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

Exotic Languages November 2012 - 2014

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc (s)	Paid Amt	Check No.	Language	Check Date	Payment Authority
38068	11/14/2012	7/22/13	$ 591.52	Board Appear. LBO & P&I	$ 591.52	896D 82582346	CANTONESE	7/16/13	TRAVELERS
58833	3/25/2013	7/19/13	$ 485.00	Board Appear. LBO	$ 485.00	896D 82577999	KOREAN	7/15/13	TRAVELERS
59009	6/14/2013	7/22/13	$ 485.00	C&R Reading	$ 485.00	DA70288844	KOREAN	7/17/13	ACE/ESIS
37295	6/27/2013	7/30/13	$ 485.00	C&R Reading	$ 485.00	102181885	MANDARIN/ CHINESE	7/24/13	CNA
60623	12/17/2013	3/19/14	$ 485.00	Board Appear. SA	$ 485.00	8990847	VIETNAMESE	3/17/14	CHUBB GROUP
60550	12/19/2013	3/26/14	$ 485.00	Board Appear. SA	$ 485.00	292866	VIETNAMESE	3/24/14	BERKSHIRE
60045	1/17/2014	3/26/14	$ 485.00	PR-2	$ 485.00	260122137	VIETNAMESE	3/6/14 &	EMPLOYERS
60045	2/13/14 - 2/28/14	3/26/14	$ 1,455.00	2 PR-2's	$ 1,455.00	260133648	VIETNAMESE	3/21/14	EMPLOYERS
60278	11/1/13 -1/24/14	3/26/14	$ 1,455.00	3 PR-2's	$ 1,455.00	800017654	VIETNAMESE	3/19/14	TNUS INSURANCE
60792	1/30/2014	4/1/14	$ 485.00	Board Appear. SA	$ 485.00	1000245321	VIETNAMESE	3/28/14	REPUCLIC INDEMNITY
60637	1/8/2014	4/1/14	$ 485.00	Board Appear. SA	$ 485.00	CP-768803	VIETNAMESE	3/27/14	SCIF
60793	1/28/14 - 3/4/14	4/2/14	$ 970.00	2 Board Appear. SA	$ 970.00	DA71703557	VIETNAMESE	3/26/14	ACE/ESIS

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

Exotic Languages November 2012 - 2014

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc (s)	Paid Amt	Check No.	Language	Check Date	Payment Authority
52290	2/26/2014	4/8/14	$ 485.00	Board Appear. LB	$ 485.00	896D83946303	KOREAN	4/3/14	TRAVELERS
60908	2/12/2014	2/12/14	$ 485.00	Board Appear. SA	$ 485.00	271955	VIETNAMESE	4/2/14	SEABRIGHT
59952	10/16/2013	11/25/13	$ 485.00	Board Appear. SA	$ 485.00	0002602839	VIETNAMESE	11/20/13	CRUM & FORSTER
59954	10/15/2013	12/10/13	$ 485.00	Board Appear. SA	$ 485.00	5628037806	VIETNAMESE	12/5/13	BROADSPIRE
60442	11/27/2013	2/3/14	$ 485.00	Board Appear. SA	$ 485.00	0002652356	VIETNAMESE	1/28/14	CRUM & FORSTER
60454	12/11/2013	2/3/14	$ 485.00	Board Appear. SA	$ 485.00	CP-755951	VIETNAMESE	1/31/14	SCIF
60439	11/25/2013	2/10/14	$ 485.00	Board Appear. SA	$ 485.00	25640887	VIETNAMESE	2/7/14	CHARTIS/AIG
60469	12/16/2013	2/13/14	$ 485.00	Board Appear. SA	$ 485.00	0008974934	VIETNAMESE	2/7/14	MATRIX
60128	11/7/2013	1/6/14	$ 485.00	Depo Review	$ 485.00	2600470624	VIETNAMESE	12/24/13	EMPLOYERS
59957	10/15/2013	12/20/13	$ 485.00	C&R Reading	$ 485.00	8546	VIETNAMESE	12/17/13	ATHENS
60130	11/6/2013	1/13/14	$ 485.00	Depo Prep	$ 485.00	3285647	VIETNAMESE	1/6/14	FIREMAN'S FUND
60133	11/5/2013	12/19/13	$ 485.00	Board Appear. SA	$ 485.00	102650578	VIETNAMESE	11/5/13	CNA
60671	12/23/2013	4/9/14	$ 485.00	Board Appear. SA	$ 485.00	1220154970	VIETNAMESE	4/1/14	THE HARTFORD
61067	3/5/2014	5/9/14	$ 485.00	Board Appear. SA	$ 485.00	CQ-370075	VIETNAMESE	5/5/14	SCIF
60944	2/11/2014	5/16/14	$ 485.00	Board Appear. SA	$ 485.00	26256906	VIETNAMESE	5/10/14	CHARTIS/AIG
61003	2/24/2014	2/24/14	$ 485.00	Board Appear. SA	$ 485.00	50172155	VIETNAMESE	2/24/14	GALLAGHER BASSETT

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

Exotic Languages November 2012 - 2014

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc (s)	Paid Amt	Check No.	Language	Check Date	Payment Authority
61321	3/26/2014	6/10/14	$ 485.00	Board Appear. SA	$ 485.00	100303	VIETNAMESE	6/4/14	GALLAGHER BASSETT
60140	10/29/13 - 3/28/14	5/9/14	$ 1,455.00	Depo prep, Depo Review, PR-2	$ 1,455.00	2233	VIETNAMESE	4/28/14	MATRIX
60140	4/17/2014	6/5/14	$ 485.00	Board Appear. SA	$ 485.00	60140	VIETNAMESE	5/30/14	MATRIX
60998	2/19/14 - 4/11/14	6/5/14	$ 2,425.00	Initial, 2 PR-2's,Depo Prep, Depo Review	$ 2,425.00	500357	VIETNAMESE	6/3/14	TRISTAR
60792	4/30/2014	5/30/14	$ 485.00	Board Appear. SA	$ 485.00	1000253806	VIETNAMESE	5/27/14	REPUCLIC INDEMNITY
61327	3/18/2014	6/2/14	$ 485.00	Board Appear. SA	$ 485.00	0002735603	VIETNAMESE	5/29/14	CRUM & FORSTER
61329	3/10/2014	6/2/14	$ 485.00	Board Appear. SA	$ 485.00	0025107984	VIETNAMESE	5/29/14	AMERICAN CLAIMS
60975	2/19/2014	5/28/14	$ 485.00	Board Appear. SA	$ 485.00	100303	VIETNAMESE	2/19/14	TRAVELERS
61407	4/14/2014	6/17/14	$ 485.00	Depo Review	$ 485.00	17195	VIETNAMESE	4/14/14	LWP
60943	4/29/2014	6/19/14	$ 485.00	Depo Review	$ 485.00	60943	VIETNAMESE	6/16/14	APPLIED RISK SERVICES
60797	1/27/14 - 3/13/14	6/20/14	$ 970.00	Depo Prep, Depo Review	$ 970.00	800111644	VIETNAMESE	6/16/14	TOKIO MARINE
61805	5/1/2014	7/7/14	$ 485.00	Board Appear. SA	$ 485.00	369979	VIETNAMESE	7/2/14	YORK CLAIMS
62067	5/20/2014	7/7/14	$ 485.00	Board Appear. SA	$ 485.00	0044229035	VIETNAMESE	7/3/14	SEDGWICK CLAIMS
62073	5/28/2014	7/11/14	$ 485.00	Depo Prep	$ 485.00	79430763	VIETNAMESE	7/7/14	CIGA
61791	4/30/2014	7/10/14	$ 485.00	Board Apper. SA	$ 485.00	9238654	VIETNAMESE	7/7/14	CHUBB GROUP

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

Exotic Languages November 2012 - 2014

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc (s)	Paid Amt	Check No.	Language	Check Date	Payment Authority
38203	5/27/2014	7/15/14	$ 485.00	Board Appear. LBO	$ 485.00	80393555	KOREAN	7/15/14	SEDGWICK CLAIMS
62066	5/20/2014	7/15/14	$ 485.00	Board Appear. SA	$ 485.00	CE-724768	VIETNAMESE	7/15/14	SCIF
62071	5/22/2014	7/15/14	$ 485.00	Board Appear. SA	$ 485.00	0000846486	VIETNAMESE	5/22/14	SEDGWICK CLAIMS
60947	2/19/2014	5/12/14	$ 485.00	Board Appear. SA	$ 485.00	CP-779202	CAMBODIAN	5/7/14	SCIF
60670	12/23/2013	3/31/14	$ 485.00	Board Appear. SA	$ 485.00	0001212124	VIETNAMESE	3/31/14	SEDGWICK CLAIMS
60794	1/28/2014	3/31/14	$ 485.00	Board Appear. SA	$ 485.00	CP-769308	VIETNAMESE	3/31/14	SCIF
60635	1/8/2014	4/4/14	$ 485.00	Board Appear. SA	$ 485.00	FE-46607251	VIETNAMESE	3/25/14	ACE/ESIS
60972	2/17/2014	4/17/14	$ 485.00	Depo Review	$ 485.00	1000249497	VIETNAMESE	4/28/14	REPUCLIC INDEMNITY
60629	1/9/14 - 4/3/14	5/6/14	$ 970.00	(2)Board Appear. SA	$ 970.00	0000098636	VIETNAMESE	5/1/14	AARLA
60974	2/19/2014	5/6/14	$ 485.00	Board Appear. SA	$ 485.00	404301	VIETNAMESE	4/30/14	MIDWEST INSURANCE
61004	2/27/2014	4/28/14	$ 485.00	Board Appear. SA	$ 485.00	DA71852704	VIETNAMESE	4/28/14	ACE/ESIS
60796	1/27/14 - 3/24/14	4/29/14	$ 970.00	(2)Board Appear.'s SA	$ 970.00	99389206	VIETNAMESE	4/25/14	LIBERTY MUTUAL
60857	2/4/2014	4/29/14	$ 485.00	C&R Reading	$ 485.00	0048494196	VIETNAMESE	4/29/14	SEDGWICK CLAIMS
61005	2/27/2014	4/29/14	$ 485.00	Board Appear. SA	$ 485.00	FE46736612	VIETNAMESE	4/25/14	ACE/ESIS
60633	1/7/2014	4/23/14	$ 485.00	Board Appear. SA	$ 485.00	0000494917	VIETNAMESE	4/18/14	ICW
60278	3/7/2014	4/21/14	$ 485.00	PR-2	$ 485.00	800018202	VIETNAMESE	4/14/14	TOKIO MARINE
60635	3/12/2014	4/21/14	$ 485.00	Board Appear. SA	$ 485.00	FE46705059	VIETNAMESE	4/17/14	ACE/ESIS

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

Exotic Languages November 2012 - 2014

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc (s)	Paid Amt	Check No.	Language	Check Date	Payment Authority
60017	10/23/13 - 12/4/13	4/15/14	$ 970.00	2 PR-2	$ 970.00	596D83993695	VIETNAMESE	4/11/14	TRAVELERS
60632	1/7/2014	4/15/14	$ 485.00	Board Apper. SA	$ 485.00	891A84972978	VIETNAMESE	4/11/14	TRAVELERS
60638	1/8/2014	4/15/14	$ 485.00	Board Apper. SA	$ 485.00	260147369	VIETNAMESE	4/14/14	EMPLOYERS
60821	1/20/2014	4/14/14	$ 485.00	Depo Prep	$ 485.00	100303	VIETNAMESE	4/10/14	SEABRIGHT
60154	2/14/2014	3/12/14	$ 485.00	Depo Review	$ 485.00	260124103	VIETNAMESE	3/10/14	EMPLOYERS
60300	2/5/2014	3/4/14	$ 485.00	C&R Reading	$ 485.00	0042960857	VIETNAMESE	2/27/14	SEDGWICK CLAIMS
60452	12/4/2013	3/4/14	$ 485.00	Board Appear. SA	$ 485.00	1102603295	VIETNAMESE	2/27/14	ZURICH
60440	11/25/2013	2/24/14	$ 485.00	Depo Review	$ 485.00	896D83713700	VIETNAMESE	2/18/14	TRAVELERS
60295	11/12/2013	2/21/14	$ 485.00	Stipulation	$ 485.00	DA71496597	VIETNAMESE	2/18/14	ACE/ESIS
59923	10/14/2013	12/13/13	$ 485.00	Depo Prep	$ 485.00	8814560772	VIETNAMESE	10/14/13	FARMERS INSURANCE
60301	11/14/2013	3/12/13	$ 485.00	Board Apper. SA	$ 485.00	0108000309	VIETNAMESE	3/5/14	GALLAGHER BASSETT
60300	11/14/13 - 1/29/14	2/27/14	$ 970.00	Depo Review, Board Appear. ,	$ 970.00	0042960533	VIETNAMESE	2/19/14	SEDGWICK CLAIMS
60453	12/12/2013	4/17/14	$ 485.00	C&R Reading	$ 485.00	CS-492909	VIETNAMESE	4/11/14	SCIF
60017	7/24/2014	10/3/14	$ 485.00	Board Appear. SA	$ 485.00	896d84863827	VIETNAMESE	9/26/14	TRAVELERS
61791	9/24/2014	10/24/14	$ 485.00	Board Appear. SA	$ 485.00	828231	VIETNAMESE	10/21/14	CHUBB GROUP
60946	2/11/14 - 08/26/14	10/6/14	$ 970.00	2 Board Appear. SA	$ 970.00	330077465	VIETNAMESE	10/2/14	SEDGWICK CLAIMS

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

Exotic Languages November 2012 - 2014

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc (s)	Paid Amt	Check No.	Language	Check Date	Payment Authority
60670	8/20/2014	10/7/14	$ 485.00	Board Appear. SA	$ 485.00	0001303622	VIETNAMESE	10/1/14	SEDGWICK CLAIMS
61407	8/26/2014	10/13/14	$ 485.00	Board Appear. SA	$ 485.00	18159	VIETNAMESE	10/9/14	LWP CLAIMS
62685	6/19/14 - 7/18/14	10/21/14	$ 970.00	Depo Prep & Board Appear. SA	$ 970.00	0113248100	VIETNAMESE	10/14/14	GALLAGHER BASSETT
60974	4/30/14 - 9/10/14	11/5/14	$ 970.00	2 Board Appear. SA	$ 970.00	430928	VIETNAMESE	10/31/14	MIDWEST INSURANCE
63336	8/21/2014	10/28/14	$ 485.00	Board Appear. SA	$ 485.00	0113476170	VIETNAMESE	10/23/14	GALLAGHER BASSETT
60797	7/2/2014	8/25/14	$ 485.00	Board Appear. SA	$ 485.00	800113750	VIETNAMESE	8/20/14	TOKIO MARINE
60295	7/15/2014	10/3/14	$ 485.00	PR-2	$ 485.00	DA72797406	VIETNAMESE	9/29/14	ACE/ESIS
61789	4/21/2014	8/5/14	$ 485.00	Board Appear. SA	$ 485.00	26782468	VIETNAMESE	7/30/14	CHARTIS/AIG
61785	4/25/14 - 5/6/14	8/12/14	$ 970.00	Depo Prep & Depo Review	$ 970.00	122687301 4	VIETNAMESE	8/5/14	THE HARTFORD
60623	6/24/2014	8/11/14	$ 485.00	PR-2	$ 485.00	659077	VIETNAMESE	8/11/14	CHUBB GROUP
61328	3/14/14 - 6/13/14	8/29/14	$ 2,910.00	4 PR-2's, Depo Prep, Depo Review	$ 2,910.00	896D 84699109	VIETNAMESE	8/25/14	TRAVELERS
62071	7/24/2014	9/2/14	$ 485.00	Board Appear. SA	$ 485.00	000860802	VIETNAMESE	8/27/14	SEDGWICK CLAIMS
60301	3/19/14 - 6/2/14	9/9/14	$ 1,455.00	2 Board Appear. SA & Stipulaton	$ 1,455.00	0112247674	VIETNAMESE	9/9/14	GALLAGHER BASSETT
60278	7/7/2014	9/8/14	$ 485.00	Board Appear. SA	$ 485.00	800021173	VIETNAMESE	9/2/14	TOKIO MARINE
60633	4/29/14 - 7/15/14	9/15/14	$ 970.00	2 Board Appear.	$ 970.00	0000604164	VIETNAMESE	9/10/14	ICW
60944	5/13/2014	9/12/14	$ 485.00	Board Appear.	$ 485.00	27024903	VIETNAMESE	9/6/14	CHARTIS/AIG
60630	7/7/2014	9/19/14	$ 485.00	Stipulation	$ 485.00	112419971	VIETNAMESE	9/15/14	CCMSI

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

Exotic Languages November 2012 - 2014

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc (s)	Paid Amt	Check No.	Language	Check Date	Payment Authority
62854	7/14/2014	9/30/14	$ 485.00	Board Appear.	$ 485.00	0002838780	VIETNAMESE	9/26/14	CRUM & FORSTER
60632	5/8/14 - 7/17/14	9/30/14	$ 970.00	2 Board Appear.	$ 970.00	891A 85505475	VIETNAMESE	9/23/14	TRAVELERS
63582	9/24/2014	11/7/14	$ 485.00	Depo Prep	$ 485.00	49146	GUJARATI (Indo/Aryan)	11/5/14	YORK RISK SERVICES
63578	9/23/2014	11/12/14	$ 485.00	Board Appear. SA	$ 485.00	70485741	VIETNAMESE	11/6/14	SEDGWICK CLAIMS
63584	9/25/2014	11/17/14	$ 485.00	Board Appear. SA	$ 485.00	323095	VIETNAMESE	11/12/14	SEABRIGHT/ENSTAR
60621	7/14/14 - 9/29/14	11/17/14	$ 1,455.00	3 PR-2's	$ 1,455.00	896D 85108545	VIETNAMESE	11/13/14	TRAVELERS
60632	9/30/2014	11/17/14	$ 485.00	Board Appear. SA	$ 485.00	891A 85667800	VIETNAMESE	11/17/14	TRAVELERS
60297	11/12/2013	8/5/14	$ 599.47	C&R Reading & P&I	$ 599.47	103212736	VIETNAMESE	7/29/14	CNA
62038	6/30/2014	8/25/14	$ 485.00	Depo Review	$ 485.00	0356618	VIETNAMESE	8/20/14	BERKSHIRE
61329	6/9/2014	8/18/14	$ 485.00	Board Appear. SA	$ 485.00	0025108704	VIETNAMESE	8/13/14	AMERICAN CLAIMS
60295	6/12/2014	8/18/14	$ 485.00	Board Appear. SA	$ 485.00	DA72532099	VIETNAMESE	8/13/14	ACE/ESIS
61405	4/9/14 - 6/18/14	8/18/14	$ 970.00	2 Board Appear. SA	$ 970.00	CP-802006	VIETNAMESE	8/14/14	SCIF
61400	5/12/2014	8/18/14	$ 485.00	Depo Review	$ 485.00	79466360	VIETNAMESE	8/15/14	CIGA
62035	5/7/14 - 10/22/14	12/16/14	$ 3,880.00	Initial, 2 Injections, 5 PR-2's	$ 3,880.00	549158	VIETNAMESE	12/11/14	Corvel/MAGNA
61067	6/4/14 - 10/1/14	12/16/14	$ 1,455.00	3 Board Appear. (SA)	$ 1,455.00	CQ-389588	VIETNAMESE	12/11/14	SCIF
60797	10/28/2014	12/16/2014	$485.00	Board Appear. (SA)	$485.00	800116853	VIETNAMESE	12/9/14	Trans Pacific Ins. Tokio Marine
60449	11/19/13 - 10/3/14	12/18/14	$ 4,850.00	10 PR-2's	$ 4,850.00	0055590129	VIETNAMESE	12/8/14	SEDGWICK CLAIMS

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

Exotic Languages November 2012 - 2014

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc (s)	Paid Amt	Check No.	Language	Check Date	Payment Authority
63331	10/20/2014	12/16/14	$ 485.00	Board Appear. (SA)	$ 485.00	800023019	VIETNAMESE	12/8/14	TOKIO MARINE
63330	8/11/2014	12/3/2014	$485.00	Board Appear. (SA)	$485.00	1580856	VIETNAMESE	11/20/14	York
63339	10/27/2014	12/5/14	$ 485.00	PR-2	$ 485.00	903252	VIETNAMESE	12/1/14	CHUBB GROUP
63330	10/27/2014	12/5/14	$ 485.00	Board Appear. (SA)	$ 485.00	1586354	VIETNAMESE	12/1/14	York
62745	9/2/2014	11/17/2014	$485.00	C&R reading	$485.00	6530066787	VIETNAMESE	11/11/14	BROADSPIRE c/o CIGA
63568	9/3/2014	11/20/14	$ 485.00	Board Appear. (SA)	$ 485.00	CP-821653	VIETNAMESE	11/17/14	SCIF
63339	8/25/2014	11/21/14	$ 485.00	Initial	$ 485.00	882170	VIETNAMESE	11/14/14	CHUBB GROUP
60998	6/9/14 - 9/15/14	12/12/2014	$970.00	2 PR-2's	$970.00	1358701	VIETNAMESE	12/3/14	TRISTAR
60454	4/7/14 - 11/4/14	12/8/2014	$1,940.00	4 Board Appear.	$1,940.00	CP-824607	VIETNAMESE	12/3/14	SCIF
63857	9/18/2014	12/9/14	$ 485.00	Board Appear. (LB)	$ 485.00	0341968	KOREAN	12/4/14	National Liability & Fire Berkshire Hathaway
61405	8/13/14 - 10/22/14	12/8/14	$ 970.00	2 Board Appear. (SA)	$ 970.00	CP-824607	VIETNAMESE	12/3/14	SCIF
62992	7/24/2014	1/12/15	$ 485.00	Board Appear. (SA)	$ 485.00	896D85272593	VIETNAMESE	12/15/14	TRAVELERS
62667	6/10/14 - 9/22/14	10/30/14	$ 970.00	Job Descp., Board appear. SA	$ 970.00	99933760	VIETNAMESE	10/24/14	LIBERTY MUTUAL
60908	3/5/2014	6/16/14	$ 485.00	Board appear., SA	$ 485.00	289088	VIETNAMESE	6/10/14	Seabright
61966	12/23/13 - 4/21/14	6/17/14	$ 485.00	Board appear., SA	$ 485.00	79411715	VIETNAMESE	6/12/14	CIGA
61980	7/9/14 - 9/3/14	12/9/14	$ 970.00	Board appear., SA, Initial	$ 970.00	896D85207304	VIETNAMESE	12/3/14	TRAVELERS

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

*** INVOICE ***

Date	NO#
07/22/13	38068

Claim # : EHJ0200
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. : 11/20/63
Terms : 45 days

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

Case: vs CALIFORNIA COMMERCE CASINO
Date Of Injury: 4/4/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/29/10	DEPO PREP	@ THE L/O OF MALMQUIST, FIELDS (CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE LO # 100140	0.00
08/04/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE LO # 100140	0.00
08/20/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II (CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE LO # 100150	0.00
11/18/10	PMT BY CHECK	DOS 7/29/10 THRU 8/20/10 # 891A 80582533	-1455.00
03/22/11	WCAB LB	STATUS CONFERENCE (CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
04/15/11	PMT BY CHECK	DOS 3/22/11 # 896D 78118762	-485.00
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 7/29/10-9/2/11 # 896D 79156373	-385.00
11/14/12	WCAB LB	STATUS CONFERENCE (CANTONESE)	485.00
/ /	INTERPRETER:	GARBO MO # 36820881	0.00
07/15/13	PENALTIES	FOR DATE OF SERVICE 11/14/12	72.75
07/15/13	INTEREST	FOR DATE OF SERVICE 11/14/12	33.77
07/16/13	PMT BY CHECK	DOS 7/29/10-7/15/13 # 896D 82582346	-591.52

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

*** INVOICE ***

Date	NO#
07/22/13	38068

Claim # : EHJ0200
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. : 11/20/63
Terms : 45 days

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

Case: vs CALIFORNIA COMMERCE CASINO
Date Of Injury: 4/4/10

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

000273

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

SB00131

896D 82582346

TRAVELERS

DATE: 07/16/13
LOSS DATE: 04/04/10
FILE NUMBER: 152 CB EHJ0200 J

EMPLOYEE

ACCOUNT NAME:
CALIFORNIA COMMERCE CLUB INC

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

TRAVELERS PROP CAS CO OF AMERIC

38968

EXPLANATION OF PAYMENT

LUMP SUM SETTLEMENT

SERVICE DATE: 04/04/2010 TO: 07/15/2013

TOTAL PAID: $591.52
TAX INFO: 3309567135478939Y
PAY MISC: LIEN RES FULL/FINAL, ANY/ALL
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID JUL 22 2013

FF
OK
EV

MP

FOR ADDITIONAL INFORMATION, CONTACT: ANTOINETTE K MCCARGO AT (909)612-3346

197010142
DETACH CHECK

UNSUMM
OVRPUNS2-1212
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#
07/19/13	58833

Claim # : ALK2592;CLS8451;EMW4154
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 6/20/55
Terms : 45 days

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

Case: vs COMMERCE CASINO
Date Of Injury: 12/20/03;8/04-8/05

DOS	SERVICE	DESCRIPTION	AMOUNT
03/25/13	WCAB LB	MSC (LANG: KOREAN)	485.00
/ /	INTERPRETER:	RAYMOND OH # 301289	0.00
07/15/13	PMT BY CHECK	DOS 3/25/13 # 896D 82577999	-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.

