Market Rate Summary Graph (per 8 CCR, Article 5.7)
Exotic Language
2011 - 2012

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc (s)	Paid Amt	Check No.	Language	Check Date	Payment Authority
50963	5/14/2012	6/11/2012	$ 485.00	Board Appearance	$ 485.00	896D80384930	Cantonese	6/5/12	The Travelers
43370	8/30/2012	9/25/2012	$ 485.00	Board Appearance	$ 485.00	896D80989209	Mandarin	9/19/12	The Travelers
51234	1/9/12 - 1/26/12	3/27/2012	$ 970.00	2 Depo Preps	$ 970.00	896D79986844	Thai	3/23/12	The Travelers
51158	1/23/2012	4/13/2012	$ 485.00	Initial	$ 485.00	CU894103	Korean	4/11/12	SCIF
43003	3/4/11 - 7/7/11	9/29/2011	$4,850.00	2 Initials, Consult, 7 PR-2's	$4,850.00	5044008	Cantonese	9/19/11	PSM Ins (Corvel)
43003	8/8/2011	10/20/2011	$ 485.00	P&S	$ 485.00	5049839	Cantonese	10/12/11	PSM Ins (Corvel)
56246	12/6/2012	2/11/2013	$ 485.00	Depo Prep	$ 485.00	896D81764094	Tagalog	2/5/13	The Travelers
43370	5/14/2012	6/11/2012	$ 485.00	Board Appearance	$ 485.00	896D80384930	Mandarin	6/5/12	The Travelers
50963	3/23/2012	4/30/2012	$ 485.00	Depo Review	$ 485.00	896D80162355	Cantonese	2/23/12	The Travelers
37295	8/27/2012	4/30/2012	$ 485.00	Board Appearance	$ 485.00	4759628183	Chinese/ Manadrin	1/1/12	C.N.A.
37264	10/15/2012	1/15/2013	$ 485.00	PR-2	$ 485.00	896D81623007	Mandarin	1/10/13	The Travelers
43802	12/3/2012	1/9/2013	$ 485.00	Board Appearance	$ 485.00	896D81579759	Thai	1/2/13	The Travelers
52308	4/2/2012	5/29/2012	$ 485.00	C&R Reading	$ 485.00	0093698948	Tagalog	5/22/12	Gallagher Bassett
54613	8/13/2012	11/5/2012	$ 485.00	Depo Prep	$ 485.00	896D 81247172	Cambodian	10/31/12	The Travelers

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

Exotic Language

2011 - 2012

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc (s)	Paid Amt	Check No.	Language	Check Date	Payment Authority
45323	5/26/11 - 7/23/12	9/27/2012	$ 1,940.00	Psych. Eval, Initial (full day), Board Appearance	$ 1,940.00	104661423	Korean	9/17/12	C.N.A.
52691	4/26/2012	10/5/2012	$ 485.00	Depo Prep	$ 485.00	5129766	Vietnamese	10/1/12	PSM Ins (Corvel)
41996	1/12/11 - 6/6/12	6/9/2011	$ 4,850.00	4 Initials, 14 PR-2's, 3 Diagn. Studies, 10 Psychs, Epidural, Depo Prep, Depo Review, 2 P&S + P&I's	$ 4,850.00	166929	Korean	6/1/11	Illinois Midwest
		7/27/2011	$ 1,455.00		$ 1,455.00	176655		7/21/11	
		11/26/2012	$ 12,826.10		$ 12,826.10	295741		11/20/11	

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

*** INVOICE ***

Date	NO#
06/11/12	50963

Claim # : EPH3774
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CALIFORNIA COMMERCE CLUB
Date Of Injury: 9/21/11

DOS	SERVICE	DESCRIPTION	AMOUNT
12/28/11	DEPO PREP	@ THE L/O OF DENNIS FUSI (LANG: CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140 (AMENDED DATE)	0.00
03/01/12	DEPO PREP	@ THE L/O OF MALMQUIST, FIELD & CAMASTRA	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
03/02/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
03/19/12	PMT BY CHECK	DOS 12/28/11 # 896D 79959106	-485.00
03/23/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
04/05/12	PMT BY CHECK	DOS 3/1/12-3/2/12 # 896D 80053765	-970.00
04/25/12	PMT BY CHECK	DOS 3/23/12 # 896D 80162355	-485.00
05/14/12	WCAB LB	PRIORITY CONFERENCE	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
06/05/12	PMT BY CHECK	DOS 5/14/12 # 896D 80384930	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

001185

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

SB00568

896D 80384930

TRAVELERS

DATE: 06/05/12

TIN: 330956713

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB ELW1031N	05/14/12	$ 485.00		43370
	152 CB EPH3774A	05/14/12	$ 485.00		50983
		Total Amount Paid	$******970.00		

157010617
DETACH CHECK

RECEIVED
JUN 11 2012

BY:.....

SUMM 1113
OVHPSUM2-021
DETACH CHECK

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

*** INVOICE ***

Date	NO#
09/25/12	43370

Claim # : ELW1031
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs COMMERCE CASINO
Date Of Injury: 12/21/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/14/11	DEPO PREP	@ THE L/O OF MALMQUIST, FIELD (LANG: MANDARIN)	485.00
/ /	INTERPRETER:	MICHELLE TAN # 301245	0.00
03/31/11	DEPO PREP	@ THE L/O OF DENNIS FUSI (LANG: MANDARIN)	485.00
/ /	INTERPRETER:	SUNNY WANG # 301251	0.00
05/17/11	PMT BY CHECK	DOS 3/14/11 THRU 3/31/11 # 896D 78289965	-970.00
06/13/11	WCAB LB	PRIORITY CONFERENCE (LANG: MANDARIN)	485.00
/ /	INTERPRETER:	HONGBIN (SUNNY) WANG # 301251	0.00
08/05/11	PMT BY CHECK	DOS 3/14/11-6/13/11 # 896D 78731764	-485.00
05/14/12	WCAB LB	EXP. HEARING	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
06/05/12	PMT BY CHECK	DOS 5/14/12 # 896D 80384930	-485.00
08/30/12	WCAB LB	PRIORITY CONFERENCE (MANDARIN)	485.00
/ /	INTERPRETER:	PETER DENG # 301302	0.00
09/19/12	PMT BY CHECK	DOS 8/30/12 # 896D 80989209	-485.00
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial paymtents received have been aknowledged 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.

