

Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties Interestes plus *Cost Sanctions* 2012 - 2014

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
57819	2/4/13 - 12/27/13	1/7/14	\$ 250.00	C&R Reading, P&I's + Cost & Sanc.		795325	12/27/13	Zenith
			TOTAL AMT PAID =>		\$ 500.00			
52396	3/28/12 - 1/7/14	1/13/14	\$ 156.50	Depo Prep, P&I's, Lien Activ. Fee + Cost & Sanc.		0027357474	1/7/14	Liberty Mutual
			TOTAL AMT PAID =>		\$ 1,789.17			
38373	7/16/10 - 1/14/14	1/17/14	\$ 1,169.50	Depo Prep, Depo Review, 3 Diagnostic Studies, Board 2 Board Appearances, P&I's + Cost & Sanc.		1412	1/14/14	Corvel
			TOTAL AMT PAID =>		\$ 2,400.00			
49044	10/03/11 - 6/24/13	6/24/13	\$ 869.50	Depo Prep, Depo Review, Diagnostic Study, 2 Board Appearances, P&I's + Cost & Sanc.	\$ 156.50	1101567724	12/13/11	Maryland Casualty (Zurich)
					\$ 306.50	1101823878	6/18/12	
					\$ 179.11	1102178524	3/14/12	
					\$ 700.00	1102327744	7/11/13	
					TOTAL AMT PAID =>		\$ 1,342.11	
37352	4/28/10 - 5/23/13	5/29/13	\$ 1,032.50	4 Board Appearances, Depo Prep, Depo Review, P&I's + Cost & Sanc.	\$ 563.00	0000859528	12/21/10	ICW Group
					\$ 156.50	000992787	1/11/12	
					\$ 156.50	0000197947	10/10/12	
					\$ 448.92	0000304398	5/23/13	
					TOTAL AMT PAID =>		\$ 1,324.92	

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55025	9/4/12 - 4/25/14	3/19/14	\$563.00	Depo Prep, Board Appear. LBO, C&R Reading, P&I's + Cost & Sanc.		00223208	4/25/14	Amtrust
TOTAL AMT PAID =>					\$ 850.00			
48727	9/21/11 - 2/27/14	2/27/14	\$2,407.25	Initial, 4 PR-2's, Diagn. Study, P&S, Depo Prep, Depo Review, Board Appear. 1 Full day Boar Appear. LBO, Lien Activ. Fee, P&I's + Cost & Sanc.		891A84852938	3/7/14	Travelers
TOTAL AMT PAID =>					\$ 4,000.00			
54494	7/23/12 - 2/20/14	1/6/14	\$ 1,209.50	Initial, 2 PR-2's, Diagn. Study, Depo Prep, 2 Board Appear., Lien Activ. Fee, P&I's + Cost & Sanc.	\$ 312.00	8814136158	3/21/13	Farmers (Truck Ins Exchange)
					\$ 157.50	8814604727	1/10/14	
					\$ 2,000.00	8814691698	3/7/14	
					TOTAL AMT PAID =>		\$ 2,469.50	
41613	1/10/11 - 2/21/14	2/24/14	\$ 719.50	3 Board Appear. LBO, C&R	\$ 875.42	CP-750397	1/7/14	SCIF
					\$ 750.00	CP-760034	2/21/14	
					TOTAL AMT PAID =>		\$ 1,625.42	

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36945	3/10/10 - 1/30/14	2/28/14	\$1,032.50	Depo Prep, Depo Review, 4 Board Appear. LBO, P&I's + Cost & Sanc.		25748363	2/25/14	American Int'l Group (Chartis)
TOTAL AMT PAID =>					\$ 2,875.00			
35201	9/21/09 - 9/10/14	9/30/14	\$7,299.00	2 Initials, 30 PR-2's, 2 Depo Preps, 2 Depo Reviews, 4 Board Appear. LBO, P&I's + Cost & Sanc.	\$ 313.00	0001275015	9/19/13	Sedgwick
					\$ 2,800.00	0001386212	6/26/14	
					\$10,000.00	0001426811	9/24/14	
TOTAL AMT PAID =>					\$13,113.00			
60830	1/30/14 - 9/25/14	10/6/14	\$156.50	Board Appear. LBO, P&I's + Cost & Sanct.		891A85534458	10/2/14	Travelers
TOTAL AMT PAID =>					\$ 900.00			
50580	12/17/11 - 10/2/14	10/28/14	\$1,182.50	Diagn. Study (MRI), Depo Prep, Depo Review, 3 Board Appear. LBO, P&I's + Cost & Sanc.	\$ 150.00	2015031548	5/3/12	Tower
					\$ 156.50	2015053727	8/15/12	Tower
					\$ 2,000.00	00004623	10/22/14	Amtrust/Tower Claims
TOTAL AMT PAID =>					\$ 2,306.50			

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51823	2/29/12 - 10/14/14	10/21/14	\$ 156.50	Depo. Prep, P&I's + Cost & Sanc.	\$ 156.50	79460105	8/7/14	CIGA
					\$ 600.00	7951853	10/17/14	
					TOTAL AMT PAID =>	\$ 756.50		
59519	8/14/13 - 8/7/14	8/26/14	\$313.00	2 Board Appear. LBO, P&I's + Cost & Sanc.	\$ 156.50	2015314405	10/22/13	Tower
					\$ 156.50	2015493646	8/4/14	
					\$ 500.00	2015504194	8/19/14	
					TOTAL AMT PAID =>	\$ 813.00		
23586	10/31/06 - 7/24/14	8/22/14	\$4,865.00	Intital, Diagn study 2 EMG's 2 NCV's + 1 NCT, 8 PR's, 3 Shockwave Tx., 2 Depo Preps, 2 Depo Reviews, C&R reading, 5 Board Appears. LBO, P&I's + Cost & Sanc.	\$ 230.00	103739059	3/15/07	C.N.A.
					\$ 563.00	104002388	4/22/08	
					\$ 1,993.09	103020516	5/16/14	
					\$ 6,500.00	103262306	8/18/14	
					TOTAL AMT PAID =>	\$ 9,286.09		
36306	12/15/09 - 10/23/14	11/5/14	\$1,782.50	5 Depo Preps, 3 Depo Reviews, C&R reading, P&I's + Cost & Sanc.	\$ 156.50	0077188761	3/12/10	Gallagher Bassett
					\$ 563.00	0078956995	6/8/10	
					\$ 406.50	0084537034	3/21/11	
					\$ 406.50	0098734232	1/9/13	
					\$ 1,856.15	00113625970	10/29/14	
					TOTAL AMT PAID =>	\$ 3,388.65		
61892	4/8/14 - 9/24/14	8/4/14	\$720.00	Surgery (8hrs), P&I's		CU-150662	9/4/14	SCIF
					TOTAL AMT PAID =>	\$ 839.11		

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36269	12/30/09 - 10/28/13	10/21/14	\$ 1,852.00	Initial, Initial Psych.,	\$ 810.00	32804797	12/9/13	Fireman's Fund
					\$ 1,662.54	33041874	10/14/14	
					TOTAL AMT PAID =>	\$ 2,472.54		
44106	4/8/11 - 8/13/14	8/25/14	\$ 400.00	Diagn. Study, C&R reading + P&I's		103270651	8/20/14	C.N.A.
					TOTAL AMT PAID =>	\$ 462.31		
50742	12/28/11 - 8/29/14	8/29/14	\$ 150.00	Diagn. Study (MRI) + P&I's		1227659458	8/20/14	The Hartford
					TOTAL AMT PAID =>	\$ 219.52		
60177	10/28/13 - 7/8/14	8/22/14	\$ 250.00	C&R reading + P&I's		CU-141470	8/20/14	SCIF
					TOTAL AMT PAID =>	\$ 304.91		
60889	12/17/07 - 7/9/14	7/31/14	\$4,128.50	2 Initials, 6 PR-2's, EMG, Psych Test, Depo Prep, Depo Review, P&S, 7 Board appears. LBO, C&R reading + P&I's	\$ 156.50	123274779K	12/8/09	State Farm
					\$ 156.50	123656485K	2/13/12	
					\$ 1,032.50	8814672292	2/24/14	Farmers Mid-Century Ins.
					\$ 5,416.16	8814897648	7/18/14	
					TOTAL AMT PAID =>	\$ 6,761.66		
55469	9/14/12 - 7/10/14	8/7/14	\$ 150.00	Diagn. Study (MRI) + P&I's		00411253	7/31/14	Amtrust Wesco Ins.
					TOTAL AMT PAID =>	\$ 235.17		
53151	5/14/12 - 8/26/14	9/16/14	\$ 563.00	Depo Prep, Depo Review, C&R reading, P&I's + Cost & Sanc.		0028158441	9/9/14	Liberty Mutual
					TOTAL AMT PAID =>	\$ 1,050.00		

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54058	6/20/12 - 9/10/14	9/25/14	\$ 3,130.00	2 Initials, 13 PR-2's, L.I.N.T. + P&I's		9751036668	9/19/14	Broadspire
			TOTAL AMT PAID =>		\$ 3,938.11			
53985	7/17/12 - 9/9/14	9/25/14	\$ 696.00	Depo Prep, Depo Review, 2	\$ 719.50	99361987	4/17/14	Liberty Mutual
					\$ 400.00	99829547	9/18/14	
			TOTAL AMT PAID =>		\$ 1,119.50			
60097	6/21/10 - 2/27/14	11/10/14	\$313.00	2 Board Appear. LBO, P&I's + Cost & Sanc.	\$ 156.50	0000846515	11/3/10	ICW Group
					\$ 150.00	0000391210	10/30/13	
					\$ 1,050.00	16329	2/27/14	Athens Nova - Arrowhead
					\$ 364.11	16669	11/5/14	
			TOTAL AMT PAID =>		\$ 1,720.61			
56801	11/13/12 - 10/7/14	11/10/14	\$ 463.00	Diagn. Study (MRI), 2 Board Appears. LBO, Lien filing fee, P&I's + Cost & Sanc.		99962946	11/4/14	Liberty Mutual
			TOTAL AMT PAID =>		\$ 950.00			
37090	4/2/10 - 10/14/14	11/5/14	\$ 719.50	Depo Prep, Depo Review, 2 Board appears. Lien filing fee,LBO, P&I's + Cost & Sanc.		5015671	11/6/14	Corvel
			TOTAL AMT PAID =>		\$ 1,500.00			

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38757	10/11/10 - 10/14/14	10/16/14	\$ 1,649.00	Initial (3hrs 20mins), 3 PR- 2's, Diagn. Study (MRA), Depo Prep, Depo review, P&I'S + Cost & Sanc.		896D85081699	11/7/14	Travelers
TOTAL AMT PAID =>					\$ 3,500.00			
53842	6/15/12 - 11/13/14	11/17/14	\$ 1,688.75	3 Depo preps, 3 Depo reviews, 3 Board appears. LBO, P&I's + Cost & Sanc.		1012788	11/13/14	Walt Disney
TOTAL AMT PAID =>					\$ 3,000.00			
36393	1/15/10 - 10/8/10	11/17/14	\$ 2,095.00	3 Initials, Initial Psych., Psychmetric testing (3hrs), 4 PR-2's, P&S + P&I's		545480	11/13/14	Corvel
TOTAL AMT PAID =>					\$ 2,342.22			
58695	3/26/13 - 11/10/14	11/17/14	\$ 4,488.00	2 Initials, 11 PR- 2's, 2 Pre-op's, Surgery (5.5 hrs), Injection, P&S, Depo prep, Depo review, Board appear. LBO, C&R reading, lien filling fee, P&I's + Cost & Sanc.		FE47626292	11/12/14	ESIS/ACE
TOTAL AMT PAID =>					\$ 5,700.00			

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40608	8/25/10 - 9/17/14	11/10/14	\$ 1,129.50	2 Board Appear. LBO, PR-2, P&S,	\$ 201.58	CP-529076	10/26/11	SCIF
					\$ 816.50	CP-819912	11/6/14	
					TOTAL AMT PAID =>	\$ 1,018.08		
45968	6/16/11 - 2/25/14	3/18/14	\$ 150.00	Diagn. Study + P&I's		1218982020	3/11/14	The Hartford
					TOTAL AMT PAID =>	\$ 262.71		
50941	1/3/12 - 6/27/13	10/16/13	\$ 563.00	Depo prep, Depo review, Board appear.LBO + P&I's		891A84353313	10/9/13	Travelers
					TOTAL AMT PAID =>	\$ 730.92		
51103	1/19/12 - 6/25/13	7/8/13	\$ 406.50	C&R reading, Board appear. LBO, lien filing fee + P&I's	\$ 300.02	CU-968953	12/17/12	SCIF
					\$ 239.33	CU-026460	7/5/13	
					TOTAL AMT PAID =>	\$ 539.35		
40981	12/14/10 - 8/30/12	7/3/13	\$ 650.00	2 Depo Preps (SD), Depo review + P&I's		891A84004491	6/28/13	Travelers
					TOTAL AMT PAID =>	\$ 872.64		
29055	1/25/08 - 6/25/13	7/19/13	\$ 5,089.50	3 Initials, EMG, NCV, 15 PR-2's, P&S, 3 Depo preps, 3 Depo Reviews, Lien fil fee + P&I's		0007311191	7/12/13	Matrix
					TOTAL AMT PAID =>	\$ 8,799.77		

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39594	2/18/09 - 5/9/12	5/20/14	\$ 4,132.50	5 Initials, 3 Shockwave, 2 F.C.E.'s, 4 PR-2's, P&S, Depo prep, Depo review, 4 Board appears. LBO, C&R reading, Lien fil fee + P&I's		37085	5/15/13	American Claims
			TOTAL AMT PAID =>		\$ 6,478.49			
35353	9/21/09 - 6/4/13	5/29/14	\$ 876.00	Depo Prep, Depo Review, 2 Board appear., 1 full day Board Appear. LBO, P&I's		35353	5/29/14	Chartis
			TOTAL AMT PAID =>		\$ 1,262.85			
40041	10/8/10 - 6/3/13	6/11/13	\$ 563.00	Depo prep, Depo review, C&R reading, Lien fil fee + P&I's		CS-444481	6/5/13	SCIF
			TOTAL AMT PAID =>		\$ 889.13			
32220	11/4/08 - 2/11/14	3/12/14	\$ 6,786.50	3 Initials, 33 PR-2's, Board appear.LBO, Lien fil fee, P&I's + Cost & Sanc.	\$ 1,670.00	0000716364	7/31/09	ICW Group
					\$10,000.00	0000465915	3/5/14	
			TOTAL AMT PAID =>		\$11,670.00			

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41392	12/30/10 - 6/28/13	2/24/14	\$ 400.00	Diagn. Study, C&R reading + P&I's		CS-484513	2/21/14	SCIF
			TOTAL AMT PAID =>		\$ 533.66			
57821	2/5/13 - 2/13/14	5/27/14	\$ 313.00	2 Board appears. LBO, P&I's + Cost & Sanc.		2015382151	5/27/14	Amtrust
			TOTAL AMT PAID =>		\$ 726.00			
39235	10/28/10 - 3/25/14	3/25/14	\$2,126.00	Initial, 3 PR-2's, P&S, 2 Depo preps, 2 Depo reviews, 2 Board appears. LBO, Lien act. Fee, P&I's + Cost & Sanc.	\$ 180.00	0000190682	2/17/11	AARLA
					\$ 180.00	0000191807	2/24/11	
					\$ 360.00	0000194193	3/8/11	
					\$ 230.00	0000195227	3/11/11	
					\$ 50.00	40019325	9/6/11	REM/TRISTAR
					\$ 406.50	40068166	5/17/12	
					\$ 156.50	40091124	10/22/12	
					\$ 1,300.00	40136589	2/10/14	
					TOTAL AMT PAID =>		\$ 2,863.00	
34828	8/5/09 - 1/6/14	2/20/14	\$ 1,345.50	Depo prep, Depo review, 6 Board appears. LBO + P&I's		25689051	2/14/14	AIG
			TOTAL AMT PAID =>		\$ 2,020.92			
53562	6/11/12 - 2/10/14	2/24/14	\$ 263.00	Depo prep, C&R reading, Board appear. LBO + P&I's		25719280	2/20/14	AIG
			TOTAL AMT PAID =>		\$ 661.73			

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36122	12/15/09 -4/17/13	5/30/13	\$2,286.00	2 Initials, 2 PR-2's, P&S, Depo prep, Depo review, 3 Board appears. LBO + P&I's	\$ 360.00	0100436026	4/6/10	Majestic/Amtrust
					\$ 120.00	0100444752	5/17/10	
					\$ 250.00	0100457975	7/13/10	
					\$ 240.00	0100460453	7/23/10	
					\$ 1,035.25	00179090	5/28/13	
					TOTAL AMT PAID =>		\$ 2,005.25	
56554	12/5/12 - 12/18/13	1/24/14	\$ 313.00	2 Board appears. LBO + P&I's		CE-702371	1/22/14	SCIF
					TOTAL AMT PAID =>			
32123	10/22/08 - 1/14/14	2/10/14	\$1,032.50	Depo prep, Depo review, 4 Board Appears. LBO + P&I's	\$ 156.50	FE40046997	1/9/09	ESIS/ACE
					\$ 250.00	FE40047009	1/9/09	
					\$ 156.50	FE41838225	7/27/10	
					\$ 156.50	FE42639005	3/22/11	
					\$ 459.46	FE46407951	2/4/14	
					TOTAL AMT PAID =>		\$ 1,178.96	
49630	11/2/11 - 4/22/14	5/9/14	\$1,383.00	Initial, 2 PR-2's, P&S, Depo prep, Depo review, Board appear.LBO, P&I's + Cost & Sanc.	\$ 360.00	2850964337	7/17/12	Amtrust Sequoia Ins.
					\$ 250.00	00016464	1/27/14	
					\$ 379.47	00022200	3/12/14	
					\$ 789.83	00028738	4/28/14	
					\$ 1,210.17	00029690	5/5/14	
					TOTAL AMT PAID =>		\$ 2,989.47	
37481	5/7/10 - 4/30/14	5/6/14	\$ 6,290.00	3 Initials, Initial acup., EMG, 29 PR-2's, Lien act. Fee + P&I's	\$ 590.00	0081806908	11/1/10	Gallagher Bassett
					\$ 8,351.54	0048693902	4/30/14	Sedgwick
					TOTAL AMT PAID =>		\$ 8,941.54	

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27838	10/10/07 - 6/24/14	6/30/14	\$ 626.00	4 Board appearances, P&I's + Cost & Sanc.		26545585	6/24/14	AIG
			TOTAL AMT PAID =>		\$ 2,000.00			
44812	5/8/11 - 6/13/14	6/30/14	\$ 869.50	Diagn. Study, Depo prep, Depo review, 2 Board appears. LBO, P&I's + Cost & Sanc.		36354	6/26/14	Zurich
			TOTAL AMT PAID =>		\$ 1,200.00			
51948	2/28/12 - 6/23/14	7/7/14	\$ 832.50	Surgery (9hrs 15min), P&I's + Cost & Sanc.		51948	6/30/14	The Hartford
			TOTAL AMT PAID =>		\$ 1,700.00			
39836	11/11/10 - 7/8/14	7/31/14	\$ 300.00	2 Diagn. Studies + P&I's		0028007684	7/23/14	Liberty Mutual
			TOTAL AMT PAID =>		\$ 452.84			
41206	12/22/10 - 11/26/14	12/15/14	\$1,019.25	Diagn. Study, Depo prep, Depo review, C&R reading, Board appear. LBO + P&I's	\$ 496.50	00496488	6/2/11	Pacific Comp.
					\$ 156.50	00502974	8/5/11	
					\$ 523.51	00602244	12/12/14	
					TOTAL AMT PAID =>		\$ 1,176.51	
36775	2/15/10 - 11/3/14	12/15/14	\$ 820.00	Initial, 2 PR-2's, P&S + P&I's		891A85748307	12/9/14	Travelers
			TOTAL AMT PAID =>		\$ 1,162.00			

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57039	1/4/13 - 12/8/14	12/16/14	\$469.50	2 Depo preps, Board appear.LA, P&I's	\$ 156.50	0101386201	5/8/13	Gallagher Bassett
					\$ 156.50	0102250875	6/17/13	
					\$ 188.41	011464879	12/9/14	
					TOTAL AMT PAID =>	\$ 501.41		
29150	2/6/08 - 12/22/14	12/9/14	\$ 1,250.00	Initial, 4 PR-2's, 2 Diagn. Studies + P&I's	\$ 202.50	2785469	1/14/14	FirstComp Markel
					\$ 1,256.86	2805900	12/8/14	
					TOTAL AMT PAID =>	\$ 1,459.36		
37963	7/9/10 - 11/17/14	12/12/14	\$ 1,112.50	Initial, EMG/NCV, F.C.E., PR-2, P&S + P&I's		918318	12/9/14	Chubb
				TOTAL AMT PAID =>	\$ 1,200.00			
48147	8/30/11 - 7/22/14	12/12/14	\$ 300.00	2 Diagn. Studies + P&I's		0002890723	12/6/14	Crum & Forster
				TOTAL AMT PAID =>	\$ 400.00			
43440	3/22/11 - 12/6/14	12/15/14	\$ 2,812.75	2 Initials, 1Initial (4.5hrs), 5 PR- 2's, Diagn. Study, F.C.E., 2 P&S's, C&R reading, P&I's + Cost & Sanc.		27540405	12/6/14	AIG
				TOTAL AMT PAID =>	\$ 4,800.00			
29954	3/4/08 - 10/22/14	10/22/14	\$1,994.00	Initial, Pysch. (5hrs), Depo review, 4 Board appear. LBO, 1 full day Board appear. LBO, P&I's + Cost & Sanc.	\$ 782.50	000182381	3/3/14	Gallagher Bassett on Behalf of Hartford
					\$ 156.50	0000680384	8/12/14	
					\$ 2,700.00	0000233896	11/17/14	
					TOTAL AMT PAID =>	\$ 3,639.00		

Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties Interestes plus Cost Sanctions 2012 - 2014

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
35724	11/13/09 - 9/10/12	11/21/14	\$ 1,096.25	EMG, NCV, 2 Diagn. Studies, Initial phys., + P&I's		1580198	11/19/14	York
			TOTAL AMT PAID =>		\$ 1,575.00			
35175	8/18/09 - 9/7/12	12/2/14	\$ 1,336.50	Initial, 4 PR-2's, Depo prep, P&S, + P&I's		0054483919	11/24/14	Sedgwick
			TOTAL AMT PAID =>		\$ 1,500.00			
63571	3/25/09 - 12/17/09	12/4/14	\$ 345.00	Initial psych. (3hrs) + P&I's		144000341	12/1/14	CCMSI
			TOTAL AMT PAID =>		\$ 427.95			
38297	8/9/10 - 11/10/14	12/3/14	\$ 7,224.00	3 Initials, Initial acup., EMG, 33 PR-2's, Board appear. LBO + P&I's	\$ 156.50	1101394598	8/8/11	Zurich Maryland Casualty co.
					\$ 9,000.00	1100183551	11/24/14	
					TOTAL AMT PAID =>		\$ 9,156.50	
40876	12/1/10 - 10/4/14	11/21/14		Initial, Shockwave tx., 3 PR-2's, Depo prep, Depo review, C&R reading, Board appear. LBO + P&I's	\$ 1,333.00	99693355	8/4/14	Liberty Mutual
					\$ 406.50	99990324	11/13/14	
					\$ 1,733.00	TOTAL AMT PAID =>		\$ 1,739.50

Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties Interests plus *Cost Sanctions* 2012 - 2014

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
44842	5/11/11 - 10/29/14	11/20/14	\$876.00	3 Board appears . LBO, Depo prep, Depo review, P&I's + Cost & Sanc.	\$ 563.00	C7-706638	10/5/11	SCIF
					\$ 156.50	C7-858917	4/3/13	
					\$ 350.00	61-231686	11/17/14	State of California
					TOTAL AMT PAID =>	\$ 1,069.50		
32827	1/2/09 - 12/2/14	12/9/14	\$ 3,592.50	2 Initials, 16 PR-2's, P&S, Lien fil fee + P&I's		0114530105	12/4/14	Gallagher Bassett
					TOTAL AMT PAID =>	\$ 5,600.00		
33338	3/2/09 - 11/13/14	12/1/14	\$ 4,485.00	5 Initials, Initial Pysch. 4 Shockwaves, 2 F.C.E.'s, EMG, NCV, 10 PR-2's + P&I's		00245854	11/26/14	Amtrust
					TOTAL AMT PAID =>	\$ 5,000.00		
50352	12/2/11 - 11/18/14	12/9/14	\$ 1,035.00	Diagn. Study (3hrs), Pre-op, Surgery (7hrs), + P&I's	\$ 146.25	0024746472	4/12/12	Liberty Mutual
					\$ 1,000.00	0028412169	12/2/14	
					TOTAL AMT PAID =>	\$ 1,146.25		
40910	12/8/10 - 12/3/14	12/9/14	\$ 150.00	Diagn. Study, P&I's + Cost & Sanc.		0028416211	12/9/14	Liberty Mutual
					TOTAL AMT PAID =>	\$ 350.00		

Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for Penalties Interests plus Cost Sanctions 2012 - 2014

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
61290	9/29/05 - 9/24/14	12/19/14	\$ 2,704.00	2 Diagn. Studies, Initial, Initial Psych., PR-2, P&S, 5 Board appears. LBO, Depo prep, Depo review, + P&I's	\$ 1,394.01	CP-811529	9/26/14	SCIF
					\$ 1,668.37	CP-827249	12/15/14	
					TOTAL AMT PAID =>		\$ 3,062.38	
62701	7/8/14 - 12/12/14	12/19/14	\$ 406.50	Board Appear. LBO, C&R reading, P&I's + Cost & Sanct.		5000450856	12/12/14	Preferred Employers
					TOTAL AMT PAID =>			
57026	1/7/13 - 10/20/14	11/7/14	\$ 563.00	2 Board Appear. (LBO), C&R reading + P&I's	\$ 313.00	0040338249	4/9/13	Sedgwick
					\$ 306.33	0053100590	11/4/14	
					TOTAL AMT PAID =>		\$ 619.33	
57818	2/14/13 - 10/2/14	11/11/14	\$2,986.50	Initial, Initial acup., F.C.E., EMG/NCV, 7 PR-2's, 9 Phys. Therapies, Depo prep, Lien file fee + P&I's	\$ 156.50	009040936	5/30/13	NorGUARD a subsidiary of GUARD ins
					\$ 320.00	009042915	7/8/13	
					\$ 3,381.76	009097017	11/5/14	
					TOTAL AMT PAID =>		\$ 3,858.26	
50171	11/17/11 - 12/12/14	12/9/14	\$ 2,479.50	Initial, Initial acup., 5 PR-2's,	\$ 2,479.00	10165165	8/15/14	AIG
					\$ 1,200.00	10172531	12/12/14	
					TOTAL AMT PAID =>		\$ 3,679.00	

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#
01/07/14 57819

Claim # :
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ZENITH INSURANCE (VAN NUYS)
W.C. DEPARTMENT
ATTN: JUAN CARLOS ALVAREZ
P.O. BOX # 9055
VAN NUYS, CA 91409-9055

Case: vs MARZ FARMS
Date Of Injury: 3/23/12

DOS	SERVICE	DESCRIPTION	AMOUNT
02/04/13	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/23/13	PENALTIES	FOR DATE OF SERVICE 02/04/13	37.50
07/23/13	INTEREST	FOR DATE OF SERVICE 02/04/13	18.98
12/27/13	COSTS & SANC	COST & CANC	193.52
12/27/13	PMT BY CHECK	DOS 2/4/13* # 795325	-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, PN 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 - CA

Carrier/Audit Reviewer
Zenith Insurance Company
P.O. BOX 9055
VAN NUYS, CA 91409
(800) 440-5020

Patient Information

SSN: XXX-XX-7980
DATE OF INJURY: 03/23/12
Patient Acct No:

Zenith Claim Information

Claim Number: 485586
Check Date: 12/27/13 ✓
Check Number: 795325
Date Of Review: 12/23/13
Case Number: ZEN-ZZCA-38679

Billing Provider Information

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165
TAX ID: 330956713

Rendering Provider Information

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781

Employer Information

MARZ FARMS INC
400 CAMARILLO RANCH ROAD 107
CAMARILLO, CA 93012
(805) 389-0401

PAID JAN 07 2013

57819

DIAGNOSIS INFORMATION: 959.9

DATES OF SERVICE: 02/04/13 TO 02/04/13

Date Of	Procedure	Mod	Service Description	Units	Charges	Review Reduction	PPO Reduction	Other Reduction	Paid	Reduction Codes
02/04/13	MDS21		SETTLEMENT FOR	0001	500.00	0.00	0.00	0.00	500.00	791 961
(1) PAID			TOTAL SUMMARY:		500.00	0.00	0.00	0.00	500.00	

Reduction Code Description:

791 CA FULL AND FINAL PAYMENT.

961 CA ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.

State/ANSI Reason Code & Description:

- G5 THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.
G67 PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.

To check the status of your bill, or for any other questions, please call Zenith Insurance Company at 1-800-440-5020.

ZENITH INSURANCE COMPANY NOW UTILIZES CENTRALIZED MAIL FACILITIES TO EXPEDITE MAIL HANDLING AND ROUTING. SEND ALL CORRESPONDENCE (INCLUDING MEDICAL BILLS, REPORTS, ETC) TO: PO BOX 9055, VAN NUYS, CA 91409-9055

ZENITH INSURANCE COMPANY now has the ability to receive medical bills electronically. If interested, please contact the Zenith provider call center provided by Jopari solutions at 1-866-269-0554 for more information.

(Explanation Of Review Continued On Next Page)

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#
01/13/14 52396

Claim # :
W.C.A.B. :
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: RICKY DECLERCA
P.O. BOX # 4025
BEAVERTON, OR 97076

Case: vs LANGHAM HOTELS PACIFIC CORP.
Date Of Injury: 3/17/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/28/12	DEPO PREP	@ THE L/O OF RIFENBARK & WELF	156.50
/ /	INTERPRETER:	PATRICIA LYMAN # 100694	0.00
05/04/12	PENALTIES	FOR DATE OF SERVICE 3/28/12	23.48
12/04/13	INTEREST	FOR DATE OF SERVICE 3/28/12	29.39
11/04/13	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
01/07/14	COSTS & SANC	COST & SANC	1479.80
01/07/14	PMT BY CHECK	DOS 3/17/11-12/4/13	-1789.17
		# 0027357474	

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and 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

B. CODE
288

CHECK REFERENCE	CHECK DATE
0027357474	01/07/14
CHECK AMOUNT	BLOCK NUMBER
***\$1789.17	016979

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

PAGE 1 OF 2

CLAIM NO. WC 648-A15663 HOD
CONTRACT NO: WC2-661-065478-011-92
DOCUMENT NO:

OSN: MM0801010705-001572
BANK: 288
CHECK REF: 0027357474 DATE: 01/07/14 AMT: 1,789.17
INTERNAL BILL NO: 102925841 MSR: N0153716
CUST/EXTERNAL BILL NO: 06140030253500
BR PROVIDER #: 059330956713B0

52396

PAYEE: JOYCE ALTMAN INTERPRETERS
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

PATIENT ACCT. #:
SSN: XXX-XX
DOI: 03/17/11
PATIENT:

PAID JAN 13 2014

PROVIDER: JOYCE ALTMAN INTERPRETERS

PAID JAN 13 2014

EMPLOYER: LANGHAM HOTELS PACIFIC CORP.
ADDRESS: 1401 SOUTH OAK KNOLL AVE.
PASADENA, CA 91106

AGENCY CLAIM#(BOARD COMM#): 2012011119462450470170
IDC-9 CODES: 799.8

DATES OF SERVICE: 03/17/11-12/11/13
AUDIT DATE: 01/03/14

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
03/17/11	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	1789.17	1789.17	N/A	0.00	1789.17	G5 Z473
TOTAL CHARGES:					1789.17					
TOTAL PREVIOUSLY PAID:					0.00					
TOTAL CURRENT PAYABLE:					1789.17					
TOTAL WITHHOLDING:					0.00					
TOTAL AMOUNT PAID:					1789.17					

F-F. OK
CA

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

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#
01/17/14 38373

Claim # : YLR49713
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/8/67
Terms : 45 days

BILL TO:
SEDGWICK/SRS INS (LX-14153)
W.C. DEPARTMENT
ATTN: VERONICA YARDLY
P.O. BOX # 14153
LEXINGTON, KY 40512

Case: vs EL POLLO LOCO
Date Of Injury: 4/24/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/16/10	DEPO PREP	@ THE L/O OF WATTEN, DISCOE, BASSETT & McMAINS	156.50
09/13/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/18/12	PENALTIES	FOR DATE OF SERVICE 07/16/10	23.48
11/15/12	INTEREST	FOR DATE OF SERVICE 07/16/10	36.88
11/18/10	PENALTIES	FOR DATE OF SERVICE 09/13/10	37.50
11/15/12	INTEREST	FOR DATE OF SERVICE 09/13/10	58.92
06/01/11	MRI	-REF BY DR VAISMAN: TMJ*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
07/11/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
10/13/11	DIAGNSTUDY	-POLYSOMNOGRAPHY REF BY DR SADIGHPOUR*	150.00
/ /	INTERPRETER:	RICARDO AINSLIE # 500159	0.00
02/14/12	DIAGN STUDY	-REF BY DR ZLOTOLOW: ECHOCAR- DIOGRAM @ CALIF IMG*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
05/24/12	WCAB LB	MSC - JUAN PEREZ # 100777	156.50
09/18/12	PENALTIES	FOR DATE OF SERVICE 06/01/11	22.50
11/15/12	INTEREST	FOR DATE OF SERVICE 06/01/11	26.13
09/18/12	PENALTIES	FOR DATE OF SERVICE 07/11/11	23.48
11/15/12	INTEREST	FOR DATE OF SERVICE 07/11/11	25.30
09/18/12	PENALTIES	FOR DATE OF SERVICE 10/13/11	22.50
11/15/12	INTEREST	FOR DATE OF SERVICE 10/13/11	19.80
09/18/12	PENALTIES	FOR DATE OF SERVICE 02/14/12	22.50
11/15/12	INTEREST	FOR DATE OF SERVICE 02/14/12	13.94
09/18/12	PENALTIES	FOR DATE OF SERVICE 05/24/12	23.48
11/15/12	INTEREST	FOR DATE OF SERVICE 05/24/12	9.62
02/11/13	PENALTIES	UNPAID SETTLEMENT ON 11/15/12	383.88
02/11/13	INTEREST	UNPAID SETTLEMENT ON 11/15/12	220.34
01/14/14	COSTS & SANC	COST & SANC	260.25

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#
01/17/14 38373

Claim # : YLR49713
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/8/67
Terms : 45 days

BILL TO:
SEDGWICK/SRS INS (LX-14153)
W.C. DEPARTMENT
ATTN: VERONICA YARDLY
P.O. BOX # 14153
LEXINGTON, KY 40512

Case: ~~ALSI~~ vs EL POLLO LOCO
Date Of Injury: 4/24/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/14/14	PMT BY CHECK	DOS 12/19/13* # 1412	-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.

CORVEL ENTERPRISE COMP, INC.
EL POLLO LOCO
4120 SE INTL WAY, SUITE A108
MILWAUKIE, OR 97222

CORVEL

bankcode=POLLO
11-24
1210(8)

CHECK NUMBER

1412

CHECK DATE

01/14/14

*****\$2,400.00

PAY EXACTLY: *Two thousand four hundred and 00/100 Dollars*

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY
TO THE
ORDER
OF

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

WELLS FARGO BANK PORTLAND, OR

[Signature]

⑈0000001412⑈ ⑆121000248⑆ 4127 455327⑈

DETACH HERE →

CORVEL

PAID JAN 17 2014 → DETACH HERE

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
0470-WC-10-0500034	04/22/2010		12/19/2013	12/19/2013	Full & Final	*****\$2,400.00

#38373

F.F. *[initials]*
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#
06/24/13 49044

Claim # :
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs US GARMENT
Date Of Injury: 11/9/09

DOS	SERVICE	DESCRIPTION	AMOUNT
10/03/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
11/05/11	MRI	-REF BY DR GOLCHEH: LT SHLDR*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
11/17/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (FEE AMENDED)	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
12/13/11	PMT BY CHECK	DOS 11/16/11 # 1101567724	-156.50
05/03/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
06/18/12	PMT BY CHECK	DOS 11/5/11-5/3/12 # 1101823878	-306.50
07/05/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
02/21/13	PENALTIES	FOR DATE OF SERVICE 7/5/12	23.48
02/21/13	INTEREST	FOR DATE OF SERVICE 7/5/12	12.38
11/16/11	PENALTIES	FOR DATE OF SERVICE 11/05/11	22.50
06/18/12	INTEREST	FOR DATE OF SERVICE 11/05/11	11.63
12/13/11	PENALTIES	FOR DATE OF SERVICE 11/17/11	37.50
06/24/13	INTEREST	FOR DATE OF SERVICE 11/17/11	47.65
03/14/13	PMT BY CHECK	DOS 7/5/12 # 1102178524	-179.11
06/24/13	COSTS & SANC	COSTA & SANC	317.47
07/11/13	PMT BY CHECK	DOS 10/3/11-6/24/13 # 11022327744	-700.00

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#
06/24/13 49044

Claim # :
W.C.A.B. :
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs US GARMENT
Date Of Injury: 11/9/09

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.

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Maryland Casualty Company

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

00391

PAID

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0237713 001 RM	WC 02832378	49044		09/29/10	11/16/11-11/16/11
Check Number	1101567724	Date issued	12/13/11	Amount	\$*****156.50
Insured	US GARMENTS, LLC				
Claimant					
Nature of Payment	OTHER LEGAL EXPENSE				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Ibrahim CG-Saleem				
File Supervisor	Robert Magellan	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

Maryland Casualty Company

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

00722

BY: 

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0237713 001 LH	WC 02832378	49044		09/29/10	11/05/11-05/03/12
Check Number	1101823878	Date issued	06/18/12	Amount	\$****306.50
Insured	US GARMENTS, LLC				
Claimant					
Nature of Payment	MEDICAL TRANSPORTATION COSTS				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Ibrahim CG-Saleem				
File Supervisor	Linda Hamai	Phone Number	818 227-1700		
Payment Description		AMOUNT PAID	Payment Description	AMOUNT PAID	
WC MEDICAL		306.50			
TOTAL		\$306.50			

PO BOX 968005
SCHALMBURG IL 60196 8005
818 227-1700

Maryland Casualty Company PAID MAR 18 2013

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

00525

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0237713 001 ZK	WC 02832378	49044		09/29/10	07/05/12-07/05/12
Check Number	1102178524	Date Issued	03/14/13	Amount	\$****179.11
Insured	US GARMENTS, LLC				
Claimant					
Nature of Payment	OTHER LEGAL EXPENSE				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Madhialagan CG-Subramani				
File Supervisor	Rebecca Molina	Phone Number	818 227-1700		
Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID		
WC MEDICAL	179.11				
TOTAL		\$179.11			

Assurance Co. of America

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

00343

PAID JUL 15 2013

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0237713 001 ZQ	WC 02832378			09/29/10	10/27/10-06/24/13
Check Number	1102327744	Date Issued	07/11/13	Amount	\$****700.00
Insured	US GARMENTS, LLC				
Claimant					
Nature of Payment	F&F				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Srinivas CG-Kumar				
File Supervisor	Marcos Ferrando	Phone Number	818 227-1700		
Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID		
WC MEDICAL	700.00				
TOTAL		\$700.00			

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#
05/29/13 37352

Claim # :
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:

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

Case: vs SUPERIOR CONCRETE & MASONARY
Date Of Injury: 9/24/09

DOS	SERVICE	DESCRIPTION	AMOUNT
04/28/10	WCAB LB	STATUS CONFERENCE JOYCE ALTMAN #300624	156.50
06/01/10	DEPO PREP	@ THE L/O OF PETERSON & COLAN	156.50
07/28/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
12/21/10	PMT BY CHECK	DOS 4/28/10 THRU 7/28/10 # 0000859528	-563.00
09/20/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
01/11/12	PMT BY CHECK	DOS 9/20/11 # 0000992787	-156.50
05/30/12	WCAB LB	MSC - ELENA LÓPEZ # 100821 AMENDED INTERPRETER	156.50
08/30/12	WCAB LB	TRIAL - JOHANNA JORDAN # 100793	156.50
10/10/12	PMT BY CHECK	DOS 5/30/12 # 0000197947	-156.50
10/10/12	PENALTIES	FOR DATE OF SERVICE 05/30/12	23.48
10/10/12	INTEREST	FOR DATE OF SERVICE 05/30/12	7.54
04/29/13	PENALTIES	FOR DATE OF SERVICE 08/30/12	23.48
04/29/13	INTEREST	FOR DATE OF SERVICE 08/30/12	12.92
05/23/13	COSTS & SANC	COST & SANC	225.00
05/23/13	PMT BY CHECK	DOS 4/28/10-5/23/13 # 0000304398	-448.92

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#
05/29/13 37352

Claim # :
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs SUPERIOR CONCRETE & MASONARY
Date Of Injury: 9/24/09

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.

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

Check Date: 12/21/2010
Check Number: 0000859528
Check Amount: \$563.00

6R6C1A

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, 6R6C1A

00154 JOP1ZS01 12 6300011614-6300305600
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #		Client	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-09-05201			09/24/2009	37352	43	04/28/2010	07/28/2010	\$563.00
Cat	SubPC	Stub Notes						Stub Amount
43		@ PETERSON COLAN						\$563.00
							\$563.00	

PALD

1. The first step in the process of developing a business plan is to conduct a thorough market research. This involves identifying the target market, understanding their needs and preferences, and analyzing the competitive landscape. Market research can be conducted through various methods, including surveys, interviews, and focus groups.

2. Once the market research is complete, the next step is to develop a clear and concise business model. This model should outline the company's value proposition, revenue streams, and cost structure. It should also define the company's target market and the strategies for reaching it.

3. The third step is to create a detailed financial plan. This plan should include a budget, a cash flow statement, and a break-even analysis. It should also project the company's financial performance over a period of time, typically three to five years.

4. The fourth step is to develop a marketing and sales strategy. This strategy should outline the company's marketing mix, including its product, price, place, and promotion. It should also define the company's sales channels and the strategies for reaching its target market.

5. The final step in the process is to write the business plan. This document should be a comprehensive and professional summary of the company's business model, financial plan, and marketing and sales strategy. It should be written in a clear and concise manner, using a professional tone and format.

722H1H

00127 JOP1ZS01 1Z 6300015698-6300393569
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

JAN 19 2012

BY:

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-09-05201		09/24/2009	37352	43	09/20/2011	09/20/2011	\$156.50

Cat	SubPC	Stub Notes	Stub Amount
43		MISC EXPENSE	\$156.50
		INTERP @ WCAB- MSC	\$0.00
			\$156.50

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

Check Date: 10/10/2012
Check Number: 0000197947
Check Amount: \$156.50

BTMM1D

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, BTMM1D

00282 JOP1ZS01 1Z 6300016282-6300459929
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-09-05201		09/24/2009	37352	02	05/30/2012	05/30/2012	\$156.50
Cat	SubPC	Stub Notes					Stub Amount
		MSC INTERP					\$0.00
02		MISC MEDICAL					\$156.50
							\$156.50

PAID
OCT 18 2012

BY:.....

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

Check Date: 05/23/2013
Check Number: 0000304398
Check Amount: \$448.92

N16S1D

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, N16S1D

00164 JOP1ZS01 1Z 6300016437-6300520542
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID MAY 29 2013

0

37352

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-09-05201		09/24/2009	LIEN	02	04/29/2013	04/29/2013	\$448.92
Cat	SubPC	Stub Notes					Stub Amount
		SERVICE INCLUDING PENALTIES AND INTEREST					\$0.00
02		MISC MEDICAL					\$448.92
		IN FULL SATISFACTION OF LIEN FOR ALL DATES OF					\$0.00
							\$448.92

Add
line item
CAS
\$275

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#
03/19/14 55025

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

BILL TO:
AMTRUST NORTH AMERICA (S.F.)
W.C. DEPARTMENT
ATTN: NINA DRAKE
P.O. BOX 2359
SAN FRANCISCO, CA 94126

Case: vs PACIFIC HIGH REACH & EQUIP.
Date Of Injury: 11/4/08

DOS	SERVICE	DESCRIPTION	AMOUNT
09/04/12	DEPO PREP	@ THE L/O OF SAMUELSON, GONZALEZ	156.50
/ /	INTERPRETER:	MARIO RAMIREZ # 100349	0.00
10/23/13	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
01/10/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	MAIRA PACO CORTEZ # 100533	0.00
02/11/14	PENALTIES	FOR DATE OF SERVICE 09/04/12	23.48
03/19/14	INTEREST	FOR DATE OF SERVICE 09/04/12	28.65
02/11/14	PENALTIES	FOR DATE OF SERVICE 10/23/13	23.48
03/19/14	INTEREST	FOR DATE OF SERVICE 10/23/13	8.23
02/11/14	PENALTIES	FOR DATE OF SERVICE 01/10/14	37.50
03/19/14	INTEREST	FOR DATE OF SERVICE 01/10/14	6.93
04/25/14	COSTS & SANC	COST & SANC	158.73
04/25/14	PMT BY CHECK	DOS 3/19/14* # 00223208	-850.00

BALANCE 0.00

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

P.O. Box 740042
Atlanta, GA 30374-0042

JP Morgan/Chase Bank
Syracuse, NY

CHECK NO.