014476

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

SA07185

896D 82577999

TRAVELERS

DATE: 07/15/13
LOSS DATE: 12/20/03
FILE NUMBER: 152 CB AIK2592 N

EMPLOYEE

ACCOUNT NAME:
CALIFORNIA COMMERCE CLUB

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

TRAVELERS INDEMNITY CO OF IL

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

0-

PAID JUL 19 2013

SERVICE DATE: 03/25/2013

TOTAL PAID: $485.00
TAX INFO: 330956713331748 1Y
PAY MISC: 58833
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

MR

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

196007290
DETACH CHECK

UNSUMM-11131
OVAPUNS2-12129

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#
07/22/13	59009

Claim # : 494C1426139
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 2/15/53
Terms : 45 days

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

Case: vs MONOPRICE INC
Date Of Injury: 6/26/06-10/17/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/14/13	C&R READING	@ THE L/O OF DENNIS FUSI (LANG: KOREAN)	485.00
/ /	INTERPRETER:	RAYMOND OH C# 301289	0.00
07/16/13	PMT BY CHECK	DOS 6/14/13 # DA70288844	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PDWLDMCD-0C2340-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 07/17/13

CHECK NO. **DA70288844**

STATEMENT

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

5900A11DA 00 00699 DA70288844
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX #4165
TUSTIN CA 92781-4165

FILE ID
494C1426139

DOLLARS
$********485.00

* NOT NEGOTIABLE *

FOR
06/14/13 THRU 06/14/13 59009

CLAIMANT

DATE OF EVENT
10/26/07

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

PDWLDMCD-002340-01-01-00

PAID JUL 22 2013

DETACH THIS PORTION BEFORE CASHING

BOA18B (078/2009)

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

*** INVOICE ***

Date	NO#
07/30/13	37295

Claim # : E3233516
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/16/58
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
06/27/13	C&R READING	@ THE L/O OF DENNIS FUSI	485.00
/ /	INTERPRETER:	IRENE CHEN # 301230	0.00
07/24/13	PMT BY CHECK	DOS 6/27/13 # 102181885	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CNA

Continental Casualty Company
Chicago, IL 60604

UNDERWRITTEN BY:
VALLEY FORGE INSURANCE COMPANY

102181885
Date Issued
07/24/13

66-156
531
Bank Acct.
4759628092

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 233516	YZ	HAWAIIAN GARDENS CASINO	2C
Prefix & Contract No.		**Claimant**	**Date of Loss**
WC -2074975890			09/03/09
From-thru (Dates)	**In Payment of**		
03/11/10	06/27/13	INV 37295 INTER/DEPO PREP	

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

L13/948E

⑈0102181885⑈ ⑆053101561⑆ 4759628092⑈

CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

PAID JUL 30 2013

000985

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781

MR

0000020E30023351610218188500000000985

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

Claim Number * E3 233516YZ

Insured/Client	Claimant	ATT
HAWAIIAN GARDENS CASINO		07/24/13

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
09/03/09		03/11/10-06/27/13	IND	26	TR		$485.00
							$485.00

Reason
INV 37295 INTER/DEPO PREP

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.

Joyce Altman Interpreters, Inc.
P.O. BOX # 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	60623

Claim # : 047509052943
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 2/19/61
Terms : 45 days

BILL TO:
CHUBB GROUP OF INS. CO. (LA)
W.C. DEPARTMENT
ATTN: DAVID TAFFY
P.O. BOX 30850
LOS ANGELES, CA 90030

Case: vs MASIMO CORPORATION
Date Of Injury: 4/2/08

DOS	SERVICE	DESCRIPTION	AMOUNT
12/17/13	WCAB SA	MSC - LAN TRINH # 10030 LANG: VIETNAMESE	485.00
03/17/14	PMT BY CHECK	DOS 12/17/13* # 8990847	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 3rd Floor
Los Angeles, CA 90071-2427

Payment Summary

Claim Ref #: 047509052943
Policy: 000071711521
Occurence: 000023
Date of Loss: 09/24/2009
SSN#/TIN#: XXXXXXXXXX
Payee: Joyce Altman Interpreters

Insured: Masimo Corporation

Page: 1 of 1
Check Number: 8990847
Print Date: 03/17/2014
Issue Date: 03/17/2014

DATE	CLAIMANT	DESCRIPTION	AMOUNT
12/17/2013-		Translator	485.00

PAID MAR 19 2014

CHECK TOTAL: 485.00

Comments: INV # 60623 DOS 12/17/13 INV DTD 3/11/14 3S

Claim Representative: DAVID TAFFI

Phone: (213)612-5419

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

*** INVOICE ***

Date	NO#
03/26/14	60550

Claim # : 33035429
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 4/25/53
Terms : 45 days

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

Case: vs EUROSTAR LLC, (WSS)
Date Of Injury: 1/27/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/19/13	WCAB SA	MSC (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/24/14	PMT BY CHECK	DOS 12/19/13* # 292866	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Wells Fargo

420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

CHECK NO. 292866

DATE
03/24/2014

California Workers' Compensation Payment

**********485.00

VOID AFTER 90 DAYS

Pay Four Hundred Eighty Five Dollars And 00/100

TO THE ORDER OF

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

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $10,000.00

HEAT SENSITIVE
RUB AREA TO VERIFY

⑈0292866⑈ ⑆121000248⑆ 4121670509⑈

Payee: JOYCE ALTMAN INTERPRETERS,INC.

Check Number: 292866

IRS/SSN: XX-XXX713

Check Date: 03/24/2014

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
33035429		01/27/2013	Interpreter Fees - Expense	12/19/2013	12/19/2013	03/13/2014	60550	485.00

PAID MAR 25 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#
03/26/14	60045

Claim # : 80700165542
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 6/9/52
Terms : 45 days

BILL TO:
EMPLOYERS (NEVADA)
W.C. DEPARTMENT
ATTN: GRACE GUZMAN
P.O. BOX # 539004
HENDERSON, NV 89053-9004

Case: vs TL MACHINE
Date Of Injury: 4/25/08

DOS	SERVICE	DESCRIPTION	AMOUNT
10/25/13	PR2/REEVAL	DR MUMTAZ ALI (GARDEN GROVE)	485.00
		LANG: VIETNAMESE	
/ /	INTERPRETER:	JAIME NGUYEN # 100190	0.00
11/01/13	PR2/REEVAL	DR PAYNE @ INDUSTRIAL ORTHO	485.00
		SPINE & SPORTS MED	
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
11/18/13	DEPO PREP	@ THE L/O OF SCHLOSSBERG &	485.00
		UMHOLTZ	
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/06/13	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/13/13	PR2/REEVAL	DR PAYNE @ INDUSTRIAL ORTHO	485.00
		SPINE & SPORTS MED	
/ /	INTERPRETER:	VIET TRAN # 500295	0.00
01/17/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/03/14	PMT BY CHECK	DOS 10/25/13-12/13/13*	-2425.00
		# 260098220	
02/13/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	485.00
		L/O NORMAN HOMEN	
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/21/14	PR2/REEVAL	DR PAYNE @ INDUSTRIAL ORTHO	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
02/28/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/06/14	PMT BY CHECK	DOS 2/13/14* # 260122137	-485.00
03/21/14	PMT BY CHECK	DOS 1/17/14*2/28/14	-1455.00
		# 260133648	

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

*** INVOICE ***

Date	NO#
03/26/14	60045

Claim # : 80700165542
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 6/9/52
Terms : 45 days

BILL TO:
EMPLOYERS (NEVADA)
W.C. DEPARTMENT
ATTN: GRACE GUZMAN
P.O. BOX # 539004
HENDERSON, NV 89053-9004

Case: vs TL MACHINE
Date Of Injury: 4/25/08

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Compensation Insurance Company
PO Box 35000 Reno, NV 89511-5000

Check Number: 260122137
Check Date: 03/06/2014

Claim Number: 80700165542
Injured Employee:

Payment Description: Interpreter
Billed Date: 02/25/2014
Service Period: 02/13/2014 through 02/13/2014
Invoice Number: n/a
Billed Amount: $485.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $485.00

60045

Check Total: **$485.00**

PAID MAR 10 2014

EMPLOYERS®

Employers Compensation Insurance Company
PO Box 35000 Reno, NV 89511-5000

WELLS FARGO BANK
260133648

56-382
412

DATE:03/21/2014

AMOUNT

Pay Sixteen Hundred Eleven Dollars And 50/100 **********$1,611.50

TO THE ORDER OF:

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

TWO SIGNATURES REQUIRED IF IN EXCESS OF $25,000

VOID AFTER 6 MONTHS

⑈260133648⑈ ⑆041203824⑆ 963748151 7⑈

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Compensation Insurance Company
PO Box 35000 Reno, NV 89511-5000

Check Number: 260133648
Check Date: 03/21/2014

PAID MAR 25 2014

Claim Number: 2013207169
Injured Employee:

Payment Description:	Interpreter		
Billed Date:	03/05/2014		
Service Period:	02/12/2014	through	02/12/2014
Invoice Number:	59571		
Billed Amount:	$156.50		
Comments:	n/a		

Account Number: n/a
Document Number: n/a
Paid Amount: $156.50

Claim Number: 80700165542
Injured Employee:

Payment Description:	Medical Interpreter		
Billed Date:	03/13/2014		
Service Period:	01/17/2014	through	02/28/2014
Invoice Number:	60045		
Billed Amount:	$1,455.00		
Comments:	n/a		

Account Number: n/a
Document Number: n/a
Paid Amount: $1,455.00

Check Total: **$1,611.50**

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#
03/26/14	60278

Claim # : WC83934
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 5/3/75
Terms : 45 days

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

Case: PHAM vs ROBINSON PHARMA INC
Date Of Injury: 8/9/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/01/13	PR2/REEVAL	DR ALI @ MEDICAL ARTS LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/13/13	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/24/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/19/14	PMT BY CHECK	DOS 11/1/13-2/24/14* # 800017654	-1455.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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TNUS Insurance Company
CLAIMS ACCOUNT - WESTERN REGION
800 E. Colorado Blvd., Pasadena, CA 91101

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

Claim Number: 210WC0000083934
Policy Number: WC6404823

16-49-6 / 1220

CONTROL NO. 002008872
CHECK NO. 800017654

One thousand four hundred fifty five and 00/100 Dollars

$ *********$1,455.00

Date of Issue 03/19/2014
Date of Loss 08/09/2012

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

FOR: /60278

Insured/Claimant
ROBINSON PHARMA, INC.

AUTHORIZED SIGNATURE

VOID AFTER 90 DAYS

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

⑈800017654⑈ ⑆122000496⑆ 44400066 26⑈

PLEASE DETACH BEFORE DEPOSITING

CHECK NO. 800017654

TNUS Insurance Company
(U.S. Branch)
230 Park Avenue
New York, NY 10169

FROM 11/01/2013 TO 01/24/2014
Inv.#60278

Payment explanations may be mailed to you separately.

PAID MAR 25 2014

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

AGENT
WILLIS INSURANCE SERVICES OF CA. INC.
18101 VON KARMAN AVE
STE 600
IRVINE, 7
926120

eod

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

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

*** INVOICE ***

Date	NO#
04/01/14	60792

Claim # : R00007038
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/27/66
Terms : 45 days

BILL TO:
REPUBLIC INDEMNITY (ENCINO)
W.C. DEPARTMENT
ATTN: DENISE SHORT
P.O. BOX # 20036
ENCINO, CA 91416-0036

Case: vs FABER ENTERPRISES INC
Date Of Injury: 12/31/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/30/14	WCAB SA	STATUS CONFERENCE LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/28/14	PMT BY CHECK	DOS 1/30/14* # 1000245321	-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.

REPUBLIC INDEMNITY COMPANY OF AMERICA
P.O. Box 20036
Encino, CA 91416
(818) 990-9860

Republic Indemnity

Date: 03/28/2014
Check #: 1000245321
Payment Amount: 485.00

000485 R3N8T1A

Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

0

PAID APR 01 2014

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00007038		60792	03/20/2014	01/30/14	01/30/14	485.00	485.00	
	Interpreter For Medical/WCAB							
						Total	485.00	

MR

PLEASE DETACH BEFORE DEPOSITING 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#
04/01/14	60637

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

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

Case: vs JASMINE HEATHCARE SERVICES
Date Of Injury: 9/12/05

DOS	SERVICE	DESCRIPTION	AMOUNT
01/08/14	WCAB SA	MSC - LAN TRINH # 100303 LANG: VIETNAMESE	485.00
03/27/14	PMT BY CHECK	DOS 1/8/14* # CP-768803	-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.

Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: **CP-768803**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 03/27/14
Doc #: 028094747

60637

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 03049900		
1	60637-WCAB	01/08/14	01/08/14	Interpreter fees	1		485.00
						Total Allowances:	**$485.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
03049900	485.00	.00	485.00

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:
03049900 INV#60637 INTERP-WCAB;

G

PAID APR 01 2014

MR

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"

01204831028094747012

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

*** INVOICE ***

Date	NO#
04/02/14	60793

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

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

Case: vs DWTH INC
Date Of Injury: 6/4/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/28/14	WCAB SA	MSC (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/04/14	WCAB SA	TRIAL (VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/26/14	PMT BY CHECK	DOS 1/28/14-3/4/14* # DA71703557	-970.00

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

OTE: Any and all partial payments received have been aknowledged and clearly eflected in the enclosed statement. However, payments received do not epresent full and final satisfaction. In accordance with CCR Section 10770 ien claimant is hereby seeking recovery of the balance. Demand is hereby made or all medical reports per CCR Section 10608, Current Print Out of Benefits, PN Notices, Completed DWC-1, Application of Adjudication, 4600 Election etter, Depo Transcript and any and all documentary evidence to be utilized in n attempt to defeat this lien.

PDWLDMCD-003519-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 03/26/14

CHECK NO. **DA71703557**

STATEMENT

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

5900A11DA 00 01220 DA71703557
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX #4165
TUSTIN CA 92781-4165

FILE ID
494C0944922

DOLLARS
$********970.00

*** NOT NEGOTIABLE ***

FOR
01/28/14 THRU 03/04/14 60793

CLAIMANT

DATE OF EVENT
06/04/09

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

PAID APR 02 2014

MR

PDWLDMCD-003519-01-01-00

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
04/08/14	52290

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

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

Case: vs CALIFORNIA COMMERCE CASINO
Date Of Injury: 8/4/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/21/12	DEPO PREP	@ THE L/O OF MALMQUIST, FIELD (LANG: KOREAN)	485.00
/ /	INTERPRETER:	JAEIS CHON # 301034	0.00
05/03/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
05/16/12	PMT BY CHECK	DOS 3/21/12 # 896D 80273886	-485.00
05/31/12	PMT BY CHECK	DOS 5/3/12 # 896D 80356133	-485.00
09/25/13	WCAB LB	MSC (LANG: KOREAN)	485.00
/ /	INTERPRETER:	JAEIS CHON # 301034	0.00
05/31/12	PMT BY CHECK	DOS 9/25/13 # 896D 80356133	-485.00
02/26/14	WCAB LB	MSC (LANG: KOREAN)	485.00
/ /	INTERPRETER:	NANCY HONG # 300853	0.00
04/03/14	PMT BY CHECK	DOS 2/26/14* # 896D 83946303	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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018721

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SA09301

896D 83946303

TRAVELERS

DATE: 04/03/14
LOSS DATE: 08/04/10
FILE NUMBER: 152 CB EHJ4853 T

EMPLOYEE

ACCOUNT NAME:
CALIFORNIA COMMERCE CLUB INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 02/26/2014

PAID APR 08 2014

TOTAL PAID: $485.00
TAX INFO: 330956713331748 1Y
PAY MISC: 52290
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

MR

FOR ADDITIONAL INFORMATION, CONTACT: PAMELA R LAMB AT (909)612-3294

093009420
DETACH CHECK

UNSUMM
OVRPUNS2
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#
04/08/14	60908

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

BILL TO:
SEABRIGHT INSURANCE (ORANGE)
W.C. DEPARTMENT
ATTN: MARGIE CORREA
P.O. BOX # 11027
ORANGE, CA 92856

Case: vs DRIESSEN AIRCRAFT INTERIOR SYS
Date Of Injury: 7/19/12

DOS	SERVICE	DESCRIPTION	AMOUNT
02/12/14	WCAB SA	STATUS CONFERENCE LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	THE VINH TRAN # 100026	0.00
04/02/14	PMT BY CHECK	DOS 2/12/14* # 271955	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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SeaBright Insurance Company
1501 4th Avenue, Suite 2700
Seattle, WA 98101

Bank of America
101 E Kennedy Blvd 5th Floor
Tampa, FL 33602-5179

63-568 / 631 FL

CHECK NO
271955

4/2/14
LB000942582

PAY Four Hundred Eighty-Five And No/100 Dollars $*******485.00
VOID AFTER SIX MONTHS

TO THE ORDER OF:

60908

AN AGENT OF SeaBright Insurance Company

Joyce Altman Interpreting
P.O. Box 4165
Tustin, CA 92781-4165

121

⑈271955⑈ ⑆063105683⑆002270053596⑈

CLAIM ID: LB000942582 DATE OF LOSS: 7/19/12 ACCOUNT: D3
CLAIMANT:
INSURED: Driessen Aircraft Interior Systems Inc
PAYEE: Joyce Altman Interpreting

CHECK NO.: 271955
DATE: 4/2/14
AMOUNT: $*******485.00
REF. NO.: 012176612
USER-ID: 31356/LB

INVOICE NO.: 60908
MEMO: 60908

	SERVICE DATE	CODE	DESCRIPTION	QTY	UNITS	BILLED	PAID
1	02/12/14	MI	60908	1	lot	485.00	485.0

PAID APR 08 2014

TOTAL 485.00 485.0

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#
11/25/13	59952

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

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

Case: vs SURE FIRE LLC
Date Of Injury: 10/10/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/16/13	WCAB SA	PRIORITY CONFERENCE (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
11/20/13	PMT BY CHECK	DOS 10/16/13 # 0002602839	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Number:
0002602839

CRUM&FORSTER

Vendor Number: **408703499** Issuing Location: **Orange County Claims** Check Date: **11/20/2013**

Payee:

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

IRS:

PAID NOV 25 2013

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
59952	PZC00529908	EXP	59952	10/10/2012	$485.00

TOTAL:	$485.00

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

Processor: **U. Mora**

Internal Reference No: 59952

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	NO#
12/10/13	59954

Claim # : 2193075898; 2193083398
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 11/10/50
Terms : 45 days

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

Case: vs AMETEK
Date Of Injury: 8/28/09

DOS	SERVICE	DESCRIPTION	AMOUNT
10/15/13	WCAB SA	MSC (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/05/13	PMT BY CHECK	DOS 10/15/13 # 5628037806	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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BROADSPIRE®
a Crawford Company
P O BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	12/05/2013
Check Amount	:	$485.00
Check Number	:	5628037806

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

PAID DEC 10 2013

59954

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
2193075898001	08/28/2009 $485.00		
		Greg C. Rocha	559-451-3800
Professional Service	$485.00	55954	10/15/2013-10/15/2013

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#
02/03/14	60442

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

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

Case: vs MONEY MAILER LLC
Date Of Injury: 3/25/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/27/13	WCAB SA	STATUS CONFERENCE LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/28/14	PMT BY CHECK	DOS 11/27/13 # 0002652356	-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.

CRUM&FORSTER

Number: 0002652356

Vendor Number: **408698147** Issuing Location: **Orange County Claims** Check Date: **01/28/2014**

Payee:

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

IRS:

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
60442	PZC00461885	EXP		03/25/2010	$485.00

PAID FEB 03 2014

UR

TOTAL: $485.00

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

Processor: **U. Mora**

Internal Reference No: 60442

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	NO#
02/03/14	60454

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

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

Case: vs H AND H PERFECTION FABRICATION
Date Of Injury: 3/29/05

DOS	SERVICE	DESCRIPTION	AMOUNT
12/11/13	WCAB SA	TRIAL (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/31/14	PMT BY CHECK	DOS 12/11/13* # CP-755951	-485.00

BALANCE 0.00

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

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

Provider Number: 330956713

Check #: **CP-755951**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/31/14
Doc #: 027863511

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:		**Claim #:** 02392298			
1	60454-WCAB	12/11/13	12/11/13	Interpreter fees	1		485.00
					Total Allowances:		**$485.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
02392298	485.00	.00	485.00

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:
02392298 INV#60454 WCAB;

PAID FEB 03 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	60439

Claim # : 710816266
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 10/20/48
Terms : 45 days

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

Case: vs THALES AVIONICS
Date Of Injury: 12/16/11

DOS	SERVICE	DESCRIPTION	AMOUNT
11/25/13	WCAB SA	TRIAL (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/07/14	PMT BY CHECK	DOS 11/25/13* # 25640887	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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P4000028000

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

201402071609

Electronic Service Requested

MIXED AADC 926
6766 0.7389 MB 0.432

JOYCE ALTMAN INTERPRETERS INC 169
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 6766 1 OF 3 F

Check No.: 25640887
RFP No.: 667140
Check Date: 02/07/2014
Check Amount: 485.00
Insured: THALES NORTH AMERICA, INC

Claimant:

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

Payee Name: JOYCE ALTMAN INTERPRETERS INC

60439

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000025842561	00816266	01	12/16/2011	MED	O	485.00
				Total Amount		485.00

Reason for Payment
ORG: 485.00 112513-112513

Use File # 710/ 00816266 on all correspondence for prompt processing.
For check information call: 877-802-5246

MP

PAID FEB 10 [illegible]
0

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

*** INVOICE ***

Date	NO#
02/13/14	60469

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

BILL TO:
MATRIX INS (ROCKLIN 779005)
W.C. DEPARTMENT
ATTN: DEBBIE DUNCAN
P.O. BOX 779005
ROCKLIN, CA 95677

Case: vs ABBOTT LAB, INC.
Date Of Injury: 8/18/11

DOS	SERVICE	DESCRIPTION	AMOUNT
12/16/13	WCAB SA	MSC - LAN TRINH # 100303 LANG: VIETNAMESE	485.00
02/07/14	PMT BY CHECK	DOS 12/16/13* # 0008974934	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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741028001

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

201402101602

Electronic Service Requested

1 OF 6

ENV 10603

MIXED AADC 926
10603 1.2020 MB 0.432

JOYCE ALTMAN INTERPRETERS 223
PO BOX 4165
TUSTIN, CA 92781-4165

PAID FEB 13 2014

60469

Claim: 3294679 / Accident date: 08/18/2011, Jurisdiction State: California.
Insured: Abbott Laboratories, Policy:

The payment is for Defense - Legal Expenses from 12/16/2013 to 12/16/2013.
Check: 0008974934, issued: 02/07/2014, for: $485.00, for: Expense, Invoice: 60469.

To the Order of: Joyce Altman Interpreters
: PO Box 4165
: Tustin, CA 927814165

Please contact Debbie Duncan, telephone: (866) 560-1447 Ext: 20308 in CA \ Rocklin Rocklin CA, email: DEBBIE.DUNCAN@MATRIXCOS.COM, if you have questions regarding this payment.

MK

Joyce Altman Interpreters, Inc.
P.O. BOX # 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	60128

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

BILL TO:
EMPLOYERS (NEVADA)
W.C. DEPARTMENT
ATTN: JOSEY BRIDE
P.O. BOX # 539004
HENDERSON, NV 89053-9004

Case: vs DIGITAL LABEL SOLUTIONS
Date Of Injury: 2/4/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/07/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O NORMAN HAMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303 LANG: VIETNAMESE	0.00
12/27/13	PMT BY CHECK	DOS 11/7/13 # 2600470624	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Compensation Insurance Company
PO Box 35000 Reno, NV 89511-5000

Check Number: 260070624
Check Date: 12/27/2013

Claim Number: 2013211388
Injured Employee:

Payment Description: Interpreter
Billed Date: 12/17/2013
Service Period: 11/07/2013 through 11/07/2013
Invoice Number: 60128
Billed Amount: $485.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $485.00

Check Total: **$485.00**

PAID JAN 06 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#
12/20/13	59957

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

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

Case: vs AMERICAN APPAREL INC
Date Of Injury: 1/20/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/15/13	C&R READING	@ THE L/O OF NORMAN HOMEN (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 10030	0.00
12/17/13	PMT BY CHECK	DOS 10/15/13 # 8546	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THIS DOCUMENT IS VOID WITHOUT A WATERMARK. HOLD TO LIGHT TO VIEW. RUB HEAT SENSITIVE CHECKMARK TO SEE COLOR DISAPPEAR AND REAPPEAR

AMERICAN APPAREL
New Hampshire Insurance Co.