000885

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SB00407

896D 80989209

TRAVELERS

DATE: 09/19/12
LOSS DATE: 12/21/10
FILE NUMBER: 152 CB ELW1031 N

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

EMPLOYEE
I

ACCOUNT NAME:
CALIFORNIA COMMERCE CLUB INC

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

MILEAGE REIMBURSEMENT

SERVICE DATE: 03/14/2011 TO: 08/30/2012

TOTAL PAID: $485.00
TAX INFO: 330956713547893 9Y
PAY MISC: 43370
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
SEP 25 2012
BY:

FOR ADDITIONAL INFORMATION, CONTACT: ERIC R JUSTUS AT (909)612-3455

263010458
DETACH CHECK

UNSUMM
OVAI-UNS2-1212
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#
03/27/12	51234

Claim # : A4A9493
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs COMMERCE CASINO
Date Of Injury: CT 8/9/09 - 8/9/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/26/12	DEPO PREP	@ THE L/O OF DENNIS FUSI (LANG: THAI)	485.00
/ /	INTERPRETER:	SAK VASUNILASHORN # 700511	0.00
01/09/12	+DEPO PREP	@ L/O OF MALMQUIST, FIELDS & CAMASTRA	485.00
/ /	INTERPRETER:	SAK VASUNILASHORN # 700511	0.00
03/23/12	PMT BY CHECK	DOS 1/26/12-1/9/12 # 896D 79986844	-970.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

JO4134

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

SB02097

896D 79986844

TRAVELERS

DATE: 03/23/12
LOSS DATE: 04/01/10
FILE NUMBER: 152 CB A4A9493 N

EMPLOYEE

ACCOUNT NAME:
CALIFORNIA COMMERCE CLUB INC

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 01/09/2012 TO: 01/26/2012

TOTAL PAID: $970.00
TAX INFO: 330956713331748 1Y
PAY MISC: 51234
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

RECD
MAR 27 2012
BY:

FOR ADDITIONAL INFORMATION, CONTACT: ERIC R JUSTUS AT (909)612-3455

083012237
DETACH CHECK

UNSHMM-111311
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
04/13/12	51158

Claim # : 05682090
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs SMITH & LARSEN
Date Of Injury: 3/8/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/23/12	INITIAL EXAM	DR JOHNSON (LANG: KOREAN)	485.00
/ /	INTERPRETER:	ANNIE EUNHEE LEE # 301157	0.00
04/11/12	PMT BY CHECK	DOS 1/23/12 # CU-89403	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence, MPN notices.

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
Questions & Appeals : (951)697-7300

Provider Number: 330956713

Check #: **CU-894103**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 04/11/12
Doc #: 024577902

51158

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05682090		**Date of Injury:** 03/08/11		
SSN: XXX-XX-9184	Employer name: APPTRON, INC.			Employer ID: 0000003000360100					
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
1	SF1-SFCA-9824711	01/23/12	999Q2	Interpreter Treatmen	1	485.00	.00	710 723 G5 G67	485.00
							Total Allowances:		**$485.00**

APR 13 2012
BY: _____

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

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#
09/29/11 43003

Claim # : NG-10-000208
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 6/29/49
Terms : 45 days

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

Case: vs INTER USA INC.
Date Of Injury: 10/11/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/04/11	INITIAL EXAM	DR MARBOOL (LANG: CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
03/18/11	CONSULT	DR SAMIMI (LANG: CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
02/07/11	PR2/REEVAL	DR KATTAR (LANG: CNATONESE)	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
03/14/11	PR2/REEVAL	DR KATTAR (LANG: CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
03/18/11	INITIAL EXAM	DR SAMIMI @ WILLOW MEDICAL (LANG: CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
04/01/11	PR2/REEVAL	DR MARBOOL (LANG: CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
05/13/11	PR2/REEVAL	DR MARBOOL (CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE LO # 100140	0.00
06/09/11	PR2/REEVAL	DR SAMIMI JOHN CHUENMING WU # 300276	485.00
06/24/11	PR2/REEVAL	DR MARBOOL (CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE LO # 100140	0.00
07/07/11	PR2/REEVAL	DR SAMIMI - MICHELLE TAN # 301245	485.00
08/08/11	P AND S	DR KATTAR (LANG: CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE LO # 100140	0.00
09/19/11	PMT BY CHECK	DOS 3/4/11-7/7/11 #5044008	-4850.00

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#
09/29/11	43003

Claim # : NG-10-000208
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 6/29/49
Terms : 45 days

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

Case: vs INTER USA INC.
Date Of Injury: 10/11/10

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 485.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

PSM Insurance Companies
Public Service Mutual Insurance Company
One Park Avenue, New York NY 10016-5807

MAGNA CARTA

Check No.: **5044008**
Date: **9/19/2011**
52-153
112 ME

00WC041166	0400129702	Expense	
Insured: *Intex (USA), Inc.*		Provider No.: *0817368*	

