15	$ 900.00	1007616331SW	
	152 CB A7T3901A	02/18/15	$ 250.00	1007598127SW	
	152 CB ELW3874J	02/06/15	$ 13,000.00	1007580180SW	
		Total Amount Paid	$****14150.00		

1035204
DETACH CHECK

SUMM OVPSUM2-02 1113
DETACH CHECK

[redacted]

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

*** INVOICE ***
Date NO#
02/23/15 20689

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-3987
D.O.B. : 6/20/49
Terms : 45 days
Claim #(s):
648381893

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W.C. DEPARTMENT
ATTN: CHARLIE MASSTER
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs MERCURY AIR CARGO
Date Of Injury: 1/21/06

DOS	SERVICE	DESCRIPTION	AMOUNT
02/08/06	INITIAL EXAM	DR DOMARACKI*	230.00
02/15/07	PENALTIES	FOR DATE OF SERVICE 2/8/06	34.50
06/19/12	INTEREST	FOR DATE OF SERVICE 2/8/06	167.90
08/10/10	WCAB LB	STATUS CONFERENCE	156.50
10/19/10	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/24/12	PENALTIES	FOR DATE OF SERVICE 8/10/10	23.48
05/24/12	INTEREST	FOR DATE OF SERVICE 8/10/10	33.18
05/24/12	PENALTIES	FOR DATE OF SERVICE 10/19/10	23.48
05/24/12	INTEREST	FOR DATE OF SERVICE 10/19/10	29.73
06/13/12	PMT BY CHECK	DOS 8/10/10-10/19/10 =# 96832822	-422.87
06/19/12	PMT BY CHECK	DOS 2/8/06 # 0025053702	-90.00
02/03/15	PENALTIES	FOR DATE OF SERVICE 2/8/06	143.97
02/03/15	COSTS & SANC	COSTS & SANC	413.63
02/16/15	PMT BY CHECK	DOS 5/31/05* # 0028622547 LIBERTY	-900.00

BALANCE 0.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

BRANCH OFFICE ADDRESS:
1915 NW AMBER GLEN PKWY
PO BOX 4025
BEAVERTON, OR 97076
800-424-0054

Liberty Mutual.

B. CODE	CHECK NUMBER	CHECK DATE
189	96832822	06/13/12
	CHECK AMOUNT ****422.87	BLOCK NUMBER 006516

OSN: EE3801061304-001002

CLAIM #: WC 905-478226
CONTRACT #: WC1-A21-968452-015-92

CONTROL #: 000008167 ID: C905A11
PROVIDER #: N6327398788841

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 05/31/05
EMPLOYEE:

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

EMPLOYER: MERCURY AIR GROUP INC
DATES OF SERVICE 08/10/10-10/19/10
LOCATION CODE: 002213

PROVIDER:

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
08/10/10	10/19/10	INTEREST		62.91	62.91	
08/10/10	10/19/10	CA EXPNS		46.96	46.96	
08/10/10	10/19/10	MISC		313.00	313.00	

NOTE: INV 20689/ DOS 8/10/10 & 10/19/10/

TOTAL CHARGES	422.87
TOTAL PAYABLE:	422.87
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	422.87

JUN 18 2012

BY:.....

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

B.CODE
288

CHECK REFERENCE	CHECK DATE
0025053702	06/19/12
CHECK AMOUNT	BLOCK NUMBER
****922.50	028122

OSN:MM0801061912-000843

THIS CHECK REPRESENTS A COMBINATION OF BILLED SERVICES. PLEASE REFER TO EACH DETAILED ITEMIZATION FOR SPECIFIC INFORMATION TO SUPPORT THE PAYMENT.

PATIENT NAME	DATES OF SERVICE	CLAIM #	TOTAL BILL CHARGES	TOTAL PAID
	04/07/08-12/15/08	WC 905-470817 HOD	1,535.00	90.00
	04/07/08-02/02/09	WC 905-470817 HOD	1,715.00	90.00
	04/07/08-08/18/08	WC 905-470817 HOD	950.00	90.00
	04/07/08-11/03/08	WC 905-470817 HOD	1,355.00	202.50
	04/07/08-07/14/08	WC 905-470817 HOD	770.00	90.00
	04/07/08-06/02/08	WC 905-470817 HOD	590.00	90.00
	04/07/08-05/12/08	WC 905-470817 HOD	410.00	90.00
	04/07/08-04/07/08	WC 905-470817 HOD	230.00	90.00
	02/08/06-02/08/06	WC 905-A00501 HOD	230.00	90.00

20689

PAID
JUN 25 2012
BY:.....

TOTAL BILLS COMBINED: 9 922.50

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM VOID TO VOID

MRA * 000127
LIBERTY MUTUAL - WAUSAU
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

CITIBANK NA, ONE PENNS WAY
NEW CASTLE, DE 19720

0025053702
38-20/531
38621945

CHECK DATE
06/19/12

$ ****922.50

VOID IF NOT PRESENTED WITHIN 6 MONTHS OF DATE OF CHECK

B.CODE	OFFICE NUMBER	PAYMENT IDENTIFICATION
288	949	COMBINED PAYMENT

PAY NINE HUNDRED TWENTY TWO AND 50/100 DOLLARS**********

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

TWO SIGNATURES REQUIRED IF OVER $150,000

⑈0025053702⑈ ⑆031100209⑆ 38621945⑈

ROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
OR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual. INSURANCE

B. CODE	CHECK REFERENCE	CHECK DATE
288	0028622547	02/16/15
	CHECK AMOUNT ****$900.00	BLOCK NUMBER 015842

END ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

64192

OSN: MM0801021605-002168
BANK: 288
CHECK REF: 0028622547 DATE: 02/16/15 AMT: 900.0
INTERNAL BILL NO: 107882131 MSR: N0153716
CUST/EXTERNAL BILL NO: 06150430338900
BR PROVIDER #: 0083309567l3A0

20689

LAIM NO. WC 604-A29407 HOD
ONTRACT NO: WC1-A21-968452-015-92
OCUMENT NO:

AYEE: JOYCE ALTMAN INTERPRETERS INC
AX ID: 33-0956713
ILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #:
SSN: XXX-XX-3987
DOI: 05/31/05
PATIENT:

F. Ed
CA

ROVIDER: JOYCE ALTMAN INTERPRETERS INC

AGENCY CLAIM #(BOARD COMM #): 2005060815003114715426
DIAG CODES: 799.8

MPLOYER: MERCURY AIR GROUP INC
ADDRESS: 6040 AVION DRIVE
LOS ANGELES, CA 90045

PAID FEB 23 2015

OCATION CODE: 002213

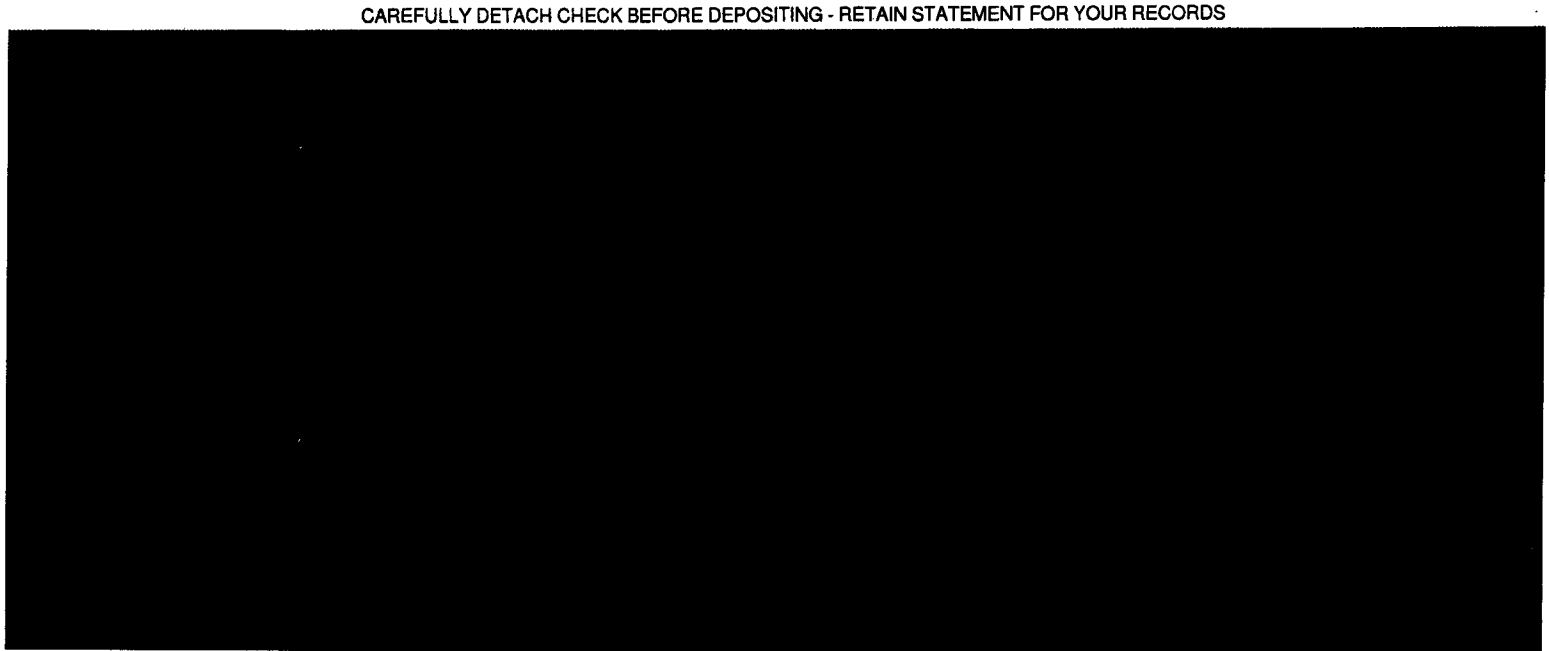
DATES OF SERVICE: 05/31/05-02/03/15
AUDIT DATE: 02/12/15

ATE OF ERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODE
5/31/05	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	900.00	900.00	N/A	0.00	900.00 G5	Z47

TOTAL CHARGES:	900.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	900.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	900.00

EXPLANATION CODE DESCRIPTIONS:
G5 THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.
Z473 THIS PAYMENT IS THE RESULT OF A CALIFORNIA LIEN SETTLEMENT AND REFLECTS A FULL AND FINAL SETTLEMENT AMOUNT. (Z473)
ZCA1 THE PAYMENT STATUS CODE REFLECTS THE RECOMMENDED ALLOWANCE AS A RESULT OF OUR BILL REVIEW ANALYSIS. THE ACTUAL PAYMENT WILL BE DETERMINED BY THE PAYOR. (ZCA1)
ZC50 PLEASE BE ADVISED THAT THE HANDLING CLAIM SERVICE CENTER ADDRESS, PHONE NUMBER AND CLAIM NUMBER AS NOTED ON THE EXPLANATION OF PAYMENT MAY HAVE CHANGED SINCE YOUR LAST SUBMISSION, PLEASE UPDATE YOUR RECORDS. (ZC50)

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#
11/05/15	46772

EAMS#(s):