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: 8546

DATE: 12/17/2013

CLAIMANT:

CLAIM NO: 08005397

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT

******$485.00

PAY *Four Hundred Eighty Five Dollars And 00/100*

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

⑈00008546⑈ ⑆121000248⑆ 4122384340⑈

Payee: JOYCE ALTMAN INTERPRETING

TIN/SSN: XX-XX

Check Number: 8546

Check Amount: 485.00

Check Date: 12/17/2013

Claim Number	Employer	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Date	Invoice #	Amount
08005397	American Apparel		01/20/2012	Medical Interpreter	10/15/2013	10/15/2013	12/12/2013	59957	485.00

PAID DEC 20 2013

AP

Joyce Altman Interpreters, Inc.
P.O. BOX # 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	60130

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

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

Case: vs GEO CONCEPTS
Date Of Injury: 7/22/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/06/13	DEPO PREP	@ THE L/O OF LEWIS & BRISBOIS LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/06/14	PMT BY CHECK	DOS 11/6/13* # 32825647	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Fireman's Fund Insurance Company
A company of Allianz

AMERICAN AUTOMOBILE INS CO
2995 PROSPECT PARK DRIVE
SUITE 200
RANCHO CORDOVA CA 95670

Policy No. WZP 81007614 Claim No. B005C13071021

Insured GEOCONCEPTS INC HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS

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

Division Code

Bank Number B1

Invoice Number

60130

Explanation For INV: 60130 12-17-13
DEPO PREP

PAID JAN 13 2014

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 IMELDA G SANTOS Phone No. (916)852-4521

From 11/06/13 Thru 11/06/13 IRS# R330956713 Check Distribution M

Processor ID 780F141 Check Amount $485.00

Producer Name DEALEY, RENTON & ASSOC.
Producer City PASADENA St. CA

Check No. 32825647

Date of Loss 07/22/13
Issue Date 01/06/14

* 0 0059 1 000000 1 0 11A*
CDCG.A160.F

CF60S

Detach And Retain For Your Records

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

*** INVOICE ***

Date	NO#
12/19/13	60133

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

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

Case: vs HAWAIIAN GARDENS CASINO
Date Of Injury: 1/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/05/13	WCAB SA	STATUS CONFERENCE LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/03/14	PMT BY CHECK	DOS 11/5/13* # 102650578	-485.00

BALANCE 0.00

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CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

000942

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781

PAID JAN 13 2014

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

Claim Number *
E3 250453N5

Insured/Client
HAWAIIAN GARDENS CASINO

Claimant

ATT
01/03/14

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
01/01/10		11/05/13-11/05/13	IND	26	TR		$485.00
							$485.00

Reason
INV 60133 WCAB CONFERENCE

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

CNA
Continental Casualty Company
Chicago, IL 60604

UNDERWRITTEN BY:
VALLEY FORGE INSURANCE COMPANY

102650578
Date Issued
01/03/14

66-156
531
Bank Acct
475962809

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 250453	N5	HAWAIIAN GARDENS CASINO	2C
Prefix & Contract No. WC -2074979132		Claimant	Date of Loss 01/01/10
From-thru (Dates) 11/05/13	In Payment of 11/05/13	INV 60133 WCAB CONFERENCE	

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

⑈0102650578⑈ ⑆053101561⑆ 475962809 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#
04/09/14	60671

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

BILL TO:
THE HARTFORD (LEXINGTON-14475)
W.C. DEPARTMENT
ATTN: CAROLYN SUTTON
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs LONGVIEW INT TECHNOLOGY SOLUTI
Date Of Injury: 5/6/11

DOS	SERVICE	DESCRIPTION	AMOUNT
12/23/13	WCAB SA	MSC - LAN TRINH # 100303 LANG: VIETNAMESE	485.00
04/01/14	PMT BY CHECK	DOS 12/23/13* # 122015497 0	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

THE HARTFORD

000390
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00399

Attention: This remittance incorporates 1 claim payments

PAID APR 09 2014

Special Handling ID: RM 00

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
60671 ✓ 05-06-11	42WEC LD6052 YMHC 59698	LONGVIEW INTERNATIONAL TECHNOLOGY SOLUTI	$485.00
Nature of Payment: Interpreter Fees at Hearing		Service Dates 12-23-2013 12-23-2013	$485.00
Claim Handler: Carolyn Sutton 866/401-9222 Western Workers' Compensation Claim Center P.O. Box 14475 Lexington, KY 40512		Additional Comments: MR	

*400012 1220154970

Please keep the above information for your records.

104768488

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

56 -1544
441

Check Number: 122015497 0
Issue Date: 04-01-2014
Benefit Period: 12-23-2013 to 12-23-2013

$**********485.00

JPMorgan Chase Bank, N.A.
Columbus, OH 43085

Pay

FOUR HUNDRED EIGHTY-FIVE DOLLARS AND 00/100

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

Authorized Signature

⑈122015497⓪⑈ ⑆044115443⑆ 632559738⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 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	61067

Claim # : 05677874
W.C.A.B.: ADJ7
ADJ # : ADJ7
S.S.N. : XXX-XX-
D.O.B. : 4/1/51
Terms : 45 days

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

Case: vs FAIRVIEW DEVELOPEMENTAL CENTER
Date Of Injury: 02/14/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/05/14	WCAB SA	MSC (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/05/14	PMT BY CHECK	DOS 3/5/14* # CQ-370075	-485.00

BALANCE 0.00

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

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

Provider Number: 330956713

Check #: **CQ-370075**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 05/05/14
Doc #: 028257986

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 05677874			
1	61067	03/05/14	03/05/14	Court Fees & Costs-State Cases	1		485.00
						Total Allowances:	**$485.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05677874	485.00	.00	485.00

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.

PAID MAY 09 2014

MR

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"

0120609702825798612

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

*** INVOICE ***

Date	NO#
05/16/14	60944

Claim # : 710234581
W.C.A.B.:
ADJ # : ADJ1
S.S.N. : XXX-XX-
D.O.B. : 9/19/44
Terms : 45 days

BILL TO:
CHARTIS/AIG (COSTA MESA-25977)
W.C. DEPARTMENT
ATTN: KIMBERLY KELLER
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs PRINTEGRA CORPORATION
Date Of Injury: 3/10/06

DOS	SERVICE	DESCRIPTION	AMOUNT
02/11/14	WCAB SA	MSC (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/10/14	PMT BY CHECK	DOS 2/11/14* # 26256906	-485.00

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

OTE: Any and all partial payments received have been aknowledged and clearly eflected in the enclosed statement. However, payments received do not epresent full and final satisfaction. In accordance with CCR Section 10770 ien claimant is hereby seeking recovery of the balance. Demand is hereby made or all medical reports per CCR Section 10608, Current Print Out of Benefits, PN Notices, Completed DWC-1, Application of Adjudication, 4600 Election etter, Depo Transcript and any and all documentary evidence to be utilized in n attempt to defeat this lien.

028000

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

Electronic Service Requested

5 OF 8 F

ENV 61

SINGLE PIECE

61 1.7491 SP 0.690

JOYCE ALTMAN INTERPRETERS INC 1
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 26256906
RFP No.: 913512
Check Date: 05/10/2014
Check Amount: 485.00
Insured: PRINTEGRA CORPORATION

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID MAY 16 2014

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000003420190	00234581	01	03/10/2006	MED	O	485.00
				Total Amount		485.00

Reason for Payment
ORG: 485.00 ACT: INVOICE 60944 021114-021114

Use File # 710/ 00234581 on all correspondence for prompt processing.
For check information call: 877-802-5246

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#
05/28/14	61003

Claim # : 002586013788WC01
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX
D.O.B. : 9/17/64
Terms : 45 days

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

Case: [redacted] vs VEOLIA TRANSPORTATION
Date Of Injury: 4/20/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/24/14	WCAB SA	TRIAL (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/23/14	PMT BY CHECK	DOS 2/24/14* 0050172155	-485.00

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

OTE: Any and all partial payments received have been aknowledged and clearly eflected in the enclosed statement. However, payments received do not epresent full and final satisfaction. In accordance with CCR Section 10770 ien claimant is hereby seeking recovery of the balance. Demand is hereby made or all medical reports per CCR Section 10608, Current Print Out of Benefits, PN Notices, Completed DWC-1, Application of Adjudication, 4600 Election etter, Depo Transcript and any and all documentary evidence to be utilized in n attempt to defeat this lien.

005028006

Sedgwick Claims Management Services, Inc
P O Box 14450
Lexington, KY 40512-4450

201405231606

Electronic Service Requested

PAID MAY 28 2014

1 OF 1

ENV 8854

SINGLE PIECE

8854 0.3820 SP 0.480

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

14

DATE	CHECK AMT	CHECK NO.
05/23/2014	485.00	0050172155

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

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

Claimant Name	Loss Date	Claim Number
	04/20/2007	002586013788WC01

Amt Paid: 485.00 Description:
Amt Billed: 485.00 Invoice: 61003 ICN: 002586013788WC01
Dates: 02/24/2014-02/24/2014 Comment: 5120140428147596

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#
06/10/14	61321

Claim # : 007197084001WC01
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 12/2/46
Terms : 45 days

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

Case: vs CVS PHARMACY
Date Of Injury: 2/15/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/26/14	WCAB SA	STATUS CONFERENCE LANG: (VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/04/14	PMT BY CHECK	DOS 3/26/14* # 0110140812	-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.

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

0102288 01 RE 0.432 **AUTO T0 1 1607 92781 -P02290

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

PAID JUN 10 2014

DIRECT INQUIRIES TO:

PHONE: 1-909-581-1919
GALLAGHER BASSETT-LA/ONTA .
PO BOX 4200
RANCHO CUCAMONGA CA 91729-4200

CVS PHARMACY, INC.

CLAIM NO. 007197 084001 WC 01

CLAIMANT:

DESCRIPTION: INVOICE #61321

DATE OF SERVICE: 26-Mar-2014 TO 26-Mar-2014

BRANCH NO. 164

ACC. DATE 15-Feb-2012

CHECK NO. 0110140812

VN. 0002659357

DATE: 04-Jun-2014

PAYMENT AMOUNT: $485.00

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0110140812 ATTACHED 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#
05/09/14	60140

Claim # : 4359850
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 11/5/48
Terms : 45 days

BILL TO:
MATRIX INS (ROCKLIN 779005)
W.C. DEPARTMENT
ATTN: MARIBEL MASTELLAR
P.O. BOX 779005
ROCKLIN, CA 95677

Case: vs GOODWILL OF ORANGE COUNTY
Date Of Injury: 4/30/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/29/13	DEPO PREP	@ THE L/O OF NORMAN HOMEN LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	ANA SPIRATOS # 300895	0.00
02/14/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/28/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT.	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/17/14	WCAB SA	PRIORITY CONFERENCE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/28/14	PMT BY CHECK	DOS 10/29/13-3/28/14* # 0000002233	-1455.00

BALANCE 485.00

* 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.

P9741028001

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

201404291606

Electronic Service Requested

MIXED AADC 926
10534 0.3820 MB 0.432

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

88

PAID MAY 02 2014

1 OF 1

ENV 10534

Claim: 4359854 / , Accident date: 04/30/2013, Jurisdiction State: California.
Insured: Goodwill Industries of Orange County, Policy: LDM4046213.

The payment is for Miscellaneous Expense from 10/29/2013 to 03/28/2014.
Check: 0000002233, issued: 04/28/2014, for: $1,455.00, for: Expense, Invoice: 60140

To the Order of: Joyce Altman Interpreters
: PO Box 4165
: Tustin, CA 927814165

Please contact Maribel Marstellar, telephone: (866) 560-1447 Ext: 17394 in CA \ Rocklin Rocklin CA, email: MARIBEL.MARSTELLAR@MATRIXCOS.COM, if you have questions regarding this payment.

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

*** INVOICE ***

Date	NO#
06/05/14	60140

Claim # : 4359850
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 11/5/48
Terms : 45 days

BILL TO:
MATRIX INS (ROCKLIN 779005)
W.C. DEPARTMENT
ATTN: MARIBEL MASTELLAR
P.O. BOX 779005
ROCKLIN, CA 95677

Case: vs GOODWILL OF ORANGE COUNTY
Date Of Injury: 4/30/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/29/13	DEPO PREP	@ THE L/O OF NORMAN HOMEN LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	ANA SPIRATOS # 300895	0.00
02/14/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/28/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT.	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/17/14	WCAB SA	PRIORITY CONFERENCE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/28/14	PMT BY CHECK	DOS 10/29/13-3/28/14* # 0000002233	-1455.00
05/30/14	PMT BY CHECK	DOS 4/17/14 # 000002420	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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P9741028001

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

201406021604

Electronic Service Requested

1 OF 1

ENV 8495

MIXED AADC 926
8495 0.3820 MB 0.432

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

197

PAID JUN 05 2014

Claim: 4359854 / , Accident date: 04/30/2013, Jurisdiction State: California.
Insured: Goodwill Industries of Orange County, Policy: LDM4046213.

The payment is for Language Interpreter - paid under Expense from 10/29/2013 to 04/28/2014
Check: 0000002420, issued: 05/30/2014, for: $485.00, for: Expense, Invoice: 60140

To the Order of: Joyce Altman Interpreters
: PO Box 4165
: Tustin, CA 927814165

Please contact Maribel Marstellar, telephone: (866) 560-1447 Ext: 17394 in CA \ Rocklin Rocklin CA, email: MARIBEL.MARSTELLAR@MATRIXCOS.COM, if you have questions regarding this payment.

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

*** INVOICE ***

Date	NO#
06/05/14	60998

Claim # : 13531500
W.C.A.B.: ADJ
ADJ # : ADJ
S.S.N. : XXX-XX
D.O.B. : 1/1/56
Terms : 45 days

BILL TO:
TRISTAR RISK MGMT (CLINTON,IA)
W.C. DEPARTMENT
ATTN: ELIZABETH RAINBOLT
P.O. BOX 2805
CLINTON, IA 52733

Case: vs PARK VISTA
Date Of Injury: 12/5/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/19/14	INITIAL EXAM	DR MICHAEL MOHEIMANI (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	TRANG THAN JOHN LE # 301677	0.00
03/05/14	PR2/REEVAL	DR MOHEIMANI LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
03/17/14	PR2/REEVAL	DR MOHEIMANI (RETURNED DUE TO INCREASE PAIN	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
03/19/14	DEPO PREP	@ THE L/O OF NORMEN HOMEN	485.00
/ /	INTERPRETER:	CHRIS NGUYEN # 301524	0.00
04/11/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/03/14	PMT BY CHECK	DOS 2/19/14-4/11/14* # 500357	-2425.00

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.

Client: Continuing Life, LLC
Claimant/Employe

Payee: JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

Claim Number: 13531500
Incident Date: 12/05/2013

Check Number: 500357
Check Date: 06/03/2014
Check Total: $2,425.00
Payment Type: LANGUAGE TRANSLATOR
Invoice No: 60998

6

From - To: 02/19/2014 - 04/11/2014
For:

PAID JUN 05 2014

Bill Tracking No: 3001022133TMC
Reviewed Date: 05/30/2014
Bill Type:

Received Date: 05/06/2014
DRG Code: 000
Primary ICD-9: 959.9
PPO Name: NonPar

60998

Date of Service	Billed Code/Mod	Paid Code/Mod	Service Description:	Units	Billed Amount	Bill Review Reduction	PPO Reduction	Other Reduction	Allowance	Reason Code(s)	
02/19/2014	T1013 00 00	T1013 00 00	INTERPRETER	1	485.00	0.00	0.00	0.00	485.00	G5	CA52
03/05/2014	T1013 00 00	T1013 00 00	INTERPRETER	1	485.00	0.00	0.00	0.00	485.00	G5	CA52
03/17/2014	T1013 00 00	T1013 00 00	INTERPRETER	1	485.00	0.00	0.00	0.00	485.00	G5	CA52
03/19/2014	T1013 00 00	T1013 00 00	INTERPRETER	1	485.00	0.00	0.00	0.00	485.00	G5	CA52
04/11/2014	T1013 00 00	T1013 00 00	INTERPRETER	1	485.00	0.00	0.00	0.00	485.00	G5	CA52
			Totals:		2,425.00	0.00	0.00	0.00	2,425.00		

Reason Codes:

CA52 Reviewed per Examiners instructions.
G5 UNKNOWN

Please direct inquires to: Tristar Managed Care, Fax: (714) 972-4976, P.O. Box 10220, Santa Ana, CA 92711
Phone: (877) 287-4782 Contact: Corey Zahm

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#
05/30/14	60792

Claim # : R00007038
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX
D.O.B. : 12/27/66
Terms : 45 days

BILL TO:
REPUBLIC INDEMNITY (ENCINO)
W.C. DEPARTMENT
ATTN: DENISE SHORT
P.O. BOX # 20036
ENCINO, CA 91416-0036

Case: vs FABER ENTERPRISES INC
Date Of Injury: 12/31/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/30/14	WCAB SA	STATUS CONFERENCE LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/28/14	PMT BY CHECK	DOS 1/30/14* # 1000245321	-485.00
04/30/14	WCAB SA	TRIAL - LAN TRINH # 100303	485.00
05/27/14	PMT BY CHECK	DOS 1/30/14-4/30/14* # 1000253806	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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REPUBLIC INDEMNITY COMPANY OF AMERICA
P.O. Box 20036
Encino, CA 91416
(818) 990-9860

Republic Indemnity

Date: 05/27/2014
Check #: 1000253806
Payment Amount: 485.00

005656 R3N7T1A
Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00007038		60792	05/16/2014	01/30/14	04/30/14	485.00	485.00	
	Interpreter For Medical/WCAB							
						Total	485.00	

PAID MAY 30 2014

PLEASE DETACH BEFORE DEPOSITING 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#
06/02/14	61327

Claim # : PZC00475581
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 4/4/51
Terms : 45 days

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

Case: vs MONEY MAILER, INC.
Date Of Injury: 4/4/51

DOS	SERVICE	DESCRIPTION	AMOUNT
03/18/14	WCAB SA	MSC - LAN TRINH # 100303 LANG: VIETNAMESE	485.00
05/29/14	PMT BY CHECK	DOS 3/18/14 # 0002735603	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CRUM&FORSTER

Number: 0002735603

Vendor Number: **408700302** Issuing Location: **Orange County Claims** Check Date: **05/29/2014**

Payee:

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

IRS:

PAID JUN 02 2014

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
61327	PZC00475581	EXP		10/07/2010	$485.00

TOTAL:	$485.00

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

Processor: **U. Mora**

Internal Reference No: 61327

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	NO#
06/02/14	61329

Claim # : 01130255
W.C.A.B.: ADJ
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 7/27/59
Terms : 45 days

BILL TO:
AMERICAN ALL-RISK LOSS (FRES)
W.C. DEPARTMENT
ATTN: RONALD FINTOYAN
P.O. BOX # 9783
FRESNO, CA 93794-9783

Case: vs COAST INDEX COMPANY INC
Date Of Injury: 2/7/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/10/14	WCAB SA	STATUS CONFERENCE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/29/14	PMT BY CHECK	DOS 3/10/14* # 0025107984	-485.00

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

American All-Risk Loss Administrators, Inc., ITF Praetorian Insurance Company

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

61329

Remitted to	Vendor ID	Check Number	Date	Internal Reference	Total Remitted	
Joyce Altman Interpreters	6746	0025107984	05/29/2014	250-25107984	$485.00	Page 1

Claim No: 01130255 **Name:** **Date of Loss: 02/07/2007**

Reference: Comments: Inv 61329 Payment ID: T Claypool

Description for Bill ID 5936647	*From*	*To*	*Amount Charged*	*Net Payable*
Interpreter Fees (Expense)	03/10/14	03/10/14	$ 485.00	485.00

Total payable for bill $ **485.00**

TOTAL REMITTANCE $ **485.00**

PAID JUN 02 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#
05/28/14	60975

Claim # : A5T5222
W.C.A.B.: ADJ
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 1/25/59
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS(OVERLAND)
W.C. DEPARTMENT
ATTN: LINDSEY DAY
P.O. BOX 2928
OVERLAND PARK, KS 66201

Case: vs OVERLAND STORAGE
Date Of Injury: 4/14/09

DOS	SERVICE	DESCRIPTION	AMOUNT
02/19/14	WCAB SA	MSC (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/19/14	PMT BY CHECK	DOS 2/19/14* # 896D 84192451	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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013846

THE TRAVELERS - SAINT PAUL CL CLAIM
WORKERS' COMPENSATION UNIT
PO BOX 2928
OVERLAND PARK KS 66201-1328

SA06863

896D 84192451

TRAVELERS

DATE: 05/19/14
LOSS DATE: 01/28/08
FILE NUMBER: 095 CB A9M4703 J

EMPLOYEE

ACCOUNT NAME:
OVERLAND STORAGE, INC.

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

TRAVELERS CASUALTY COMPANY OF

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 02/19/2014

TOTAL PAID: $485.00
TAX INFO: 330956713547893 9Y
PAY MISC: 60975
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID MAY 27 2014

FOR ADDITIONAL INFORMATION, CONTACT: LISA DAY AT (651)310-2231

139006983
DETACH CHECK

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#
06/17/14	61407

Claim # : SAC0000151536
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 8/6/56
Terms : 45 days

BILL TO:
LWP CLAIMS SOLUTION (SAC)
W.C. DEPARTMENT
ATTN: LYNN VEGA
P.O. BOX 349016
SACRAMENTO, CA 95834

Case: vs GOLDEN STATE OVERNIGHT DELIVER
Date Of Injury: 8/15/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/14/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303 LANG: (VIETNAMESE)	0.00
06/13/14	PMT BY CHECK	DOS 4/14/14* # 17195	-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.

Golden State Overnight Delivery Service Inc
Administered by: LWP Claims Solutions, Inc.
PO Box 349016, Sacramento, CA 95834
FOR: Golden State Overnight

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

11-24
1210(8)

CHECK NO. 17195

DATE
06/13/2014

$485.00

VOID AFTER 180 DAYS

PAY Four Hundred Eighty-Five & 00/100 Dollars

TO THE ORDER OF

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

Judy Adlam
Signature

⑈00017195⑈ ⑆121000248⑆4121125843⑈

CLAIM NUMBER	CLAIMANT	LOSS DATE	INVOICE NUMBER	SERVICE DATES
0000151536		08/15/2013	61407	04/14/2014 - 04/14/2014

Reference: **BR# LWPSPB4528344*
Comments: **ImgID 4528344*

Service	Service Dates	Amount Paid
Interpretation (depositions-le	04/14/2014 - 04/14/2014	485.00

PAID JUN

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

*** INVOICE ***

Date	NO#
06/19/14	60943

Claim # : 64517
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 6/23/67
Terms : 45 days

BILL TO:
APPLIED RISK SERVICES (NABRAS)
W.C. DEPARTMENT
ATTN: ADAM NEILL
P.O. BOX # 3804
OMAHA, NE 68103

Case: vs CAMCO MACHINE
Date Of Injury: 3/29/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/13/14	WCAB SA	STATUS CONFERENCE LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/07/14	DEPO PREP	@ THE L/O OF NORMEN HOMEN	485.00
/ /	INTERPRETER:	CHRIS NGUYEN # 301524	0.00
04/29/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/22/14	PMT BY CHECK	DOS 2/13/14-4/7/14* # 0000575292	-970.00
06/16/14	PMT BY CHECK	DOS 4/29/14* # 0000582349	-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.

CALIFORNIA INSURANCE COMPANY
P.O. Box 3804
Omaha, NE 68103

Expense Payment

Check Date:	06/16/14
Service Begining:	04/29/14
Service Ending:	04/29/14

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	N/A	03/29/13	64517

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
60943	04/29/14-04/29/14	485.00	N/A	N/A	485.00

Messages

PAID JUN 18 2014

Total 485.00

REMOVE DOCUMENT ALONG THIS PERFORATION

THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS BLUE AND GREEN ARE PRESENT.

CALIFORNIA INSURANCE COMPANY
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave , Menlo Park, CA 94025
11-491220

0000582349

Date: 06/16/14

Pay FOUR HUNDRED EIGHTY FIVE AND .00 DOLLARS********** $ 485.00

to the order of Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Amy Robb

⑈0000582349⑈ ⑆122000496⑆ 7000168038⑈

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

*** INVOICE ***

Date	NO#
06/20/14	60797

Claim # : WC0000091012
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 1/13/64
Terms : 45 days

BILL TO:
TOKIO MARINE
W.C. DEPARTMENT
ATTN: PEGGY LUI
P.O. BOX 7127
PASADENA, CA 91109

Case: vs HOCHIKI AMERICA CORPORATION
Date Of Injury: 4/25/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/27/14	DEPO PREP	@ THE L/O OF NORMAN HOMEN LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/13/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/16/14	PMT BY CHECK	DOS 1/27/14-3/13/14* # 800111644	-970.00

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.

Trans Pacific Insurance Company
CLAIMS ACCOUNT - WESTERN REGION
800 E. Colorado Blvd., Pasadena, CA 91101

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

Claim Number 210WC0000091012 | Policy Number WC6403329

16-49-6
1220

CONTROL NO. 002059252
CHECK NO. 800111644

Nine hundred seventy and 00/100 Dollars

$ **********$970.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Date of Issue 06/16/2014
Date of Loss 04/25/2011

FOR: /60797

Insured/Claimant
HOCHIKI AMERICA CORPORATION

Arlene Mahmoud
AUTHORIZED SIGNATURE

VOID AFTER 90 DAYS

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

⑈800111644⑈ ⑆122000496⑆ 13914723⑈

PLEASE DETACH BEFORE DEPOSITING

Trans Pacific Insurance Company
230 Park Avenue
New York, NY 10169

CHECK NO. 800111644

FROM 01/27/2014 TO 03/13/2014
Inv.#60797

Payment explanations may be mailed to you separately.

PAID JUN 20 2014

MAIL TO
Joyce Altman Interpreters
P.O. Box 4165

Tustin, CA 92781

AGENT
AEGIS RISK MANAGEMENT INS. SERVICES INC
3424 CARSON STREET
SUITE 300
TORRANCE, 7
905035

eod

MR

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

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

*** INVOICE ***

Date	NO#
07/07/14	61805

Claim # : CTOS-034668
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 1/2/44
Terms : 45 days

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

Case: vs COUNTY OF ORANGE
Date Of Injury: 4/4/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/01/14	WCAB SA	MSC LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/02/14	PMT BY CHECK	DOS 5/1/14* # 369979	-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.