00223208

812021-1

C200806311-01

DATE

4/25/2014

AMOUNT

\$850.00

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

Pay To: JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

Mail To

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

Henry Schmitt

⑈00223208⑈ ⑆021000021⑆ 937442523⑈

or
PAID APR 29 2014

Check Number	00223208
Claim Number:	812021-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	C200806311-01/PACIFIC HIGH REACH AND EQUIPMENT SERVICES INC
SSN / Employee Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	10/30/2008
Location:	1605 N. O DONNELL WAY ORANGE CA 92867
Examiner Code:	kwalker

Amount:	\$850.00
Dates of Service:	3/19/2014-3/19/2014
Explanation:	full and final lien settlement
Category:	M13 - Settlement
Placement:	2 - Medical
Transaction Type:	

P.O. Box 740042
Atlanta, GA 30374-0042
888-239-3909

SS025

F.F.
OK
EC

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#
02/27/14 48727

Claim # :
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. :
Terms : 45 days

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

Case: vs HOLLANDER HOME FASHIONS
Date Of Injury: 8/4/11

DOS	SERVICE	DESCRIPTION	AMOUNT
09/21/11	INITIAL EXAM	-DR KATTAR @ GARFIELD HEALTH (3hrs 45mins)	431.25
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
10/19/11	PR2/REEVAL	-DR KATTAR* JOSE LUGO # 500049	180.00
11/23/11	PR2/REEVAL	-DR KATTAR* JASON RAMIREZ # 500371	180.00
01/11/12	PR2/REEVAL	-DR KATTAR* JASON RAMIREZ # 500371	180.00
02/09/12	DIAGN STUDY	REF BY DR ZLOTOLOW: ECHOCARD- IOGRAM @ CALIF IMAG*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
03/15/12	P AND S	DR KATTAR* JASON RAMIREZ # 500371	230.00
05/24/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/05/12	WCAB LB	PRIORITY-CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
06/14/12	PR2/REEVAL	-DR KATTAR* JASON RAMIREZ # 500371	180.00
06/25/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/22/12	PENALTIES	FOR DATE OF SERVICE 09/21/11	64.69
02/27/14	INTEREST	FOR DATE OF SERVICE 09/21/11	85.87
08/22/12	PENALTIES	FOR DATE OF SERVICE 10/19/11	27.00
02/27/14	INTEREST	FOR DATE OF SERVICE 10/19/11	38.54
08/22/12	PENALTIES	FOR DATE OF SERVICE 11/23/11	27.00
02/27/14	INTEREST	FOR DATE OF SERVICE 11/23/11	38.54
08/22/12	PENALTIES	FOR DATE OF SERVICE 01/11/12	27.00
02/27/14	INTEREST	FOR DATE OF SERVICE 01/11/12	38.54
08/22/12	PENALTIES	FOR DATE OF SERVICE 02/09/12	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#
02/27/14 48727

Claim # :
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. :
Terms : 45 days

BILL TO:

SAINT PAUL TRAVELERS (WC-8112)
W.C. DEPARTMENT
ATTN: SAM HERRERA
P.O. BOX 8112
WALNUT CREEK, CA 94596

Case: vs HOLLANDER HOME FASHIONS
Date Of Injury: 8/4/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/27/14	INTEREST	FOR DATE OF SERVICE 02/09/12	29.87
08/22/12	PENALTIES	FOR DATE OF SERVICE 03/15/12	34.50
02/27/14	INTEREST	FOR DATE OF SERVICE 03/15/12	45.80
08/22/12	PENALTIES	FOR DATE OF SERVICE 05/24/12	23.48
02/27/14	INTEREST	FOR DATE OF SERVICE 05/24/12	31.16
08/22/12	PENALTIES	FOR DATE OF SERVICE 06/05/12	23.48
02/27/14	INTEREST	FOR DATE OF SERVICE 06/05/12	31.16
08/22/12	PENALTIES	FOR DATE OF SERVICE 06/14/12	27.00
02/27/14	INTEREST	FOR DATE OF SERVICE 06/14/12	36.47
08/22/12	PENALTIES	FOR DATE OF SERVICE 06/25/12	37.50
02/27/14	INTEREST	FOR DATE OF SERVICE 06/25/12	49.78
08/22/12	WCAB LB	TRIAL (FULL DAY)	313.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624 AM	0.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585 PM	0.00
12/06/12	PENALTIES	FOR DATE OF SERVICE 8/22/12	46.95
02/27/14	INTEREST	FOR DATE OF SERVICE 8/22/12	56.61
10/17/13	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
02/27/14	COSTS & SANC	COST & SANC	649.31
03/07/14	PMT BY CHECK	DOS 3/4/14* # 891A 84852938	-4000.00

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

0

891A 84852938**TRAVELERS** 

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781

DATE: 03/07/14
LOSS DATE: 08/04/11
FILE NUMBER: 158 CB ERU3756 R
REFERENCE #: 1003896173SW
EMPLOYEE

ACCOUNT NAME:
HOLLANDER HOME FASHIONS CORP

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

48727

OTHER

DATE OF SERVICE: 03/04/14

TOTAL PAID: \$4000.00
TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID MAR 12 2014

FF
oi
CA

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

066034290
DETACH CHECK

UNSUM
00000002-121293
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#
01/06/14 54494

Claim # :
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. :
Terms : 45 days

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W.C. DEPARTMENT
ATTN: IVONNE GONZALEZ
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: vs ABC CAFE
Date Of Injury: 6/11/10; 2/17/12

DOS	SERVICE	DESCRIPTION	AMOUNT
07/23/12	INITIAL EXAM	-DR KATTAR @ GARFIELD HEALTH*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
08/20/12	PR2/REEVAL	-DR KATTAR* JOHANNA JORDAN # 100793	180.00
09/07/12	MRI	-REF BY DR KATTAR: L/S @ CALI IMAGING*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/10/12	PR2/REEVAL	-DR KATTAR* JASON RAMIREZ # 500371	180.00
12/03/12	WCAB LB	PRIORITY CONFERENCE - CARMEN GUZMAN # 100585	156.50
01/16/13	DEPO PREP	@ THE L/O OF EARLY, MASLACH, & OLSHA	156.50
/ /	INTERPRETER:	MARIO VALDEZ # 301322	0.00
02/11/13	WCAB LB	TRIAL - JOYCE ALTMAN # 300624	156.50
03/21/13	PMT BY CHECK	DOS 1/16/13-2/11/13 # 8814136158	-312.00
05/22/13	LIEN FIL FEE	LIEN FILING FEE	100.00
01/08/13	PENALTIES	FOR DATE OF SERVICE 07/23/12	34.50
02/20/14	INTEREST	FOR DATE OF SERVICE 07/23/12	31.02
01/08/13	PENALTIES	FOR DATE OF SERVICE 08/20/12	27.00
02/20/14	INTEREST	FOR DATE OF SERVICE 08/20/12	24.27
01/08/13	PENALTIES	FOR DATE OF SERVICE 09/07/12	22.50
02/20/14	INTEREST	FOR DATE OF SERVICE 09/07/12	20.23
01/08/13	PENALTIES	FOR DATE OF SERVICE 09/10/12	27.00
02/20/14	INTEREST	FOR DATE OF SERVICE 09/10/12	24.27
01/08/13	PENALTIES	FOR DATE OF SERVICE 12/03/12	23.48
02/20/14	INTEREST	FOR DATE OF SERVICE 12/03/12	21.10
01/08/13	PENALTIES	FOR DATE OF SERVICE 02/11/13	0.15
01/06/14	INTEREST	FOR DATE OF SERVICE 02/11/13	0.12
01/10/14	PMT BY CHECK	DOS 12/3/12* # 8814604727	-157.50

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#
01/06/14 54494

Claim # :
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. :
Terms : 45 days

BILL TO:

FARMERS INS. (OKLAHOMA-108843)
W.C. DEPARTMENT
ATTN: IVONNE GONZALEZ
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: vs ABC CAFE
Date Of Injury: 6/11/10; 2/17/12

DOS	SERVICE	DESCRIPTION	AMOUNT
02/20/14	COSTS & SANC	COST & SANC	904.36
03/07/14	PMT BY CHECK	DOS 6/11/10-2/20/14* # 8814691698	-2000.00

BALANCE 0.00

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

TRUCK INSURANCE EXCHANGE

Check Number: 8814136158

Date: 03/21/2013

Amount: \$312.00*****

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To JOYCE ALTMAN INTERPRETERS, INC.
the P.O. BOX 4165
order TUSTIN CA 92781
of

Claimant/Patient:

Insured: MONTEREY CAFE INC

Date of Loss: 06/11/2010

Claim Number: WC10077247

Correspondence Reference: 9H\$Z8R8MN

Claim Representative: Yvonne Gonzales

Office Phone Number: 8188741543

Additional Information:

1.16,2.11 - DEPO/TRIAL 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
01/16/13 - 02/11/13

Payment For
Communications

Paid Amount
\$312.00

54494

PAID MAR 22 2013

Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

January 10, 2014

TRUCK INSURANCE EXCHANGE

Check Number: 8814604727
Date: 01/10/2014
Amount: \$157.50*****

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: MONTEREY CAFE INC

Date of Loss: 06/11/2010

Claim Number: WC10077247

Correspondence Reference: B5\$WHP2MN

Claim Representative: Brittany Mitchell

Office Phone Number: 8185402256

Additional Information:

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
12/03/12 - 12/03/12

Payment For
Interpreter

Paid Amount
\$157.50

544194

PAID JAN 15 2014

TRUCK INSURANCE EXCHANGE

Check Number: 8814691698
Date: 03/07/2014
Amount: \$2,000.00****

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

Claimant/Patient:

Insured: MONTEREY CAFE INC

Date of Loss: 06/11/2010

Claim Number: WC10077247

Correspondence Reference: M5\$SR34ZN

Claim Representative: Brittany Mitchell

Office Phone Number: 8185402256

Additional Information:

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
06/11/10 - 02/20/14

Payment For
Medical - Claimant Legal Report

Paid Amount
\$2000.00

PAID MAR 10 2014

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

*** INVOICE ***
Date NO#
02/24/14 41613

Claim # :
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs COASTAL COMFORT
Date Of Injury: 9/18/03

DOS	SERVICE	DESCRIPTION	AMOUNT
01/10/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
05/25/11	WCAB LB	TRIAL - CARMEN GUZMAN #100585	156.50
04/04/12	WCAB LB	TRIAL	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/30/12	PENALTIES	FOR DATE OF SERVICE 1/10/11	23.48
01/07/14	INTEREST	FOR DATE OF SERVICE 1/10/11	53.40
04/30/12	PENALTIES	FOR DATE OF SERVICE 5/25/11	23.48
01/07/14	INTEREST	FOR DATE OF SERVICE 5/25/11	48.22
02/14/13	C&R READING	@ THE L/O OF DENESE KUPER	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
07/03/13	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
09/24/13	PENALTIES	FOR DATE OF SERVICE 4/4/12	23.48
01/07/14	INTEREST	FOR DATE OF SERVICE 4/4/12	32.69
09/24/13	PENALTIES	FOR DATE OF SERVICE 2/14/13	37.50
01/07/14	INTEREST	FOR DATE OF SERVICE 2/14/13	27.33
01/07/14	PMT BY CHECK	DOS 1/10/11-4/4/12* # CP-750397	-875.42
02/21/14	COSTS & SANC	COAST & SANC	536.34
02/21/14	PMT BY CHECK	DOS 10/31/03-2/21/14 # CP-760034	-750.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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 Compensation Insurance Fund
 PO BOX 4165
 TUSTIN, CA 92680-5005
 (714) 835-1111

Provider Number: 330956713

Check #: CP-750397

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165

Tustin CA 92781

Issue Date: 01/07/14

Doc #: 027757062

Medical

Page 1 of 2

Line #	Invoice Number	From Date	To Date	Service Description	Units	Allowances
				Patient Name:	Claim #: 01392067	
1	41613	01/10/11	04/04/12	Interpreter fees	1	626.00
2		01/10/11	04/04/12	Medical Penalty	1	62.60
3		01/10/11	04/04/12	Medical Interest	1	186.82

Total Allowances:

\$875.42

Claim Number
01392067

Allowances
626.00

Penalty & Interest
249.42

Invoice Totals
875.42

PAID JAN 13 2014

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:

01392067 INV# 41613;

"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: 330956713

Check #: CP-760034

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 02/21/14
Doc #: 027941239

Medical

Page 1 of 2

Line #	Invoice Number	From Date	To Date	Service Description	Units	Allowances
1	LS	10/31/03	03/04/13	Medical Services	1	750.00
Total Allowances:						\$750.00

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01437987	750.00	.00	750.00

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:

01437987 LIEN SETTLEMENT;

PAID FEB 24 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"

01203590027941239012

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#
02/28/14 36945

Claim # :
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. :
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25978)
W.C. DEPARTMENT
ATTN: DAVID CLAUSI
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: vs CENSOURCE, INC.
Date Of Injury: 1/30/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/10/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
05/07/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/22/10	PENALTIES	FOR DATE OF SERVICE 03/10/10	23.48
01/30/14	INTEREST	FOR DATE OF SERVICE 03/10/10	68.98
08/09/10	PENALTIES	FOR DATE OF SERVICE 05/07/10	37.50
01/30/14	INTEREST	FOR DATE OF SERVICE 05/07/10	109.01
08/30/10	WCAB LB	STATUS CONFERENCE	156.50
		JUAN PEREZ # 100777	
01/31/11	PENALTIES	FOR DATE OF SERVICE 08/30/10	23.48
01/31/14	INTEREST	FOR DATE OF SERVICE 08/30/10	62.57
07/27/11	WCAB LB	PRE-CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/12/12	WCAB LB	EXP. HEARING	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/14/12	WCAB LB	TRIAL - CARMEN GUZMAN #100585	156.50
09/10/12	PENALTIES	FOR DATE OF SERVICE 7/27/11	23.48
01/30/14	INTEREST	FOR DATE OF SERVICE 7/27/11	46.25
09/10/12	PENALTIES	FOR DATE OF SERVICE 3/12/12	23.48
01/30/14	INTEREST	FOR DATE OF SERVICE 3/12/12	34.96
04/25/13	PENALTIES	FOR DATE OF SERVICE 08/14/12	23.48
01/30/14	INTEREST	FOR DATE OF SERVICE 08/14/12	27.32
01/30/14	COSTS & SANC	COST & SANC	1338.51
02/25/14	PMT BY CHECK	DOS 3/10/10-8/14/12* # 25748363	-2875.00

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#
02/28/14 36945

Claim # : 710661267
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : /69
Terms : 45 days

BILL TO:

CHARTIS/AIG (SHAWNEE-25978)
W.C. DEPARTMENT
ATTN: DAVID CLAUSI
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: vs CENSOURCE, INC.
Date Of Injury: 1/30/09

DOS	SERVICE	DESCRIPTION	AMOUNT
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BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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 INTERNATIONAL GROUP - (LMS)
P.O. Box 9918
Amarillo, TX 79105-5918

201402251609

Electronic Service Requested

Page 1 of 3

1437 1.2556 AB 0.403

ALL FOR AADC 926



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

14

Check No.: 25748363

RFP No.: 717943

Check Date: 02/25/2014

Check Amount: 2,875.00

Insured: CENSOURCE, INC. (A CORP)

Claimant:

Claim Office: 710

Insuring Company: GRANITE STATE INSURANCE
COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS
INC

PAID FEB 28 2014

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000003164498		01	01/30/2009	MED	C	2,875.00

Total Amount	2,875.00
---------------------	----------

Reason for Payment

ORG: 2875.00 ACT: 36945 031010-081412

**Use File # 710/ 00661267 on all correspondence for prompt processing.
For check information call: 877-802-5246**

FF.

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#
09/30/14 35201

Claim # : 20070447507
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 3/14/64
Terms : 45 days

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

Case: vs L.A.U.S.D. BARTON HILL ELEM.
Date Of Injury: 4/27/07

DOS	SERVICE	DESCRIPTION	AMOUNT
09/21/09	INITIAL EXAM	-DR DOMARACKI @ WILLOW MED*	230.00
10/09/09	PR2/REEVAL	-DR DOMARACKI/DR SCHEEL WILLO	180.00
10/30/09	PR2/REEVAL	-DR DOMARACKI/DR SCHEEL WILLO	180.00
11/18/09	PR2/REEVAL	-DR DOMARACKI/DR SCHEEL @ WIL	180.00
11/11/09	INITIAL EXAM	-DR JARCHI @ WILLOW MED*	230.00
12/02/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
12/09/09	PR2/REEVAL	-DR DOMARACKI/DR SCHEEL @ WIL	180.00
01/06/10	PR2/REEVAL	-DR DOMARACKI/DR SCHEEL* TITO # 500272	180.00
01/08/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100671	0.00
01/27/10	PR2/REEVAL	-DR JARCHI* ELIZABETH HERRERA # 301231	180.00
02/01/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
02/15/10	PR2/REEVAL	-DR DOMARACKI/DR SCHEEL* ELENA LOPEZ # 500289	180.00
03/25/10	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
03/29/10	PR2/REEVAL	-DR DOMARACKI/DR SCHEEL* GLAD # 100755	180.00
05/10/10	PR2/REEVAL	-DR DOMARACKI/DR SCHEEL* ELENA LOPEZ # 500289	180.00
05/14/10	DEPO PREP	@ THE L/O OF DENNIS FUSI V-11	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/01/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
06/02/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
08/02/10	PR2/REEVAL	-DR DOMARACKI/DR SCHEEL* 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#
09/30/14 35201

Claim # : 20070447507
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 3/14/64
Terms : 45 days

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

Case: vs L.A.U.S.D. BARTON HILL ELEM.
Date Of Injury: 4/27/07

DOS	SERVICE	DESCRIPTION	AMOUNT
09/13/10	PR2/REEVAL	-DR DOMARACKI/DR SCHEEL* ELENA LOPEZ # 500289	180.00
10/19/10	PR2/REEVAL	-DR DOMARACKI/DR SCHEEL* GLADYS REYNA #100755	180.00
11/30/10	PR2/REEVAL	-DR DOMARACKI/DR SCHEEL* GLADYS REYNA #100755	180.00
02/28/11	WCAB LB	EXP. HEARING	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/31/11	PR2/REEVAL	-DR DOMARACKI/DR SCHEEL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301321	0.00
03/28/11	PR2/REEVAL	-DR DOMARACKI/DR SCHEEL* ELEN # 500289	180.00
05/09/11	PR2/REEVAL	-DR DOMARACKI/DR SCHEEL* ELEN # 500289	180.00
06/20/11	PR2/REEVAL	-DR DOMARACKI/DR SCHEEL* ELEN # 500289	180.00
08/01/11	PR2/REEVAL	-DR DOMARACKI/DR SCHEEL* ELEN # 500289	180.00
09/12/11	PR2/REEVAL	-DR DOMARACKI/DR SCHEEL* ELEN # 500289	180.00
10/25/11	PR2/REEVAL	-DR DOMARACKI/DR SCHEEL* GLAD # 100755	180.00
12/06/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
01/24/12	PR2/REEVAL	-DR DOMARACKI/DR SCHEEL* GLADYS REYNA #100755	180.00
03/13/12	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL GROUP*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
04/24/12	PR2/REEVAL	-DR SCHEEL* GLADYS REYNA # 100755	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#
09/30/14 35201

Claim # : 20070447507
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 3/14/64
Terms : 45 days

BILL TO:

SEDGWICK CLAIMS (LEXINGT14623)
W.C. DEPARTMENT
ATTN: JESSE HUGGINS
P.O. BOX 14623
LEXINGTON, KY 40512-4623

Case: vs L.A.U.S.D. BARTON HILL ELEM.
Date Of Injury: 4/27/07

DOS	SERVICE	DESCRIPTION	AMOUNT
06/05/12	PR2/REEVAL	-DR SCHEEL* GLADYS REYNA # 100755	180.00
07/24/12	PR2/REEVAL	-DR SCHEEL* GLADYS REYNA # 100755	180.00
09/04/12	PR2/REEVAL	-DR SCHEEL* GLADYS REYNA # 100755	180.00
06/05/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
07/29/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL* READING OF QME REPOR	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
08/21/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
09/19/13	PMT BY CHECK	DOS 6/5/13-8/21/13 # 0001275015	-313.00
06/03/14	PENALTIES	FOR DATE OF SERVICE 9/21/09	34.50
06/26/14	INTEREST	FOR DATE OF SERVICE 9/21/09	127.47
06/03/14	PENALTIES	FOR DATE OF SERVICE 10/9/09	27.00
06/26/14	INTEREST	FOR DATE OF SERVICE 10/9/09	98.74
06/03/14	PENALTIES	FOR DATE OF SERVICE 10/30/09	27.00
06/26/14	INTEREST	FOR DATE OF SERVICE 10/30/09	97.55
06/03/14	PENALTIES	FOR DATE OF SERVICE 11/18/09	27.00
06/26/14	INTEREST	FOR DATE OF SERVICE 11/18/09	96.47
06/03/14	PENALTIES	FOR DATE OF SERVICE 11/11/09	34.50
06/26/14	INTEREST	FOR DATE OF SERVICE 11/11/09	123.77
06/03/14	PENALTIES	FOR DATE OF SERVICE 12/2/09	23.48
09/10/14	INTEREST	FOR DATE OF SERVICE 12/2/09	86.93
06/03/14	PENALTIES	FOR DATE OF SERVICE 12/9/09	27.00
06/26/14	INTEREST	FOR DATE OF SERVICE 12/9/09	95.25
06/03/14	PENALTIES	FOR DATE OF SERVICE 1/6/10	27.00
06/26/14	INTEREST	FOR DATE OF SERVICE 1/6/10	93.69
06/03/14	PENALTIES	FOR DATE OF SERVICE 1/8/10	37.50
09/10/14	INTEREST	FOR DATE OF SERVICE 1/8/10	135.95

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#
09/30/14 35201

Claim # : 20070447507
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 3/14/64
Terms : 45 days

BILL TO:

SEDGWICK CLAIMS (LEXINGT14623)
W.C. DEPARTMENT
ATTN: JESSE HUGGINS
P.O. BOX 14623
LEXINGTON, KY 40512-4623

Case: vs L.A.U.S.D. BARTON HILL ELEM.
Date Of Injury: 4/27/07

DOS	SERVICE	DESCRIPTION	AMOUNT
06/03/14	PENALTIES	FOR DATE OF SERVICE 1/27/10	27.00
06/26/14	INTEREST	FOR DATE OF SERVICE 1/27/10	92.50
06/03/14	PENALTIES	FOR DATE OF SERVICE 2/1/10	27.00
06/26/14	INTEREST	FOR DATE OF SERVICE 2/1/10	92.21
06/03/14	PENALTIES	FOR DATE OF SERVICE 2/15/10	27.00
06/26/14	INTEREST	FOR DATE OF SERVICE 2/15/10	91.42
06/03/14	PENALTIES	FOR DATE OF SERVICE 3/25/10	23.48
09/10/14	INTEREST	FOR DATE OF SERVICE 3/25/10	81.36
06/03/14	PENALTIES	FOR DATE OF SERVICE 3/29/10	27.00
06/26/14	INTEREST	FOR DATE OF SERVICE 3/29/10	89.04
06/03/14	PENALTIES	FOR DATE OF SERVICE 5/10/10	27.00
06/26/14	INTEREST	FOR DATE OF SERVICE 5/10/10	86.66
06/03/14	PENALTIES	FOR DATE OF SERVICE 5/14/10	23.48
09/10/14	INTEREST	FOR DATE OF SERVICE 5/14/10	78.89
06/03/14	PENALTIES	FOR DATE OF SERVICE 6/1/10	37.50
09/10/14	INTEREST	FOR DATE OF SERVICE 6/1/10	124.61
06/03/14	PENALTIES	FOR DATE OF SERVICE 6/2/10	27.00
06/26/14	INTEREST	FOR DATE OF SERVICE 6/2/10	85.35
06/03/14	PENALTIES	FOR DATE OF SERVICE 8/2/10	27.00
06/26/14	INTEREST	FOR DATE OF SERVICE 8/2/10	81.89
06/03/14	PENALTIES	FOR DATE OF SERVICE 9/13/10	27.00
06/26/14	INTEREST	FOR DATE OF SERVICE 9/13/10	79.51
06/03/14	PENALTIES	FOR DATE OF SERVICE 10/19/10	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 10/19/10	81.78
06/03/14	PENALTIES	FOR DATE OF SERVICE 11/30/10	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 11/30/10	79.40
06/03/14	PENALTIES	FOR DATE OF SERVICE 2/28/11	23.48
09/10/14	INTEREST	FOR DATE OF SERVICE 2/28/11	64.59
06/03/14	PENALTIES	FOR DATE OF SERVICE 1/31/11	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 1/31/11	75.88
06/03/14	PENALTIES	FOR DATE OF SERVICE 3/28/11	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#
09/30/14 35201

Claim # : 20070447507
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 3/14/64
Terms : 45 days

BILL TO:

SEDGWICK CLAIMS (LEXINGT14623)
W.C. DEPARTMENT
ATTN: JESSE HUGGINS
P.O. BOX 14623
LEXINGTON, KY 40512-4623

Case: vs L.A.U.S.D. BARTON HILL ELEM.
Date Of Injury: 4/27/07

DOS	SERVICE	DESCRIPTION	AMOUNT
09/10/14	INTEREST	FOR DATE OF SERVICE 3/28/11	72.71
06/03/14	PENALTIES	FOR DATE OF SERVICE 5/9/11	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 5/9/11	70.32
06/03/14	PENALTIES	FOR DATE OF SERVICE 6/20/11	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 6/20/11	67.94
06/03/14	PENALTIES	FOR DATE OF SERVICE 8/1/11	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 8/1/11	65.56
06/03/14	PENALTIES	FOR DATE OF SERVICE 9/12/11	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 9/12/11	63.18
06/03/14	PENALTIES	FOR DATE OF SERVICE 10/25/11	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 10/25/11	60.74
06/03/14	PENALTIES	FOR DATE OF SERVICE 12/6/11	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 12/6/11	58.36
06/03/14	PENALTIES	FOR DATE OF SERVICE 1/24/12	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 1/24/12	55.58
06/03/14	PENALTIES	FOR DATE OF SERVICE 3/13/12	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 3/13/12	52.80
06/03/14	PENALTIES	FOR DATE OF SERVICE 4/24/12	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 4/24/12	50.42
06/03/14	PENALTIES	FOR DATE OF SERVICE 6/5/12	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 6/5/12	48.04
06/03/14	PENALTIES	FOR DATE OF SERVICE 7/24/12	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 7/24/12	45.26
06/03/14	PENALTIES	FOR DATE OF SERVICE 9/4/12	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 9/4/12	42.87
06/03/14	PENALTIES	FOR DATE OF SERVICE 6/5/13	23.48
09/10/14	INTEREST	FOR DATE OF SERVICE 6/5/13	7.01
06/03/14	PENALTIES	FOR DATE OF SERVICE 7/29/13	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 7/29/13	24.27
06/26/14	PMT BY CHECK	DOS 9/21/09-8/21/13* # 0001386212	-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#
09/30/14 35201

Claim # : 20070447507
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 3/14/64
Terms : 45 days

BILL TO:

SEDGWICK CLAIMS (LEXINGT14623)
W.C. DEPARTMENT
ATTN: JESSE HUGGINS
P.O. BOX 14623
LEXINGTON, KY 40512-4623

Case: vs L.A.U.S.D. BARTON HILL ELEM.
Date Of Injury: 4/27/07

DOS	SERVICE	DESCRIPTION	AMOUNT
09/10/14	COSTS & SANC	COSTS & SANC	1716.63
09/24/14	PMT BY CHECK	DOS 9/21/09-9/19/13* # 0001426811	-10000.00

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
09/19/2013	313.00	0001275015

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

SCMS UNIT	PAGE
525 Sedgwick Claims Management Services	001

*004074

0001275015 00001 OF 00002 OAM 130919 1057

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

PAID SEP 23 2013

Claimant Name	Loss Date	Claim Number	SSN
04/20/2007 20070447507-0001			
Amt Paid: 156.50		Description:	
Amt Billed: 156.50		Invoice: 35201 / ICN: 200704475070001	
Dates: 06/05/2013 - 06/05/2013		Comment: WCAB INTERPRETING	
Amt Paid: 156.50		Description:	
Amt Billed: 156.50		Invoice: 35201 ICN: 200704475070001	
Dates: 08/21/2013 - 08/21/2013		Comment: WCAB INTERPRETING	

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

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

DATE	CHECK AMT	CHECK NO.
06/26/2014	2,800.00	0001386212
PAYEE	TAX ID	
JOYCE ALTMAN INTERPRETERS INC	*****6713	

SCMS UNIT	PAGE
525 Sedgwick Claims Management Services	001

*002506

0001386212 00001, OF 00002 OAM 140626 1113

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 927814165

Claimant Name	Loss Date	Claim Number	SSN
	04/20/2007	20070447507-0001	
Amt Paid: 1400.00	Description: Doctor		
Amt Billed: 3493.00	Invoice:	ICN: 1987-936882	
Dates: 09/21/2009 - 09/21/2009	Comment:		
Amt Paid: 1400.00	Description: Doctor		
Amt Billed: 3493.00	Invoice:	ICN: 1987-936882	
Dates: 08/21/2013 - 08/21/2013	Comment:		
PAID JUN 30 2014			
7:22-14 Apply as a partide---			

Questions about other Sedgwick payments? Visit sedgwickcms.com. Click on Provider Resources, then choose via One Express® for Providers.

PRINTED FROM (07-28-01)

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

DATE	CHECK AMT	CHECK NO.
09/24/2014	10,000.00	0001426811
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713

SCMS UNIT	PAGE
525 Sedgwick Claims Management Services	001

*007887

0001426811 00001 OF 00001 OAM 140924 1114

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

PAID SEP 30 2014

Claimant Name	Loss Date	Claim Number	SSN
35201 Amt Paid: <u>10000.00</u> Amt Billed: 15186.00 Dates: 09/21/2009 - 09/19/2013 Description: 04/20/2007 20070447507-0001 Invoice: ICN: 200704475070001 Comment: Stip & Order payment of L/C F.F.O.K. 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.

E1991.FRM (02-28-01)

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#
10/06/14 60830

Claim # : ESB8119
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 9/7/66
Terms : 45 days

BILL TO:

SAINT PAUL TRAVELERS (WC-8112)
W.C. DEPARTMENT
ATTN: JAYLENE ALLISON
P.O. BOX 8112
WALNUT CREEK, CA 94596

Case: vs PROTECTIVE INDUSTRIES
Date Of Injury: 7/27/12

DOS	SERVICE	DESCRIPTION	AMOUNT
01/30/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
05/12/14	PENALTIES	FOR DATE OF SERVICE 1/30/14	23.48
09/25/14	INTEREST	FOR DATE OF SERVICE 1/30/14	12.72
09/25/14	COSTS & SANC	COSTS & SANC	707.30
10/02/14	PMT BY CHECK	DOS 9/25/14* # 891A 85534458	-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.

018358
THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933

SA09125

891A 85534458

TRAVELERS 

DATE: 10/02/14
LOSS DATE: 07/27/12
FILE NUMBER: 158 CB ESB8119 M

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

EMPLOYEE

ACCOUNT NAME:
PROTECTIVE INDUSTRIES INC

TRAVELERS PROP CAS CO OF AMERIC
EXPLANATION OF PAYMENT

60830

EXPERT FEES / INTERPRETERS

SERVICE DATE: 09/25/2014

TOTAL PAID: \$900.00
TAX INFO: 3309567133721476Y
PAY MISC: 9/25/2014
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID OCT 09 2014

F.F. OK
CA

MR

FOR ADDITIONAL INFORMATION, CONTACT: JAYLENE ALLISON AT (925)945-4283

275009243
DETACH CHECK

UNSUMM
BVR PUN 1212
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#
10/28/14 50580

Claim # : 111W11130054
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 11/17/72
Terms : 45 days

BILL TO:
TOWER SELECT INS (MAIT-948154)
W.C. DEPARTMENT
ATTN: MARY HELLEN
P.O. BOX 948154
MAITLAND, FL 32794

Case: vs Y&R FASHIONS, INC
Date Of Injury: CT 11/15/10-7/10/11

DOS	SERVICE	DESCRIPTION	AMOUNT
12/17/11	MRI	REF BY DR AUN: C/S, L/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA #500106	0.00
05/03/12	PMT BY CHECK	DOS 12/17/11 # 2015031548	-150.00
07/25/12	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
08/15/12	PMT BY CHECK	DOS 7/25/12 # 2015053727	-156.50
09/12/12	DEPO PREP	@ THE L/O OF SAMUELSON, GONZALEZ & VALENZUEL	156.50
/ /	INTERPRETER:	CARMEN TORRES # 100309	0.00
10/08/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/27/13	WCAB LB	MSC - JOHANNA JORDAN #301566	156.50
05/07/14	WCAB LB	MSC (FULL DAY)	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566 (A.M.)	0.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585 (P.M.)	0.00
07/09/14	PENALTIES	FOR DATE OF SERVICE 9/12/12	23.48
10/02/14	INTEREST	FOR DATE OF SERVICE 9/12/12	37.97
07/09/14	PENALTIES	FOR DATE OF SERVICE 10/08/12	37.50
10/02/14	INTEREST	FOR DATE OF SERVICE 10/08/12	58.60
07/09/14	PENALTIES	FOR DATE OF SERVICE 11/27/13	23.48
10/02/14	INTEREST	FOR DATE OF SERVICE 11/27/13	16.22
07/09/14	PENALTIES	FOR DATE OF SERVICE 05/07/14	46.95
10/02/14	INTEREST	FOR DATE OF SERVICE 05/07/14	16.57
10/02/14	COSTS & SANC	COSTS & SANC	863.23
10/22/14	PMT BY CHECK	DOS 10/9/14* # 00004623	-2000.00

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#
10/28/14 50580

Claim # : 111W11130054
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 11/17/72
Terms : 45 days

BILL TO:

TOWER SELECT INS (MAIT-948154)
W.C. DEPARTMENT
ATTN: MARY HELLEN
P.O. BOX 948154
MAITLAND, FL 32794

Case: vs Y&R FASHIONS, INC
Date Of Injury: CT 11/15/10-7/10/11

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.

6009080



Member Company
Preserver Insurance Company
120 Broadway, 31st Floor
New York, NY 10271

PICCLP

Check Number: **2015031548**

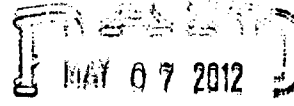
Date: 05/03/2012

Amount: 150.00

=====
=====

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

254

BY: *a*

Claim Number 111W11130054
Joyce Altman Interpreters

Claim#	Invoice#	FromDate	To Date	Insured Name	Claimant Name	Amount
111W11130054	50580	12/17/11	12/17/11	Y AND R FASHION, INC.		150.00

8007080



Member Company
Preserver Insurance Company
120 Broadway, 31st Floor
New York, NY 10271

PICCLP

Check Number: 2015053727

Date: 08/15/2012

Amount: 156.50

238

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

PAID
AUG 20 2012

BY: _____

Claim Number 111W11130054
Joyce Altman Interpreters

Claim#	Invoice#	FromDate	To Date	Insured Name	Claimant Name	Amount
111W11130054	50580	07/25/12	07/25/12	Y AND R FASHION, INC.		156.50

AMTRUST NORTH AMERICA, INC.-TOWER CLAIMS

P.O. BOX 740042
ATLANTA, GA 30374-0042

JP MORGAN CHASE
NY
50-937/213

CHECK NO.

00004623

1570465-1

WCC0011153

DATE

10/22/2014

AMOUNT

\$2,000.00

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

Mail To

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

VOID AFTER 90 DAYS

Handwritten signature

⑈00004623⑈ ⑆021000021⑆ 639993851⑈

P A P D Q C D OCT 28 2014

Please add
line item
\$863.23
\$645

Check Number: 00004623
Claim Number: 1570465-1
Bill Number: 0
Invoice Number:
Policy / Insured: WCC0011153/Y AND R FASHION, INC.
SSN / Employee Name:
Payee ID / Name: JOYCE ALTMAN INTERPRETERS
Loss Date: 10/24/2011
Location:
Examiner Code: mbeltran

#50580
F.F CA
O/L

Amount: \$2,000.00
Dates of Service: 10/9/2014-10/9/2014
Explanation: Order to Pay Lien
Category: M26 - Order / multi bills / amt in dispute
Placement: 2 - Medical
Transaction Type:

AMTRUST NORTH AMERICA, INC.-TOWER CLAIMS
P.O. BOX 740042
ATLANTA, GA 30374-0042
888-239-3909

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#
10/21/14 51823

Claim # : 135-003278023753-WC-01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 4/5/79
Terms : 45 days

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

Case: vs E&T FOODS
Date Of Injury: 7/5/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/29/12	DEPO PREP	@ THE L/O OF ADELSON, TESTAN & BRUNDO	156.50
/ /	INTERPRETER:	VERA DARLING # 301418	0.00
04/11/13	PENALTIES	FOR DATE OF SERVICE 2/29/12	23.48
07/30/14	INTEREST	FOR DATE OF SERVICE 2/29/12	43.19
08/07/14	PMT BY CHECK	DOS 2/29/12* # 79460105	-156.50
10/14/14	COSTS & SANC	COSTS & SANC	533.33
10/17/14	PMT BY CHECK	DOS 10/8/14* # 79518537	-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.

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

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

Address Service Requested

000257-00001-000257 CIG 1 2156872
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781

Page: 1 OF 2
Phone: (818) 844-4300

5823

CHECK NUMBER: 79460105

Description	Invoice	CLAIM #	G/L Code	Serv/From Serv/To	Amount
Interpreter2	02/29/2012	003278023753WC01		02/29/12 02/29/12+	\$156.50

TOTAL: \$156.50

PAID AUG 11 2014

FF. partial
C.R. only

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

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

BANK OF AMERICA NT SA
LOS ANGELES, CA 90067

CHECK NO. 79460105

DATE: 08/07/2014

Claim#: 003278023753WC01
Claimant:
Insured: E&T FOODS, INC. KING RANCH MARKET
DOL: 07/05/2011

16-66/1220

AMOUNT

*****\$156.50

VOID 120 DAYS AFTER DATE OF ISSUE

PAY ONE HUNDRED FIFTY-SIX AND 50/100 DOLLARS

TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS

Memo full final satisfaction of lien per agrmnt 7/30/14

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

CIG

⑈79460105⑈ ⑆122000661⑆14177⑈50212⑈

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

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION



Address Service Requested

000318-00001-000318 CIG1 2159041

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

Page: 1 OF 2
Phone: (818) 844-4300

51823

Description	Invoice	CLAIM #	CHECK NUMBER:	7951853
Medical Interpreter		003278023753WC01	G/L Code	Serv/From Serv/To Am
				10/08/14 10/08/14+ 1

TOTAL:

\$

F.F. *[Signature]*
CA

PAID OCT 21 2014

SECURITY FEATURES ON THIS DOCUMENT INCLUDE A MICRO-PRINT BORDER

WATERMARK ON BACK.

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

BANK OF AMERICA NT SA
LOS ANGELES, CA 90067

CHECK NO. 795185

DATE: 10/17/2014

Claim#: 003278023753WC01
Claimant:
Insured: E&T FOODS, INC. KING RANCH MARKET
DOL: 07/05/2011

16-66/1220

AMOUNT

*****\$600.00

PAY SIX HUNDRED AND 00/100 DOLLARS

VOID 120 DAYS AFTER DATE OF ISSUE

TO
THE
ORDER
OF
JOYCE ALTMAN INTERPRETERS

Memo In Full & Final satisfaction of lien per Order

[Signature]

AUTHORIZED SIGNATURE

[Signature]

AUTHORIZED SIGNATURE

79518537 12200066 114177 50212

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#
08/26/14 59519

Claim # : 111W12144245
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 1/30/69
Terms : 45 days

BILL TO:

TOWER SELECT INS (MAIT-948154)
W.C. DEPARTMENT
ATTN: RICHARD WOOSLEY
P.O. BOX 948154
MAITLAND, FL 32794

Case: vs BITEE LLC ANGEL CITY TRADING
Date Of Injury: 10/9/12

DOS	SERVICE	DESCRIPTION	AMOUNT
08/14/13	WCAB LB	TRIAL - JOHANNA JORDAN # 301566	156.50
10/22/13	PMT BY CHECK	DOS 8/14/13 # 2015314405	-156.50
02/10/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
08/07/14	PENALTIES	FOR DATE OF SERVICE 2/10/14	23.48
08/07/14	INTEREST	FOR DATE OF SERVICE 2/10/14	9.76
08/04/14	PMT BY CHECK	DOS 2/10/14* # 2015493646	-156.50
08/07/14	COSTS & SANC	COST & SANC	466.76
08/19/14	PMT BY CHECK	DOS 8/7/14* # 2015504194	-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.

E

TICNYTWSCA

TOWER GROUP
COMPANIESMember Company
Tower Select Insurance Company
120 Broadway, 31st Floor
New York, NY 10271Check Number: 2015314405
Date: 10/22/2013
Amount: \$156.50

000 0002218 00000000 001 002 00021 INS: 0 0

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

921

PAID OCT 28 2013

Claim Number 111W12144245
JOYCE ALTMAN INTEPRETERS INC

Claim#	Invoice#	FromDate	To Date	Insured Name
		Inv Date	Reason	
111W12144245	59519	08/14/13	08/14/13	BLTEE, LLC (LLC)

Claimant Name

Amount

59519

156.50

Member Company
Tower Select Insurance Company
120 Broadway, 31st Floor
New York, NY 10271

Check Number: 2015493646
Date: 8/4/2014
Amount: \$156.50

000 0002767 00000000 001 002 01180 INS: 0 0

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

1180

PAID AUG 12 2014

Claim Number 111W12144245
JOYCE ALTMAN INTEPRETERS INC

8/7/14 5989

Claim#	Invoice#	FromDate	To Date	Insured Name
Inv Date	Reason			
111W12144245	59519	02/10/14	02/10/14	BLTEE, LLC (LLC)

Claimant Name

Apoyant

156.50



Member Company
Tower Select Insurance Company
120 Broadway, 31st Floor
New York, NY 10271

Check Number: **2015504194**

Date: 8/19/2014

Amount: \$500.00

000 0003102 00000000 001 002 01319 INS: 0 0

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

1319



FF. S9519
CA

Full & Final

Claim Number 111W12144245

JOYCE ALTMAN INTEPRETERS INC

PAID AUG 26 2014

Claim#	Invoice#	FromDate	To Date	Insured Name	Claimant Name	Amount
	Inv Date	Reason				
111W12144245		08/07/14	08/07/14	BLTEE, LLC (LLC)		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#
08/22/14 23586

Claim # : E2285266
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 11/21/55
Terms : 45 days

BILL TO:

CNA CLAIM PLUS (CHICAGO)
W.C. DEPARTMENT
ATTN: SABRINA ABBOTT
P.O. BOX # 8317
CHICAGO, IL 60680

Case: vs MARIPOSA HORTICULTURAL ENTERP.
Date Of Injury: 7/12/06

DOS	SERVICE	DESCRIPTION	AMOUNT
10/31/06	INITIAL EXAM	DR PAYANDEH*	230.00
11/14/06	EMG TESTING	BY DR RADPARVAR: L/E*	150.00
12/05/06	FOLLOW-UP	DR PAYANDEH*	180.00
12/19/06	NCV	DIAGNOSTIC STUDY INTERP: U/E*	125.00
12/19/06	EMG TESTING	BY DR PAYANDEH: U/E*	125.00
01/09/07	FOLLOW-UP	DR PAYANDEH*	180.00
02/13/07	FOLLOW-UP	DR PAYANDEH*	180.00
03/13/07	FOLLOW-UP	DR PAYANDEH*	180.00
03/15/07	PMT BY CHECK	DOS 10/31/06 # 103739059	-230.00
04/10/07	SHOCK WAVE	THERAPY @ ADVANCE CARE W/ TECH NELSON GUZMAN*	150.00
04/17/07	FOLLOW-UP	DR PAYANDEH*	180.00
05/08/07	SHOCK WAVE	THERAPY W/ TECH NELSON GUZMAN @ ADVANCED CARE*	150.00
04/23/07	SHOCK WAVE	THERAPY @ ADVANCED CARE*	150.00
05/22/07	FOLLOW-UP	DR SCHILLING*	180.00
05/25/07	NCT	DIAGNOSTIC STUDY INTERP: C/S, T/S, L/S*	150.00
06/26/07	FOLLOW-UP	DR PAYANDEH*	180.00
07/24/07	FOLLOW-UP	DR PAYANDEH*	180.00
09/04/07	NCV	DIAGNOSTIC STUDY INTERP: U/E*	125.00
09/04/07	EMG TESTING	BY DR SCHILLING: U/E*	125.00
01/14/08	PENALTIES	FOR DATE OF SERVICE 11/14/06	22.50
05/20/14	INTEREST	FOR DATE OF SERVICE 11/14/06	130.63
01/14/08	PENALTIES	FOR DATE OF SERVICE 12/19/06	37.50
05/20/14	INTEREST	FOR DATE OF SERVICE 12/19/06	214.96
01/14/08	PENALTIES	FOR DATE OF SERVICE 5/25/07	22.50
05/20/14	INTEREST	FOR DATE OF SERVICE 5/25/07	121.55
01/14/08	PENALTIES	FOR DATE OF SERVICE 9/4/07	37.50
05/20/14	INTEREST	FOR DATE OF SERVICE 9/4/07	194.55
02/07/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50

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#
08/22/14 23586

Claim # : E2285266
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 11/21/55
Terms : 45 days

BILL TO:

CNA CLAIM PLUS (CHICAGO)
W.C. DEPARTMENT
ATTN: SABRINA ABBOTT
P.O. BOX # 8317
CHICAGO, IL 60680

Case: vs MARIPOSA HORTICULTURAL ENTERP.
Date Of Injury: 7/12/06

DOS	SERVICE	DESCRIPTION	AMOUNT
02/28/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
04/03/08	DEPO PREP	@ THE L/O OF SHINEY & FARGO	156.50
04/22/08	PMT BY CHECK	DOS 2/7/08 THRU 4/3/08	-563.00
		# 104002388	
05/05/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
11/26/08	PENALTIES	FOR DATE OF SERVICE 5/5/08	37.50
05/20/14	INTEREST	FOR DATE OF SERVICE 5/5/08	175.34
09/30/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
06/01/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
10/19/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
01/30/13	WCAB LB	MSC - ROSARIO PALMER # 100715	156.50
06/05/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
07/03/13	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
10/22/13	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
02/27/14	PENALTIES	FOR DATE OF SERVICE 9/30/10	23.48
07/24/14	INTEREST	FOR DATE OF SERVICE 9/30/10	69.67
05/20/14	PENALTIES	FOR DATE OF SERVICE 6/01/11	23.48
07/24/14	INTEREST	FOR DATE OF SERVICE 6/01/11	54.44
02/27/14	PENALTIES	FOR DATE OF SERVICE 10/19/11	23.48
07/24/14	INTEREST	FOR DATE OF SERVICE 10/19/11	50.74
02/27/14	PENALTIES	FOR DATE OF SERVICE 1/30/13	23.48
07/24/14	INTEREST	FOR DATE OF SERVICE 1/30/13	27.61
02/27/14	PENALTIES	FOR DATE OF SERVICE 6/05/13	23.48
07/24/14	INTEREST	FOR DATE OF SERVICE 6/05/13	21.40
02/27/14	PENALTIES	FOR DATE OF SERVICE 7/03/13	37.50
07/24/14	INTEREST	FOR DATE OF SERVICE 7/03/13	31.98
04/15/14	PENALTIES	FOR DATE OF SERVICE 12/5/06	27.00
05/16/14	INTEREST	FOR DATE OF SERVICE 12/5/06	155.34
04/15/14	PENALTIES	FOR DATE OF SERVICE 1/09/07	27.00
05/16/14	INTEREST	FOR DATE OF SERVICE 1/09/07	153.35

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#
08/22/14 23586

Claim # : E2285266
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 11/21/55
Terms : 45 days

BILL TO:

CNA CLAIM PLUS (CHICAGO)
W.C. DEPARTMENT
ATTN: SABRINA ABBOTT
P.O. BOX # 8317
CHICAGO, IL 60680

Case: vs MARIPOSA HORTICULTURAL ENTERP.
Date Of Injury: 7/12/06

DOS	SERVICE	DESCRIPTION	AMOUNT
04/15/14	PENALTIES	FOR DATE OF SERVICE 2/13/07	27.00
05/16/14	INTEREST	FOR DATE OF SERVICE 2/13/07	151.37
04/15/14	PENALTIES	FOR DATE OF SERVICE 3/13/07	27.00
05/16/14	INTEREST	FOR DATE OF SERVICE 3/13/07	149.78
04/15/14	PENALTIES	FOR DATE OF SERVICE 4/10/07	22.50
05/16/14	INTEREST	FOR DATE OF SERVICE 4/10/07	123.49
04/15/14	PENALTIES	FOR DATE OF SERVICE 4/17/07	27.00
05/20/14	INTEREST	FOR DATE OF SERVICE 4/17/07	148.02
04/15/14	PENALTIES	FOR DATE OF SERVICE 5/8/07	22.50
05/20/14	INTEREST	FOR DATE OF SERVICE 5/8/07	122.36
04/15/14	PENALTIES	FOR DATE OF SERVICE 4/23/07	22.50
05/20/14	INTEREST	FOR DATE OF SERVICE 4/23/07	123.07
04/15/14	PENALTIES	FOR DATE OF SERVICE 5/22/07	27.00
05/20/14	INTEREST	FOR DATE OF SERVICE 5/22/07	146.03
05/16/14	PMT BY CHECK	DOS 10/31/06-5/31/14* # 103020516	-1993.09
07/24/14	COSTS & SANC	COST & SANC	1513.01
08/18/14	PMT BY CHECK	DOS 7/12/06-8/31/14* # 103262306	-6500.00

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 the 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, PN 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.



