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

Exotic Languages February 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc (s)	Paid Amt	Check No.	Language	Check Date	Payment Authority
42755	7/29/2015	9/10/15	$ 485.00	Board appear. LB	$ 485.00	896D86535993	Cambodian	8/31/15	Travelers
65074	7/1/2015	7/6/15	$ 485.00	Board appear. LA	$ 485.00	457361	Korean	7/1/15	Illinoise Midwest
62325	6/23/2014	12/17/15	$ 485.00	Board appear. SA	$ 485.00	63577713	Farsi	12/11/15	State of California
65771	7/20/2015	7/29/15	$ 485.00	Depo prep	$ 485.00	510032291	Hindu	7/20/15	Markel FirstComp
65715	4/23/2015	7/7/15	$ 485.00	Depo prep	$ 485.00	119879576	Korean	7/2/15	Gallagher Bassett
66253	4/27/2015	7/1/15	$ 485.00	Depo prep	$ 485.00	119855740	Cantonese	7/1/15	Gallagher Bassett
65074	6/3/2015	7/6/15	$ 485.00	Board appear. LA	$ 485.00	457361	Korean	7/1/15	Illinoise Midwest
65072	2/17/2015	7/6/15	$ 485.00	Initial	$ 485.00	22127459	Vietnamese	6/30/15	County of Los Angeles
64284	2/9/2015	4/23/15	$ 485.00	Depo review	$ 485.00	278607	Vietnamese	4/21/15	Everest Nat'l American Claims
64290	11/13/2014	4/27/15	$ 485.00	Initial	$ 485.00	673767	Vietnamese	4/22/15	MTA Risk Mgmt (Metro)
60635	2/18/2015	4/14/15	$ 485.00	Board appear. SA	$ 485.00	FE48242825	Vietnamese	4/7/15	ESIS
64439	4/25/14 - 2/13/15	4/20/15	$ 970.00	2 Depo preps	$ 970.00	103855848	Korean	4/14/15	CNA

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

Exotic Languages February 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc (s)	Paid Amt	Check No.	Language	Check Date	Payment Authority
64297	1/14/15 - 2/5/15	4/21/15	$ 970.00	PR-2 & Initial	$ 970.00	00740627	Vietnamese	4/17/15	AmTrust
64797	1/6/2015	4/13/15	$ 485.00	Board appear. ANH	$ 485.00	8815294437	Vietnamese	4/7/15	Farmers
64284	2/9/2015	4/23/15	$ 485.00	Depo review	$ 485.00	278607	Vietnamese	4/21/15	American Claims
60133	1/7/2015	3/10/15	$ 485.00	Board appear. SA	$ 485.00	103756491	Vietnamese	3/5/15	CNA
60454	1/13/2015	3/13/15	$ 485.00	Board appear. SA	$ 485.00	CP-844085	Vietnamese	3/5/15	SCIF
62265	1/21/2015	3/3/15	$ 485.00	Board appear. SA	$ 485.00	33133980	Vietnamese	2/26/15	Fireman's Fund
60267	1/7/2015	3/4/15	$ 485.00	PR-2	$ 485.00	0116609752	Vietnamese	2/25/15	Gallagher Bassett
60267	2/4/2015	4/16/15	$ 485.00	PR-2	$ 485.00	117773127	Vietnamese	4/9/15	Gallagher Bassett
60638	1/14/2015	3/6/15	$ 485.00	Board appear. SA	$ 485.00	260370225	Vietnamese	3/3/15	Employers
63596	11/7/2014	1/23/15	$ 485.00	Depo prep	$ 485.00	800117708	Vietnamese	1/14/15	Tokio Marine
64289	11/13/2014	2/18/15	$ 485.00	Initial	$ 485.00	3000308563	Vietnamese	2/13/15	Republic Indemnity
64066	10/27/14 - 12/29/14	2/20/15	$ 970.00	Initial & PR-2	$ 970.00	0116293552	Vietnamese	2/12/15	Gallagher Bassett
64066	1/2/2015	3/4/15	$ 485.00	Depo prep	$ 485.00	0116608918	Vietnamese	2/25/15	Gallagher Bassett
60159	1/7/2015	3/26/15	$ 485.00	PR-2	$ 485.00	446604	Vietnamese	3/20/15	Illinoise Midwest
65771	6/22/2015	7/28/15	$ 485.00	Depo prep	$ 485.00	510033192	Hindu	7/22/15	First Comp
65771	8/12/2015	9/11/15	$ 485.00	Depo prep Vol 2	$ 485.00	510047011	Hindu	9/3/15	First Comp