SS # : XXX-XX-4124
DOB : 8/29/61
Terms : 45 days
Claim #(s):
WC10019080

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W. C. DEPARTMENT
ATTN: FRANCES OBATA
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: vs YKA INDUSTRIES
Date Of Injury: 1/15/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/25/11	NCV	& EMG/DIAGNOSTIC STUDY INTERP UPPRS @ CAL IMG*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
10/16/12	PMT BY CHECK	DOS 7/25/11 # 8813882295	-150.00
11/09/12	MRI	-REF BY DR MAYS: RT HAND & WRIST (3.5 hrs)	262.50
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/19/13	DEPO PREP	@ THE L/O OF EARLY MASLACH & O'SHEA	156.50
/ /	INTERPRETER:	MARIO RAMIREZ # 100349	0.00
04/10/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/24/13	PMT BY CHECK	DOS 2/19/13 # 8814191473	-156.50
06/18/13	PMT BY CHECK	DOS 2/19/13-4/10/13 # 8814281190	-406.50
07/24/14	WCAB LB	MSC - CRMEN GUZMAN # 100585	156.50
09/23/14	WCAB LB	TRIAL (FULL DAY)	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/28/14	PENALTIES	FOR DATE OF SERVICE 07/24/14	23.48
08/10/15	INTEREST	FOR DATE OF SERVICE 07/24/14	19.08
02/26/15	PMT BY CHECK	DOS 9/23/14* # 8815234362	-313.00
03/23/15	PENALTIES	FOR DATE OF SERVICE 11/9/12	39.38
06/18/13	INTEREST	FOR DATE OF SERVICE 11/9/12	14.72
08/10/15	INTEREST	FOR DATE OF SERVICE 11/9/12	32.09
06/08/15	PENALTIES	FOR DATE OF SERVICE 9/23/14	46.95
02/26/15	INTEREST	FOR DATE OF SERVICE 9/23/14	14.99
08/20/15	PMT BY CHECK	DOS 07/25/11-09/23/14* =# 8815495179	-470.36
08/20/15	COSTS & SANC	COSTS & SANC	546.81
10/08/15	PMT BY CHECK	DOS 7/25/11-9/23/14* # 8815567066	-529.64

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

*** INVOICE ***

Date	NO#
11/05/15	46772

EAMS#(s):

SS # : XXX-XX-4124
DOB : 8/29/61
Terms : 45 days
Claim #(s):
WC10019080

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W. C. DEPARTMENT
ATTN: FRANCES OBATA
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: __ vs YKA INDUSTRIES
Date Of Injury: 1/15/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/08/15	PENALTIES_L	FOR LATE PD STLM'T	132.41
10/08/15	INTEREST_L	FOR LATE PD STLM'T	9.61
11/02/15	PMT BY CHECK	DOS 7/25/11-9/23/14* # 8815603683	-52.86
11/05/15	BLCE OFF SET	BALANCE OFF SET	-89.16

BALANCE 0.00

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

TRUCK INSURANCE EXCHANGE

Check Number: 8813882295
Date: 10/16/2012

Amount: $150.00******

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

46772

Claimant/Patient:			
Insured:	YRC INDUSTRIES INC		
Date of Loss:	01/15/2010	Claim Representative:	Melissa Alberto
Claim Number:	WC10019080	Office Phone Number:	8185402246
Correspondence Reference:	91BHPBHWN		

Additional Information:
LIEN FULL & FINAL To contact the Claims Handler toll free dial 888-486-1451. If there are questions regarding the cashing of this check, please contact the Claims Handler at the toll free telephone number provided or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
01/15/10 - 10/16/12	Interpreter	$150.00

PAID
OCT 19 2012
BY:

01 01 000862 91BHPBHWN1 CE1016P2 22 [ ] 000984

TRUCK INSURANCE EXCHANGE

Check Number: 8814191473
Date: 04/24/2013

Amount: $156.50*******

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

Claimant/Patient:
Insured: YKA INDUSTRIES INC
Date of Loss: 01/15/2010
Claim Number: WC10019080
Correspondence Reference: 0XBW8BN4N

Claim Representative: Melissa Alberto
Office Phone Number: 8185402246

Additional Information:
2.19.13 depo prep If there are questions regarding the cashing of this check, please contact the Claims Handler at the toll free telephone number provided or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
02/19/13 - 02/19/13	Communications	$156.50

46772

PAID APR 29 2013

01 01 001099 0XBW8BN4N1 CE0424P1 02[1]001805

Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

June 18, 2013

TRUCK INSURANCE EXCHANGE

Check Number: 8814281190
Date: 06/18/2013

Amount: $406.50******

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

Claimant/Patient:
Insured: YKA INDUSTRIES INC
Date of Loss: 01/15/2010
Claim Number: WC10019080
Correspondence Reference: 1DBDS8B0N

Claim Representative: Melissa Alberto
Office Phone Number: 8185402246

Additional Information:
46772 ✓ If there are questions regarding the cashing of this check, please contact the Claims Handler at the toll free telephone number provided or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
02/19/13 - 04/10/13	Communications	$406.50

PAID JUN 20 2013

01 01 000/96 1DBDS8B0N1 CE061BP1 021 1001327

FARMERS INSURANCE

Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

February 27, 2015

01 01

TRUCK INSURANCE EXCHANGE

Check Number: 8815234362
Date: 02/26/2015

Amount: $313.00******

01 01 000446 M1$5HMCWN1 CE0228P2 02 [ ] 000579

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

PAID MAR 0 3 2015

46772

Claimant/Patient:			
Insured:	YKA INDUSTRIES INC		
Date of Loss:	01/15/2010	Claim Representative:	FRANCES OBATA
Claim Number:	WC10019080	Office Phone Number:	8085439760
Correspondence Reference:	M1$5HMCWN	Applicable Coverage:	Workers' Compensation

Additional Information:
#301566 If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 754-3260 or claims office at the address on the check.

From/To Dates	Benefit Type	Benefit Amount	Overpayment W/H	Net Amount
09/23/14 - 09/23/14	Other Specified Indemnity	$313.00		$313.00

TOTAL Benefits Paid To Date :

Other Specified Indemnity	$313.00
Permanent Partial Disability	$11040.00
Temporary Total Disability (Ex. TX)	$34106.79
Claimant Attorney Fee - PD	$6573.35

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

TRUCK INSURANCE EXCHANGE

Check Number: 8815495179
Date: 08/20/2015

Amount: $470.36******

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

Claimant/Patient:
Insured: YKA INDUSTRIES INC
Date of Loss: 01/15/2010
Claim Number: WC10019080
Correspondence Reference: Z14D8MW4N

Claim Representative: FRANCES OBATA
Office Phone Number: 8085439760
Applicable Coverage: Workers' Compensation

Additional Information:
If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 754-3260 or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
07/25/11 - 09/23/14	Medical - Claimant Legal Report	$470.36

#46772

PAID

BY: .....

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

[redacted]

TRUCK INSURANCE EXCHANGE

Check Number: 8815567066
Date: 10/08/2015

Amount: $529.64******

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

Claimant/Patient:			
Insured:	YKA INDUSTRIES INC		
Date of Loss:	01/15/2010	Claim Representative:	FRANCES OBATA
Claim Number:	WC10019080	Office Phone Number:	8085439760
Correspondence Reference:	XF4088VMN	Applicable Coverage:	Workers' Compensation

Additional Information:
If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 754-3260 or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
07/25/11 - 09/23/14	Interpreter	$529.64

PAID OCT 12 2015

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

01 01 000587 XF4088VMN1 CE1008P1 06 [ ] 001128

TRUCK INSURANCE EXCHANGE

Check Number: 8815603683
Date: 11/02/2015

Amount: $52.86*******

01 01 000232 W2B7R4WMN1 CE1 10222 02 [ ] 000349

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

PAID NOV 05 2015

46772

Claimant/Patient:
Insured: YKA INDUSTRIES INC
Date of Loss: 01/15/2010
Claim Number: WC10019080
Correspondence Reference: W2B7R4WMN

Claim Representative: FRANCES OBATA
Office Phone Number: 8085439760

Additional Information:
Penaly and interest If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (388) 754-3260 or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
07/25/11 - 09/23/14	Work Comp Late Payments	$52.86

F.F.
CA OK

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

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

*** INVOICE ***
Date NO#
03/03/15 45576

EAMS#(s):

SS # : XXX-XX-6765
DOB : 7/16/69
Terms : 45 days
Claim #(s):
C345C6216595

BILL TO:
ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: ROSETTE KAIRONDE
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs SELECT STAFFING
Date Of Injury: 11/20/10

DOS	SERVICE	DESCRIPTION	AMOUNT
06/06/11	INITIAL EXAM	-DR KATTAR @ GARFIELD HC*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
07/11/11	PR2/REEVAL	-DR SAMAAN/DR KATTAR *	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/28/11	MRI	-REF BY DR KATTAR: HEAD, C/S*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/22/11	PR2/REEVAL	-DR KATTAR* JASON RAMIREZ # 500371	180.00
10/13/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
12/18/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	OSVALDO LOPEZ # 301367	0.00
01/09/12	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
02/28/12	WCAB LB	TRIAL - JOYCE ALTMAN # 300624	156.50
04/04/12	PENALTIES	FOR DATE OF SERVICE 6/6/11	34.50
02/17/15	INTEREST	FOR DATE OF SERVICE 6/6/11	87.61
04/04/12	PENALTIES	FOR DATE OF SERVICE 7/11/11	27.00
02/17/15	INTEREST	FOR DATE OF SERVICE 7/11/11	68.57
04/04/12	PENALTIES	FOR DATE OF SERVICE 7/28/11	22.50
02/17/15	INTEREST	FOR DATE OF SERVICE 7/28/11	57.14
04/04/12	PENALTIES	FOR DATE OF SERVICE 8/22/11	27.00
02/17/15	INTEREST	FOR DATE OF SERVICE 8/22/11	68.57
04/04/12	PENALTIES	FOR DATE OF SERVICE 10/13/11	23.48
02/17/15	INTEREST	FOR DATE OF SERVICE 10/13/11	60.55
04/04/12	PENALTIES	FOR DATE OF SERVICE 12/18/11	37.50
02/17/15	INTEREST	FOR DATE OF SERVICE 12/18/11	91.53
04/04/12	PENALTIES	FOR DATE OF SERVICE 1/9/12	23.48
02/17/15	INTEREST	FOR DATE OF SERVICE 1/9/12	56.21
02/07/13	PENALTIES	FOR DATE OF SERVICE 2/28/12	23.48
02/17/15	INTEREST	FOR DATE OF SERVICE 2/28/12	53.75

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

*** INVOICE ***

Date	NO#
03/03/15	45576

EAMS#(s):

SS # : XXX-XX-6765
DOB : 7/16/69
Terms : 45 days
Claim #(s):
C345C6216595

BILL TO:
ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: ROSETTE KAIRONDE
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs SELECT STAFFING
Date Of Injury: 11/20/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/15/13	LIEN FIL FEE	ACTIVATION FILING FEE	100.00
10/06/14	PMT BY CHECK	DOS 10/13/11-1/9/12* # DA72830726	-563.00
02/25/15	PMT BY CHECK	DOS 6//11-2/20/12* # DA73635868	-2800.00
03/09/15	COSTS & SANC	COST & SANCTIONS	1040.63

BALANCE 0.00

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

PDWLDMCD-000974-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 10/06/14

CHECK NO. **DA72830726**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 00002 DA72830726
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C6216595

DOLLARS
$********563.00

* NOT NEGOTIABLE *

FOR
10/13/11 THRU 01/09/12

45576

PAID OCT 09 2014

CLAIMANT

DATE OF EVENT
11/20/10

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

PDWLDMCD-000974-01-01-00

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

[redacted]

PDWLDMCD-001752-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 02/25/15

CHECK NO. **DA73635868**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 00471 DA73635868
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C6216595