CNA
PO BOX 6500
BREA CA 92822



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

2000020E200285266103739059000000000022

*To expedite handling of your claim, please include our claim number on all future correspondence to us. ck# 103739059

Insured/Client EL NATIVO GROWERS INC		Claimant		Claim Number E2 285266A2			
Date of Loss 07/12/06	Total WC Ind to Date	From - thru Dates 10/31/06 - 10/31/06	Sun/DT MED	TRAN Code# 26	EXP TR	Pay Code#	Amount \$230.00
							\$230.00
Reason INV. 23586 DR PAYANDEH							

PAID

To ensure timely delivery of your check, please verify that the address on this check is complete and correct. If not, please notify your claims representative with the correct information. Thank you.

CNA
PO BOX 6500
BREA CA 92822



JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781-4165

* To expedite handling of your claim, please include our claim number on all future correspondence to us.							Claim Number *	
Insured/Client EL NATIVO GROWERS INC				Claimant			E2 285266A2	
Date of Loss 07/12/06	Total WC Ind to Date	From - thru Dates 02/07/08-04/03/08	Suff/DT IND	TRAN Code# 26	EXP TR	Pay Code#	ATT 04/22/08 ✓	Amount \$563.00
								\$563.00

Reason INV 23586 0207 0228 0403/ 2008

CK-104002388 ✓

To ensure timely delivery of your check, please verify that the address on this check is complete and correct. If not, please notify your claims representative with the correct information. Thank you.

PAID



CNA RECOVERY OPERATIONS
2435 COMMERCE AVE BLDG 2200
DULUTH GA 30096



000538

JOYCE ALTMAN INTERPRETERS INC



PO BOX 4165
TUSTIN CA 92781-4165

PAID MAY 12 2014

23586

* To expedite handling of your claim, please include our claim number on all future correspondence to us.							Claim Number *	
							E2 285266M2	
Insured/Client EL NATIVO GROWERS INC				Claimant*			ATT	05/16/14
Date of Loss 07/12/06	Total	WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
			10/31/06-05/31/14	MED	21		DR	\$1,993.09
								\$1,993.09
Reason MED LEGAL INCLUDING PENALTIES AND INTEREST								

To ensure timely delivery of your check, please verify that the address on this check is complete and correct. If not, please notify your claims representative with the correct information. Thank you.

ACCIWF 02.28.13

PLEASE DETACH BEFORE CASHING



Continental Casualty Company
Chicago, IL 60604

UNDERWRITTEN BY:
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVAN

103020516
Date Issued 05/16/14
88-156
531
Bank Acct.
4759628092

VOID IF PURPLE BACKGROUND IS ABSENT				THIS DOCUMENT CONTAINS A WATERMARK - HOLD UP TO LIGHT TO VIEW			
Claim Number E2 285266	Desk Code M2	Insured/Client EL NATIVO GROWERS INC	Issuing Off. No. SC				
Prefix & Contract No. WC -2074968695	Claimant	Date of Loss 07/12/06					
From-thru (Dates) 10/31/06	In Payment of 05/31/14	MED LEGAL INCLUDING PENALTIES AND INTEREST					

PAY ONE THOUSAND NINE HUNDRED NINETYTHREE AND 09/100THS Dollars

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

*****\$1,993.09

Handwritten signature

Wells Fargo Bank, N.A.

VOID IF NOT CASHED IN SIX MONTHS
FROM MONTH OF ISSUE

0103020516 05310156 4759628092

"0403262306" :053101564: 4259628092"

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#
11/05/14 36306

Claim # : 000714-023862-WC-01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 4/23/72
Terms : 45 days

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

Case: vs KELLERMEYER BUILDING SVCS LLC
Date Of Injury: 4/15/09

DOS	SERVICE	DESCRIPTION	AMOUNT
12/15/09	+DEPO PREP	@ L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/08/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
03/16/10	PMT BY CHECK	DOS 12/15/09 # 0077188761	-156.50
02/26/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (Amended)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/24/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
06/08/10	PMT BY CHECK	DOS 2/8/10 THRU 5/24/10 # 0078956995	-563.00
06/21/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
02/03/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/07/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL III	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/21/11	PMT BY CHECK	DOS 12/15/09 THRU 2/3/11 # 0084537034	-406.50
03/22/11	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL IV	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/09/11	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
06/23/11	PENALTIES	FOR DATE OF SERVICE 3/7/11	37.50
10/23/14	INTEREST	FOR DATE OF SERVICE 3/7/11	104.84
06/23/11	PENALTIES	FOR DATE OF SERVICE 3/22/11	23.48
10/23/14	INTEREST	FOR DATE OF SERVICE 3/22/11	64.89
06/23/11	PENALTIES	FOR DATE OF SERVICE 5/9/11	37.50

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#
11/05/14 36306

Claim # : 000714-023862-WC-01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 4/23/72
Terms : 45 days

BILL TO:

GALLAGHER BASSETT (SACRAMENTO)
W.C. DEPARTMENT
ATTN: CRAIG CLIFFORD
P.O. BOX # 4040
SACRAMENTO, CA 95812-4040

Case: vs KELLERMEYER BUILDING SVCS LLC
Date Of Injury: 4/15/09

DOS	SERVICE	DESCRIPTION	AMOUNT
10/23/14	INTEREST	FOR DATE OF SERVICE 5/9/11	99.88
03/16/10	PENALTIES	FOR DATE OF SERVICE 12/15/09	23.48
03/16/10	INTEREST	FOR DATE OF SERVICE 12/15/09	5.47
06/08/10	PENALTIES	FOR DATE OF SERVICE 2/08/10	23.48
06/08/10	INTEREST	FOR DATE OF SERVICE 2/08/10	6.90
06/08/10	PENALTIES	FOR DATE OF SERVICE 2/26/10	37.50
06/08/10	INTEREST	FOR DATE OF SERVICE 2/26/10	9.61
03/21/11	PENALTIES	FOR DATE OF SERVICE 6/21/10	37.50
03/21/11	INTEREST	FOR DATE OF SERVICE 6/21/10	23.08
01/09/13	PMT BY CHECK	DOS 3/22/11-5/9/11 # 0098734232	-406.50
07/10/13	LIEN FIL FEE	LIEN FILING FEE	100.00
10/23/14	COSTS & SANC	COSTS & SANC	971.04
10/29/14	PMT BY CHECK	DOS 10/23/14* # 0113625970	-1856.15

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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.

GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

000714

PAGE 1 OF 1 004253

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



PAID
3/17/10

GALLAGHER BASSETT SERVICES
ZURICH AMERICAN INS.

DIRECT CHECK INQUIRIES TO:
PHONE: (916) 576-8200
GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

CLAIM NO.: 000714 023862 WC 01 (475947)

CLAIMANT:

BRANCH NO.: 176

NO.: 0077188761

ACC DATE: 15Apr09

VN: 0000528076

DESCRIPTION: INV# 36306 DOS 12/15/09

DATE: 12Mar10

DATES OF SERVICE: 15Dec2009 THRU 15Dec2009

AMOUNT: 156.50

BENEFIT PERIOD: THRU

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0006545 003231 003 004

GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

PAGE 1 OF 1

0103399 01 RE **AUTO TO 0 5809 92781



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

DIRECT INQUIRIES TO:

PHONE: 1-916-576-8200
GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

RAFFLES INSURANCE, LTD.

CLAIM NO. 000714 023862 WC 01

CLAIMANT:

DESCRIPTION: INV# 36306 DOS 02/06/10-05/24/10

DATE OF SERVICE: 08-Feb-2010 TO 24-May-2010

BRANCH NO. 176

CHECK NO. 0078956995

ACC. DATE 15-Apr-2009

VN. 0000551622

DATE: 08-Jun-2010

PAYMENT AMOUNT: \$563.00

PAID

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0078956995 ATTACHED BELOW

HEU1U3399-0001_01_0002 5809-0004509 (F126)



GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

PAGE 1 OF 1

0103023 01 RE 0.382 **AUTO T5 0 5754 92781



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

PAID
MAR 24 2011

BY:.....

DIRECT INQUIRIES TO:

PHONE: 1-916-576-8200
GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

RAFFLES INSURANCE, LTD.

CLAIM NO. 000714 023862 WC 01

CLAIMANT:

DESCRIPTION: INV# 36306 DOS 12/15/09-02/03/11

DATE OF SERVICE: 15-Dec-2009 TO 03-Feb-2011

BRANCH NO. 176

CHECK NO. 0084537034

ACC. DATE 15-Apr-2009

VN. 0000629538

DATE: 21-Mar-2011

PAYMENT AMOUNT:

\$406.50

HE0103023-0001_of_0001 5754-0003826 (F26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0084537034 ATTACHED BELOW

GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

000714

PAGE 1 OF 1

003729

PAID JAN 14 2013



MDG2009 00004448 1 MB 0404 1
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165



GALLAGHER BASSETT SERVICES
ZURICH AMERICAN INS.

DIRECT CHECK INQUIRIES TO:
PHONE: (916) 576-8200
GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

CLAIM NO.: 000714 023862 WC 01 (475947)

CLAIMANT:

DESCRIPTION: RE DOS 3/22/11 & 5/9/11 RE GEORGINA BALDERAS

DATES OF SERVICE: 09Jan2013 THRU 09-May-20

BENEFIT PERIOD: THRU

BRANCH NO.: 176

ACC DATE: 15Apr09

NO.: 0098734232

VN: 0000833785

DATE: 09Jan13

AMOUNT: 406.50

**

36306

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004448 005178 001 001

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



PAID NOV 05 2014

GALLAGHER BASSETT SERVICES
ZURICH AMERICAN INS.

DIRECT CHECK INQUIRIES TO:
PHONE: (916) 576-8200
GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

CLAIM NO.: 000714 023862 WC 01 (475947)

CLAIMANT:

DESCRIPTION: FULL AND FINAL SATISFACTION OF LIEN (ALL DOS) RE

DATES OF SERVICE: 23Oct14 THRU 23Oct14

BENEFIT PERIOD: THRU

BRANCH NO.: 176

ACC DATE: 15Apr09

NO.: 0113625970

VN: 0001070275

DATE: 29Oct14

AMOUNT: 1856.15

F. AD
CA

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004457 005042 004 004

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#
08/04/14 61892

Claim # : 05893772
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 2/21/78
Terms : 45 days

BILL TO:

SCIF (SUISUN CITY)
W.C. DEPARTMENT
ATTN: REGGIE BESAI
P.O. BOX # 3171
SUISUN CITY, CA 94585-6171

Case: vs TRU STAFFING
Date Of Injury: 5/14/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/08/14	SURGERY	DR OBUKHOFF: L/S @ MONROVIA HOSPITAL (8 HRS)	720.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/24/14	PENALTIES	MEDICAL PENALTY	108.00
09/24/14	INTEREST	MEDICAL INTEREST	11.11
09/24/14	PMT BY CHECK	DOS 4/8/14-9/24/14* # CU-150662	-839.11

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: CU-150662

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 09/24/14
Doc #: 028823157

Medical

Page 1 of 2

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name: SSN: XXX-XX-9032 Employer name: TRUSTAFFING, INC. ICD-9 Code: 999.9 COMPLIC MED CARE NEC/NOS 04/08/14 999Q2 Claim #: 05893772 Date of Injury: 05/14/13 Employer ID: 0000009022471120									
1	SF1-SFCA-13974349	04/08/14	999Q2	Interpreter Treatmen	8	720.00	.00	A00	720.00
2	SF1-SFCA-13974349			Medical Penalty					108.00
3	SF1-SFCA-13974349			Medical Interest					11.11
Total Allowances:									\$839.11

PAID SEP 30 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"

01310943028823157012

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#
10/21/14 36269

Claim # : 00510793354
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 1/27/63
Terms : 45 days

BILL TO:
FIREMAN'S FUND (SACRAMENTO)
W.C. DEPARTMENT
ATTN: LINDA CALVILLO
P.O. BOX # 13340
SACRAMENTO, CA 95813

Case: vs DOMINO'S PIZZA
Date Of Injury: 11/1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
12/30/09	INITIAL EXAM	DR BONIFACE* JESUS CASTILLO # 500358	230.00
02/11/10	PR2/REEVAL	DR NARIO* JESUS CASTILLO # 500358	180.00
02/17/10	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR PARVIN (3.5 HRS)	262.00
03/03/10	INITIAL EXAM	DR PARVIN: PSYCH EVAL*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/23/10	PR2/REEVAL	DR SADEGHI* TITO SILVA # 500272	180.00
05/17/10	PR2/REEVAL	DR YOON* ELIZABETH VARGA # 500106	180.00
07/26/10	PR2/REEVAL	DR YOON* VINCENT MEJIA # 500309	180.00
08/30/10	PR2/REEVAL	DR YOON* JESUS CASTILLO # 500358	180.00
10/11/10	P AND S	DR YOON* JESUS CASTILLO # 500358	230.00
08/09/13	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
10/28/13	PENALTIES	FOR DATE OF SERVICE 12/30/09	34.50
10/28/13	INTEREST	FOR DATE OF SERVICE 12/30/09	30.15
10/28/13	PENALTIES	FOR DATE OF SERVICE 02/11/10	27.00
10/28/13	INTEREST	FOR DATE OF SERVICE 02/11/10	23.59
10/28/13	PENALTIES	FOR DATE OF SERVICE 02/17/10	39.30
10/28/13	INTEREST	FOR DATE OF SERVICE 02/17/10	34.34
10/28/13	PENALTIES	FOR DATE OF SERVICE 03/03/10	34.50
10/28/13	INTEREST	FOR DATE OF SERVICE 03/03/10	30.15
10/28/13	PENALTIES	FOR DATE OF SERVICE 03/23/10	27.00
10/28/13	INTEREST	FOR DATE OF SERVICE 03/23/10	23.59
10/28/13	PENALTIES	FOR DATE OF SERVICE 05/17/10	27.00
10/28/13	INTEREST	FOR DATE OF SERVICE 05/17/10	23.59

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#
10/21/14 36269

Claim # : 00510793354
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 1/27/63
Terms : 45 days

BILL TO:
FIREMAN'S FUND (SACRAMENTO)
W.C. DEPARTMENT
ATTN: LINDA CALVILLO
P.O. BOX # 13340
SACRAMENTO, CA 95813

Case: vs DOMINO'S PIZZA
Date Of Injury: 11/1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
10/28/13	PENALTIES	FOR DATE OF SERVICE 07/26/10	27.00
10/28/13	INTEREST	FOR DATE OF SERVICE 07/26/10	23.59
10/28/13	PENALTIES	FOR DATE OF SERVICE 08/30/10	27.00
10/28/13	INTEREST	FOR DATE OF SERVICE 08/30/10	23.59
10/28/13	PENALTIES	FOR DATE OF SERVICE 10/11/10	34.50
10/28/13	INTEREST	FOR DATE OF SERVICE 10/11/10	30.15
12/09/13	PMT BY CHECK	DOS 12/30/09-10/11/10 # 32804797	-810.00
10/14/14	PMT BY CHECK	DOS 11/1/09-12/17/13* # 33041874	-1662.54

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and 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 AUTOMOBILE INS CO
2995 PROSPECT PARK DRIVE
SUITE 200
RANCHO CORDOVA CA 95670

Policy No. WP 80975610

Claim No. B005C10793354

Insured E M PIZZA INC

HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS INC

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

Division Code

Bank Number B1

Invoice Number

PAID DEC 16 2013

Explanation For

FH ADJUSTMENT
26G30700148002 (ADJUSTS ICN 26G30700148000)

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 RONNA K DODSON

Phone No. 36269 (800)870-8857

From 12/30/09 Thru 10/11/10 IRS# R330956713
Processor ID 780FFHN

Check Amount

Check Distribution M

\$810.00

Producer Name AMWINS PROGRAM UNDERWRITERS IN
Producer City CAMP HILL

St. PA

Check No. 32804797

EOR FORM ATTACHED

Date of Loss 11/01/09
Issue Date 12/09/13

* 0 0050 0 000050 0 0 14L*
CDCG.A160.G 008

CF60S

Detach And Retain For Your Records

AMERICAN AUTOMOBILE INS CO
3100 ZINFANDEL DRIVE
SUITE 240
RANCHO CORDOVA CA 95670

Policy No. WP 80975610

Claim No. B005C10793354

Insured E M PIZZA INC

HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS

Send to
JOYCE ALTMAN INTERPRETERS
PO BOX 4164
TUSTIN CA 92781-4164

Division Code

Bank Number B1

Invoice Number

36269

Explanation For ORIG: \$2472.54 /FIRST H RED: \$810.00 N
06G42810672300

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 LINDA M CALVILLO

Phone No. (000)000-0000

From 11/01/09 Thru 12/17/13 IRS# R330956713
Processor ID 780FFHN Check Amount

Check Distribution M

\$1,662.54

Producer Name AMWINS PROGRAM UNDERWRITERS IN
Producer City CAMP HILL

St. PA

Check No. 33041874

EOR FORM ATTACHED

Date of Loss 11/01/09
Issue Date 10/14/14

PAID OCT 21 2014

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#
08/25/14 44106

Claim # : E2589958
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 6/4/64
Terms : 45 days

BILL TO:

CNA CLAIM PLUS (CHICAGO)
W.C. DEPARTMENT
ATTN: ANGELA DIMGER
P.O. BOX # 8317
CHICAGO, IL 60680

Case: vs SOUTHBAY LANDSCAPING
Date Of Injury: 7/27/09

DOS	SERVICE	DESCRIPTION	AMOUNT
04/08/11	ULTRASOUND	REF BY DR ZLOTOLOW: KIDNEY & ECHO*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/22/13	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/07/14	PENALTIES	FOR DATE OF SERVICE 10/22/13	37.50
08/13/14	INTEREST	FOR DATE OF SERVICE 10/22/13	24.81
08/20/14	PMT BY CHECK	DOS 8/13/14* # 103270651	-462.31

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 when 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, PN 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.

CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680



001277

JOYCE ALTMAN INTERPRETERS INC



PO BOX 4165
TUSTIN CA 92781

PAID AUG 25 2014

* To expedite handling of your claim, please include our claim number on all future correspondence to us.						Claim Number *	
Insured/Client			Claimant			ATT	E2 589958YZ
Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
07/27/09		08/13/14-08/13/14	MED	23		MI	\$462.31
							\$462.31
Reason FULL AND FINAL SETTLEMENT OF LIEN ALL DATES							

To ensure timely delivery of your check, please verify that the address on this check is complete and correct. If not, please notify your claims representative with the correct information. Thank you.

ACCIWF 12.5.02

PLEASE DETACH BEFORE CASHING



UNDERWRITTEN BY:
TRANSPORTATION INSURANCE COMPANY

103270651
Date Issued
08/20/14
67-1
532
Bank Acct.
4759628092

VOID IF PURPLE BACKGROUND IS ABSENT		THIS DOCUMENT CONTAINS A WATERMARK - HOLD UP TO LIGHT TO VIEW	
Claim Number	E2 589958	Desk Code	YZ
Prefix & Contract No.	WC -4017380335	Insured/Client	OSCAR PLASCENCIA
From-thru (Dates)	08/13/14	Claimant	
In Payment of	08/13/14	Issuing Off.	No. 2H
FULL AND FINAL SETTLEMENT OF LIEN ALL DATES		Date of Loss	07/27/09

PAY FOUR HUNDRED SIXTYTWO AND 31/100THS Dollars

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

IN COOPERATION WITH AND
PAYABLE IF DESIRED BY WELLS
FARGO BANK, N.A. #4759-628092

*****\$462.31

VOID IF NOT CASHED IN SIX MONTHS
FROM MONTH OF ISSUE

0103270651 053101561 4759628092

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#
08/29/14 50742

Claim # : YMH70579C; YMH69983C
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 8/8/78
Terms : 45 days

BILL TO:

THE HARTFORD (LEXINGTON-14475)
W.C. DEPARTMENT
ATTN: TARA DEHLER
P.O. BOX 14475
LEXINGTON, KY 40512

Case: Vs MASS CREATIONS
Date Of Injury: 6/25/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/28/11	MRI	REF BY DR GOGATZ: L/S, C/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	JASON RAMIREZ #500371	0.00
08/29/14	PENALTIES	FOR DATE OF SERVICE 12/28/11	22.50
08/29/14	INTEREST	FOR DATE OF SERVICE 12/28/11	47.02
08/20/14	PMT BY CHECK	DOS 12/28/11-12/28/11* # 122765945 8	-219.52

BALANCE 0.00

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



000842
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Attention: This remittance incorporates
1 claim payments

Special Handling ID: RM 00

Explanation of Benefits

Page 1 of 1

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
06-25-10	72WEC LT0896 YMHC 69983	MASS CREATIONS, INC.		\$219.52
Nature of Benefits: Miscellaneous Medical		Nature of Payment: Source Payment	Service Dates 12-28-2011 12-28-2011	\$219.52
Claim Handler: Ronika Rattan 866/401-9222 Western Workers' Compensation Claim Center P.O. Box 14475 Lexington, KY 40512			Additional Comments: PAID AUG 25 2014 F.F. OK NDJ	
Issue Date	08-20-2014	Check Number	122765945 8	Total Amount of Check \$219.52

Please keep the above information for your records.

FOLD AT DOTTED LINE AND DETACH

105663186

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#
08/22/14 60177

Claim # : 05454460
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 10/12/87
Terms : 45 days

BILL TO:

SCIF (FRESNO)
W.C. DEPARTMENT
ATTN: MIKE TARAKHCHYAN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs THE DELIVERY ZONE
Date Of Injury: 6/6/09

DOS	SERVICE	DESCRIPTION	AMOUNT
10/28/13	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/08/14	PENALTIES	FOR DATE OF SERVICE 10/28/13	37.50
07/08/14	INTEREST	FOR DATE OF SERVICE 10/28/13	17.41
08/20/14	PMT BY CHECK	DOS 10/28/13* # CU-141470	-304.91

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 when 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, PN Notices, Completed DWC-1, Application of Adjudication, 4600 Election Letter, Depo Transcript and any and all documentary evidence to be utilized in attempt to defeat this lien.

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
888STATEFUND

Provider Number: XXXXX6713
JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: CU-141470
Issue Date: 08/20/14
Doc #: 028687740

Medical Page 1 of 2

Line #	Invoice Number	From Date	To Date	Service Description	Units	Allowances
1	60177	10/28/13	10/28/13	Patient Name: <u> </u> Claim #: 05454460 Interpreter fees	1	304.91
2	STIP&ORDER	08/17/10	02/11/11	Patient Name: <u> </u> Claim #: 05411862 40631 Treating Physicians	1	351.00
Total Allowances:						\$655.91

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05454460	304.91	.00	304.91
05411862	351.00	.00	351.00

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:

05454460 INV #60177;
05411862 STIP & ORDER \$300.00; PENALTY: \$30.00 AND; INTEREST: \$21.00; TOTALING: \$351.00;

PAID AUG 22 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

State Compensation Insurance Fund

Medical
SA

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

CU-141470
Union Bank
Los Angeles, California

90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
August 20, 2014	\$*****655.91

PAY **Six Hundred Fifty-Five and 91/100 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#
07/31/14 60889

Claim # : E2026725
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 7/15/48
Terms : 45 days

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W.C. DEPARTMENT
ATTN: MISTY BUTLER
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: vs VILLA FLORIST
Date Of Injury: 9/22/04

DOS	SERVICE	DESCRIPTION	AMOUNT
12/17/07	INITIAL EXAM	DR PAYANDEH*	230.00
12/11/07	EMG TESTING	BY DR SCHILLING: L/E*	150.00
01/15/08	PR2/REEVAL	DR NADERI*	180.00
02/22/08	PSYCH TEST	PSYCHOMETRIC TESTING REF BY	300.00
		DR PARVIN (4 HRS)	
02/25/08	PR2/REEVAL	DR PAYANDEH*	180.00
02/26/08	PR2/REEVAL	DR NADERI*	180.00
03/28/08	PR2/REEVAL	DR PAYANDEH*	180.00
05/06/08	PR2/REEVAL	DR PAYANDEH*	180.00
05/29/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
06/17/08	PR2/REEVAL	DR PAYANDEH*	180.00
06/30/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
09/30/08	P AND S	DR PAYANDEH* @ ADVANCE CARE	230.00
09/22/08	INITIAL EXAM	DR RAHMAN* @ ADVANCE CARE	230.00
02/13/09	PENALTIES	FOR DATE OF SERVICE 12/17/07	34.50
02/24/14	INTEREST	FOR DATE OF SERVICE 12/17/07	155.44
02/13/09	PENALTIES	FOR DATE OF SERVICE 12/11/07	22.50
02/24/14	INTEREST	FOR DATE OF SERVICE 12/11/07	101.37
02/13/09	PENALTIES	FOR DATE OF SERVICE 5/29/08	23.48
02/24/14	INTEREST	FOR DATE OF SERVICE 5/29/08	104.39
02/13/09	PENALTIES	FOR DATE OF SERVICE 6/30/08	37.50
02/24/14	INTEREST	FOR DATE OF SERVICE 6/30/08	164.23
02/13/09	PENALTIES	FOR DATE OF SERVICE 9/30/08	34.50
02/24/14	INTEREST	FOR DATE OF SERVICE 9/30/08	144.42
02/13/09	PENALTIES	FOR DATE OF SERVICE 9/22/08	34.50
02/24/14	INTEREST	FOR DATE OF SERVICE 9/22/08	145.00
10/07/09	WCAB LB	MSC	156.50
12/08/09	PMT BY CHECK	DOS 10/7/09 # 1 23 274779 K	-156.50
10/19/10	WCAB LB	MSC - SABINE SKELTON # 300884	156.50
01/05/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
02/13/12	PMT BY CHECK	DOS 1/5/12 # 1 23 656485 K	-156.50

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#
07/31/14 60889

Claim # : E2026725
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 7/15/48
Terms : 45 days

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W.C. DEPARTMENT
ATTN: MISTY BUTLER
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: vs VILLA FLORIST
Date Of Injury: 9/22/04

DOS	SERVICE	DESCRIPTION	AMOUNT
03/22/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
10/11/12	WCAB LB	MSC - CARMEN GUZMAN # 100585 (FULL DAY)	313.00
12/10/12	WCAB LB	TRIAL - JOHANNA JORDAN # 100793	156.50
01/25/13	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/15/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/24/14	PMT BY CHECK	DOS 1/25/13-1/15/14* # 8814672292	-1032.50
07/01/14	PENALTIES	FOR DATE OF SERVICE 1/15/08	27.00
02/24/14	INTEREST	FOR DATE OF SERVICE 1/15/08	121.65
07/09/14	INTEREST	FOR DATE OF SERVICE 1/15/08	6.41
07/01/14	PENALTIES	FOR DATE OF SERVICE 2/22/08	45.00
07/01/14	INTEREST	FOR DATE OF SERVICE 2/22/08	202.75
07/09/14	INTEREST	FOR DATE OF SERVICE 2/22/08	12.27
07/01/14	PENALTIES	FOR DATE OF SERVICE 2/25/08	27.00
02/24/14	INTEREST	FOR DATE OF SERVICE 2/25/08	121.65
07/09/14	INTEREST	FOR DATE OF SERVICE 2/25/08	6.41
07/01/14	PENALTIES	FOR DATE OF SERVICE 2/26/08	27.00
02/24/14	INTEREST	FOR DATE OF SERVICE 2/26/08	121.65
07/09/14	INTEREST	FOR DATE OF SERVICE 2/26/08	6.41
07/01/14	PENALTIES	FOR DATE OF SERVICE 3/28/08	27.00
02/24/14	INTEREST	FOR DATE OF SERVICE 3/28/08	121.65
07/09/14	INTEREST	FOR DATE OF SERVICE 3/28/08	6.41
07/01/14	PENALTIES	FOR DATE OF SERVICE 5/6/08	27.00
02/24/14	INTEREST	FOR DATE OF SERVICE 5/6/08	121.36
07/09/14	INTEREST	FOR DATE OF SERVICE 5/6/08	6.41
07/01/14	PENALTIES	FOR DATE OF SERVICE 6/17/08	27.00
02/24/14	INTEREST	FOR DATE OF SERVICE 6/17/08	118.98

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#
07/31/14 60889

Claim # : E2026725
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 7/15/48
Terms : 45 days

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W.C. DEPARTMENT
ATTN: MISTY BUTLER
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: vs VILLA FLORIST
Date Of Injury: 9/22/04

DOS	SERVICE	DESCRIPTION	AMOUNT
07/09/14	INTEREST	FOR DATE OF SERVICE 6/17/08	6.41
07/01/14	PENALTIES	FOR DATE OF SERVICE 10/19/10	23.48
02/24/14	INTEREST	FOR DATE OF SERVICE 10/19/10	61.34
07/09/14	INTEREST	FOR DATE OF SERVICE 10/19/10	5.27
07/01/14	PENALTIES	FOR DATE OF SERVICE 3/22/12	23.48
02/24/14	INTEREST	FOR DATE OF SERVICE 3/22/12	35.70
07/09/14	INTEREST	FOR DATE OF SERVICE 3/22/12	5.27
07/01/14	PENALTIES	FOR DATE OF SERVICE 10/11/12	46.95
02/24/14	INTEREST	FOR DATE OF SERVICE 10/11/12	51.38
07/09/14	INTEREST	FOR DATE OF SERVICE 10/11/12	12.91
07/01/14	PENALTIES	FOR DATE OF SERVICE 12/10/12	23.48
02/24/14	INTEREST	FOR DATE OF SERVICE 12/10/12	22.73
07/09/14	INTEREST	FOR DATE OF SERVICE 12/10/12	5.27
07/01/14	PENALTIES	FOR DATE OF SERVICE 1/25/13	37.50
02/24/14	INTEREST	FOR DATE OF SERVICE 1/25/13	32.69
07/09/14	INTEREST	FOR DATE OF SERVICE 1/25/13	9.83
07/09/14	INTEREST	FOR DATE OF SERVICE 12/17/07	8.86
07/09/14	INTEREST	FOR DATE OF SERVICE 12/11/07	4.95
07/09/14	INTEREST	FOR DATE OF SERVICE 5/29/08	5.27
07/09/14	INTEREST	FOR DATE OF SERVICE 6/30/08	9.83
07/09/14	INTEREST	FOR DATE OF SERVICE 9/30/08	8.86
07/09/14	INTEREST	FOR DATE OF SERVICE 9/22/08	8.86
07/18/14	PMT BY CHECK	DOS 7/9/14* # 8814897648	-5416.16
		FARMERS	

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#
07/31/14 60889

Claim # : E2026725
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 7/15/48
Terms : 45 days

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W.C. DEPARTMENT
ATTN: MISTY BUTLER
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: vs VILLA FLORIST
Date Of Injury: 9/22/04

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.

CLAIM NO 75-W031-266

POLICY NO 92-LQ8604-9

LOSS DATE 11-29-2007

PAYMENT NO 1 23 274779 K

DATE 12-08-2009

AMOUNT \$156.50

TIN 75-330956713

Coverage Description	Amount	COL/Line	Pay Cd
Work Comp Med Pay - Non Hosp Cost	\$156.50	65/001	2

28614

RETAIN STUB FOR RECORDS

AUTHORIZED BY REYES EXT-6635656, SHANNON
PHONE (800) 749-9703

REMARKS

: DOS 10/07/09



CLAIM NO 75-W031-266

POLICY NO 92-LQ8604-9

LOSS DATE 11-29-2007

PAYMENT NO 1 23 656485 K

Coverage Description	Amount	COL/Line	Pay Cd
Work Comp Med Pay - Non Hosp Cost	\$156.50	65/001	2

DATE 02-13-2012

AMOUNT \$156.50

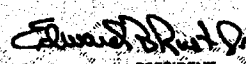
TIN 75-330956713

RETAIN STUB FOR RECORDS

AUTHORIZED BY REYES EXT-6635656, SHANNON
PHONE (800) 749-9703

REMARKS

: 1/5/12

	STATE FARM FIRE AND CASUALTY COMPANY CALIFORNIA WORKERS COMP ECF 23-931 1056	1 23 656485 K DATE 02-13-2012 MM DD YYYY
CLAIM NO 75-W031-266 LOSS DATE 11-29-2007	INSURED VILLA FLORIST INC ON BEHALF OF	
*****EXACTLY ONE HUNDRED FIFTY-SIX AND 50/100 DOLLARS		\$*****156.50
Pay to the Order of:	JOYCE ALTMAN INTERPRETERS INC PO BOX 1460 TUSTIN CA 92781-1460	
FEB 15 2012		
BY:.....		 PRESIDENT  TREASURER
SECURED DOCUMENT WATERMARK APPEARS ON BACK HOLD AT 45° ANGLE FOR VIEWING		

⑈ 2312656485⑈ ⑈ 04115443⑈

777145210⑈

Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

February 24, 2014

MID-CENTURY INSURANCE COMPANY

Check Number: 8814672292
Date: 02/24/2014
Amount: \$1,032.50****

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

PAID FEB 26 2014

Claimant/Patient:

Insured:

VILLA FLORIST, INC. (CORP)

Date of Loss:

09/22/2004

Claim Representative: MISTY BEUTLER

Claim Number:

E2026725

Office Phone Number: 8185402220

Correspondence Reference:

4J15R8ZDN

Additional Information:

Inv: 60889 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
01/25/13 - 01/15/14

Payment For
Interpreter

Paid Amount
\$1032.50

28616 ✓

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

MID-CENTURY INSURANCE COMPANY

Check Number: 8814897648

Date: 07/18/2014

Amount: \$5,416.16****

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 JUL 31 2014

Claimant/Patient:

Insured:

VILLA FLORIST, INC. (CORP)

Date of Loss:

09/22/2004

Claim Number:

E2026725

Correspondence Reference:

MXB7SM5BN

Claim Representative: MISTY BEUTLER

Office Phone Number: 8185402220

Applicable Coverage: Workers' Compensation

Additional Information:

If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

Service From/To
07/09/14 - 07/09/14

Payment For
Medical - Claimant Legal Report

Paid Amount
\$5416.16

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW



FARMERS
INSURANCE

Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

July 18, 2014

000463



JOYCE ALTMAN INTERPRETERS, INC.
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#
08/07/14 55469

Claim # : 854816
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 1/1/86
Terms : 45 days

BILL TO:

AMTRUST NORTH AMERICA (S.F.)
W.C. DEPARTMENT
ATTN: DELORES BELFREY
P.O. BOX 2359
SAN FRANCISCO, CA 94126

Case: vs BALTA FOOD GROUP
Date Of Injury: 3/8/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/14/12	MRI	REF BY DR NOORIAN: RT KNEE @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/13/14	PENALTIES	FOR DATE OF SERVICE 09/14/12	22.50
07/17/14	INTEREST	FOR DATE OF SERVICE 09/14/12	16.59
07/10/14	PENALTIES U	FOR UNPAID STLM'T 02/13/14	37.50
07/10/14	INTEREST U	FOR UNPAID STLM'T 02/13/14	8.58
07/31/14	PMT BY CHECK	DOS 7/18/14* # 00411253	-235.17

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 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.

WESCO INSURANCE CO (Claims Funding)

PO Box 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.

00411253

854816-1

WWC3031787

DATE

7/31/2014

AMOUNT

\$235.17

PAY

Pay To:

Two Hundred Thirty-Five and 17/100s Dollars*****

JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 90 DAYS

Mail To

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Handwritten signature

⑈00411253⑈ ⑆021309379⑆ 601894744⑈

PAID AUG 07 2014

Explanation Of Bill Review

Check Number: 00411253
Claim Number: 854816-1
Regulatory ID:
Bill Number: 4868746
Invoice Number: FP1-SNCA-23104
Policy / Insured: WWC3031787/Batla Food Group, Inc. (a corp)
SSN / Employee Name:
Payee ID / Name: JOYCE ALTMAN INTERPRETERS INC
Loss Date: 3/9/2012
Location: Street Irvine CA 92614 -
Examiner Code: paquino
Network/PPO Network:

WESCO INSURANCE CO (Claims Funding) 1148
PO Box 740042
Atlanta, GA 30374-0042
888-239-3909

Handwritten: SS469, FF, MV

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
7/18/2014	MDS10	SETTLEMENT FOR DISPUTE	1.00	235.17	0.00	0.00	235.17	
				235.17	0.00	0.00	235.17	

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](https://wcc.ingenix.com) AND CHOOSE REQUEST AN ACCOUNT

Reconsiderations and or appeals need to be submitted to the carrier listed above and to 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
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/16/14 53151

Claim # : 905-A10002
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 8/7/64
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W.C. DEPARTMENT
ATTN: RAMISA BAAESTDN
P.O. BOX # 4555
PORTLAND, OR 97208

Case: vs CHINOIS RESTAURANT
Date Of Injury: CT 10/13/10-10/13/11

DOS	SERVICE	DESCRIPTION	AMOUNT
05/14/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
06/13/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /		@ L/O DENNIS FUSI	
11/07/13	INTERPRETER:	PATRICIA HAYES # 100785	0.00
/ /	C&R READING	@ THE L/O OF DENNIS FUSI	156.50
		(BLOCK SETTLEMENT)	
01/27/14	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/12/14	PENALTIES	FOR DATE OF SERVICE 5/14/12	23.48
01/27/14	INTEREST	FOR DATE OF SERVICE 5/14/12	38.26
08/12/14	PENALTIES	FOR DATE OF SERVICE 6/13/12	37.50
01/27/14	INTEREST	FOR DATE OF SERVICE 6/13/12	61.12
08/12/14	PENALTIES	FOR DATE OF SERVICE 11/07/13	23.48
08/26/14	INTEREST	FOR DATE OF SERVICE 11/07/13	14.69
09/09/14	COSTS & SANC	COST & SANC	288.47
	PMT BY CHECK	DOS 8/26/14* # 0028158441	-1050.00

BALANCE 0.00

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

B. CODE
288

CHECK REFERENCE	CHECK DATE
0028158441	09/09/14
CHECK AMOUNT	BLOCK NUMBER
***\$1050.00	026502

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

PAGE 1 OF 3

CLAIM NO. WC 604-A31854 HOD
CONTRACT NO: WCC-Z91-454157-011-92
DOCUMENT NO:

OSN: MM0801090911-003436

BANK: 288

CHECK REF: 0028158441 DATE: 09/09/14 AMT: 1,050.00

INTERNAL BILL NO: 106011898 MSR: N0077377

CUST/EXTERNAL BILL NO: 06142480329600

BR PROVIDER #: 05933095671380

PAYEE: JOYCE ALTMAN INTERPRETERS
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

PATIENT ACCT. #:

SSN: XXX-XX-1957

DOI: 10/13/11

PATIENT:

S3151

PROVIDER: JOYCE ALTMAN INTERPRETERS

EMPLOYER: CHINOIS ON MAIN LTD
ADDRESS: 2709 MAIN ST
SANTA MONICA, CA 90405

AGENCY CLAIM#(BOARD COMM#): 2011111819592157349156
IDC-9 CODES: 799.8

DATES OF SERVICE: 08/26/14-08/26/14

AUDIT DATE: 09/05/14

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
08/26/14	MDS10		LUMP SUM SETTLEMENT WHERE							
08/26/14	99199		SPECIAL SERVICE/PROC/REPO	1.00	1050.00	1050.00	N/A	0.00	1050.00	G2 Z652
TOTAL CHARGES:					1050.00					
TOTAL PREVIOUSLY PAID:					0.00					
TOTAL CURRENT PAYABLE:					1050.00					
TOTAL WITHHOLDING:					0.00					
TOTAL AMOUNT PAID:					1050.00					

EXPLANATION CODE DESCRIPTIONS:

G2 THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE
Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)
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
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/25/14 54058

Claim # : 20040202869
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 5/25/58
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W.C. DEPARTMENT
ATTN: DEBBIE MARQUEZ
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs 99 CENTS ONLY STORE
Date Of Injury: 5/21/12

DOS	SERVICE	DESCRIPTION	AMOUNT
06/20/12	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS ALEJANDRO CASTILLO	0.00
		#500358	
09/04/12	PR2/REEVAL	DR HIGASHI* CAROL FRANKEL	180.00
11/13/12	PR2/REEVAL	DR HIGASHI* JESUS CASTILLO	180.00
		# 500358	
12/11/12	PR2/REEVAL	DR HIGASHI* JESUS CASTILLO	180.00
		# 500358	
09/17/13	PR2/REEVAL	DR HIGASHI* - RETURNED DUE TO	180.00
/ /	INTERPRETER:	FLARE UP	
09/25/13	INITIAL EXAM	JESUS CASTILLO # 500320	0.00
		DR JACKSON-SCOTT @ ADVANCE	230.00
/ /	INTERPRETER:	CARE*	
		CLARA BONILLA # 500320	0.00
10/29/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/20/13	PR2/REEVAL	DR JACKSON-SCOTT @ ADVANCE	180.00
		CARE*	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/10/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/18/13	PR2/REEVAL	DR JACKSON-SCOTT @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/21/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/05/14	PR2/REEVAL	DR JACKSON-SCOTT @ ADVANCE	180.00
		CARE*	
/ /	INTERPRETER:	JESUS CASTILLLO # 500358	0.00
02/25/14	PR2/REEVAL	DR HIGASHI & REHAB PHYS TX	180.00
		W/PT PARKER @ ACS*	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	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#
09/25/14 54058

Claim # : 20040202869
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 5/25/58
Terms : 45 days

BILL TO:

SEDGWICK CLAIMS (LEXINGT14440)
W.C. DEPARTMENT
ATTN: DEBBIE MARQUEZ
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs 99 CENTS ONLY STORE
Date Of Injury: 5/21/12

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/03/14	PR2/REEVAL	DR CHASE P.A./DR SCHILLING @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/25/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/27/14	L.I.N.T.	LOCALIZED INTENSE NEURO- STIMUATION @ ACS*	150.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/02/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
09/10/14	PENALTIES	FOR DATE OF SERVICE 6/20/12	34.50
09/10/14	INTEREST	FOR DATE OF SERVICE 6/20/12	41.45
09/10/14	PENALTIES	FOR DATE OF SERVICE 9/4/12	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 9/4/12	32.44
09/10/14	PENALTIES	FOR DATE OF SERVICE 11/13/12	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 11/13/12	32.44
09/10/14	PENALTIES	FOR DATE OF SERVICE 12/11/12	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 12/11/12	32.44
09/10/14	PENALTIES	FOR DATE OF SERVICE 9/17/13	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 9/17/13	21.44
09/10/14	PENALTIES	FOR DATE OF SERVICE 9/25/13	34.50
09/10/14	INTEREST	FOR DATE OF SERVICE 9/25/13	26.81
09/10/14	PENALTIES	FOR DATE OF SERVICE 10/29/13	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 10/29/13	19.06
09/10/14	PENALTIES	FOR DATE OF SERVICE 11/20/13	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 11/20/13	17.81
09/10/14	PENALTIES	FOR DATE OF SERVICE 12/10/13	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 12/10/13	16.67
09/10/14	PENALTIES	FOR DATE OF SERVICE 12/18/13	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 12/18/13	16.22

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#
09/25/14 54058

Claim # : 20040202869
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 5/25/58
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W.C. DEPARTMENT
ATTN: DEBBIE MARQUEZ
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs 99 CENTS ONLY STORE
Date Of Injury: 5/21/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/10/14	PENALTIES	FOR DATE OF SERVICE 01/21/14	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 01/21/14	14.29
09/10/14	PENALTIES	FOR DATE OF SERVICE 02/05/14	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 02/05/14	13.44
09/10/14	PENALTIES	FOR DATE OF SERVICE 02/25/14	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 02/25/14	12.31
09/10/14	PENALTIES	FOR DATE OF SERVICE 03/03/14	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 03/03/14	11.97
09/10/14	PENALTIES	FOR DATE OF SERVICE 03/25/14	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 03/25/14	10.72
09/10/14	PENALTIES	FOR DATE OF SERVICE 03/27/14	22.50
09/10/14	INTEREST	FOR DATE OF SERVICE 03/27/14	8.84
09/10/14	PENALTIES	FOR DATE OF SERVICE 04/02/14	27.00
09/10/14	INTEREST	FOR DATE OF SERVICE 04/02/14	10.26
09/19/14	PMT BY CHECK	DOS 6/20/13-4/2/14* # 9751036668	-3938.11

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 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.

P O BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	09/19/2014
Check Amount	:	\$3938.11
Check Number	:	9751036668

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

PAID SEP 24 2014

54058

Claim Number	Date of Loss		
Claimant Name	Amount		
Contact Info: Adjusting Office	Adjuster Name	Adjuster Phone#	
Transaction Description	Transaction Amount	Invoice#	Invoice Date Service Dates
187346877-001	05/21/2012		
	\$3938.11		
WC BREA		Maria C. Amas	714-989-4902
Lump Sum Settlement, Medical	\$3938.11	FULL AND FINAL	06/20/2013-04/02/2014

F.Fd
CA

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#
09/25/14 53985

Claim # : WC905488291
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 10/2/72
Terms : 45 days

BILL TO:

LIBERTY MUTUAL (PORTLAND-4555)
W.C. DEPARTMENT
ATTN: TRACEY YOUNG
P.O. BOX # 4555
PORTLAND, OR 97208

Case: vs MARIETTA CORPORATION
Date Of Injury: 6/1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
07/17/12	WCAB LB	PRIORITY-CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/14/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/13/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/27/14	PENALTIES	FOR DATE OF SERVICE 07/17/12	23.48
04/17/14	INTEREST	FOR DATE OF SERVICE 07/17/12	31.01
02/27/14	PENALTIES	FOR DATE OF SERVICE 08/14/12	23.48
04/17/14	INTEREST	FOR DATE OF SERVICE 08/14/12	31.01
02/27/14	PENALTIES	FOR DATE OF SERVICE 09/13/12	37.50
04/17/14	INTEREST	FOR DATE OF SERVICE 09/13/12	47.34
02/25/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/17/14	PMT BY CHECK	DOS 7/17/12-2/25/14* # 99361987	-719.50
09/09/14	COSTS & SANC	COSTS & SANC	206.18
09/18/14	PMT BY CHECK	DOS 9/8/14* # 99829547	-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.

BRANCH OFFICE ADDRESS:
P.O. BOX 4555
PORTLAND, OR 97208
503-239-5800



B. CODE
189

CHECK NUMBER	CHECK DATE
99361987	04/17/14
CHECK AMOUNT	BLOCK NUMBER
XXXX719.50	095503

PAGE 1 OF 1

CLAIM #: WC 604-A27422
CONTRACT #: WCK-Z91-530929-038-92

OSN: EE2701041705-000743

CONTROL #: 000004168 ID: CRNWA56
PROVIDER #: 33095671304069

PAYEE: JOYCE ALTHAN INTERPRETER

DATE OF INJURY: 06/01/09
EMPLOYEE:

TAX ID: 33-0956713
BILL PROV: JOYCE ALTHAN INTERPRETER
PO BOX 4165
TUSTIN, CA 92781

EMPLOYER: MARIETTA CORPORATION
DATES OF SERVICE: 07/17/12-02/25/14
LOCATION CODE: 200000

PROVIDER:

PAID APR 21 2014

DATES OF SERVICE FROM TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
07/17/12 02/25/14	MISC		719.50	719.50	

NOTE: REIMB INV # 53985

TOTAL CHARGES 719.50
TOTAL PAYABLE: 719.50
TOTAL WITHHOLD: 0.00
TOTAL AMOUNT PAID: 719.50

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

BRANCH OFFICE ADDRESS:
P.O. BOX 4555
PORTLAND, OR 97208
503-239-5800



B. CODE
189

CHECK NUMBER	CHECK DATE
99829547	09/18/14
CHECK AMOUNT ***\$400.00	BLOCK NUMBER 005083

PAGE 1 OF 1

CLAIM #: WC 604-A27422
CONTRACT #: WCK-Z91-530929-038-92

OSN: EE2701091805-000524

CONTROL #: 000001606 ID: CRNWC74
PROVIDER #: N3095671347644

PAYEE: JOYCE ALTMAN INTERPRETING

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

DATE OF INJURY: 06/01/09
EMPLOYEE:

PROVIDER:

EMPLOYER: MARIETTA CORPORATION
DATES OF SERVICE 09/08/14-09/08/14
LOCATION CODE: 200000

53985

DATES OF SERVICE		SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
FROM	TO					
09/08/14	09/08/14	MISC		400.00	400.00	

NOTE: STIP & ORDER LIEN AGREEMENT 09/08/14 RE: JUAN ROMERO

TOTAL CHARGES 400.00
TOTAL PAYABLE: 400.00
TOTAL WITHHOLD: 0.00
TOTAL AMOUNT PAID: 400.00

PAID SEP 24 2014

T.F.
CA

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#
11/10/14 60097

Claim # : 08005330
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 10/8/68
Terms : 45 days

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

Case: vs STERLING BMW
Date Of Injury: 4/22/06

DOS	SERVICE	DESCRIPTION	AMOUNT
06/21/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
11/03/10	PMT BY CHECK	DOS 6/21/10 # 0000846515	-156.50
09/10/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
08/31/10	PENALTIES	FOR DATE OF SERVICE 6/21/10	23.48
11/03/10	INTEREST	FOR DATE OF SERVICE 6/21/10	4.14
12/13/12	PENALTIES	FOR DATE OF SERVICE 9/10/12	23.48
10/14/13	INTEREST	FOR DATE OF SERVICE 9/10/12	20.66
10/14/13	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
10/30/13	PMT BY CHECK	DOS 6/21/10-10/14/13 # 0000391210 ICW	-150.00
10/15/13	COSTS & SANC	COST & SANC	871.74
02/27/14	PMT BY CHECK	DOS 10/15/13* # 16329 NOVA/ATHENS	-1050.00
02/27/14	PENALTIES L	FOR LATE PD STLM'T 10/14/13	300.00
02/27/14	INTEREST L	FOR LATE PD STLM'T 10/14/13	64.11
11/05/14	PMT BY CHECK	DOS 11/4/14* # 16669 NOVA CASUALTY	-364.11

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 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.