PAY: *Four thousand eight hundred fifty and 00/100 Dollars*

$4,850.00
Amounts In Excess Of $2000 Require Two Signatures

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Authorized Signature

Authorized Signature

BANK OF AMERICA

THIS CHECK CONTAINS CHEMICAL PROTECTION • MICRO PRINT BORDER • GENUINE WATERMARK • VISIBLE FIBERS • COLORED BACKGROUND

⑈5044008⑈ ⑆011201539⑆ 00222001790 6⑈

DATE	DESCRIPTION	AMOUNT
9/19/2011	Check Number: 5044008 Public Service Mutual Insurance Company Payment Type is: Expense Policy: 00WC041166 Claim: 0400129702 Date of Loss: 10/11/2010 In Payment of: INVOICE NO. 43003 Claimant: Insured: Intex (USA), Inc. Payee: JOYCE ALTMAN INTERPRETERS INC From: To: Weeks: Rate: NF-CSE: 000	4,850.00

BY:

SEP 24 2011

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#
10/20/11	43003

Claim # : NG-10-000208
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs INTER USA INC.
Date Of Injury: 10/11/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/04/11	INITIAL EXAM	DR MARBOOL (LANG: CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
03/18/11	CONSULT	DR SAMIMI (LANG: CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
02/07/11	PR2/REEVAL	DR KATTAR (LANG: CNATONESE)	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
03/14/11	PR2/REEVAL	DR KATTAR (LANG: CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
03/18/11	INITIAL EXAM	DR SAMIMI @ WILLOW MEDICAL (LANG: CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
04/01/11	PR2/REEVAL	DR MARBOOL (LANG: CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
05/13/11	PR2/REEVAL	DR MARBOOL (CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE LO # 100140	0.00
06/09/11	PR2/REEVAL	DR SAMIMI JOHN CHUENMING WU # 300276	485.00
06/24/11	PR2/REEVAL	DR MARBOOL (CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE LO # 100140	0.00
07/07/11	PR2/REEVAL	DR SAMIMI - MICHELLE TAN # 301245	485.00
08/08/11	P AND S	DR KATTAR (LANG: CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE LO # 100140	0.00
09/19/11	PMT BY CHECK	DOS 3/4/11-7/7/11 #5044008	-4850.00
10/12/11	PMT BY CHECK	DOS 8/8/11 # 5049839	-485.00

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#
10/20/11	43003

Claim # : NG-10-000208
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs INTER USA INC.
Date Of Injury: 10/11/10

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

MAGNA CARTA COMPANIES

PSM Insurance Companies

Public Service Mutual Insurance Company
One Park Avenue, New York NY 10016-5807

Check No.: **5049839**
Date: **10/12/2011**
52-153
112 ME

Policy	Claim	Type	Claimant
00WC041166	0400129702	Expense	
Insured: *Intex (USA), Inc.*			Provider No.: *0617368*

$485.00

PAY: *Four hundred eighty five and 00/100 Dollars*

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

BANK OF AMERICA

Authorized Signature

THIS CHECK CONTAINS: CHEMICAL PROTECTION • MICRO PRINT BORDER • GENUINE WATERMARK • VISIBLE FIBERS • COLORED BACKGROUND

⑈5049839⑈ ⑆011201539⑆ 00222001?906⑈

MK

DATE	DESCRIPTION	AMOUNT
10/12/2011	Check Number: 5049839 Public Service Mutual Insurance Company Payment Type is: Expense Policy: 00WC041166 Claim: 0400129702 Date of Loss: 10/11/2010 In Payment of: INV#: 43003 Claimant: Insured: Intex (USA), Inc. Payee: JOYCE ALTMAN INTERPRETERS INC From: To: Weeks: Rate: NF-CSE: 000	485.00

PAID
BY:

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#
02/11/13	56246

Claim # : EUJ0449
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : / /
Terms : 45 days

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

Case: vs COMMERCE CASINO
Date Of Injury: 5/8/12

DOS	SERVICE	DESCRIPTION	AMOUNT
12/06/12	DEPO PREP	@ THE L/O OF MALQUIST, FIELDS (LANG: TAGALOG)	485.00
/ /	INTERPRETER:	MARICRIS B. RUFO	0.00
02/05/13	PMT BY CHECK	DOS 12/6/12 # 896D 81764094	-485.00

BALANCE 0.00

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

SB00154

896D 81764094

TRAVELERS

DATE: 02/05/13
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

PAID FEB 11 2013

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
N A)	152 CB EPH0094H 152 CB EUJ0449J	08/08/12 - 11/13/12 12/06/12	$ 250.00 $ 485.00		54687 56246
		Total Amount Paid	$******735.00		

036010163
DETACH CHECK

SUMM 111311
OVHPSUM2-021509

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#
06/11/12	43370

Claim # : ELW1031
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: ____ vs COMMERCE CASINO
Date Of Injury: 12/21/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/14/11	DEPO PREP	@ THE L/O OF MALMQUIST, FIELD (LANG: MANDARIN)	485.00
/ /	INTERPRETER:	MICHELLE TAN # 301245	0.00
03/31/11	DEPO PREP	@ THE L/O OF DENNIS FUSI (LANG: MANDARIN)	485.00
/ /	INTERPRETER:	SUNNY WANG # 301251	0.00
05/17/11	PMT BY CHECK	DOS 3/14/11 THRU 3/31/11 # 896D 78289965	-970.00
06/13/11	WCAB LB	PRIORITY CONFERENCE (LANG: MANDARIN)	485.00
/ /	INTERPRETER:	HONGBIN (SUNNY) WANG # 301251	0.00
08/05/11	PMT BY CHECK	DOS 3/14/11-6/13/11 # 896D 78731764	-485.00
05/14/12	WCAB LB	EXP. HEARING	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
06/05/12	PMT BY CHECK	DOS 5/14/12 # 896D 80384930	-485.00