DOLLARS
$******2,800.00

PAID MAR 03 2015

* NOT NEGOTIABLE *

FOR
06/06/11 THRU 02/20/12 STIP AND ORDER

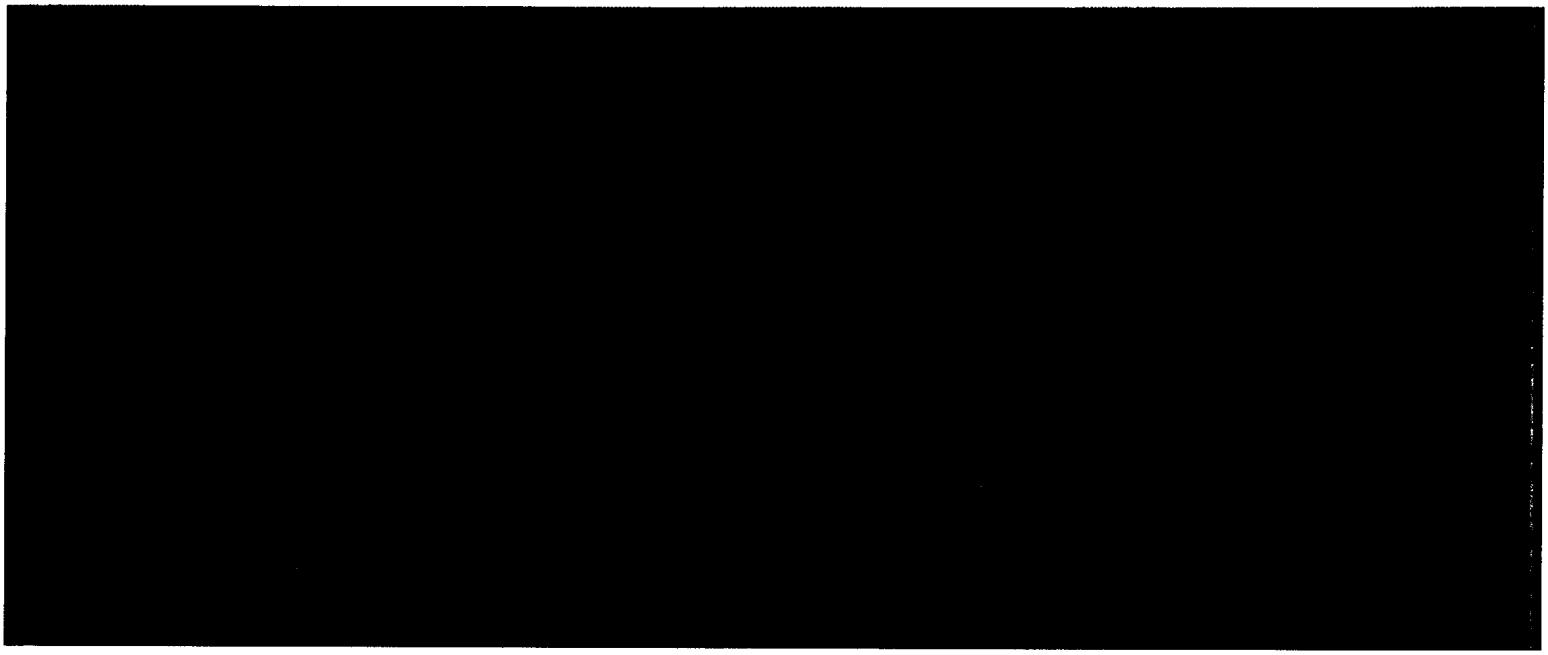
CLAIMANT

DATE OF EVENT
11/20/10

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING



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

*** INVOICE ***
Date NO#
03/02/15 46311

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1543
D.O.B. : 6/24/77
Terms : 45 days
Claim #(s):
4110-11-0208

BILL TO:
SPRINGFIELD INS CO (COVINA)
W.C. DEPARTMENT
ATTN: PATIE VELAZQUEZ
P.O. BOX # 3029
COVINA, CA 91722

Case: vs GOLDEN FARMS MARKET, INC.
Date Of Injury: 5/13/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/27/11	MRI	REF BY DR QUESADA:R/SHDL;R/WRST,R/ELBW @ CAL IMG*	150.00
/ /	INTERPRETER:	ODALYS DOMINGUEZ # 500014	0.00
08/31/11	DEPO PREP	@ THE L/O OF FLOYD SKEREN & KELLY	156.50
/ /	INTERPRETER:	JOHN MORELL # 100644	0.00
09/29/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
11/16/11	PMT BY CHECK	DOS 6/27/11-9/29/11 # WC560128	-556.50
03/05/12	DEPO PREP	@ THE L/O OF FLOYD, SKEREN & KELLY VOL II	156.50
/ /	INTERPRETER:	JOHN MORELL # 100644	0.00
03/27/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/08/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
10/07/14	PENALTIES	FOR DATE OF SERVICE 03/05/12	23.48
10/07/14	INTEREST	FOR DATE OF SERVICE 03/05/12	38.61
10/07/14	PENALTIES	FOR DATE OF SERVICE 03/27/12	37.50
10/07/14	INTEREST	FOR DATE OF SERVICE 03/27/12	61.67
10/07/14	PMT BY CHECK	DOS 6/27/11-9/8/14* # WC 633017	-406.50
02/05/15	PENALTIES	FOR DATE OF SERVICE 9/8/14	23.48
02/05/15	INTEREST	FOR DATE OF SERVICE 9/8/14	7.49
02/02/15	COSTS & SANC	COSTS & SANT	500.00
02/26/15	PMT BY CHECK	DOS 5/13/11-2/2/15* # WC 641694	-848.73

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

*** INVOICE ***

Date	NO#
03/02/15	46311

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1543
D.O.B. : 6/24/77
Terms : 45 days
Claim #(s):
4110-11-0208

BILL TO:
SPRINGFIELD INS CO (COVINA)
W.C. DEPARTMENT
ATTN: PATIE VELAZQUEZ
P.O. BOX # 3029
COVINA, CA 91722

Case: vs GOLDEN FARMS MARKET, INC.
Date Of Injury: 5/13/11

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 is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

4100-11-0209

Invoice# : 46311
From : 06-27-11 Thru: 09-29-11

00 MEDICAL EXPENSE 556.50

TOTAL PAID: $556.50

DOI : 05-29-11
LOC# :
TRANS# : 391976

0560128*34

PAID

TP#: 07

THE ORIGINAL DOCUMENT HAS A WHITE REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW. DO NOT CASH IF NOT PRESENT

SPRINGFIELD INSURANCE COMPANY
c/o U.G.I.S. CLAIMS DIVISION
PO BOX 3029, Covina CA 91722
Telephone (626) 915-1951
WORKER'S COMPENSATION ACCOUNT

UNION BANK
HEADQUARTERS OFFICE
445 S. FIGUEROA STREET
LOS ANGELES, CA 90071

11-16-11

WC 560128

11-49
1210

$**556.50

Not Valid Unless Presented Within 90 Days

PAY

PAY ONLY FIVE HUNDRED FIFTY-SIX DOLLARS AND 50 CENTS

UNIFIED GROCERS
INSURANCE SERVICES, INC., ADMINISTRATOR

TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS
JAI INC. 2002
P. O. BOX 4165
TUSTIN, CA 92781

MUST HAVE TWO SIGNATURES IF OVER $2,499.99

"WC560128" "121000149": 0700426766"

4100-11-0208

Invoice# : 46311
From : 06-27-11 Thru: 09-08-14

11 MISCELLANEOUS EXPENSE 406.50

TOTAL PAID: $406.50

DOI : 05-13-11
LOC# :
TRANS# : 621794

0633017*25

PAID OCT 09 2014

TP#: 07

THE ORIGINAL DOCUMENT HAS A WHITE REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW. DO NOT CASH IF NOT PRESENT.

SPRINGFIELD INSURANCE COMPANY
c/o U.G.I.S. CLAIMS DIVISION
PO BOX 3029, Covina CA 91722
Telephone (626) 915-1951
WORKER'S COMPENSATION ACCOUNT

UNION BANK
HEADQUARTERS OFFICE
445 S. FIGUEROA STREET
LOS ANGELES, CA 90071

10-07-14

WC 633017

11-49
1210

$**406.50

PAY ONLY FOUR 0 50 DOLLARS CTS

Not Valid Unless Presented Within 90 Days
UNIFIED GROCERS
INSURANCE SERVICES, INC., ADMINISTRATOR

TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS
JAI INC. 2002
P. O. BOX 4165
TUSTIN, CA 92781

MUST HAVE TWO SIGNATURES IF OVER $2,499.99

"633017" "121000497" 0700424766"

4100-11-0208

Invoice# :
From : 05-13-11 Thru: 02-02-15

00 IN FULL & FINAL SATISFACTION OF LIEN PAID. 848.73
IN FULL FOR ALL DATES OF SERVICES TO INCLUDE
PENALTIES & INTEREST.

46311

TOTAL PAID: $848.73

DOI : 05-13-11
LOC# :
TRANS# : 648087 0641694*10

PAID MAR 0 2 2015

F. F. OK
CA

TP#: 07

THE ORIGINAL DOCUMENT HAS A WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW. DO NOT CASH IF NOT PRESENT.

SPRINGFIELD INSURANCE COMPANY
c/o U.G.I.S. CLAIMS DIVISION
PO BOX 3029, Covina CA 91722
Telephone (626) 915-1951
WORKER'S COMPENSATION ACCOUNT

UNION BANK
HEADQUARTERS OFFICE
445 S. FIGUEROA STREET
LOS ANGELES, CA 90071

WC 641694

11-49
1310

02-26-15

$**848.73

Not Valid Unless Presented Within 90 Days

PAY ONLY EIGHT HUNDRED FORTY EIGHT AND 73 CTS CTS

UNIFIED GROCERS
INSURANCE SERVICES, INC., ADMINISTRATOR

TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS
JAI INC. 2002
P. O. BOX 4165
TUSTIN, CA 92781

Chris Neal

MUST HAVE TWO SIGNATURES IF OVER $2,499.99

⑈641694⑈ ⑆121000497⑆ 07004247666⑈

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

*** INVOICE ***

Date	NO#
01/09/15	58812

Claim # : CPPF0862
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7557
D.O.B. : 11/2/48
Terms : 45 days

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

Case: vs CONSOLIDATED PRECISION PRODUCT
Date Of Injury: 3/5/12 - 2/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/06/13	DEPO PREP	@ THE L/O OF MULLEN & FILLI-PPI	156.50
/ /	INTERPRETER:	TERESA WILSON SUMMERVILLE # 100535	0.00
06/07/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/27/13	WCAB LB	MSC - ROSARIO PALMER # 100715	156.50
05/15/14	WCAB MDR	MSC - CARMEN GUZMAN # 100585	156.50
06/20/14	PMT BY CHECK	DOS 5/15/14* # 1482186	-156.50
06/24/14	PENALTIES	FOR DATE OF SERVICE 5/06/13	23.48
12/18/14	INTEREST	FOR DATE OF SERVICE 5/06/13	10.70
06/24/14	PENALTIES	FOR DATE OF SERVICE 6/07/13	37.50
12/18/14	INTEREST	FOR DATE OF SERVICE 6/07/13	17.09
06/24/14	PENALTIES	FOR DATE OF SERVICE 11/27/13	23.48
12/18/14	INTEREST	FOR DATE OF SERVICE 11/27/13	10.70
07/14/14	LIEN FIL FEE	LIEN FILING FEE	150.00
12/19/14	COSTS & SANC	COSTS & SANC	504.05
01/07/15	PMT BY CHECK	DOS 12/19/14* # 1609207	-1340.00

BALANCE 0.0(

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

INSURANCE FRAUD IS A CRIME AND IS PUNISHABLE BY LAW

Mailing Information:

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

Claim Number: CPPF0862
Claimant:
Date of Loss: 02/01/2013

Check Number: 1482186
Check Date: 06/20/2014
Check Amount: $156.50
Type of Payment:
61 MISC. ALL OTHER

PAID JUN 23 2014

Location: 4 Pomona 4200 Valley Blvd

For Period: 05/15/2014 to 05/15/2014
InvoiceNo: 58812
IRS #: 33-0956713
Detail: DATE OF SERVICE 05/15/14 - WCAB

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

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

York Risk Services Group, Inc.