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

2. Once the problem is identified, the next step is to define the objectives and goals of the project. This helps to clarify what needs to be achieved and provides a clear direction for the team.

3. The third step is to develop a plan or strategy to address the problem. This involves breaking down the problem into smaller, manageable tasks and determining the resources needed to complete each task.

4. The fourth step is to implement the plan. This involves putting the strategy into action and monitoring progress regularly to ensure that the project is on track.

5. The final step is to evaluate the results of the project. This involves comparing the actual outcomes against the objectives and goals to determine the effectiveness of the project.

XWFB16

00308 JOP1ZS01 1Z 6300011394-6300296109
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-08-00801		12/05/2007	37809	43	06/21/2010	06/21/2010	\$156.50
Cat	SubPC	Stub Notes					Stub Amount
43		MISC EXPENSE					\$156.50
		@ WCAB LB					\$0.00
							\$156.50

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

Check Date: 10/30/2013
Check Number: 0000391210
Check Amount: \$150.00

AZZU1R

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, AZZU1R

00188 JOP1Z901 1Z 6300016546-6300565871
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID NOV 11 2013

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-08-00801		12/05/2007	LIEN	43	12/05/2007	10/14/2013	\$150.00
Cat	SubPC	Stub Notes					Stub Amount
43		MISC EXPENSE					\$150.00
		IN FULL AND FINAL SATISFACTION OF LIEN					\$0.00
		AND INTEREST					\$0.00
		FOR ALL DATES OF SERVICE INCLUDING PENALTIES					\$0.00
							\$150.00

60097

Nova - Arrowhead
Nova Casualty Company

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

WELLS FARGO BANK, N.A.

11-24/121
1210(8)

CHECK NO: 16329

DATE: 02/27/2014

Sterling Motors, Ltd

CLAIMANT:

CLAIM NO: 08004424

PAY One Thousand Fifty Dollars And 00/100

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT

*****\$1050.00

PAYABLE
TO

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



AUTHORIZED SIGNATURE



TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00016329⑈ ⑆121000248⑆ 4121675466⑈

Payee: JOYCE ALTMAN
INTERPRETING

TIN/SSN: XX-XXX6713

Check Number: 16329

Check Amount: 1050.00

Check Date: 02/27/2014

Claim Number	Employer	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Date	Invoice #	Amount
08004424	Sterling Motors, Ltd		10/13/2008	Lien Settlement - Disputed	10/15/2013	10/15/2013			1,050.00

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

PAID MAR 05 2014

37809

00097✓

Nova - Arrowhead
Nova Casualty Company

WELLS FARGO BANK, N.A.

11-24/121

CHECK NO: 16669

1210(8)

DATE: 11/05/2014

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

Sterling Motors, Ltd

CLAIMANT:

CLAIM NO: 08004424

PAY Three Hundred Sixty Four Dollars And 11/100

THIS CHECK IS VOID AFTER 180 DAYS

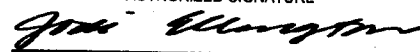
AMOUNT

*****\$364.11

PAYABLE TO JOYCE ALTMAN INTERPRETING
P.O. Box 4165
Tustin, CA 92781



AUTHORIZED SIGNATURE



TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00016669⑈ ⑆121000248⑆ 4121675466⑈

Payee: JOYCE ALTMAN
INTERPRETING

TIN/SSN: XX-XXX6713

Check Number: 16669

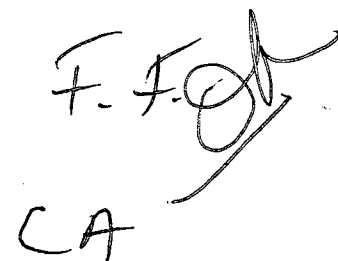
Check Amount: 364.11

Check Date: 11/05/2014

Claim Number	Employer	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Date	Invoice #	Amount
08004424	Sterling Motors, Ltd		10/13/2008	Lien Settlement - Disputed	11/04/2014	11/04/2014		60097	364.11

Comments: P&I

PAID NOV 07 2014



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#
11/10/14 56801

Claim # : WC648A34810
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 10/18/61
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (GLENDALE)
W.C. DEPARTMENT
ATTN: CHRISTINA FLORES
PO BOX 29073
GLENDALE, CA 91209

Case: vs ALTA MED HEALTH SERVICES
Date Of Injury: 4/4/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/13/12	MRI	REF BY DR BROCKEL: C/S, L/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
02/04/13	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/09/13	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/30/13	PENALTIES	FOR DATE OF SERVICE 11/13/12	22.50
10/07/14	INTEREST	FOR DATE OF SERVICE 11/13/12	25.38
07/30/13	PENALTIES	FOR DATE OF SERVICE 02/04/13	23.48
10/07/14	INTEREST	FOR DATE OF SERVICE 02/04/13	26.48
07/30/13	PENALTIES	FOR DATE OF SERVICE 04/09/13	23.48
10/07/14	INTEREST	FOR DATE OF SERVICE 04/09/13	26.48
09/10/13	LIEN FIL FEE	LIEN FILING FEE	150.00
10/07/14	COSTS & SANC	COSTS & SANC	189.20
11/04/14	PMT BY CHECK	DOS 11/3/14* # 99962946	-950.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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BRANCH OFFICE ADDRESS:
P O BOX 4555
PORTLAND, OR 97208
818-240-1234



B. CODE
189

CHECK NUMBER 99962946	CHECK DATE 11/04/14
CHECK AMOUNT ****\$950.00	BLOCK NUMBER 004440

PAGE 1 OF 1

CLAIM #: WC 648-A34810
CONTRACT #: WC2-615-007165-012-92

OSN: EE3001110403-003866

CONTROL #: 000005137 ID: CRNWB93
PROVIDER #: N3095671397224

PAYEE: JOYCE ALTMAN INTERPRETING

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

DATE OF INJURY: 04/04/12
EMPLOYEE:

56801

PROVIDER:

EMPLOYER: ALTAMED HEALTH SERVICES CORP
DATES OF SERVICE 11/03/14-11/03/14
LOCATION CODE: 30000

DATES OF SERVICE		SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
FROM	TO					
11/03/14	11/03/14	MISC		950.00	950.00	

NOTE: FULL AND FINAL SETTLEMENT

TOTAL CHARGES
TOTAL PAYABLE:
TOTAL WITHHOLD:
TOTAL AMOUNT PAID:

950.00
950.00
0.00
950.00

PAID NOV 11 2014

F.F. OK
SH

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 11/05/14 NO# 37090

Claim # : AC-09-0500037
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/12/73
Terms : 45 days

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

Case: vs ETTI ZABLEN
Date Of Injury: 11/9/09

DOS	SERVICE	DESCRIPTION	AMOUNT
04/02/10	DEPO PREP	@ THE L/O OF KEGEL, TOBIN & TRUCE	156.50
/ /	INTERPRETER:	BALDOMERO ESTEVEZ # 100803	0.00
05/13/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/30/10	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/04/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
03/21/14	PENALTIES	FOR DATE OF SERVICE 4/02/10	23.48
10/14/14	INTEREST	FOR DATE OF SERVICE 4/02/10	35.11
03/21/14	PENALTIES	FOR DATE OF SERVICE 5/13/10	37.50
10/14/14	INTEREST	FOR DATE OF SERVICE 5/13/10	56.08
03/21/14	PENALTIES	FOR DATE OF SERVICE 11/30/10	23.48
10/14/14	INTEREST	FOR DATE OF SERVICE 11/30/10	35.11
03/21/14	PENALTIES	FOR DATE OF SERVICE 2/04/14	23.48
10/14/14	INTEREST	FOR DATE OF SERVICE 2/04/14	12.67
04/03/14	LIEN FIL FEE	LIEN FILING FEE	150.00
10/14/14	COSTS & SANC	COSTS & SANC	383.59
11/06/14	PMT BY CHECK	DOS 11/9/09-10/14/14* # 5015671	-1500.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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.

CORVEL ENTERPRISE COMP, INC.
INTERINSURANCE EXCHANGE OF THE AUTOMOBILE CLUB
4120 SE INTL WAY, SUITE A108
MILWAUKIE, OR 97222

CORVEL

bankcode=IEAC
90-3152
1222

CHECK NUMBER

5015671

CHECK DATE

11/06/14

*****\$1,500.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY EXACTLY: *One thousand five hundred and 00/100 Dollars*

PAY
TO THE
ORDER
OF

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

CALIFORNIA BANK & TRUST IRVINE, CA

Richard Schweppe

⑈0005015671⑈ ⑆122003396⑆ 3511031565⑈

TACH HERE ———↑

CORVEL

↑——— DETACH HERE

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
AC-09-0500037	11/09/2009		11/09/2009	10/14/2014	Full & Final Per Stip & Order for All DO	*****\$1,500.00

PAID NOV 11 2014

37090

I. F. O'K
EL

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#
10/16/14 38757

Claim # : EHJ7968
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 10/15/73
Terms : 45 days

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

Case: vs EMTEK PRODUCTS INC.
Date Of Injury: 7/1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
10/11/10	INITIAL EXAM	DR KATTAR @ GARFIELD MED (3 HRS 20 MINS)	402.50
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
11/15/10	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
12/17/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/04/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
02/22/11	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
05/02/11	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
03/07/12	MRA	& MRI REF BY DR RAHMAN: RT SHLDR (4HRS 5MINS)	300.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
12/17/13	PENALTIES	FOR DATE OF SERVICE 10/11/10	60.38
10/14/14	INTEREST	FOR DATE OF SERVICE 10/11/10	173.99
12/17/13	PENALTIES	FOR DATE OF SERVICE 11/15/10	27.00
10/14/14	INTEREST	FOR DATE OF SERVICE 11/15/10	77.81
12/17/13	PENALTIES	FOR DATE OF SERVICE 12/17/10	23.48
10/14/14	INTEREST	FOR DATE OF SERVICE 12/17/10	67.65
12/17/13	PENALTIES	FOR DATE OF SERVICE 02/04/11	37.50
10/14/14	INTEREST	FOR DATE OF SERVICE 02/04/11	105.55
12/17/13	PENALTIES	FOR DATE OF SERVICE 02/22/11	27.00
10/14/14	INTEREST	FOR DATE OF SERVICE 02/22/11	74.97
12/17/13	PENALTIES	FOR DATE OF SERVICE 05/02/11	27.00
10/14/14	INTEREST	FOR DATE OF SERVICE 05/02/11	71.06
12/17/13	PENALTIES	FOR DATE OF SERVICE 03/07/12	45.00
10/14/14	INTEREST	FOR DATE OF SERVICE 03/07/12	89.13
10/14/14	COSTS & SANC	COSTS & SANC	943.48

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

*** INVOICE ***
Date NO#
10/16/14 38757

Claim # : EHJ7968
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 10/15/73
Terms : 45 days

BILL TO:

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

Case: vs EMTEK PRODUCTS INC.
Date Of Injury: 7/1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/07/14	PMT BY CHECK	DOS 10/14/14* # 896D 85081699	-3500.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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

SH00937

896D

85081699

TRAVELERS 

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781

DATE: 11/07/14
LOSS DATE: 08/23/10
FILE NUMBER: 152 CB ELW2254 R
REFERENCE #: 1006535350SW
EMPLOYEE

ACCOUNT NAME:
ASSA ABLOY, INC.

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 10/14/14

PAID NOV 12 2014

TOTAL PAID:

\$3500.00

TAX INFO: 330956713 Y

PAYEE:

JOYCE ALTMAN INTERPRETERS INC

*F.Fok
CA*

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

311034128

DETACH CHECK

UNSUM
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#
11/17/14 53842

Claim # : 1000-12-0374
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 11/18/72
Terms : 45 days

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

Case: vs DISNEYLAND RESORTS
Date Of Injury: CT 9/11-2/23/12

DOS	SERVICE	DESCRIPTION	AMOUNT
06/15/12	DEPO PREP	@ THE L/O OF JANET EPSTEIN & ASSOC.	156.50
/ /	INTERPRETER:	LETTY JULIAO-GREEN # 100569	0.00
08/23/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
12/04/12	WCAB LB	PRI-CONFERENCE - CARMEN GUZMAN # 100585	156.50
11/21/12	DEPO PREP	@ THE L/O OF FLOYD, SKEREN & KELLEY (VOL III)	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
11/13/12	DEPO PREP	@ THE L/O OF FLOYD, SKEREN KELLY (VOL II)	156.50
/ /	INTERPRETER:	LEONOR ZIMMERMAN # 100687	0.00
12/11/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (VOL II)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/19/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (VOL III)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/30/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
09/09/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
10/07/14	PENALTIES	FOR DATE OF SERVICE 06/15/12	23.48
10/07/14	INTEREST	FOR DATE OF SERVICE 06/15/12	39.55
10/07/14	PENALTIES	FOR DATE OF SERVICE 08/23/12	37.50
10/07/14	INTEREST	FOR DATE OF SERVICE 08/23/12	61.44
10/07/14	PENALTIES	FOR DATE OF SERVICE 12/04/12	23.48
10/07/14	INTEREST	FOR DATE OF SERVICE 12/04/12	33.38
10/07/14	PENALTIES	FOR DATE OF SERVICE 11/21/12	23.48
10/07/14	INTEREST	FOR DATE OF SERVICE 11/21/12	34.02
10/07/14	PENALTIES	FOR DATE OF SERVICE 11/13/12	23.48
10/07/14	INTEREST	FOR DATE OF SERVICE 11/13/12	34.42

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#
11/17/14 53842

Claim # : 1000-12-0374
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 11/18/72
Terms : 45 days

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

Case: vs DISNEYLAND RESORTS
Date Of Injury: CT 9/11-2/23/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/07/14	PENALTIES	FOR DATE OF SERVICE 12/11/12	37.50
10/07/14	INTEREST	FOR DATE OF SERVICE 12/11/12	52.77
10/07/14	PENALTIES	FOR DATE OF SERVICE 12/19/12	37.50
10/07/14	INTEREST	FOR DATE OF SERVICE 12/19/12	52.14
10/07/14	PENALTIES	FOR DATE OF SERVICE 04/03/13	23.48
10/07/14	INTEREST	FOR DATE OF SERVICE 04/03/13	26.13
11/13/14	COSTS & SANC	COSTS & SANC	747.25
11/13/14	PMT BY CHECK	DOS 6/5/12-9/9/14* # 1012788	-3000.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Walt Disney Parks and Resorts U.S., Inc.

P.O. Box 3909
Anaheim, California 92803
714-781-1680

Remittance Advice

Check No. 1012788

53842

11-13-1

1000-12-0374

Invoice# :

From: 06-05-12

LIEN

Thru: 09-09-14

DOI: 02-23-12

954744*

1012788

13

PAID IN FULL & FINAL SATISFACTION OF LIEN FOR
DOS: 06-05-12 THRU 09-09-14.

Total Paid:

3000.00

\$3000.00

PAID NOV 17 2014

F.F. ✓
SH

Please Detach This Stub Before Deposit

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 11/17/14 NO# 36393

Claim # : 04000645
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 1/15/70
Terms : 45 days

BILL TO:
CORVEL CORPORATION
W.C. DEPARTMENT
ATTN: SCOTT STEVENS
5694 MISSION CENTER RD., #700
SAN DIEGO, CA 92108

Case: vs PERSONAL TOUCH CLEAN
Date Of Injury: 6/22/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/15/10	INITIAL EXAM	DR RAMESHNI @ ADVANCED CARE*	230.00
/ /	INTERPRETER:	FRANCISCO SAMOANO # 500263	0.00
01/27/10	INITIAL EXAM	DR SCHILLING @ ADVANCED CARE*	230.00
		GERRY LUGO # 500049	
02/01/10	PSYCH TEST	PSYCHOMETRIC TESTING REF BY	225.00
		DR PARVIN (3 HRS)	
02/23/10	PR2/REEVAL	DR SCHILLING* JESUS CASTILLO	180.00
		# 500358	
02/25/10	INITIAL EXAM	DR PARVIN: PSYCH EVAL*	230.00
/ /	INTERPRETER:	FRANCISCO SAMOANO # 500263	0.00
03/24/10	PR2/REEVAL	DR SCHILLING*	180.00
		GERRY LUGO # 500049	
04/27/10	PR2/REEVAL	DR SCHILLING* JESUS CASTILLO	180.00
		# 500358	
06/02/10	PR2/REEVAL	DR SCHILLING*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/16/10	INITIAL EXAM	DR YOON*	230.00
		JOSE LUGO # 500049	
07/28/10	P AND S	DR YOON* ELIZABETH VARGA	230.00
		# 500106	
10/08/10	PENALTIES	FOR DATE OF SERVICE 01/15/10	34.50
10/08/10	INTEREST	FOR DATE OF SERVICE 01/15/10	20.73
10/08/10	PENALTIES	FOR DATE OF SERVICE 01/27/10	34.50
10/08/10	INTEREST	FOR DATE OF SERVICE 01/27/10	19.86
10/08/10	PENALTIES	FOR DATE OF SERVICE 02/25/10	34.50
10/08/10	INTEREST	FOR DATE OF SERVICE 02/25/10	17.75
10/08/10	PENALTIES	FOR DATE OF SERVICE 06/16/10	34.50
10/08/10	INTEREST	FOR DATE OF SERVICE 06/16/10	9.71
10/08/10	PENALTIES	FOR DATE OF SERVICE 07/28/10	34.50
10/08/10	INTEREST	FOR DATE OF SERVICE 07/28/10	6.67
11/13/14	PMT BY CHECK	DOS 10/23/14* # 545480	-2342.22

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#
11/17/14 36393

Claim # : 04000645
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 1/15/70
Terms : 45 days

BILL TO:

CORVEL CORPORATION
W.C. DEPARTMENT
ATTN: SCOTT STEVENS
5694 MISSION CENTER RD., #700
SAN DIEGO, CA 92108

Case: ----- vs PERSONAL TOUCH CLEAN
Date Of Injury: 6/22/09

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.

CORVEL ENTERPRISE COMP, INC.

MAGNA CARTA - EC
4120 SE INTL WAY, SUITE A108
MILWAUKIE, OR 97222

CORVEL

bankcode=MAGEC
11-2
1210

CHECK NUMBER

545480

CHECK DATE

11/13/14

*****\$2,342.22

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY EXACTLY: Two thousand three hundred forty two and 22/100 Dollars

PAY
TO THE
ORDER
OF

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

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈0000545480⑈ ⑆121000248⑆ 4126 215342⑈

DETACH HERE ———↑

CORVEL

↑——— DETACH HI

36393

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
MG-09-010090	06/22/2009		10/23/2014	10/23/2014	Full and final settlement of lien	*****\$2,342.2

PAID NOV 17 2014

F. F. O. V.

NDT

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#
11/17/14 58695

Claim # : 99314982299682
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/11/58
Terms : 45 days

BILL TO:

ACE/ESIS WC (SCRANTON 6569)
W.C. DEPARTMENT
ATTN: SANDRA VALENCIA
P.O. BOX # 6569
SCRANTON, PA 18505

Case: 1 vs LABOR READY SOUTHWEST/TRUEBLUE
Date Of Injury: 12/5/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/26/13	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/01/13	DEPO PREP	@ THE L/O OF PEARLMAN, BORSKA & WAX	156.50
/ /	INTERPRETER:	MARIO RAMIREZ # 100349	0.00
04/17/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
05/08/13	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
06/05/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/30/13	INITIAL EXAM	DR SAMIMI @ WILLOW MEDICAL*	230.00
/ /	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
07/11/13	PRE-OP	DR SAMIMI @ WILLOW MEDICAL GROUP*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
07/12/13	PRE-OP	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
07/18/13	SURGERY	DR SAMIMI: L/KNEE ARTHROSCOPY @ MONROVIA HOSPITAL	495.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341 (5HRS 30MIN)	0.00
07/24/13	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
07/25/13	INJECTION	DR SAMIMI: LT KNEE @ WILLOW MEDICAL*	150.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00

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

*** INVOICE ***
Date NO#
11/17/14 58695

Claim # : 99314982299682
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/11/58
Terms : 45 days

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

Case: 1 vs LABOR READY SOUTHWEST/TRUEBLUE
Date Of Injury: 12/5/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/28/13	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
09/18/13	PR2/REEVAL	DR DOMARACKI @ WILLOW MEDICAL	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
10/09/13	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
10/10/13	PR2/REEVAL	DR SAMIMI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
11/06/13	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
12/04/13	PR2/REEVAL	DR DOMARACKI @ WILLOW MEDICAL	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/07/14	P AND S	DR DOMARACKI @ WILLOW MED*	230.00
/ /	INTERPRETER:	ELIZABETH HERERA # 301231	0.00
06/05/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
06/20/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/21/14	LIEN FIL FEE	LIEN FILING FEE	150.00
10/23/14	PENALTIES	FOR DATE OF SERVICE 03/26/13	34.50
10/23/14	INTEREST	FOR DATE OF SERVICE 03/26/13	36.52
10/23/14	PENALTIES	FOR DATE OF SERVICE 05/01/13	23.48
10/23/14	INTEREST	FOR DATE OF SERVICE 05/01/13	24.85
10/23/14	PENALTIES	FOR DATE OF SERVICE 06/05/13	37.50
10/23/14	INTEREST	FOR DATE OF SERVICE 06/05/13	39.70
10/23/14	PENALTIES	FOR DATE OF SERVICE 05/30/13	34.50
10/23/14	INTEREST	FOR DATE OF SERVICE 05/30/13	36.52
10/23/14	PENALTIES	FOR DATE OF SERVICE 01/07/14	34.50
10/23/14	INTEREST	FOR DATE OF SERVICE 01/07/14	21.30
10/23/14	PENALTIES	FOR DATE OF SERVICE 06/05/14	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#
11/17/14 58695

Claim # : 99314982299682
W.C.A.B.:
ADJ # : --
S.S.N. : XXX-XX --
D.O.B. : 12/11/58
Terms : 45 days

BILL TO:

ACE/ESIS WC (SCRANTON 6569)
W.C. DEPARTMENT
ATTN: SANDRA VALENCIA
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs LABOR READY SOUTHWEST/TRUEBLUE
Date Of Injury: 12/5/11

DOS	SERVICE	DESCRIPTION	AMOUNT
10/23/14	INTEREST	FOR DATE OF SERVICE 06/05/14	7.15
10/23/14	PENALTIES	FOR DATE OF SERVICE 06/20/14	37.50
10/23/14	INTEREST	FOR DATE OF SERVICE 06/20/14	10.24
11/10/14	COSTS & SANC	COSTS & SANC	660.26
11/12/14	PMT BY CHECK	DOS 3/26/13-6/20/14* # FE47626292	-5700.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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PDWLDMCD-001293-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 11/12/14
CHECK NO. FE47626292

STATEMENT **ESIS**

58695

An Insurance Services Company

ESIS, Inc.

FILE ID

9931498229968

DOLLARS

\$*****5,700.00

* NOT NEGOTIABLE *

5900C13FE 00 00453 FE47626292
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

FOR

03/26/13 THRU 06/20/14 STIP LN AGRMT

CLAIMANT

DATE OF EVENT

12/05/11

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

PAID NOV 17 2014

F.F.
SH

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 11/10/14 NO# 40608

Claim # : 04350232
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 8/29/52
Terms : 45 days

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

Case: vs L.A. COUNTY SANDBAGS
Date Of Injury: 11/21/05

DOS	SERVICE	DESCRIPTION	AMOUNT
08/25/10	WCAB LB	STATUS CONFERENCE - CARMEN GUZMAN # 100585	156.50
10/17/11	PENALTIES	FOR DATE OF SERVICE 8/25/10	23.48
10/17/11	INTEREST	FOR DATE OF SERVICE 8/25/10	21.60
10/26/11	PMT BY CHECK	DOS 8/25/10 # CP-529076	-201.58
09/06/12	PR2/REEVAL	DR YOON @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
12/05/13	P AND S	DR NEGIN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
09/17/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
09/17/14	C&R READING	@ THE THE WCAB LBO	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/06/14	PMT BY CHECK	DOS 8/25/10-9/17/14* # CP-819912	-816.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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 Number: 330956713

Check #: CP-529076

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 10/26/11
Doc #: 023790191

Medical

Page 1 of 2

#40608

Line #	Invoice Number	From Date	To Date	Service Description	Units	Allowances
1	40608	08/25/10	08/25/10	Interpreter fees	1	201.58
Total Allowances:						\$201.58

Claim Number	Allowances	Penalty & Interest	Invoice Totals
04350232	201.58	.00	201.58

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:
04350232 INV NO:40608;

BY:.....

STATE FUND WILL PAY TO ONLY ONE REMITTANCE ADDRESS PER TIN EFF. AUGUST 2011
For more information, see www.statefundca.com/about/SingleRemit.asp

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
1888STATEFUND

Provider Number: XXXXX6713

Check #: CP-819912

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 11/06/14

Doc #: 028994989

Medical

Page 1 of 2

Line #	Invoice Number	From Date	To Date	Service Description	Units	Allowances
1	40608	08/25/10	09/17/14	Interpreter fees	1	816.50
Total Allowances:						\$816.50

Claim Number	Allowances	Penalty & Interest	Invoice Totals
04350232	816.50	.00	816.50

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:

04350232 INV 40608;

PAID NOV 10 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"

01212485026994989012

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#
03/18/14 45968

BILL TO:

THE HARTFORD (LEXINGTON-14475)
W.C. DEPARTMENT
ATTN: GEORGE GONZALEZ
P.O. BOX 14475
LEXINGTON, KY 40512

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 6/23/73
Terms : 45 days
Claim #(s):
YMH24101C

Case: vs SHIRO DORA RESTAURANT
Date Of Injury: 4/3/09

DOS	SERVICE	DESCRIPTION	AMOUNT
06/16/11	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR SADIGHPOUR*	150.00
/ /	INTERPRETER:	RICARDO AINSLIE # 500159	0.00
11/13/13	PENALTIES	FOR DATE OF SERVICE 06/16/11	22.50
11/13/13	INTEREST	FOR DATE OF SERVICE 06/16/11	37.57
02/25/14	PENALTIES U	FOR UNPAID STLM'T 11/13/13	45.00
02/25/14	INTEREST U	FOR UNPAID STLM'T 11/13/13	7.64
03/11/14	PMT BY CHECK	DOS 6/15/11* # 121898202 0	-262.71

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.

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
916/294-1062



PAID MAR 18 2011

000371
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Attention: This remittance incorporates
1 claim payments

45968

Special Handling ID: RM 00

Explanation of Benefits

Page 1 of 1

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid		
04-03-09	72WEC FZ0891 YMHC 24101	SHIK DO RAK INC	\$262.71		
Nature of Payment: Miscellaneous Medical		Service Dates 06-16-2011 06-16-2011	\$262.71		
Claim Handler: George Gonzales 916/294-1062 Western Workers' Compensation Claim Center P.O. Box 14475 Lexington, KY 40512		Additional Comments: Lien Settlement 06/16/2011 - 06/16/2011			
Issue Date	03-11-2014	Check Number	121898202 0	Total Amount of Check	\$262.71

Please keep the above information for your records.

FOLD AT DOTTED LINE AND DETACH

105073220

00378

*200012 1218982020

HAR-100-2

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#
10/16/13 50941

BILL TO:

SAINT PAUL TRAVELERS (SACRAM)
W.C. DEPARTMENT
ATTN: ROBERT SEFFERS
P.O. BOX # 13089
SACRAMENTO, CA 95813-4089

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 2/21/58
Terms : 45 days
Claim #(s):
EQB7435

Case: vs STANDARD SALES, INC.
Date Of Injury: 9/21/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/03/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/26/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/12/12	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
06/27/13	PENALTIES	FOR DATE OF SERVICE 01/03/12	23.48
06/27/13	INTEREST	FOR DATE OF SERVICE 01/03/12	25.89
06/27/13	PENALTIES	FOR DATE OF SERVICE 01/26/12	37.50
06/27/13	INTEREST	FOR DATE OF SERVICE 01/26/12	42.38
06/27/13	PENALTIES	FOR DATE OF SERVICE 09/12/12	23.48
06/27/13	INTEREST	FOR DATE OF SERVICE 09/12/12	15.19
10/09/13	PMT BY CHECK	DOS 1/3/12-9/27/13	-730.92
		# 891A 84353313	

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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 CL C
WORKERS COMPENSATION CLAIMS
PO BOX 13089
SACRAMENTO CA 95813-4089

SA09531

891A

84353313

TRAVELERS 

DATE: 10/09/13

LOSS DATE: 09/21/11

FILE NUMBER: 480 CB EQB7435 K

EMPLOYEE

ACCOUNT NAME:
STANDARD SALES, INC.

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

50941

LUMP SUM SETTLEMENT

SERVICE DATE: 09/21/2011 TO: 09/27/2013

TOTAL PAID: \$730.92

TAX INFO: 3309567133317481Y

PAY MISC: LIEN RES FULL/FINAL, ANY/ALL

PAYEE:

JOYCE ALTMAN INTERPRETERS INC

F.F.O.

EU

PAID OCT 16 2013

FOR ADDITIONAL INFORMATION, CONTACT: ROBERT L SEFFENS AT (916)638-6526

2009686

- DETACH CHECK

UNSUM 2-121283

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#
07/08/13 51103

BILL TO:
SCIF (PINEDALE)
W.C. DEPARTMENT
ATTN: THOMAS DONOVAN
P.O. BOX # 65005
FRESNO, CA 93650-5005

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/6/58
Terms : 45 days
Claim #(s):
02454584

Case: vs JEFF KERBER POOL PLASTERING, IN
Date Of Injury: 3/22/04

DOS	SERVICE	DESCRIPTION	AMOUNT
01/19/12	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
12/17/12	PMT BY CHECK	DOS 1/19/12-6/6/12	-300.02
		# CU-968953	
05/07/12	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
01/16/13	PENALTIES	FOR DATE OF SERVICE 05/07/12	23.48
06/25/13	INTEREST	FOR DATE OF SERVICE 05/07/12	9.37
06/25/13	LIEN FIL FEE	LIEN FILING FEE	100.00
07/05/13	PMT BY CHECK	DOS 1/19/12-6/25/13	-239.33
		# CU-026460	

BALANCE 0.00

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

State Compensation Insurance Fund
P.O. Box 65005
Pineville, CA 95350-3005
Questions & Appeals: (951) 697-7500

Provider Number: 330956713

Check #: CU-968953

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 12/17/12
Doc #: 025890060

Medical

51183

Page 1 of 2

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name: SSN: XXX-XX-3442 Employer name: JEFF KERBER POOL PLASTERING, INC ICD-9 Code: 959.1 INJURY OTHER AND UNSPECI Claim #: 02454584 Date of Injury: 03/22/04 Employer ID: 0002380000454030									
1	SF1-SFCA-11088286	01/19/12	MDS10	Settlement For Dispu	1	300.02	.00	961 G67	300.02
2	SF1-SFCA-11088286	01/19/12	MDS10	Settlement For Dispu	1	.00	.00		.00

Total Allowances:

\$300.02

F.F.

LP

DEC 19 2012
BY: [Signature]



To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling_Regulations.htm

Explanation of Review (EOR)

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

Questions & Appeals : 1888STATEFUND

Provider Number: 330956713

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Check #: CU-026460

Issue Date: 07/05/13
Doc #: 026904989

Medical

51103

Page 1 of 2

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances			
Patient Name:			Claim #:			02454584				Date of Injury:	03/22/04	
SSN: XXX-XX-3442		Employer name: JEFF KERBER POOL PLASTERING, INC			Employer ID: 0002380000454030							
ICD-9 Code:999.9											COMPLIC MED CARE NEC/NOS	
1	SF1-SFCA-12157942	05/07/12	MDO10	Payment By Order	1	239.33	.00	961 G67	239.33			
2	SF1-SFCA-12157942	05/07/12	MDO10	Payment By Order	1	.00	.00		.00			
Total Allowances:									\$239.33			

PAID JUL 08 2013

01395785026904989012

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.

To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/EBilling/EBilling_Regulations.htm

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#
07/03/13 40981

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 8/3/85
Terms : 45 days
Claim #(s):
EHJ5840

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

Case: vs COAST ENVIRONMENTAL
Date Of Injury: 2/18/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/14/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	200.00
/ /	INTERPRETER:	ESTELA OLIVAS # 100625	0.00
01/27/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	200.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
02/15/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
10/24/11	PENALTIES	FOR DATE OF SERVICE 12/14/10	30.00
08/30/12	INTEREST	FOR DATE OF SERVICE 12/14/10	40.64
10/24/11	PENALTIES	FOR DATE OF SERVICE 1/27/11	30.00
08/30/12	INTEREST	FOR DATE OF SERVICE 1/27/11	37.87
10/24/11	PENALTIES	FOR DATE OF SERVICE 2/15/11	37.50
08/30/12	INTEREST	FOR DATE OF SERVICE 2/15/11	46.63
06/28/13	PMT BY CHECK	DOS 12/14/10-6/28/13 # 891A 84004491	-872.64

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SB01639

891A 84004491

TRAVELERS 

DATE: 06/28/13
LOSS DATE: 02/18/10
FILE NUMBER: 152 CB EHJ5840 K

EMPLOYEE

ACCOUNT NAME:
COAST ENVIRONMENTAL DUCT

40981

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

LUMP SUM SETTLEMENT

SERVICE DATE: 02/18/2010 TO: 06/28/2013

TOTAL PAID: \$872.64

TAX INFO: 3309567133721476Y

PAY MISC: FULL AND FINAL ALL DATES OF S

PAYEE:

JOYCE ALMAN INTERPRETERS

F-F. 
NDT

FOR ADDITIONAL INFORMATION, CONTACT: JASON DOVEL AT (909)612-3812

179011753

DETACH CHECK HNSUMM
OVERFUND-1212DETACH 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#
07/19/13 29055

BILL TO:

MATRIX (SAN JOSE)
W.C. DEPARTMENT
ATTN: LAURA DOWNEY
P.O. BOX # 11035
SAN JOSE, CA 95103

W.C.A.B.: LBO
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 3/10/60
Terms : 45 days
Claim #(s):
0959200500196

Case: vs SANDBERG FURNITURE
Date Of Injury: CT 1/07 - 1/8/08

DOS	SERVICE	DESCRIPTION	AMOUNT
01/25/08	INITIAL EXAM	-DR HOSSAIN*	230.00
01/23/08	INITIAL EXAM	-DR KATTAR*	230.00
02/19/08	NCV	DIAGNOSTIC STUDY INTERP: U/E, L/E*	125.00
02/19/08	EMG TESTING	-BY DR PARK - U/E, L/E*	125.00
02/22/08	PR2/REEVAL	-DR HOSSAIN*	180.00
03/27/08	DEPO PREP	@ THE L/O OF TOBIN & LUCKS	156.50
03/14/08	PR2/REEVAL	-DR HOSSAIN*	180.00
04/25/08	PR2/REEVAL	-DR HOSSAIN*	180.00
05/02/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
06/06/08	PR2/REEVAL	-DR HOSSAIN*	180.00
06/04/08	INITIAL EXAM	DR NAZIR*	230.00
06/26/08	PR2/REEVAL	-DR KATTAR*	180.00
07/18/08	PR2/REEVAL	-DR HOSSAIN*	180.00
08/20/08	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH*	180.00
08/25/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
09/22/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
10/08/08	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
10/15/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
01/31/08	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
10/16/08	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
11/13/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
11/26/08	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH*	180.00
03/11/09	PENALTIES	FOR DATE OF SERVICE 1/25/08	34.50
06/25/13	INTEREST	FOR DATE OF SERVICE 1/25/08	144.79
03/11/09	PENALTIES	FOR DATE OF SERVICE 1/23/08	34.50
06/25/13	INTEREST	FOR DATE OF SERVICE 1/23/08	144.99
03/11/09	PENALTIES	FOR DATE OF SERVICE 2/19/08	37.50
06/25/13	INTEREST	FOR DATE OF SERVICE 2/19/08	155.40
03/11/09	PENALTIES	FOR DATE OF SERVICE 3/27/08	23.48
06/25/13	INTEREST	FOR DATE OF SERVICE 3/27/08	97.29

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#
07/19/13 29055

W.C.A.B.: LBO
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 3/10/60
Terms : 45 days
Claim #(s):
0959200500196

BILL TO:
MATRIX (SAN JOSE)
W.C. DEPARTMENT
ATTN: LAURA DOWNEY
P.O. BOX # 11035
SAN JOSE, CA 95103

Case: -- vs SANDBERG FURNITURE
Date Of Injury: CT 1/07 - 1/8/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/11/09	PENALTIES	FOR DATE OF SERVICE 5/2/08	37.50
06/25/13	INTEREST	FOR DATE OF SERVICE 5/2/08	149.66
03/11/09	PENALTIES	FOR DATE OF SERVICE 6/4/08	34.50
06/25/13	INTEREST	FOR DATE OF SERVICE 6/4/08	135.29
03/11/09	PENALTIES	FOR DATE OF SERVICE 8/25/08	23.48
06/25/13	INTEREST	FOR DATE OF SERVICE 8/25/08	88.02
03/11/09	PENALTIES	FOR DATE OF SERVICE 9/22/08	37.50
06/25/13	INTEREST	FOR DATE OF SERVICE 9/22/08	138.39
03/11/09	PENALTIES	FOR DATE OF SERVICE 10/15/08	23.48
06/25/13	INTEREST	FOR DATE OF SERVICE 10/15/08	85.50
03/11/09	PENALTIES	FOR DATE OF SERVICE 11/13/08	37.50
06/25/13	INTEREST	FOR DATE OF SERVICE 11/13/08	134.30
04/15/09	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
05/29/09	PR2/REEVAL	-DR HOSSAIN @ GARFIELD HEALTH	180.00
07/10/09	PR2/REEVAL	-DR HOSSAIN @ GARFIELD HEALTH	180.00
09/03/09	P AND S	-DR KATTAR @ GARFIELD HEALTH*	230.00
02/16/10	PENALTIES	FOR DATE OF SERVICE 09/03/09	34.50
06/25/13	INTEREST	FOR DATE OF SERVICE 09/03/09	102.25
07/07/10	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
04/02/13	PENALTIES	FOR DATE OF SERVICE 2/22/08	27.00
06/25/13	INTEREST	FOR DATE OF SERVICE 2/22/08	111.72
04/02/13	PENALTIES	FOR DATE OF SERVICE 3/14/08	27.00
06/25/13	INTEREST	FOR DATE OF SERVICE 3/14/08	110.53
04/02/13	PENALTIES	FOR DATE OF SERVICE 4/25/08	27.00
06/25/13	INTEREST	FOR DATE OF SERVICE 4/25/08	108.15
04/02/13	PENALTIES	FOR DATE OF SERVICE 6/6/08	27.00
06/25/13	INTEREST	FOR DATE OF SERVICE 6/6/08	105.77
04/02/13	PENALTIES	FOR DATE OF SERVICE 6/26/08	27.00
06/25/13	INTEREST	FOR DATE OF SERVICE 6/26/08	104.63
04/02/13	PENALTIES	FOR DATE OF SERVICE 7/18/08	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#
07/19/13 29055

W.C.A.B.: LBO
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 3/10/60
Terms : 45 days
Claim #(s):
0959200500196

BILL TO:

MATRIX (SAN JOSE)
W.C. DEPARTMENT
ATTN: LAURA DOWNEY
P.O. BOX # 11035
SAN JOSE, CA 95103

Case: vs SANDBERG FURNITURE
Date Of Injury: CT 1/07 - 1/8/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/25/13	INTEREST	FOR DATE OF SERVICE 7/18/08	103.39
04/02/13	PENALTIES	FOR DATE OF SERVICE 8/20/08	27.00
06/25/13	INTEREST	FOR DATE OF SERVICE 8/20/08	101.52
04/02/13	PENALTIES	FOR DATE OF SERVICE 10/8/08	27.00
06/25/13	INTEREST	FOR DATE OF SERVICE 10/8/08	98.74
04/02/13	PENALTIES	FOR DATE OF SERVICE 1/31/08	27.00
06/25/13	INTEREST	FOR DATE OF SERVICE 1/31/08	112.97
04/02/13	PENALTIES	FOR DATE OF SERVICE 10/16/08	27.00
06/25/13	INTEREST	FOR DATE OF SERVICE 10/16/08	98.28
04/02/13	PENALTIES	FOR DATE OF SERVICE 11/26/08	27.00
06/25/13	INTEREST	FOR DATE OF SERVICE 11/26/08	95.96
04/02/13	PENALTIES	FOR DATE OF SERVICE 04/15/09	27.00
06/25/13	INTEREST	FOR DATE OF SERVICE 04/15/09	88.02
04/02/13	PENALTIES	FOR DATE OF SERVICE 05/29/09	27.00
06/25/13	INTEREST	FOR DATE OF SERVICE 05/29/09	85.52
04/02/13	PENALTIES	FOR DATE OF SERVICE 07/10/09	27.00
06/25/13	INTEREST	FOR DATE OF SERVICE 07/10/09	83.14
04/02/13	PENALTIES	FOR DATE OF SERVICE 07/07/10	27.00
06/25/13	INTEREST	FOR DATE OF SERVICE 07/07/10	62.61
06/25/13	LIEN FIL FEE	LIEN ACTIVATION FEE	100.00
07/12/13	PMT BY CHECK	DOS 1/25/08-6/25/13 # 0007311191	-8799.77

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#
07/19/13 29055

W.C.A.B.: LBO
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 3/10/60
Terms : 45 days
Claim #(s):
0959200500196

BILL TO:
MATRIX (SAN JOSE)
W.C. DEPARTMENT
ATTN: LAURA DOWNEY
P.O. BOX # 11035
SAN JOSE, CA 95103

Case: vs SANDBERG FURNITURE
Date Of Injury: CT 1/07 - 1/8/08

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.

Matrix Absence Management, Inc.
P.O. Box 779005
Rocklin, CA 95677

Electronic Service Requested

MIXED AADC 926

14483 0.7130 MB 0.402



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

248

Claim: 1950494 / Accident date: 06/30/2007, Jurisdiction State: California.
Insured: Sandberg Furniture Manufacturing, Policy: LDM0500086-07.

The payment is for Physician - Treating from 06/30/2007 to 06/25/2013.