Mailing Information:

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

Claim Number :	CTOS-034668
Claimant :	
Date of Loss :	04/04/2012
Check Number :	369979
Check Date :	07/02/2014
Check Amount :	$485.00
Type of Payment :	
	MP 176 - INTERPRETER MED
Location :	0800080007 080 0080 007 300 N. Flower of Division 0080 RDMD
For Period :	05/01/2014 to 05/01/2014
InvoiceNo :	61805
IRS # :	33-0956713
Handling Office :	708-Co of Orange, Roseville, CA
Detail :	FOR HEARING AT WCAB

PAID JUL 07 2014

MP

County of Orange - 3281/W
Workers' Compensation Program
Administered by York Risk Services Group, Inc.
P.O. Box 340
Upland, CA 91785-0340

Wells Fargo Bank Ohio, N.A.
Van Wert, OH
56-382/412

REF. NUMBER	
CTOS-034668	
DATE	CHECK NO
7/2/2014	369979
AMOUNT	
***$485.00	

PAY FOUR HUNDRED EIGHTY-FIVE AND 0/100

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

AUTHORIZED AGENT

Not Negotiable After 90 Days

York Risk Services Group, Inc.

⑈0369979⑈ ⑆041203824⑆ 9600109804⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 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	62067

Claim # : CA12401590-0001
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX
D.O.B. : 10/30/70
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W.C. DEPARTMENT
ATTN: STEVEN PERRY
PO BOX # 14421
LEXINGTON, KY 40512-4421

Case: vs TARGET
Date Of Injury: 5/9/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/20/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
07/03/14	PMT BY CHECK	DOS 5/20/14* # 0044229035	-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.

P6905028006

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

201407031603

Electronic Service Requested

1 OF 3

ENV 8001

SINGLE PIECE

8001 0.7389 SP 0.480

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

13

DATE	CHECK AMT	CHECK NO.
07/03/2014	485.00	0044229035

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

SCMS UNIT	PAGE
213 Sedgwick Claims Management Services Inc.	1 of 1

Claimant Name	Loss Date	Claim Number
	05/09/2012	CA12401590-0001

Amt Paid: 485.00 Description:
Amt Billed: 485.00 Invoice: 62067 ICN: CA124015900001
Dates: 05/20/2014-05/20/2014 Comment: dos 5/20/14 invoice 62067

PAID JUL 07 2014

MR

Questions about other Sedg[illegible]k 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#
07/11/14	62073

Claim # : 113-760271062
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX
D.O.B. : 12/3/64
Terms : 45 days

BILL TO:
CIGA/INTERCARE
W.C. DEPARTMENT
ATTN: ZARMIG BLACKBURN
P.O. BOX 29066
GLENDALE, 91209

Case: vs TRAVIS INDUSTRIES
Date Of Injury: 7/2/99

DOS	SERVICE	DESCRIPTION	AMOUNT
05/28/14	DEPO PREP	@ THE L/O OF WALL, MC CORMICK LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
07/07/14	PMT BY CHECK	DOS 5/28/14* # 79430763	-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.

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

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

Address Service Requested

Phone: (818) 844-4300

000087-00001-000173 CIG2 2155856
JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781-4165

CHECK NUMBER: 79430763

Description	Invoice	CLAIM #	G/L Code	Serv/From	Serv/To	Amount
Interpreter2	62073 - Depo Prep	760271062		05/28/14	05/28/14+	$485.00
TOTAL:						$485.00

PAID JUL 11 2014

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

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

BANK OF AMERICA NT SA
LOS ANGELES, CA 90067

CHECK NO. 79430763

DATE: 07/07/2014

Claim#: 760271062
Claimant:
Insured: TRAVIS INDUSTRIES LLC
DOL: 07/02/1999

16-66/1220

AMOUNT
*******$485.00

VOID 120 DAYS AFTER DATE OF ISSUE

PAY FOUR HUNDRED EIGHTY-FIVE AND 00/100 DOLLARS

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

Memo 62073 - Depo Prep

Wayne D Lee
AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

CIC

⑈79430763⑈ ⑆122000661⑆ 14177⑈5021 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#
07/10/14	61791

Claim # : 040509060297
W.C.A.B.: ADJ
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 1/1/41
Terms : 45 days

BILL TO:
CHUBB GROUP OF INS. CO. (LA)
W.C. DEPARTMENT
ATTN: IRINA MATCHIE
P.O. BOX 30850
LOS ANGELES, CA 90030

Case: vs US TRAFFIC CORP
Date Of Injury: 1/13/05

DOS	SERVICE	DESCRIPTION	AMOUNT
04/30/14	WCAB SA	STATUS CONFERENCE LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/07/14	PMT BY CHECK	DOS 4/30/14* # 9238654 CHUBB	-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.

CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 3rd Floor
Los Angeles, CA 90071-2427

Payment Summary

Claim Ref #: 040509060297
Policy: 000071707613
Occurence: 000380
Date of Loss: 01/13/2005
SSN#/TIN#: XXXXXXXXXX
Payee: Joyce Altman Interpreters

Insured: U.s. Traffic

Page: 1 of 1
Check Number: 9238654
Print Date: 07/07/2014
Issue Date: 07/03/2014

PAID JUL 10 2014

DATE	CLAIMANT	DESCRIPTION	AMOUNT
04/30/2014-		Translator	485.00

MR

62264, 62265

CHECK TOTAL: 485.00

Comments: Invoice 61791; DOS 4/30/14; ed

Claim Representative: IRINA MATCHIE

Phone: (213)612-5637

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

*** INVOICE ***

Date	NO#
07/15/14	38203

Claim # : 2007108837
W.C.A.B.:
ADJ # : ADJ7_
S.S.N. : XXX-XX-
D.O.B. : 7/25/72
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXING-14533)
W.C. DEPARTMENT
ATTN: FRANCES FELICIAN
P.O. BOX 14533
LEXINGTON, KY 40512

Case: vs UCLA
Date Of Injury: 1/30/07

DOS	SERVICE	DESCRIPTION	AMOUNT
08/06/10	DEPO PREP	@ THE L/O OF LANSFORD & GONZALEZ (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033 (KOREAN)	0.00
09/07/11	JOB ANALYSIS	@ THE L/O OF DENNIS FUSI	485.00
/ /	INTERPRETER:	INSOOK BECK # 500360	0.00
12/20/11	PMT BY CHECK	DOS 8/6/10-9/7/11 # 80344336	-970.00
04/23/14	WCAB LB	MSC (KOREAN)	485.00
/ /	INTERPRETER:	NANCY HONG # 300853	0.00
05/29/14	PMT BY CHECK	DOS 4/23/14* # 80391075	-485.00
05/27/14	WCAB LB	TRIAL - KOREAN	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
07/09/14	PMT BY CHECK	DOS 5/27/14* # 80393555	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick CMS
ITF Regents University of California-WC
Sedgwick
P.O. Box 14533
Lexington, KY 40512-4533
(310) 253-7500

Comerica Bank
333 W Santa Clara Street
San Jose, CA 95113

CHECK NUMBER 80393555

90-3752
1211

DATE 07/09/2014

PAY Four Hundred Eighty Five Dollars And 00/100

**********485.00

SAFETY FEATURES LISTED ON BACK

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

Void 60 days after date issued

Bob Blankenship

⑈80393555⑈ ⑆121137522⑆ 1891536300⑈

Payee: JOYCE ALTMAN INTERPRETER
Company Name: Sedgwick CMS
Facility: UC Los Angeles Medical Center
Check Number: 80393555

Administrator: FFELICIANO
Check Total: $485.00
Check Date: 07/09/2014

38203

Injury	From Account Number	Through	Claim Number Invoice	Claimant Name	Description
01/30/2007	05/27/2014	05/27/2014	2007108837		Other - Expense

Document Number:
Received Date:
Reviewed Date:
Bill Type:
Primary ICD9:
PPO Name:
Pharmacy#:
DRG Code:

Reason Codes:

PAID JUL 15 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#
07/15/14	62066

Claim # : 04658576
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 12/28/49
Terms : 45 days

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

Case: vs CHINESE DAILY NEWS
Date Of Injury: 12/8/05

DOS	SERVICE	DESCRIPTION	AMOUNT
05/20/14	WCAB SA	MSC - LAN TRINH # 100303 LANG: VIETNAMESE	485.00
07/09/14	PMT BY CHECK	DOS 5/20/14 # CE-724768	-485.00

BALANCE 0.00

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

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

Provider Number: XXXXX6713

Check #: **CE-724768**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 07/09/14
Doc #: 028514347

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 04658576		
1	62066	05/20/14	05/20/14	Interpreter fees	1		485.00
					Total Allowances:		**$485.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
04658576	485.00	.00	485.00

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.

PAID JUL 15 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#
07/15/14	62071

Claim # : 009500000306330001
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 8/3/64
Terms : 45 days

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

Case: vs FIRST STUDENT
Date Of Injury: 9/8/08

DOS	SERVICE	DESCRIPTION	AMOUNT
05/22/14	WCAB SA	STATUS CONFERENCE LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/08/14	PMT BY CHECK	DOS 5/22/14* # 0000846486	-485.00

BALANCE 0.00

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

DATE	CHECK AMT	CHECK NO.
07/08/2014	485.00	0000846486

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

SCMS UNIT	PAGE
234 Sedgwick Claims Management Services	001

*000911 0000846486 00001 OF 00001 OPM 140707 1459

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

PAID JUL 15 2014

62071

Claimant Name	Loss Date	Claim Number	SSN
	09/08/2008	009500000306330001	

Amt Paid: 485.00 Description:
Amt Billed: 485.00 Invoice: ICN: 009500000306330001
Dates: 05/22/2014 - 05/22/2014 Comment:

MP

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

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#
05/12/14	60947

Claim # : 05083338
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 3/12/51
Terms : 45 days

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

Case: vs L&N COSTUME SERVICES INC
Date Of Injury: 3/31/06

DOS	SERVICE	DESCRIPTION	AMOUNT
02/19/14	WCAB SA	STATUS CONFERENCE LANG: CAMBODIAN	485.00
/ /	INTERPRETER:	SAMEDY CHHUM # 700574	0.00
05/07/14	PMT BY CHECK	DOS 2/19/14* # CP-779202	-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.

Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: **CP-779202**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 05/07/14
Doc #: 028269477

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 05083338		
1	60947	02/19/14	02/19/14	Interpreter fees	1		485.00
					Total Allowances:		**$485.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05083338	485.00	.00	485.00

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:
05083338 INV# 60947;

PAID MAY 12 2014

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

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

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

*** INVOICE ***

Date	NO#
04/03/14	60670

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

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

Case: vs WALGREENS
Date Of Injury: 3/21/11

DOS	SERVICE	DESCRIPTION	AMOUNT
12/23/13	WCAB SA	MSC - LAN TRINH # 100303 LANG: VIETNAMESE	485.00
03/31/14	PMT BY CHECK	DOS 12/23/13* # 0001212124	-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, NPN 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 14433
Lexington, KY 40512-4433

DATE	CHECK AMT	CHECK NO.
03/31/2014	485.00	0001212124

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

SCMS UNIT	PAGE
218 Sedgwick Claims Management Services	001

*001223 0001212124 00001 OF 00001 OPM 140328 1501

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

Claimant Name	Loss Date	Claim Number	SSN
	03/21/2011	30110369084-0001	

Amt Paid: 485.00 Description:
Amt Billed: 485.00 Invoice: 60670 ICN: 30110369084O001
Dates: 12/23/2013 - 12/23/2013 Comment:

PAID APR 03 2014

MR

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

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#
03/31/14	60794

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

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

Case: vs MICRO ANALOG INC
Date Of Injury: 3/26/07

DOS	SERVICE	DESCRIPTION	AMOUNT
01/28/14	WCAB SA	MSC (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/28/14	PMT BY CHECK	DOS 1/28/14* # CP-769308	-485.00

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

OTE: Any and all partial payments received have been aknowledged and clearly eflected in the enclosed statement. However, payments received do not epresent full and final satisfaction. In accordance with CCR Section 10770 ien claimant is hereby seeking recovery of the balance. Demand is hereby made or all medical reports per CCR Section 10608, Current Print Out of Benefits, PN Notices, Completed DWC-1, Application of Adjudication, 4600 Election etter, Depo Transcript and any and all documentary evidence to be utilized in 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 #: **CP-769308**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 03/28/14
Doc #: 028104008

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:		**Claim #:** 05036670			
1	60794	01/28/14	01/28/14	Interpreter fees	1		485.00
						Total Allowances:	**$485.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05036670	485.00	.00	485.00

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:
05036670 INV NO. 60794;

PAID MAR 31 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#
04/04/14	60635

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

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

Case: vs L3 COMMUNICATIONS IEC
Date Of Injury: 7/8/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/08/14	WCAB SA	PRIORITY CONFERENCE LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/25/14	PMT BY CHECK	DOS 1/8/14* # FE46607251	-485.00

BALANCE 00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

OTE: Any and all partial payments received have been aknowledged and clearly eflected in the enclosed statement. However, payments received do not epresent full and final satisfaction. In accordance with CCR Section 10770 ien claimant is hereby seeking recovery of the balance. Demand is hereby made or all medical reports per CCR Section 10608, Current Print Out of Benefits, PN Notices, Completed DWC-1, Application of Adjudication, 4600 Election etter, Depo Transcript and any and all documentary evidence to be utilized in n attempt to defeat this lien.

PDWLDMCD-002991-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 03/25/14
CHECK NO. **FE46607251**

STATEMENT **ESIS**

An Insurance Services Company
ESIS, Inc.

5900C13FE 00 01122 FE46607251
JOYCE ALTMAN INTERPRETERS INC.
PO BOX 4165
TUSTIN CA 92781

FILE ID
5996494127096

DOLLARS
$********485.00

* NOT NEGOTIABLE *

FOR
01/08/14 THRU 01/08/14 60635

CLAIMANT

DATE OF EVENT
07/08/10

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

PAID APR 01 2014

PDWLDMCD-002991-01-01-00

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
04/17/14	60972

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

BILL TO:
REPUBLIC INDEMNITY (ENCINO)
W.C. DEPARTMENT
ATTN: MABELETTE BERMACK
P.O. BOX # 20036
ENCINO, CA 91416-0036

Case: vs COMPUMED, INC.
Date Of Injury: 12/30/02-3/29/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/17/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/28/14	PMT BY CHECK	DOS 2/17/14* # 1000249497	-485.00

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

OTE: Any and all partial payments received have been aknowledged and clearly eflected in the enclosed statement. However, payments received do not epresent full and final satisfaction. In accordance with CCR Section 10770 ien claimant is hereby seeking recovery of the balance. Demand is hereby made or all medical reports per CCR Section 10608, Current Print Out of Benefits, PN Notices, Completed DWC-1, Application of Adjudication, 4600 Election etter, Depo Transcript and any and all documentary evidence to be utilized in n attempt to defeat this lien.

DR0606

2,569

REPUBLIC INDEMNITY COMPANY OF AMERICA
P.O. Box 20036
Encino, CA 91416
818-990-9860

Republic Indemnity

Date: 04/28/2014
Check #: 1000249497
Payment Amount: 485.00

001285 R3N8T1A
Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

PAID MAY 01 2014

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00028167		60972	04/17/2014	02/17/14	02/17/14	485.00	485.00	
	Interpreter For Medical/WCAB							
						Total	485.00	

PLEASE DETACH BEFORE DEPOSITING 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#
05/06/14	60629

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

BILL TO:
AMERICAN ALL-RISK LOSS (FRES)
W.C. DEPARTMENT
ATTN: RON ANTOYAN
P.O. BOX # 9783
FRESNO, CA 93794-9783

Case: vs SPECTRUM LABORATORIES INC
Date Of Injury: 10/27/06

DOS	SERVICE	DESCRIPTION	AMOUNT
01/09/14	WCAB SA	MSC - LAN TRINH # 100303 LANG: VIETNAMESE	485.00
04/03/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
05/01/14	PMT BY CHECK	DOS 1/9/14-4/3/14* # 0000098636	-970.00

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

American All-Risk Loss Administrators, Inc., ITF Clarendon National Insurance Company

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

60629

Remitted to	Vendor ID	Check Number	Date	Internal Reference	Total Remitted	
Joyce Altman Interpreters	6746	0000098636	05/01/2014	CKR-98636	$970.00	Page 1

Claim No: 01129056 **Name:** **Date of Loss: 10/27/2006**

Reference: Comments: Inv 60629 Payment ID: T Claypool

Description for Bill ID 5924638	*From*	*To*	*Amount Charged*	*Net Payable*
Interpreter Fees Medical Services	01/09/14	04/03/14	$ 970.00	970.00

Total payable for bill $ 970.00

TOTAL REMITTANCE $ 970.00

PAID MAY 06 2014

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#
05/06/14	60974

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

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

Case: vs SAIGON AROMA
Date Of Injury: 2/15/12

DOS	SERVICE	DESCRIPTION	AMOUNT
02/19/14	WCAB SA	MSC (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/30/14	PMT BY CHECK	DOS 2/19/14* # 404301	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
SAIGON AROMA, INC.
Claimant

Check No:	404301
Check Amt:	$485.00
Check Date:	04/30/2014
Claimant:	
Soc. Sec. No:	XXX-XX-
Claim No:	0233709-WCMSTR
Date of Loss:	02/15/2012
Adjuster:	Wells, Andrew
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	02/19/2014 To: 02/19/2014
Invoice No:	60974

Payable Comment

PAID MAY 06 2014

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
SAIGON AROMA, INC.
Claimant

Check No:	404301
Check Amt:	$485.00
Check Date:	04/30/2014
Claimant:	
Soc. Sec. No:	XXX-X
Claim No:	0233709-WCMSTR
Date of Loss:	02/15/2012
Adjuster:	Wells, Andrew
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	02/19/2014 To: 02/19/2014
Invoice No:	60974

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#
04/28/14	61004

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

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

Case: vs MEDTRONIC
Date Of Injury: 5/30/12

DOS	SERVICE	DESCRIPTION	AMOUNT
02/27/14	WCAB SA	TRIAL (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/22/14	PMT BY CHECK	DOS 2/27/14* # DA71852704	-485.00

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

OTE: Any and all partial payments received have been aknowledged and clearly eflected in the enclosed statement. However, payments received do not epresent full and final satisfaction. In accordance with CCR Section 10770 ien claimant is hereby seeking recovery of the balance. Demand is hereby made or all medical reports per CCR Section 10608, Current Print Out of Benefits, PN Notices, Completed DWC-1, Application of Adjudication, 4600 Election etter, Depo Transcript and any and all documentary evidence to be utilized in n attempt to defeat this lien.

PDWLDMCD-002576-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 04/22/14

CHECK NO. **DA71852704**

STATEMENT

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

5900A11DA 00 00014 DA71852704
JOYCE ALTMAN INTERPRETERS INC.
PO BOX 4165
TUSTIN CA 92781

FILE ID
494C3074302

DOLLARS
$********485.00

*** NOT NEGOTIABLE ***

FOR
02/27/14 THRU 02/27/14 61004

CLAIMANT

DATE OF EVENT
05/30/12

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

PAID APR 28 2014

MR

PDWLDMCD-002576-01-01-00

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
04/29/14	60796

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

BILL TO:
LIBERTY MUTUAL (GLEND-29073)
W.C. DEPARTMENT
ATTN: TIMOTHY SMITH
P.O. BOX 29073
GLENDALE, CA 91209

Case: vs YOSHINOYA
Date Of Injury: 12/4/08

DOS	SERVICE	DESCRIPTION	AMOUNT
01/27/14	WCAB SA	EXP. HEARING LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/24/14	WCAB SA	EXP. HEARING	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/25/14	PMT BY CHECK	DOS 1/27/14-3/24/14* # 99389206	-970.00

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	99389206	04/25/14
	CHECK AMOUNT ****$970.00	BLOCK NUMBER 007523

OSN: EE2701042505-000759

LAIM #: WC 604-A29337
ONTRACT #: WCJ-Z91-448136-017-92

CONTROL #: 000003082 ID: C12CA15
PROVIDER #: 33095671349011

AYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 12/31/07
EMPLOYEE:

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

ROVIDER:

EMPLOYER: YOSHINOYA WEST
DATES OF SERVICE 01/27/14-03/24/14
LOCATION CODE: 169

60796

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
01/27/14	03/24/14	MISC		970.00	970.00	

NOTE: INV#60796

TOTAL CHARGES	970.00
TOTAL PAYABLE:	970.00
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	970.00

PAID APR 18 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#
04/29/14	60857

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

BILL TO:
SEDGWICK CLAIMS (LEXING-14017)
W.C. DEPARTMENT
ATTN: CHRISTINE GROAT
P.O. BOX 14017
LEXINGTON, KY 40512

Case: vs GE TRANSPORTATION
Date Of Injury: 4/3/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/04/14	C&R READING	@ THE L/O OF NORMAN HOMEN LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/25/14	PMT BY CHECK	DOS 2/4/14* # 0048494196	-485.00

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

OTE: Any and all partial payments received have been aknowledged and clearly eflected in the enclosed statement. However, payments received do not epresent full and final satisfaction. In accordance with CCR Section 10770 ien claimant is hereby seeking recovery of the balance. Demand is hereby made or all medical reports per CCR Section 10608, Current Print Out of Benefits, PN Notices, Completed DWC-1, Application of Adjudication, 4600 Election etter, Depo Transcript and any and all documentary evidence to be utilized in n attempt to defeat this lien.

Sedgwick Claims Management Services, Inc
P.O. Box 14017
Lexington, KY 40512-4017

[redacted]

Electronic Service Requested

PAID APR 29 2014

2 OF 2

ENV 2112

MIXED AADC 926
2112 0.5738 MB 0.432

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

134

DATE	CHECK AMT	CHECK NO.
04/25/2014	485.00	0048494196

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

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

Claimant Name	Loss Date	Claim Number
	04/03/2008	WC100640229

Amt Paid: 485.00 Description: Medical Reimbursement
Amt Billed: 485.00 Invoice: 60857 ICN: 15723512.848
Dates: 02/04/2014-02/04/2014 Comment:

MR

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#
04/29/14	61005

Claim # : 7623345000010X
W.C.A.B.:
ADJ # : .
S.S.N. : XXX-XX-
D.O.B. : 2/25/68
Terms : 45 days

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

Case: vs TIME WARNER CABLE
Date Of Injury: 2/18/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/27/14	WCAB SA	STATUS CONFERENCE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/25/14	PMT BY CHECK	DOS 2/27/14* # FE46736612	-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.

PDWLDMCD-002097-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 04/25/14

CHECK NO. **FE46736612**

STATEMENT **ESIS**

An Insurance Services Company
ESIS, Inc.

5900C13FE 00 00599 FE46736612
JOYCE ALTMAN INTERPRETERS INC.
PO BOX 4165
TUSTIN CA 92781

FILE ID
7623345000010

DOLLARS
$********485.00

* NOT NEGOTIABLE *

FOR
02/27/14 THRU 02/27/14 61005

CLAIMANT

DATE OF EVENT
02/18/11

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

PAID APR 29 2014

PDWLDMCD-002097-01-01-00

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
04/23/14	60633

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

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

Case: vs DIGITAL PRINTING SYSTEMS INC
Date Of Injury: 9/26/07

DOS	SERVICE	DESCRIPTION	AMOUNT
01/07/14	WCAB SA	MSC - LAN TRINH # 100303 LANG: VIETNAMESE	485.00
04/18/14	PMT BY CHECK	DOS 1/7/14* # 0000494917	-485.00

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

OTE: Any and all partial payments received have been aknowledged and clearly eflected in the enclosed statement. However, payments received do not epresent full and final satisfaction. In accordance with CCR Section 10770 ien claimant is hereby seeking recovery of the balance. Demand is hereby made or all medical reports per CCR Section 10608, Current Print Out of Benefits, PN Notices, Completed DWC-1, Application of Adjudication, 4600 Election etter, Depo Transcript and any and all documentary evidence to be utilized in n attempt to defeat this lien.

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

Check Date: 04/18/2014
Check Number: 0000494917
Check Amount: $485.00

DG9Y1K

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, DG9Y1K

00480 JOP1ZS01 1Z 6300016680-6300620402

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID APR 21 2014

Payment Summary

laim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
010-07-04856		09/26/2007	60633	43	01/07/2014	01/07/2014	$485.00

Cat	SubPC	Stub Notes	Stub Amount
3		MISC EXPENSE	$485.00
		INTERPRETER AT WCAB	$0.00
			$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#
04/21/14	60278

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

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

Case: vs ROBINSON PHARMA INC
Date Of Injury: 8/9/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/01/13	PR2/REEVAL	DR ALI @ MEDICAL ARTS LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/13/13	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/24/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/19/14	PMT BY CHECK	DOS 11/1/13-2/24/14* # 800017654	-1455.00
03/07/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/14/14	PMT BY CHECK	DOS 3/7/14* # 800018202	-485.00

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

OTE: Any and all partial payments received have been aknowledged and clearly eflected in the enclosed statement. However, payments received do not epresent full and final satisfaction. In accordance with CCR Section 10770 ien claimant is hereby seeking recovery of the balance. Demand is hereby made or all medical reports per CCR Section 10608, Current Print Out of Benefits, PN Notices, Completed DWC-1, Application of Adjudication, 4600 Election etter, Depo Transcript and any and all documentary evidence to be utilized in n attempt to defeat this lien.

TNUS Insurance Company
CLAIMS ACCOUNT - WESTERN REGION
800 E. Colorado Blvd., Pasadena, CA 91101

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

Claim Number: 210WC0000083934
Policy Number: WC6404823

16-49-6
1220

CONTROL NO. 002025741
CHECK NO. 800018202

Four hundred eighty five and 00/100 Dollars

$ **********$485.00

Date of Issue 04/14/2014
Date of Loss 08/09/2012

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

FOR: /60278

Insured/Claimant
ROBINSON PHARMA, INC.