YORK
P.O BOX 5245
PARSIPPANY, NJ 07801
(973) 541-1330

WELLS FARGO BANK, N.A.
190 RIVER ROAD, NJ3179
SUMMIT, NJ 07901-1444
55-2/212

NOT VALID AFTER SIX MONTHS

CLAIM NUMBER
CPPF0862

DATE: 06/20/2014
CHECK NO.: 1482186

AMOUNT
***$156.50

ON BEHALF OF
3773 Consolidated Precision Pr

PAY
ONE HUNDRED FIFTY-SIX AND 50/100

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

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER $25,000.00.

⑈1482186⑈ ⑆022200025⑆ 2000013486965⑈

INSURANCE FRAUD IS A CRIME AND IS PUNISHABLE BY LAW

N

58812

Mailing Information:

PAID JAN 09 2015

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

Claim Number: CPPF0862
Claimant:
Date of Loss: 02/01/2013

F.F.

Check Number: 1609207
Check Date: 01/07/2015
Check Amount: $1,340.00
Type of Payment:
MP 229 - SETTLED-PAYMENT IN DISPUTE

CA

Location: 4 Pomona 4200 Valley Blvd of Pomana

For Period: 12/19/2014 to 12/19/2014
IRS #: 33-0956713
Handling Office: 705-Los Angeles, Roseville, CA
Detail: FULL AND FINAL STATISFACTION OF LIEN FOR ALL DATES OF SERVICE

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

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

YORK.
P.O BOX 5245
PARSIPPANY, NJ 07801 (973) 541-1330

WELLS FARGO BANK, N.A.
190 RIVER ROAD, NJ3179
SUMMIT, NJ 07901-1444
55-2/212

NOT VALID AFTER SIX MONTHS

CLAIM NUMBER
CPPF0862

DATE 01/07/2015
CHECK NO. 1609207

ON BEHALF OF
3773 Consolidated Precision Pr

AMOUNT
***$1,340.00

PAY
ONE THOUSAND THREE HUNDRED FORTY AND 0/100

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

Richard Tabuena

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER $25,000.00.

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

*** INVOICE ***

Date	NO#
01/13/15	61208

Claim # : 2010224128
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6845
D.O.B. : 9/25/73
Terms : 45 days

BILL TO:
ZURICH INS.(968002-SCHAUMBURG)
W.C. DEPARTMENT
ATTN: WANDY WONG
P.O. BOX 968002
SCHAUMBURG, IL 60196

Case: vs CHAKRA INDIAN CUISINE
Date Of Injury: 2/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/10/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/29/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
06/09/14	WCAB MDR	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	ANDREA KRULAC # 100786	0.00
12/30/14	PENALTIES	FOR DATE OF SERVICE 3/10/14	23.48
12/30/14	INTEREST	FOR DATE OF SERVICE 3/10/14	13.66
12/30/14	PENALTIES	FOR DATE OF SERVICE 5/29/14	37.50
12/30/14	INTEREST	FOR DATE OF SERVICE 5/29/14	21.82
12/30/14	PENALTIES	FOR DATE OF SERVICE 6/9/14	23.48
12/30/14	INTEREST	FOR DATE OF SERVICE 6/9/14	10.31
12/30/14	COSTS & SANC	COSTS & S ANC	206.75
01/06/15	PMT BY CHECK	DOS 12/30/14* # 1100230132	-900.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

Northern Insurance Co. of NY

lease Note:
/e have a new mailing address for
ır claim office. Please use the above
ddress for any future correspondence.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

MR

00682

61208

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0224129 001 JO	WC 04704732			02/26/13	12/30/14-12/30/14

Check Number	1100230132	Date Issued	01/06/15	Amount	$*****900.00
Insured	Chakra Indian Cuisine				
Claimant					
Nature of Payment	WC MEDICAL PAYMENT NOT OTHERWISE SPECIFIED				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Vijay CG-Radhakrishnan				
File Supervisor	John Brattin	Phone Number	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	900.00		
TOTAL	$900.00		

[redacted]

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

*** INVOICE ***
Date NO#
04/14/15 32145

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5886
D.O.B. : 6/21/64
Terms : 45 days
Claim #(s):
905408912

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W.C. DEPARTMENT
ATTN: JAMIE HASELEN
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs DAVALAN SALES
Date Of Injury: 1/21/06

DOS	SERVICE	DESCRIPTION	AMOUNT
10/20/08	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
11/10/08	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
12/01/08	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
01/15/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
02/05/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
03/18/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
04/13/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
05/12/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
06/04/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
06/25/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
07/09/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
07/31/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
08/21/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
09/15/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
10/13/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
11/18/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
10/01/09	PMT BY CHECK	DOS 10/20/08 THRU 10/13/09 # 0020590002	-90.00
11/23/09	WCAB LB	PRIORITY CONFERENCE	156.50
12/10/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
01/20/10	P AND S	DR DOMARACKI* ELIZABETH VARGA # 500106	230.00
03/18/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
04/09/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
04/13/10	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
05/07/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
06/18/10	PR2/REEVAL	DR DOMARACKI*	180.00

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

*** INVOICE ***
Date NO#
04/14/15 32145

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5886
D.O.B. : 6/21/64
Terms : 45 days
Claim #(s):
905408912

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W.C. DEPARTMENT
ATTN: JAMIE HASELEN
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs DAVALAN SALES
Date Of Injury: 1/21/06

DOS	SERVICE	DESCRIPTION	AMOUNT
		ELENA LOPEZ # 500289	
07/30/10	PR2/REEVAL	DR DOMARACKI*	180.00
		ELENA LOPEZ # 500289	
08/17/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
09/10/10	PR2/REEVAL	DR DOMARACKI* ELIZABETH VARGA # 500106	180.00
10/22/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
11/29/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ #500289	180.00
01/14/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
02/25/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
03/25/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
05/02/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
06/01/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
07/08/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
08/19/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
09/16/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
10/14/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
11/04/11	PMT BY CHECK	DOS 10/20/08-10/22/10 **# 95857239 LIBERTY**	-1244.88
12/09/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ	180.00

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

*** INVOICE ***
Date NO#
04/14/15 32145

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5886
D.O.B. : 6/21/64
Terms : 45 days
Claim #(s):
905408912

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W.C. DEPARTMENT
ATTN: JAMIE HASELEN
P.O. BOX 4555
PORTLAND, OR 97208

Case: S vs DAVALAN SALES
Date Of Injury: 1/21/06

DOS	SERVICE	DESCRIPTION	AMOUNT
01/20/12	PR2/REEVAL	# 500289 DR DOMARACKI* ELENA LOPEZ	180.00
01/30/12	PRE-OP	# 500289 DR JARCHI* ELIZABETH HERRERA	180.00
02/17/12	PR2/REEVAL	# 301231 DR SCHEEL* ELENA LOPEZ	180.00
03/09/12	PR2/REEVAL	# 500289 DR SCHEEL*	180.00
03/29/12	PR2/REEVAL	ELENA LOPEZ # 500289 DR SCHEEL*	180.00
04/25/12	PR2/REEVAL	ELENA LOPEZ # 500289 DR SCHEEL* GLADYS REYNA	180.00
04/11/12	SURGERY	# 100755 DR GALLONI: L/SHLDER, L/CTR @	495.00
/ /	INTERPRETER:	MONROVIA HST (5H 30M JOSE GERRY LUGO # 500049	0.00
04/18/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ	180.00
06/04/12	PR2/REEVAL	# 500289 DR SCHEEL* ELENA LOPEZ	180.00
05/14/12	PR2/REEVAL	# 500289 DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
06/22/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ	180.00
07/20/12	PR2/REEVAL	# 100821 DR SCHEEL* ELENA LOPEZ	180.00
08/15/12	PR2/REEVAL	# 100821 DR SCHEEL* GLADYS REYNA	180.00
09/12/12	PR2/REEVAL	# 100755 DR SCHEEL* GLADYS REYNA	180.00
09/19/12	EMG TESTING	# 100755 & NCV BY DR DI JULIO: U/E @	150.00

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

*** INVOICE ***
Date NO#
04/14/15 32145

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5886
D.O.B. : 6/21/64
Terms : 45 days
Claim #(s):
905408912

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W.C. DEPARTMENT
ATTN: JAMIE HASELEN
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs DAVALAN SALES
Date Of Injury: 1/21/06

DOS	SERVICE	DESCRIPTION	AMOUNT
		WILLOW MEDICAL*	
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
09/21/12	PR2/REEVAL	DR JARCHI* ELIZABETH HERRERA # 301231	180.00
10/04/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
10/11/12	INITIAL EXAM	DR SAMIMI @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/15/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
11/01/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
11/29/12	PR2/REEVAL	DR SCHEEL* VINCENT MEJIA # 500309	180.00
12/18/12	PR2/REEVAL	DR SCHEEL* GLADYS REYNA # 100755	180.00
12/21/12	PRE-OP	DR SAMIMI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
01/10/13	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
01/17/13	SURGERY	DR SAMIMI: L/WRIST @ MONROVIA MEDICAL HOSP (4HRS)	360.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
01/21/13	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
01/24/13	POST-OP	DR SAMIMI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
01/07/13	PRE-OP	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
02/07/13	POST-OP	DR SAMIMI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00

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

*** INVOICE ***
Date NO#
04/14/15 32145

W.C.A.B.:
ADJ # :
S.S.N. : xXX-XX-5886
D.O.B. : 6/21/64
Terms : 45 days
Claim #(s):
905408912

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W.C. DEPARTMENT
ATTN: JAMIE HASELEN
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs DAVALAN SALES
Date Or Injury: 1/21/06

DOS	SERVICE	DESCRIPTION	AMOUNT
02/11/13	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
03/04/13	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
04/11/13	PR2/REEVAL	DR SAMIMI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
04/16/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/14/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/12/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
07/11/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
08/16/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
09/06/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
10/04/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
10/23/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
12/06/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/14/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/20/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
03/17/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	**INTERPRETER:**	**GLADYS REYNA # 100755**	0.00
03/24/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00

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

*** INVOICE ***
Date NO#
04/14/15 32145

W.C.A.B.:
ADJ # : .
S.S.N. : XXX-XX-5886
D.O.B. : 6/21/64
Terms : 45 days
Claim #(s):
905408912

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W.C. DEPARTMENT
ATTN: JAMIE HASELEN
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs DAVALAN SALES
Date Of Injury: 1/21/06