Check: 0007311191, issued: 07/12/2013, for: \$8,799.77, for: Medical, Invoice: 26131902474900

To the Order of: JOYCE ALTMAN INTERPRETERS INC
: PO BOX 4165
: TUSTIN, CA 927814165

Please refer to the attached explanation of review number: 26131902474900

290SS

I.F.
CA ^{OK}

PAID JUL 19 2013

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#
05/20/13 39594

BILL TO:

AMERICAN CLAIMS MGMT (SD85251)
W.C. DEPARTMENT
ATTN: RICARDO ANGULO
P.O. BOX # 85251
SAN DIEGO, CA 92186

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 9/4/54
Terms : 45 days
Claim #(s):
01000497

Case: vs STR INC, AUTO REPAIR SERVICES
Date Of Injury: 5/15/08;1/1/07-1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
02/18/09	INITIAL EXAM	-DR BOYER @ PAIN RELIEF CTR*	230.00
03/24/09	SHOCK WAVE	THERAPY W/ TECH LOPEZ @ PAIN RELIEF CTR*	150.00
04/14/09	DEPO PREP	@ THE L/O OF BRADFORD & BARTHEL	156.50
04/16/09	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ PAIN RELIEF CTR*	150.00
04/21/09	SHOCK WAVE	THERAPY W/ TECH LOPEZ @ PAIN RELIEF CTR*	150.00
05/05/09	SHOCK WAVE	THERAPY W/ TECH LOPEZ @ PAIN RELIEF CTR*	150.00
04/21/09	INITIAL EXAM	-DR DE LA LLANA @ PAIN RELIEF CTR*	230.00
05/19/09	PR2/REEVAL	DR DE LA LLANA @ PAIN RELIEF CTR*	180.00
05/26/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
06/02/09	PR2/REEVAL	DR DE LA LLANA @ PAIN RELIEF CTR*	180.00
06/25/09	INITIAL EXAM	-DR GALLONI @ PAIN RELIEF CTR	230.00
07/27/09	INITIAL EXAM	DR ZARRINI @ PAIN RELIEF CTR*	230.00
11/12/09	PR2/REEVAL	DR ZARRINI @ PAIN RELIEF CTR*	180.00
04/29/09	PENALTIES	FOR DATE OF SERVICE 02/18/09	34.50
05/09/13	INTEREST	FOR DATE OF SERVICE 02/18/09	108.05
04/29/09	PENALTIES	FOR DATE OF SERVICE 04/14/09	23.48
05/09/13	INTEREST	FOR DATE OF SERVICE 04/14/09	73.52
04/29/09	PENALTIES	FOR DATE OF SERVICE 04/21/09	34.50
05/09/13	INTEREST	FOR DATE OF SERVICE 04/21/09	108.05
11/19/10	PENALTIES	FOR DATE OF SERVICE 05/26/09	37.50
05/09/13	INTEREST	FOR DATE OF SERVICE 05/26/09	115.32
11/19/10	PENALTIES	FOR DATE OF SERVICE 06/25/09	34.50
05/09/13	INTEREST	FOR DATE OF SERVICE 06/25/09	103.92

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#
05/20/13 39594

BILL TO:

AMERICAN CLAIMS MGMT (SD85251)
W.C. DEPARTMENT
ATTN: RICARDO ANGULO
P.O. BOX # 85251
SAN DIEGO, CA 92186

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 9/4/54
Terms : 45 days
Claim #(s):
01000497

Case: vs STR INC, AUTO REPAIR SERVICES
Date Of Injury: 5/15/08;1/1/07-1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/19/10	PENALTIES	FOR DATE OF SERVICE 07/27/09	34.50
05/09/13	INTEREST	FOR DATE OF SERVICE 07/27/09	101.60
11/10/09	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ PAIN RELIEF CTR*	150.00
01/21/10	WCAB LB	MSC - PATRICIA HAYES #100761	156.50
02/12/10	PR2/REEVAL	DR BOYER* MARTHA BECERRA # 500198	180.00
03/15/10	INITIAL EXAM	DR KHAN @ PAIN RELIEF CTR*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
04/14/10	P AND S	DR BOYER* CLARA BONILLA # 500320	230.00
06/29/10	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/19/10	PENALTIES	FOR DATE OF SERVICE 01/21/10	23.48
05/09/13	INTEREST	FOR DATE OF SERVICE 01/21/10	60.35
11/19/10	PENALTIES	FOR DATE OF SERVICE 03/15/10	34.50
05/09/13	INTEREST	FOR DATE OF SERVICE 03/15/10	84.86
11/19/10	PENALTIES	FOR DATE OF SERVICE 04/14/10	34.50
05/09/13	INTEREST	FOR DATE OF SERVICE 04/14/10	82.68
11/19/10	PENALTIES	FOR DATE OF SERVICE 06/29/10	23.48
05/09/13	INTEREST	FOR DATE OF SERVICE 06/29/10	52.51
03/15/11	WCAB LB	EXP. HEARING	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/31/12	PENALTIES	FOR DATE OF SERVICE 3/15/11	23.48
05/09/13	INTEREST	FOR DATE OF SERVICE 3/15/11	39.74
06/07/12	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
04/29/09	PENALTIES	FOR DATE OF SERVICE 03/24/09	22.50
05/09/13	INTEREST	FOR DATE OF SERVICE 03/24/09	70.47
04/29/09	PENALTIES	FOR DATE OF SERVICE 04/16/09	22.50
05/09/13	INTEREST	FOR DATE OF SERVICE 04/16/09	70.47

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#
05/20/13 39594

BILL TO:

AMERICAN CLAIMS MGMT (SD85251)
W.C. DEPARTMENT
ATTN: RICARDO ANGULO
P.O. BOX # 85251
SAN DIEGO, CA 92186

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 9/4/54
Terms : 45 days
Claim #(s):
01000497

Case: vs STR INC, AUTO REPAIR SERVICES
Date Of Injury: 5/15/08;1/1/07-1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
04/29/09	PENALTIES	FOR DATE OF SERVICE 04/21/09	22.50
05/09/13	INTEREST	FOR DATE OF SERVICE 04/21/09	70.47
11/19/10	PENALTIES	FOR DATE OF SERVICE 05/05/09	22.50
05/09/13	INTEREST	FOR DATE OF SERVICE 05/05/09	70.18
11/19/10	PENALTIES	FOR DATE OF SERVICE 05/19/09	27.00
05/09/13	INTEREST	FOR DATE OF SERVICE 05/19/09	83.42
11/19/10	PENALTIES	FOR DATE OF SERVICE 06/02/09	27.00
05/09/13	INTEREST	FOR DATE OF SERVICE 06/02/09	82.63
11/19/10	PENALTIES	FOR DATE OF SERVICE 11/10/09	22.50
05/09/13	INTEREST	FOR DATE OF SERVICE 11/10/09	61.25
11/19/10	PENALTIES	FOR DATE OF SERVICE 02/12/10	27.00
05/09/13	INTEREST	FOR DATE OF SERVICE 02/12/10	68.17
07/06/12	PENALTIES	FOR DATE OF SERVICE 06/07/12	23.48
05/09/13	INTEREST	FOR DATE OF SERVICE 06/07/12	17.55
11/19/10	PENALTIES	FOR DATE OF SERVICE 11/12/09	27.00
05/09/13	INTEREST	FOR DATE OF SERVICE 11/12/09	73.39
06/14/12	C&R READING	@ THE WCAB LB	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
09/25/12	PENALTIES	FOR DATE OF SERVICE 06/14/12	37.50
05/09/13	INTEREST	FOR DATE OF SERVICE 06/14/12	27.49
05/09/13	LIEN FIL FEE	ACTIVATION FILING FEE	100.00
05/15/13	PMT BY CHECK	DOS 2/18/09-5/9/13 # 37085	-6478.49

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#
05/20/13 39594

BILL TO:

AMERICAN CLAIMS MGMT (SD85251)
W.C. DEPARTMENT
ATTN: RICARDO ANGULO
P.O. BOX # 85251
SAN DIEGO, CA 92186

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 9/4/54
Terms : 45 days
Claim #(s):
01000497

Case: vs STR INC, AUTO REPAIR SERVICES
Date Of Injury: 5/15/08;1/1/07-1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
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BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and 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.

Lincoln General Insurance Company

California Bank & Trust

90-3210

CHECK NO.

37085

P.O. Box 85251
San Diego, CA 921864320 La Jolla Villa Drive Suite 140
San Diego, CA 92122

1222

DATE
05/15/2013

California Workers' Compensation Payment

*****6,478.49

Pay Six Thousand Four Hundred Seventy Eight Dollars And 49/100

VOID AFTER 90 DAYS

TO THE ORDER OF

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

TWO SIGNATURES REQUIRED ON AMOUNTS OVER \$2,500.00

⑈0037085⑈ ⑆122232109⑆ 2352010891⑈

Payee: Joyce Altman Interpreters, Inc.

Check Number: 37085

IRS/SSN: XX-XXX6713

Check Date: 05/15/2013

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
01000497		05/01/2008	Lien Payment - Medical	05/01/2008	05/13/2013			6,478.49

33162

39594 ✓

I.F.
OK
CA

PAID MAY 20 2013

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#
05/29/13 35353

W.C.A.B.:
ADJ # : A
S.S.N. : XXX-XX-
D.O.B. : 9/13/60
Terms : 45 days
Claim #(s):
710534548

BILL TO:
CHARTIS/AIG (SHAWNEE-25978)
W.C. DEPARTMENT
ATTN: CHRSTELA FRANCO
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: vs MODERN ALLOYS, INC.
Date Of Injury: 8/4/08

DOS	SERVICE	DESCRIPTION	AMOUNT
09/21/09	DEPO PREP	@ THE L/O OF ADELSON & TESTAN	156.50
10/21/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
11/24/09	PENALTIES	FOR DATE OF SERVICE 09/21/09	23.48
06/04/13	INTEREST	FOR DATE OF SERVICE 09/21/09	64.50
11/24/09	PENALTIES	FOR DATE OF SERVICE 10/21/09	37.50
06/04/13	INTEREST	FOR DATE OF SERVICE 10/21/09	103.03
05/25/11	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
01/30/12	WCAB LB	MSC (FULL DAY)	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585 AM	0.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793 PM	0.00
10/16/12	PENALTIES	FOR DATE OF SERVICE 05/25/11	23.48
06/04/13	INTEREST	FOR DATE OF SERVICE 05/25/11	37.52
06/04/13	PENALTIES	FOR DATE OF SERVICE 01/30/12	46.95
06/04/13	INTEREST	FOR DATE OF SERVICE 01/30/12	50.39
05/24/13	PMT BY CHECK	DOS 9/21/09-6/4/13 # 23814436	-1262.85

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.

CHARTIS
P.O. BOX 2017
JERSEY CITY, NJ 07303-2017

Electronic Service Requested



7 OF 7 F
ENV 44

44 1.5596 SP 0.660
SINGLE PIECE
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 23814436
RFP No.: 933516
Check Date: 05/24/2013
Check Amount: 1,262.85
Insured: MODERN ALLOYS, INC

Claimant:

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

PAID MAY 29 2013

35353

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000001593433	00534548	01	08/04/2008	MED	O	1,262.85
Total Amount						1,262.85

Reason for Payment
052113-052113

Use File # 710/ 00534548 on all correspondence for prompt processing.
For check information call: 877-802-5246

F. Fox
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#
06/11/13 40041

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 8/21/70
Terms : 45 days
Claim #(s):
05461882

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

Case: vs PC LANDSCAPE SERVICES
Date Of Injury: 9/30/04

DOS	SERVICE	DESCRIPTION	AMOUNT
10/08/10	DEPO PREP	@ THE LAW OFFICES OF SCIF	156.50
/ /	INTERPRETER:	MARIA SEARS # 100795	0.00
10/21/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	@ L/O DENNIS FUSI	
		SABINE SKELTON # 300884	0.00
12/06/10	PENALTIES	FOR DATE OF SERVICE 10/8/10	23.48
06/03/13	INTEREST	FOR DATE OF SERVICE 10/8/10	45.86
12/06/10	PENALTIES	FOR DATE OF SERVICE 10/21/10	37.50
06/03/13	INTEREST	FOR DATE OF SERVICE 10/21/10	76.88
04/06/12	C&R READING	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	(BLOCK SETTLEMENT)	
		PATRICIA HAYES # 100761	0.00
06/04/12	PENALTIES	FOR DATE OF SERVICE 4/6/12	23.48
06/03/13	INTEREST	FOR DATE OF SERVICE 4/6/12	18.93
06/03/13	LIEN FIL FEE	ACTIVATION FILING FEE	100.00
06/05/13	PMT BY CHECK	DOS 10/8/10-6/3/13	-889.13
		# CS-444481	

BALANCE 0.00

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

Check #: CS-444481

Provider Number: 330956713

JOYCE ALTMAN INTERPRETERS INC

Issue Date: 06/05/13

Po Box 4165
Tustin CA 92781

Doc #: 026771080

Page 1 of 2

410041

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
1888STATEFUND

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units	Allowances
1	FULL&FINAL	10/08/10	06/04/12	Interpreter fees	1	889.13
Total Allowances:						\$889.13

Claim Number
05461882Allowances
889.13Penalty & Interest
.00Invoice Totals
889.13

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:

05461882

FULL & FINAL;

a
PAID JUN 11 2013F-F.
EU OK

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

To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling_Regulations.htm

01294774026771080012



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#
03/12/14 32220

BILL TO:

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

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 8/19/46
Terms : 45 days
Claim #(s):
10100806223

Case: vs HYATT DIE CAST & ENGINEERING
Date Of Injury: 9/4/08

DOS	SERVICE	DESCRIPTION	AMOUNT
11/04/08	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
11/17/08	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
12/01/08	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
12/16/08	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
02/13/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
02/23/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
03/20/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
04/17/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
05/01/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
05/22/09	PR2/REEVAL	DR DOMARACKI* EMMA GUTIERREZ (QUALIFIED)	180.00
06/04/09	INITIAL EXAM	DR GALLONI* ELIZABETH HERRERA # 301231	230.00
06/12/09	PR2/REEVAL	DR DOMARACKI* EMMA GUTIERREZ (QUALIFIED)	180.00
07/10/09	PR2/REEVAL	DR DOMARACKI* ELIZABETH HERRERA # 301231	180.00
07/31/09	PMT BY CHECK	DOS 11/4/08 THRU 5/1/09 # 0007166364	-1670.00
10/13/09	PR2/REEVAL	DR DOMARACKI* EMMA GUTIERREZ (QUALIFIED)	180.00
11/10/09	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
12/08/09	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA #100755	180.00
01/06/10	PR2/REEVAL	DR DOMARACKI* TITO SILVA # 500272	180.00
01/27/10	PR2/REEVAL	DR DOMARACKI* ELIZABETH VARGA # 500106	180.00
02/18/10	PR2/REEVAL	DR DOMARACKI*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	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#
03/12/14 32220

BILL TO:

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

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 8/19/46
Terms : 45 days
Claim #(s):
10100806223

Case: vs HYATT DIE CAST & ENGINEERING
Date Of Injury: 9/4/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/18/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
04/08/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
05/06/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
06/03/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
06/08/10	INITIAL EXAM	DR OBUKHOF* ELENA LOPEZ # 500289	230.00
06/14/10	PR2/REEVAL	DR DOMARACKI* VINCENT MEJIA 500309	180.00
09/27/10	PENALTIES	FOR DATE OF SERVICE 06/08/10	34.50
02/11/14	INTEREST	FOR DATE OF SERVICE 06/08/10	98.84
10/08/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
10/20/10	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA #100755	180.00
11/18/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
12/29/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
02/15/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
03/31/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
05/12/11	PR2/REEVAL	DR DOMARACKI* VINCENT MEJIA # 500309	180.00
06/16/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
10/17/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ	180.00

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TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/12/14 32220

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 8/19/46
Terms : 45 days
Claim #(s):
10100806223

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

Case: . vs HYATT DIE CAST & ENGINEERING
Date Of Injury: 9/4/08

DOS	SERVICE	DESCRIPTION	AMOUNT
=====			
11/02/11	PR2/REEVAL	# 500289 DR DOMARACKI* GLADYS REYNA	180.00
02/02/12	PR2/REEVAL	# 100755 DR DOMARACKI* ELENA LOPEZ	180.00
02/09/12	WCAB LB	# 500289 MSC - JOHANNA JORDAN # 100793	156.50
07/20/13	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
02/11/14	PENALTIES	FOR DATE OF SERVICE 5/22/09	27.00
02/11/14	INTEREST	FOR DATE OF SERVICE 5/22/09	99.02
02/11/14	PENALTIES	FOR DATE OF SERVICE 6/4/09	34.50
02/11/14	INTEREST	FOR DATE OF SERVICE 6/4/09	125.58
02/11/14	PENALTIES	FOR DATE OF SERVICE 6/12/09	27.00
02/11/14	INTEREST	FOR DATE OF SERVICE 6/12/09	97.83
02/11/14	PENALTIES	FOR DATE OF SERVICE 7/10/09	27.00
02/11/14	INTEREST	FOR DATE OF SERVICE 7/10/09	96.24
02/11/14	PENALTIES	FOR DATE OF SERVICE 10/13/09	27.00
02/11/14	INTEREST	FOR DATE OF SERVICE 10/13/09	90.85
02/11/14	PENALTIES	FOR DATE OF SERVICE 11/10/09	27.00
02/11/14	INTEREST	FOR DATE OF SERVICE 11/10/09	89.27
02/11/14	PENALTIES	FOR DATE OF SERVICE 12/8/09	27.00
02/11/14	INTEREST	FOR DATE OF SERVICE 12/8/09	87.68
02/11/14	PENALTIES	FOR DATE OF SERVICE 1/6/10	27.00
02/11/14	INTEREST	FOR DATE OF SERVICE 1/6/10	86.03
02/11/14	PENALTIES	FOR DATE OF SERVICE 1/27/10	27.00
02/11/14	INTEREST	FOR DATE OF SERVICE 1/27/10	84.84
02/11/14	PENALTIES	FOR DATE OF SERVICE 2/18/10	27.00
02/11/14	INTEREST	FOR DATE OF SERVICE 2/18/10	83.59
02/11/14	PENALTIES	FOR DATE OF SERVICE 3/18/10	27.00
02/11/14	INTEREST	FOR DATE OF SERVICE 3/18/10	82.01
02/11/14	PENALTIES	FOR DATE OF SERVICE 4/8/10	27.00
02/11/14	INTEREST	FOR DATE OF SERVICE 4/8/10	80.82

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#
03/12/14 32220

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 8/19/46
Terms : 45 days
Claim #(s):
10100806223

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

Case: vs HYATT DIE CAST & ENGINEERING
Date Of Injury: 9/4/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/11/14	PENALTIES	FOR DATE OF SERVICE 5/6/10	27.00
02/11/14	INTEREST	FOR DATE OF SERVICE 5/6/10	79.23
02/11/14	PENALTIES	FOR DATE OF SERVICE 6/3/10	27.00
02/11/14	INTEREST	FOR DATE OF SERVICE 6/3/10	77.64
02/11/14	PENALTIES	FOR DATE OF SERVICE 6/14/10	27.00
02/11/14	INTEREST	FOR DATE OF SERVICE 6/14/10	77.02
02/11/14	PENALTIES	FOR DATE OF SERVICE 10/8/10	27.00
02/11/14	INTEREST	FOR DATE OF SERVICE 10/8/10	70.44
02/11/14	PENALTIES	FOR DATE OF SERVICE 10/20/10	27.00
02/11/14	INTEREST	FOR DATE OF SERVICE 10/20/10	69.76
02/11/14	PENALTIES	FOR DATE OF SERVICE 11/18/10	27.00
02/11/14	INTEREST	FOR DATE OF SERVICE 11/18/10	68.11
02/11/14	PENALTIES	FOR DATE OF SERVICE 12/29/10	27.00
02/11/14	INTEREST	FOR DATE OF SERVICE 12/29/10	65.79
02/11/14	PENALTIES	FOR DATE OF SERVICE 2/15/11	27.00
02/11/14	INTEREST	FOR DATE OF SERVICE 2/15/11	63.06
02/11/14	PENALTIES	FOR DATE OF SERVICE 3/31/11	27.00
02/11/14	INTEREST	FOR DATE OF SERVICE 3/31/11	60.57
02/11/14	PENALTIES	FOR DATE OF SERVICE 5/12/11	27.00
02/11/14	INTEREST	FOR DATE OF SERVICE 5/12/11	58.19
02/11/14	PENALTIES	FOR DATE OF SERVICE 6/16/11	27.00
02/11/14	INTEREST	FOR DATE OF SERVICE 6/16/11	56.20
02/11/14	PENALTIES	FOR DATE OF SERVICE 10/17/11	27.00
02/11/14	INTEREST	FOR DATE OF SERVICE 10/17/11	49.23
02/11/14	PENALTIES	FOR DATE OF SERVICE 11/2/11	27.00
02/11/14	INTEREST	FOR DATE OF SERVICE 11/2/11	48.32
02/11/14	PENALTIES	FOR DATE OF SERVICE 12/2/12	27.00
02/11/14	INTEREST	FOR DATE OF SERVICE 12/2/12	43.10
02/11/14	PENALTIES	FOR DATE OF SERVICE 2/9/12	23.48
02/11/14	INTEREST	FOR DATE OF SERVICE 2/9/12	37.13
02/11/14	COSTS & SANC	DOS 11/4/08-2/22/14	1889.63

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#
03/12/14 32220

W.C.A.B.:
ADJ # : 1
S.S.N. : XXX-XX-
D.O.B. : 8/19/46
Terms : 45 days
Claim #(s):
10100806223

BILL TO:

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

Case: vs HYATT DIE CAST & ENGINEERING
Date Of Injury: 9/4/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/05/14	PMT BY CHECK	DOS 11/4/08-2/9/12* # 0000465915	-10000.00

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.

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

Check Date: 07/31/2009
Check Number: 0000716364
Check Amount: \$1,670.00

HW071T

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, HW071T

00136 JOP1ZS01 1Z 6300008840-6300186482
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-08-00223		01/02/2008	32220	02	11/04/2008	05/01/2009	\$1,670.00
Cat	SubPC	Stub Notes					Stub Amount
		DR DOMARACKI @ WILLOW MED					\$0.00
02		MISC MEDICAL					\$1,670.00
							\$1,670.00

PAID

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

Check Date: 03/05/2014
Check Number: 0000465915
Check Amount: \$10,000.00

S0CX1C

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, S0CX1C

00353 JOP1ZS01 1Z 6300016648-6300604791
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID MAR 12 2014

64668
32220 *ok*

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-08-06223		10/23/2008	LIEN	02	11/04/2008	02/09/2012	\$10,000.00
Cat	SubPC	Stub Notes					Stub Amount
		FOR ALL DATES OF SERVICE INLCUDING PENALTIES					\$0.00
		AND INTEREST					\$0.00
02		IN FULL AND FINAL SATISFACTION OF LIEN					\$10,000.00
							\$10,000.00

FF.
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#
02/24/14 41392

W.C.A.B.: LBO
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 2/5/71
Terms : 45 days
Claim #(s):
05532214

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

Case: vs GOLDEN BELT COATING
Date Of Injury: 1/5/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/30/10	MRI	REF BY DR MONTGOMERY: L/S*	150.00
/ /	INTERPRETER:	BLANCA NOCHEZ MEJIA # 100741	0.00
03/14/13	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/28/13	PENALTIES	FOR DATE OF SERVICE 12/30/10	22.50
02/03/14	INTEREST	FOR DATE OF SERVICE 12/30/10	46.41
06/28/13	PENALTIES	FOR DATE OF SERVICE 03/14/13	37.50
06/28/13	INTEREST	FOR DATE OF SERVICE 03/14/13	27.25
02/21/14	PMT BY CHECK	DOS 1/5/10-6/7/13* # CS-484513	-533.66

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.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
1888STATEFUND

Provider Number: 330956713

Check #: CS-484513

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 02/21/14

Doc #: 027941428

41392

Page 1 of 2

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units	Allowances
--------	----------------	-----------	---------	---------------------	-------	------------

1	FULL&FINAL	01/05/10	06/07/13	Medical Services	1	533.66
Total Allowances:						\$533.66

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05532214	533.66	.00	533.66

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:

05532214 FULL/FINAL;

PAID FEB 24 2014

FF
OK
NDT

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"

01203592027941428012



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#
05/27/14 57821

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 11/20/69
Terms : 45 days
Claim #(s):
111W12142532

BILL TO:

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

Case: vs STENO EMPLOYMENT SERVICES
Date Of Injury: 3/15/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/05/13	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/09/13	WCAB LB	TRIAL - JOHANNA JORDAN # 301566	156.50
11/07/13	PENALTIES	FOR DATE OF SERVICE 2/5/13	23.48
02/13/14	INTEREST	FOR DATE OF SERVICE 2/5/13	15.29
11/07/13	PENALTIES	FOR DATE OF SERVICE 4/9/13	23.48
02/13/14	INTEREST	FOR DATE OF SERVICE 4/9/13	15.29
02/13/14	MISC	COST & SANC	335.46
02/13/14	PMT BY CHECK	DOS 2/13/14* # 2015382151	-726.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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E



Member Company
 Castlepoint National Insurance Company
 120 Broadway, 31st Floor
 New York, NY 10271

Check Number: **2015382151**
 Date: 2/13/2014
 Amount: \$726.00

000 0001860 00000000 001 002 00757 INS: 0 0

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

757



G
PAID FEB 19 2014

Per stip and order, dated 2/13/14
 Claim Number 111W11130304
 JOYCE ALTMAN INTEPRETERS INC

*F. FOX
 GP*

Claim#	Invoice#	FromData	To Date	Insured Name	Claimant Name	Amount
		Inv Date	Reason			
111W11130304		02/13/14	02/13/14	Steno Employment Services, I		726.00

(Handwritten circle around 726.00)

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#
03/25/14 39235

BILL TO:

TRISTAR RISK MGMT (CLINT-2805)
W.C. DEPARTMENT
ATTN: FRANCISCO PARAGAS
P.O. BOX 2805
CLINTON, IA 52733

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 2/15/89
Terms : 45 days
Claim #(s):
7190221169

Case: vs SWAYZER'S INC.
Date Of Injury: 9/16/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/28/10	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
11/29/10	PR2/REEVAL	DR DOMARACKI*	180.00
		ELENA LOPEZ #500289	
12/30/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ	180.00
		# 500289	
01/27/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ	180.00
		# 500289	
02/17/11	PMT BY CHECK	DOS 10/28/10 THRU 11/29/10	-180.00
		# 0000190682	
02/24/11	PMT BY CHECK	DOS 12/30/10 # 0000191807	-180.00
02/09/11	P AND S	DR DOMARACKI* GLADYS REYNA	230.00
		# 100755	
03/08/11	PMT BY CHECK	DOS 12/30/10 THRU 1/27/11	-360.00
		# 0000194193	
03/11/11	PMT BY CHECK	DOS 2/9/11 # 0000195227	-230.00
09/06/11	PMT BY CHECK	DOS 10/28/10-3/11/11	-50.00
		# 40019325	
01/10/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
01/24/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
		@ L/O OF DENNIS FUSI	
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/17/12	PMT BY CHECK	DOS 1/10/12-1/24/12	-406.50
		# 40068166	
06/05/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
		VOL II	
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/05/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
		VOL II	
/ /	INTERPRETER:	PATRICIA HAYES # 100785	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#
03/25/14 39235

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 2/15/89
Terms : 45 days
Claim #(s):
7190221169

BILL TO:
TRISTAR RISK MGMT (CLINT-2805)
W.C. DEPARTMENT
ATTN: FRANCISCO PARAGAS
P.O. BOX 2805
CLINTON, IA 52733

Case: vs SWAYZER'S INC.
Date Of Injury: 9/16/10

DOS	SERVICE	DESCRIPTION	AMOUNT
09/13/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
10/22/12	PMT BY CHECK	DOS 9/13/12 # 40091124	-156.50
04/08/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
07/03/13	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
01/02/14	PENALTIES	FOR DATE OF SERVICE 1/10/12	23.48
01/02/14	INTEREST	FOR DATE OF SERVICE 1/10/12	7.30
01/02/14	PENALTIES	FOR DATE OF SERVICE 1/24/12	23.48
01/02/14	INTEREST	FOR DATE OF SERVICE 1/24/12	6.61
01/02/14	PENALTIES	FOR DATE OF SERVICE 6/5/12	23.48
02/06/14	INTEREST	FOR DATE OF SERVICE 6/5/12	31.11
01/02/14	PENALTIES	FOR DATE OF SERVICE 7/5/12	37.50
02/06/14	INTEREST	FOR DATE OF SERVICE 7/5/12	47.34
01/02/14	PENALTIES	FOR DATE OF SERVICE 4/8/13	23.48
02/06/14	INTEREST	FOR DATE OF SERVICE 4/8/13	15.98
02/10/14	PMT BY CHECK	DOS 2/6/14* # 40136589	-1300.00
03/25/14	COSTS & SANC	COST & SANCTIONS	397.24

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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IMPORTANT NOTICE: This is Your Explanation of Review. DO NOT DISCARD**Delos Insurance Company Claim Payment Account, Administered by AARLA**

Post Office Box 9783 Fresno, CA 93794 Phone: 559-277-4960 FAX: 559-277-4961

Remitted to	Vendor ID	Check Number	Date	Internal Reference	Total Remitted	Page
Joyce Altman Interpreters	6748	0000190682	02/17/2011	152-190682	\$180.00	1

Claim No: 61148728 Name: [REDACTED] Date of Loss: 08/18/2010

Reference: TMC-867279 Comments: 39236

Payment ID: T Bill Review Account

Description for Bill ID 5323054	From	To	Units	Amount Charged	Scheduled Red	PPO Reductions	Reasons	Net Payable
AAD01-00 Interpreting services	10/28/10	10/28/10	1.00	\$ 230.00	140.00	0.00		90.00
AAD01-00 Interpreting services	11/29/10	11/29/10	1.00	\$ 180.00	90.00	0.00		90.00

Amounts billed above the recommended allowances are hereby objected to as being in excess of the amounts authorized under section 5307.1 and 5307.3 of the California Labor Code. Remedies available for contesting this recommendation include filing a lien and/or application for adjudication with the WCAB. For reconsideration of denied or reduced payment, please respond in writing to Total Managed Care, Inc. at PO Box 9636 Fresno, CA 93794-9636, ATT: Provider Services. Please include 1) What specifically you wish reconsidered, 2) a copy of this Review Analysis, 3) supporting documentation, and 4) copy of the original bill. Should you have other questions, please contact Total Managed Care Provider Services at (559) 256-3698, or fax (559) 277-5350.

Total payable for bill \$ 180.00

Claim No: 61148883 Name: [REDACTED] Date of Loss: 08/18/2010

Reference: TMC-867290 Comments: 39567

Payment ID: T Bill Review Account

Description for Bill ID 5323056	From	To	Units	Amount Charged	Scheduled Red	PPO Reductions	Reasons	Net Payable
AAD01-00 Interpreting services	11/04/10	11/04/10	1.00	\$ 0.00	0.00	0.00	1,2,3	0.00

1) The Claims Administrator is AARLA and the phone number is 559-277-4960. (AARLA)
2) Reviewed per adjuster instructions. (ADJ)
3) This service is not covered. (ANS445)

Amounts billed above the recommended allowances are hereby objected to as being in excess of the amounts authorized under section 5307.1 and 5307.3 of the California Labor Code. Remedies available for contesting this recommendation include filing a lien and/or application for adjudication with the WCAB.

For reconsideration of denied or reduced payment, please respond in writing to Total Managed Care, Inc. at PO Box 9636 Fresno, CA 93794-9636, ATT: Provider Services. Please include 1) What specifically you wish reconsidered, 2) a copy of this Review Analysis, 3) supporting documentation, and 4) copy of the original bill. Should you have other questions, please contact Total Managed Care Provider Services at (559) 256-3698, or fax (559) 277-5350.

Total payable for bill \$ 0.00

TOTAL REMITTANCE \$ 180.00

FEB 21 2011

BY:

IMPORTANT NOTICE: This is Your Explanation of Review. DO NOT DISCARD**Delos Insurance Company Claim Payment Account, Administered by AARLA**

Post Office Box 9783 Fresno, CA 93794 Phone: 559-277-4060 FAX: 559-277-4061

Remitted to	Vendor ID	Check Number	Date	Internal Reference	Total Remitted	Page
Joyce Altman Interpreters	6746	0000191807	02/24/2011	152-191807	\$180.00	

Claim No: 01148728

Name:

Date of Loss: 09/16/2010

Reference: TMC-809059

Comments: 39235

Payment ID: T Bill Review Account

Description for Bill ID 5330173

AA001-00 Interpreting services

From	To	Units	Amount Charged	Scheduled Red	PPO Reductions	Reasons	Net F
12/30/10	12/30/10	1.00	\$ 180.00	0.00	0.00	1,2	

1) Time spent not identified. Allowing for 2 hours. (2HR)

2) BILLED CHARGES NOT APPEARING ON THIS ANALYSIS HAVE BEEN PREVIOUSLY REVIEWED. (410)

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under section 5307.1 and 5307.3 of the California Labor Code. Remedies are contested this recommendation include filing a lien and/or application for adjudication with the WCAB.

For reconsideration of denied or reduced payment, please respond in writing to Total Managed Care, Inc. at PO Box 9639 Fresno, CA 93794-9639, ATT: Provider Services. Please include 1) What you wish reconsidered, 2) a copy of this Review Analysis, 3) supporting documentation, and 4) copy of the original bill. Should you have other questions, please contact Total Managed Care Provider at (559) 256-3508, or fax (559) 277-8350.

TOTAL REMITTANCE \$

PAID
FEB 28 2011

BY:

RECEIVED FEB 28 2011

IMPORTANT NOTICE: This Is Your Explanation of Review. DO NOT DISCARD

Delos Insurance Company Claim Payment Account, Administered by AARLA

Post Office Box 9783 Fresno, CA 93794 - Phone: 559-277-4960 FAX: 559-277-4961

Remitted to	Vendor ID	Check Number	Date	Internal Reference	Total Remitted	Page
Joyce Altman Interpreters	6746	0000194193	03/08/2011	152-194193	\$360.00	1

Claim No: 01148728 Name: _____ Date of Loss: 09/16/2010

Reference: 39235 Comments: 39235 Payment ID: M Rosales

Description for Bill ID 5340135	From	To	Amount Charged	Net Payable
Interpreter Fees Medical Services	12/30/10	01/27/11	\$ 360.00	360.00

Total payable for bill \$ 360.00

TOTAL REMITTANCE \$ 360.00

PAID
MAR 11 2011

BY: _____

CHECKED MAR 11 2011

IMPORTANT NOTICE: This Is Your Explanation of Review. DO NOT DISCARD
Delos Insurance Company Claim Payment Account, Administered by AARLA
Post Office Box 9783 Fresno, CA 93794 - Phone: 559-277-4960 FAX: 559-277-4961

Remitted to	Vendor ID	Check Number	Date	Internal Reference	Total Remitted	Page
Joyce Altman Interpreters	6746	0000195227	03/11/2011	152-195227	\$230.00	1

Claim No: 01148728 Name:

Reference: 39235

Comments:

Date of Loss: 09/16/2010

Payment ID: M Rosales

Description for Bill ID 5347571

Interpreter Fees Medical Services

From	To
10/28/10	11/29/10

Amount Charged
\$ 230.00

Not Payable
230.00

Total payable for bill \$ 230.00

TOTAL REMITTANCE \$ 230.00

PAID
MAR 18 2011

BY:

RISK ENTERPRISE MANAGEMENT LIMITED
P.O. Box 600
Brea, CA 92822



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

9
1781

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

Name	Jeannine Norman	Telephone#	714-579-2723
Check#	40019325	Claim Number	7190221169
Check Date	09/06/2011	Date of Loss	09/16/2010
Check amount	\$ 50.00	Claimant	
Invoice	39235	Client/Insured	SWAYZER'S, INC.
Services/period	From 10/28/2010	To	03/11/2011
Payee	Joyce Altman Interpreters, Inc		

For

INV 39235

PAID



RISK ENTERPRISE MANAGEMENT LIMITED
P.O. Box 9801
Cranbury, NJ 08512-9801



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

6
1160

PAID
MAY 21 2012
BY *[Signature]*

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

Name	Clifford Robles	Telephone#	714-579-2519
Check#	40068166	Claim Number	7190221169
Check Date	05/17/2012	Date of Loss	09/16/2010
Check amount	\$ 406.50	Claimant	
Invoice	39235	Client/Insured	SWAYZER'S, INC.
Services/period	From 10/28/2010	To	01/24/2012
Payee	Joyce Altman Interpreters, Inc		

For 39235



RISK ENTERPRISE MANAGEMENT LIMITED
P.O. Box 9801
Cranbury, NJ 08512-9801

PAID
OCT 29 2012

BY:



Joyce Altman Interpreters, Inc 8
PO Box 4165 1234
Tustin CA 92781-4165

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

Name	Steve Ferchow	Telephone#	714-579-2708
Check#	40091124	Claim Number	7190221169
Check Date	10/22/2012	Date of Loss	09/16/2010
Check amount	\$ 156.50	Claimant	
Invoice	39235	Client/Insured	SWAYZER'S, INC.
Services/period	From 10/28/2010	To	09/13/2012
Payee	Joyce Altman Interpreters, Inc		
For	39235		



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



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

7
1136

Q
PAID FEB 17 2014

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

Name	Telephone#	714-543-0700:1377	
Check#	40136589	Claim Number	7190221169
Check Date	02/10/2014	Date of Loss	09/16/2010
Check amount	<u>\$ 1,300.00</u>	Claimant	
Invoice	F&F	Client/Insured	SWAYZER'S, INC.
Services/period	From 02/06/2014	To	02/06/2014
Payee	Joyce Altman Interpreters, Inc		

For Full and Final Settlement of Lien

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#
02/20/14 34828

BILL TO:

CHARTIS/AIG (SHAWNEE-25978)
W.C. DEPARTMENT
ATTN: LUCHI YZADIZADEH
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 4/10/80
Terms : 45 days
Claim #(s):
710590506

Case: vs MIMI'S CAFE
Date Of Injury: 2/24/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/05/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
10/07/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
01/28/10	PENALTIES	FOR DATE OF SERVICE 08/05/09	23.48
01/06/14	INTEREST	FOR DATE OF SERVICE 08/05/09	79.48
01/28/10	PENALTIES	FOR DATE OF SERVICE 10/07/09	37.50
01/06/14	INTEREST	FOR DATE OF SERVICE 10/07/09	123.82
06/15/10	WCAB LB	MSC	156.50
09/28/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
01/11/11	WCAB LB	RATING MSC - PATRICIA HAYES # 100761	156.50
07/19/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
11/22/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
10/03/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
01/06/14	PENALTIES	FOR DATE OF SERVICE 6/15/10	23.48
01/06/14	INTEREST	FOR DATE OF SERVICE 6/15/10	65.14
01/06/14	PENALTIES	FOR DATE OF SERVICE 9/28/10	23.48
01/06/14	INTEREST	FOR DATE OF SERVICE 9/28/10	59.96
01/06/14	PENALTIES	FOR DATE OF SERVICE 1/11/11	23.48
01/06/14	INTEREST	FOR DATE OF SERVICE 1/11/11	54.78
01/06/14	PENALTIES	FOR DATE OF SERVICE 7/19/11	23.48
01/06/14	INTEREST	FOR DATE OF SERVICE 7/19/11	45.46
01/06/14	PENALTIES	FOR DATE OF SERVICE 11/22/11	23.48
01/06/14	INTEREST	FOR DATE OF SERVICE 11/22/11	39.25
01/06/14	PENALTIES	FOR DATE OF SERVICE 10/03/13	23.48
01/06/14	INTEREST	FOR DATE OF SERVICE 10/03/13	5.67
02/14/14	PMT BY CHECK	DOS 8/5/09-1/6/14 # 25689051	-2020.92

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#
02/20/14 34828

BILL TO:

CHARTIS/AIG (SHAWNEE-25978)
W.C. DEPARTMENT
ATTN: LUCHI YZADIZADEH
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 4/10/80
Terms : 45 days
Claim #(s):
710590506

Case: vs MIMI'S CAFE
Date Of Injury: 2/24/09

DOS	SERVICE	DESCRIPTION	AMOUNT
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BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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 INTERNATIONAL GROUP - (LMS)
P.O. Box 9918
Amarillo, TX 79105-5918

201402141605

Electronic Service Requested

19305 0.3820 MB 0.432

MIXED AADC 926



JOYCE ALTMAN INTERPRETERS INC 408
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 25689051
RFP No.: 686150
Check Date: 02/14/2014
Check Amount: 2,020.92
Insured: BOB EVANS FARMS INC

Claimant:

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

Payee Name: JOYCE ALTMAN INTERPRETERS
INC

PAID FEB 20 2014

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000001929352	00590506	01	02/24/2009	MED	O	2,020.92
Total Amount						2,020.92

Reason for Payment
080509-100213

Use File # 710/ 00590506 on all correspondence for prompt processing.
For check information call: 877-802-5246

341828

F.F. ~~OK~~
NOT

ENV 19305 1 OF 1

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#
02/24/14 53562

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

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/6/54
Terms : 45 days
Claim #(s):
710-754308

Case: vs ELITE TRANSIT CO
Date Of Injury: 8/15/09-3/11/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/11/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100785	0.00
11/14/13	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/10/14	PENALTIES	FOR DATE OF SERVICE 06/11/12	23.48
02/10/14	INTEREST	FOR DATE OF SERVICE 06/11/12	29.24
02/10/14	PENALTIES	FOR DATE OF SERVICE 11/14/13	37.50
02/10/14	INTEREST	FOR DATE OF SERVICE 11/14/13	8.51
02/10/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
02/20/14	PMT BY CHECK	DOS 2/10/14* # 25719280	-661.73

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.

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

Electronic Service Requested



6 OF 7 F

ENV 55

55 1.5596 SP 0.690

SINGLE PIECE



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

1

Check No.: 25719280

RFP No.: 696601

Check Date: 02/20/2014

Check Amount: 661.73

Insured: ELITE TRANSIT COMPANY

Claimant:

Claim Office: 710

Insuring Company: GRANITE STATE INSURANCE
COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS
INC

PAID FEB 24 2014

53562

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000007064375	00754308	01	03/11/2011	MED	O	661.73
Total Amount						661.73

Reason for Payment

021014-021014

Use File # 710/ 00754308 on all correspondence for prompt processing.
For check information call: 877-802-5246

CH

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#
05/30/13 36122

Claim # : 65619
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 11/23/40
Terms : 45 days

BILL TO:
AM TRUST/MAJESTIC INS CO(IRVN)
W.C. DEPARTMENT
ATTN: ROXANE ANDERSON
PO BOX 2359
SAN FRANCISCO, CA 94126

Case: vs DAVID H. FELL COMPANY, INC.
Date Of Injury: 4/24/08

DOS	SERVICE	DESCRIPTION	AMOUNT
12/15/09	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
02/02/10	PR2/REEVAL	DR KATTAR*	180.00
		JASON RAMIREZ 500371	
02/26/10	DEPO PREP	@ THE L/O OF SAMUELSON & GONZALEZ	156.50
/ /	INTERPRETER:	NANCY SILVA # 22056879	0.00
04/02/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/06/10	PMT BY CHECK	DOS 12/15/09 THRU 2/26/10 # 01004366026	-360.00
04/16/10	INITIAL EXAM	DR HOSSAIN @ GARFIELD HEALTH*	230.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
05/17/10	PMT BY CHECK	DOS 2/2/10 # 0100444752	-120.00
05/25/10	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
07/06/10	P AND S	DR KATTAR @ GARFIELD HEALTH*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
07/13/10	PMT BY CHECK	DOS 4/2/10 # 0100457975	-250.00
07/23/10	PMT BY CHECK	DOS 4/16/10 THRU 5/25/10 # 0100460453	-240.00
10/14/10	PENALTIES	FOR DATE OF SERVICE 12/15/09	16.50
10/14/10	INTEREST	FOR DATE OF SERVICE 12/15/09	11.19
10/14/10	PENALTIES	FOR DATE OF SERVICE 02/26/10	5.48
10/14/10	INTEREST	FOR DATE OF SERVICE 02/26/10	2.88
10/14/10	PENALTIES	FOR DATE OF SERVICE 07/06/10	34.50
10/14/10	INTEREST	FOR DATE OF SERVICE 07/06/10	8.70
06/29/11	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
06/13/12	WCAB LB	MSC - JOHANNA JHORDAN # 100793	156.50
04/17/13	WCAB LB	STATUS CONFERENCE	156.50

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#
05/30/13 36122

Claim # : 65619
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 11/23/40
Terms : 45 days

BILL TO:
AM TRUST/MAJESTIC INS CO(IRVN)
W.C. DEPARTMENT
ATTN: ROXANE ANDERSON
PO BOX 2359
SAN FRANCISCO, CA 94126

Case: vs DAVID H. FELL COMPANY, INC.
Date Of Injury: 4/24/08

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/28/13	PMT BY CHECK	DOS 12/15/09-4/17/13	-1035.25
		# 00179090	

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and 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.

JOYCE ALTMAN INTERPRETERS

P.O. BOX 4165

TUSTIN, CA 92781

April 06, 2010

36122

RE: ((David H. Fell Company, Inc.)

D.O.I.

Claim Number: 65691

Payment	Period Covered	Date of Service	Amount	Invoice/Chart Number	Payment Type
267	02/02/10	02/02/10	00/00/00	120.00	Interpreter Fees
267	02/26/10	02/26/10	00/00/00	120.00	
267	12/15/09	12/15/09	00/00/00	120.00	

Check Amount: \$360.00

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, and loss of benefits.

ADVERTENCIA: Es necesario que usted le avise a su patron o a su compania de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por este cheque, y antes de cambiar este cheque. Si usted no sigue estos reglamentos, Usted puede estar en violacion de la ley y el castigo podria ser carcel o prision, una multa, y perdida de beneficios.

If you have any questions, please address them to the undersigned.

Sincerely,

ROXSANN ANDERSON

Claims Examiner

(800) 432-2107

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



WELLS FARGO BANK, N.A.

115 Hospital Drive
Van Wert, OH 45891

0100436026

P O Box 2359, San Francisco, CA 94126-2359



VOID AFTER 180 DAYS

Date of Check 04/06/10	Claim Number 65691	Date of Injury 04/24/08	Payment From 12/15/09	Payment Thru 02/26/10
Claimant		Payment Type Interpreter Fees		

56-382
412

041203824
Amount
\$360.00

PAY EXACTLY Three Hundred Sixty DOLLARS and NO/100 CENTS

TO THE
ORDER
OF

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

Donal P. Bell

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

May 17, 2010

RE: (David H. Fell Company, Inc.)
Claim Number: 65691

D.O.I.

Payment	Period Covered	Date of Service	Amount	Invoice/Chart Number	Payment Type
279	02/02/10	02/02/10	120.00	36122	Interpreter At Medical Exam
Check Amount:			\$120.00		

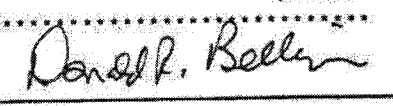
WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, and loss of benefits.

ADVERTENCIA: Es necesario que usted le avise a su patron o a su compania de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por este cheque, y antes de cambiar este cheque. Si usted no sigue estos reglamentos, Usted puede estar en violacion de la ley y el castigo podria ser carcel o prision, una multa, y perdida de beneficios.

If you have any questions, please address them to the undersigned.

Sincerely,

ROXSANN ANDERSON
Claims Examiner
(800) 432-2107

THIS CHECK IS VOID WITHOUT A GREEN & PINK BORDER AND BACKGROUND PLUS A KNIFE CUT SIGNATURE ON THE BACK. HOLD AT ANGLE TO VIEW				
				
WELLS FARGO BANK, N.A. 115 Hospital Drive Van Wert, OH 45891				
0100444752				
P O Box 235B, San Francisco, CA 94126-2359				
VOID AFTER 180 DAYS				
Date of Check 05/17/10	Claim Number 65691	Date of Injury 04/24/08	Payment From 02/02/10	Payment Thru 02/02/10
Claimant Mr		Payment Type Interpreter At Medical Exam		
PAY		EXACTLY One Hundred Twenty DOLLARS and NO/100 CENTS		
TO THE ORDER OF		JOYCE ALTMAN INTERPRETERS P.O. BOX 4165 TUSTIN, CA 92781		
				

0100444752 041203824 9600031468

JOYCE ALTMAN INTERPRETERS

July 13, 2010

P.O. BOX 4165

TUSTIN, CA 92781

36122

RE: C R (David H. Fell Company, Inc.)

D.O.I.

Claim Number: 65691

Payment	Period Covered	Date of Service	Amount	Invoice/Chart Number	Payment Type	
320	04/02/10	04/02/10	00/00/00	250.00	DEPO REVIEW	Interpreter Fees
Check Amount:			\$250.00			

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, and loss of benefits.

ADVERTENCIA: Es necesario que usted le avise a su patron o a su compania de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por este cheque, y antes de cambiar este cheque. Si usted no sigue estos reglamentos, Usted puede estar en violacion de la ley y el castigo podria ser carcel o prision, una multa, y perdida de beneficios.

If you have any questions, please address them to the undersigned.

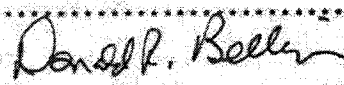
Sincerely,

ROXSANN ANDERSON

Claims Examiner

(800) 432-2107

PAID

		WELLS FARGO BANK, N. A. 115 Hospital Drive Van Wert, OH 45891		0100457975	
P O Box 2359, San Francisco, CA 94126-2359				VOID AFTER 180 DAYS	
Date of Check 07/13/10	Claim Number 65691	Date of Injury 04/24/08	Payment From 04/02/10	Payment Thru 04/02/10	56-382 412
Claimant			Payment Type Interpreter Fees		041203824 Amount \$250.00
PAY EXACTLY Two Hundred Fifty DOLLARS and NO/100 CENTS					
TO THE ORDER OF		JOYCE ALTMAN INTERPRETERS P.O. BOX 4165 TUSTIN, CA 92781			
					

"0100457975" 041203824 9600031468

Donald F. Bellin

Amtrust North America, Inc.

JP Morgan/Chase Bank
Syracuse, NY

CHECK NO.

P.O. Box 740042
Atlanta, GA 30374-0042

00179090

794775-1

C200603601-02

DATE

AMOUNT

5/28/2013

\$1,035.25

PAY One Thousand Thirty-Five and 25/100s Dollars*****

Pay To: JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

Mail To

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

Harry DelBello

⑈00179090⑈ ⑆021000021⑆ 937442523⑈

PAID MAY 30 2013

Check Number .00179090
Claim Number: 794775-1
Bill Number: 0
Invoice Number:
Policy / Insured: C200603601-02/DAVID H. FELL COMPANY, INC.
SSN / Employee Name:
Payee ID / Name: JOYCE ALTMAN INTERPRETERS
Loss Date: 4/24/2008
Location: 100 PALMS CA 92274 -
Examiner Code: ndrake

Amount: \$1,035.25
Dates of Service: 12/15/2009-4/17/2013
Explanation: invoice #36122 ✓
Category: E9 - Med Management
Placement: 4 - Expense
Transaction Type:

Amtrust North America, Inc.