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

Exotic Languages February 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc (s)	Paid Amt	Check No.	Language	Check Date	Payment Authority
60159	12/3/2014	2/16/15	$ 485.00	PR-2	$ 485.00	442290	Vietnamese	2/11/15	Illinoise Midwest
62846	8/14/14 - 12/16/14	2/13/15	$ 970.00	2 Board appears. SA	$ 970.00	FE48000315	Vietnamese	2/10/15	ESIS
64287	12/12/2014	2/23/15	$ 485.00	Depo review	$ 485.00	800118691	Vietnamese	2/17/15	Tokio Marine
64287	11/11/2014	2/19/15	$ 485.00	Depo prep	$ 485.00	800118388	Vietnamese	2/6/15	Tokio Marine
60621	11/3/2014	2/6/15	$ 485.00	PR-2	$ 485.00	896D85471800	Vietnamese	1/27/15	Travelers
60267	2/4/2015	4/16/15	$ 485.00	PR-2	$ 485.00	0117773127	Vietnamese	4/9/15	Gallagher Bassett
63578	12/9/2014	2/9/15	$ 485.00	Board appear. SA	$ 485.00	70495563	Vietnamese	2/4/15	Sedgwick
64292	11/17/2014	2/2/15	$ 485.00	Board appear. SA	$ 485.00	896D85471799	Vietnamese	1/27/15	Travelers
60267	1/7/2015	3/4/15	$ 485.00	PR-2	$ 485.00	0116609752	Vietnamese	2/25/15	Gallagher Bassett
63582	12/5/2014	5/4/15	$ 485.00	Depo prep	$ 485.00	54759	Gujarati	4/29/15	York
60998	10/22/2014	1/26/15	$ 485.00	Pre-op	$ 485.00	501046	Vietnamese	1/15/15	Tristar
60998	11/24/2014	1/30/15	$ 485.00	Initial	$ 485.00	501087	Vietnamese	1/22/15	Tristar
60998	12/3/2014	3/27/15	$ 485.00	Initial	$ 485.00	501301	Vietnamese	3/18/15	Tristar
60998	9/29/2014	4/15/15	$ 485.00	Board appear. SA	$ 485.00	501378	Vietnamese	4/13/15	Tristar
60947	8/25/2014	2/16/15	$ 485.00	Board appear. SA	$ 485.00	CP-839668	Cambodian	2/12/15	SCIF

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

Exotic Languages February 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc (s)	Paid Amt	Check No.	Language	Check Date	Payment Authority
60947	11/3/2014	1/23/15	$ 485.00	Board appear. SA	$ 485.00	CP-833595	Cambodian	1/14/15	SCIF
60267	8/6/14 - 12/3/14	2/5/14	$ 2,425.00	3 PR-2's & Board appear. SA	$ 2,425.00	0115963842	Vietnamese	1/30/15	Gallagher Bassett
61321	9/26/14 - 10/21/14	2/2/15	$ 970.00	Depo prep & Depo review	$ 970.00	0115850828	Vietnamese	1/26/15	Gallagher Bassett
62685	10/24/2014	1/21/15	$ 485.00	C&R reading	$ 485.00	0115580245	Vietnamese	1/15/15	Gallagher Bassett
63596	11/7/2014	1/23/15	$ 485.00	Depo prep	$ 485.00	800117708	Vietnamese	1/14/15	Tokio Marine
63582	12/22/2014	2/9/15	$ 485.00	Depo prep Vol 2	$ 485.00	52117	Gujarati	2/4/15	York
60294	11/18/2014	1/13/15	$ 485.00	PR-2	$ 485.00	0630591	Vietnamese	1/5/15	Care West
64070	10/27/2014	1/13/15	$ 485.00	Board appear. SA	$ 485.00	33038350	Vietnamese	1/6/15	Ameron Int'l
64024	10/14/14 - 11/3/14	1/9/15	$ 970.00	Depo prep & Depo review	$ 970.00	800329791	Vietnamese	1/5/15	Tokio Marine
63568	11/19/2014	1/8/15	$ 485.00	Board appear. SA	$ 485.00	CP-831714	Vietnamese	1/6/15	SCIF
61326	5/19/2014	11/2/15	$ 485.00	Depo review	$ 485.00	0022637821	Vietnamese	10/26/15	Sedgwick County of Los Angeles
60442	3/12/2014	10/7/15	$ 485.00	Board appear. SA	$ 485.00	0003006435	Vietnamese	9/30/15	Crum & Forster
62851	7/9/2014	4/22/15	$ 485.00	Depo prep	$ 485.00	407426	Vietnamese	4/20/15	York (County of Orange)
63596	11/7/2014	1/23/15	$ 485.00	Depo prep	$ 485.00	800117708	Vietnamese	1/14/15	Tokio Marine
66482	2/11/2014	8/11/15	$ 485.00	Board appear. SA	$ 485.00	1100485975	Vietnamese	8/4/15	Zurich
65075	2/12/15 - 2/16/15	5/11/15	$ 970.00	Depo prep & C&R reading	$ 970.00	18792	Vietnamese	5/8/15	Athens
65074	2/18/2015	4/30/15	$ 485.00	Board appear. LA	$ 485.00	0000698928	Korean	1/9/15	ICW