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GLADYS REYNA # 100755	
04/16/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	0.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	180.00
05/14/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	0.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	180.00
05/22/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	0.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	180.00
10/09/14	PENALTIES	FOR DATE OF SERVICE 11/23/09	0.00
03/24/15	INTEREST	FOR DATE OF SERVICE 11/23/09	23.48
10/09/14	PENALTIES	FOR DATE OF SERVICE 01/20/10	96.25
03/24/15	INTEREST	FOR DATE OF SERVICE 01/20/10	34.50
10/09/14	PENALTIES	FOR DATE OF SERVICE 04/13/10	137.25
03/24/15	INTEREST	FOR DATE OF SERVICE 04/13/10	23.48
10/09/14	PENALTIES	FOR DATE OF SERVICE 08/17/10	89.30
03/24/15	INTEREST	FOR DATE OF SERVICE 08/17/10	23.48
10/09/14	PENALTIES	FOR DATE OF SERVICE 10/11/12	83.08
03/24/15	INTEREST	FOR DATE OF SERVICE 10/11/12	34.50
03/24/15	PENALTIES	FOR DATE OF SERVICE 5/12/09	65.15
03/24/15	INTEREST	FOR DATE OF SERVICE 5/12/09	23.27
03/24/15	PENALTIES	FOR DATE OF SERVICE 6/4/09	98.48
03/24/15	INTEREST	FOR DATE OF SERVICE 6/4/09	27.00
03/24/15	PENALTIES	FOR DATE OF SERVICE 6/25/09	114.28
03/24/15	INTEREST	FOR DATE OF SERVICE 6/25/09	27.00
03/24/15	PENALTIES	FOR DATE OF SERVICE 7/9/09	114.28
03/24/15	INTEREST	FOR DATE OF SERVICE 7/9/09	27.00
03/24/15	PENALTIES	FOR DATE OF SERVICE 7/31/09	114.28
03/24/15	INTEREST	FOR DATE OF SERVICE 7/31/09	27.00
03/24/15	PENALTIES	FOR DATE OF SERVICE 8/21/09	114.28
03/24/15	INTEREST	FOR DATE OF SERVICE 8/21/09	27.00
03/24/15	**PENALTIES**	**FOR DATE OF SERVICE 9/15/09**	**114.28**
03/24/15	INTEREST	FOR DATE OF SERVICE 9/15/09	**27.00**
			114.28

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TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/14/15	32145

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5886
D.O.B. : 6/21/64
Terms : 45 days
Claim #(s):
905408912

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W.C. DEPARTMENT
ATTN: JAMIE HASELEN
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs DAVALAN SALES
Date Of Injury: 1/21/06

DOS	SERVICE	DESCRIPTION	AMOUNT
03/24/15	PENALTIES	FOR DATE OF SERVICE 10/13/09	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 10/13/09	113.03
03/24/15	PENALTIES	FOR DATE OF SERVICE 11/18/09	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 11/18/09	110.99
03/24/15	PENALTIES	FOR DATE OF SERVICE 12/10/09	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 12/10/09	109.74
03/24/15	PENALTIES	FOR DATE OF SERVICE 3/18/10	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 3/18/10	104.18
03/24/15	PENALTIES	FOR DATE OF SERVICE 4/9/10	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 4/9/10	102.93
03/24/15	PENALTIES	FOR DATE OF SERVICE 5/7/10	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 5/7/10	101.34
03/24/15	PENALTIES	FOR DATE OF SERVICE 6/18/10	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 6/18/10	98.96
03/24/15	PENALTIES	FOR DATE OF SERVICE 7/30/10	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 7/30/10	96.58
03/24/15	PENALTIES	FOR DATE OF SERVICE 9/10/10	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 9/10/10	94.20
03/24/15	PENALTIES	FOR DATE OF SERVICE 10/22/10	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 10/22/10	91.82
03/24/15	PENALTIES	FOR DATE OF SERVICE 11/29/10	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 11/29/10	89.66
03/24/15	PENALTIES	FOR DATE OF SERVICE 1/14/11	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 1/14/11	87.05
03/24/15	PENALTIES	FOR DATE OF SERVICE 2/25/11	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 2/25/11	84.67
03/24/15	PENALTIES	FOR DATE OF SERVICE 3/25/11	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 3/25/11	83.08
03/24/15	PENALTIES	FOR DATE OF SERVICE 5/2/11	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 5/2/11	80.93
03/24/15	PENALTIES	FOR DATE OF SERVICE 6/1/11	27.00

Joyce Altman Interpreters, Inc.
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TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/14/15	32145

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5886
D.O.B. : 6/21/64
Terms : 45 days
Claim #(s):
905408912

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W.C. DEPARTMENT
ATTN: JAMIE HASELEN
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs DAVALAN SALES
Date Of Injury: 1/21/06

DOS	SERVICE	DESCRIPTION	AMOUNT
03/24/15	INTEREST	FOR DATE OF SERVICE 6/1/11	79.23
03/24/15	PENALTIES	FOR DATE OF SERVICE 7/8/11	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 7/8/11	77.13
03/24/15	PENALTIES	FOR DATE OF SERVICE 8/19/11	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 8/19/11	74.75
03/24/15	PENALTIES	FOR DATE OF SERVICE 9/16/11	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 9/16/11	73.16
03/24/15	PENALTIES	FOR DATE OF SERVICE 10/14/11	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 10/14/11	71.57
03/24/15	PENALTIES	FOR DATE OF SERVICE 12/9/11	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 12/9/11	68.40
03/24/15	PENALTIES	FOR DATE OF SERVICE 1/20/12	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 1/20/12	66.01
03/24/15	PENALTIES	FOR DATE OF SERVICE 1/30/12	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 1/30/12	65.45
03/24/15	PENALTIES	FOR DATE OF SERVICE 2/17/12	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 2/17/12	64.43
03/24/15	PENALTIES	FOR DATE OF SERVICE 3/9/12	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 3/9/12	63.23
03/24/15	PENALTIES	FOR DATE OF SERVICE 3/29/12	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 3/29/12	62.10
03/24/15	PENALTIES	FOR DATE OF SERVICE 4/25/12	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 4/25/12	60.57
03/24/15	PENALTIES	FOR DATE OF SERVICE 4/11/12	74.25
03/24/15	INTEREST	FOR DATE OF SERVICE 4/11/12	168.75
03/24/15	PENALTIES	FOR DATE OF SERVICE 4/18/12	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 4/18/12	60.97
03/24/15	PENALTIES	FOR DATE OF SERVICE 6/4/12	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 6/4/12	58.30
03/24/15	PENALTIES	FOR DATE OF SERVICE 5/14/12	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 5/14/12	59.49

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TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/14/15 32145

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5886
D.O.B. : 6/21/64
Terms : 45 days
Claim #(s):
905408912

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W.C. DEPARTMENT
ATTN: JAMIE HASELEN
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs DAVALAN SALES
Date Of Injury: 1/21/06

DOS	SERVICE	DESCRIPTION	AMOUNT
03/24/15	PENALTIES	FOR DATE OF SERVICE 6/22/12	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 6/22/12	57.28
03/24/15	PENALTIES	FOR DATE OF SERVICE 7/20/12	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 7/20/12	55.69
03/24/15	PENALTIES	FOR DATE OF SERVICE 8/15/12	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 8/15/12	54.22
03/24/15	PENALTIES	FOR DATE OF SERVICE 9/12/12	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 9/12/12	52.63
03/24/15	PENALTIES	FOR DATE OF SERVICE 9/19/12	22.50
03/24/15	INTEREST	FOR DATE OF SERVICE 9/19/12	43.53
03/24/15	PENALTIES	FOR DATE OF SERVICE 9/21/12	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 9/21/12	52.12
03/24/15	PENALTIES	FOR DATE OF SERVICE 10/4/12	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 10/4/12	51.38
03/24/15	PENALTIES	FOR DATE OF SERVICE 10/15/12	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 10/15/12	50.76
03/24/15	PENALTIES	FOR DATE OF SERVICE 11/1/12	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 11/1/12	49.79
03/24/15	PENALTIES	FOR DATE OF SERVICE 11/29/12	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 11/29/12	48.21
03/24/15	PENALTIES	FOR DATE OF SERVICE 12/18/12	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 12/18/12	47.13
03/24/15	PENALTIES	FOR DATE OF SERVICE 12/21/12	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 12/21/12	46.96
03/24/15	PENALTIES	FOR DATE OF SERVICE 1/10/13	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 1/10/13	45.82
03/24/15	PENALTIES	FOR DATE OF SERVICE 1/17/13	54.00
03/24/15	INTEREST	FOR DATE OF SERVICE 1/17/13	90.85
03/24/15	PENALTIES	FOR DATE OF SERVICE 1/21/13	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 1/21/13	45.20
03/24/15	PENALTIES	FOR DATE OF SERVICE 1/24/13	27.00

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04/14/15 32145

W.C.A.B.:
ADJ # :
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W.C. DEPARTMENT
ATTN: JAMIE HASELEN
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs DAVALAN SALES
Date Of Injury: 1/21/06

DOS	SERVICE	DESCRIPTION	AMOUNT
03/24/15	INTEREST	FOR DATE OF SERVICE 1/24/13	45.03
03/24/15	PENALTIES	FOR DATE OF SERVICE 1/7/13	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 1/7/13	45.99
03/24/15	PENALTIES	FOR DATE OF SERVICE 2/7/13	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 2/7/13	44.24
03/24/15	PENALTIES	FOR DATE OF SERVICE 2/11/13	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 2/11/13	44.01
03/24/15	PENALTIES	FOR DATE OF SERVICE 3/4/13	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 3/4/13	42.82
03/24/15	PENALTIES	FOR DATE OF SERVICE 4/11/13	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 4/11/13	40.66
03/24/15	PENALTIES	FOR DATE OF SERVICE 4/16/13	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 4/16/13	40.38
03/24/15	PENALTIES	FOR DATE OF SERVICE 5/14/13	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 5/14/13	38.79
03/24/15	PENALTIES	FOR DATE OF SERVICE 6/12/13	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 6/12/13	37.15
03/24/15	PENALTIES	FOR DATE OF SERVICE 7/11/13	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 7/11/13	35.50
03/24/15	PENALTIES	FOR DATE OF SERVICE 8/16/13	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 8/16/13	33.46
03/24/15	PENALTIES	FOR DATE OF SERVICE 9/6/13	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 9/6/13	32.27
03/24/15	PENALTIES	FOR DATE OF SERVICE 10/4/13	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 10/4/13	30.68
03/24/15	PENALTIES	FOR DATE OF SERVICE 10/23/13	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 10/23/13	29.60
03/24/15	PENALTIES	FOR DATE OF SERVICE 12/6/13	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 12/6/13	27.11
03/24/15	**PENALTIES**	**FOR DATE OF SERVICE 1/14/14**	**27.00**
03/24/15	INTEREST	FOR DATE OF SERVICE 1/14/14	24.90

Joyce Altman Interpreters, Inc.
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04/14/15 32145

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BILL TO:
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W.C. DEPARTMENT
ATTN: JAMIE HASELEN
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs DAVALAN SALES
Date Of Injury: 1/21/06

DOS	SERVICE	DESCRIPTION	AMOUNT
03/24/15	PENALTIES	FOR DATE OF SERVICE 2/20/14	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 2/20/14	22.80
03/24/15	PENALTIES	FOR DATE OF SERVICE 3/17/14	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 3/17/14	21.38
03/24/15	PENALTIES	FOR DATE OF SERVICE 3/24/14	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 3/24/14	20.98
03/24/15	PENALTIES	FOR DATE OF SERVICE 4/16/14	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 4/16/14	17.13
03/24/15	PENALTIES	FOR DATE OF SERVICE 5/14/14	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 5/14/14	15.54
03/24/15	PENALTIES	FOR DATE OF SERVICE 5/22/14	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 5/22/14	15.09
03/24/15	PENALTIES	FOR DATE OF SERVICE 2/18/10	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 2/18/10	105.77
02/18/10	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
04/03/15	PMT BY CHECK	DOS 10/20/08-3/27/15* # 0028759597 LIBERTY	-20000.00
04/14/15	BLCE OFF SET	BALANCE OFF SET	-2787.82
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election **letter, Depo Transcript and any and all documentary evidence to be utilized in** an attempt to defeat this lien.