P.O. Box 740042
Atlanta, GA 30374-0042
888-239-3909

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#
01/24/14 56554

BILL TO:

SCIF (PINEDALE)
W.C. DEPARTMENT
ATTN: THERESA ROMERO
P.O. BOX # 65005
PINEDALE, CA 93650-5005

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 8/17/51
Terms : 45 days
Claim #(s):
02264170

Case: vs ORANGE COUNTY NURSERY
Date Of Injury: 9/8/04

DOS	SERVICE	DESCRIPTION	AMOUNT
12/05/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
12/18/13	PENALTIES	FOR DATE OF SERVICE 12/05/12	23.48
12/18/13	INTEREST	FOR DATE OF SERVICE 12/05/12	19.62
12/18/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
01/22/14	PMT BY CHECK	DOS 12/5/12 - 12/18/13* # CE-702371	-356.10

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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
1888STATEFUND

Provider Number: 330956713

Check #: CE-702371

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 01/22/14
Doc #: 027823629

Medical

Page 1 of 2

Line #	Invoice Number	From Date	To Date	Service Description	Units	Allowances
1	56554	12/05/12	12/18/13	Interpreter fees	1	356.10
Total Allowances:						\$356.10

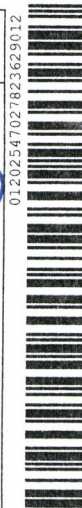
Claim Number	Allowances	Penalty & Interest	Invoice Totals
02264170	356.10	.00	356.10

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.

PAID JAN 24 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"



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#
02/10/14 32123

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 6/2/70
Terms : 45 days
Claim #(s):
61093450002354

BILL TO:

ESIS WC (SCRANTON-6569)
W.C. DEPARTMENT
ATTN: MELISSA GRECO
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs ONE SOURCE BLDG. SVCS.
Date Of Injury: 11/17/06

DOS	SERVICE	DESCRIPTION	AMOUNT
10/22/08	DEPO PREP	@ THE L/O OF STOCKWELL & HARRIS	156.50
12/08/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
01/09/09	PMT BY CHECK	DOS 10/22/08 # FE40046997	-156.50
01/09/09	PMT BY CHECK	DOS 12/8/08 # FE40047009	-250.00
04/22/10	WCAB LB	MSC - PATRICIA HAYES # 100761	156.50
06/21/10	WCAB LB	EXPEDITED HEARING	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/27/10	PMT BY CHECK	DOS 6/21/10 # FE41838225	-156.50
10/08/10	PENALTIES	FOR DATE OF SERVICE 04/22/10	23.48
01/14/14	INTEREST	FOR DATE OF SERVICE 04/22/10	68.19
02/28/11	WCAB LB	EXP. HEARING	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/22/11	PMT BY CHECK	DOS 2/28/11 # FE42639005	-156.50
05/09/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
01/14/14	PENALTIES	FOR DATE OF SERVICE 05/09/12	23.48
01/14/14	INTEREST	FOR DATE OF SERVICE 05/09/12	31.31
02/04/14	PMT BY CHECK	DOS 10/22/08-5/9/12* # FE46407951	-459.46

BALANCE			0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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.

COFE400469970186601010901090003865
ESIS, INC.
PO BOX 31051
TAMPA FL 33631-3051



DATE 01/09/09
CHECK NO. FE40046997

STATEMENT

ESIS

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00503 FE40046997
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID

6109345000235

DOLLARS

\$*****156.50

* NOT NEGOTIABLE *

FOR

10/22/08 THRU 10/22/08 INV# 32123

CLAIMANT

DATE OF EVENT

11/17/06

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

PAID

COFE4004/0090187101010901090003870
ESIS, INC.
PO BOX 31051
TAMPA FL 33631-3051



DATE 01/09/09
CHECK NO. FE40047009

STATEMENT

ESIS

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00508 FE40047009
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID

6109345000235

DOLLARS

\$*****250.00

* NOT NEGOTIABLE *

FOR

12/08/08 THRU 12/08/08 INV# 32123

CLAIMANT

DATE OF EVENT

11/17/06

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

PAID

*COTFE418382250300801011007270006362
ESIS, INC.
PO BOX 31051
TAMPA FL 33631-3051



DATE 07/27/10
CHECK NO. FE41838225

STATEMENT

ESIS

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00847 FE41838225
JOYCE ALTMAN INTEPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781

FILE ID

6109345000235

DOLLARS

*****156.50

* NOT NEGOTIABLE *

FOR

06/21/10 THRU 06/21/10 32123

CLAIMANT

DATE OF EVENT

11/17/06

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

PAID



PDWLDMCD-002392-01-01-00
ESIS, INC.
PO BOX 31051
TAMPA FL 33631-3051

DATE 03/22/11
CHECK NO. FE42639005

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00715 FE42639005
JOYCE ALTMAN INTEPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID

DOLLARS

6109345000235

\$*****156.50

* NOT NEGOTIABLE *

FOR

02/28/11 THRU 02/28/11 32123

CLAIMANT

DATE OF EVENT

11/17/06

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

PAID
MAR 25 2011

BY:.....

RECEIVED MAR 25 2011

BOA108 (07/2009)

DETACH THIS PORTION BEFORE CASHING

PDWLDMCD-002392-01-01-00



PDWLDMCD-001906-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 02/04/14
CHECK NO. FE46407951

STATEMENT **ESIS**

32123

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00612 FE46407951
JOYCE ALTMAN INTERPRETERS INC.
PO BOX 4165
TUSTIN CA 92781

FILE ID

6109345000235

DOLLARS

\$*****459.46

* NOT NEGOTIABLE *

FOR

10/22/08 THRU 05/09/12 F&F

CLAIMANT

DATE OF EVENT

11/17/06

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

FF. ✓
NOT

PAID FEB 10 2014

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#
05/09/14 49630

Claim # : 186220372
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 9/12/63
Terms : 45 days

BILL TO:
AMTRUST NORTH AMERICA (S.F.)
W.C. DEPARTMENT
ATTN: KAREN PHLLIPO
P.O. BOX 2359
SAN FRANCISCO, CA 94126

Case: vs JOAN'S ON 3RD
Date Of Injury: 9/25/11

DOS	SERVICE	DESCRIPTION	AMOUNT
11/02/11	INITIAL EXAM	-DR KATTAR @ GARFIELD HEALTH CENTER *	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO #500049	0.00
12/07/11	PR2/REEVAL	-DR KATTAR* JASON RAMIREZ # 500371	180.00
01/18/12	PR2/REEVAL	-DR KATTAR* JASON RAMIREZ # 500371	180.00
02/23/12	P AND S	-DR KATTAR* JASON RAMIREZ # 500371	230.00
07/17/12	PMT BY CHECK	DOS 11/2/11-2/23/12 =# 2850964337	-360.00
08/10/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	VERA DARLING # 301418	0.00
09/04/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/21/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
02/18/14	PENALTIES	FOR DATE OF SERVICE 11/2/11	34.50
02/18/14	INTEREST	FOR DATE OF SERVICE 11/2/11	31.05
02/18/14	PENALTIES	FOR DATE OF SERVICE 12/7/11	27.00
04/22/14	INTEREST	FOR DATE OF SERVICE 12/7/11	19.96
02/18/14	PENALTIES	FOR DATE OF SERVICE 1/18/12	27.00
04/22/14	INTEREST	FOR DATE OF SERVICE 1/18/12	19.96
02/18/14	PENALTIES	FOR DATE OF SERVICE 2/23/12	34.50
04/22/14	INTEREST	FOR DATE OF SERVICE 2/23/12	31.05
02/18/14	PENALTIES	FOR DATE OF SERVICE 8/10/12	23.48
03/12/14	INTEREST	FOR DATE OF SERVICE 8/10/12	29.54
02/18/14	PENALTIES	FOR DATE OF SERVICE 9/4/12	37.50
01/27/14	INTEREST	FOR DATE OF SERVICE 9/4/12	41.75
02/18/14	PENALTIES	FOR DATE OF SERVICE 5/21/13	23.48
03/12/14	INTEREST	FOR DATE OF SERVICE 5/21/13	15.53

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#
05/09/14 49630

Claim # : 186220372
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 9/12/63
Terms : 45 days

BILL TO:

AMTRUST NORTH AMERICA (S.F.)
W.C. DEPARTMENT
ATTN: KAREN PHLLIPO
P.O. BOX 2359
SAN FRANCISCO, CA 94126

Case: vs JOAN'S ON 3RD
Date Of Injury: 9/25/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/27/14	PMT BY CHECK	DOS 9/4/12* # 00016464	-250.00
03/12/14	PMT BY CHECK	DOS 8/10/12-5/21/13* # 00022200	-379.47
04/28/14	PMT BY CHECK	DOS 11/2/11* # 00028738	-789.83
04/22/14	COSTS & SANC	COST & SANC	1210.17
05/05/14	PMT BY CHECK	DOS 4/22/14 # 00029690	-1210.17

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

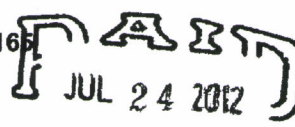
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for 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.

*** AUDIT OF MEDICAL CHARGES ***

Patient Name: :
999-53-2925
Claim/Seq #: 186220372-001
Employer Name: SEQUOIA INSURANCE COMPANY
Patient Ref#: 49630 Adjustor: CLH

Billing ID #: 888-H-14724536
EOR Date: 07/13/2012
Date of Injury: 09/26/2011
Unique Image ID: 201207055001239
Page: 1

This Audit was prepared in compliance with the California Official Medical and Medical-Legal Fee Schedule and the allowable rates therein 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: SEQUOIA INSURANCE COMPANY TUCSON COUNTRY DAY SCHOOL INC 9239 E WRIGHTSTOWN RD TUCSON, AZ 85715	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165  BY: _____
PROVIDER: TAX ID#: 33-0958713 JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165	CARRIER: Sequoia Insurance 70 Garden Court Suite 200 Monterey, CA 93940	

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	E O M B Codes
11/02/2011	C0103	C0103	MISC SERVICES	1	1	230.00	90.00	G67 (113-021, 885)
12/07/2011	C0103	C0103	MISC SERVICES	1	1	180.00	90.00	G67 (113-021, 885)
01/18/2012	C0103	C0103	MISC SERVICES	1	1	180.00	90.00	G67 (113-021, 885)
02/23/2012	C0103	C0103	MISC SERVICES	1	1	230.00	90.00	G67 (113-021, 885)
Total Actual Charges : \$820.00								
Reduction Amount (Please Do Not Balance Forward Reductions) :						\$460.00		
Contracted % Discount Reduction :						\$0.00		
Total Reimbursable Amount :						\$360.00		

Summary of Codes

Diagnostic Codes: (1) 959.9 INJURY OTHER AND UNSPECIFIED UNSPECIFIED SITE
 E O M B Codes: 885 REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT OF \$90.00
 G67 Payment based on individual pre-negotiated agreement for this specific service.

(Continued on next page)

VERIFY THE AUTHENTICITY OF THIS MULTITONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.										
Broadspire Services, Inc. on behalf of Sequoia Ins. PAID ON BEHALF OF Sequoia Insurance ISSUED AT SUNRISE DATE ISSUED July 17, 2012 AMOUNT Three hundred sixty and 00/100 Dollars PAYMENT FOR: Dates of service: 11/02/2011 - 2/23/2012 CLAIM NUMBER 186220372-001	CLAIM CHECK NUMBER 2850964337 Bank of America Controlled Disbursement Bank of America, N.A. Atlanta, Dekalb County, Georgia 84-1278 811 GA 329911876 Void if not presented for payment within 180 days after date of issue AMOUNT \$*****360.00 JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165  BY									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;"></td> <td style="width: 20%; border-bottom: 1px solid black; text-align: center;">COMPANY USE ONLY</td> <td style="width: 40%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: center;">CUSTOMER CLAIM NUMBER</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td></td> <td style="text-align: center;">49630</td> <td></td> </tr> </table>			COMPANY USE ONLY			CUSTOMER CLAIM NUMBER			49630	
	COMPANY USE ONLY									
	CUSTOMER CLAIM NUMBER									
	49630									

" 2850964337 " :061112788: 329 911 1676"

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

SEQUOIA INSURANCE COMPANY

P.O. BOX 740042
ATLANTA, GA 30374-0042

JP Morgan Chase

Syracuse, NY
50-937/213

00016464

1088366-1

SWP20713902

DATE

1/27/2014

AMOUNT

\$250.00

PAY Two Hundred Fifty 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

Henry Delbert

NON-RENTAL AS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00016464⑈ ⑆021000021⑆ 226733883⑈

Check Number: 00016464
Claim Number: 1088366-1
Bill Number: 0
Invoice Number:
Policy / Insured: SWP20713902 /Food & Co Inc
SSN / Employee Name:
Payee ID / Name: JOYCE ALTMAN INTERPRETERS INC
Loss Date: 9/26/2011
Location: 8346 W THIRD ST LOS ANGELES CA 90048 -
Examiner Code: kphillipo

PAID FEB 05 2014

Amount: \$250.00
Dates of Service: 9/4/2012-9/4/2012
Explanation: 49630
Category: E10 - Interpreter
Placement: 4 - Expense
Transaction Type:

SEQUOIA INSURANCE COMPANY
P.O. BOX 740042
ATLANTA, GA 30374-0042
888-239-3909

49630

PATTERN EFFECT IS VOID WITHOUT A BLUE & BURGUNDY BACKGROUND AND BY A MICR LINE MARK ON THE BACK - HOLD AT AN ANGLE TO VIEW

SEQUOIA INSURANCE COMPANY

P.O. BOX 740042
ATLANTA, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.

00022200

1088366-1

SWP20713902

DATE

3/12/2014

AMOUNT

\$379.47

PAY Three Hundred Seventy-Nine and 47/100s Dollars*****

Pay To: JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 90 DAYS

Mail To

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Henry Salas

⑈00022200⑈ ⑆021000021⑆ 226733883⑈

Check Number	00022200
Claim Number:	1088366-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWP20713902 /Food & Co Inc
SSN / Employee Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC
Loss Date:	9/26/2011
Location:	8346 W THIRD ST LOS ANGELES CA 90048 -
Examiner Code:	lessig

PAID MAR 19 2014

Amount:	\$379.47
Dates of Service:	8/10/2012-5/21/2013
Explanation:	DOS 8/10/12 & 5/21/13
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

SEQUOIA INSURANCE COMPANY
P.O. BOX 740042
ATLANTA, GA 30374-0042

888-239-3909

SEQUOIA INSURANCE COMPANYP.O. BOX 740042
ATLANTA, GA 30374-0042JP Morgan Chase
Syracuse, NY
50-937/213**CHECK NO**

00028738

1088366-1

SWP20713902

DATE

4/28/2014

AMOUNT

\$789.83

PAY Seven Hundred Eighty-Nine 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*Handwritten signature*

⑈00028738⑈ ⑆021000021⑆ 226733883⑈

PAID MAY 01 2014

49630

Explanation Of Bill Review

Check Number	00028738	SEQUOIA INSURANCE COMPANY
Claim Number:	1088366-1	P.O. BOX 740042
Regulatory ID:		ATLANTA, GA 30374-0042
Bill Number:	4673710	
Invoice Number:	FPI-MJCA-85956	888-239-3909
Policy / Insured:	SWP20713902 /Food & Co Inc	
SSN / Employee Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC	
Loss Date:	9/26/2011 FPI-MJCA-85956	
Location:	8346 W THIRD ST LOS ANGELES CA 90048 -	CA
Examiner Code:	lessig	
Network/PPO Network:		

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
11/2/2011	MDS10	SETTLEMENT FOR DISPUTE	1.00	2000.00	1210.17	0.00	789.83	G67, 961
				2000.00	1210.17	0.00	789.83	

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](https://wcc.ingenix.com) AND CHOOSE REQUEST AN ACCOUNT

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

SEQUOIA INSURANCE COMPANY

P.O. BOX 740042
ATLANTA, GA 30374-0042

Syracuse, NY
50-937/213

CHECK NO.

00029690

1088366-1

SWP20713902

DATE

5/5/2014

AMOUNT

\$1,210.17

PAY One Thousand Two Hundred Ten and 17/100s Dollars*****

Pay To: JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

Mail To

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

Harry Belmont

SIGNATURE HAS A COLORED BACKGROUND. BORDER CONTAINS MICROPRINTING.

⑈00029690⑈ ⑆021000021⑆ 226733883⑈

Check Number: 00029690
Claim Number: 1088366-1
Bill Number: 0
Invoice Number:
Policy / Insured: SWP20713902 /Food & Co Inc
SSN / Employee Name:
Payee ID / Name: JOYCE ALTMAN INTERPRETERS
Loss Date: 9/26/2011
Location: 8346 W THIRD ST LOS ANGELES CA 90048 -
Examiner Code: lessig

PAID MAY 09 2014

Amount: \$1,210.17
Dates of Service: 4/9/2014-4/9/2014
Explanation: PER ORDER 4/9/14
Category: M22 - Settlement/multi bills/amt in dispute
Placement: 2 - Medical
Transaction Type:

SEQUOIA INSURANCE COMPANY
P.O. BOX 740042
ATLANTA, GA 30374-0042

888-239-3909

Check Number	00029690
Claim Number:	1088366-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWP20713902 /Food & Co Inc
SSN / Employee Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	9/26/2011
Location:	8346 W THIRD ST LOS ANGELES CA 90048 -
Examiner Code:	lessig

Amount:	\$1,210.17	SEQUOIA INSURANCE COMPANY
Dates of Service:	4/9/2014-4/9/2014	P.O. BOX 740042
Explanation:	PER ORDER 4/9/14	ATLANTA, GA 30374-0042
Category:	M22 - Settlement/multi bills/amt in dispute	
Placement:	2 - Medical	888-239-3909
Transaction Type:		

PAID MAY 09 2014

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#
05/06/14 37481

Claim # : 010515-080001-WC-01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 7/20/54
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W.C. DEPARTMENT
ATTN: LAURA POWELL
PO BOX 14442
LEXINGTON, KY 40512-4442

Case: vs THE WESTIN HOTEL
Date Of Injury: 4/10/10

DOS	SERVICE	DESCRIPTION	AMOUNT
05/07/10	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
		ELENA LOPEZ # 500289	
06/04/10	PR2/REEVAL	-DR DOMARACKI/SCHEEL*	180.00
		ELENA LOPEZ # 500289	
07/09/10	PR2/REEVAL	-DR DOMARACKI/SCHEEL* VINCENT	180.00
		# 500309	
08/09/10	PR2/REEVAL	-DR DOMARACKI*	180.00
		ELENA LOPEZ # 500289	
08/10/10	INITIAL EXAM	W/ ACUPUNCTURIST STEVE HING	230.00
		@ WILLOW MED*	
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/16/10	EMG TESTING	BY DR KAVOOSI: U/E*	150.00
		ELENA LOPEZ # 500289	
09/20/10	PR2/REEVAL	-DR DOMARACKI/SCHEEL*	180.00
		ELENA LOPEZ # 500289	
10/06/10	INITIAL EXAM	-DR GALLONI @ WILLOW MED*	230.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
10/04/10	INITIAL EXAM	DR JARCHI @ WILLOW MED*	230.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
11/01/10	PMT BY CHECK	DOS 5/7/10 THRU 7/9/10	-590.00
		# 0081806908	
11/15/10	PR2/REEVAL	-DR DOMARACKI/SCHEEL*	180.00
		ELENA LOPEZ # 500289	
10/18/10	PR2/REEVAL	-DR DOMARACKI/SCHEEL*	180.00
		ELENA LOPEZ # 500289	
12/13/10	PR2/REEVAL	-DR DOMARACKI/SCHEEL* ELENA L	180.00
		# 500289	
01/10/11	PR2/REEVAL	-DR DOMARACKI/SCHEEL* ELENA L	180.00
		# 500289	
01/17/11	PR2/REEVAL	DR JARCHI* ELIZABETH HERRERA	180.00
		# 301231	

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#
05/06/14 37481

Claim # : 010515-080001-WC-01
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 7/20/54
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W.C. DEPARTMENT
ATTN: LAURA POWELL
PO BOX 14442
LEXINGTON, KY 40512-4442

Case: vs THE WESTIN HOTEL
Date Of Injury: 4/10/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/14/11	PR2/REEVAL	-DR DOMARACKI/SCHEEL* ELENA L # 500289	180.00
03/28/11	PR2/REEVAL	-DR DOMARACKI/SCHEEL* ELENA L # 500289	180.00
05/09/11	PR2/REEVAL	-DR DOMARACKI/SCHEEL* ELENA L # 500289	180.00
06/06/11	PR2/REEVAL	-DR DOMARACKI/SCHEEL* ELENA L # 500289	180.00
07/18/11	PR2/REEVAL	-DR DOMARACKI/SCHEEL* ELENA L # 500289	180.00
08/29/11	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ # 500289	180.00
11/29/11	PR2/REEVAL	-DR DOMARACKI/SCHEEL* GLADYS # 100755	180.00
01/30/12	PR2/REEVAL	-DR DOMARACKI/SCHEEL* ELENA L # 500289	180.00
03/26/12	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL* ELENA LOPEZ # 500289	180.00
05/07/12	PR2/REEVAL	-DR SCHEEL* ELENA LOPEZ # 500289	180.00
06/11/12	PR2/REEVAL	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
06/19/12	PR2/REEVAL	-DR SCHEEL* GLADYS REYNA # 100755	180.00
07/31/12	PR2/REEVAL	-DR SCHEEL* GLADYS REYNA # 100755	180.00
09/10/12	PR2/REEVAL	DR JARCHI* ELIZABETH HERRERA # 301231	180.00
09/28/12	PR2/REEVAL	-DR SCHEEL* ELENA LOPEZ # 100821	180.00
11/09/12	PR2/REEVAL	-DR SCHEEL* 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#
05/06/14 37481

Claim # : 010515-080001-WC-01
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX
D.O.B. : 7/20/54
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W.C. DEPARTMENT
ATTN: LAURA POWELL
PO BOX 14442
LEXINGTON, KY 40512-4442

Case: vs THE WESTIN HOTEL
Date Of Injury: 4/10/10

DOS	SERVICE	DESCRIPTION	AMOUNT
=====			
11/30/12	PR2/REEVAL	# 100821 -DR SCHEEL* ELENA LOPEZ	180.00
01/30/13	PR2/REEVAL	# 100821 -DR SCHEEL* GLADYS REYNA	180.00
04/24/13	PR2/REEVAL	# 100755 -DR SCHEEL* GLADYS REYNA	180.00
06/19/13	PR2/REEVAL	# 100755 -DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
10/04/13	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
02/26/14	PENALTIES	FOR DATE OF SERVICE 8/9/10	27.00
04/30/14	INTEREST	FOR DATE OF SERVICE 8/9/10	74.12
02/26/14	PENALTIES	FOR DATE OF SERVICE 8/10/10	34.50
04/30/14	INTEREST	FOR DATE OF SERVICE 8/10/10	94.71
02/26/14	PENALTIES	FOR DATE OF SERVICE 9/16/10	22.50
04/30/14	INTEREST	FOR DATE OF SERVICE 9/16/10	61.77
02/26/14	PENALTIES	FOR DATE OF SERVICE 9/20/10	27.00
04/30/14	INTEREST	FOR DATE OF SERVICE 9/20/10	74.12
02/26/14	PENALTIES	FOR DATE OF SERVICE 10/6/10	34.50
04/30/14	INTEREST	FOR DATE OF SERVICE 10/6/10	94.71
02/26/14	PENALTIES	FOR DATE OF SERVICE 10/4/10	27.00
04/30/14	INTEREST	FOR DATE OF SERVICE 10/4/10	74.12
02/26/14	PENALTIES	FOR DATE OF SERVICE 11/15/10	27.00
04/30/14	INTEREST	FOR DATE OF SERVICE 11/15/10	72.71
02/26/14	PENALTIES	FOR DATE OF SERVICE 10/18/10	27.00
04/30/14	INTEREST	FOR DATE OF SERVICE 10/18/10	74.29
02/26/14	PENALTIES	FOR DATE OF SERVICE 12/13/10	27.00
04/30/14	INTEREST	FOR DATE OF SERVICE 12/13/10	71.12
02/26/14	PENALTIES	FOR DATE OF SERVICE 1/10/11	27.00
04/30/14	INTEREST	FOR DATE OF SERVICE 1/10/11	69.53
02/26/14	PENALTIES	FOR DATE OF SERVICE 1/17/11	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#
05/06/14 37481

Claim # : 010515-080001-WC-01
W.C.A.B.:
ADJ # : ADJ'
S.S.N. : XXX-XX-
D.O.B. : 7/20/54
Terms : 45 days

BILL TO:

SEDGWICK CLAIMS (LEXINGT14442)
W.C. DEPARTMENT
ATTN: LAURA POWELL
PO BOX 14442
LEXINGTON, KY 40512-4442

Case: vs THE WESTIN HOTEL
Date Of Injury: 4/10/10

DOS	SERVICE	DESCRIPTION	AMOUNT
04/30/14	INTEREST	FOR DATE OF SERVICE 1/17/11	69.13
02/26/14	PENALTIES	FOR DATE OF SERVICE 2/14/11	27.00
04/30/14	INTEREST	FOR DATE OF SERVICE 2/14/11	67.54
02/26/14	PENALTIES	FOR DATE OF SERVICE 3/28/11	27.00
04/30/14	INTEREST	FOR DATE OF SERVICE 3/28/11	65.16
02/26/14	PENALTIES	FOR DATE OF SERVICE 5/9/11	27.00
04/30/14	INTEREST	FOR DATE OF SERVICE 5/9/11	62.78
02/26/14	PENALTIES	FOR DATE OF SERVICE 6/6/11	27.00
04/30/14	INTEREST	FOR DATE OF SERVICE 6/6/11	61.19
02/26/14	PENALTIES	FOR DATE OF SERVICE 7/18/11	27.00
04/30/14	INTEREST	FOR DATE OF SERVICE 7/18/11	58.81
02/26/14	PENALTIES	FOR DATE OF SERVICE 8/29/11	27.00
04/30/14	INTEREST	FOR DATE OF SERVICE 8/29/11	56.43
02/26/14	PENALTIES	FOR DATE OF SERVICE 11/29/11	27.00
04/30/14	INTEREST	FOR DATE OF SERVICE 11/29/11	51.21
02/26/14	PENALTIES	FOR DATE OF SERVICE 1/30/12	27.00
04/30/14	INTEREST	FOR DATE OF SERVICE 1/30/12	47.70
02/26/14	PENALTIES	FOR DATE OF SERVICE 3/26/12	27.00
04/30/14	INTEREST	FOR DATE OF SERVICE 3/26/12	44.52
02/26/14	PENALTIES	FOR DATE OF SERVICE 5/7/12	27.00
04/30/14	INTEREST	FOR DATE OF SERVICE 5/7/12	42.14
02/26/14	PENALTIES	FOR DATE OF SERVICE 6/11/12	27.00
04/30/14	INTEREST	FOR DATE OF SERVICE 6/11/12	40.15
02/26/14	PENALTIES	FOR DATE OF SERVICE 6/19/12	27.00
04/30/14	INTEREST	FOR DATE OF SERVICE 6/19/12	39.70
02/26/14	PENALTIES	FOR DATE OF SERVICE 7/31/12	27.00
04/30/14	INTEREST	FOR DATE OF SERVICE 7/31/12	37.32
02/26/14	PENALTIES	FOR DATE OF SERVICE 9/10/12	27.00
04/30/14	INTEREST	FOR DATE OF SERVICE 9/10/12	34.99
02/26/14	PENALTIES	FOR DATE OF SERVICE 9/28/12	27.00
04/30/14	INTEREST	FOR DATE OF SERVICE 9/28/12	33.97

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#
05/06/14 37481

Claim # : 010515-080001-WC-01
W.C.A.B.:
ADJ # : ADJ7
S.S.N. : XXX-XX-
D.O.B. : 7/20/54
Terms : 45 days

BILL TO:

SEDGWICK CLAIMS (LEXINGT14442)
W.C. DEPARTMENT
ATTN: LAURA POWELL
PO BOX 14442
LEXINGTON, KY 40512-4442

Case: vs THE WESTIN HOTEL
Date Of Injury: 4/10/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/26/14	PENALTIES	FOR DATE OF SERVICE 11/9/12	27.00
04/30/14	INTEREST	FOR DATE OF SERVICE 11/9/12	31.59
02/26/14	PENALTIES	FOR DATE OF SERVICE 11/30/12	27.00
04/30/14	INTEREST	FOR DATE OF SERVICE 11/30/12	30.40
02/26/14	PENALTIES	FOR DATE OF SERVICE 1/30/13	27.00
04/30/14	INTEREST	FOR DATE OF SERVICE 1/30/13	26.94
02/26/14	PENALTIES	FOR DATE OF SERVICE 4/24/13	27.00
04/30/14	INTEREST	FOR DATE OF SERVICE 4/24/13	22.17
02/26/14	PENALTIES	FOR DATE OF SERVICE 6/19/13	27.00
04/30/14	INTEREST	FOR DATE OF SERVICE 6/19/13	19.00
04/30/14	PMT BY CHECK	DOS 5/7/10-6/19/13* # 0048693902 SEDGWIC	-8351.54

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 when 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, N Notices, Completed DWC-1, Application of Adjudication, 4600 Election Matter, Depo Transcript and any and all documentary evidence to be utilized in attempt to defeat this lien.

GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

PAGE 1 OF 1

0101701 01 RE 0.382 **AUTO T9 0 5911 92781



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

PAID

DIRECT INQUIRIES TO:

PHONE: 1-619-471-1219
GALLAGHER BASSETT-SAN DIE
P.O. BOX 85013
SAN DIEGO CA 92186-5013

STARWOOD HOTELS AND RESORTS WOR
LDWIDE, INC.

CLAIM NO. 010515 080001 WC 01

BRANCH NO. 187

CHECK NO. 0081806908

CLAIMANT:

ACC. DATE 10-Apr-2010

VN. 0001115840

DESCRIPTION: INVOICE #37481

DATE: 01-Nov-2010

DATE OF SERVICE: 07-May-2010 TO 09-Jul-2010

PAYMENT AMOUNT: \$590.00



RE0101701-0001_of_0001 5911-0001935 (F28D)

Sedgwick Claims Management Services, Inc
PO Box 14153
Lexington, KY 40512-4153

201404301616

Electronic Service Requested



1 OF 2

2851 0.5738 MB 0.432 MIXED AADC 926



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

141

DATE

CHECK AMT

CHECK NO.

04/30/2014

8,351.54

0048693902

PAYEE

TAX ID

JOYCE ALTMAN INTERPRETERS

*****6713

SCMS UNIT

PAGE

414 Sedgwick Claims Management Services, Inc

1 of 1

ENV 2851

Claimant Name

Loss Date

Claim Number

04/10/2010

010515080001WC01

Amt Paid:

8,351.54

Amt Billed:

8,351.54

Description: Miscellaneous Medical

Dates:

05/07/2010-06/19/2013

Invoice:

ICN: 159324468.338

Comment:

PAID MAY 06 2014

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

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#
06/30/14 27838

Claim # : 293129813
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 5/7/68
Terms : 45 days

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

Case: vs SYRATECH CORP.1
Date Of Injury: 5/3/01

DOS	SERVICE	DESCRIPTION	AMOUNT
10/10/07	WCAB LB	MSC	156.50
01/14/08	PENALTIES	FOR DATE OF SERVICE 10/10/07	23.48
06/18/14	INTEREST	FOR DATE OF SERVICE 10/10/07	121.45
10/07/09	WCAB LB	STATUS CONFERENCE	156.50
10/19/10	WCAB LB	MSC - SABINE SKELTON # 300884	156.50
08/15/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
04/12/13	PENALTIES	FOR DATE OF SERVICE 10/7/09	23.48
06/18/14	INTEREST	FOR DATE OF SERVICE 10/7/09	85.55
04/12/13	PENALTIES	FOR DATE OF SERVICE 10/19/10	23.48
06/18/14	INTEREST	FOR DATE OF SERVICE 10/19/10	66.96
04/12/13	PENALTIES	FOR DATE OF SERVICE 8/15/12	23.48
06/18/14	INTEREST	FOR DATE OF SERVICE 8/15/12	34.12
06/24/14	COSTS & SANC	COST & SANC	972.00
06/24/14	PMT BY CHECK	DOS 6/18/14* # 26545585	-2000.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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 INTERNATIONAL GROUP - (LMS)
P.O. Box 9918
Amarillo, TX 79105-5918

201406241604

Electronic Service Requested

8913 0.5738 MB 0.432 MIXED AADC 926
JOYCE ALTMAN INTERPRETERS INC 71
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 26545585
RFP No.: 760596
Check Date: 06/24/2014
Check Amount: 2,000.00
Insured: SYRATECH CORPORATION (A
CORP)
Claimant:

Claim Office: 293
Insuring Company: COMMERCE AND INDUSTRY
INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS
INC

PAID JUN 30 2014

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009386423	00129813	01	05/03/2001	MED	O	2,000.00
Total Amount						2,000.00

Reason for Payment
FULL AND FINAL

Use File # 293/ 00129813 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#
06/30/14 44812

Claim # : 2080243462
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 10/26/69
Terms : 45 days

BILL TO:

ZURICH INS.(968005-SCHAUMBURG)
W.C. DEPARTMENT
ATTN: DEBORA HAWARD
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs DLS BUILDERS/DE LA SECURA BLDR.
Date Of Injury: 1/17/11

DOS	SERVICE	DESCRIPTION	AMOUNT
05/08/11	MRI	REF BY DR CHANIN: L/SPINE	150.00
/ /		@ CAL IMG *	
05/22/12	INTERPRETER:	TITO SILVA # 500272	0.00
/ /	DEPO PREP	@ THE L/O OF MANNING & KASS	156.50
07/03/12	INTERPRETER:	VERA DARLING # 301418	0.00
/ /	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
		@ L/O DENNIS FUSI	
04/17/13	INTERPRETER:	PATRICIA HAYES # 100785	0.00
06/12/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
04/02/14	WCAB LB	TRIAL - JOYCE ALTMAN # 300624	156.50
06/13/14	PENALTIES	FOR DATE OF SERVICE 5/8/11	22.50
04/02/14	INTEREST	FOR DATE OF SERVICE 5/8/11	54.44
06/13/14	PENALTIES	FOR DATE OF SERVICE 5/22/12	23.48
04/02/14	INTEREST	FOR DATE OF SERVICE 5/22/12	38.07
06/13/14	PENALTIES	FOR DATE OF SERVICE 7/3/12	37.50
04/02/14	INTEREST	FOR DATE OF SERVICE 7/3/12	57.50
06/13/14	PENALTIES	FOR DATE OF SERVICE 4/17/13	23.48
04/02/14	INTEREST	FOR DATE OF SERVICE 4/17/13	21.79
06/13/14	PENALTIES	FOR DATE OF SERVICE 6/12/13	23.48
04/02/14	INTEREST	FOR DATE OF SERVICE 6/12/13	19.03
06/13/14	COSTS & SANC	COST & SANC	9.23
06/26/14	PMT BY CHECK	DOS 1/17/11-6/13/14* # 36354	-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#
06/30/14 44812

Claim # : 2080243462
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 10/26/69
Terms : 45 days

BILL TO:

ZURICH INS.(968005-SCHAUMBURG)
W.C. DEPARTMENT
ATTN: DEBORA HAWARD
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs DLS BUILDERS/DE LA SECURA BLDR
Date Of Injury: 1/17/11

DOS	SERVICE	DESCRIPTION	AMOUNT
-----	---------	-------------	--------

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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.

Zurich-American Insurance Group

US Bank

90-3582

CHECK NO.

36354

American Claims Management

P.O. Box 85251

San Diego, CA 92186

For Questions Please Call (888)-799-2919

4747 Executive Drive
San Diego, CA 92121

1222

DATE

06/26/2014

California Workers' Compensation Payment

*****1,200.00

Pay One Thousand Two Hundred Dollars And 00/100

VOID AFTER 90 DAYS

TO THE ORDER OF

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER \$2,500.00



⑈0036354⑈ ⑆122235821⑆ 153495561216⑈

Payee: Joyce Altman Interpreters Inc

Check Number: 36354

IRS/SSN: XX-XXX6713

Check Date: 06/26/2014

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
17000008		01/17/2011	Lien Payment - Medical	01/17/2011	06/13/2014	06/16/2014		1,200.00

61997

44812

F.F.

JJ

PAID JUN 30 2014

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#
07/07/14 51948

Claim # : YMHC51256
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 5/25/71
Terms : 45 days

BILL TO:

THE HARTFORD (LEXINGTON-14475)
W.C. DEPARTMENT
ATTN: ASHLEY KLEINAU
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs ALL STAR FASHION
Date Of Injury: 1/7/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/28/12	SURGERY	DR FONSECA: R/SHOULDER @ MON-ROVIA HOSP. (9H 15M)	832.50
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
06/23/14	PENALTIES	FOR DATE OF SERVICE 2/28/12	208.13
06/23/14	INTEREST	FOR DATE OF SERVICE 2/28/12	222.38
06/23/14	COSTS & SANC	COST & SANC	436.99
06/30/14	PMT BY CHECK	DOS 2/28/12-6/23/14 # 122486104 3	-1700.00

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



000762
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Attention: This remittance incorporates
2 claim payments

PAID JUL 08 2014

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
01-07-11	52WEC LQ8595 YMHC 51256	ALL STAR FASHION, INC	\$1,700.00
Nature of Benefits: Other Medical		Nature of Payment: Source Payment	Service Dates 02-28-2012 02-28-2012
Claim Handler: Ashley Kleinau 866/401-9222 Western Workers' Compensation Claim Center P.O. Box 14475 Lexington, KY 40512		Additional Comments: Lien Payment	

104146595



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

56-1544
441

Check Number: 122486104 3
Issue Date: 06-30-2014

\$*****3,900.00

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

Pay

THREE THOUSAND NINE HUNDRED DOLLARS AND 00/100

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

Robert W. Paris
Authorized Signature

11 1224861043 11 10441154431

63255973811

104146595

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#
07/31/14 39836

Claim # : WC905504426;WC9055077878
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 9/6/79
Terms : 45 days

BILL TO:

LIBERTY MUTUAL (PORTLAND-4555)
W.C. DEPARTMENT
ATTN: MICHAEL WILLIAMS
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs CORONADO STONE PRODUCTS
Date Of Injury: 7/1/07;3/6/10;3/6/06

DOS	SERVICE	DESCRIPTION	AMOUNT
11/11/10	MRI	REF BY DR KHAN: LT ELBOW @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
04/26/11	CT SCAN	REF BY DR VANDYKE: L/S*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
09/08/11	PENALTIES	FOR DATE OF SERVICE 11/11/10	22.50
07/08/14	INTEREST	FOR DATE OF SERVICE 11/11/10	53.92
09/08/11	PENALTIES	FOR DATE OF SERVICE 4/26/11	22.50
07/08/14	INTEREST	FOR DATE OF SERVICE 4/26/11	53.92
07/23/14	PMT BY CHECK	DOS 11/11/10-7/9/14* # 0028007684	-452.84

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

B. CODE
288

CHECK REFERENCE	CHECK DATE
0028007684	07/23/14
CHECK AMOUNT	BLOCK NUMBER
****\$452.84	011198

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

PAGE 1 OF 2

OSN: MM0801072304-002006

BANK: 288

CHECK REF: 0028007684 DATE: 07/23/14 AMT: 452.84

INTERNAL BILL NO: 090364926 MSR: N0077377

CUST/EXTERNAL BILL NO: 26111720116702

BR PROVIDER #: 008330956713A0

CLAIM NO. WC 604-A38910 HOD
CONTRACT NO: WAJ-Z9D-442984-016-92
DOCUMENT NO: 2H1671101210006

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 39836
SSN: XXX-XX-9832
DOI: 07/01/07
PATIENT:

PAID JUL 31 2014

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: CORONADO STONE PRODUCTS
ADDRESS: 11191 CALABASH AVE
FONTANA, CA 92337

AGENCY CLAIM#(BOARD COMM#): 2010051720493320332334
IDC-9 CODES: 799.8

LOCATION CODE: 000002

DATES OF SERVICE: 11/11/10-07/09/14
AUDIT DATE: 07/22/14

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
11/11/10	MDS10		LUMP SUM SETTLEMENT WHERE							
11/11/10	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	150.00	N/A	0.00	150.00	G2 Z652
04/26/11	MDS10		LUMP SUM SETTLEMENT WHERE							
04/26/11	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	150.00	N/A	0.00	150.00	G2 Z652
07/09/14	MDS10		LUMP SUM SETTLEMENT WHERE							
07/09/14	99199		SPECIAL SERVICE/PROC/REPO	1.00	152.84	152.84	N/A	0.00	152.84	G2 Z652
TOTAL CHARGES:					452.84					
TOTAL PREVIOUSLY PAID:					0.00					
TOTAL CURRENT PAYABLE:					452.84					
TOTAL WITHHOLDING:					0.00					
TOTAL AMOUNT PAID:					452.84					

EXPLANATION CODE DESCRIPTIONS:

G2 THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE
Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)

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#
12/15/14 41206

Claim # : 39726
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 2/15/65
Terms : 45 days

BILL TO:

PACIFIC COMP INS. COMPANY
W.C. DEPARTMENT
ATTN: LIN THOMAS
P.O. BOX # 5042
THOUSAND OAKS, CA 91359

Case: vs HUNTLEY HOUSE HOTEL
Date Of Injury: 8/29/07

DOS	SERVICE	DESCRIPTION	AMOUNT
12/22/10	DEPO PREP	@ THE L/O OF LANDEGGER, BARON & LAVENANT	156.50
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
12/23/10	MRI	REF BY DR PIETRUSZKA: C/S,L/S & BIL SHLDS (2H 35M)	206.25
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
03/14/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	ALFREDO LANDEROS # 100753	0.00
06/02/11	PMT BY CHECK	DOS 12/22/10 THRU 3/14/11 # 00496488	-496.50
06/29/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
08/05/11	PMT BY CHECK	DOS 6/29/11 # 00502974	-156.50
01/09/13	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/26/14	PENALTIES	FOR DATE OF SERVICE 12/23/10	17.44
11/26/14	INTEREST	FOR DATE OF SERVICE 12/23/10	47.89
11/26/14	PENALTIES	FOR DATE OF SERVICE 1/9/13	37.50
11/26/14	INTEREST	FOR DATE OF SERVICE 1/9/13	54.43
12/12/14	PMT BY CHECK	DOS 8/29/07-11/26/14* # 00602244	-523.51

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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WORKERS' COMPENSATION²

PAID
JUN 07 2011

BY:.....

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

Authorized Signature

הנהגת המערכת תהיה כדלקמן:

PACIFIC COMPENSATION INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042



Anthem.

WORKERS' COMPENSATION™

Temporary Return Service Requested

000084-000001-000084 2090467 2320EDC 1

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

Insured: SECOND STREET CORPORATION
Amount of this check: 336.50

Claimant: E
Claim: 00039726
Policy #: WC 00012703
Date of Injury: 20070829
Description: 06-29-11 - 06-29-11 41206
Payment For: INTERPRETER FOR HEARINGS

Payment Amount: \$ 156.50

Claimant: M
Claim: 00038016
Policy #: WC 00099601
Date of Injury: 20090603
Description: 06-09-11 - 06-15-11 36491
Payment For: INTERPRETER FOR MEDICAL

Payment Amount: \$ 180.00

DIRECT INQUIRIES TO: PACIFIC COMPENSATION INSURANCE COMPANY

PAID

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


PACIFIC COMPENSATION INSURANCE COMPANY

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

16-01606/1220

CHECK NO. 00802974

DATE 08/05/2011

AMOUNT

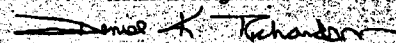
*****\$336.50

VOID AFTER 6 MONTHS
TWO SIGNATURES REQUIRED IF \$10,000.00 OR MORE

PAY Three Hundred Thirty-Six and 50/100

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

Authorized Signature



Authorized Signature

PACIFIC COMPENSATION INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042
(818) 575-8500

Temporary Return Service Requested

000077-000001-000077 2503185 2320EDC 1

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

Explanation of Review

Page: 1 of 2

DCN: PC1-0010-0066081

Date of Review: 12/10/2014

Date Bill Received: 12/01/2014

Adjustor: CGRAZZIANI

File: 00000000010.00 / 00000000000.00 / 000000000

Check No.: 00602244 Bulk \$523.51

Method of Payment: Paper Check

41206

FF.01
CA

Provider: JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781
Provider State License: 99999999
Provider Invoice:
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC,
Rendering Provider ID: 999999999

Claim 00039726
Policy: WC 00012703
Employer Name: SECOND STREET
CORPORATION
Dol: 08/29/2007
Claimant: S
Patient SSN: 1

Tax ID: 330956713 OMP
DOS: 08/29/2007 TO 11/26/2014
Ext ID: 33095671300 100
Payment Status Code: 1
Payment Date: 12/12/2014 Bill Frequency:

DX 1: 9599 Injury-site NOS

PAID DEC 15 2014

Date of Service	Code	Mod	Rev Code	Service Description	Prescription #	Units	Units	Adjust Qnty	Charges	Bill Review	Reductions PPO	Allowance	Expl. Code(s)
08/29/2007	MDO10			FINAL ORDR/AWARD WC APPL		1	1	0	414.85	153.10		261.75	1000
11/26/2014	MDO10			FINAL ORDR/AWARD WC APPL		1	1	0	414.86	153.10		261.76	1000
Total Charges:									829.71				
Bill Review Reductions:										306.20			
Recommended Allowance												523.51	

1000 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.