AUTHORIZED SIGNATURE
VOID AFTER 90 DAYS

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

⑈08000182021⑈ ⑆122000496⑆ 44400066 26⑈

PLEASE DETACH BEFORE DEPOSITING

TNUS Insurance Company
(U.S. Branch)
230 Park Avenue
New York, NY 10169

CHECK NO. 800018202

FROM 03/07/2014 TO 03/07/2014
Inv.#60278

Payment explanations may be mailed to you separately.

MAIL TO

Joyce Altman Interpreters
P.O. Box 4165

Tustin, CA 92781

PAID APR 21 2014

AGENT

WILLIS INSURANCE SERVICES OF CA. INC.
18101 VON KARMAN AVE
STE 600
IRVINE, 7
926120

eod

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

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

*** INVOICE ***

Date	NO#
04/21/14	60635

Claim # : 59964941270962
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/10/58
Terms : 45 days

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

Case: vs L3 COMMUNICATIONS IEC
Date Of Injury: 7/8/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/08/14	WCAB SA	PRIORITY CONFERENCE LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/25/14	PMT BY CHECK	DOS 1/8/14* # FE46607251	-485.00
03/12/14	WCAB SA	STATUS CONFERENCE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/17/14	PMT BY CHECK	DOS 3/12/14* # FE46705059	-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.

PDWLDMCD-002730-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 04/17/14

CHECK NO. **FE46705059**

STATEMENT **ESIS**

An Insurance Services Company
ESIS, Inc.

5900C13FE 00 00943 FE46705059
JOYCE ALTMAN INTERPRETERS INC.
PO BOX 4165
TUSTIN CA 92781

FILE ID
5996494127096

DOLLARS
$********485.00

* NOT NEGOTIABLE *

FOR
03/12/14 THRU 03/12/14 60635

CLAIMANT

DATE OF EVENT
07/08/10

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

PAID APR 21 2014

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
04/15/14	60017

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

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

Case: vs C & D ZODIAC
Date Of Injury: 1/16/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/23/13	PR2/REEVAL	DR MOHEIMANI (SANTA ANA) LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
12/04/13	PR2/REEVAL	DR MOHEIMANI @ COAST SPINE & SPORTS MEDICINE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/11/14	PMT BY CHECK	DOS 1023/13-12/4/13* # 596D 83993695	-970.00

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

OTE: Any and all partial payments received have been aknowledged and clearly eflected in the enclosed statement. However, payments received do not epresent full and final satisfaction. In accordance with CCR Section 10770 ien claimant is hereby seeking recovery of the balance. Demand is hereby made or all medical reports per CCR Section 10608, Current Print Out of Benefits, PN Notices, Completed DWC-1, Application of Adjudication, 4600 Election etter, Depo Transcript and any and all documentary evidence to be utilized in n attempt to defeat this lien.

002371

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

SB01138

896D 83993695

TRAVELERS

DATE: 04/11/14
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB EUJ6286M	10/23/13 - 12/04/13	$ 970.00		60017
	152 CB EUJ8378F	11/04/13 - 02/03/14	$ 2,425.00		60153
			PAID	APR 15 2014	
		Total Amount Paid	$*****3395.00		

11233
- DETACH CHECK

SLIMM 111311
OVRPSUM2-021509

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#
04/15/14	60632

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

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

Case: vs TOSHIBA AMERICAN INFO. SYSTEM
Date Of Injury: 5/28/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/07/14	WCAB SA	STATUS CONFERENCE LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/11/14	PMT BY CHECK	DOS 1/7/14* # 891A 84972978	-485.00

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

OTE: Any and all partial payments received have been aknowledged and clearly eflected in the enclosed statement. However, payments received do not epresent full and final satisfaction. In accordance with CCR Section 10770 ien claimant is hereby seeking recovery of the balance. Demand is hereby made or all medical reports per CCR Section 10608, Current Print Out of Benefits, PN Notices, Completed DWC-1, Application of Adjudication, 4600 Election etter, Depo Transcript and any and all documentary evidence to be utilized in n attempt to defeat this lien.

017272

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

0

891A 84972978

TRAVELERS

DATE: 04/11/14
LOSS DATE: 05/28/09
FILE NUMBER: 152 CB A5T5953 K

EMPLOYEE

ACCOUNT NAME:
TOSHIBA AMERICA INC

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

TRAVELERS CAS & SURETY COMPANY

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 01/07/2014

TOTAL PAID: $485.00
TAX INFO: 330956713331748 1Y
PAY MISC: 60632
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

a
PAID APR 15 2014

MR

FOR ADDITIONAL INFORMATION, CONTACT: DONNA HACKER AT (909)612-3860

021880
DETACH CHECK

UNSHMM 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#
04/14/14	60638

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

BILL TO:
EMPLOYERS (NEVADA)
W.C. DEPARTMENT
ATTN: CHARLYN MILS
P.O. BOX # 539004
HENDERSON, NV 89053-9004

Case: vs ASSOCIATED LABORATORIES INC
Date Of Injury: 10/2/07

DOS	SERVICE	DESCRIPTION	AMOUNT
01/08/14	WCAB SA	MSC - LAN TRINH # 100303 LANG: VIETNAMESE	485.00
04/10/14	PMT BY CHECK	DOS 1/8/14* # 260147369	-485.00

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

OTE: Any and all partial payments received have been aknowledged and clearly eflected in the enclosed statement. However, payments received do not epresent full and final satisfaction. In accordance with CCR Section 10770 ien claimant is hereby seeking recovery of the balance. Demand is hereby made or all medical reports per CCR Section 10608, Current Print Out of Benefits, PN Notices, Completed DWC-1, Application of Adjudication, 4600 Election etter, Depo Transcript and any and all documentary evidence to be utilized in n attempt to defeat this lien.

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Compensation Insurance Company
PO Box 35000 Reno, NV 89511-5000

Check Number: 260147369
Check Date: 04/10/2014

Claim Number: 80700163555
Injured Employee:

Payment Description: Medical Interpreter
Billed Date: 03/20/2014
Service Period: 01/08/2014 through 01/08/2014
Invoice Number: 60638
Billed Amount: $485.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $485.00

Check Total: **$485.00**

PAID APR 14 2014

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#
04/14/14	60821

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

BILL TO:
SEABRIGHT INSURANCE (ORANGE)
W.C. DEPARTMENT
ATTN: EDEN CARBALLO
P.O. BOX # 11027
ORANGE, CA 92856

Case: vs STATEK CORPORATION
Date Of Injury: 11/13/12

DOS	SERVICE	DESCRIPTION	AMOUNT
01/20/14	DEPO PREP	@ THE L/O OF WALL & MCCORMICK LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/10/14	PMT BY CHECK	DOS 1/20/14* # 273970	-485.00

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

OTE: Any and all partial payments received have been aknowledged and clearly eflected in the enclosed statement. However, payments received do not epresent full and final satisfaction. In accordance with CCR Section 10770 ien claimant is hereby seeking recovery of the balance. Demand is hereby made or all medical reports per CCR Section 10608, Current Print Out of Benefits, PN Notices, Completed DWC-1, Application of Adjudication, 4600 Election etter, Depo Transcript and any and all documentary evidence to be utilized in n attempt to defeat this lien.

SeaBright Insurance Company
1501 4th Avenue, Suite 2700
Seattle, WA 98101

Bank of America
101 E Kennedy Blvd 5th Floor
Tampa, FL 33602-5179

63-568 / 631 FL

CHECK NO
273970

4/10/14
LB001001726

PAY Four Hundred Eighty-Five And No/100 Dollars $*******485.00

VOID AFTER SIX MONTHS

TO THE ORDER OF:

60821

Joyce Altman Interpreting
P.O. Box 4165
Tustin, CA 92781-4165

131

AN AGENT OF SeaBright Insurance Company

⑈273970⑈ ⑆063105683⑆00227005359 6⑈

CLAIM ID: LB001001726 DATE OF LOSS: 11/13/12 ACCOUNT: D3
CLAIMANT:
INSURED: Technicorp International II Inc
PAYEE: Joyce Altman Interpreting

INVOICE NO.: 60821
MEMO: 60821

CHECK NO.: 273970
DATE: 4/10/14
AMOUNT: $*******485.00
REF. NO.: 012241791
USER-ID: 31356/LB

	SERVICE DATE	CODE	DESCRIPTION	QTY	UNITS	BILLED	PAID
1	01/20/14	MM	60821	1	lot	485.00	485.0

PAID APR 14 2014

TOTAL 485.00 485.0

Joyce Altman Interpreters, Inc.
P.O. BOX # 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	60154

Claim # : 2012164840
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 11/1/64
Terms : 45 days

BILL TO:
EMPLOYERS (NEVADA)
W.C. DEPARTMENT
ATTN: ALEAASA BIUYETT
P.O. BOX # 539004
HENDERSON, NV 89053-9004

Case: vs BATTERY TECHONOLOGY
Date Of Injury: 2/1/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/05/13	DEPO PREP	@ THE L/O OF TOBIN LUCKS	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
12/23/13	PMT BY CHECK	DOS 11/5/13-11/5/13 #260068141	-485.00
02/14/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/10/14	PMT BY CHECK	DOS 2/14/14* # 260124103	-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.

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Compensation Insurance Company
PO Box 35000 Reno, NV 89511-5000

Check Number: 260124103
Check Date: 03/10/2014

Claim Number: 2009132009
Injured Employee:

Payment Description: Medical Interpreter
Billed Date: 03/07/2014
Service Period: 02/28/2011 through 02/28/2011
Invoice Number: 42910
Billed Amount: $125.00
Comments: MD In Full and Final Satisfaction of Lien

Account Number: n/a
Document Number: n/a
Paid Amount: $125.00

Claim Number: 2012164840
Injured Employee:

Payment Description: Interpreter
Billed Date: 02/25/2014
Service Period: 02/14/2014 through 02/14/2014
Invoice Number: 60154
Billed Amount: $485.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $485.00

Check Total: **$610.00**

PAID MAR 12 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#
03/04/14	60300

Claim # : 30100659359
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 8/14/71
Terms : 45 days

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

Case: vs ST JOSEPH HERITAGE HEALTHCARE
Date Of Injury: 3/1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/14/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/29/14	WCAB SA	EXP. HEARING LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/05/14	C&R READING	@ THE L/O OF NORMAN HOMEN LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/19/14	PMT BY CHECK	DOS 11/14/13-1/29/14* # 0042960533	-970.00
02/27/14	PMT BY CHECK	DOS 2/5/14* # 0042960857	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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P6905028006

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

201402270111

Electronic Service Requested

PAID MAR 0 4 2014

1 OF 1

ENV 842

MIXED AADC 926
842 0.3820 MB 0.432

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

117

DATE	CHECK AMT	CHECK NO.
02/27/2014	485.00	0042960857

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

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

Claimant Name	Loss Date	Claim Number
	03/01/2009	30100659359-0001

60300

Amt Paid: 485.00 Description:
Amt Billed: 485.00 Invoice: 60300
Dates: 02/05/2014-02/05/2014 Comment:

ICN: 301006593590001

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#
03/04/14	60452

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: ROSE VALENZUELA
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs HI SHEAR CORP/LISI AEROSPACE
Date Of Injury: 08/04/09

DOS	SERVICE	DESCRIPTION	AMOUNT
12/04/13	WCAB SA	MSC (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/27/14	PMT BY CHECK	DOS 12/4/13* # 1102603295	-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.

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

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

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

00302

PAID MAR 04 2014

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0213345 001 DW	WC 9378224	60452		08/04/09	12/04/13-12/04/13

Check Number	1102603295	Date Issued	02/27/14	Amount	$****485.00
Insured	Hi-Shear Corporation Inc				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Mohanalakshm CG-Kanniappa				
File Supervisor	Rose X. Valenzuela	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	485.00		
TOTAL	$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#
02/24/14	60440

Claim # :
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: JOSE VALDEZ
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs EDWARDS LIFE SCIENCES CORP
Date Of Injury: 1/10/06

DOS	SERVICE	DESCRIPTION	AMOUNT
11/25/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/18/14	PMT BY CHECK	DOS 11/25/13* # 896D 83713700	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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019132

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

SA09503

896D 83713700

TRAVELERS

DATE: 02/18/14
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 PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB ESB6325P	11/25/13	$ 485.00		60440
	152 CB F9Y9521A	11/26/13 - 12/18/13	$ 485.00		60441
				PAID FEB 24 2014	
Total Amount Paid			$******970.00		

9009629
DETACH CHECK

SUMM 111311
OVRPSUM2-021509
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#
02/21/14	60295

Claim # : 494C1964215
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 10/13/59
Terms : 45 days

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

Case: vs DELTA AIRLINES
Date Of Injury: 3/31/07-10/19/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/12/13	STIPULATION	@ THE L/O OF NORMAN HOMEN LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/18/14	PMT BY CHECK	DOS 11/12/13* # DA71496597	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PDWLDMCD-003223-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 02/18/14

CHECK NO. **DA71496597**

STATEMENT

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

5900A11DA 00 01648 DA71496597
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX #4165
TUSTIN CA 92781-4165

FILE ID
494C1964215

DOLLARS
$********485.00

* NOT NEGOTIABLE *

FOR
11/12/13 THRU 11/12/13 60295

CLAIMANT

DATE OF EVENT
10/19/10

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

PAID FEB 21 2014

MP

PDWLDMCD-003223-01-01-00

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
12/13/13	59923

Claim # : WC10090305
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 5/16/51
Terms : 45 days

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

Case: vs SOLAR ELECTRIC
Date Of Injury: 5/22/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/14/13	DEPO PREP	@ THE L/O OF DENNIS FUSI (LANG: KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
12/11/13	PMT BY CHECK	DOS 10/14/13 # 8814560772	-485.00

BALANCE 0.00

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

December 11, 2013

TRUCK INSURANCE EXCHANGE

Check Number: 8814560772
Date: 12/11/2013

Amount: $485.00******

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

59923

Claimant/Patient:			
Insured:	SOLAR ELECTRIC CONSTRUCTION		
Date of Loss:	05/22/2012	Claim Representative:	Breanne Skinner
Claim Number:	WC10090305	Office Phone Number:	8185402224
Correspondence Reference:	1H4HMPMZN		

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	Payment For	Paid Amount
10/14/13 - 10/14/13	Medical - Claimant Legal Report	$485.00

PAID DEC 13 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#
03/12/14	60301

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

BILL TO:
GALLAGHER BASSETT/GAB ROBBINS
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 4200
RANCHO CUCAMONGA, CA 91729

Case: vs CVS
Date Of Injury: 3/11/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/14/13	WCAB SA	MSC (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/05/14	PMT BY CHECK	DOS 11/14/13* # 0108000309	-485.00

BALANCE 0.00

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

0102280 01 RE 0.432 **AUTO T1 1 1543 92781 -P02282

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

PAID MAR 12 2014

DIRECT INQUIRIES TO:

PHONE: 1-909-581-1919
GALLAGHER BASSETT-LA/ONTA
PO BOX 4200
RANCHO CUCAMONGA CA 91729-4200

CVS PHARMACY, INC.

CLAIM NO. 007197 072868 WC 01

CLAIMANT:

DESCRIPTION: INVOICE 60301

DATE OF SERVICE: 14-Nov-2013 TO 14-Nov-2013

BRANCH NO. 164

ACC. DATE 11-Mar-2009

CHECK NO. 0108000309

VN. 0002591556

DATE: 05-Mar-2014

PAYMENT AMOUNT: $485.00

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0108000309 ATTACHED 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#
02/27/14	60300

Claim # : 30100659359
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/14/71
Terms : 45 days

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

Case: vs ST JOSEPH HERITAGE HEALTHCARE
Date Of Injury: 3/1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/14/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/29/14	WCAB SA	EXP. HEARING LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/05/14	C&R READING	@ THE L/O OF NORMAN HOMEN LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/19/14	PMT BY CHECK	DOS 11/14/13-1/29/14* # 0042960533	-970.00

BALANCE 485.00

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P690502800b

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

201402190160

Electronic Service Requested

1 OF 1

ENV 1042

MIXED AADC 926
1042 0.3820 MB 0.432

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

129

DATE	CHECK AMT	CHECK NO.
02/19/2014	970.00	0042960533

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

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

Claimant Name	Loss Date	Claim Number
	03/01/2009	30100659359-0001

60300

Amt Paid: 970.00 Description:
Amt Billed: 970.00 Invoice: 60300
Dates: 11/14/2013-01/29/2014 Comment:

ICN: 301006593590001

PAID FEB 24 2014

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#
04/17/14	60453

Claim # : SJ193055
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 1/1/53
Terms : 45 days

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

Case: vs TMAD ENGINEERS
Date Of Injury: 10/30/92

DOS	SERVICE	DESCRIPTION	AMOUNT
12/12/13	C&R READING	@ THE L/O OF NORMAN HOMEN LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/18/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
04/11/14	PMT BY CHECK	DOS 12/12/13* # CS-492909	-485.00

BALANCE 485.00

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Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: **CS-492909**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 04/11/14
Doc #: 028157155

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** SJ193055		
1	60453	12/12/13	12/12/13	Interpreter fees	1		485.00
					Total Allowances:		**$485.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
SJ193055	485.00	.00	485.00

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.

PAID APR 14 2014

Notations:
SJ193055 INVOICE # 60453;

MR

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#
10/03/14	60017

Claim # : EUJ6286
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 11/1/75
Terms : 45 days

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

Case: vs C & D ZODIAC
Date Of Injury: 1/16/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/23/13	PR2/REEVAL	DR MOHEIMANI (SANTA ANA) LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
12/04/13	PR2/REEVAL	DR MOHEIMANI @ COAST SPINE & SPORTS MEDICINE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/11/14	PMT BY CHECK	DOS 1023/13-12/4/13* # 596D 83993695	-970.00
07/24/14	WCAB SA	STATUS CONFERENCE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
09/26/14	PMT BY CHECK	DOS 7/24/14* # 896D 84863827	-485.00

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

SB00263

896D 84863827

TRAVELERS

DATE: 09/26/14
LOSS DATE: 01/16/13
FILE NUMBER: 152 CB EUJ6286 M

EMPLOYEE

ACCOUNT NAME:
C & D ZODIAC, INC.

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

TRAVELERS PROP CAS CO OF AMERIC 60017

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 07/24/2014

TOTAL PAID: $485.00
TAX INFO: 330956713331748 1Y
PAY MISC: 66017
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

G

PAID OCT 08 2014

FOR ADDITIONAL INFORMATION, CONTACT: KAELA HART AT (909)612-3840

269010283
DETACH CHECK

UNSUMM OVRFUNS2:1212
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#
10/24/14	61791

Claim # : 040509060297
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 1/1/41
Terms : 45 days

BILL TO:
CHUBB GROUP OF INS. CO. (LA)
W.C. DEPARTMENT
ATTN: IRINA MATCHIE
P.O. BOX 30850
LOS ANGELES, CA 90030

Case: vs US TRAFFIC CORP
Date Of Injury: 1/13/05

DOS	SERVICE	DESCRIPTION	AMOUNT
04/30/14	WCAB SA	STATUS CONFERENCE LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/07/14	PMT BY CHECK	DOS 4/30/14* # 9238654 CHUBB	-485.00
09/24/14	WCAB SA	STATUS CONFERENCE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/21/14	PMT BY CHECK	DOS 9/24/14* # 828231 CHUBB	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 3rd Floor
Los Angeles, CA 90071-2427

Payment Summary

Claim Ref #: 040509060297
Policy: 000071707613
Occurence: 000380
Date of Loss: 01/13/2005
SSN#/TIN#: XXXXXXXXXX
Payee: JOYCE ALTMAN INTERPRETERS

Page: 1 of 1
Check Number: 828231
Print Date: 10/22/2014
Issue Date: 10/21/2014

Insured: U.s. Traffic

DATE	CLAIMANT	DESCRIPTION	AMOUNT
09/24/2014-09/24/2014		Translator	485.00

PAID OCT 24 2014

Comments: DOS: 9/24/14 Inv# 61791 v US Traffic) lv

CHECK TOTAL: 485.00

Claim Representative: IRINA MATCHIE

Phone: (213)612-5637

Joyce Altman Interpreters, Inc.
P.O. BOX # 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	60946

Claim # : 20061384777
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 12/9/50
Terms : 45 days

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

Case: vs KIMCO
Date Of Injury: 8/30/04

DOS	SERVICE	DESCRIPTION	AMOUNT
02/11/14	WCAB SA	MSC (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/26/14	WCAB SA	STATUS CONFERENCE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/02/14	PMT BY CHECK	DOS 2/11/8/26/14* # 330077465	-970.00

BALANCE 0.0(

* 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.

Kimco Staffing Services, Inc.
Sedgwick CMS Inc.
Workers Compensation Account
P.O. Box 14522
Lexington, KY 40512-4522

DATE	CHECK AMT	CHECK NO.
10/02/2014	970.00	330077465

PAYEE	TAX ID
JOYCE ALTMAN	

SCMS UNIT	PAGE
033 KIMCO - WC Van Nuys Office	001

*000359 0330077465 00001 OF 00001 OCM 141002 1243

JOYCE ALTMAN
PO BOX 4165
TUSTIN, CA 92781

Claimant Name	Loss Date	Claim Number	SSN

FACILITY: Kimco Staffing Services Inc./KimstaffHR Inc
ACCOUNT NUMBER:

Amt Paid: 970.00
Amt Billed: 970.00
Dates: 02/11/2014 - 08/26/2014

12/10/2004 2006138777
Description: Other Medical
Invoice: 60946
ICN:
Comment:

PAID OCT 06 2014

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#
10/07/14	60670

Claim # : 30110369084
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 10/12/73
Terms : 45 days

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

Case: vs WALGREENS
Date Of Injury: 3/21/11

DOS	SERVICE	DESCRIPTION	AMOUNT
12/23/13	WCAB SA	MSC - LAN TRINH # 100303 LANG: VIETNAMESE	485.00
03/31/14	PMT BY CHECK	DOS 12/23/13* # 0001212124	-485.00
08/20/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/01/14	PMT BY CHECK	DOS 8/20/14* # 0001303622	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Sedgwick Claims Management Services, Inc
P O Box 14433
Lexington, KY 40512-4433

DATE	CHECK AMT	CHECK NO.
10/01/2014	485.00	0001303622

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

SCMS UNIT	PAGE
218 Sedgwick Claims Management Services	001

*004400 0001303622 00001 OF 00001 OAM 141001 1117

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

60670

Claimant Name	Loss Date	Claim Number	SSN
	03/21/2011	30110369084-0001	

Amt Paid: 485.00
Amt Billed: 485.00
Dates: 08/20/2014 - 08/20/2014

Description: Miscellaneous Medical
Invoice:
ICN: 164056145.338
Comment:

PAID OCT 07 2014

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#
10/13/14	61407

Claim # : SAC0000151536
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 8/6/56
Terms : 45 days

BILL TO:
LWP CLAIMS SOLUTION (SAC)
W.C. DEPARTMENT
ATTN: LYNN VEGA
P.O. BOX 349016
SACRAMENTO, CA 95834

Case: vs GOLDEN STATE OVERNIGHT DELIVER
Date Of Injury: 8/15/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/14/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303 LANG: (VIETNAMESE)	0.00
06/13/14	PMT BY CHECK	DOS 4/14/14* # 17195	-485.00
08/26/14	WCAB SA	STATUS CONFERENCE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/09/14	PMT BY CHECK	DOS 4/14/14-8/26/14* # 18159	-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.

Golden State Overnight Delivery Service Inc
Administered by: LWP Claims Solutions, Inc.
PO Box 349016, Sacramento, CA 95834
FOR: Golden State Overnight

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

11-24
1210(8)

CHECK NO. 18159

DATE
10/09/2014

$485.00

VOID AFTER 180 DAYS

PAY Four Hundred Eighty-Five & 00/100 Dollars

TO THE ORDER OF

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

Judy Adlam
Signature

⑈00018159⑈ ⑆121000248⑆4121125843⑈

CLAIM NUMBER	CLAIMANT	LOSS DATE	INVOICE NUMBER	SERVICE DATES
0000151536		08/15/2013	61407	04/14/2014 - 08/26/2014

Reference: **BR# LWPSPB4755009*
Comments: **ImgID 4755009*

Service	Service Dates	Amount Paid
Interpretation (depositions-le	04/14/2014 - 08/26/2014	485.00

PAID OCT 13 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#
10/21/14	62685

Claim # : 003473-000873-WC01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 10/27/70
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (SAC-255397)
W.C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX # 255397
SACRAMENTO, CA 95865

Case: vs ORTHODYNE ELECTRONICS
Date Of Injury: 11/3/10

DOS	SERVICE	DESCRIPTION	AMOUNT
06/19/14	WCAB SA	STATUS CONFERENCE LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/18/14	DEPO PREP	@ THE L/O OF ADELSON, TESTAN & BRUNDO	485.00
/ /	INTERPRETER:	CHRIS NGUYEN # 301524	0.00
10/14/14	PMT BY CHECK	DOS 6/19/14* # 0113248100	-970.00

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.