BALANCE 0.00

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

SB00568

896D 80384930

TRAVELERS

DATE: 06/05/12
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
[redacted]	**152 CB ELW1031N**	**05/14/12**	$ 485.00		43370
	152 CB EPH3774A	**05/14/12**	$ 485.00		50963
			Total Amount Paid	**$******970.00**	

JUN 11 2012
BY: a

57010617
DETACH CHECK

SUMM 11131
OVRPSUM2-0215
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#
04/30/12 50963

Claim # : EPH3774
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CALIFORNIA COMMERCE CLUB
Date Of Injury: 9/21/11

DOS	SERVICE	DESCRIPTION	AMOUNT
12/28/11	DEPO PREP	@ THE L/O OF DENNIS FUSI (LANG: CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140 (AMENDED DATE)	0.00
03/01/12	DEPO PREP	@ THE L/O OF MALMQUIST, FIELD & CAMASTRA	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
03/02/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
03/19/12	PMT BY CHECK	DOS 12/28/11 # 896D 79959106	-485.00
03/23/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
04/05/12	PMT BY CHECK	DOS 3/1/12-3/2/12 # 896D 80053765	-970.00
04/25/12	PMT BY CHECK	DOS 3/23/12 # 896D 80162355	-485.00

BALANCE 0.00

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000514

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SB00240

896D 80162355

TRAVELERS

DATE: 04/26/12
LOSS DATE: 09/21/11
FILE NUMBER: 152 CB EPH3774 A

EMPLOYEE

ACCOUNT NAME:
CALIFORNIA COMMERCE CLUB INC

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 03/23/2012

TOTAL PAID: $485.00
TAX INFO: 330956713331748 1Y
PAY MISC: 50963
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

APR 30 2012
BY

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

117010275
DETACH CHECK

UNSUMM-111311
OVRPCNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
10/08/12	37295

Claim # : E3233516
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CNA CLAIM PLUS (CHICAGO)
W.C. DEPARTMENT
ATTN: DAPHNE BROWN HOPKINS
P.O. BOX # 8317
CHICAGO, IL 60680

Case: vs HAWAIIAN GARDEN CASINO
Date Of Injury: 9/3/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/11/10	DEPO PREP	@ THE L/O OF GOLDMAN, MAGDLIN (LANGUAGE: MANDARIN)	485.00
/ /	INTERPRETER:	HONGBIN (SUNNY) WANG # 301251	0.00
05/03/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (LANG: MANDARIN)	485.00
/ /	INTERPRETER:	MICHELLE TAN # 301245	0.00
10/07/10	PMT BY CHECK	DOS 3/11/10 THRU 5/3/10 # 104412891	-970.00
08/27/12	WCAB LB	MSC (MANDARIN/CHINESE)	485.00
/ /	INTERPRETER:	YAO SUE # 301186	0.00
10/01/12	PMT BY CHECK	DOS 8/27/12 # 4759628183	-485.00

BALANCE 0.00

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CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

000261

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781

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

Claim Number *
E3 233516A2

Insured/Client	Claimant	ATT
HAWAIIAN GARDENS CASINO		10/01/12

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
09/03/09		08/27/12-08/27/12	IND	26	TR		$485.00
							$485.00

Reason
INV 37295 INTER/WCAB LA MSC

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
OCT 0 3 2012

ACRMWF 01.28.11

PLEASE DETACH BEFORE CASHING

BY:.....

CNA

UNDERWRITTEN BY:
VALLEY FORGE INSURANCE COMPANY

104666584
Date Issued
10/01/12

66-156
531
Bank Acct.
4759628183

VOID IF PURPLE BACKGROUND IS ABSENT | **THIS DOCUMENT CONTAINS A WATERMARK - HOLD UP TO LIGHT TO VIEW**

Claim Number	Desk Code	Insured/Client	Issuing Off.
E3 233516	A2	HAWAIIAN GARDENS CASINO	No. 2C
Prefix & Contract No. WC -2074975890		Claimant	Date of Loss 09/03/09
From-thru (Dates) 08/27/12	In Payment of 08/27/12	INV 37295 INTER/WCAB LA MSC	

PAY FOUR HUNDRED EIGHTYFIVE AND NO/100THS ---------- Dollars

********$485.00

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

Wells Fargo Bank, N.A.

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

⑈0104666584⑈ ⑆053101561⑆ 4759628183⑈

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

*** INVOICE ***

Date	NO#
01/15/13	37264

Claim # : A4A7809
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CALIFORNIA COMMERCE CLUB INC.
Date Of Injury: 2/28/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/08/10	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH (MANDARIN)	485.00
/ /	INTERPRETER:	MICHELLE TAN # 301345	0.00
07/13/10	DEPO PREP	@ THE L/O OF MALMQUIST, FIELD (MANDARIN)	485.00
/ /	INTERPRETER:	MICHELLE TAN # 301245	0.00
08/24/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	485.00
/ /	INTERPRETER:	QIANG BJORNBAK # 301293	0.00
11/18/10	PMT BY CHECK	DOS 7/13/10 THRU 8/24/10 # 891A 80582533	-970.00
04/13/11	PENALTIES	FOR DATE OF SERVICE 8/24/10	72.75
04/13/11	INTEREST	FOR DATE OF SERVICE 8/24/10	38.51
09/02/11	C&R READING	@ THE L/O OF DENNIS FUSI (BLOCK SETTLEMENT)	385.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
10/21/11	PMT BY CHECK	DOS 9/2/11 # 896D 79156375	-385.00
11/28/11	PR2/REEVAL	DR SAMAAN @ GARFIELD HEALTH	485.00
/ /	INTERPRETER:	IRENE CHEN # 301250	0.00
12/23/11	PR2/REEVAL	DR MAQBOOL @ GARFIELD HEALTH	485.00
/ /	INTERPRETER:	IRENE S. CHAN # 301250	0.00
01/09/12	PR2/REEVAL	DR KATTAR (LANG: MANDARIN)	485.00
/ /	INTERPRETER:	IRENE S. CHEN # 301230	0.00
01/20/12	PR2/REEVAL	DR MAQBOOL (MANDARIN)	485.00
/ /	INTERPRETER:	IRENE S. CHEN # 301250	0.00
02/06/12	PR2/REEVAL	DR KATTAR (MANDARIN)	485.00
/ /	INTERPRETER:	IRENE S. CHEN # 301250	0.00
03/05/12	PR2/REEVAL	DR KATTAR (LANG: MANDARIN)	485.00
/ /	INTERPRETER:	IRENE S. CHEN # 301250	0.00
03/16/12	PR2/REEVAL	D MAQBOOL (MANDARIN)	485.00
/ /	INTERPRETER:	IRENE S. CHEN # 301250	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#
01/15/13	37264