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

B. CODE
288

CHECK REFERENCE	CHECK DATE
0020590002	12/01/09
CHECK AMOUNT	BLOCK NUMBER
****$630.00	026584

OSN:MM0801120111-002878

THIS CHECK REPRESENTS A COMBINATION OF BILLED SERVICES. PLEASE REFER TO EACH DETAILED ITEMIZATION FOR SPECIFIC INFORMATION TO SUPPORT THE PAYMENT.

PATIENT NAME	DATES OF SERVICE	CLAIM #	TOTAL BILL CHARGES	TOTAL PAID
[redacted]	01/17/08-07/21/08	WC 905-424725 HOD	556.54	450.00
	12/06/06-12/06/06	WC 905-412129 HOD	150.00	90.00
	10/20/08-10/13/09	WC 905-408912 HOD	2,750.00	90.00

32145

352779

PAID

TOTAL BILLS COMBINED: 3 630.00

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

BRANCH OFFICE ADDRESS:
1915 NW AMBER GLEN PKWY
PO BOX 4025
BEAVERTON, OR 97076
800-424-0054

Liberty Mutual.

B. CODE	CHECK NUMBER	CHECK DATE
189	95857239	11/04/11
	CHECK AMOUNT ***$1244.88	BLOCK NUMBER 008851

OSN: EE3801110404-001427

CLAIM #: WC 905-408912
CONTRACT #: WCK-Z91-439182-015-92

CONTROL #: 000011363 ID: C905B17
PROVIDER #: N1622588634381

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 01/21/06
EMPLOYEE:

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

EMPLOYER: DAVALAN SALES
DATES OF SERVICE 10/20/08-10/22/10
LOCATION CODE: DAVALAN

PROVIDER:

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
10/20/08	10/22/10	INTEREST		497.95	497.95	
10/20/08	10/22/10	CA EXPNS		746.93	746.93	

NOTE: AGREED PAY AMOUNT RE: DOS 10/20/08 - 10/22/10

TOTAL CHARGES	1244.88
TOTAL PAYABLE:	1244.88
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	1244.88

#32145

PAID

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual. INSURANCE

B. CODE	CHECK REFERENCE	CHECK DATE
888	0028759597	04/03/15
	CHECK AMOUNT ***20000.00	BLOCK NUMBER 644345

OSN:HM0801040312-001837

M

THIS CHECK REPRESENTS A COMBINATION OF BILLED SERVICES. PLEASE REFER TO EACH DETAILED ITEMIZATION FOR SPECIFIC INFORMATION TO SUPPORT THE PAYMENT.

PATIENT NAME	DATES OF SERVICE	CLAIM #	TOTAL BILL CHARGES	TOTAL PAID
	10/20/08-03/27/15	WC 604-A24547 HOD	5,590.00	5,590.00
	10/20/08-03/27/15	WC 604-A24547 HOD	5,770.00	5,180.00
	10/20/08-03/27/15	WC 604-A24547 HOD	9,910.00	6,980.00
	10/20/08-11/18/09	WC 604-A24547 HOD	2,930.00	180.00
	10/20/08-07/09/09	WC 604-A24547 HOD	2,030.00	360.00
	10/20/08-10/13/09	WC 604-A24547 HOD	2,750.00	90.00
	10/20/08-09/15/09	WC 604-A24547 HOD	2,570.00	540.00
	10/20/08-06/25/09	WC 604-A24547 HOD	1,850.00	180.00
	10/20/08-06/04/09	WC 604-A24547 HOD	1,670.00	180.00
	10/20/08-05/12/09	WC 604-A24547 HOD	1,490.00	180.00
	10/20/08-04/13/09	WC 604-A24547 HOD	1,310.00	180.00
	10/20/08-03/18/09	WC 604-A24547 HOD	1,130.00	360.00

32145 ✓

F. F. OK

CA

PAID APR 14 2015

TOTAL BILLS COMBINED: 12

20,000.00

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

[redacted]

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

*** INVOICE ***
Date NO#
03/27/15 49887

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-3377
D.O.B. : 4/28/69
Terms : 45 days
Claim #(s):
710799350

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

Case: vs THE INDUSTRIAL LABOR MGT. GROU
Date Of Injury: 10/24/11

DOS	SERVICE	DESCRIPTION	AMOUNT
11/09/11	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH CENTER *	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO #500049	0.00
11/28/11	MRI	REF BY DR KATTAR: L/S, C/S (2H 30M)	187.50
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
12/07/11	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
02/22/12	PR2/REEVAL	DR KATTAR* JOSE GERRY LUGO # 500049	180.00
03/21/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
04/26/12	INITIAL EXAM	DR SAMIMI @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/07/12	P AND S	DR KATTAR* CLARA BONILLA # 500320	230.00
09/20/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
08/14/13	PR2/REEVAL	DR KATTAR* BACK DUE TO FLARE UP	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
11/14/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH CENTER*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
03/05/15	PENALTIES	FOR DATE OF SERVICE 11/09/11 5	34.50
03/05/15	INTEREST	FOR DATE OF SERVICE 11/09/11	68.91
03/05/15	PENALTIES	FOR DATE OF SERVICE 04/26/12	34.50
03/05/15	INTEREST	FOR DATE OF SERVICE 04/26/12	68.91
03/05/15	PENALTIES	FOR DATE OF SERVICE 06/07/12	34.50
03/05/15	INTEREST	FOR DATE OF SERVICE 06/07/12	68.91

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

*** INVOICE ***
Date NO#
03/27/15 49887

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-3377
D.O.B. : 4/28/69
Terms : 45 days
Claim #(s):
710799350

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

Case: vs THE INDUSTRIAL LABOR MGT. GROU
Date Of Injury: 10/24/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/21/15	PMT BY CHECK	DOS 11/9/11* # 28177210	-2150.00
03/27/15	BLCE OFF SET	BALANCE OFF SET	-117.73

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, **Depo Transcript and any and all documentary evidence to be utilized in** an attempt to defeat this lien.

P4000028000

American International Group, Inc.
Attn: Bryan Wiltfong
PO Box 25825
Shawnee Mission, KS 66225

201503231609

Electronic Service Requested

MIXED AADC 926
2351 0.9028 MB 0.432
JOYCE ALTMAN INTERPRETERS INC 140
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 2351 1 OF 4 F

Check No.: 28177210
RFP No.: 696051
Check Date: 03/21/2015
Check Amount: 2,150.00
Insured: INDUSTRIAL LABOR MANAGEMENT GR
Claimant:

Claim Office: 710
Insuring Company: NEW HAMPSHIRE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID MAR 27 2015

49887

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000024549461	00799350	01	10/24/2011	MED	O	2,150.00

Total Amount 2,150.00

Reason for Payment
ORG: 2267.73 ACT: NA 110911-110911

Use File # 710/00799350 on all correspondence for prompt processing.
For check information call: 877-802-5246

F.F.
MV

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

*** INVOICE ***
Date NO#
04/14/15 29842

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1935
D.O.B. : 3/5/51
Terms : 45 days
Claim #(s):
VQD7672

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W.C. DEPARTMENT
ATTN: CARMEN MEJIA
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs ST. JOHNS KNITS INC.
Date Of Injury: 8/1/03

DOS	SERVICE	DESCRIPTION	AMOUNT
03/05/08	INITIAL EXAM	-DR BOYER*	230.00
03/18/08	NCV	-DIAGNOSTIC STUDY INTERP: U/E L/E*	125.00
03/18/08	EMG TESTING	-BY DR BLUSH - U/E, L/E*	125.00
08/01/08	PENALTIES	FOR DATE OF SERVICE 3/5/08	34.50
03/18/15	INTEREST	FOR DATE OF SERVICE 3/5/08	182.40
08/01/08	PENALTIES	FOR DATE OF SERVICE 3/18/08	37.50
02/12/15	INTEREST	FOR DATE OF SERVICE 3/18/08	195.58
08/28/08	PR2/REEVAL	-DR BOYER* @ PAIN RELIEF	180.00
10/10/08	PR2/REEVAL	-DR BOYER @ PAIN RELIEF CTR*	180.00
11/24/08	PR2/REEVAL	-DR BOYER @ PAIN RELIEF CTR*	180.00
11/26/08	INITIAL EXAM	-DR TERRENCE - PSYCH EVAL @ PAIN RELIEF (5 H)	575.00
01/09/09	P AND S	DR BOYER @ PAIN RELIEF CTR*	230.00
07/09/09	PENALTIES	FOR DATE OF SERVICE 11/26/08	86.25
03/18/15	INTEREST	FOR DATE OF SERVICE 11/26/08	418.13
07/09/09	PENALTIES	FOR DATE OF SERVICE 01/09/09	34.50
02/12/15	INTEREST	FOR DATE OF SERVICE 01/09/09	161.60
05/18/11	PENALTIES	FOR DATE OF SERVICE 08/28/08	27.00
09/05/12	INTEREST	FOR DATE OF SERVICE 08/28/08	84.44
05/18/11	PENALTIES	FOR DATE OF SERVICE 10/10/08	27.00
09/05/12	INTEREST	FOR DATE OF SERVICE 10/10/08	82.01
05/18/11	PENALTIES	FOR DATE OF SERVICE 11/24/08	27.00
09/05/12	INTEREST	FOR DATE OF SERVICE 11/24/08	79.45
04/08/15	PMT BY CHECK	DOS 8/1/03-3/18/15* # 896D 85821007	-2800.00
04/14/15	BLCE OFF SET	BALANCE OFF SET	-502.36

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

*** INVOICE ***

Date	NO#
04/14/15	29842

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1935
D.O.B. : 3/5/51
Terms : 45 days
Claim #(s):
VQD7672

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W.C. DEPARTMENT
ATTN: CARMEN MEJIA
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs ST. JOHNS KNITS INC.
Date Of Injury: 8/1/03

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 is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, **Depo Transcript and any and all documentary evidence to be utilized in** an attempt to defeat this lien.

018687

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA09274

896D 85821007

TRAVELERS

DATE: 04/08/15
LOSS DATE: 08/01/03
FILE NUMBER: 152 CB VQD7672 F

EMPLOYEE

ACCOUNT NAME:
ST JOHN KNITS INTERNATIONAL I

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

PAID APR 14 2015

ST. PAUL FIRE & MARINE INSURANCE CO

EXPLANATION OF PAYMENT

29842

OTHER

SERVICE DATE: 08/01/2003 TO: 03/18/2015

TOTAL PAID: $2800.00
TAX INFO: 330956713547893 9Y
PAY MISC: FULL AND FINAL ALL DOS
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

F.F. OK
Km

FOR ADDITIONAL INFORMATION, CONTACT: CARMEN MEJIA AT (909)612-3786

098009411
DETACH CHECK

UNSUMM-111211
OVP-UNS2-121205
DETACH CHECK

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

*** INVOICE ***
Date NO#
08/24/15 35060

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days
Claim #(s):
0703000587

BILL TO:
JT2 INTERGRATED RESOURCES
W.C. DEPARTMENT
ATTN: HEATHER SPAIN
P.O. BOX 8021
PLEASANTON, CA 94588

Case: [redacted] ALHAMBRA USD/ PARK SCHOOL
Date of Injury: 8/19/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/31/09	INITIAL EXAM	DR ZARGARAFF @ AMERI CHIRO*	230.00
03/04/10	PR2/REEVAL	DR RAHIMIAN* ELIZABETH VARGA # 500106	180.00
04/29/10	PR2/REEVAL	DR RAHIMIAN* MARIA BARBOSA # 500267	180.00
08/04/10	PENALTIES	FOR DATE OF SERVICE 08/31/09	34.50
08/04/10	INTEREST	FOR DATE OF SERVICE 08/31/09	25.94
07/29/10	P AND S	DR RAHIMIAN* GLADYS REYNA # 100755	230.00
02/11/11	PENALTIES	FOR DATE OF SERVICE 07/29/10	34.50
02/11/11	INTEREST	FOR DATE OF SERVICE 07/29/10	15.51
08/19/15	PMT BY CHECK	DOS 08/31/09-02/11/11* # 427983	-930.45

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Alhambra Unified School District

P.O. Box 8021
Pleasanton, CA 94588

Cathay Bank
777 North Broadway
Los Angeles, CA 90012

16-395/1222

CHECK NO. 427983

DATE
08/19/2015

California Workers' Compensation Payment

$**********930.45

Pay Nine Hundred Thirty Dollars And 45/100

VOID AFTER 90 DAYS

AUTHORIZED SIGNATURE

John Casas

AUTHORIZED SIGNATURE

HEAT SENSITIVE COLOR FADES WITH HEAT

ORIGINAL DOCUMENT HAS RED KEYHOLE ICON THAT DISAPPEARS WITH HEAT

Pay To The Order Of
Joyce Altman Interpreters
P.O. Box 4165
Tustin, CA 92781

⑈427983⑈ ⑆122203950⑆ 01 128 736⑈

Payee: Joyce Altman Interpreters

IRS/SSN:

Check Number: 427983

Check Date: 08/19/2015

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Document Number	Invoice #	Amount
090600002		06/01/2009	Interpretor	08/31/2009	02/11/2011		35060	930.45

PAID

BY: .....