MDG2009 00004653 1 MB 0435 1

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

PAID OCT 21 2014

GALLAGHER BASSETT SERVICES INC
FOR XL INSURANCE COMPANY

DIRECT CHECK INQUIRIES TO:
PHONE: 916-929-7581
GB-SACRAMENTO (REGIONAL)
P.O. BOX 255397
SACRAMENTO CA 95865-5397

CLAIM NO.: 003473 000873 WC 01 (506898905)
CLAIMANT:
DESCRIPTION: INV# 62685

DATES OF SERVICE: 19Jun14 **THRU** 18Jul14
BENEFIT PERIOD: **THRU**

BRANCH NO.: 011
ACC DATE: 03Nov10

NO.: 0113248100
VN: 0000092647
DATE: 14Oct14
AMOUNT: 970.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004653 005360 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#
11/05/14	60974

Claim # : 0233709-WCMSTR
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 7/29/58
Terms : 45 days

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

Case: vs SAIGON AROMA
Date Of Injury: 2/15/12

DOS	SERVICE	DESCRIPTION	AMOUNT
02/19/14	WCAB SA	MSC (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/30/14	PMT BY CHECK	DOS 2/19/14* # 404301	-485.00
04/30/14	WCAB SA	MSC (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
09/10/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
10/31/14	PMT BY CHECK	DOS 2/19/14-9/10/14* # 430928	-970.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
SAIGON AROMA, INC.
Claimant

Check No:	430928
Check Amt:	$970.00
Check Date:	10/31/2014
Claimant:	
Soc. Sec. No:	XXX-XX-
Claim No:	0233709-WCMSTR
Date of Loss:	02/15/2012
Adjuster:	Bradley, Glendon
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	02/19/2014 To: 09/10/2014
Invoice No:	

Payable Comment

PAID NOV 05 2014

60974

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
SAIGON AROMA, INC.
Claimant

Check No:	430928
Check Amt:	$970.00
Check Date:	10/31/2014
Claimant:	
Soc. Sec. No:	XXX-XX-8440
Claim No:	0233709-WCMSTR
Date of Loss:	02/15/2012
Adjuster:	Bradley, Glendon
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	02/19/2014 To: 09/10/2014
Invoice No:	

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#
10/28/14	63336

Claim # : 000735000346WC01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 7/14/49
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (OR-14260)
W.C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs MERCEDES BENZ USA
Date Of Injury: 7/31/07

DOS	SERVICE	DESCRIPTION	AMOUNT
08/21/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/23/14	PMT BY CHECK	DOS 8/21/14* # 0113476170	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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GALLAGHER BASSETT-LA/ORANGE CA
P.O. BOX 14260
ORANGE CA 92863-1260

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

PRAD OCT 28 2014

GALLAGHER BASSETT SERVICES INC
FOR AMERICAN HOME ASSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 800-297-0866
GALLAGHER BASSETT-LA/ORANGE CA
P.O. BOX 14260
ORANGE CA 92863-1260

63336

CLAIM NO.: 000735 000346 WC 01 (10)
CLAIMANT:
DESCRIPTION: LEGAL INTERPRETING SERVICES, 8/21/14 INV# 63336

BRANCH NO.: 138
ACC DATE: 31Jul07

NO.: 0113476170
VN: 0000017431
DATE: 23Oct14

DATES OF SERVICE: 21Aug14 **THRU** 21Aug14
BENEFIT PERIOD: **THRU**

AMOUNT: 485.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004483 005082 002 002

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

*** INVOICE ***

Date	NO#
08/25/14	60797

Claim # : WC0000091012
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 1/13/64
Terms : 45 days

BILL TO:
TOKIO MARINE
W.C. DEPARTMENT
ATTN: PEGGY LUI
P.O. BOX 7127
PASADENA, CA 91109

Case: vs HOCHIKI AMERICA CORPORATION
Date Of Injury: 4/25/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/27/14	DEPO PREP	@ THE L/O OF NORMAN HOMEN LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/13/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/16/14	PMT BY CHECK	DOS 1/27/14-3/13/14* # 800111644	-970.00
07/02/14	WCAB SA	PRIORITY CONFERENCE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/20/14	PMT BY CHECK	DOS 7/2/14* # 800113750	-485.00

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

OTE: Any and all partial payments received have been aknowledged and clearly eflected in the enclosed statement. However, payments received do not epresent full and final satisfaction. In accordance with CCR Section 10770 ien claimant is hereby seeking recovery of the balance. Demand is hereby made or all medical reports per CCR Section 10608, Current Print Out of Benefits, PN Notices, Completed DWC-1, Application of Adjudication, 4600 Election etter, Depo Transcript and any and all documentary evidence to be utilized in n attempt to defeat this lien.

Trans Pacific Insurance Company
CLAIMS ACCOUNT - WESTERN REGION
00 E. Colorado Blvd., Pasadena, CA 91101

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

aim Number: 10WC0000091012
Policy Number: WC6403329

16-49-6 / 1220

CONTROL NO. 002096679
CHECK NO. 800113750

Four hundred eighty five and 00/100 Dollars

$ **********$485.00

Date of Issue 08/20/2014
Date of Loss 04/25/2011

AY TO
HE
RDER
F

JOYCE ALTMAN INTERPRETERS

PAID AUG 25 2014

OR: /60797
sured/Claimant
OCHIKI AMERICA CORPORATION

AUTHORIZED SIGNATURE
VOID AFTER 90 DAYS

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

⑈0800113750⑈ ⑆122000496⑆ 13914723⑈

PLEASE DETACH BEFORE DEPOSITING

Trans Pacific Insurance Company
230 Park Avenue
New York, NY 10169

CHECK NO. 800113750

FROM 07/02/2014 TO 07/02/2014
Inv.#60797

Payment explanations may be mailed to you separately..

MAIL TO
Joyce Altman Interpreters
P.O. Box 4165

Tustin, CA 92781

AGENT
AEGIS RISK MANAGEMENT INS. SERVICES INC
3424 CARSON STREET
SUITE 300
TORRANCE, 7
905035

eod

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

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

*** INVOICE ***

Date	NO#
10/03/14	60295

Claim # : 494C1964215
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 10/13/59
Terms : 45 days

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

Case: vs DELTA AIRLINES
Date Of Injury: 3/31/07-10/19/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/12/13	STIPULATION	@ THE L/O OF NORMAN HOMEN LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/18/14	PMT BY CHECK	DOS 11/12/13* # DA71496597	-485.00
06/12/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/13/14	PMT BY CHECK	DOS 6/12/14* # DA72532099	-485.00
07/15/14	PR2/REEVAL	DR POSPOSIL (LONG BEACH)	485.00
/ /	INTERPRETER:	VIET TRAN # 301678	0.00
09/29/14	PMT BY CHECK	DOS 7/15/14* # DA72797406	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 09/29/14

CHECK NO. **DA72797406**

STATEMENT

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

5900A11DA 00 00398 DA72797406
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX #4165
TUSTIN CA 92781-4165

FILE ID
494C1964215

DOLLARS
$*********485.00

*** NOT NEGOTIABLE ***

FOR
07/15/14 THRU 07/15/14 60295

CLAIMANT

DATE OF EVENT
10/19/10

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

PAID 09/08/2014

PDMLDMCD-001573-01-01-00

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
08/05/14	61789

Claim # : 710686778
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 10/7/62
Terms : 45 days

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

Case: vs STATE STREET CORPORATION
Date Of Injury: 2/1/07 - 2/26/10

DOS	SERVICE	DESCRIPTION	AMOUNT
04/21/14	WCAB SA	STATUS CONFERENCE (VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/30/14	PMT BY CHECK	DOS 4/21/14* # 26782468 1	-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.

P4000028000

20140730413

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

Electronic Service Requested

SINGLE PIECE
103 1.5596 SP 0.690

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

Check No.: 26782468
RFP No.: 130463
Check Date: 07/30/2014
Check Amount: 485.00
Insured: STATE STREET CORPORATION

Claimant:

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

Payee Name: JOYCE ALTMAN INTERPRETERS INC

61789

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000060169453	00686778	01	02/26/2010	MED	O	485.00
					Total Amount	485.00

Reason for Payment
ORG: 485.00 042114-042114

Use File # 710/ 00686778 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID AUG 02 2014

ENV 103 5 OF 7 F

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

*** INVOICE ***

Date	NO#
08/12/14	61785

Claim # : YMQ02177C
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 8/27/63
Terms : 45 days

BILL TO:
THE HARTFORD (LEXINGTON-14475)
W.C. DEPARTMENT
ATTN: TONY LE
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs ADVANCE UV
Date Of Injury: 6/14/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/25/14	DEPO PREP	@ THE L/O OF NORMAN HOMEN (VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/06/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/05/14	PMT BY CHECK	DOS 4/25/14-5/6/14* # 122687301 4	-970.00

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.

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

THE HARTFORD

000862
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00873

Attention: This remittance incorporates 1 claim payments

61785

Special Handling ID: RM 00

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
61785 06-14-13	72WE DW0378 YMQC 02177	ADVANCED UV, INC.		$970.00
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Source Payment	Service Dates 04-25-2014 05-06-2014	$970.00

Claim Handler: Ashley Kleinau
866/401-9222
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

PAID AUG 12 2014

Additional Comments:

NF

Please keep the above information for your records.

000012 1226873014

HAR-100-2

104727959

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

56-1544
441

Check Number: 122687301 4
Issue Date: 08-05-2014
Benefit Period: 04-25-2014 to 05-06-2014

$**********970.00

JPMorgan Chase Bank, N.A.
Columbus, OH 43085

Pay

NINE HUNDRED SEVENTY DOLLARS AND 00/100

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

Robert W Paris
Authorized Signature

⑈122687301 4⑈ ⑆044115443⑆ 632559738⑈

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

*** INVOICE ***

Date	NO#
08/11/14	60623

Claim # : 047509052943
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 2/19/61
Terms : 45 days

BILL TO:
CHUBB GROUP OF INS. CO. (LA)
W.C. DEPARTMENT
ATTN: DAVID TAFFY
P.O. BOX 30850
LOS ANGELES, CA 90030

Case: _____ vs MASIMO CORPORATION
Date Of Injury: 4/2/08

DOS	SERVICE	DESCRIPTION	AMOUNT
12/17/13	WCAB SA	MSC - LAN TRINH # 10030 LANG: VIETNAMESE	485.00
03/17/14	PMT BY CHECK	DOS 12/17/13* # 8990847	-485.00
03/19/14	WCAB SA	MSC -LAN TRINH # 100303	485.00
03/27/14	WCAB SA	CONFERENCE (SIGNED STIP)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/14/14	PMT BY CHECK	DOS 3/19/14* # 693514	-156.50
04/17/14	PMT BY CHECK	DOS 12/17/13-3/27/14* # 9065269	-813.50
06/24/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS FUTURE MED	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/06/14	PMT BY CHECK	DOS 6/24/14* # 659077	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 3rd Floor
Los Angeles, CA 90071-2427

Payment Summary

Claim Ref#: 047509052943
Policy: 000071711521
Occurence: 000023
Date of Loss: 09/24/2009
SSN#/TIN#: XXXXXXXXXX
Payee: JOYCE ALTMAN INTERPRETERS

Page: 1 of 1
Check Number: 659077
Print Date: 08/07/2014
Issue Date: 08/06/2014

Insured: Masimo Corporation

DATE	CLAIMANT	DESCRIPTION	AMOUNT
06/24/2014-		Translator	485.00

PAID AUG 11 2014

Comments: Invoice No: 60623; Date of Service: 6/24/14; Invoice Date: 8/1/14; MP

CHECK TOTAL: 485.00

Claim Representative: DAVID TAFFI

Phone: (213)612-5419

Joyce Altman Interpreters, Inc.
P.O. BOX # 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 61328

Claim # : EWJ6399
W.C.A.B.:
ADJ # : [redacted]
S.S.N. : XXX-XX-
D.O.B. : 5/23/55
Terms : 45 days

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

Case: [redacted] vs C&D ZODIAC
Date Of Injury: 7/20/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/14/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT.	485.00
/ /	INTERPRETER:	LAN TRINH # 100303 LANG: VIETNAMESE	0.00
04/18/14	PR2/REEVAL	DR BERNSTEIN @ IPM	485.00
/ /	INTERPRETER:	THACH NGUYEN # 100147	0.00
05/16/14	DEPO PREP	@ THE L/O OF NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/14/14	PR2/REEVAL	DR BERNSTEIN @ IPM	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/09/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/13/14	PR2/REEVAL	DR BERNSTEIN @ IPM	485.00
/ /	INTERPRETER:	THE VIN TRAN # 100026	0.00
08/25/14	PMT BY CHECK	DOS 3/14/14-6/13/14* # 896d 84699109	-2910.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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014093

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

SA06987

896D 84699109

TRAVELERS

DATE: 08/25/14
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB EUJ6290R	01/06/14 - 06/16/14	$ 4,365.00		60621
	152 CB EWJ6399H	03/14/14 - 06/13/14	$ 2,910.00		61328
				PAID AUG 29 2014	
		Total Amount Paid	$*****7275.00		

37007106
DETACH CHECK

SUMM OVRPSUM2-021

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#
09/02/14	62071

Claim # : 009500000306330001
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 8/3/64
Terms : 45 days

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

Case: [redacted] vs FIRST STUDENT
Date Of Injury: 9/8/08

DOS	SERVICE	DESCRIPTION	AMOUNT
05/22/14	WCAB SA	STATUS CONFERENCE LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/08/14	PMT BY CHECK	DOS 5/22/14* # 0000846486	-485.00
07/24/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
08/27/14	PMT BY CHECK	DOS 7/24/14* # 0000860802	-485.00

BALANCE 0.00

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

DATE	CHECK AMT	CHECK NO.
08/27/2014	485.00	0000860802

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

SCMS UNIT	PAGE
234 Sedgwick Claims Management Services	001

*004533 0000860802 00001 OF 00001 OAM 140827 1102

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

Claimant Name	Loss Date	Claim Number	SSN
	09/08/2008	009500000306330001	

Amt Paid: 485.00
Amt Billed: 485.00
Dates: 07/08/2014 - 07/24/2014
Description:
Invoice: 62071
Comment:
ICN: 009500000306330001

PAID SEP 02 2014

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#
09/09/14	60301

Claim # : 007197-072868-WC-01
W.C.A.B.:
ADJ # : [redacted]
S.S.N. : XXX-XX-
D.O.B. : 6/15/50
Terms : 45 days

BILL TO:
GALLAGHER BASSETT/GAB ROBBINS
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 4200
RANCHO CUCAMONGA, CA 91729

Case: [redacted] vs CVS
Date Of Injury: 3/11/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/14/13	WCAB SA	MSC (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/05/14	PMT BY CHECK	DOS 11/14/13* # 0108000309	-485.00
03/19/14	WCAB SA	TRIAL	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/21/14	STIPULATION	@ THE L/O OF NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/02/14	WCAB SA	TRIAL - LAN TRINH # 100303	485.00
09/02/14	PMT BY CHECK	DOS 3/19/14-6/2/14* # 0112247674	-1455.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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GALLAGHER BASSETT-LA/ONTARIO
PO BOX 4200
RANCHO CUCAMONGA CA 91729-4200

0102312 01 RE 0.432 **AUTO T0 1 1670 92781 -P02314

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

PAID SEP 09 2014

DIRECT INQUIRIES TO:

PHONE: 1-909-581-1919
GALLAGHER BASSETT-LA/ONTA
PO BOX 4200
RANCHO CUCAMONGA CA 91729-4200

6301

CVS PHARMACY, INC.

CLAIM NO. 007197 072868 WC 01

CLAIMANT:

DESCRIPTION: INVOICE 6301

DATE OF SERVICE: 19-Mar-2014 TO 02-Jun-2014

BRANCH NO. 164

ACC. DATE 11-Mar-2009

CHECK NO. 0112247674

VN. 0002729847

DATE: 02-Sep-2014

PAYMENT AMOUNT: $1,455.00

RE0102312-0001_of_0002 1670-0002568 (G26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0112247674 ATTACHED 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#
09/08/14	60278

Claim # : WC83934
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 5/3/75
Terms : 45 days

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

Case: vs ROBINSON PHARMA INC
Date Of Injury: 8/9/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/01/13	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
		LANG: VIETNAMESE	
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/13/13	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/24/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/19/14	PMT BY CHECK	DOS 11/1/13-2/24/14*	-1455.00
		# 800017654	
03/07/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/14/14	PMT BY CHECK	DOS 3/7/14* # 800018202	-485.00
05/02/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/08/14	PMT BY CHECK	DOS 5/2/14* # 800019811	-485.00
06/03/14	WCAB SA	EXP. HEARING	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/13/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/12/14	PMT BY CHECK	DOS 11/1/13-6/13/14*	-970.00
		# 800020669	
07/07/14	WCAB SA	EXP. HEARING	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
09/02/14	PMT BY CHECK	DOS 7/7/14* # 800021173	-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#
09/08/14	60278

Claim # : WC83934
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 5/3/75
Terms : 45 days

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

Case: vs ROBINSON PHARMA INC
Date Of Injury: 8/9/12

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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TNUS Insurance Company
CLAIMS ACCOUNT - WESTERN REGION
800 E. Colorado Blvd., Pasadena, CA 91101

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

Claim Number: 210WC0000083934
Policy Number: WC6404823

16-49-6
1220

CONTROL NO. 002102408
CHECK NO. 800021173

Four hundred eighty five and 00/100 Dollars

$ **********$485.00

Date of Issue 09/02/2014
Date of Loss 08/09/2012

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

FOR: /60278

Insured/Claimant
ROBINSON PHARMA, INC.

AUTHORIZED SIGNATURE
VOID AFTER 90 DAYS

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

⑈800021173⑈ ⑆122000496⑆ 4400066626⑈

PLEASE DETACH BEFORE DEPOSITING

TNUS Insurance Company
(U.S. Branch)
230 Park Avenue
New York, NY 10169

CHECK NO. 800021173

FROM 07/07/2013 TO 07/07/2014
Inv.#60278

Payment explanations may be mailed to you separately

PAID SEP 08 2014

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

AGENT
WILLIS INSURANCE SERVICES OF CA. INC.
18101 VON KARMAN AVE
STE 600
IRVINE, 7
926120

eod

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

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

*** INVOICE ***

Date	NO#
09/15/14	60633

Claim # : 10100704856
W.C.A.B.:
ADJ # :
S.S.N. : XXX-X[illegible]
D.O.B. : 12/6/46
Terms : 45 days

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

Case: [illegible] vs DIGITAL PRINTING SYSTEMS INC
Date Of Injury: 9/26/07

DOS	SERVICE	DESCRIPTION	AMOUNT
01/07/14	WCAB SA	MSC - LAN TRINH # 100303 LANG: VIETNAMESE	485.00
04/18/14	PMT BY CHECK	DOS 1/7/14* # 0000494917	-485.00
04/29/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
07/15/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
09/10/14	PMT BY CHECK	DOS 4/29/14-7/15/14* # 0000604164	-970.00

BALANCE 0.0[illegible]

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

Check Date: 09/10/2014
Check Number: 0000604164
Check Amount: $970.00

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, M7T12N

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID SEP 15

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amou
1010-07-04856		09/26/2007	60633	43	04/29/2014	07/15/2014	$970.(

Cat	SubPC	Stub Notes	Stub Amour
		WCAB	$0.0
43		MISC EXPENSE	$970.0
			$970.0

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

*** INVOICE ***

Date	NO#
09/12/14	60944

Claim # : 710234581
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 9/19/44
Terms : 45 days

BILL TO:
CHARTIS/AIG (COSTA MESA-25977)
W.C. DEPARTMENT
ATTN: KIMBERLY KELLER
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs PRINTEGRA CORPORATION
Date Of Injury: 3/10/06

DOS	SERVICE	DESCRIPTION	AMOUNT
02/11/14	WCAB SA	MSC (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/10/14	PMT BY CHECK	DOS 2/11/14* # 26256906	-485.00
05/12/14	C&R READING	@ THE L/O OF NORMAN HOMEN LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/13/14	WCAB SA	TRIAL - LAN TRINH # 100303	485.00
07/15/14	PMT BY CHECK	DOS 5/12/14* # 26675574	-485.00
09/06/14	PMT BY CHECK	DOS 5/13/14* # 27024903	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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P4000028000

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

201409084004

Electronic Service Requested

SINGLE PIECE
75 1.7220 SP 0.690

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

Check No.: 27024903
RFP No.: 228038
Check Date: 09/06/2014
Check Amount: 485.00
Insured: PRINTEGRA CORPORATION

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID SEP 12 2014

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000003420190	00234581	01	03/10/2006	MED	O	485.00
				Total Amount		485.00

Reason for Payment
ORG: 1455.00 ACT: 60944 021114-051314

Use File # 710/00234581 on all correspondence for prompt processing.
For check information call: 877-802-5246

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

*** INVOICE ***

Date	NO#
09/19/14	60630

Claim # : 06C12A597991
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 3/21/44
Terms : 45 days

BILL TO:
CANNON COCHRAN MGMT SVCS (IRV)
W.C. DEPARTMENT
ATTN: TINA MILLER
18881 VON KARMAN AVE, 380
IRVINE, CA 92612

Case: vs ST. JOHN KNITS
Date Of Injury: 2/14/06

DOS	SERVICE	DESCRIPTION	AMOUNT
01/09/14	WCAB SA	MSC - LAN TRINH # 100303 LANG: VIETNAMESE	485.00
03/13/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
06/19/14	WCAB SA	TRIAL - LAN TRINH # 100303	485.00
07/07/14	STIPULATION	SIGNING @ THE L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/27/14	PMT BY CHECK	DOS 1/9/14-6/19/14* # 112419774	-1455.00
09/15/14	PMT BY CHECK	DOS 7/7/14* # 112419971	-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 FACE OF THIS CHECK CONTAINS A MICROPRINT BORDER AND A BLUE SECURITY VOID BACKGROUND PATTERN - DO NOT CASH IF VOID IS VISIBLE

CCMSI o/b/o St. John Knits, Inc.
2 East Main St., Suite 208
Danville, IL 61832

Bank of America
CHICAGO, IL 60603

2-3/710 IL

Check Number 112419971

Date: 09/15/2014
Batch #: 300684730

Amount
$****485.00

Amount: FOUR HUNDRED EIGHTY-FIVE AND XX / 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

⑈0112419971⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuste
60630	02/14/2006	06C12A597991	485.00	0.00	485.00	60630 DS 7/7/2014 - 7/7/2014	MBENAV

PAID SEP 19 2014

Batch #: 300684730
Check Number 112419971

Check Amount $****485.00

Loc:01 ST. JOHNS KNITS MICHELSON

Joyce Altman Interpreters, Inc.
P.O. BOX # 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	62854

Claim # : PZC00436318
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 3/10/65
Terms : 45 days

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

Case: [redacted] vs SURE FIRE
Date Of Injury: 7/23/08

DOS	SERVICE	DESCRIPTION	AMOUNT
07/14/14	WCAB SA	MSC - LAN TRINH # 100303 LANG: VIETNAMESE	485.00
09/26/14	PMT BY CHECK	DOS 7/14/14* # 0002838780	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Number:

CRUM&FORSTER

0002838780

Vendor Number: **408694785** Issuing Location: **Orange County Claims** Check Date: **09/26/2014**

Payee:

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

IRS:

PAID SEP 30 2014

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
62854	PZC00436318	EXP		07/23/2008	$485.00

TOTAL:	$485.00

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

Processor: **U. Mora**

Internal Reference No: 62854

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	NO#
09/30/14	60632

Claim # : A5t5953
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/18/81
Terms : 45 days

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

Case: vs TOSHIBA AMERICAN INFO. SYSTEM
Date Of Injury: 5/28/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/07/14	WCAB SA	STATUS CONFERENCE LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/11/14	PMT BY CHECK	DOS 1/7/14* # 891A 84972978	-485.00
05/08/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
07/17/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
09/23/14	PMT BY CHECK	DOS 1/7/14-7/17/14* # 891a 85505475	-970.00

BALANCE 0.0(

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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019566

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

SA09725

891A 85505475

TRAVELERS

DATE: 09/23/14
LOSS DATE: 05/28/09
FILE NUMBER: 152 CB A5T5953 K

EMPLOYEE

ACCOUNT NAME:
TOSHIBA AMERICA INC

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

TRAVELERS CAS & SURETY COMPANY

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 01/07/2014 TO: 07/17/2014

PAID SEP 30 2014

TOTAL PAID: $970.00
TAX INFO: 330956713372147 6Y
PAY MISC: 60632
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID SEP 30 2014

FOR ADDITIONAL INFORMATION, CONTACT: DONNA HACKER AT (909)612-3860

266009841
DETACH CHECK

UNSUMM
OVRPUNS2:12
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#
11/07/14	63582

Claim # : LACO-531760
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 10/22/49
Terms : 45 days

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

Case: vs L.A. CO. OFFICE OF EDUCATION
Date Of Injury: 2/26/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/24/14	DEPO PREP	@ THE L/O OF HAYFORD & FELCHI LANG: GUJARATI	485.00
/ /	INTERPRETER:	VARUNA TEJUANI # 700285	0.00
11/05/14	PMT BY CHECK	DOS 9/24/14* # 49146	-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.

Mailing Information:

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

Claim Number : LACO-531760
Claimant :
Date of Loss : 02/26/2014
Check Number : ~~49146~~ 63582
Check Date : 11/05/2014
Check Amount : $485.00
Type of Payment :
EP 61 - MISC. ALL OTHER

Location : 750000 Avalon PAU - Carson 16627 Avalon Blvd
For Period : 09/24/2014 to 09/24/2014
InvoiceNo : 63582
IRS # : 33-0956713
Handling Office : 703-Riverside, Roseville, CA

PAID NOV 07 2014

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 D

York Risk Services Group, Inc.