Claim # : A4A7809
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CALIFORNIA COMMERCE CLUB INC.
Date Of Injury: 2/28/10

DOS	SERVICE	DESCRIPTION	AMOUNT
04/27/12	PMT BY CHECK	DOS 3/8/10-3/16/12 # 896D 80171824	-2500.00
05/17/12	PMT BY CHECK	DOS 3/8/10-3/16/12 # 896D 80279617	-1491.26
10/15/12	PR2/REEVAL	DR KATTAR (MANDARIN)	485.00
/ /	INTERPRETER:	IRENE CHEN # 301250	0.00
01/10/13	PMT BY CHECK	DOS 10/15/12 # 896D 81623007	-485.00

BALANCE 0.00

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THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SB00563

896D 81623007

TRAVELERS

DATE: 01/10/13
LOSS DATE: 02/28/10
FILE NUMBER: 152 CB A4A7809 K

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

EMPLOYEE

ACCOUNT NAME:
CALIFORNIA COMMERCE CLUB INC

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 03/08/2010 TO: 10/15/2012

TOTAL PAID: $485.00
TAX INFO: 330956713547893 9Y
PAY MISC: 37264
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID JAN 15 2013

FOR ADDITIONAL INFORMATION, CONTACT: ERIC R JUSTUS AT (909)612-3455

010010612
DETACH CHECK

UNSUMM
OVRPUNS2-121298
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#
01/09/13	43802

Claim # : EHJ2912; EHJ8447
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W.C. DEPARTMENT
ATTN: ERIC JUSTUS/PAMELA LAMB
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs CA COMMERCE CASINO
Date Of Injury: 6/23/10;10/11/10

DOS	SERVICE	DESCRIPTION	AMOUNT
04/12/11	DEPO PREP	@ THE L/O OF MALMQUIST, FIELD (LANG: THAI)	485.00
/ /	INTERPRETER:	VARAPRORN CHITSILEHASOEN # 700586	0.00
06/10/11	PMT BY CHECK	DOS 4/12/11 # 896D 78424390	-485.00
05/23/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (LANG: THAI)	485.00
/ /	INTERPRETER:	PORTJARIN VILES # 237315	0.00
09/02/11	STIPULATION	@ THE L/O DENNIS FUSI	970.00
/ /	INTERPRETER:	SRINAPHA VASUNILASHORN # 700512	0.00
10/17/11	STIPULATION	@ THE L/O DENNIS FUSI	485.00
/ /	INTERPRETER:	VARAPORN CHITSILCHAROEN	0.00
11/14/11	PMT BY CHECK	DOS 4/12/11-10/17/11 # 896D 79287301	-1940.00
12/03/12	WCAB LB	MSC (LANG: THAI)	485.00
/ /	INTERPRETER:	MANI TRAN (REGISTERED)	0.00
01/02/13	PMT BY CHECK	DOS 12/3/12 # 896D 81579759	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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001240

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SB00592

896D 81579759

TRAVELERS

DATE: 01/02/13
LOSS DATE: 06/23/10
FILE NUMBER: 152 CB EHJ2912 E

EMPLOYEE

ACCOUNT NAME:
CALIFORNIA COMMERCE CLUB INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 04/12/2011 TO: 12/03/2012

TOTAL PAID: $485.00
TAX INFO: 3309567135478939Y
PAY MISC: 43802
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID JAN 09 2013

FOR ADDITIONAL INFORMATION, CONTACT: CATALINA SANCHEZ-VALENCIA AT (909)612-3242

002010648
DETACH CHECK

UNSUMM-11131
OVRPUNS2-12129
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#
05/29/12	52308

Claim # : 003167-009332-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (R CUCAMON)
W.C. DEPARTMENT
ATTN: MARIA CALUNGCOGINOA
P.O. BOX # 4200
RANCHO CUCAMONGA, CA 91729-4200

Case: vs DISH NETWORK
Date Of Injury: 8/27/11

DOS	SERVICE	DESCRIPTION	AMOUNT
04/02/12	C&R READING	@ THE L/O OF DENISE KUPER (LANG: TAGALOG)	485.00
/ /	INTERPRETER:	MARICRIS RUFO	0.00
05/22/12	PMT BY CHECK	DOS 4/2/12 # 0093698948	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

GALLAGHER BASSETT-LA/ONTARIO
PO BOX 4200
RANCHO CUCAMONGA CA 91729-4200

003167 PAGE 1 OF 1 006497

MDG2009 00004744 1 MB 0404 1

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

MAY 29 2012

BY:

GALLAGHER BASSETT SERVICES INC
FOR INDEMNITY INS. CO. OF
NORTH AMERICA

DIRECT CHECK INQUIRIES TO:
PHONE: 909-581-1919
GALLAGHER BASSETT-LA/ONTARIO
PO BOX 4200
RANCHO CUCAMONGA CA 91729-4200

CLAIM NO.: 003167 009332 WC 01 (1501-DNS)
CLAIMANT: ***
DESCRIPTION: INV #52308 DOS 4-2-12

DATES OF SERVICE: 02Apr2012 **THRU** 02Apr2012
BENEFIT PERIOD: **THRU**

BRANCH NO.: 164
ACC DATE: 27Aug11

NO.: 0093698948
VN: 0000261873
DATE: 22May12
AMOUNT: 485.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004744 005453 001 001

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

Date	NO#
11/05/12	54613

Claim # : EPH9004
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CALIFORNIA COMMERCE CLUB, INC.
Date Of Injury: 1/22/12

DOS	SERVICE	DESCRIPTION	AMOUNT
08/13/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	485.00
/ /	INTERPRETER:	SAMEDY CHHUM # 700574	0.00
10/31/12	PMT BY CHECK	DOS 8/13/12 # 896D 81247172	-485.00

BALANCE 0.00

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

SA09636

896D 81247172

TRAVELERS

DATE: 10/31/12
LOSS DATE: 01/22/12
FILE NUMBER: 152 CB EPH9004 E

EMPLOYEE

ACCOUNT NAME:
CALIFORNIA COMMERCE CLUB INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 08/13/2012

TOTAL PAID: $485.00
TAX INFO: 330956713547893 9Y
PAY MISC: 54613
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
NOV 05 2012
BY:

FOR ADDITIONAL INFORMATION, CONTACT: CHERI M LARKIN AT (909)612-3175

05009749
— DETACH CHECK

UNSUMM-11131
OVRPUNS2-12129
DETACH CHECK

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

*** INVOICE ***

Date	NO#
09/27/12	45323

Claim # : E3244002/E3909700
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CNA CLAIM PLUS (CHICAGO)
W.C. DEPARTMENT
ATTN: DAPHNE BROWN-HOPKINS
P.O. BOX # 8317
CHICAGO, IL 60680

Case: vs HAWAIIAN GARDEN CASINO
Date Of Injury: 5/15/10

DOS	SERVICE	DESCRIPTION	AMOUNT
05/26/11	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR MAIBAUM (KOREAN)	485.00
/ /	INTERPRETER:	HAN W. PARK # 100082	0.00
05/27/11	INITIAL EXAM	DR MATTHEW MAIBAUM -FULL DAY (KOREAN)	970.00
/ /	INTERPRETER:	HAN W. PARK # 100082	0.00
07/23/12	WCAB LB	TRIAL (LANG: KOREAN)	485.00
/ /	INTERPRETER:	CAROLINE K. KIM # 300858	0.00
09/17/12	PMT BY CHECK	DOS 5/26/11-7/23/12 # 104661423	-1940.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial paymtents received have been aknowledged 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.

CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

000277

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781

PAID
SEP 20 2012
BY: a

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

Claim Number * E3 244002A2

Insured/Client: HAWAIIAN GARDENS CASINO

Claimant:

ATT: 09/17/12

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
05/15/10		05/26/11-07/23/12	MED	21		DR	$1,940.00
							$1,940.00

Reason: INV 45323 DR MAIBAUM & DR MATTHEW/TRIAL

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.

ACRMWF 01.28.11

PLEASE DETACH BEFORE CASHING

CNA

UNDERWRITTEN BY:
VALLEY FORGE INSURANCE COMPANY

104661423
Date Issued 09/17/12

66-156
531
Bank Acct. 4759628183

VOID IF PURPLE BACKGROUND IS ABSENT — **THIS DOCUMENT CONTAINS A WATERMARK - HOLD UP TO LIGHT TO VIEW**

Claim Number	Desk Code	Insured/Client	Issuing Off. No.
E3 244002	A2	HAWAIIAN GARDENS CASINO	2C
Prefix & Contract No. WC -2074979132		Claimant	Date of Loss 05/15/10
From-thru (Dates) 05/26/11	In Payment of 07/23/12	INV 45323 DR MAIBAUM & DR MATTHEW/TRIAL	

PAY ONE THOUSAND NINE HUNDRED FORTY AND NO/100THS ---------- Dollars

******$1,940.00

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

Wells Fargo Bank, N.A.

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

⑈0104661423⑈ ⑆053100156⑆ 4759628183⑈

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

*** INVOICE ***

Date	NO#
10/05/12	52691

Claim # : MG11010356
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MERCEDES RENT OF LONG BEACH
Date Of Injury: 7/15/11-10/15/11

DOS	SERVICE	DESCRIPTION	AMOUNT
04/26/12	DEPO PREP	@ THE L/O OF DENNIS FUSI (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	TONY TRAN # 100267	0.00
10/01/12	PMT BY CHECK	DOS 4/26/12 # 5129766	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial paymtents received have been aknowledged 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.

MAGNA CARTA COMPANIES

PSM Insurance Companies
Public Service Mutual Insurance Company
One Park Avenue, New York NY 10016-5807

Check No.: **5129766**
Date: **10/01/2012**

52-153
112 ME

Policy	Claim	Type	Claimant
00WC044155	0400268702	Expense	
Insured:	*Shelly Automotive LLC (See N/I*	Provider No.:	*0617368*

PAY: *Four hundred eighty five and 00/100 Dollars* **$485.00**

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

BANK OF AMERICA

Authorized Signature

THIS CHECK CONTAINS: CHEMICAL PROTECTION · MICRO PRINT BORDER · GENUINE WATERMARK · VISIBLE FIBERS · COLORED BACKGROUND

⑈5129766⑈ ⑆011201539⑆ 00222001790 6⑈

DATE	DESCRIPTION	AMOUNT
10/01/2012	Check Number: 5129766 Public Service Mutual Insurance Company Payment Type is: Expense Policy: 00WC044155 Claim: 0400268702 Date of Loss: 7/20/2011 In Payment of: 52691 Claimant: Insured: Shelly Automotive LLC (See N/I Payee: JOYCE ALTMAN INTERPRETERS INC From: To: Weeks: Rate: NF-CSE: 000 52691	485.00 PAID OCT 05 2012 BY:.....