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

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

*** INVOICE ***
Date NO#
12/23/15 43734

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
01429636

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

Case: vs PRECISE DIE AND COATING INC.
Date Of Injury: 3/19/04

DOS	SERVICE	DESCRIPTION	AMOUNT
03/16/11	WCAB LB	MSC - SABINE SKELTON # 300884	156.50
05/04/11	PMT BY CHECK	DOS 3/16/11 # CU-789900	-156.50
05/31/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
01/06/15	PEN & INT	DOS PEN & INT 05/31/14	26.61
12/30/14	PMT BY CHECK	DOS PENALTY 05/31/14* # CU-174463	-15.65
12/30/14	PMT BY CHECK	DOS INTEREST 05/31/14* # CU-174464	-10.96
12/30/14	PMT BY CHECK	DOS 05/31/14* # CU-174467	-156.50
07/06/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI (DECEASED)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/27/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI (ADDENDUM)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/04/15	PMT BY CHECK	DOS 07/06/15* # CU-225935	-250.00
11/20/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
12/21/15	PENALTIES	FOR DATE OF SERVICE 5/31/12	23.48
12/21/15	INTEREST	FOR DATE OF SERVICE 5/31/12	46.74
12/21/15	PENALTIES	FOR DATE OF SERVICE 7/27/15	37.50
12/21/15	INTEREST	FOR DATE OF SERVICE 7/27/15	11.97
01/11/16	PMT BY CHECK	DOS 3/26/11-7/27/15* # CU-261725	-469.69

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

*** INVOICE ***

Date	NO#
12/23/15	43734

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
01429636

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

Case: vs PRECISE DIE AND COATING INC.
Date Of Injury: 3/19/04

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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[redacted]

Provider Number: 330956713

Check #: **CU-789900**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 05/04/11
Doc #: 022744797

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 04936930			
1	43730	03/14/11	03/14/11	Interpreter fees	1		156.50
			Patient Name:	**Claim #:** 01429636			
2	43734	03/16/11	03/16/11	Interpreter fees	1		156.50
						Total Allowances:	**$313.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01429636	156.50	.00	156.50
04936930	156.50	.00	156.50

The preceding invoice totals reflect the amount of reviewed and/or approved billing items from the associated invoices that are included in this payment and are generated to assist your organization to balance your paperwork.

Notations:

01429636 INVOICE 43734;
04936930 INVOICE 43730;

PAID
MAY 06 2011
BY:.....

0226445402274479701 2

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-174463**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 12/30/14
Doc #: 029194846

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:		**Claim #:** 01429636			
1	PENALTY	05/31/12	05/31/12	Med-Legal Penalty	1		15.65
						Total Allowances:	**$15.65**

#437324

Claim Number **Allowances** **Penalty & Interest** **Invoice Totals**

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

Notations:
01429636 PENALTY;

PAID JAN 06 2015

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

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

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-174464**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 12/30/14
Doc #: 029194847

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 01429636			
1	INTEREST	05/31/12	05/31/12	Med-Legal Interest	1		10.96
						Total Allowances:	**$10.96**

43734

Claim Number	Allowances	Penalty & Interest	Invoice Totals

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

Notations:
01429636 INVOICE 43734; INTEREST.

PAID JAN 06 2015

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"

0121414702919484701 2

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-174467**

Issue Date: 12/30/14
Doc #: 029194850

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
	# 58246		**Patient Name:**	**Claim #:** SA633058			
1	INTERPRETI	09/17/14	09/17/14	Interpreter fees	1		156.50
			Patient Name:	**Claim #:** 01429636			
2	MSCLB WCAB	05/31/12	05/31/12	Interpreter fees	1		156.50
	#43734					**Total Allowances:**	**$313.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01429636	156.50	.00	156.50
SA633058	156.50	.00	156.50

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

Notations:

01429636	INTERPRETING SERVICES; LEGAL; MSC LB WCAB;
SA633058	INVOICE 58246; INTERPRETING SERVICE;

PAID JAN 06 2015

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

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

Explanation of Review (EOR)

MK

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-225935**

Issue Date: 08/04/15
Doc #: 030012592

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05526540		**Date of Injury:** 09/15/09		
SSN: XXX-XX-2480 Employer name: PAUL BELANGER LANDSCAPE					Employer ID: 0002900001772090				
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
1	SF1-SFCA-15468605	08/01/10	MDO10	Payment By Order	1	889.90	789.90	961 G67	100.00
2	SF1-SFCA-15468605	10/05/11	MDO10	Payment By Order	1	.00	.00		.00
								Subtotal:	100.00
Patient Name: [redacted]					**Claim #:** 01429636		**Date of Injury:** 03/19/04		
SSN: XXX-XX-9449 Employer name: FB PRODUCTIONS, INC					Employer ID: 0000001730927030				
3	SF1-SPCA-139385	07/06/15	999Q8	Interpreter Deposit-	1	250.00	.00	375 G5	250.00
								Total Allowances:	**$350.00**

439734

PAID
AUG 07 2015
BY: .....

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

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

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

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

VOID VOID VOID

Medical
SA

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

CU-225935
Union Bank
Los Angeles, California
90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
August 04, 2015	**$*******350.00**

PAY ****Three Hundred Fifty and 00/100 Dollars****ONLY

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

22469235

⑈5210225935⑈ ⑆122241501⑆ ⑈908100104 3⑈

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-261725**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/11/16
Doc #: 030600773

43734

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 01429636		**Date of Injury:** 03/19/04		
SSN	Employer name: FB PRODUCTIONS, INC				Employer ID: 0000001730927030				
	ICD-9 Code: 959.9 INJURY-SITE NOS								
1	SF1-SFCA-16208885	03/26/11	MDS10	Settlement For Dispu	1	469.69	.00	961 B03 G67	469.69
2	SF1-SFCA-16208885	07/27/15	MDS10	Settlement For Dispu	1	.00	.00	B03	.00
								Total Allowances:	**$469.69**

0137633703060077300 1 2

0
PAID JAN 13 2016

F.F.
CA OK

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
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/02/15	60599

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7360
D.O.B. : 12/7/72
Terms : 45 days
Claim #(s):
30130930662

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W.C. DEPARTMENT
ATTN: EMILY KALB
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case: ; PR PERNECKY MGMT DBA MCDONALDS
Date Of Injury: 1/13-9/10/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/20/13	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
07/08/14	PENALTIES	FOR DATE OF SERVICE 12/20/13	37.50
03/26/15	INTEREST	FOR DATE OF SERVICE 12/20/13	31.35
03/27/15	PMT BY CHECK	DOS 3/17/15* # 0056206338	-318.85

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, **Depo Transcript and any and all documentary evidence to be utilized in** an attempt to defeat this lien.

P6905028006

Sedgwick Claims Management Services, Inc
P O Box 14433
Lexington, KY 40512-4433

201503271618

Electronic Service Requested

PAID APR 02 2015

1 OF 2

ENV 2394

SINGLE PIECE

2394 0.5738 SP 0.480

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

4

DATE	CHECK AMT	CHECK NO.
03/27/2015	318.85	0056206338

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

SCMS UNIT	PAGE
523 Sedgwick Claims Management Services, Inc	1 of 1

60599

Claimant Name	Loss Date	Claim Number
	08/13/2013	30130930662-0001

Amt Paid: 318.85 Description: Miscellaneous Medical
Amt Billed: 318.85 Invoice: Full & Final ICN: 169469181.338
Dates: 03/17/2015-03/17/2015 Comment:

F. Fdl

NDJ

Questions about other Sedgwick CMS payments? Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

[redacted]

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

*** INVOICE ***
Date NO#
02/23/15 54346

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8923
D.O.B. : 4/22/77
Terms : 45 days
Claim #(s):
05704638

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

Case: vs PM PROPERTIES PATRICK DE LA TO
Date Of Injury: 5/25/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/02/12	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/09/14	PENALTIES	FOR DATE OF SERVICE 8/2/12	23.48
04/09/14	INTEREST	FOR DATE OF SERVICE 8/2/12	31.31
04/03/14	C&R READING	@ THE L/O OF DENNIS FUSI (BLOCK SETTLEMENT)	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/23/14	PMT BY CHECK	DOS 8/2/12* # CU-109046	-211.29
10/20/14	PENALTIES	FOR DATE OF SERVICE 04/03/14	23.48
01/29/15	INTEREST	FOR DATE OF SERVICE 04/03/14	15.09
01/29/15	COSTS & SANC	COSTS & SANC	304.93
02/19/15	PMT BY CHECK	DOS 8/2/12-4/3/14* # CU-186292	-500.00

BALANCE 0.0(

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals: 1888STATEFUND

Provider Number: 330956713

Check #: **CU-109046**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 04/23/14
Doc #: 028203577

54340

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05503476		**Date of Injury:** 10/09/09		
SSN: XXX-XX-0491	Employer name: MALIBU BEACH INN				Employer ID: 0003780001436090				
	ICD-9 Code:847	SPRAINS&STRAINS OTH&UNS							
1	SF1-SFCA-13488497	10/09/09	MDO10	Payment By Order	1	300.00	.00	961 G67	300.00
2	SF1-SFCA-13488497	10/25/12	MDO10	Payment By Order	1	.00	.00	790 G1	.00
								Subtotal:	**300.00**
Patient Name:					**Claim #:** 05704638		**Date of Injury:** 04/25/10		
SSN: XXX-XX-8923	Employer name: PATRICK DE LA TORRE				Employer ID: 0000001861585090				
	ICD-9 Code:999.9	COMPLIC MED CARE NEC/NOS							
3	SF1-SFCA-13504585	08/02/12	MDS21	Settlement For Dispu	1	.00	.00	790 G1	.00
4	SF1-SFCA-13504585	08/02/12	MDS21	Settlement For Dispu	1	211.29	.00	961 G67	211.29
								Subtotal:	**211.29**
								Total Allowances:	**$511.29**

0130568502820357701 2

F F
NDJ

PAID APR 29 2014

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

21108630

VOID VOID VOID VOID VOID VOID

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

CU-109046
Union Bank
Los Angeles, California

90-4150
1222

Medical
SA

Payee IRS Number: 330956713

VOID After 365 Days

Check Date	Check Amount
April 23, 2014	$*******511.29

PAY ****Five Hundred Eleven and 29/100 Dollars****ONLY

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

⑈521010904611⑈ ⑆122241501⑆ ⑈908100104 3⑈

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-186292**

Issue Date: 02/19/15
Doc #: 029387757

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	Claim #: 05478146			
1	#57825	01/30/15	01/30/15	Interpreter fees	1		156.50
			Patient Name:	Claim #: 05704638			
2	STIP&ORDER	08/02/12	04/03/14	Interpreter fees	1	54346	500.00
						Total Allowances:	**$656.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05478146	156.50	.00	156.50
05704638	500.00	.00	500.00

F.F.
CA

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

Notations:

05704638 STIP & ORDER;
05478146 INV#57825;

PAID FEB 23 2015

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence. Please detach and retain the statement page(s) as your record of payment. THANK YOU.