412


PACIFIC COMPENSATION INSURANCE COMPANY

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

16-01606/1220

CHECK NO: 00602244

DATE: 12/12/2014

AMOUNT

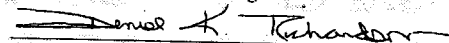
*****\$523.51

VOID AFTER 6 MONTHS
TWO SIGNATURES REQUIRED IF \$10,000.00 OR MORE

PAY Five Hundred Twenty-Three and 51/100

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

Authorized Signature



Authorized Signature

00602244 1220160661 412008788920

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#
12/15/14 36775

Claim # : EGP6146; EGJ09484/A8B0047
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 7/26/56
Terms : 45 days

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

Case: vs AMBRO FABRICATING
Date Of Injury: 1/22/10; 7/17/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/15/10	INITIAL EXAM	DR RAHIMIAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
04/14/10	PR2/REEVAL	DR ZARGARAFF* AUGUSTO SALAZAR # 500286	180.00
06/14/10	PR2/REEVAL	DR PERHSEN @ AMERI CHIRO* BLANCA MEJIA #100741	180.00
08/02/10	P AND S	DR ZARGARAFF* VINCENT MEJIA # 500309	230.00
03/09/11	PENALTIES	FOR DATE OF SERVICE 02/15/10	34.50
07/14/14	INTEREST	FOR DATE OF SERVICE 02/15/10	100.15
03/09/11	PENALTIES	FOR DATE OF SERVICE 08/02/10	34.50
07/14/14	INTEREST	FOR DATE OF SERVICE 08/02/10	100.15
09/04/14	PENALTIES U	FOR UNPAID STLM'T 11/3/14	290.50
11/03/14	INTEREST U	FOR UNPAID STLM'T 11/3/14	21.89
12/09/14	PMT BY CHECK	DOS 12/9/14* # 891A 85748307	-1162.00
12/15/14	BLCE OFF SET	BALANCE OFF SET	-239.69

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933

SA09545

891A

85748307

TRAVELERS 

DATE: 12/09/14
LOSS DATE: 07/17/08
FILE NUMBER: 158 CB A8B0047 P

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

EMPLOYEE

ACCOUNT NAME:
AMRO FABRICATING CORP

TRAVELERS INDEMNITY CO OF CT
EXPLANATION OF PAYMENT

36775

LUMP SUM SETTLEMENT

SERVICE DATE: 12/09/2014

TOTAL PAID: \$1162.00
TAX INFO: 3309567133721476Y
PAY MISC: FULL AND FINAL
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID DEC 15 2014

F.F. 
Ker

FOR ADDITIONAL INFORMATION, CONTACT: MAYRA C MACKENZIE AT (925)945-4413

343009685
DETACH CHECK

UNSHMM
UNSHMM2-1212
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#
12/16/14 57039

Claim # : 002979025973-WC-01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 4/28/72
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (SAN DIEGO)
W.C. DEPARTMENT
ATTN: TODD TRAN
P.O. BOX # 85013
SAN DIEGO, CA 92186

Case: vs CLASSIC PARTY RENTALS
Date Of Injury: 7/4/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/04/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/28/13	DEPO PREP	@ THE L/O OF MORSE, GIESLER, CALLISTER& KARLIN	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
05/08/13	PMT BY CHECK	DOS 1/4/13 # 0101386201	-156.50
06/17/13	PMT BY CHECK	DOS 3/28/13 # 0102250875	-156.50
06/09/14	WCAB LA	MSC - LINDA WEINBERG # 08025285	156.50
12/08/14	PENALTIES	FOR DATE OF SERVICE 06/09/14	23.48
12/08/14	INTEREST	FOR DATE OF SERVICE 06/09/14	8.43
12/09/14	PMT BY CHECK	DOS 6/9/14* # 0114642879	-188.41

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

002979

PAGE 1 OF 1

003882



MDG2009 00004388 1 MB 0405 1

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



PAID MAY 13.2013

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS OF PA

DIRECT CHECK INQUIRIES TO:
PHONE: 619-471-1219
GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

CLAIM NO.: 002979 025973 WC 01 (EL)

CLAIMANT:

DESCRIPTION: INV# 57039

DATES OF SERVICE: 04Jan13 THRU 04Jan13

BENEFIT PERIOD: THRU

BRANCH NO.: 187

ACC DATE: 04Jul11

NO.: 0101386201

VN: 0001063748

DATE: 08May13

AMOUNT: 156.50

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004388 005047 001 004



GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

002979

PAGE 1 OF 1

003510

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



f
PAID JUN 24 2013

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS OF PA

DIRECT CHECK INQUIRIES TO:
PHONE: 619-471-1219
GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

57039

CLAIM NO.: 002979 025973 WC 01 (EL)

CLAIMANT:

DESCRIPTION: INVOICE#57039 DOS 3/28/13

DATES OF SERVICE: 28Mar13 THRU 28Mar13

BENEFIT PERIOD: THRU

BRANCH NO.: 187

ACC DATE: 04Jul11

NO.: 0102250875

VN: 0001095220

DATE: 17Jun13

AMOUNT: 156.50

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004662 005280 002 002

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



PAID DEC 16 2014

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS OF PA

DIRECT CHECK INQUIRIES TO:
PHONE: 619-471-1219
GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

CLAIM NO.: 002979 025973 WC 01 (EL)

CLAIMANT:

DESCRIPTION: INVOICE #57039

DATES OF SERVICE: 09Jun14 THRU 09Jun14

BENEFIT PERIOD: THRU

BRANCH NO.: 187

ACC DATE: 04Jul11

NO.: 0114642879

VN: 0001627251

DATE: 09Dec14

AMOUNT: 188.41

※

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004871 005577 003 003

HR-

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#
12/09/14 29150

Claim # : ECA900027295
W.C.A.B.: N/A
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 6/8/54
Terms : 45 days

BILL TO:
FIRST COMP/MARKEL INS (OMAHA)
W.C. DEPARTMENT
ATTN: JASMIN DITI
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs LA CABANA RESTAURANT
Date Of Injury: 7/1/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/06/08	INITIAL EXAM	-DR VAZQUEZ*	230.00
02/21/08	PR2/REEVAL	-DR VAZQUEZ*	180.00
03/17/08	PR2/REEVAL	-DR VAZQUEZ*	180.00
04/09/08	PR2/REEVAL	-DR VAZQUEZ*	180.00
05/06/08	PR2/REEVAL	-DR VAZQUEZ*	180.00
08/20/08	PENALTIES	FOR DATE OF SERVICE 2/6/08	34.50
12/22/14	INTEREST	FOR DATE OF SERVICE 2/6/08	174.86
08/06/11	MRI	-REF BY DR UPPAL: C/S, L/S, RT SHOULDER*	150.00
/ /	INTERPRETER:	BLANCA NOCHEZ # 100741	0.00
08/20/11	MRI	-REF BY DR UPPAL: BIL ANKLES, LT SHOULDER*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
01/14/14	PMT BY CHECK	DOS 11/1/11* # 2785469 FIRST COMP	-202.50
12/08/14	PMT BY CHECK	DOS 2/6/08-11/19/14* # 2805900 FIRST COMP	-1256.86

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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 3188
Omaha, NE 68103-0188

Claims Disbursement

Claim Number: ECA900027295
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 2785469
Check Date: 01/14/2014
Check Amount: 202.50

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WEN0020754
CLAIMS TYPE: ME EXPENSE TYPE: 15

Invoice Number: 60482
Invoice Date: 12/23/2013

Service From: 11/01/2011 Service To: 11/01/2011

Claimant First Name:
Claimant Last Name:

Additional Information: 11/01/2011 11/01/2011

PAID JAN 24 2014

29150 ✓



PO Box 3188
Omaha, NE 68103-0188

Claims Disbursement

PAID DEC 15 2014

Claim Number: ECA900027295
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 2805900
Check Date: 12/08/2014
Check Amount: 1,256.86

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WEN0020754
CLAIMS TYPE: ME EXPENSE TYPE: 15

Invoice Number: Lien F & F
Invoice Date: 12/05/2014

Service From: 02/06/2008 **Service To:** 11/19/2014

Claimant First Name:
Claimant Last Name:

Additional Information: 02/06/2008 11/19/2014

UT
F.P. NDS
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#
12/12/14 37963

Claim # : 047510034791
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 4/23/84
Terms : 45 days

BILL TO:

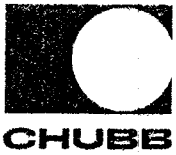
CHUBB GROUP OF INS. CO. (LA)
W.C. DEPARTMENT
ATTN: AMY DOREN
P.O. BOX 30850
LOS ANGELES, CA 90030

Case: vs ORDER EXPRESS
Date Of Injury: 11/1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
07/09/10	INITIAL EXAM	DR BOYER @ PAIN RELIEF CTR (2 HRS 20 MINS)	287.50
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
09/07/10	EMG TESTING	& NCV BY DR GROSS: L/E*	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
09/03/10	PR2/REEVAL	DR BOYER* AUGUSTO SALAZAR # 500286	180.00
09/08/10	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
09/09/10	P AND S	DR TERRENCE: PSYCH EVAL (3 HRS)	345.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
11/17/14	PENALTIES	FOR DATE OF SERVICE 07/09/10	43.13
11/17/14	INTEREST	FOR DATE OF SERVICE 07/09/10	67.57
11/17/14	PENALTIES	FOR DATE OF SERVICE 09/09/10	51.75
11/17/14	INTEREST	FOR DATE OF SERVICE 09/09/10	81.09
12/09/14	PMT BY CHECK	DOS 11/17/14* # 918318	-1200.00
12/12/14	BLCE OFF SET	BALANCE OFF SET	-156.04

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.



CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 3rd Floor
Los Angeles, CA 90071-2427

37263

Payment Summary

Claim Ref #: 047510034791
Policy: 000071735752
Occurrence: 000001
Date of Loss: 11/01/2009
SSN#/TIN#: XXXXXXXXXX
Payee: JOYCE ALTMAN INTERPRETERS

Page: 1 of 1
Check Number: 918318
Print Date: 12/09/2014
Issue Date: 12/09/2014

Insured: Order Express, Inc

<u>DATE</u>	<u>CLAIMANT</u>	<u>DESCRIPTION</u>
		Translator

AMOUNT
1,200.00

PAID DEC 12 2014

J.F. OK
AM

HR

CHECK TOTAL: 1,200.00

Comments: FULL/ FINAL LIEN SATISFACTION OF STIP & ODR FOR ALL DATES OF SERVICE; STIP/ODR DTD 11/17/14; ES

Claim Representative: AMY DORAN

Phone: (213)612-5493

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#
12/12/14 48147

Claim # : PZC00447288
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 8/8/64
Terms : 45 days

BILL TO:

CRUM & FORSTER (ORANGE)
W.C. DEPARTMENT
ATTN: DENNIS POSADA
P.O. BOX # 14217
ORANGE, CA 92863

Case: vs ARC OF VENTURA COUNTY
Date Of Injury: 9/2/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/30/11	MRI	REF BY DR SOTELO DC: R/KNEE CAL IMG *	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
12/21/11	PENALTIES	FOR DATE OF SERVICE 8/30/11	22.50
07/22/14	INTEREST	FOR DATE OF SERVICE 8/30/11	45.56
07/09/12	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR TERRENCE @ CA SLP*	150.00
/ /	INTERPRETER:	FERNANDO RODRIGUEZ # 500234	0.00
12/20/12	PENALTIES	FOR DATE OF SERVICE 07/09/12	22.50
07/22/14	INTEREST	FOR DATE OF SERVICE 07/09/12	45.56
12/06/14	PMT BY CHECK	DOS 8/30/11-7/9/12 # 0002890723	-400.00
12/12/14	BLCE OFF SET	BALANCE OFF SET	-36.12

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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.

CRUM&FORSTER

Number:
0002890723

Vendor Number: 408698152

Issuing Location: Orange County Claims

Check Date: 12/06/2014

Payee:

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

IRS:

48147

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
Per signed lien agreement dated 12/1/14	PZC00447288	MC		09/02/2009	\$400.00

PAID DEC 12 2014

F.F. OK
SH

TOTAL: \$400.00

UP

Send Inquiries to:

P.O. Box 14217
Orange, CA 92863

Processor: J. Crockett

Internal Reference No:

Please Detach Before Depositing



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 12/15/14 NO# 43440

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 10/28/68
Terms : 45 days
Claim #(s):
709910822

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

Case: vs CST ENVIRONMENTAL, LP
Date Of Injury: 1/20/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/22/11	INITIAL EXAM	DR RAHIMIAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/15/11	INITIAL EXAM	DR CARRERA (4.5 HRS)	517.50
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
05/17/11	PR2/REEVAL	DR RAHIMIAN* JASON RAMIREZ # 500371	180.00
06/02/11	PR2/REEVAL	DR RAHIMIAN* SANDRA TALANCON # 100802	180.00
06/24/11	CT SCAN	& MYELOGRAM REF BY DR RAHIMIAN: L/S*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/15/11	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ AMERI CHIRO (2H 5M)	168.75
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/06/11	INITIAL EXAM	DR LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/22/11	P AND S	DR CARRERA* JESUS CASTILLO # 500358	230.00
08/09/11	PR2/REEVAL	DR RAHIMIAN* SANDRA TALANCON # 100802	180.00
09/02/11	PR2/REEVAL	W/ ACUPUNCTURIST ALEX LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/05/11	P AND S	DR RAHIMIAN* JESUS CASTILLO # 500358	230.00
01/26/12	PR2/REEVAL	DR RAHIMIAN*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/02/11	PENALTIES	FOR DATE OF SERVICE 3/22/11	34.50
12/03/14	INTEREST	FOR DATE OF SERVICE 3/22/11	89.79
08/02/11	PENALTIES	FOR DATE OF SERVICE 4/15/11	77.63
12/03/14	INTEREST	FOR DATE OF SERVICE 4/15/11	202.02

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#
12/15/14 43440

BILL TO:

CHARTIS/AIG (SHAWNEE-25977)
W.C. DEPARTMENT
ATTN: BRITTANY DAYES
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 10/28/68
Terms : 45 days
Claim #(s):
709910822

Case: vs CST ENVIRONMENTAL, LP
Date Of Injury: 1/20/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/02/11	INTEREST	FOR DATE OF SERVICE 6/24/11	22.50
12/03/14	INTEREST	FOR DATE OF SERVICE 6/24/11	58.56
08/02/11	PENALTIES	FOR DATE OF SERVICE 7/22/11	34.50
12/03/14	INTEREST	FOR DATE OF SERVICE 7/22/11	89.57
05/08/12	PENALTIES	FOR DATE OF SERVICE 10/5/11	34.50
12/03/14	INTEREST	FOR DATE OF SERVICE 10/5/11	84.13
09/18/12	C&R READING	@ THE L/O OF DENNIS FUSI (BLOCK SETTLEMENT)	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/02/11	PENALTIES	FOR DATE OF SERVICE 05/17/11	27.00
12/03/14	INTEREST	FOR DATE OF SERVICE 05/17/11	70.27
08/02/11	PENALTIES	FOR DATE OF SERVICE 06/02/11	27.00
12/03/14	INTEREST	FOR DATE OF SERVICE 06/02/11	70.27
08/02/11	PENALTIES	FOR DATE OF SERVICE 06/15/11	25.31
12/03/14	INTEREST	FOR DATE OF SERVICE 06/15/11	65.87
08/02/11	PENALTIES	FOR DATE OF SERVICE 07/06/11	34.50
12/03/14	INTEREST	FOR DATE OF SERVICE 07/06/11	89.79
05/22/13	PENALTIES	FOR DATE OF SERVICE 08/09/11	27.00
12/03/14	INTEREST	FOR DATE OF SERVICE 08/09/11	69.08
05/22/13	PENALTIES	FOR DATE OF SERVICE 09/02/11	27.00
12/03/14	INTEREST	FOR DATE OF SERVICE 09/02/11	67.71
05/22/13	PENALTIES	FOR DATE OF SERVICE 09/18/12	23.48
12/03/14	INTEREST	FOR DATE OF SERVICE 09/18/12	63.96
05/22/13	LIEN FIL FEE	ACTIVATION FILING FEE	100.00
12/06/14	PMT BY CHECK	DOS 12/3/14 # 27540405	-4800.00
12/06/14	COSTS & SANC	COST & SANCTIONS	471.31

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#
12/15/14 43440

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 10/28/68
Terms : 45 days
Claim #(s):
709910822

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

Case: vs CST ENVIRONMENTAL, LP
Date Of Injury: 1/20/11

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.

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

201412081600

Electronic Service Requested

10377 0.3820 MB 0.432 MIXED AADC 926
10377 0.3820 MB 0.432
JOYCE ALTMAN INTERPRETERS INC 199
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 27540405
RFP No.: 792866
Check Date: 12/06/2014
Check Amount: 4,800.00
Insured: NUPRECON-CST HOLDINGS, LLC

Claimant:

Claim Office: 709
Insuring Company: COMMERCE AND INDUSTRY
INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS
INC

PAID DEC 15 2014

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009915172	00910822	01	01/20/2011	MED	C	4,800.00
Total Amount						4,800.00

Reason for Payment
F&F ANY/ALL DOS

FF.

Use File # 709/00910822 on all correspondence for prompt processing.
For check information call: 877-802-5246

ENV 10377 1 OF 1

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#
10/22/14 29954

Claim # : 011260012102-WC-01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/27/65
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (CALABASAS)
W.C. DEPARTMENT
ATTN: JOHN WHITEHOUSE
P.O. BOX # 9875
CALABASAS, CA 91372

Case: -- vs RENAISSANCE DOORS & WINDOWS
Date Of Injury: 1/25/08; 9/1/05

DOS	SERVICE	DESCRIPTION	AMOUNT
03/04/08	INITIAL EXAM	DR SOLTAN*	230.00
07/01/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
07/25/08	INITIAL/P&S	PSYCH EVAL W/ DR TERRENCE (5 HRS)	575.00
06/22/10	WCAB LB	MSC - SABINE SKELTON # 300884	156.50
09/28/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
09/10/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
10/28/13	WCAB LB	TRIAL - JOHANNA JORDAN (FULL DAY)	313.00
02/12/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
03/03/14	PMT BY CHECK	DOS 6/22/10-10/28/13* # 0000182381	-782.50
04/01/14	PENALTIES	FOR DATE OF SERVICE 3/04/08	34.50
10/22/14	INTEREST	FOR DATE OF SERVICE 3/04/08	177.03
04/01/14	PENALTIES	FOR DATE OF SERVICE 7/01/08	37.50
10/22/14	INTEREST	FOR DATE OF SERVICE 7/01/08	183.05
04/01/14	PENALTIES	FOR DATE OF SERVICE 7/25/08	86.25
10/22/14	INTEREST	FOR DATE OF SERVICE 7/25/08	416.68
07/18/14	PENALTIES	FOR DATE OF SERVICE 6/22/10	23.48
03/03/14	INTEREST	FOR DATE OF SERVICE 6/22/10	67.55
07/18/14	PENALTIES	FOR DATE OF SERVICE 9/28/10	23.48
03/03/14	INTEREST	FOR DATE OF SERVICE 9/28/10	62.72
07/18/14	PENALTIES	FOR DATE OF SERVICE 9/10/13	23.48
03/03/14	INTEREST	FOR DATE OF SERVICE 9/10/13	9.57
07/18/14	PENALTIES	FOR DATE OF SERVICE 10/28/13	46.95
03/03/14	INTEREST	FOR DATE OF SERVICE 10/28/13	14.40
07/30/14	PENALTIES	FOR DATE OF SERVICE 2/12/14	23.48
10/22/14	INTEREST	FOR DATE OF SERVICE 2/12/14	9.17
08/12/14	PMT BY CHECK	DOS 2/12/14* # 0000216500	-156.50
10/22/14	COSTS & SANC	COSTS & SANC	405.71
11/17/14	PMT BY CHECK	DOS 10/22/14* # 0000233896	-2700.00

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#
10/22/14 29954

Claim # : 011260012102-WC-01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/27/65
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (CALABASAS)
W.C. DEPARTMENT
ATTN: JOHN WHITEHOUSE
P.O. BOX # 9875
CALABASAS, CA 91372

Case: vs RENAISSANCE DOORS & WINDOWS
Date Of Injury: 1/25/08; 9/1/05

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 92880-2006

011260

PAGE 1 OF 1 003740

PAID MAR 12 2014

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



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 012102 WC 01 (4020061-01)

CLAIMANT:

DESCRIPTION: DOS 6/22/10, 9/28/10, 9/10/13, 10/28/13

DATES OF SERVICE: 22Jun10 THRU 28Oct13

BENEFIT PERIOD: THRU

BRANCH NO.: 170

ACC DATE: 01Sep05

NO.: 0000182381

VN: 0000613063

DATE: 03Mar14

AMOUNT: 782.50

29954

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004677 005309 002 004

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

011260

PAGE 1 OF 1 004083



MDG2009 00004593 1 MB 0435 1

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



PAID AUG 21 2011

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

29954

CLAIM NO.: 011260 012102 WC 01 (4020061-01)

CLAIMANT:

DESCRIPTION: FOR INTERPRETATION SERVICES AT 2/12/14 MSC

DATES OF SERVICE: 12Feb14 THRU 12Feb14

BENEFIT PERIOD: THRU

BRANCH NO.: 170

ACC DATE: 01Sep05

NO.: 0000216500

VN: 0000680384

DATE: 12Aug14

AMOUNT: 156.50

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004593 005326 001 002



MDG2009 00004426 1 MB 0435 1

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



PAID NOV 21 2014

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

29954

CLAIM NO.: 011260 012102 WC 01 (4020061-01)

CLAIMANT:

DESCRIPTION: PER 10/22/14 LIEN AGREEMENT

DATES OF SERVICE: 22Oct14 THRU 22Oct14

BENEFIT PERIOD: THRU

BRANCH NO.: 170

ACC DATE: 01Sep05

NO.: 0000233896

VN: 0000733398

DATE: 17Nov14

AMOUNT: 2700.00

E.F.
CA

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004426 005009 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#
11/21/14 35724

Claim # : NTPA-1127
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 4/13/60
Terms : 45 days

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

Case: vs EXACT STAFF/BIAGIO BROTHERS
Date Of Injury: 10/13/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/13/09	EMG TESTING	BY DR DANESH: U/E & L/E @	125.00
11/13/09	NCV	PAIN RELIEF CTR*	
		DIAGNOSTIC STUDY INTERP: U/E	125.00
		& L/E @ PAIN RELIEF*	
04/07/10	INITIAL EXAM	DR TERRENCE: PSYCH EVAL	546.25
		(4 HRS 45 MINS)	
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
10/11/10	MRI	REF BY DR HEKMAT: RT SHLD,	150.00
		RT KNEE*	
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
03/11/11	PENALTIES	FOR DATE OF SERVICE 11/13/09	37.50
11/12/14	INTEREST	FOR DATE OF SERVICE 11/13/09	116.66
03/11/11	PENALTIES	FOR DATE OF SERVICE 04/07/10	81.94
11/12/14	INTEREST	FOR DATE OF SERVICE 04/07/10	254.89
03/11/11	PENALTIES	FOR DATE OF SERVICE 10/11/10	22.50
11/12/14	INTEREST	FOR DATE OF SERVICE 10/11/10	69.99
09/10/12	DIAGN STUDY	REF BY DR ZLOTOLOW: ECHO @	150.00
		CALIF IMAGING*	
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
11/19/14	PMT BY CHECK	DOS 10/13/09-11/12/14*	-1575.00
		# 1580198	
11/21/14	BLCE OFF SET	BALANCE OFF SET	-104.73

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#
11/21/14 35724

Claim # : NTPA-1127
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 4/13/60
Terms : 45 days

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

Case: vs EXACT STAFF/BIAGIO BROTHERS
Date Of Injury: 10/13/09

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.

Mailing Information:

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

35724

Claim Number: NTPA-1127
Claimant:
Date of Loss: 10/13/2009

Check Number: 1580198
Check Date: 11/19/2014
Check Amount: \$1,575.00

Type of Payment: MP 230 - PAYMENT ODR-PAYMENT IN DISPUTE

Location: 931 Exact Staff Inc 21031 Ventura Blvd. of Exact Staff Inc

For Period: 10/13/2009 to 11/12/2014

IRS #: 33-0956713

Handling Office: 705-Los Angeles, Roseville, CA

Detail: FULL AND FINAL ALL DATES OF SERVICE

PAID NOV 21 2014

F.F. *[Signature]*
AM

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

2801 TOWER NSM STAFFING

PAY

ONE THOUSAND FIVE HUNDRED SEVENTY-FIVE AND 0/100

TO
THE
ORDER
OF

JOYCE ALTMAN INTERPRETERS, INC.
Mail to: P.O. 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

NTPA-1127

DATE

CHECK NO.

11/19/2014

1580198

AMOUNT

***\$1,575.00

Richard T. [Signature]

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER \$25,000.00

⑈ 1580198 ⑈ ⑆021200025⑆ 2000013486965⑈

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#
12/02/14 35175

Claim # : SAC0000112395
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 5/11/74
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W.C. DEPARTMENT
ATTN: CANDICE MAIBES
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case vs McDonald's
Date Of Injury: 6/17/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/18/09	INITIAL EXAM	DR RAHIMIAN @ AMERI CHIRO*	230.00
10/26/09	PR2/REEVAL	DR ZARGARAFF @ AMERI CHIRO*	180.00
10/20/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
12/30/09	PR2/REEVAL	DR ZARGARAFF* JASON RAMIREZ # 500371	180.00
02/10/10	PR2/REEVAL	DR RAHIMIAN* CLARA BONILLA # 500320	180.00
03/17/10	P AND S	DR ZARGARAFF* JESUS CASTILLO # 500358	230.00
07/06/10	PENALTIES	FOR DATE OF SERVICE 08/18/09	34.50
09/07/12	INTEREST	FOR DATE OF SERVICE 08/18/09	82.32
07/06/10	PENALTIES	FOR DATE OF SERVICE 10/20/09	23.48
09/07/12	INTEREST	FOR DATE OF SERVICE 10/20/09	52.91
07/06/10	PENALTIES	FOR DATE OF SERVICE 03/17/10	34.50
09/07/12	INTEREST	FOR DATE OF SERVICE 03/17/10	67.03
07/05/11	PR2/REEVAL	DR RAHIMIAN* JESUS CASTILLO # 500358	180.00
03/23/12	PENALTIES	FOR DATE OF SERVICE 10/26/09	27.00
09/07/12	INTEREST	FOR DATE OF SERVICE 10/26/09	60.51
03/23/12	PENALTIES	FOR DATE OF SERVICE 12/30/09	27.00
09/07/12	INTEREST	FOR DATE OF SERVICE 12/30/09	56.83
03/23/12	PENALTIES	FOR DATE OF SERVICE 2/10/10	27.00
09/07/12	INTEREST	FOR DATE OF SERVICE 2/10/10	54.44
03/23/12	PENALTIES	FOR DATE OF SERVICE 7/5/11	27.00
09/07/12	INTEREST	FOR DATE OF SERVICE 7/5/11	25.52
11/24/14	PMT BY CHECK	DOS 8/18/09-7/5/11* # 0054483919 SEDGWIC	-1500.00
12/02/14	BLCE OFF SET	BALANCE OFF SET	-436.54

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#
12/02/14 35175

Claim # : SAC0000112395
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 5/11/74
Terms : 45 days

BILL TO:

SEDGWICK CLAIMS (LEXINGT14433)
W.C. DEPARTMENT
ATTN: CANDICE MAIBES
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case: vs McDonald's
Date Of Injury: 6/17/08

DOS	SERVICE	DESCRIPTION	AMOUNT
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BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and 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.

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#
12/04/14 63571

Claim # : 08D15BP124658
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 1/19/63
Terms : 45 days

BILL TO:

CANNON COCHRAN MGMT SVCS (CON)
W.C. DEPARTMENT
ATTN: JENNIFER SCHASSER
1800 SUTTER ST STE 200
CONCORD, CA 94520

Case: _____ vs SBM SITE SERVICES
Date Of Injury: 9/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/25/09	INITIAL EXAM	DR TERRENCE: PSYCH EVAL (3 HRS)	345.00
12/17/09	PENALTIES	FOR DATE OF SERVICE 03/25/09	51.75
12/17/09	INTEREST	FOR DATE OF SERVICE 03/25/09	31.20
12/01/14	PMT BY CHECK	DOS 3/25/09* # 14400341 ccmsi/cannon	-427.95

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and 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.

CCMSI obo SBM Site Services, LLC - AIG
2 East Main St., Suite 208
Danville, IL 61832

Bank of America
CHICAGO, IL 60603

2-3/710 IL

Check Number 144000341

Date: 12/01/2014
Batch #: 300702110

Amount

\$****427.95

Amount: FOUR HUNDRED TWENTY-SEVEN AND 95 / 100*****

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

Void After 90 Days
Two Signatures Required for Amounts over 5,000.00

Anthony J. Golden

⑈0144000341⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
63571	09/01/2008	08D15B924658	427.95	0.00	427.95	63571 DS 3/25/2009 - 3/25/2009	EMACKENZ

33474

PAID DEC 04 2014

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#
12/03/14 38297

Claim # : 2080232426
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 4/27/53
Terms : 45 days

BILL TO:

ZURICH INS.(968005-SCHAUMBURG)
W.C. DEPARTMENT
ATTN: GLORIA HOLMEF
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case:

vs WINPLAST dba WINKIER PLASTIC

Date Of Injury: 7/28/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/09/10	INITIAL EXAM	DR DOMARACKI @ WILLOW MED (2.5 HRS)	287.50
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
09/01/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ #500289	180.00
09/16/10	EMG TESTING	BY DR KAVOOSI: L/E* ELENA LOPEZ # 500289	150.00
09/22/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
10/13/10	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA #100755	180.00
11/10/10	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA #100755	180.00
12/08/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
12/16/10	INITIAL EXAM	W/ ACUPUNCTURIST STEVE HING @ WILLOW MED*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
01/19/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
03/02/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
05/04/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
06/01/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
07/18/11	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
07/25/11	PR2/REEVAL	DR DOMARACKI* VINCENT MEJIA # 500309	180.00
08/08/11	PMT BY CHECK	DOS 7/18/11 # 1101394598	-156.50

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#
12/03/14 38297

Claim # : 2080232426
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 4/27/53
Terms : 45 days

BILL TO:

ZURICH INS.(968005-SCHAUMBURG)
W.C. DEPARTMENT
ATTN: GLORIA HOLMEF
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case:

Date Of Injury: 7/28/10

vs WINPLAST dba WINKIER PLASTIC

DOS	SERVICE	DESCRIPTION	AMOUNT
09/07/11	PR2/REEVAL	DR DOMARACKI*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/28/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ	180.00
		# 500289	
10/19/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ	180.00
		# 500289	
11/28/11	PR2/REEVAL	DR DOMARACKI* VINCENT MEJIA	180.00
		# 500309	
12/08/11	INITIAL EXAM	DR PHILLIPS @ WILLOW MED*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
01/12/12	PR2/REEVAL	DR PHILLIPS @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
02/20/12	PR2/REEVAL	DR DOMARACKI*	180.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
04/16/12	PR2/REEVAL	DR HAHN @ WILLOW MEDICAL	180.00
		GROUP*	
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
05/23/12	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ	180.00
		# 500289	
06/25/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA	180.00
		# 100755	
08/06/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA	180.00
		# 100755	
09/17/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA	180.00
		# 100755	
11/14/12	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ	180.00
		# 100821	
11/28/12	PR2/REEVAL	DR DOMARACKI*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
01/14/13	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA	180.00
		# 100755	

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 12/03/14 NO# 38297

Claim # : 2080232426
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 4/27/53
Terms : 45 days

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

Case: vs WINPLAST dba WINKIER PLASTIC
Date Of Injury: 7/28/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/11/13	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
03/11/13	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
04/08/13	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
05/17/13 / /	PR2/REEVAL INTERPRETER:	DR HAHN @ WILLOW MEDICAL* ELENA LOPEZ # 100821	180.00 0.00
05/20/13 / /	PR2/REEVAL INTERPRETER:	DR DOMARACKI @ WILLOW MED* ELENA LOPEZ # 100821	180.00 0.00
06/10/13	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
09/09/13 / /	PR2/REEVAL INTERPRETER:	DR AVILES @ WILLOW MEDICAL* GLADYS REYNA # 100755	180.00 0.00
09/30/13 / /	PR2/REEVAL INTERPRETER:	DR DOMARACKI @ WILLOW MED* GLADYS REYNA # 100755	180.00 0.00
10/17/13 / /	INITIAL EXAM INTERPRETER:	DR OBUKHOFF @ WILLOW MEDCAL* GLADYS REYNA # 100755	230.00 0.00
11/18/13 / /	PR2/REEVAL INTERPRETER:	DR DOMARACKI @ WILLOW MED* GLADYS REYNA # 100755	180.00 0.00
08/01/14	PENALTIES	FOR DATE OF SERVICE 08/09/10	43.13
11/10/14	INTEREST	FOR DATE OF SERVICE 08/09/10	133.43
08/01/14	PENALTIES	FOR DATE OF SERVICE 12/16/10	34.50
11/10/14	INTEREST	FOR DATE OF SERVICE 12/16/10	103.63
08/01/14	PENALTIES	FOR DATE OF SERVICE 12/08/11	34.50
08/01/14	INTEREST	FOR DATE OF SERVICE 12/08/11	71.72
08/01/14	PENALTIES	FOR DATE OF SERVICE 10/17/13	34.50
11/10/14	INTEREST	FOR DATE OF SERVICE 10/17/13	77.76
11/10/14	PENALTIES	FOR DATE OF SERVICE 09/01/10	27.00
11/10/14	INTEREST	FOR DATE OF SERVICE 09/01/10	83.54
11/10/14	PENALTIES	FOR DATE OF SERVICE 09/16/10	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#
12/03/14 38297

Claim # : 2080232426
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 4/27/53
Terms : 45 days

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

Case:
Date Of Injury: 7/28/10

vs WINPLAST dba WINKIER PLASTIC

DOS	SERVICE	DESCRIPTION	AMOUNT
11/10/14	INTEREST	FOR DATE OF SERVICE 09/16/10	69.61
11/10/14	PENALTIES	FOR DATE OF SERVICE 09/22/10	27.00
11/10/14	INTEREST	FOR DATE OF SERVICE 09/22/10	83.54
11/10/14	PENALTIES	FOR DATE OF SERVICE 10/13/10	27.00
11/10/14	INTEREST	FOR DATE OF SERVICE 10/13/10	83.54
11/10/14	PENALTIES	FOR DATE OF SERVICE 11/10/10	27.00
11/10/14	INTEREST	FOR DATE OF SERVICE 11/10/10	83.14
11/10/14	PENALTIES	FOR DATE OF SERVICE 12/8/10	27.00
11/10/14	INTEREST	FOR DATE OF SERVICE 12/8/10	81.55
11/10/14	PENALTIES	FOR DATE OF SERVICE 1/19/11	27.00
11/10/14	INTEREST	FOR DATE OF SERVICE 1/19/11	79.17
11/10/14	PENALTIES	FOR DATE OF SERVICE 3/2/11	27.00
11/10/14	INTEREST	FOR DATE OF SERVICE 3/2/11	76.79
11/10/14	PENALTIES	FOR DATE OF SERVICE 5/4/11	27.00
11/10/14	INTEREST	FOR DATE OF SERVICE 5/4/11	73.22
11/10/14	PENALTIES	FOR DATE OF SERVICE 6/1/11	27.00
11/10/14	INTEREST	FOR DATE OF SERVICE 6/1/11	71.63
11/10/14	PENALTIES	FOR DATE OF SERVICE 7/25/11	27.00
11/10/14	INTEREST	FOR DATE OF SERVICE 7/25/11	68.57
11/10/14	PENALTIES	FOR DATE OF SERVICE 9/7/11	27.00
11/10/14	INTEREST	FOR DATE OF SERVICE 9/7/11	66.07
11/10/14	INTEREST	FOR DATE OF SERVICE 9/28/11	27.00
11/10/14	PENALTIES	FOR DATE OF SERVICE 9/28/11	64.88
11/10/14	INTEREST	FOR DATE OF SERVICE 10/19/11	27.00
11/10/14	PENALTIES	FOR DATE OF SERVICE 10/19/11	63.69
11/10/14	INTEREST	FOR DATE OF SERVICE 11/28/11	27.00
11/10/14	PENALTIES	FOR DATE OF SERVICE 11/28/11	61.42
11/10/14	INTEREST	FOR DATE OF SERVICE 1/12/12	27.00
11/10/14	PENALTIES	FOR DATE OF SERVICE 1/12/12	58.87
11/10/14	INTEREST	FOR DATE OF SERVICE 2/20/12	27.00
11/10/14	PENALTIES	FOR DATE OF SERVICE 2/20/12	56.66

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 12/03/14 NO# 38297

Claim # : 2080232426
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 4/27/53
Terms : 45 days

BILL TO:

ZURICH INS.(968005-SCHAUMBURG)
W.C. DEPARTMENT
ATTN: GLORIA HOLMEF
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case:

Date Of Injury: 7/28/10

vs WINPLAST dba WINKIER PLASTIC

DOS	SERVICE	DESCRIPTION	AMOUNT
11/10/14	PENALTIES	FOR DATE OF SERVICE 4/16/12	27.00
11/10/14	INTEREST	FOR DATE OF SERVICE 4/16/12	53.48
11/10/14	PENALTIES	FOR DATE OF SERVICE 5/23/12	27.00
11/10/14	INTEREST	FOR DATE OF SERVICE 5/23/12	51.38
11/10/14	PENALTIES	FOR DATE OF SERVICE 6/25/12	27.00
11/10/14	INTEREST	FOR DATE OF SERVICE 6/25/12	49.51
11/10/14	PENALTIES	FOR DATE OF SERVICE 8/6/12	27.00
11/10/14	INTEREST	FOR DATE OF SERVICE 8/6/12	47.13
11/10/14	PENALTIES	FOR DATE OF SERVICE 9/17/12	27.00
11/10/14	INTEREST	FOR DATE OF SERVICE 9/17/12	44.75
11/10/14	PENALTIES	FOR DATE OF SERVICE 11/14/12	27.00
11/10/14	INTEREST	FOR DATE OF SERVICE 11/14/12	41.46
11/10/14	PENALTIES	FOR DATE OF SERVICE 11/28/12	27.00
11/10/14	INTEREST	FOR DATE OF SERVICE 11/28/12	40.66
11/10/14	PENALTIES	FOR DATE OF SERVICE 1/14/13	27.00
11/10/14	INTEREST	FOR DATE OF SERVICE 1/14/13	38.00
11/10/14	PENALTIES	FOR DATE OF SERVICE 2/11/13	27.00
11/10/14	INTEREST	FOR DATE OF SERVICE 2/11/13	36.41
11/10/14	PENALTIES	FOR DATE OF SERVICE 3/11/13	27.00
11/10/14	INTEREST	FOR DATE OF SERVICE 3/11/13	34.82
11/10/14	PENALTIES	FOR DATE OF SERVICE 4/8/13	27.00
11/10/14	INTEREST	FOR DATE OF SERVICE 4/8/13	33.23
11/10/14	PENALTIES	FOR DATE OF SERVICE 5/17/13	27.00
11/10/14	INTEREST	FOR DATE OF SERVICE 5/17/13	31.02
11/10/14	PENALTIES	FOR DATE OF SERVICE 5/20/13	27.00
11/10/14	INTEREST	FOR DATE OF SERVICE 5/20/13	30.85
11/10/14	PENALTIES	FOR DATE OF SERVICE 6/10/13	27.00
11/10/14	INTEREST	FOR DATE OF SERVICE 6/10/13	29.66
11/10/14	PENALTIES	FOR DATE OF SERVICE 9/9/13	27.00
11/10/14	INTEREST	FOR DATE OF SERVICE 9/9/13	24.50
11/10/14	PENALTIES	FOR DATE OF SERVICE 9/30/13	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#
12/03/14 38297

Claim # : 2080232426
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 4/27/53
Terms : 45 days

BILL TO:

ZURICH INS.(968005-SCHAUMBURG)
W.C. DEPARTMENT
ATTN: GLORIA HOLMEF
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case:
Date Of Injury: 7/28/10

vs WINPLAST dba WINKIER PLASTIC

DOS	SERVICE	DESCRIPTION	AMOUNT
11/10/14	INTEREST	FOR DATE OF SERVICE 9/30/13	23.31
11/10/14	PENALTIES	FOR DATE OF SERVICE 11/18/13	27.00
11/10/14	INTEREST	FOR DATE OF SERVICE 11/18/13	20.53
11/24/14	PMT BY CHECK	DOS 7/31/10-11/10/14* # 1100183551	-9000.00
12/03/14	BLCE OFF SET	BALANCE OFF SET	-1370.76

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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

Maryland Casualty Company

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

00565

PAID

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0232426 001 GC	WC 03817618	38297		07/28/10	07/18/11-07/18/11
Check Number	1101394598	Date Issued	08/08/11	Amount	\$****156.50
Insured	Winkler Plastics				
Claimant					
Nature of Payment	MEDICAL-LEGAL COSTS				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	JohnstonZico CG-S				
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			

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#
11/21/14 40876

Claim # : WC905518846
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 11/25/49
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W.C. DEPARTMENT
ATTN: PENNY ROTH
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs PARADIGMA PACKAGING
Date Of Injury: 9/3/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/01/10	INITIAL EXAM	DR PARVIN: PSYCH EVAL @	230.00
/ /	INTERPRETER:	ADVANCE CARE*	
12/15/10	SHOCK WAVE	ANA SMELSER # 500349	0.00
/ /	INTERPRETER:	THERAPY W/ DR HARRIS @	0.00
01/20/11	PR2/REEVAL	ADVANCE CARE*	
/ /	INTERPRETER:	LESLIE RIVERA # 500259	0.00
02/17/11	PR2/REEVAL	DR SCHILLING @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
06/20/11	PR2/REEVAL	DR SCHILLING @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARTHA ARCHIBALD # 301253	0.00
07/13/11	DEPO PREP	DR JOHNSON @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
08/22/11	DEPO REVIEW	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/05/12	PENALTIES	BEFORE SIGNING-DEPO TRANSCRIP	250.00
06/05/12	INTEREST	OSBALDO LOPEZ # 301367	0.00
06/05/12	PENALTIES	FOR DATE OF SERVICE 12/1/10	34.50
06/05/12	INTEREST	FOR DATE OF SERVICE 12/1/10	41.45
06/05/12	PENALTIES	FOR DATE OF SERVICE 7/13/11	23.48
06/05/12	INTEREST	FOR DATE OF SERVICE 7/13/11	17.16
06/05/12	PENALTIES	FOR DATE OF SERVICE 8/22/11	37.80
06/05/12	INTEREST	FOR DATE OF SERVICE 8/22/11	24.26
04/22/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/04/14	PMT BY CHECK	DOS 12/1/10-4/22/14*	-1333.00
10/04/14	C&R READING	# 996933355	
/ /	INTERPRETER:	@ ONTARIO, CA	250.00
11/13/14	PMT BY CHECK	JOHANNA JORDAN # 301566	0.00
		DOS 4/22/14-10/4/14*	-406.50
		# 99990324	

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#
11/21/14 40876

Claim # : WC905518846
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 11/25/49
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W.C. DEPARTMENT
ATTN: PENNY ROTH
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs PARADIGMA PACKAGING
Date Of Injury: 9/3/10

DOS	SERVICE	DESCRIPTION	AMOUNT
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BALANCE 22.15

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and 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:
P.O. BOX 4555
PORTLAND, OR 97208
503-239-5800



B. CODE
189

CHECK NUMBER 99693355	CHECK DATE 08/04/14
CHECK AMOUNT \$\$\$1333.00	BLOCK NUMBER 006427

PAGE 1 OF 1

CLAIM #: WC 604-A29935
CONTRACT #: WA6-Z8D-054153-070-22

OSN: EE2701080405-000636

CONTROL #: 000002123 ID: CRNWB20
PROVIDER #: 33095671398091

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 09/03/10
EMPLOYEE:

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

EMPLOYER: PARADIGM PACKAGING INC
DATES OF SERVICE: 12/01/10-04/22/14
LOCATION CODE: CA0001

PROVIDER:

DATES OF SERVICE		SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
FROM	TO					
12/01/10	04/22/14	MISC		1,333.00	1,333.00	

NOTE: INV # 40876

TOTAL CHARGES 1333.00
TOTAL PAYABLE: 1333.00
TOTAL WITHHOLD: 0.00
TOTAL AMOUNT PAID: 1333.00

PAID AUG 11 2014

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

BRANCH OFFICE ADDRESS:
P.O. BOX 4555
PORTLAND, OR 97208
503-239-5800



B. CODE
189

CHECK NUMBER	CHECK DATE
99990324	11/13/14
CHECK AMOUNT	BLOCK NUMBER
***\$406.50	004866

PAGE 1 OF 1

CLAIM #: WC 604-A29935
CONTRACT #: WA6-Z8D-054153-070-22

OSN: EE2701111305-000482

CONTROL #: 000003028 ID: CRNWA18
PROVIDER #: N3095671346681

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 09/03/10
EMPLOYEE:

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

EMPLOYER: PARADIGM PACKAGING INC
DATES OF SERVICE 04/22/14-04/22/14
LOCATION CODE: CA0001

PROVIDER:

40876

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
04/22/14	04/22/14	MISC		250.00	250.00	
04/22/14	04/22/14	MISC		156.50	156.50	

NOTE: DOS 10/4/14, 4/22/14

TOTAL CHARGES 406.50
TOTAL PAYABLE: 406.50
TOTAL WITHHOLD: 0.00
TOTAL AMOUNT PAID: 406.50

PAID NOV 17 2014

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 11/20/14 NO# 44842

Claim # : SCIH032552
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 6/1/62
Terms : 45 days

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

Case: vs SSA/ADULT SERVICES IHSS PUBLIC
Date Of Injury: 1/12/10

DOS	SERVICE	DESCRIPTION	AMOUNT
05/11/11	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
08/19/11	DEPO PREP	@ THE L/O OF SCIF	156.50
/ /	INTERPRETER:	IVANIA ALBERTO # 301331	0.00
09/14/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
10/05/11	PMT BY CHECK	DOS 9/14/11	-563.00
		# C7-706638	
02/25/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
04/03/13	PMT BY CHECK	DOS 2/25/13 # C7-858917	-156.50
04/15/13	WCAB LB	TRIAL - CARMEN GUZMAN	156.50
		# 100585	
04/24/14	PENALTIES	FOR DATE OF SERVICE 4/15/13	23.48
10/07/14	INTEREST	FOR DATE OF SERVICE 4/15/13	27.17
10/05/11	PENALTIES	FOR DATE OF SERVICE 5/11/11	23.48
10/05/11	INTEREST	FOR DATE OF SERVICE 5/11/11	5.23
10/29/14	COSTS & SANC	COSTS & SANC	114.14
11/17/14	PMT BY CHECK	DOS 5/11/11-4/15/13*	-350.00
		# 61-231686	

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and 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 Number: 330956713

Check #: C7 -706638

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 10/05/11
Doc #: 023679914

Medical

Page 1 of 2

Line #	Invoice Number	From Date	To Date	Service Description	Units	Allowances
1	44842	05/11/11	09/14/11	Court Fees & Costs-State Cases	1	563.00
Total Allowances:						\$563.00

Claim Number 05561944	Allowances 563.00	Penalty & Interest .00	Invoice Totals 563.00
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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:
05561944 INV 44842;

PAID

BY:.....

01272899023679914012

STATE FUND WILL PAY TO ONLY ONE REMITTANCE ADDRESS PER TIN EFF. AUGUST 2011
For more information, see www.statefundca.com/about/SingleRemit.asp

Provider Number: 330956713

Check #: C7 -858917

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 04/03/13

Doc #: 026486208

Medical

Page 1 of 2

Line #	Invoice Number	From Date	To Date	Service Description	Units	Allowances
1	44842	05/11/11	02/25/13	Court Fees & Costs-State Cases	1	156.50
Total Allowances:						\$156.50

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05561944	156.50	.00	156.50

The preceding invoice totals reflect the amount 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. Charges that are either denied payment or found in excess of the amount allowed are objected to for the above reasons. You may contact us at the address and phone number listed if there is an issue regarding payment.