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#
06/09/11	41996

Claim # : 0222225-WCMSTR
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CJ OMNI
Date Of Injury: 9/7/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/12/11	INITIAL EXAM	DR MADRIGA @ SANTA ANA HEALTH GROUP (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
01/11/11	INITIAL EXAM	DR SIRAKOFF @ SANTA ANA HEALTH GRP (KOREAN)	485.00
/ /	INTERPRETER:	INSOOK BECK # 500360	0.00
02/25/11	PR2/REEVAL	DR SIRAKOFF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
03/14/11	MRI	REF BY DR SIRAKOFF: C/S & L/S	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
03/02/11	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR WESSKOPF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
03/08/11	PSYCH TEST	PSYCHOMETRIC TEST REF BY DR WESSKOPF (2ND PART)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
03/29/11	EMG TESTING	& NCV BY DR HAKIMIAN: U/L/E (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
03/31/11	DEPO PREP	@ THE L/O OF GRANCELL & LEBOVITZ (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
04/08/11	PR2/REEVAL	DR SIRAKOFF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
04/12/11	PSYCH EVAL.	DR WEISSROPL @ SANTA ANA HEALTH GPR (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
06/01/11	PMT BY CHECK	DOS 1/12/11 THRU 4/12/11 # 166929	-4850.00

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#
06/09/11	41996

Claim # : 0222225-WCMSTR
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: ___ vs CJ OMNI
Date Of Injury: 9/7/10

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
CJ OMNI, INC
Claimant

Check No:	166929
Check Amt:	$4,850.00
Check Date:	06/01/2011
Claimant:	
Soc. Sec. No:	
Claim No:	0222225-WCMSTR
Date of Loss:	09/07/2010
Adjuster:	Venvertloh, William
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	01/12/2011 To: 04/12/2011
Invoice No:	41996

Payable Comment

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
CJ OMNI, INC
Claimant

PAID

BY: ✓

Check No:	166929
Check Amt:	$4,850.00
Check Date:	06/01/2011
Claimant:	
Soc. Sec. No:	
Claim No:	0222225-WCMSTR
Date of Loss:	09/07/2010
Adjuster:	Venvertloh, William
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	01/12/2011 To: 04/12/2011
Invoice No:	41996

Payable Comment

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

*** INVOICE ***

Date	NO#
07/27/11	41996

Claim # : 0222225-WCMSTR
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CJ OMNI
Date Of Injury: 9/7/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/12/11	INITIAL EXAM	DR MADRIGA @ SANTA ANA HEALTH GROUP (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
01/11/11	INITIAL EXAM	DR SIRAKOFF @ SANTA ANA HEALTH GRP (KOREAN)	485.00
/ /	INTERPRETER:	INSOOK BECK # 500360	0.00
02/25/11	PR2/REEVAL	DR SIRAKOFF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
03/14/11	MRI	REF BY DR SIRAKOFF: C/S & L/S	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
03/02/11	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR WESSKOPF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
03/08/11	PSYCH TEST	PSYCHOMETRIC TEST REF BY DR WESSKOPF (2ND PART)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
03/29/11	EMG TESTING	& NCV BY DR HAKIMIAN: U/L/E (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
03/31/11	DEPO PREP	@ THE L/O OF GRANCELL & LEBOVITZ (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
04/08/11	PR2/REEVAL	DR SIRAKOFF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
04/12/11	PSYCH EVAL.	DR WEISSROPL @ SANTA ANA HEALTH GPR (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
06/01/11	PMT BY CHECK	DOS 1/12/11 THRU 4/12/11 # 166929	-4850.00
05/18/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	970.00
/ /	INTERPRETER:	CAHNSUN NISHMURA # 301033	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#
07/27/11	41996

Claim # : 0222225-WCMSTR
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CJ OMNI
Date Of Injury: 9/7/10

DOS	SERVICE	DESCRIPTION	AMOUNT
05/20/11	PR2/REEVAL	DR BORESOFF @ SANTA ANA HEALTH GRP (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
05/23/11	PR2/REEVAL	DR WEISSKOPF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
06/20/11	MRI	REF BY DR YANEZ: RT HAND, RT INDEX FINGER	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
07/06/11	PSYCH EVAL.	DR WEISSEF - PSYCHO THERAPY	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
07/05/11	PR2/REEVAL	DR SIRAKOFF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
07/21/11	PMT BY CHECK	DOS 1/12/11-6/1/11 # 176655	-1455.00

BALANCE 1940.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

MRI + Emg

MR
Exotic

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
CJ OMNI, INC
Claimant

Check No:	176655
Check Amt:	$1,455.00
Check Date:	07/21/2011
Claimant:	
Soc. Sec. No:	
Claim No:	0222225-WCMSTR
Date of Loss:	09/07/2010
Adjuster:	Venvertloh, William
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Medical Management
Service Dates:	01/12/2011 To: 06/01/2011
Invoice No:	41996

Payable Comment

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
CJ OMNI, INC
Claimant

Check No:	176655
Check Amt:	$1,455.00
Check Date:	07/21/2011
Claimant:	
Soc. Sec. No:	
Claim No:	0222225-WCMSTR
Date of Loss:	09/07/2010
Adjuster:	Venvertloh, William
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Medical Management
Service Dates:	01/12/2011 To: 06/01/2011
Invoice No:	41996