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

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

State Compensation Insurance Fund

Medical
SA

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

CU-186292
Union Bank
Los Angeles, California
90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
February 19, 2015	**$*******656.50**

PAY ****Six Hundred Fifty-Six and 50/100 Dollars****ONLY

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

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

*** INVOICE ***
Date NO#
03/06/15 59579

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9482
D.O.B. : 12/7/72
Terms : 45 days
Claim #(s):
13070851

BILL TO:
INTERCARE INS (ORANGE-5915)
W.C. DEPARTMENT
ATTN: DOLORES STRIETER
P.O. BOX 5915
ORANGE, CA 92863

Case: vs USA STAFFING
Date Of Injury: 6/4/13

DOS	SERVICE	DESCRIPTION	AMOUNT
08/15/13	INITIAL EXAM	-DR ATAMIAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JUAN CEJA # 100693	0.00
08/30/13	PT INITIAL	-PHYSICAL THERAPY W/DR ALLEN ADVANCE CARE*	90.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
09/05/13	PR2/REEVAL	-DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
09/03/13	INITIAL EXAM	-DR MIRZABEIGI @ SPECIALTY CARE CLINIC*	230.00
/ /	INTERPRETER:	JUAN CEJA # 100693	0.00
09/13/13	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ADVANCE CARE* 1ST	150.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
09/21/13	EMG TESTING	-& NCV BY DR SCHILLING: L/E*	150.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
11/04/14	LIEN FIL FEE	LIEN FILING FEE	150.00
01/09/15	PENALTIES	FOR DATE OF SERVICE 08/15/13	34.50
05/29/15	INTEREST	FOR DATE OF SERVICE 08/15/13	41.23
01/09/15	PENALTIES	FOR DATE OF SERVICE 08/30/13	13.50
05/29/15	INTEREST	FOR DATE OF SERVICE 08/30/13	16.13
01/09/15	PENALTIES	FOR DATE OF SERVICE 09/03/13	34.50
05/29/15	INTEREST	FOR DATE OF SERVICE 09/03/13	41.23
02/26/15	PMT BY CHECK	DOS 2/4/15* # 3072110	-1300.00
03/06/15	BLCE OFF SET	BALANCE OFF SET	-61.09

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

*** INVOICE ***

Date	NO#
03/06/15	59579

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9482
D.O.B. : 12/7/72
Terms : 45 days
Claim #(s):
13070851

BILL TO:
INTERCARE INS (ORANGE-5915)
W.C. DEPARTMENT
ATTN: DOLORES STRIETER
P.O. BOX 5915
ORANGE, CA 92863

Case: [redacted] vs USA STAFFING
Date Of Injury: 6/4/13

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

P852801280002

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

201502270110

Electronic Service Requested

3-DIGIT 926
18771 0.3820 AT 0.403

Joyce Altman Interpeters
PO BOX 4165 151
TUSTIN, CA 92781-4165

Payee:	Joyce Altman Interpeters
Company Name:	Companion Property and Casualty Insu
Facility:	USA Staffing Inc
Policy ID:	CPCA16357
IRS/SSN:	XXXXX6713
Administrator:	CHORAN
Claim Number:	13-070861
Check #:	3072110
Check Total:	1,300.00
Check Date:	02/26/2015

FNV 18771 1 OF 1

Explanation of Benefits

Incident Date	Claim Number / Invoice Number	Account Number / From/Through Date	Claimant Name / Document Number	Description / Amount
5/4/2013	13-070861 Full & Final Settlem	02/04/15-02/04/15		Medical Lien Payment 1,300.00
			Totals:	**1,300.00**

S9579

PAID [illegible] 2015

F.F. OK
NDJ

[redacted]

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

*** INVOICE ***

Date	NO#
01/08/15	43331

Claim # : 710649531
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5582
D.O.B. : 4/17/60
Terms : 45 days

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

Case: vs SUPERIOR PRINTING INKS
Date Of Injury: 10/22/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/15/11	CT SCAN	REF BY DR SABBAGHI: L/S*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
04/15/11	MRI	REF BY DR RABBANI: L/S*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/08/12	PENALTIES	FOR DATE OF SERVICE 3/15/11	22.50
12/18/14	INTEREST	FOR DATE OF SERVICE 3/15/11	49.62
05/08/12	PENALTIES	FOR DATE OF SERVICE 4/15/11	22.50
12/18/14	INTEREST	FOR DATE OF SERVICE 4/15/11	49.62
12/31/14	PMT BY CHECK	DOS 3/15/11-12/18/14 # 27667854	-400.00
01/08/15	BLCE OFF SET	BALANCE OFF SET	-44.24

BALANCE 0.0(

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

[redacted]

201412310110

Electronic Service Requested

3-DIGIT 926
28020 0.3820 AT 0.403

JOYCE ALTMAN INTERPRETERS INC 134
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 27667854
RFP No.: 491250
Check Date: 12/31/2014
Check Amount: 400.00
Insured: SUPERIOR PRINTING INK CO., INC
Claimant: .

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

Payee Name: JOYCE ALTMAN INTERPRETERS INC

43331

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000005317845	00649531	01	10/22/2009	EXP	O	400.00
					Total Amount	400.00

Reason for Payment
PER ORDER

F. F. Ok
CA

Use File # 710/00649531 on all correspondence for prompt processing.
For check information call: 877-802-5246

MC

[redacted]

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

*** INVOICE ***
Date NO#
11/23/15 58701

EAMS#(s):

SS # :
DOB : 6/3/80
Terms : 45 days
Claim #(s):
905-A16886; WC604-A31830

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W. C. DEPARTMENT
ATTN: T. MCKENZIE
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs EARTH TEXTILE DEVELOPMENT
Date Of Injury: CT 6/1/12; 6/23/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/03/13	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/08/13	INITIAL EXAM	DR ROBERT CHA @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	AMALIA SILVESTRI # 301467	0.00
04/11/13	INITIAL EXAM	DR MENDOZA @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/24/13	PT PR-2	PHYSICAL THERAPY W/DR HIGASHI & J. HERRERA @ ACS*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/03/13	PT PR-2	PHYSICAL THERAPY W/DR HERRERA @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
05/06/13	INITIAL EXAM	DR JACKSON-SCOTT @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/07/13	PT PR-2	PHYSICAL THERAPY W/ J HERRERA @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/24/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
05/28/13	PR2/REEVAL	DR JACKSON-SCOTT @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/04/13	PT PR-2	PHYSICAL THERAPY W/DR HIGASHI @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/21/15	LIEN FIL FEE	LIEN FILING FEE	150.00
11/02/15	PENALTIES	FOR DATE OF SERVICE 4/3/13	34.50
11/02/15	INTEREST	FOR DATE OF SERVICE 4/3/13	62.18
11/02/15	PENALTIES	FOR DATE OF SERVICE 4/8/13	34.50
11/02/15	INTEREST	FOR DATE OF SERVICE 4/8/13	62.18

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

*** INVOICE ***
Date NO#
11/23/15 58701

EAMS#(s):

SS # :
DOB : 6/3/80
Terms : 45 days
Claim #(s):
905-A16886; WC604-A31830

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W. C. DEPARTMENT
ATTN: T. MCKENZIE
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs EARTH TEXTILE DEVELOPMENT
Date Of Injury: CT 6/1/12; 6/23/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/02/15	PENALTIES	FOR DATE OF SERVICE 4/11/13	34.50
11/02/15	INTEREST	FOR DATE OF SERVICE 4/11/13	62.18
11/02/15	PENALTIES	FOR DATE OF SERVICE 4/24/13	13.50
11/02/15	INTEREST	FOR DATE OF SERVICE 4/24/13	24.33
11/02/15	PENALTIES	FOR DATE OF SERVICE 5/3/13	13.50
11/02/15	INTEREST	FOR DATE OF SERVICE 5/3/13	24.33
11/02/15	PENALTIES	FOR DATE OF SERVICE 5/6/13	34.50
11/02/15	INTEREST	FOR DATE OF SERVICE 5/6/13	62.18
11/02/15	PENALTIES	FOR DATE OF SERVICE 5/7/13	13.50
11/02/15	INTEREST	FOR DATE OF SERVICE 5/7/13	24.33
11/02/15	PENALTIES	FOR DATE OF SERVICE 5/24/13	27.00
11/02/15	INTEREST	FOR DATE OF SERVICE 5/24/13	48.66
11/02/15	PENALTIES	FOR DATE OF SERVICE 5/28/13	27.00
11/02/15	INTEREST	FOR DATE OF SERVICE 5/28/13	48.66
11/02/15	PENALTIES	FOR DATE OF SERVICE 6/4/13	13.50
11/02/15	INTEREST	FOR DATE OF SERVICE 6/4/13	24.33
11/17/15	PMT BY CHECK	DOS 11/4/05* # 0029357794	-2250.00
11/23/15	BLCE OFF SET	BALANCE OFF SET	-229.36

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Liberty Mutual. INSURANCE

B. CODE	CHECK REFERENCE	CHECK DATE
288	0029357794	11/17/15
	CHECK AMOUNT ***$2250.00	BLOCK NUMBER 003155

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0801111702-001576
BANK: 288
CHECK REF: 0029357794 DATE: 11/17/15 AMT: 2,250.00
INTERNAL BILL NO: 111002816 MSR: N0077377
CUST/EXTERNAL BILL NO: 06153150369000
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 604-A31830 HOD
CONTRACT NO: WCJ-Z91-450701-011-92
DOCUMENT NO:

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #:
SSN:
DOI: 06/23/12
PATIENT:

58701

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

PAID NOV 23 2015

AGENCY CLAIM #(BOARD COMM #): 201207061121376035247 5
DIAG CODES: R68.89

EMPLOYER: JT CONTRACTORS INC
ADDRESS: 225 N UNRUH AVE
CITY OF INDUSTRY, CA 91744

DATES OF SERVICE: 11/04/15-11/04/15
AUDIT DATE: 11/11/15

F. Fge
SW

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
11/04/15	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	2250.00	2250.00	N/A	0.00	2250.00	G5 Z473

TOTAL CHARGES:	2250.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	2250.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	2250.00

EXPLANATION CODE DESCRIPTIONS:

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

Z473 THIS PAYMENT IS THE RESULT OF A CALIFORNIA LIEN SETTLEMENT AND REFLECTS A FULL AND FINAL SETTLEMENT AMOUNT. (Z473)

ZCA1 THE PAYMENT STATUS CODE REFLECTS THE RECOMMENDED ALLOWANCE AS A RESULT OF OUR BILL REVIEW ANALYSIS. THE ACTUAL PAYMENT WILL BE DETERMINED BY THE PAYOR. (ZCA1)

ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 8011, WAUSAU, WI 54402. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB.

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

[redacted]