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

Exotic Languages February 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc (s)	Paid Amt	Check No.	Language	Check Date	Payment Authority
61979	4/14/14 - 11/7/14	5/27/15	$ 970.00	Initial & Depo prep	$ 970.00	28525606	Cambodian	5/19/15	AIG
60446	6/4/14 - 2/4/15	5/27/15	$ 4,365.00	9 PR-2's	$ 4,365.00	0056970761	Vietnamese	5/21/15	Sedgwick
65069	2/2/15 - 2/17/15	5/26/15	$ 970.00	Depo prep & Depo review	$ 970.00	0118767043	Vietnamese	5/17/15	Gallagher Bassett
63583	9/25/2015	3/29/16	$ 485.00	Board appear. SA	$ 485.00	CU-277686	Vietnamese	3/25/16	SCIF
63576	9/15/2014	3/30/16	$ 485.00	Depo prep	$ 485.00	0001624334	Arabic	3/25/16	Sedgwick
62982	7/24/2014	2/8/16	$ 485.00	Board appear. SA	$ 485.00	0023053639	Vietnamese	2/5/16	Intercare County of Los Angeles
68135	1/6/2016	2/4/16	$ 485.00	Board appear. LB	$ 485.00	CP-902021	Cambodian	2/2/16	SCIF
60633	9/16/2014	1/15/15	$ 485.00	Board appear. SA	$ 485.00	0000698928	Vietnamese	1/9/15	ICW

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

*** INVOICE ***
Date NO#
09/10/15 42755

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0851
D.O.B. : 4/13/67
Terms : 45 days
Claim #(s):
ELW2620

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

Case: vs COMMERCE CASINO
Date Of Injury: 1/27/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/19/11	INITIAL EXAM	DR GOFNUNG (LANG: CAMBODIAN)	485.00
/ /	INTERPRETER:	KELLY SENG	0.00
03/17/11	INITIAL EXAM	DR KATTAR (LANG: CAMBODIAN)	485.00
/ /	INTERPRETER:	KELLY SENG	0.00
04/29/11	DEPO PREP	@ THE L/O OF MALMQUIST,FIELD & CAMASTRA,LLP	485.00
/ /	INTERPRETER:	KELLY SENG	0.00
05/03/11	EMG TESTING	BY DR NAHIDA (CAMBODIAN)	485.00
/ /	INTERPRETER:	KELLY SENG	0.00
04/21/11	PR2/REEVAL	DR KATTAR (CAMBODIAN)	485.00
/ /	INTERPRETER:	KELLY SENG	0.00
05/19/11	MRI	BY TECH CONTRERAS: UPPER BACK & NECK (CAMBODIAN)	485.00
/ /	INTERPRETER:	KELLY SENG	0.00
05/24/11	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR CARRERA (CAMBOD)	485.00
/ /	INTERPRETER:	KELLY SENG	0.00
05/25/11	PR2/REEVAL	DR SAMAAN @ GARFIELD MED (CAMBODIAN)	485.00
/ /	INTERPRETER:	KELLY SENG	0.00
05/31/11	EMG TESTING	BY DR NAHIDA @ GARFIELD MED (CAMBODIAN)	485.00
/ /	INTERPRETER:	KELLY SENG	0.00
05/20/11	PR2/REEVAL	DR MAQOOL @ GARFIELD HEALTH (CAMBODIAN) Amended	485.00
/ /	INTERPRETER:	KELLY SENG	0.00
06/07/11	INITIAL EXAM	DR CARRERA - PSYCH EVAL	485.00
/ /	INTERPRETER:	KELLY SENG	0.00
06/30/11	PR2/REEVAL	DR SAMAAN (CAMBODIAN)	485.00
/ /	INTERPRETER:	KELLY SENG	0.00
07/26/11	PR2/REEVAL	DR NAZIR - KELLY SENG	485.00