Notations:

05561944 INV 44842;

PAID APR 05 2013

To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/EBilling/EBilling_Regulations.htm



THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - VIEW AT AN ANGLE

STATE OF CALIFORNIA

WARRANT NUMBER

61-231686

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

XXXXX551

FUND NO.
0001FUND NAME
GENERAL FUND

5180

MO. DAY YR.
11 17 2014

90-1342/1211

61231686

TO: 231686

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

DOLLARS	CENTS
\$*****350	00

John Chiang
JOHN CHIANG
CALIFORNIA STATE CONTROLLER



⑈121113423⑈ 612316863⑈

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

61-231686

ISSUE DATE: 11/17/2014

CLAIM NUMBER: SCIH-032552

CLAIMANT NAME:

DATE OF INJURY: 01-12-2010

PAY DESCRIPTION: SNGL MEDBILL LUMP STLMNT

PERIOD FROM - PERIOD TO: 05-11-2011 - 04-15-2013

44842

PAID NOV 20 2014

F. F. O'Neil
NDT

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#
12/09/14 32827

Claim # : 002335-009384-WC-01
W.C.A.B.: N/A
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 7/1/63
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (ORANGE)
W.C. DEPARTMENT
ATTN: ANA ACOSTA
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs LEGGET & PLATT, INC.
Date Of Injury: 3/13/08

DOS	SERVICE	DESCRIPTION	AMOUNT
01/02/09	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
02/02/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
02/25/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
03/11/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
04/06/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
05/01/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
05/27/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
06/17/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
06/25/09	INITIAL EXAM	DR SAMIMI @ WILLOW MED*	230.00
07/08/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
09/02/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
09/30/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
10/28/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
12/04/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
01/08/10	PR2/REEVAL	DR DOMARACKI*	180.00
		ELENA LOPEZ # 500289	
02/01/10	PR2/REEVAL	DR DOMARACKI*	180.00
		ELENA LOPEZ # 500289	
02/19/10	PR2/REEVAL	DR DOMARACKI*	180.00
		ELENA LOPEZ # 500289	
02/25/10	P AND S	DR DOMARACKI*	230.00
		ELENA LOPEZ # 500289	
08/02/10	PR2/REEVAL	DR DOMARACKI (2 HRS 20 MINS) GLADYS REYNA #100755	202.50
03/11/09	PENALTIES	FOR DATE OF SERVICE 1/2/09	34.50
10/28/14	INTEREST	FOR DATE OF SERVICE 1/2/09	150.51
11/14/12	PENALTIES	FOR DATE OF SERVICE 6/25/09	34.50
10/28/14	INTEREST	FOR DATE OF SERVICE 6/25/09	141.74
11/14/12	PENALTIES	FOR DATE OF SERVICE 2/25/10	34.50
05/12/14	INTEREST	FOR DATE OF SERVICE 2/25/10	123.99
03/11/09	PENALTIES	FOR DATE OF SERVICE 02/02/09	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#
12/09/14 32827

Claim # : 002335-009384-WC-01
W.C.A.B.: N/A
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 7/1/63
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (ORANGE)
W.C. DEPARTMENT
ATTN: ANA ACOSTA
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs LEGGET & PLATT, INC.
Date Of Injury: 3/13/08

DOS	SERVICE	DESCRIPTION	AMOUNT
10/24/14	INTEREST	FOR DATE OF SERVICE 02/02/09	117.79
03/11/09	PENALTIES	FOR DATE OF SERVICE 02/25/09	27.00
10/24/14	INTEREST	FOR DATE OF SERVICE 02/25/09	117.79
06/11/13	PENALTIES	FOR DATE OF SERVICE 03/11/09	27.00
10/24/14	INTEREST	FOR DATE OF SERVICE 03/11/09	116.94
06/11/13	PENALTIES	FOR DATE OF SERVICE 04/06/09	27.00
10/24/14	INTEREST	FOR DATE OF SERVICE 04/06/09	115.47
06/11/13	PENALTIES	FOR DATE OF SERVICE 05/01/09	27.00
10/24/14	INTEREST	FOR DATE OF SERVICE 05/01/09	114.05
06/11/13	PENALTIES	FOR DATE OF SERVICE 05/27/09	27.00
10/24/14	INTEREST	FOR DATE OF SERVICE 05/27/09	112.57
06/11/13	PENALTIES	FOR DATE OF SERVICE 06/17/09	27.00
10/24/14	INTEREST	FOR DATE OF SERVICE 06/17/09	111.38
06/11/13	PENALTIES	FOR DATE OF SERVICE 07/08/09	27.00
10/24/14	INTEREST	FOR DATE OF SERVICE 07/08/09	110.19
06/11/13	PENALTIES	FOR DATE OF SERVICE 09/02/09	27.00
10/24/14	INTEREST	FOR DATE OF SERVICE 09/02/09	107.02
06/11/13	PENALTIES	FOR DATE OF SERVICE 09/30/09	27.00
10/24/14	INTEREST	FOR DATE OF SERVICE 09/30/09	106.96
06/11/13	PENALTIES	FOR DATE OF SERVICE 10/28/09	27.00
10/24/14	INTEREST	FOR DATE OF SERVICE 10/28/09	103.84
06/11/13	PENALTIES	FOR DATE OF SERVICE 12/04/09	27.00
10/24/14	INTEREST	FOR DATE OF SERVICE 12/04/09	101.74
06/11/13	PENALTIES	FOR DATE OF SERVICE 01/08/10	27.00
10/24/14	INTEREST	FOR DATE OF SERVICE 01/08/10	99.76
06/11/13	PENALTIES	FOR DATE OF SERVICE 02/01/10	27.00
10/24/14	INTEREST	FOR DATE OF SERVICE 02/01/10	98.40
06/11/13	PENALTIES	FOR DATE OF SERVICE 02/19/10	27.00
10/24/14	INTEREST	FOR DATE OF SERVICE 02/19/10	97.38
06/11/13	PENALTIES	FOR DATE OF SERVICE 08/02/10	30.38
10/24/14	INTEREST	FOR DATE OF SERVICE 08/02/10	99.08

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#
12/09/14 32827

Claim # : 002335-009384-WC-01
W.C.A.B.: N/A
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 7/1/63
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (ORANGE)
W.C. DEPARTMENT
ATTN: ANA ACOSTA
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs LEGGET & PLATT, INC.
Date Of Injury: 3/13/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/11/13	LIEN FIL FEE	ACTIVATION FILING FEE	100.00
12/02/14	PENALTIES	FOR UNPAID STLM'T 10/28/14	1400.00
12/02/14	INTEREST U	FOR UNPAID STLM'T 10/28/14	47.95
12/04/14	PMT BY CHECK	DOS 1/2/09-8/2/10* # 0114530105	-5600.00
12/09/14	BLCE OFF SET	BALANCE OFF SET	-2225.93

BALANCE 0.00

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

PAID DEC 09 2014



MDG2009 00004564 1 MB 0435 1

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



32827

GALLAGHER BASSETT SERVICES INC
FOR LEGGETT & PLATT INC.

DIRECT CHECK INQUIRIES TO:
PHONE: 800-297-0866
GALLAGHER BASSETT-LA/ORANGE CA
P.O. BOX 14260
ORANGE CA 92863-1260

F. Foley
CA

CLAIM NO.: 002335 009384 WC 01 (0E00)

CLAIMANT:

DESCRIPTION: FULL AND FINAL PER 10/28/14 AGREEMENT

DATES OF SERVICE: 02Jan09 THRU 02Aug10

BENEFIT PERIOD: THRU

BRANCH NO.: 138

ACC DATE: 13Mar08

NO.: 0114530105

VN: 0000275272

DATE: 04Dec14

AMOUNT: 5600.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004564 005172 001 003

ALP

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#
12/01/14 33338

Claim # : 1246182
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 9/12/68
Terms : 45 days

BILL TO:
AM TRUST/MAJESTIC INS CO(IRVN)
W.C. DEPARTMENT
ATTN: KELLY CHIESA
PO BOX 2359
SAN FRANCISCO, CA 94126

Case: vs THE REHAB CTR OF BEVERLY HILLS
Date Of Injury: 8/19/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/09	INITIAL EXAM	DR BOYER @ PAIN RELIEF CTR*	230.00
03/17/09	INITIAL EXAM	DR COLLINS @ PAIN RELIEF CTR*	230.00
03/26/09	EMG TESTING	BY DR TORRES: L/E @ PAIN RELIEF CTR*	125.00
03/26/09	NCV	DIAGNOSTIC STUDY INTERP: L/E @ PAIN RELIEF CTR*	125.00
05/19/09	SHOCK WAVE	THERAPY W/ TECH LOPEZ @ PAIN RELIEF CTR*	125.00
06/16/09	SHOCK WAVE	THERAPY W/ TECH LOPEZ @ PAIN RELIEF CTR*	150.00
06/25/09	INITIAL EXAM	DR GALLONI @ PAIN RELEIF CTR*	230.00
06/16/09	PR2/REEVAL	DR DE LA LLANA @ PAIN RELIEF CTR*	180.00
07/02/09	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ PAIN RELIEF CTR*	150.00
07/20/09	INITIAL EXAM	DR ZARRINI @ PAIN RELIEF CTR*	230.00
08/10/09	PR2/REEVAL	DR BOYER @ PAIN RELIEF CTR*	180.00
09/23/09	PR2/REEVAL	DR BOYER @ PAIN RELIEF CTR*	180.00
09/28/09	PR2/REEVAL	DR GALLONI - L.A.*	180.00
01/07/10	INITIAL EXAM	DR TERRENCE: MARTHA BECERRA # 500198	230.00
01/25/10	PR2/REEVAL	DR BOYER* JOHANNA JORDAN # 100793	180.00
01/26/10	SHOCK WAVE	THERAPY* JOHANNA JORDAN # 100793	150.00
02/05/10	PR2/REEVAL	DR BOYER* AUGUSTO SALAZAR # 500286	180.00
03/02/10	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL* # 500092	150.00
04/21/10	PR2/REEVAL	DR BOYER* CLARA BONILLA # 500320	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#
12/01/14 33338

Claim # : 1246182
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 9/12/68
Terms : 45 days

BILL TO:
AM TRUST/MAJESTIC INS CO(IRVN)
W.C. DEPARTMENT
ATTN: KELLY CHIESA
PO BOX 2359
SAN FRANCISCO, CA 94126

Case: vs THE REHAB CTR OF BEVERLY HILLS
Date Of Injury: 8/19/08

DOS	SERVICE	DESCRIPTION	AMOUNT
04/29/10	INITIAL EXAM	DR DOSHI @ PAIN RELIEF CTR*	230.00
05/11/10	SHOCK WAVE	THERAPY* CLARA BONILLA	150.00
		# 500320	
06/02/10	PR2/REEVAL	DR BOYER* ELIZABETH VARGA	180.00
		# 500106	
07/14/10	PR2/REEVAL	DR BOYER* ELIZABETH VARGA	180.00
		# 500106	
07/29/10	PR2/REEVAL	DR ZARRINI* ODALYS DOMINGUEZ	180.00
		# 500014	
09/22/10	PR2/REEVAL	DR BOYER* CLARA BONILLA	180.00
		# 500320	
10/14/10	PENALTIES	FOR DATE OF SERVICE 03/02/09	34.50
11/13/14	INTEREST	FOR DATE OF SERVICE 03/02/09	150.51
10/14/10	PENALTIES	FOR DATE OF SERVICE 03/17/09	34.50
11/13/14	INTEREST	FOR DATE OF SERVICE 03/17/09	150.51
10/14/10	PENALTIES	FOR DATE OF SERVICE 03/26/09	37.50
11/13/14	INTEREST	FOR DATE OF SERVICE 03/26/09	327.20
10/14/10	PENALTIES	FOR DATE OF SERVICE 06/25/09	34.50
11/13/14	INTEREST	FOR DATE OF SERVICE 06/25/09	142.90
10/14/10	PENALTIES	FOR DATE OF SERVICE 07/20/09	34.50
11/13/14	INTEREST	FOR DATE OF SERVICE 07/20/09	141.09
10/14/10	PENALTIES	FOR DATE OF SERVICE 01/07/10	34.50
11/13/14	INTEREST	FOR DATE OF SERVICE 01/07/10	128.70
10/14/10	PENALTIES	FOR DATE OF SERVICE 04/29/10	34.50
11/13/14	INTEREST	FOR DATE OF SERVICE 04/29/10	120.58
11/26/14	PMT BY CHECK	DOS 3/2/09-9/22/10*	-5000.00
		# 00245854	
12/01/14	BLCE OFF SET	BALANCE OFF SET	-890.99

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#
12/01/14 33338

Claim # : 1246182
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 9/12/68
Terms : 45 days

BILL TO:
AM TRUST/MAJESTIC INS CO(IRVN)
W.C. DEPARTMENT
ATTN: KELLY CHIESA
PO BOX 2359
SAN FRANCISCO, CA 94126

Case: vs THE REHAB CTR OF BEVERLY HILLS
Date Of Injury: 8/19/08

DOS	SERVICE	DESCRIPTION	AMOUNT
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BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and 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.P.O. BOX 740042
ATLANTA, GA 30374-0042JP Morgan/Chase Bank
Syracuse, NY**CHECK NO.****00245854**

800535-1

C200704280-02

DATE**11/26/2014****AMOUNT****\$5,000.00****PAY** Five Thousand and 0/100s Dollars*****

Pay To: JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

Mail To

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

⑈00245854⑈ ⑆021000021⑆ 937442523⑈

PAID DEC 01 2014

Check Number	00245854
Claim Number:	800535-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	C200704280-02/THE REHABILITATION CENTER OF BEVERLY HILLS
SSN / Employee Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	1/21/2009
Location:	580 SOUTH SAN VICENTE BLVD. LOS ANGELES CA 90048 -
Examiner Code:	carellano

F. F. OJ
NID5
33338

Amount:	<u>\$5,000.00</u>
Dates of Service:	3/2/2009-9/22/2010
Explanation:	Full & Final 3/2/09-9/22/10
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

AMTRUST NORTH AMERICA, INC.
P.O. BOX 740042
ATLANTA, GA 30374-0042
888-239-3909

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#
12/09/14 50352

Claim # : WC608-619924
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 6/8/63
Terms : 45 days

BILL TO:

LIBERTY MUTUAL (PORTLAND-4555)
W.C. DEPARTMENT
ATTN: JULIE CALLISON
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs ALLIED BUILDING PRODUCTS CORP
Date Of Injury: 12/22/08

DOS	SERVICE	DESCRIPTION	AMOUNT
12/02/11	CT SCAN	REF BY DR PAQUETTE: MYELOGRAM L/S @ CA IMAG(3H 5M)	225.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ #500341	0.00
04/12/12	PMT BY CHECK	DOS 12/2/11 # 0024746472	-146.25
03/11/13	SURGERY	DR PAQUETTE: L/S @ MONROVIA HOSPITAL (7 HRS)	630.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/10/13	PRE-OP	DR PAQUETTE @ MONROVIA MEDICAL HOSPITAL*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
11/18/14	PENALTIES	FOR DATE OF SERVICE 03/11/13	94.50
11/18/14	INTEREST	FOR DATE OF SERVICE 03/11/13	123.46
12/02/14	PMT BY CHECK	DOS 12/2/11* # 0028412169	-1000.00

BALANCE 106.71

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and 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



B CODE
288

CHECK REFERENCE	CHECK DATE
0024746472	04/12/12
CHECK AMOUNT	BLOCK NUMBER
146.25	017414

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

50352

PAGE 1 OF 2

CLAIM NO. WC 608-619924 HOD
CONTRACT NO: WA7-C8D-004095-028-74
DOCUMENT NO: 190800148934

OSN: MM0801041205-001741

BANK: 288

CHECK REF: 0024746472 DATE: 04/12/12 AMT: 146.25

INTERNAL BILL NO: 094163437 MSR: M0101633

CUST/EXTERNAL BILL NO: 06121010249500

BR PROVIDER #: 008330956713BC

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #:

SSN: XXX-XX-8765

DOI: 12/22/08

PATIENT:

PAID
APR 16 2012

PROVIDER: ADVANCED CARE

EMPLOYER: ALLIED BUILDING PRODUCTS CORP
ADDRESS: P.O. BOX 511
E RUTHERFORD, NJ 07073

BY:

AGENCY CLAIM#(BOARD COMM#): 2009011416000584884981
IDC-9 CODES: 799.89

LOCATION CODE: FFF04708

DATES OF SERVICE: 12/02/11-12/02/11
AUDIT DATE: 04/10/12

DATE OF SERVICE	PROCEDURE CODE	HOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
12/02/11	T1013		SIGN LANGUAGE/ORAL INTEPR	13.00	225.00	146.25	N/A	0.00	146.25	G1 Z560
TOTAL CHARGES:					225.00					
TOTAL PREVIOUSLY PAID:					0.00					
TOTAL CURRENT PAYABLE:					146.25					
TOTAL WITHHOLDING:					0.00					
TOTAL AMOUNT PAID:					146.25					

EXPLANATION CODE DESCRIPTIONS:

G1 THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE
Z560 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR INGENIX RELATIVE ACTUAL CHARGE DATABASE OR FAIR HEALTH BENCHMARK DATABASE ALLOWANCE. (Z560)
F612 SOCIAL SECURITY NUMBER IS NOT VALID. (F612)
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)

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS



PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
OR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

B. CODE
288

CHECK REFERENCE 0028412169	CHECK DATE 12/02/14
CHECK AMOUNT ***\$1000.00	BLOCK NUMBER 008478

END ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

PAGE 1 OF 2

CLAIM NO. WC 608-619924 HOD
CONTRACT NO: WA7-C8D-004095-028-74
DOCUMENT NO: 190800148934

OSN: MM0801120203-002206
BANK: 288
CHECK REF: 0028412169 DATE: 12/02/14 AMT: 1,000.00
INTERNAL BILL NO: 094163437 MSR: N0153716
CUST/EXTERNAL BILL NO: 06121010249502
BR PROVIDER #: 008330956713BC

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #:
SSN: XXX-XX-8765
DOI: 12/22/08
PATIENT:

PROVIDER: ADVANCED CARE

EMPLOYER: ALLIED BUILDING PRODUCTS CORP
ADDRESS: P.O. BOX 511
E RUTHERFORD, NJ 07073

AGENCY CLAIM#(BOARD COMM#): 2009011416000584884981
IDC-9 CODES: 799.89

LOCATION CODE: FFF04708

DATES OF SERVICE: 12/02/11-12/02/11
AUDIT DATE: 12/01/14

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
12/02/11	MDS10		LUMP SUM SETTLEMENT WHERE							
12/02/11	T1013		SIGN LANGUAGE/ORAL INTEPR	13.00	225.00	225.00	N/A	146.25	78.75 G2	Z652
12/02/11	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	921.25	921.25	N/A	0.00	921.25 G5	Z473
TOTAL CHARGES:					1146.25					
TOTAL PREVIOUSLY PAID:					146.25					
TOTAL CURRENT PAYABLE:					1000.00					
TOTAL WITHHOLDING:					0.00					
TOTAL AMOUNT PAID:					1000.00					

PLANATION CODE DESCRIPTIONS:

52 THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE
RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)
73 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.

PAID DEC 09 2014

MP

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#
12/09/14 40910

Claim # : WC905-477541
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 8/31/83
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W.C. DEPARTMENT
ATTN: MICHAEL WILLIAMS
P.O. BOX # 4555
PORTLAND, OR 97208

Case: vs JET ABRASIVES
Date Of Injury: 9/14/07

DOS	SERVICE	DESCRIPTION	AMOUNT
12/08/10	MRI	REF BY DR KHALID: BIL SHLDRS, C/S & L/S*	150.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
09/21/11	PENALTIES	FOR DATE OF SERVICE 12/8/10	22.50
11/13/14	INTEREST	FOR DATE OF SERVICE 12/8/10	65.08
12/03/14	COSTS & SANC	COSTS & SANC	112.42
12/03/14	PMT BY CHECK	DOS 12/8/10-9/21/11* =# 0028416211	-350.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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
OR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

B. CODE
288

CHECK REFERENCE	CHECK DATE
0028416211	12/03/14
CHECK AMOUNT	BLOCK NUMBER
*****\$350.00	019098

END ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

PAGE 1 OF 3

OSN: MM0801120311-002229

BANK: 288

CHECK REF: 0028416211 DATE: 12/03/14 AMT: 350.00

INTERNAL BILL NO: 091616540 MSR: N0153716

CUST/EXTERNAL BILL NO: 26112721207502

BR PROVIDER #: 05933095671380

CLAIM NO: WC 604-A23593 HOD
CONTRACT NO: WC6-161-065112-016-22
DOCUMENT NO: 2N2691101680002

AYEE: JOYCE ALTMAN INTERPRETERS
AX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

PATIENT ACCT. #: 40910
SSN: XXX-XX-5412
DOI: 09/14/07
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS

PAID DEC 09 2014

EMPLOYER: JET ABRASIVES INC
ADDRESS: 4383 E FRUITLAND
VERNON, CA 90058

AGENCY CLAIM#(BOARD COMM#): 2007100116361324298806
IDC-9 CODES: 799.89

DATES OF SERVICE: 12/08/10-09/21/11
AUDIT DATE: 12/02/14

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
2/08/10	MDS10		LUMP SUM SETTLEMENT WHERE							
2/08/10	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	150.00	N/A	0.00	150.00	G2 Z652
9/21/11	MDS10		LUMP SUM SETTLEMENT WHERE							
9/21/11	99199		SPECIAL SERVICE/PROC/REPO	1.00	22.50	22.50	N/A	0.00	22.50	G2 Z652
9/21/11	MDS10		LUMP SUM SETTLEMENT WHERE							
9/21/11	99199		SPECIAL SERVICE/PROC/REPO	1.00	14.51	14.51	N/A	0.00	14.51	G2 Z652
9/21/11	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	162.99	162.99	N/A	0.00	162.99	G5 Z473

TOTAL CHARGES: 350.00
TOTAL PREVIOUSLY PAID: 0.00
TOTAL CURRENT PAYABLE: 350.00
TOTAL WITHHOLDING: 0.00

TOTAL AMOUNT PAID: 350.00

EXPLANATION CODE DESCRIPTIONS:

2 THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE

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 12/19/14 NO# 61290

Claim # : 05916966
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 6/12/75
Terms : 45 days

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

Case: vs CONTRERAS CONSTRUCTION
Date Of Injury: 7/16/05

DOS	SERVICE	DESCRIPTION	AMOUNT
09/29/05	TESTING	NEURO MUSCULAR TESTING W/ DR BOYER	150.00
08/24/06	NCT	DIAGNOSTIC STUDY INTERP: LUMBAR	150.00
08/12/06	INITIAL EXAM	DR DANESH	230.00
03/12/07	RE-EVAL	DR BOYER*	180.00
08/01/07	INITIAL EXAM	DR TERRENCE - PSYCH EVAL (5 hrs)	575.00
01/02/08	P AND S	DR BOYER*	230.00
03/12/09	WCAB LB	MSC	156.50
05/08/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
08/14/13	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
03/27/14	DEPO PREP	@ THE L/O OF HUTCHINGS COURT REPORTERS	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/09/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
04/29/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
08/20/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
09/24/14	PENALTIES	FOR DATE OF SERVICE 08/12/06	34.50
09/24/14	INTEREST	FOR DATE OF SERVICE 08/12/06	13.55
09/24/14	PENALTIES	FOR DATE OF SERVICE 08/01/07	34.50
09/24/14	INTEREST	FOR DATE OF SERVICE 08/01/07	13.55
09/24/14	PENALTIES	FOR DATE OF SERVICE 01/02/08	34.50
09/24/14	INTEREST	FOR DATE OF SERVICE 01/02/08	13.55
09/24/14	PENALTIES	FOR DATE OF SERVICE 03/12/09	23.48
09/24/14	INTEREST	FOR DATE OF SERVICE 03/12/09	9.22
09/24/14	PENALTIES	FOR DATE OF SERVICE 05/08/13	23.48
09/24/14	INTEREST	FOR DATE OF SERVICE 05/08/13	9.22
09/24/14	PENALTIES	FOR DATE OF SERVICE 08/14/13	23.48
09/24/14	INTEREST	FOR DATE OF SERVICE 08/14/13	9.22

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

*** INVOICE ***
Date NO#
12/19/14 61290

Claim # : 05916966
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 6/12/75
Terms : 45 days

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

Case: vs CONTRERAS CONSTRUCTION
Date Of Injury: 7/16/05

DOS	SERVICE	DESCRIPTION	AMOUNT
09/24/14	PENALTIES	FOR DATE OF SERVICE 03/27/14	23.48
09/24/14	INTEREST	FOR DATE OF SERVICE 03/27/14	9.22
09/24/14	PENALTIES	FOR DATE OF SERVICE 04/09/14	23.48
09/24/14	INTEREST	FOR DATE OF SERVICE 04/09/14	9.22
09/24/14	PENALTIES	FOR DATE OF SERVICE 04/29/14	37.50
09/24/14	INTEREST	FOR DATE OF SERVICE 04/29/14	13.23
09/26/14	PMT BY CHECK	DOS 3/12/09-8/20/14* # CP-811529	-1394.01
12/15/14	PMT BY CHECK	DODS 9/29/05-9/24/14* # CP-827249	-1668.37

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.

Explanation of Review (BOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
1888STATEFUND

Provider Number: XXXXX6713

Check #: CP-811529

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
 Tustin CA 92781

Issue Date: 09/26/14
 Doc #: 028838570

Medical

Page 1 of 2

Line #	Invoice Number	From Date	To Date	Service Description	Units	Allowances
Patient Name:				Claim #: 05916966		
1	61290-WCAB	03/12/09	03/12/09	Interpreter fees	1	156.50
2	PENALTIES	03/12/09	03/12/09	Medical Penalty	1	23.48
3	INTEREST	03/12/09	03/12/09	Medical Interest	1	9.22
4	61290-WCAB	05/08/13	05/08/13	Interpreter fees	1	156.50
5	PENALTIES	05/08/13	05/08/13	Medical Penalty	1	23.48
6	INTEREST	05/08/13	05/08/13	Medical Interest	1	9.22
7	61290-WCAB	08/14/13	08/14/13	Interpreter fees	1	156.50
8	PENALTIES	08/14/13	08/14/13	Medical Penalty	1	23.48
9	61290-WCAB	03/27/14	03/27/14	Interpreter fees	1	156.50
10	PENALTIES	03/27/14	03/27/14	Medical Penalty	1	23.48
11	INTEREST	03/27/14	03/27/14	Medical Interest	1	9.22
12	61290-WCAB	04/09/14	04/09/14	Interpreter fees	1	156.50
13	PENALTIES	04/09/14	04/09/14	Medical Penalty	1	23.48
14	INTEREST	04/09/14	04/09/14	Medical Interest	1	9.22
15	61290-WCAB	04/29/14	04/29/14	Interpreter fees	1	250.00
16	PENALTIES	04/29/14	04/29/14	Medical Penalty	1	37.50
17	INTEREST	04/29/14	04/29/14	Medical Interest	1	13.23
18	61290-WCAB	08/20/14	08/20/14	Interpreter fees	1	156.50
Total Allowances!						\$1,394.01

Claim Number
 05916966

Allowances
 1,189.00

Penalty & Interest
 205.01

Invoice Totals
 1,394.01

PAID SEP 30 2014

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your

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)

ate Compensation Insurance Fund
 BOX 65005
 esno, CA 93650-5005
 88STATEFUND

Provider Number: XXXXX6713

Check #: CP-827249

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
 Tustin CA 92781

Issue Date: 12/15/14
 Doc #: 029134906

Medical

Page 1 of 2

Invoice Number	From Date	To Date	Service Description	Units	Allowances
61290	09/29/05	09/24/14	Medical Services	1	1,668.37
Total Allowances:					\$1,668.37

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05916966	1,668.37	.00	1,668.37

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:
 05916966 INV# 61290;

PAID DEC 19 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"

01213664029134906012



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 12/19/14 NO# 62701

Claim # : 33875
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/2/56
Terms : 45 days

BILL TO:

PREFERRED EMPLOYERS (SAN DIEG)
W.C. DEPARTMENT
ATTN: ZELYN LUMANLAN
P.O. BOX # 85838
SAN DIEGO, CA 92186-5838

Case: vs ASSOCIATED CONST SERVICES
Date Of Injury: 12/13/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/08/14	WCAB LB	EXPEDITED HEARING	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301564	0.00
07/23/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/26/14	PENALTIES	FOR DATE OF SERVICE 07/08/14	23.48
11/26/14	INTEREST	FOR DATE OF SERVICE 07/08/14	4.34
11/26/14	PENALTIES	FOR DATE OF SERVICE 07/23/14	37.50
11/26/14	INTEREST	FOR DATE OF SERVICE 07/23/14	11.50
12/12/14	COSTS & SANC	COST & SANC	211.68
12/12/14	PMT BY CHECK	DOS 7/8/14-12/12/14* # 5000450856	-695.00

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.

Date of Check December 12,2014	Claim Number See stub for detail	Date of Injury See stub for detail	Payment From October 11,2010	Payment Thru December 12,2014	56-382/412
Claimant See Stub For Detail					
Pay EXACTLY One Thousand One Hundred Fifty One DOLLARS and 50/100 CENTS *****					Amount \$1,151.50

TO THE ORDER OF

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

Steve Zellerbach
Not Valid After 90 Days From Date of Issue



PREFERRED EMPLOYERS
INSURANCE COMPANY
A BERKLEY COMPANY

PAID DEC 19 2014

December 12,2014
5000450856

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

F.F. OK
SH 62701

Re:	MR ()			D.O.I.	09/27/2010
Claim Number:	26615				
From	To	Amount	Invoice Number	Payment Type	
10/11/10	10/11/10	300.00	See Enclosed EOR	INTERPRETER AT MEDICAL EXAM	
Re:	C (ASSOCIATED CONSTRUCTION SERVICES, INC.)			D.O.I.	12/13/2013
Claim Number:	33875				
From	To	Amount	Invoice Number	Payment Type	
07/08/14	12/12/14	695.00	FULL AND FINAL	INVESTIGATION	
Re:	ARIP (AESA INTERNATIONAL, INC.)			D.O.I.	06/17/2014
Claim Number:	35473				
From	To	Amount	Invoice Number	Payment Type	
10/27/14	10/27/14	156.50	64050	OTHER INDEMNITY - MISC	
Check Amount:	\$1,151.50				

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#
11/07/14 57026

Claim # : YLR62953C
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 5/10/64
Terms : 45 days

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

Case: vs MAZAL ENTERPRISES
Date Of Injury: 2/1/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/07/13	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/04/13	WCAB LB	TRIAL - JOHANNA JORDAN	156.50
		# 301566	
04/09/13	PMT BY CHECK	DOS 1/7/13-3/4/13	-313.00
		# 0040338249	
02/28/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/30/14	PENALTIES	FOR DATE OF SERVICE 2/28/14	37.50
10/20/14	INTEREST	FOR DATE OF SERVICE 2/28/14	18.83
11/04/14	PMT BY CHECK	DOS 2/28/14-10/20/10*	-306.33
		# 0053100590	

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and 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 14442
Lexington, KY 40512-4442

DATE	CHECK AMT	CHECK NO.
04/09/2013	313.00	0040338249

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

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services	001

*002170

0040338249 00001 OF 00001 OAM 130409 1087

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

Claimant Name	Loss Date	Claim Number	SSN																
37026 02/01/2011 YLR C 62953 <table><tr><td>Amt Paid:</td><td>313.00</td><td>Description:</td><td></td></tr><tr><td>Amt Billed:</td><td>313.00</td><td>Invoice:</td><td>57026</td></tr><tr><td>Dates:</td><td>01/07/2013 - 03/04/2013</td><td>ICN:</td><td>YLR C 62953</td></tr><tr><td></td><td></td><td>Comment:</td><td>interpreter priority conf</td></tr></table> PAID APR 15 2013				Amt Paid:	313.00	Description:		Amt Billed:	313.00	Invoice:	57026	Dates:	01/07/2013 - 03/04/2013	ICN:	YLR C 62953			Comment:	interpreter priority conf
Amt Paid:	313.00	Description:																	
Amt Billed:	313.00	Invoice:	57026																
Dates:	01/07/2013 - 03/04/2013	ICN:	YLR C 62953																
		Comment:	interpreter priority conf																

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

E1991.FRM (02-28-01)

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

201411041610

Electronic Service Requested



1 OF 1

PAID NOV 07 2014

SINGLE PIECE

2232 0.3820 SP 0.480



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

4

DATE

11/04/2014

CHECK AMT

306.33

CHECK NO.

0053100590

PAYEE

JOYCE ALTMAN INTERPRETERS

TAX ID

*****6713

SCMS UNIT

600 Sedgwick Claims Management Services, Inc

PAGE

1 of 1

ENV 2232

Claimant Name	Loss Date	Claim Number
	02/01/2011	YLR C 62953
Amt Paid: 306.33 Description: Amt Billed: 306.33 Invoice: Dates: 02/28/2014-10/20/2014 Comment:		
		ICN: 119482941.6

57926

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

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#
11/11/14 57818

Claim # : VIWC309368-001
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 7/16/65
Terms : 45 days

BILL TO:

GUARD INSURANCE (WILKES BARRE)
W.C. DEPARTMENT
ATTN: JASON VOLONAKIS
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs DEL TORO MAINTENANCE
Date Of Injury: 6/15/12

DOS	SERVICE	DESCRIPTION	AMOUNT
02/04/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/30/13	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/10/13	PT PR-2	PHYSICAL THERAPY W/DR MENDOZA	90.00
		@ ADVANCE CARE*	
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
05/30/13	PMT BY CHECK	DOS 2/4/13 # 00904936	-156.50
05/22/13	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @	150.00
		ADVANCE CARE*	
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
06/14/13	PR2/REEVAL	DR JACKSON-SCOTT @ ADVANCE	180.00
		CARE*	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/17/13	PT PR-2	PHYSICAL THERAPY W/DR MENDOZA	90.00
		@ ADVANCE CARE*	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/24/13	PT PR-2	PHYSICAL THERAPY W/DR MENDOZA	90.00
		@ ADVANCE CARE*	
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
07/08/13	PMT BY CHECK	DOS 2/4/13-5/10/13	-320.00
		# 009042915	
07/03/13	PR2/REEVAL	DR MENDOZA @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/10/13	PT PR-2	PHYSICAL THERAPY W/DR MENDOZA	90.00
		@ ADVANCE CARE*	
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
07/12/13	PT PR-2	PHYSICAL THERAPY W/DR MENDOZA	90.00
		@ ADVANCE CARE*	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/19/13	EMG TESTING	& NCV BY DR ALTMAN: 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#
11/11/14 57818

Claim # : VIWC309368-001
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 7/16/65
Terms : 45 days

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

Case: vs DEL TORO MAINTENANCE
Date Of Injury: 6/15/12

DOS	SERVICE	DESCRIPTION	AMOUNT
=====			
		ADVANCE CARE*	
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
07/22/13	PT PR-2	PHYSICAL THERAPY W/DR MENDOZA	90.00
		@ ADVANCE CARE*	
/ /	INTERPRETER:	TAMARA YAJIA # 500375	0.00
07/31/13	PT PR-2	PHYSICAL THERAPY W/DR MENDOZA	90.00
		@ ADVANCE CARE*	
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/26/13	PT PR-2	PHYSICAL THERAPY W/DR MENDOZA	90.00
		@ ADVANCE CARE*	
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
08/05/13	PT PR-2	PHYSICAL THERAPY W/DR MENDOZA	90.00
		@ ADVANCE CARE*	
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
08/07/13	PR2/REEVAL	DR JACKSON SCOTT @ ADVANCE	180.00
		CARE*	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/08/13	PR2/REEVAL	DR NEGIN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
09/12/13	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
09/18/13	PR2/REEVAL	DR JACKSON-SCOTT @ ADVANCE	180.00
		CARE*	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/14/13	INITIAL EXAM	W/ACUPUNCTURIST JAE PARK @	230.00
		ADVANCE CARE*	
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
12/03/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/02/14	PENALTIES	FOR DATE OF SERVICE 11/14/13	34.50
10/02/14	INTEREST	FOR DATE OF SERVICE 11/14/13	24.78

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#
11/11/14 57818

Claim # : VIWC309368-001
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 7/16/65
Terms : 45 days

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

Case vs DEL TORO MAINTENANCE
Date Of Injury: 6/15/12

DOS	SERVICE	DESCRIPTION	AMOUNT
07/01/14	LIEN FIL FEE	LIEN FILING FEE	150.00
10/02/14	PENALTIES	FOR DATE OF SERVICE 5/22/13	22.50
10/02/14	INTEREST	FOR DATE OF SERVICE 5/22/13	24.48
10/02/14	PENALTIES	FOR DATE OF SERVICE 6/14/13	27.00
10/02/14	INTEREST	FOR DATE OF SERVICE 6/14/13	28.07
10/02/14	PENALTIES	FOR DATE OF SERVICE 6/17/13	13.50
10/02/14	INTEREST	FOR DATE OF SERVICE 6/17/13	13.95
10/02/14	PENALTIES	FOR DATE OF SERVICE 6/24/13	13.50
10/02/14	INTEREST	FOR DATE OF SERVICE 6/24/13	13.75
10/02/14	PENALTIES	FOR DATE OF SERVICE 7/3/13	27.00
10/02/14	INTEREST	FOR DATE OF SERVICE 7/3/13	27.00
10/02/14	PENALTIES	FOR DATE OF SERVICE 7/10/13	13.50
10/02/14	INTEREST	FOR DATE OF SERVICE 7/10/13	13.30
10/02/14	PENALTIES	FOR DATE OF SERVICE 7/12/13	13.50
10/02/14	INTEREST	FOR DATE OF SERVICE 7/12/13	13.24
10/02/14	PENALTIES	FOR DATE OF SERVICE 7/19/13	22.50
10/02/14	INTEREST	FOR DATE OF SERVICE 7/19/13	21.74
10/02/14	PENALTIES	FOR DATE OF SERVICE 7/22/13	13.50
10/02/14	INTEREST	FOR DATE OF SERVICE 7/22/13	12.96
10/02/14	PENALTIES	FOR DATE OF SERVICE 7/31/13	13.50
10/02/14	INTEREST	FOR DATE OF SERVICE 7/31/13	12.70
10/02/14	PENALTIES	FOR DATE OF SERVICE 7/26/13	13.50
10/02/14	INTEREST	FOR DATE OF SERVICE 7/26/13	12.85
10/02/14	PENALTIES	FOR DATE OF SERVICE 8/5/13	13.50
10/02/14	INTEREST	FOR DATE OF SERVICE 8/5/13	12.56
10/02/14	PENALTIES	FOR DATE OF SERVICE 8/7/13	27.00
10/02/14	INTEREST	FOR DATE OF SERVICE 8/7/13	25.01
10/02/14	PENALTIES	FOR DATE OF SERVICE 8/8/13	27.00
10/02/14	INTEREST	FOR DATE OF SERVICE 8/8/13	24.95
10/02/14	PENALTIES	FOR DATE OF SERVICE 9/12/13	27.00
10/02/14	INTEREST	FOR DATE OF SERVICE 9/12/13	22.97

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#
11/11/14 57818

Claim # : VIWC309368-001
W.C.A.B.:
ADJ # : 1
S.S.N. : XXX-XX-
D.O.B. : 7/16/65
Terms : 45 days

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

Case: vs DEL TORO MAINTENANCE
Date Of Injury: 6/15/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/02/14	PENALTIES	FOR DATE OF SERVICE 9/18/13	27.00
10/02/14	INTEREST	FOR DATE OF SERVICE 9/18/13	22.63
10/02/14	PENALTIES	FOR DATE OF SERVICE 12/3/13	27.00
10/02/14	INTEREST	FOR DATE OF SERVICE 12/3/13	18.32
11/05/14	PMT BY CHECK	DOS 6/15/12* # 009097017	-3381.76

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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.

009040936

377



JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN, CA 927814165

05/30/2013 330956713-0000 JOYCE ALTMAN INTERPRETERS, INC.
(E034) 156.50 VIWC309368-001 DOL:06/15/2012
:02/04/2013

57818

PAID JUN 03 2013

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES



NorGUARD Insurance Company
A SUBSIDIARY OF GUARD INSURANCE GROUP
16 South River Street
Wilkes-Barre, PA 18703-0020

Wells Fargo Bank, N.A.

009040936

3-50
310

⇒⇒⇒⇒⇒ PAY ONLY

DATE AMOUNT
05/30/2013 *****\$156.50

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 927814165

VOID OVER \$156.50

⑈009040936⑈ ⑆121000248⑆ 2000519409116⑈

GDCH10130530854.000377.01.01.000000

009042915

57818

393



JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN, CA 927814165

07/08/2013 330956713-0000 JOYCE ALTMAN INTERPRETERS, INC.
(E034) 320.00 VIWC309368-001 DOL:06/15/2012
:02/04/2013-05/10/2013

GDCH10130708902.000393.01.01.000000

PAID JUL 12 2013

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES



NorGUARD Insurance Company
A SUBSIDIARY OF GUARD INSURANCE GROUP

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

Wells Fargo Bank, N.A.

009042915

3-50
310

⇒⇒⇒⇒⇒ PAY ONLY

\$320.00
DOLLAR THREE TWO ZERO PERCENT ZERO PERCENT

DATE	AMOUNT
07/08/2013	*****\$320.00

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

■ THREE HUNDRED TWENTY DOLLARS AND 00 CENTS*****

PAY
TO THE
ORDER
OF

JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN, CA 927814165

Sy Foguel

VOID OVER \$320.00

⑈009042915⑈ ⑆121000248⑆ 2000519409116⑈

627



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

Please see attached documentation.

PAID NOV 11 2014

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

 **NorGUARD Insurance Company**
A SUBSIDIARY OF GUARD INSURANCE GROUP

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

Wells Fargo Bank, N.A.

009097017

11-24
1210

DATE	AMOUNT
11/05/2014	*****\$3,381.76

⇒⇒⇒⇒⇒ PAY ONLY 

DOLLAR THREE COMMA THREE EIGHT ONE PERIOD SEVEN SIX

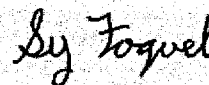
■ THREE THOUSAND THREE HUNDRED EIGHTY-ONE DOLLARS AND 76 CENTS*****

PAY
TO THE
ORDER
OF

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

VOID OVER \$3,381.76

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



Explanation of Review



Carrier

Carrier No:
Carrier: NORGUARD INSURANCE COMPANY
P.O. BOX A-H
WILKES-BARRE, PA 18703-0020

Bill: GUA-GUCA-146355

Provider

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

Claimant

NPI:

Tax ID: 33-0956713

Type: OT Specialty (1): AO

Claim Number: VIWC309368-001

License: A9999999

DOI/DOL: 06-15-2012

Rendering Provider: ALTMAN

External ID: 5386

External Claim Number: VI309368001

Payment Status Code: 1

Bill Details

Dates of Service: 06-15-2012
Post Date: 11-03-2014

Reviewer: TM/
Pay Auth: 0
Client Type of Bill: LIEN
Adjuster: JASONV

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	NGD	Other	Explanation Code(s)
1	06-15-2012	99		MDS10	3,381.76	A	1	SETTLEMENT FOR DISPUTE			G67, D28
											3,381.76

Totals

Total Charges: 3,381.76
Recommended Allowance:

3,381.76

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

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DCN Number: MN-103120140305

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#
12/09/14 50171

Claim # : 061031724
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 2/5/66
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE, KS)
W.C. DEPARTMENT
ATTN: CARL MARTIN/ACC. & HEALTH
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: vs C.A.N. TRANSPORT INC.
Date Of Injury: 11/22/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/17/11	INITIAL EXAM	-DR RAHIMIAN @ AMERI CHRO	230.00
/ /	INTERPRETER:	JASON RAMIREZ #500371	0.00
01/05/12	PR2/REEVAL	-DR RAHIMIAN* SANDRA TALANCON	180.00
		# 100802	
01/06/12	F.C.E. TEST	-FUNCTIONAL CAPACITY EVAL @	150.00
		AMERI CHIRO*	
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/02/12	PR2/REEVAL	-DR RAHIMIAN* JASON RAMIREZ	180.00
		# 500371	
03/09/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/14/12	INITIAL EXAM	W/ ACUPUNCTURIST LEE @ AMERI	230.00
		CHIRO*	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/28/12	PR2/REEVAL	-DR PERSHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/26/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/14/12	PR2/REEVAL	-DR ZARGARAFF @ AMERI CHIRO*	180.00
06/20/12	PR2/REEVAL	-DR PERSHAN* SANDRA TALANCON	180.00
		# 100802	
07/19/12	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
11/21/13	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
12/19/13	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/14/14	PENALTIES	FOR DATE OF SERVICE 11/17/11	34.50
08/12/14	INTEREST	FOR DATE OF SERVICE 11/17/11	65.87
03/14/14	PENALTIES	FOR DATE OF SERVICE 01/05/12	27.00
08/12/14	INTEREST	FOR DATE OF SERVICE 01/05/12	51.55
03/14/14	PENALTIES	FOR DATE OF SERVICE 01/06/12	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#
12/09/14 50171

Claim # : 061031724
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 2/5/66
Terms : 45 days

BILL TO:

CHARTIS/AIG (SHAWNEE, KS)
W.C. DEPARTMENT
ATTN: CARL MARTIN/ACC. & HEALTH
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: vs C.A.N. TRANSPORT INC.
Date Of Injury: 11/22/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/12/14	INTEREST	FOR DATE OF SERVICE 01/06/12	42.96
03/14/14	PENALTIES	FOR DATE OF SERVICE 02/02/12	27.00
08/12/14	INTEREST	FOR DATE OF SERVICE 02/02/12	51.55
03/14/14	PENALTIES	FOR DATE OF SERVICE 03/09/12	23.48
08/12/14	INTEREST	FOR DATE OF SERVICE 03/09/12	44.67
03/14/14	PENALTIES	FOR DATE OF SERVICE 03/14/12	34.50
08/12/14	INTEREST	FOR DATE OF SERVICE 03/14/12	65.29
03/14/14	PENALTIES	FOR DATE OF SERVICE 03/28/12	27.00
08/12/14	INTEREST	FOR DATE OF SERVICE 03/28/12	50.30
03/14/14	PENALTIES	FOR DATE OF SERVICE 04/26/12	37.50
08/12/14	INTEREST	FOR DATE OF SERVICE 04/26/12	67.58
03/14/14	PENALTIES	FOR DATE OF SERVICE 05/14/12	27.00
08/12/14	INTEREST	FOR DATE OF SERVICE 05/14/12	47.64
03/14/14	PENALTIES	FOR DATE OF SERVICE 06/20/12	27.00
08/12/14	INTEREST	FOR DATE OF SERVICE 06/20/12	45.54
03/14/14	PENALTIES	FOR DATE OF SERVICE 07/19/12	23.48
08/12/14	INTEREST	FOR DATE OF SERVICE 07/19/12	38.16
03/14/14	PENALTIES	FOR DATE OF SERVICE 11/21/13	23.48
08/12/14	INTEREST	FOR DATE OF SERVICE 11/21/13	14.00
03/14/14	PENALTIES	FOR DATE OF SERVICE 12/19/13	37.50
08/12/14	INTEREST	FOR DATE OF SERVICE 12/19/13	20.16
08/15/14	PMT BY CHECK	DOS 4/14/20* # 10165165	-2479.00
12/12/14	COSTS & SANC	COSTS & SANC	222.29
12/12/14	PMT BY CHECK	DOS 11/26/14 # 10172531	-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#
12/09/14 50171

Claim # : 061031724
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 2/5/66
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE, KS)
W.C. DEPARTMENT
ATTN: CARL MARTIN/ACC. & HEALTH
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: vs C.A.N. TRANSPORT INC.
Date Of Injury: 11/22/10

DOS	SERVICE	DESCRIPTION	AMOUNT
-----	---------	-------------	--------

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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 INTERNATIONAL GROUP - (LMS)
 ACCIDENT & HEALTH CLAIMS DEPT.
 P.O BOX 25987
 SHAWNEE MISSION, KS 66225

201408153927



1 OF 12 F

ENV 3059

Electronic Service Requested

3059 2.2875 AT 0.663 3-DIGIT 926
 85
 JOYCE ALTMAN INTERPRETERS INC
 PO BOX 4165
 TUSTIN, CA 92781-4165

Check No.: 10165165
 RFP No.: 292157
 Check Date: 08/15/2014
 Check Amount: 2,479.00
 Insured: NATIONAL TRUCKERS
 PURCHASING
 Claimant:

Claim Office: 061
 Insuring Company: AIG Specialty Insurance Company

Payee Name: JOYCE ALTMAN INTERPRETERS
 INC

PAID AUG 21 2014

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009128048	00045500	01	11/22/2010	IND	O	2,479.00
Total Amount						2,479.00

Reason for Payment

PYT OF 4/14/2014 INV. LESS PENALTY & INTERESTL

Use File # 061/ 00045500 on all correspondence for prompt processing.
 For check information call: 800-551-0824

50171

AMERICAN INTERNATIONAL GROUP - (LMS)
 ACCIDENT & HEALTH CLAIMS DEPT.
 P.O BOX 25987
 SHAWNEE MISSION, KS 66225

201412120110



Electronic Service Requested

22856 0.3820 AT 0.403
 3-DIGIT 926
 JOYCE ALTMAN INTERPRETERS INC 118
 PO BOX 4165
 TUSTIN, CA 92781-4165

Check No.: 10172531
 RFP No.: 301687
 Check Date: 12/12/2014
 Check Amount: 1,200.00
 Insured: NATIONAL TRUCKERS
 PURCHASING
 Claimant:

ENV 22856 1 OF 1

Claim Office: 061
 Insuring Company: AIG Specialty Insurance Company

Payee Name: JOYCE ALTMAN INTERPRETERS
 INC

PAID DEC 19 2014

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000009128048	00045500	01	11/22/2010	IND	O	1,200.00
Total Amount						1,200.00

Reason for Payment

PER STIPULATION AND ORDER TO PAY LIEN CLMT

Use File # 061/00045500 on all correspondence for prompt processing.
 For check information call: 800-551-0824

F. F. J. /
 CA