PAID

Payable Comment

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

*** INVOICE ***

Date	NO#
11/26/12	41996

Claim # : 0222225-WCMSTR
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CJ OMNI
Date Of Injury: 9/7/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/12/11	INITIAL EXAM	DR MADRIGA @ SANTA ANA HEALTH GROUP (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
01/11/11	INITIAL EXAM	DR SIRAKOFF @ SANTA ANA HEALTH GRP (KOREAN)	485.00
/ /	INTERPRETER:	INSOOK BECK # 500360	0.00
02/25/11	PR2/REEVAL	DR SIRAKOFF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
03/14/11	MRI	REF BY DR SIRAKOFF: C/S & L/S	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
03/02/11	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR WESSKOPF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
03/08/11	PSYCH TEST	PSYCHOMETRIC TEST REF BY DR WESSKOPF (2ND PART)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
03/29/11	EMG TESTING	& NCV BY DR HAKIMIAN: U/L/E (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
03/31/11	DEPO PREP	@ THE L/O OF GRANCELL & LEBOVITZ (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
04/08/11	PR2/REEVAL	DR SIRAKOFF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
04/12/11	PSYCH EVAL.	DR WEISSROPL @ SANTA ANA HEALTH GPR (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
06/01/11	PMT BY CHECK	DOS 1/12/11 THRU 4/12/11 # 166929	-4850.00
05/18/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	970.00
/ /	INTERPRETER:	CAHNSUN NISHMURA # 301033	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#
11/26/12	41996

Claim # : 0222225-WCMSTR
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CJ OMNI
Date Of Injury: 9/7/10

DOS	SERVICE	DESCRIPTION	AMOUNT
05/20/11	PR2/REEVAL	DR BORESOFF @ SANTA ANA HEALTH GRP (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
05/23/11	PR2/REEVAL	DR WEISSKOPF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
06/20/11	MRI	REF BY DR YANEZ: RT HAND, RT INDEX FINGER	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
07/06/11	PSYCH EVAL.	DR WEISSEF - PSYCHO THERAPY	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
07/05/11	PR2/REEVAL	DR SIRAKOFF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
07/21/11	PMT BY CHECK	DOS 1/12/11-6/1/11 # 176655	-1455.00
08/16/11	INITIAL EXAM	DR PODOLSKY (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
08/23/11	PSYCH EVAL.	DR WEISSEF - PSYCHO THERAPY	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
09/19/11	PSYCH EVAL.	DR WEISEEF - PSYCHO THERAPY	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
09/26/11	PR2/REEVAL	DR SIRAKOFF - CHANSUN NISHIMURA # 301033	485.00
10/07/11	INITIAL EXAM	DR BAKER @ SANTA ANA HEALTH CARE (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
10/25/11	PSYCH EVAL.	DR WEISSEF - PSYCHO THERAPY	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
09/27/11	PR2/REEVAL	DR PODALSKY (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
10/31/11	PR2/REEVAL	DR BAKER (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
11/04/11	PR2/REEVAL	DR SIRAKOFF (KOREAN)	485.00

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SPRINGFIELD, IL 62791-3369

Case: vs CJ OMNI
Date Of Injury: 9/7/10

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
11/28/11	PSYCH EVAL.	DR WEISSEF - PSYCHO THERAPY	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
12/01/11	PSYCH TEST	PSYCHOMETRIC TESTING @ SANTA ANA HEALTH GROUP	970.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033 (4H 15M) FULL DAY	0.00
12/12/11	PR2/REEVAL	DR BAKER (LANG: KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
12/16/11	PR2/REEVAL	DR SIRAKOFF (LANG: KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
03/06/12	EPIDURAL	W/DR BAKER (LANG: KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
03/19/12	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR WEESKOPF 2ND PART	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
03/16/12	PR2/REEVAL	DR SIRAKOFF (FULL DAY) (AMENDED)	970.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
04/09/12	PENALTIES	FOR DATE OF SERVICE 8/16/11	72.75
04/09/12	INTEREST	FOR DATE OF SERVICE 8/16/11	39.27
04/09/12	PENALTIES	FOR DATE OF SERVICE 10/7/11	72.75
04/09/12	INTEREST	FOR DATE OF SERVICE 10/7/11	31.33
03/19/12	PR2/REEVAL	DR BAKER (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
04/16/12	P AND S	DR WEESKOPF (LANG: KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301023	0.00
04/25/12	PR2/REEVAL	DR SIRAKOFF (LANG: KOREAN) (DOS AMENDED)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
06/06/12	P AND S	DR SIRAKOFF (LANG: KOREAN)	485.00

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SPRINGFIELD, IL 62791-3369

Case: vs CJ OMNI
Date Of Injury: 9/7/10

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
11/20/12	PMT BY CHECK	DOS 1/12/11-6/6/12 # 295741	-12826.10

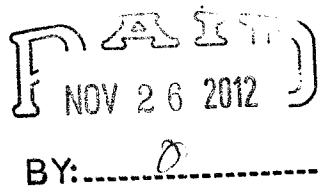
BALANCE 0.00

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

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
CJ OMNI, INC
Claimant

Check No:	295741
Check Amt:	$12,826.10
Check Date:	11/20/2012
Claimant:	
Soc. Sec. No:	
Claim No:	0222225-WCMSTR
Date of Loss:	09/07/2010
Adjuster:	Venvertloh, William
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	01/12/2011 To: 06/06/2012
Invoice No:	LIEN



Payable Comment

41996 ok ✓ F.F. LP

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
CJ OMNI, INC
Claimant

Check No:	295741
Check Amt:	$12,826.10
Check Date:	11/20/2012
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Soc. Sec. No:	
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Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	01/12/2011 To: 06/06/2012
Invoice No:	LIEN

Payable Comment