Los Angeles County Office of Education - 6463/W
Workman's Compensation Account
P.O. Box 340
Upland, CA 91785-0340

California Credit Union
701 N. Brand Blvd #7
Glendale, CA 91203
16-7846/3220

REF. NUMBER	
LACO-531760	
DATE	CHECK NO
11/5/2014	**49146**
AMOUNT	
***$485.00	

PAY FOUR HUNDRED EIGHTY-FIVE AND 0/100

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

Maryam Clark

Two signatures required if over $10,000.00

⑈0049146⑈ ⑆322078464⑆ 80293045 10⑈

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

*** INVOICE ***

Date	NO#
11/12/14	63578

Claim # : 201002451
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 5/5/50
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXING-14629)
W.C. DEPARTMENT
ATTN: JANETH WALENCIK
P.O. BOX 14629
LEXINGTON, KY 40512

Case: vs CAL STATE DOMINGUEZ HILLS
Date Of Injury: 8/31/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/23/14	WCAB SA	MSC (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
11/06/14	PMT BY CHECK	DOS 9/23/14* # 70485741	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Payee: JOYCE ALTMAN
Company Name: Sedgwick CMS
Facility: CSU Dominguez Hills
Comments:

Check Number: 70485741
Administrator: JWALENCIK
Check Total: $485.00
Check Date: 11/06/2014

Injury	From Account Number	Through	Claim Number Invoice	Claimant Name	Description	Payment Amount
08/31/2009	09/23/2014	09/23/2014	201002451 63578		Other Medical	$485.00

Document Number:
Bill Type:
Pharmacy#:
DRG Code:
Received Date:
Reviewed Date:
Primary ICD9: null null
PPO Name:

Sedgwick CMS

PAID NOV 12 2014

Sedgwick CMS

Joyce Altman Interpreters, Inc.
P.O. BOX # 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	63584

Claim # : LBO00613405
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 5/22/67
Terms : 45 days

BILL TO:
ENSTAR/SEABRIGHT INS (ORANGE)
W.C. DEPARTMENT
ATTN: MARIAN COSTAGE
P.O. BOX # 11027
ORANGE, CA 92856

Case: [redacted] vs ACORN ENGINEERING
Date Of Injury: 11/19/10

DOS	SERVICE	DESCRIPTION	AMOUNT
09/25/14	WCAB SA	MSC (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
11/12/14	PMT BY CHECK	DOS 9/25/14* # 323095	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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SeaBright Insurance Company
1501 4th Avenue, Suite 2700
Seattle, WA 98101

Bank of America
101 E Kennedy Blvd 5th Floor
Tampa, FL 33602-5179

63-568 / 631 FL

CHECK NO
323095

11/12/14
LB000613405

PAY Four Hundred Eighty-Five And No/100 Dollars $*******485.00
VOID AFTER SIX MONTHS

TO THE ORDER OF:

Joyce Altman Interpreting
P.O. Box 4165
Tustin, CA 92781-4165

AN AGENT OF SeaBright Insurance Company

⑈323095⑈ ⑆063105683⑆00227005359 6⑈

CLAIM ID: LB000613405 DATE OF LOSS: 11/19/10 ACCOUNT: D3
CLAIMANT:
INSURED: Acorn Engineering Company
PAYEE: Joyce Altman Interpreting

INVOICE NO.:
MEMO:

CHECK NO.: 323095
DATE: 11/12/14
AMOUNT: $*******485.00
REF. NO.: 013914004
USER-ID: 34436/LB

	SERVICE DATE	CODE	DESCRIPTION	QTY	UNITS	BILLED	PAID
1	09/25/14	MI	INV #63584	1	Lot	485.00	485.00

PAID 12 17 201

TOTAL 485.00 485.00

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#
11/17/14	60621

Claim # : EUJ6290
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 10/8/55
Terms : 45 days

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

Case: vs C AND D ZODIAC
Date Of Injury: 11/7/12-12/9/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/06/14	INITIAL EXAM	DR MOHEMANI @ COAST SPINE & SPORTS MEDICINE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303 LANG: VIETNAMESE	0.00
02/03/14	PR2/REEVAL	DR MOHEIMANI @ COAST SPINE & SPORTS MED	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/03/14	PR2/REEVAL	DR MOHEIMANI @ COAST SPINE & SPORTS MED	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/24/14	PR2/REEVAL	DR MOHEIMANI @ COAST SPINE & SPORTS MED	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/21/14	PR2/REEVAL	DR MOHEIMANI @ COAST SPINE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/19/14	PR2/REEVAL	DR MOHEIMANI @ COAST SPINE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/19/14	DEPO PREP	@ THE L/O OF STOCKWELL, HARRIS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/05/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/16/14	PR2/REEVAL	DR MOHAEIMANI @ COAST SPINE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/14/14	PR2/REEVAL	DR MOHAEIMANI @ COAST SPINE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/25/14	PMT BY CHECK	DOS 1/6/14-6/16/14* # 896D 84699109	-4365.00
08/18/14	PR2/REEVAL	DR MOHEIMANI @ COAST SPINE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
09/29/14	PR2/REEVAL	DR MOHAEIMANI	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#
11/17/14	60621

Claim # : EUJ6290
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 10/8/55
Terms : 45 days

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

Case: vs C AND D ZODIAC
Date Of Injury: 11/7/12-12/9/13

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
11/13/14	PMT BY CHECK	DOS 7/14/14-9/29/14*	-1455.00
		# 896D 85108545	

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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018201

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

SA09056

896D 85108545

TRAVELERS

DATE: 11/13/14
LOSS DATE: 01/17/13
FILE NUMBER: 152 CB EUJ6290 R

EMPLOYEE

ACCOUNT NAME:
C & D ZODIAC, INC.

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 07/14/2014 TO: 09/29/2014

TOTAL PAID: $1455.00
TAX INFO: 330956713547[illegible]39Y
PAY MISC: 60621
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID 10/17/2014

FOR ADDITIONAL INFORMATION, CONTACT: KAELA HART AT (909)612-3840

317009144
DETACH CHECK

UNSUMM
OVRPUNS2:1212
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#
11/17/14	60632

Claim # : A5t5953
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 12/18/81
Terms : 45 days

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

Case: ` vs TOSHIBA AMERICAN INFO. SYSTEM
Date Of Injury: 5/28/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/07/14	WCAB SA	STATUS CONFERENCE LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/11/14	PMT BY CHECK	DOS 1/7/14* # 891A 84972978	-485.00
05/08/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
07/17/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
09/23/14	PMT BY CHECK	DOS 1/7/14-7/17/14* # 891A 85505475	-970.00
09/30/14	WCAB SA	TRIAL - LAN TRINH # 100303	485.00
11/13/14	PMT BY CHECK	DOS 9/30/14* # 891A 85667800	-485.00

BALANCE 0.00

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018202

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

891A 85667800

TRAVELERS

DATE: 11/13/14
LOSS DATE: 05/28/09
FILE NUMBER: 152 CB A5T5953 K

EMPLOYEE

ACCOUNT NAME:
TOSHIBA AMERICA INC

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

TRAVELERS CAS & SURETY COMPANY

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 09/30/2014

TOTAL PAID: $485.00
TAX INFO: 330956713547893 9Y
PAY MISC: 60632
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID NOV 17 2014

FOR ADDITIONAL INFORMATION, CONTACT: DONNA HACKER AT (909)612-3860

317009145
DETACH CHECK

UNSUMM OVRPUNS2-1212
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#
08/05/14	60297

Claim # : E3120796
W.C.A.B.:
ADJ # : ----
S.S.N. : XXX-XX-
D.O.B. : 5/5/51
Terms : 45 days

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

Case: vs GOURMET FOODS
Date Of Injury: 8/24/05

DOS	SERVICE	DESCRIPTION	AMOUNT
11/12/13	C&R READING	@ THE L/O OF NORMAN HOMEN LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/05/14	PENALTIES	FOR DATE OF SERVICE 11/12/13	72.75
07/23/14	INTEREST	FOR DATE OF SERVICE 11/12/13	41.72
07/29/14	PMT BY CHECK	DOS 8/24/05-7/29/14* # 103212736	-599.47

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.

CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

000000206E3001207961032127360000000002567

002567

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781

F.F. OK
MDJ
60297

PAID AUG 05 2014

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

Claim Number * E3 120796M2

Insured/Client	Claimant	ATT
GOURMET FOODS INC		07/29/14

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
08/24/05		08/24/05-07/29/14	MED	23		MI	$599.47
							$599.47

Reason
IN FULL AND FINAL SETTLEMENT OF ALL LIENS

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

CNA

UNDERWRITTEN BY:
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVAN

103212736
Date Issued
07/29/14

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	Desk Code	Insured/Client	Issuing Off.
E3 120796	M2	GOURMET FOODS INC	No. 81
Prefix & Contract No. WC -2074965683		Claimant	Date of Loss 08/24/05
From-thru (Dates) 08/24/05	In Payment of 07/29/14	IN FULL AND FINAL SETTLEMENT OF ALL LIENS	

PAY FIVE HUNDRED NINETYNINE AND 47/100THS ---------- 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

*********$599.47

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

Wachovia Bank, N.A. Greenville, South Carolina

L137644E

⑈0103212736⑈ ⑆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#
08/25/14	62038

Claim # : 33049549
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 4/26/69
Terms : 45 days

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

Case: vs SENGA ENGINEERING INC.
Date Of Injury: 3/6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/09/14	DEPO PREP	@ THE L/O OF NORMAN HOMEN	485.00
		LANG: VIETNAMESE	
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/17/14	PMT BY CHECK	DOS 5/9/14* # 0342390	-485.00
06/30/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/20/14	PMT BY CHECK	DOS 6/30/14* # 0356618	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 08/20/2014
Check Number : 0356618
Check Amount : $485.00

8FFS1F

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

12m5a
00040

PAID AUG 25 2014

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33049549		03/06/2014	62038	Interpreter Fees -	06/30/2014	06/30/2014	$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#
08/18/14	61329

Claim # : 01130255
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8874
D.O.B. : 7/27/59
Terms : 45 days

BILL TO:
AMERICAN ALL-RISK LOSS (FRES)
W.C. DEPARTMENT
ATTN: RONALD FINTOYAN
P.O. BOX # 9783
FRESNO, CA 93794-9783

Case: vs COAST INDEX COMPANY INC
Date Of Injury: 2/7/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/10/14	WCAB SA	STATUS CONFERENCE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/29/14	PMT BY CHECK	DOS 3/10/14* # 0025107984	-485.00
06/09/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
08/13/14	PMT BY CHECK	DOS 6/9/14* # 0025108704	-485.00

BALANCE 0.00

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

American All-Risk Loss Administrators, Inc., ITF Praetorian Insurance Company

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

Remitted to	Vendor ID	Check Number	Date	Internal Reference	Total Remitted		
Joyce Altman Interpreters	6746	0025108704	08/13/2014	250-25108704	$485.00	Page	1

Claim No: 01130255 **Name:** **Date of Loss: 02/07/2007**

Reference: Comments: Inv 61329 Payment ID: T Claypool

Description for Bill ID 5972521	*From*	*To*	*Amount Charged*	*Net Payable*
Interpreter Fees Medical Services	06/09/14	06/09/14	$ 485.00	485.00

Total payable for bill $ **485.00**

TOTAL REMITTANCE $ **485.00**

PAID AUG 18 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#
08/18/14	60295

Claim # : 494C1964215
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-3957
D.O.B. : 10/13/59
Terms : 45 days

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

Case: vs DELTA AIRLINES
Date Of Injury: 3/31/07-10/19/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/12/13	STIPULATION	@ THE L/O OF NORMAN HOMEN LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/18/14	PMT BY CHECK	DOS 11/12/13* # DA71496597	-485.00
06/12/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/13/14	PMT BY CHECK	DOS 6/12/14* # DA72532099	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 08/13/14

CHECK NO. **DA72532099**

STATEMENT

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

5900A11DA 00 00254 DA72532099
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX #4165
TUSTIN CA 92781-4165

FILE ID
494C1964215

DOLLARS
$********485.00

* NOT NEGOTIABLE *

FOR
06/12/14 THRU 06/12/14 60295

PAID AUG 18 2014

CLAIMANT

DATE OF EVENT
10/19/10

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

HP

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
08/18/14	61405

Claim # : 05261750
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9006
D.O.B. : 2/10/45
Terms : 45 days

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

Case: vs HI-SHEAR TECHNOLOGY
Date Of Injury: 12/22/07

DOS	SERVICE	DESCRIPTION	AMOUNT
04/09/14	WCAB SA	STATUS CONFERENCE LANG: VEITNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/18/14	WCAB SA	STATUS CONFERENCE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/14/14	PMT BY CHECK	DOS 4/9/14-6/18/14* # CP-802006	-970.00

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

OTE: Any and all partial payments received have been aknowledged and clearly eflected in the enclosed statement. However, payments received do not epresent full and final satisfaction. In accordance with CCR Section 10770 ien claimant is hereby seeking recovery of the balance. Demand is hereby made or all medical reports per CCR Section 10608, Current Print Out of Benefits, PN Notices, Completed DWC-1, Application of Adjudication, 4600 Election etter, Depo Transcript and any and all documentary evidence to be utilized in n attempt to defeat this lien.

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

Provider Number: XXXXX6713

Check #: **CP-802006**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 08/14/14
Doc #: 028666262

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
				Patient Name:	**Claim #:** 05261750		
1	61405-WCAB	04/09/14	04/09/14	Interpreter fees	1		485.00
2	61405-WCAB	06/18/14	06/18/14	Interpreter fees	1		485.00
						Subtotal:	970.00
				Patient Name:	**Claim #:** SG256696		
3	47979-WCAB	04/23/14	04/23/14	Interpreter fees	1		156.50
						Total Allowances:	**$1,126.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05261750	970.00	.00	970.00
SG256696	156.50	.00	156.50

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

Notations:

05261750	INV#61405-INTERP AT WCAB;
SG256696	INV#47979-WCAB-MSC;
05261750	INV#61405 INTERP AT WCAB;

PAID AUG 18 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
SP

Santa Ana District Office
PO BOX 65005
Fresno, CA 93650-5005

CP-802006
Union Bank
Los Angeles, California

90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
August 14, 2014	**$*****1,126.50**

PAY ****One Thousand One Hundred Twenty-Six and 50/100 Dollars****ONLY

To The Order Of

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

⑈521680 2006⑈ ⑆122241501⑆ ⑈908100104 3⑈

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

*** INVOICE ***

Date	NO#
08/18/14	61400

Claim # : WCCA0584
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1969
D.O.B. : 2/17/52
Terms : 45 days

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

Case: vs PEOPLE TO PEOPLE STAFFING
Date Of Injury: 9/10/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/02/14	DEPO PREP	@ THE L/O OF NORMAN HOMEN	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
05/06/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT.	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/12/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/09/14	PMT BY CHECK	DOS 4/2/14-5/6/14* # 79432662	-970.00
08/15/14	PMT BY CHECK	DOS 5/12/14* # 79466360	-485.00

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

Address Service Requested

Phone: (818) 844-4300

000275-00001-000275 CIG1 2157127
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 1460
TUSTIN, CA 92781-1460

CHECK NUMBER: 79466360

scription	Invoice	CLAIM #	G/L Code	Serv/From	Serv/To	Amount
dical	61400	WCCA0584		05/12/14	05/12/14+	$485.00
OTAL:						$485.00

PAID AUG 18 2014

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

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

BANK OF AMERICA NT SA
LOS ANGELES, CA 90067

CHECK NO. 79466360

DATE: 08/15/2014

laim#: WCCA0584
laimant:
nsured: People to People Staffing, Inc
OL: 09/10/2012

16-66/1220

AMOUNT
*******$485.00

VOID 120 DAYS AFTER DATE OF ISSUE

PAY FOUR HUNDRED EIGHTY-FIVE AND 00/100 DOLLARS

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.

Memo Invoice 61400

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

CIG

⑈79466360⑈ ⑆122000661⑆ 14177⑈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#
12/16/14	62035

Claim # : MG-12-010305
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 12/15/67
Terms : 45 days

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

Case: [redacted] vs ELMORE TOYOTA
Date Of Injury: 7/21/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/07/14	INITIAL EXAM	DR SHAH @ HARBOR SPINE & WELLNESS	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190 LANG: VIETNAMESE	0.00
06/04/14	PR2/REEVAL	DR SHAH @ HARBRO SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
06/24/14	INJECTION	DR SHAH: NERVE BLOCK @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
07/09/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
08/06/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
09/03/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
09/15/14	INJECTION	W/DR SHAH @ HARBOR SPINE & WELLNESS	485.00
/ /	INTERPRETER:	TRAN LE # 301677	0.00
10/22/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	DUC NGUYEN # 301485	0.00
12/11/14	PMT BY CHECK	DOS 5/7/14-10/22/14* # 549158	-3880.00

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#
12/16/14	62035

Claim # : MG-12-010305
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/15/67
Terms : 45 days

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

Case: vs ELMORE TOYOTA
Date Of Injury: 7/21/12

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CORVEL ENTERPRISE COMP, INC.
MAGNA CARTA - EC
4120 SE INTL WAY, SUITE A108
MILWAUKIE, OR 97222

CORVEL

bankcode=MAGE
11
121

CHECK NUMBER	CHECK DATE
549158	12/11/14

PAY EXACTLY: *Three thousand eight hundred eighty and 00/100 Dollars*

******$3,880.0(

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

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

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0000549158⑈ ⑆121000248⑆ 4126 21534 2⑈

DETACH HERE

CORVEL

DETACH

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
MG-12-010305	07/21/2012		05/07/2014	10/22/2014	Invoice 62035	******$3,880.(

PAID DEC 16 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#
12/16/14	61067

Claim # : 05677874
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8303
D.O.B. : 4/1/51
Terms : 45 days

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

Case: vs FAIRVIEW DEVELOPEMENTAL CENTER
Date Of Injury: 02/14/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/05/14	WCAB SA	MSC (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/05/14	PMT BY CHECK	DOS 3/5/14* # CQ-370075	-485.00
06/04/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
07/30/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
10/01/14	WCAB SA	MSC - LAN TRINH # 100303 (AMENDED)	485.00
12/11/14	PMT BY CHECK	DOS 6/4/14-10/1/14* # CQ-389588	-1455.00

BALANCE 0.00

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

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

Provider Number: XXXXX6713

Check #: **CQ-389588**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 12/11/14
Doc #: 029120507

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 05677874			
1	61067	06/04/14	10/01/14	Court Fees & Costs-State Cases	1		1,455.00
					Total Allowances:		**$1,455.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05677874	1,455.00	.00	1,455.00

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:
05677874 INVOICE #61067;

PAID DEC 16 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#
12/16/14	60797

Claim # : WC0000091012
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 1/13/64
Terms : 45 days

BILL TO:
TOKIO MARINE
W.C. DEPARTMENT
ATTN: PEGGY LUI
P.O. BOX 7127
PASADENA, CA 91109

Case: vs HOCHIKI AMERICA CORPORATION
Date Of Injury: 4/25/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/27/14	DEPO PREP	@ THE L/O OF NORMAN HOMEN LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/13/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/16/14	PMT BY CHECK	DOS 1/27/14-3/13/14* # 800111644	-970.00
07/02/14	WCAB SA	PRIORITY CONFERENCE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/20/14	PMT BY CHECK	DOS 7/2/14* # 800113750	-485.00
10/28/14	WCAB SA	TRIAL - LAN TRINH # 100303	485.00
12/09/14	PMT BY CHECK	DOS 10/28/14* # 800116853	-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.

Trans Pacific Insurance Company
CLAIMS ACCOUNT - WESTERN REGION
800 E. Colorado Blvd., Pasadena, CA 91101

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

Claim Number: 210WC0000091012
Policy Number: WC6403329

16-49-6
1220

CONTROL NO. 002155407
CHECK NO. 800116853

Four hundred eighty five and 00/100 Dollars

$ **********$485.00

Date of Issue 12/09/2014
Date of Loss 04/25/2011

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

FOR: /60797

Insured/Claimant
HOCHIKI AMERICA CORPORATION

AUTHORIZED SIGNATURE

VOID AFTER 90 DAYS

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

⑈800116853⑈ ⑆122000496⑆ 13914723⑈

PLEASE DETACH BEFORE DEPOSITING

Trans Pacific Insurance Company
230 Park Avenue
New York, NY 10169

CHECK NO. 800116853

FROM 10/28/2014 TO 10/28/2014
Inv.#60797

Payment explanations may be mailed to you separately.

PAID DEC 16 2014

MAIL TO
Joyce Altman Interpreters
P.O. Box 4165

Tustin, CA 92781

AGENT
AEGIS RISK MANAGEMENT INS. SERVICES INC
3424 CARSON STREET
SUITE 300
TORRANCE, 7
905035

eod

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

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

*** INVOICE ***

Date	NO#
12/18/14	60449

Claim # : 30120474721
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 4/6/50
Terms : 45 days

BILL TO:
SEDGWICK/SRS INS (LEX14153)
W.C. DEPARTMENT
ATTN: MARINA SAMBRANO
P.O. BOX # 14153
LEXINGTON, KY 40512

Case: vs XEROX CORPORATION
Date Of Injury: 4/16/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/19/13	PR2/REEVAL	DR ALI @ MEDICAL ARTS LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/10/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/21/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/25/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/06/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/06/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/07/14	PR2/REEVAL	DR RAHMAN (SANTA ANA)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/18/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/29/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/03/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/08/14	PMT BY CHECK	DOS 11/19/13-10/3/14* # 0055590129	-4850.00
11/13/14	MED_EXOTIC	PR-2 W/DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00

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

*** INVOICE ***

Date	NO#
12/18/14	60449

Claim # : 30120474721
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 4/6/50
Terms : 45 days

BILL TO:
SEDGWICK/SRS INS (LEX14153)
W.C. DEPARTMENT
ATTN: MARINA SAMBRANO
P.O. BOX # 14153
LEXINGTON, KY 40512

Case: vs XEROX CORPORATION
Date Of Injury: 4/16/12

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 485.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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P69050280006

Sedgwick Claims Management Services, Inc
PO Box 14153
Lexington, KY 40512-4153

201412081608

Electronic Service Requested

MIXED AADC 926
2282 0.3820 MB 0.432

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

136

DATE	CHECK AMT	CHECK NO.
12/08/2014	4,850.00	0055590129

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

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

Claimant Name	Loss Date	Claim Number
	04/13/2012	30120474721-0001

Amt Paid: 4,850.00 Description: Miscellaneous Medical
Amt Billed: 4,850.00 Invoice: NO#60449
Dates: 11/19/2013-10/03/2014 Comment:
ICN: 166890519.338

PAID DEC 12 2014

MR

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

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

*** INVOICE ***

Date	NO#
12/16/14	63331

Claim # : WC0000074868
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 9/1/72
Terms : 45 days

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

Case: vs ROBINSON PHARMA INC
Date Of Injury: 3/29/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/11/14	WCAB SA	STATUS CONFERENCE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/20/14	WCAB SA	TRIAL - LAN TRINH # 100303	485.00
11/12/14	PMT BY CHECK	DOS 8/11/14* # 800022606	-485.00
12/08/14	PMT BY CHECK	DOS 10/20/14* # 800023019	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CLAIMS ACCOUNT - WESTERN REGION
800 E. Colorado Blvd., Pasadena, CA 91101

UNION BANK
445 S. Figueroa Street, Los Angeles, CA 90071-160

Claim Number 210WC0000074868 | Policy Number WC6404823

16-49-6 / 1220

CONTROL NO. 00215423
CHECK NO. 800023019

Four hundred eighty five and 00/100 Dollars

$ **********$485.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Date of Issue 12/08/201
Date of Loss 03/29/201

FOR: /63331
Insured/Claimant
ROBINSON PHARMA, INC.

AUTHORIZED SIGNATURE
VOID AFTER 90 DAYS

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

⑈08000230 19⑈ ⑆122000496⑆ 4400066 26⑈

PLEASE DETACH BEFORE DEPOSITING

TNUS Insurance Company
(U.S. Branch)
230 Park Avenue
New York, NY 10169

PAID DEC 16 2014

CHECK NO. 800023019

FROM 10/20/2014 TO 10/20/2014
Inv.#63331

Payment explanations may be mailed to you separately.

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

AGENT
WILLIS RISK & INSURANCE SERV
OF ORANGE COUNTY
18101 VON KARMAN AVE. STE 600
IRVINE, 7
92612

eod

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

MP

Joyce Altman Interpreters, Inc.
P.O. BOX # 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	63330

Claim # : TWCI-0006
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 2/21/48
Terms : 45 days

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

Case: [redacted] vs ACCURATE METAL FABRICATORS LLC
Date Of Injury: 9/13/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/11/14	WCAB SA	MSC - (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/27/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
11/20/14	PMT BY CHECK	DOS 8/11/14* # 1580856	-485.00

BALANCE 485.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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INSURANCE FRAUD IS A CRIME AND IS PUNISHABLE BY LAW

Mailing Information:

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

Claim Number: TWCI-0006
Claimant:
Date of Loss: 09/13/2010

Check Number: 1580856
Check Date: 11/20/2014
Check Amount: $485.00
Type of Payment:
EP 108 - DEPOSITION COSTS

Location: 043 Accurate Metal Solutions 2100 E Orangewood of Accurate Metal Fabricators Inc

For Period: 08/11/2014 to 08/11/2014
InvoiceNo: 63330
IRS #: 33-0956713
Handling Office: 705-Los Angeles, Roseville, CA

PAID NOV 21 2014

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

WARNING: AN ARTIFICIAL WATERMARK IN A CRISSCROSS PATTERN IS PRESENT ON THE REVERSE SIDE. HOLD AT AN ANGLE TO VIEW. • PAPER WILL TURN BROWN IF CHEMICALLY ALTERED • FLUORESCENT FIBERS ARE ALSO EMBEDDED INTO THIS DOC

YORK
P.O BOX 5245
PARSIPPANY, NJ 07801
(973) 541-1330

ON BEHALF OF

4739 Tower Castlepoint NSM Insurex

WELLS FARGO BANK, N.A.
190 RIVER ROAD, NJ3179
SUMMIT, NJ 07901-1444
55-2/212

NOT VALID AFTER SIX MONTHS

CLAIM NUMBER
TWCI-0006

DATE 11/20/2014
CHECK NO. 1580856

AMOUNT
***$485.00

PAY
TO
THE
ORDER
OF

FOUR HUNDRED EIGHTY-FIVE AND 0/100

JOYCE ALTMAN INTERPRETERS, INC.
Mail to: P.O. BOX # 4165
TUSTIN, CA 92781-4165

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER $25,000.00.

⑈1580856⑈ ⑆021200025⑆ 20000134869651⑈

York Risk Services Group, Inc.

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

*** INVOICE ***

Date	NO#
12/05/14	63339

Claim # : 023213007365
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 8/15/53
Terms : 45 days

BILL TO:
CHUBB GROUP OF INS. CO. (LA)
W.C. DEPARTMENT
ATTN: PHILLIP LEBOW
P.O. BOX 30850
LOS ANGELES, CA 90030

Case: vs VOTAW PRECISION TECHNOLOGIES
Date Of Injury: 4/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
08/25/14	INITIAL EXAM	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT (IPM)	485.00
/ /	INTERPRETER:	THE VINH TRAN # 100026	0.00
10/27/14	PR2/REEVAL	DR BERNSTEIN @ IPM	485.00
/ /	INTERPRETER:	LAN TRINH # 100304	0.00
11/14/14	PMT BY CHECK	DOS 8/25/14* # 882170	-485.00
12/01/14	PMT BY CHECK	DOS 10/27/14* # 903252	-485.00

BALANCE 0.00

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CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 3rd Floor
Los Angeles, CA 90071-2427

Payment Summary

Claim Ref #: 023213007365
Policy: 000071726441
Occurence: 000025
Date of Loss: 04/01/2013
SSN#/TIN#: XXXXXXXXXX
Payee: JOYCE ALTMAN INTERPRETERS

Page: 1 of 1
Check Number: 903252
Print Date: 12/01/2014
Issue Date: 12/01/2014

Insured: Votaw Precision Technologies Inc.

DATE	CLAIMANT	DESCRIPTION	AMOUNT
10/27/2014		Translator	485.00

PAID DEC 05 2014

CHECK TOTAL: 485.00

Comments: Invoice No: 63339; Date of Service: 10/27/14; Invoice Date: 11/20/14; MP

Claim Representative: PHILIP LUBOW

Phone: (213)612-0880

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

*** INVOICE ***

Date	NO#
12/05/14	63330

Claim # : TWCI-0006
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 2/21/48
Terms : 45 days

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

Case: vs ACCURATE METAL FABRICATORS LLC
Date Of Injury: 9/13/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/11/14	WCAB SA	MSC - (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/27/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
11/20/14	PMT BY CHECK	DOS 8/11/14* # 1580856	-485.00
12/01/14	PMT BY CHECK	DOS 10/27/14* # 1586354	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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INSURANCE FRAUD IS A CRIME AND IS PUNISHABLE BY LAW

Mailing Information:

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

Claim Number: TWCI-0006
Claimant:
Date of Loss: 09/13/2010

Check Number: 1586354
Check Date: 12/01/2014
Check Amount: $485.00
Type of Payment:
EP 108 - DEPOSITION COSTS

PAID DEC 05 2014

Location: 043 Accurate Metal Solutions 2100 E Orangewood of Accurate Metal Fabricators Inc

For Period: 10/27/2014 to 10/27/2014
InvoiceNo: 63330
IRS #: 33-0956713
Handling Office: 705-Los Angeles, Roseville, CA
Detail: WCAB SA - MSC LAN TRINH; CONFIRMED 8/11/14 DOS $485.00 PAID 11/20/14

MR

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

RNING: AN ARTIFICIAL WATERMARK IN A CRISSCROSS PATTERN IS PRESENT ON THE REVERSE SIDE. HOLD AT AN ANGLE TO VIEW. • PAPER WILL TURN BROWN IF CHEMICALLY ALTERED • FLUORESCENT FIBERS ARE ALSO EMBEDDED INTO THIS DOCUMENT

YORK
P.O BOX 5245
PARSIPPANY, NJ 07801 (973) 541-1330

WELLS FARGO BANK, N.A.
190 RIVER ROAD, NJ3179
SUMMIT, NJ 07901-1444
55-2/212

NOT VALID AFTER SIX MONTHS

CLAIM NUMBER
TWCI-0006

DATE 12/01/2014
CHECK NO. 1586354

AMOUNT
***$485.00

ON BEHALF OF
4739 Tower Castlepoint NSM Insurex

PAY
FOUR HUNDRED EIGHTY-FIVE AND 0/100

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

Richard Talbot

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER $25,000.00.

⑈1586354⑈ ⑆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#
11/17/14	62745

Claim # : 132-792157958-001
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 1/1/53
Terms : 45 days

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

Case: vs TMAD ENGINEERS
Date Of Injury: 2/19/99

DOS	SERVICE	DESCRIPTION	AMOUNT
09/02/14	C&R READING	@ THE L/O OF NORMAN HOMEN LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
11/11/14	PMT BY CHECK	DOS 9/2/14* # 6530066787 BROADSPIRE	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Broadspire
A CRAWFORD COMPANY

P O BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	11/11/2014
Check Amount	:	$485.00
Check Number	:	6530066787

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

PAID NOV 17 2014

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
792157958-001 WC RANCHO CORD-RT Interpreter	02/19/1999 $485.00 $485.00	Dave A. Esposito 62745	916-850-8200 09/02/2014-09/02/2014

Please Fold on Perforation Before Tearing

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

*** INVOICE ***

Date	NO#
11/20/14	63568

Claim # : 01296575
W.C.A.B.:
ADJ # : -
S.S.N. : XXX-XX-
D.O.B. : 1/11/57
Terms : 45 days

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

Case: vs REINHARDT BROS
Date Of Injury: 4/2/03

DOS	SERVICE	DESCRIPTION	AMOUNT
09/03/14	WCAB SA	STATUS CONFERENCE LANG: (VIETAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
11/17/14	PMT BY CHECK	DOS 9/3/14* # CP-821653	-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.

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: **CP-821653**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 11/17/14
Doc #: 029029316

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:		**Claim #:** 01296575			
1	63568-WCAB	09/03/14	09/03/14	Interpreter fees	1		485.00

Total Allowances: **$485.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01296575	485.00	.00	485.00

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:

01296575 INV#63568 INTERPR WCAB;

PAID NOV 20 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"

0121277202902931601 2

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

*** INVOICE ***

Date	NO#
11/21/14	63339

Claim # : 023213007365
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 8/15/53
Terms : 45 days

BILL TO:
CHUBB GROUP OF INS. CO. (LA)
W.C. DEPARTMENT
ATTN: PHILLIP LEBOW
P.O. BOX 30850
LOS ANGELES, CA 90030

Case: vs VOTAW PRECISION TECHNOLOGIES
Date Of Injury: 4/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
08/25/14	INITIAL EXAM	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT (IPM)	485.00
/ /	INTERPRETER:	THE VINH TRAN # 100026	0.00
10/27/14	PR2/REEVAL	DR BERNSTEIN @ IPM	485.00
/ /	INTERPRETER:	LAN TRINH # 100304	0.00
11/14/14	PMT BY CHECK	DOS 8/25/14* # 882170	-485.00

BALANCE 485.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 3rd Floor
Los Angeles, CA 90071-2427

Payment Summary

Claim Ref #: 023213007365
Policy: 000071726441
Occurence: 000025
Date of Loss: 04/01/2013
SSN#/TIN#: XXXXXXXXXX
Payee: JOYCE ALTMAN INTERPRETERS

Page: 1 of 1
Check Number: 882170
Print Date: 11/17/2014
Issue Date: 11/14/2014

Insured: Votaw Precision Technologies Inc.

DATE	CLAIMANT	DESCRIPTION	AMOUNT
08/25/2014-		Translator	485.00

PAID NOV 20 2014

CHECK TOTAL: 485.00

Comments: Invoice No: 63339; Date of Service: 8/25/14; Inv Date: 11/7/14; MP

Claim Representative: PHILIP LUBOW

Phone: (213)612-0880

Joyce Altman Interpreters, Inc.
P.O. BOX # 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	60998

Claim # : 13531500
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 1/1/56
Terms : 45 days

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

Case: vs PARK VISTA
Date Of Injury: 12/5/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/19/14	INITIAL EXAM	DR MICHAEL MOHEIMANI (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	TRANG THAN JOHN LE # 301677	0.00
03/05/14	PR2/REEVAL	DR MOHEIMANI LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
03/17/14	PR2/REEVAL	DR MOHEIMANI (RETURNED DUE TO INCREASE PAIN	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
03/19/14	DEPO PREP	@ THE L/O OF NORMEN HOMEN	485.00
/ /	INTERPRETER:	CHRIS NGUYEN # 301524	0.00
04/11/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/03/14	PMT BY CHECK	DOS 2/19/14-4/11/14* # 500357	-2425.00
05/12/14	PR2/REEVAL	DR MOHEIMANI	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
06/09/14	PR2/REEVAL	DR MOHEIMANI @ COAST SPINE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/21/14	PMT BY CHECK	DOS 5/12/14* # 500534	-485.00
09/15/14	PR2/REEVAL	DR MOHEIMANI @ SANTA ANA	485.00
/ /	INTERPRETER:	TRANG JOHN LE # 301677	0.00
09/29/14	WCAB SA	PRIORITY CONFERENCE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/22/14	PRE-OP	DR MOHEIMANI (SANTA ANA)	485.00
/ /	INTERPRETER:	TRANG LE # 301677	0.00
12/03/14	PMT BY CHECK	DOS 6/9/14-9/15/14* =# 500898	-970.00

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#
12/12/14	60998

Claim # : 13531500
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 1/1/56
Terms : 45 days

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

Case: [redacted] vs PARK VISTA
Date Of Injury: 12/5/13

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 970.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Client: Continuing Life, LLC
Claimant/Employee

Payee: JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

Claim Number: 13528701
Incident Date: 11/22/2013

Check Number: 500898
Check Date: 12/03/2014
Check Total: $970.00
Payment Type: LANGUAGE TRANSLATOR
Invoice No: 60998

From - To: 06/09/2014 - 09/15/2014
For:

Bill Tracking No: 3001227007TMC
Received Date: 10/30/2014
Reviewed Date: 11/27/2014 **DRG Code:** 000 **Primary ICD-9:** 959.9 9599-Unspecified site injury
Bill Type: **PPO Name:** NonPar

Date of Service	Billed Code/Mod	Paid Code/Mod	Service Description:	Units	Billed Amount	Bill Review Reduction	PPO Reduction	Other Reduction	Allowance	Reason Code(s)	
06/09/2014	T1013 00 00	T1013 00 00	INTERPRETER	0	485.00	0.00	0.00	0.00	485.00	G5	411
09/15/2014	T1013 00 00	T1013 00 00	INTERPRETER	0	485.00	0.00	0.00	0.00	485.00	G5	411
			Totals:		970.00	0.00	0.00	0.00	970.00		

Reason Codes:
411 411
G5 This charge was adjusted for the reasons set forth in the attached letter.

Please direct inquires to: Tristar Managed Care, Fax: (714) 972-4976, P.O. Box 10220, Santa Ana, CA 92711
Phone: (877) 287-4782

PAID DEC 08 2014

THIS DOCUMENT WAS PRINTED ON PAPER CONTAINING ULTRAVIOLET FIBERS AND A TRUE WATERMARK

Continuing Life, LLC
Carlsbad, CA 92009

Citizens Business Bank
970 West 190th Street
Torrance, CA 90502
(310) 217-6000

90-3414
1222

TRISTAR Risk Management
P.O. Box 2805
Clinton, IA 52733-2805

Check No: 500898
Date: 12/03/2014
Void after 120 days
Amount: $**********970.00

PAY Nine Hundred Seventy Dollars And 00/100

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

HEAT GLANCE SECURITY SPOT
PRESS OR RUB WITH FINGER. IF PINK COLORED SPOT DISAPPEARS, THIS DOCUMENT IS AUTHENTIC

Denise Cotter
MP

Two signatures required for checks $2,500 & over

⑈500898⑈ ⑆122234149⑆ 04303601 7⑈

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

*** INVOICE ***

Date	NO#
12/08/14	60454

Claim # : 02392298
W.C.A.B.: ~~
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 8/20/73
Terms : 45 days

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

Case: L. , vs H AND H PERFECTION FABRICATION
Date Of Injury: 3/29/05

DOS	SERVICE	DESCRIPTION	AMOUNT
12/11/13	WCAB SA	TRIAL (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/31/14	PMT BY CHECK	DOS 12/11/13* # CP-755951	-485.00
04/07/14	WCAB SA	TRIAL - LAN TRINH # 100303	485.00
06/05/14	WCAB SA	STATUS CONFERENCE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
09/15/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
11/04/14	WCAB SA	TRIAL - LAN TRINH # 100303	485.00
12/03/14	PMT BY CHECK	DOS 4/7/14-11/4/14* =# CP-824607	-1940.00

BALANCE 0.00

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Explanation of Review (EOR)

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

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CP-824607**

Issue Date: 12/03/14
Doc #: 029087454

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient N	**Claim #:** 05261750		61405	
1	61405-WCAB	08/13/14	08/13/14	Interpreter fees	1		485.00
2	61405-WCAB	10/22/14	10/22/14	Interpreter fees	1		485.00
						Subtotal:	970.00
			Patient Name:	**Claim #:** 02392298		60454	
3	60454-WCAB	04/07/14	04/07/14	Interpreter fees	1		485.00
4	60454-WCAB	06/05/14	06/05/14	Interpreter fees	1		485.00
5	60454-WCAB	09/15/14	09/15/14	Interpreter fees	1		485.00
6	60454-WCAB	11/04/14	11/04/14	Interpreter fees	1		485.00
						Subtotal:	1,940.00
						Total Allowances:	**$2,910.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
02392298	1,940.00	.00	1,940.00
05261750	970.00	.00	970.00

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PAID DEC 08 2014

Notations:

05261750	INV#61405 INTERPR WCAB;
02392298	INV#60454 INTERPR WCAB; STATUS CONFERENCE;
02392298	INV#60454 INTERPR WCAB; TRIAL;

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
SP

Santa Ana District Office
PO BOX 65005
Fresno, CA 93650-5005

CP-824607
Union Bank
Los Angeles, California
90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
December 03, 2014	**$*****2,910.00**

PAY ****Two Thousand Nine Hundred Ten and 00/100 Dollars****ONLY

To The Order Of

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

⑈521682460?⑈ ⑆122241501⑆ ⑈908100104 3⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 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	63857

Claim # : 01006093
W.C.A.B.: AI
ADJ # : A
S.S.N. : XXX-XX-N/A
D.O.B. : 1/16/63
Terms : 45 days

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

Case: vs EDEN MARKETING CORP.
Date Of Injury: 2/8/06

DOS	SERVICE	DESCRIPTION	AMOUNT
09/18/14	WCAB LB	EXP. HEARING (LANG: KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
12/04/14	PMT BY CHECK	DOS 9/18/14* # 0341968	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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National Liability & Fire Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 12/04/2014
Check Number : 0341968
Check Amount : $485.00

9FGT1P

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

yuk5a
00005

PAID DEC 09 2014

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
01006093		02/08/2006	63857	Interpreter Fees -	09/18/2014	09/18/2014	$485.00

4014

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

*** INVOICE ***

Date	NO#
12/08/14	61405

Claim # : 05261750
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 2/10/45
Terms : 45 days

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

Case: vs HI-SHEAR TECHNOLOGY
Date Of Injury: 12/22/07

DOS	SERVICE	DESCRIPTION	AMOUNT
04/09/14	WCAB SA	STATUS CONFERENCE LANG: VEITNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/18/14	WCAB SA	STATUS CONFERENCE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/14/14	PMT BY CHECK	DOS 4/9/14-6/18/14* # CP-802006	-970.00
08/13/14	WCAB SA	STATUS CONFERENCE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/22/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
12/03/14	PMT BY CHECK	DOS 8/13/14-10/22/14* =# CP-824607	-970.00

BALANCE 0.00

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Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: **CP-824607**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 12/03/14
Doc #: 029087454

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units	Allowances
			Patient Name:	**Claim #:** 05261750		
1	61405-WCAB	08/13/14	08/13/14	Interpreter fees	1	485.00
2	61405-WCAB	10/22/14	10/22/14	Interpreter fees	1	485.00
					Subtotal:	970.00
			Patient Name	**Claim #:** 02392298		
3	60454-WCAB	04/07/14	04/07/14	Interpreter fees	1	485.00
4	60454-WCAB	06/05/14	06/05/14	Interpreter fees	1	485.00
5	60454-WCAB	09/15/14	09/15/14	Interpreter fees	1	485.00
6	60454-WCAB	11/04/14	11/04/14	Interpreter fees	1	485.00
					Subtotal:	1,940.00
					Total Allowances:	**$2,910.00**

61405

60454

Claim Number	Allowances	Penalty & Interest	Invoice Totals
02392298	1,940.00	.00	1,940.00
05261750	970.00	.00	970.00

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:

05261750	INV#61405 INTERPR WCAB;
02392298	INV#60454 INTERPR WCAB; STATUS CONFERENCE;
02392298	INV#60454 INTERPR WCAB; TRIAL;

PAID DEC 08 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#
01/12/15	62992

Claim # : AIK7964
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 2/14/47
Terms : 45 days

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

Case: vs ROYALTY CARPET MILLS
Date Of Injury: 3/16/04

DOS	SERVICE	DESCRIPTION	AMOUNT
07/24/14	WCAB AHM	MSC - LAN TRINH # 100303 LANG: (VIETNAMESE)	485.00
10/22/14	C&R READING	@ THE L/O OF NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/15/14	PMT BY CHECK	DOS 7/24/14* # 896D 85272593	-485.00

BALANCE 485.00

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

013808

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

SA06853

896D 85272593

TRAVELERS

DATE: 12/15/14
LOSS DATE: 03/16/04
FILE NUMBER: 152 CB AIK7964 E

EMPLOYEE

ACCOUNT NAME:
ROYALTY CARPET MILLS, INC

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

TRAVELERS PROP CAS CO OF AMERIC

62992

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 07/24/2014

TOTAL PAID: $485.00
TAX INFO: 330956713331748 1Y

PAID DEC 19 2014

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

HP

FOR ADDITIONAL INFORMATION, CONTACT: MARIBEL BITTNER AT (909)612-3311

9006955
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
10/30/14	62667

Claim # : 604A00609
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 3/9/49
Terms : 45 days

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

Case: vs ROTO HOLDINGS
Date Of Injury: 9/20/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/10/14	DEPO PREP	@ THE L/O OF NORMAN HOMEN LANG: VEITNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/16/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/07/14	JOB ANALYSIS	@ THE L/O OF NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
09/26/14	PMT BY CHECK	DOS 6/10/14-7/16/14* # 99853937	-970.00
09/22/14	WCAB SA	EXP. HEARING	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/24/14	PMT BY CHECK	DOS 6/10/14-9/22/14* # 99933760	-970.00

BALANCE 0.0(

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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BRANCH OFFICE ADDRESS:
P.O. BOX 4555
PORTLAND, OR 97208
503-239-5800

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	99933760	10/24/14
	CHECK AMOUNT ****$970.00	BLOCK NUMBER 007878

OSN: EE2701102405-000824

CLAIM #: WC 604-A20947
CONTRACT #: WC2-Z41-438585-013-22

CONTROL #: 000004125 ID: CRWEC66
PROVIDER #: 33095671341546

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 03/07/14
EMPLOYEE:

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

EMPLOYER: ROTO HOLDINGS INC
DATES OF SERVICE 06/10/14-09/22/14

PROVIDER:

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
06/10/14	09/22/14	MISC		970.00	970.00	

NOTE: INV # 62667

TOTAL CHARGES	970.00
TOTAL PAYABLE:	970.00
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	970.00

PAID OCT 30 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	NO#
06/16/14	60908

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 7/4/74
Terms : 45 days
Claim #(s):
LB000942582

BILL TO:
ENSTAR/SEABRIGHT INS (ORANGE)
W.C. DEPARTMENT
ATTN: MARGIE CORREA
P.O. BOX # 11027
ORANGE, CA 92856

Case: vs DRIESSEN AIRCRAFT INTERIOR SYS
Date Of Injury: 7/19/12

DOS	SERVICE	DESCRIPTION	AMOUNT
02/12/14	WCAB SA	STATUS CONFERENCE LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	THE VINH TRAN # 100026	0.00
04/02/14	PMT BY CHECK	DOS 2/12/14* # 271955	-485.00
03/05/14	WCAB SA	STATUS CONFERENCE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/10/14	PMT BY CHECK	DOS 3/5/14* # 289088	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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SeaBright Insurance Company
1501 4th Avenue, Suite 2700
Seattle, WA 98101

Bank of America
101 E Kennedy Blvd 5th Floor
Tampa, FL 33602-5179

63-568 / 631 FL

CHECK NO
289088

6/10/14
LB000942582

PAY Four Hundred Eighty-Five And No/100 Dollars $*******485.00
VOID AFTER SIX MONTHS

TO THE ORDER OF:

Joyce Altman Interpreting
P.O. Box 4165
Tustin, CA 92781-4165

AN AGENT OF SeaBright Insurance Company

137

⑈289088⑈ ⑆063105683⑆00227005359 6⑈

CLAIM ID: LB000942582 DATE OF LOSS: 7/19/12 ACCOUNT: D3
CLAIMANT:
INSURED: Driessen Aircraft Interior Systems Inc
PAYEE: Joyce Altman Interpreting

INVOICE NO.:
MEMO:

CHECK NO.: 289088
DATE: 6/10/14
AMOUNT: $*******485.00
REF. NO.: 012701257
USER-ID: 18004/LB

	SERVICE DATE	CODE	DESCRIPTION	QTY	UNITS	BILLED	PAID
1	03/05/14	MI	Inv#60908	1	1	485.00	485.00

PAID JUN 16 2014

TOTAL 485.00 485.00

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#
06/17/14	61966

Claim # : 114-174007355
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 10/8/53
Terms : 45 days

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

Case: vs LONGVIEW INT TECHNOLOGY SOLUTI
Date Of Injury: 5/6/11

DOS	SERVICE	DESCRIPTION	AMOUNT
12/23/13	WCAB SA	MSC - LAN TRINH # 100303 LANG: VIETNAMESE	485.00
04/01/14	PMT BY CHECK	DOS 12/23/13* # 122015497 0	-485.00
04/18/14	C&R READING	@ THE L/O OF NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/21/14	WCAB SA	MSC (VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/08/14	PMT BY CHECK	DOS 4/18/14* # 122213566 3	-485.00
06/12/14	PMT BY CHECK	DOS 12/23/13-5/8/14* # 79411715	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CALIFORNIA INSURANCE GUARANTEE ASSOC.
P.O. BOX 29066
GLENDALE, CA 91209-9066

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

Address Service Requested

Phone: (818) 844-4300

000263-00001-000263 CIG1 2155138
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781

CHECK NUMBER: 79411715

Description	Invoice	CLAIM #	G/L Code	Serv/From	Serv/To	Amount
Interpreter2	61966	174007355		12/23/13	05/08/14+	$485.00

TOTAL: $485.00

PAID JUN 17 2014

MP

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. 79411715

DATE: 06/12/2014

Claim#: 174007355
Claimant:
Insured: AIRDROME PARTS COMPANY
DOL: 10/16/2000

16-66/1220

AMOUNT
*******$485.00

VOID 120 DAYS AFTER DATE OF ISSUE

PAY FOUR HUNDRED EIGHTY-FIVE AND 00/100 DOLLARS

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Memo 61966-1y

Wayne D Hale
AUTHORIZED SIGNATURE

Julian R Wyte
AUTHORIZED SIGNATURE

CIG

⑈79411715⑈ ⑆122000661⑆ 4177⑈ 5021 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#
12/09/14	61980

Claim # : EPH9286
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7327
D.O.B. : 3/21/74
Terms : 45 days

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

Case: vs BIO RAD LABORATORIES, INC.
Date Of Injury: 2/1/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/29/14	QME EVAL	DR MUMTAZ ALI (GARDEN GROVE) LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/09/14	WCAB SA	MSC - LAN TRINH # 100303 AMENDED	485.00
09/03/14	PMT BY CHECK	DOS 4/29/14* # 896D 84741760	-485.00
09/03/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
10/24/14	PMT BY CHECK	DOS 4/29/14-9/3/14* # 896D 85010069	-485.00
10/29/14	INITIAL EXAM	DR JERRY MORRIS (SANTA ANA)	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
12/03/14	PMT BY CHECK	DOS 7/9/14-9/3/14* # 896D 85207304	-970.00

BALANCE 0.00

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019030

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

SA09454

896D 85207304

TRAVELERS

DATE: 12/03/14
LOSS DATE: 02/01/12
FILE NUMBER: 152 CB EPH9286 R

EMPLOYEE

ACCOUNT NAME:
BIO-RAD LABORATORIES, INC.

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 07/09/2014 TO: 09/03/2014

TOTAL PAID: $970.00
TAX INFO: 330956713547893 9Y
PAY MISC: 61980
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID DEC 09 2014

FOR ADDITIONAL INFORMATION, CONTACT: JESENIA GUTIERREZ AT (909)612-3078

337009576
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121208
DETACH CHECK