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W.C. DEPARTMENT
ATTN: PATRICK KARA
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs COMMERCE CASINO
Date Of Injury: 1/27/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/04/11	PR2/REEVAL	DR SAMAAN - KELLY SENG	485.00
08/18/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (FULL DAY)	970.00
/ /	INTERPRETER:	KELLY SENG	0.00
08/25/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP Cont'd (FULL DAY)	970.00
/ /	INTERPRETER:	KELLY SENG	0.00
09/08/11	INITIAL EXAM	DR SAMIMI @ WILLOW MEDICAL	485.00
/ /	INTERPRETER:	KELLY SENG	0.00
09/15/11	PR2/REEVAL	DR KATTAR - KELLY SENG	485.00
10/07/11	PR2/REEVAL	DR MAGBOOL OFFAT - KELLY SENG	485.00
10/10/11	WCAB LB	PRIORITY CONFERENCE (CAMBODIAN)	485.00
/ /	INTERPRETER:	KELLY SENG	0.00
10/20/11	PR2/REEVAL	DR KATTAR - KELLY SENG	485.00
10/21/11	INITIAL EXAM	DR PAYNE (FULL DAY) - KELLY SENG	970.00
11/18/11	PR2/REEVAL	DR MAGBOOL - SAMEDY CHHUM # 700574	485.00
11/17/11	PR2/REEVAL	DR KATTAR - SAMEDY CHHUM # 700574	485.00
12/16/11	PR2/REEVAL	DR MAQBOOL (COMBODIAN)	485.00
/ /	INTERPRETER:	SAMEDY CHHUM # 700574	0.00
01/27/12	PR2/REEVAL	DR MAQBOOL (CAMBODIAN)	485.00
/ /	INTERPRETER:	SAMEDY CHHUM # 700574	0.00
01/26/12	PR2/REEVAL	DR KATTAR (FULL DAY) (rate amended)	970.00
/ /	INTERPRETER:	SAMEDY CHHUM # 700574	0.00
02/24/12	PR2/REEVAL	DR MAQBOOL (CAMOBIAN)	485.00
/ /	INTERPRETER:	SAMEDY CHHUM # 700574	0.00

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

Case: COMMERCE CASINO
Date Of Injury: 1/27/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/08/12	PR2/REEVAL	DR KATTAR (CAMBODIAN)	485.00
/ /	INTERPRETER:	SAMEDY CHHUM # 700574	0.00
03/13/12	P AND S	DR CARRERA : PSYCH EVAL (FULL DAY)	970.00
/ /	INTERPRETER:	SAMEDY CHHUM # 700574	0.00
06/14/12	PR2/REEVAL	DR KATTAR (CAMBODIAN)	485.00
/ /	INTERPRETER:	SAMEDY CHHUM # 700574	0.00
09/13/12	PR2/REEVAL	DR KATTAR (LANG: CAMBODIAN)	485.00
/ /	INTERPRETER:	SAMEDY CHHUM # 700574	0.00
03/05/13	WCAB LB	MSC - SAMEDY CHHUM # 700574 LANG: CAMBODIAN	485.00
08/27/13	WCAB LB	MSC - SAMEDY CHHUM # 700574 LANG: CAMBODIAN	485.00
09/27/13	PMT BY CHECK	DOS 8/27/13 # 896D 82967275	-485.00
10/01/13	WCAB LB	TRIAL (LANG: CAMBODIAN)	485.00
/ /	INTERPRETER:	SAMEDY CHHUM # 7000574	0.00
10/25/13	PMT BY CHECK	DOS 4/29/11-3/5/13 # 896D 83120293	-2425.00
10/31/13	PMT BY CHECK	DOS 10/1/13 # 896D 83147694	-485.00
04/28/15	PENALTIES	FOR DATE OF SERVICE 8/25/11	145.50
04/28/15	INTEREST	FOR DATE OF SERVICE 8/25/11	410.44
04/14/15	LEGAL_EXOTIC	STIPULATION READING @ L/O DENNIS FUSI	485.00
/ /	INTERPRETER:	SAMEDY CHHUM # 700574	0.00
07/29/15	PENALTIES	FOR DATE OF SERVICE 04/29/11	72.75
07/29/15	INTEREST	FOR DATE OF SERVICE 04/29/11	135.08
07/29/15	PENALTIES	FOR DATE OF SERVICE 08/18/11	145.50
07/29/15	INTEREST	FOR DATE OF SERVICE 08/18/11	77.63
08/24/15	PENALTIES	FOR DATE OF SERVICE 08/25/11	145.55
08/24/15	INTEREST	FOR DATE OF SERVICE 08/25/11	446.51
07/29/15	PENALTIES	FOR DATE OF SERVICE 10/10/11	72.75

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TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/10/15 42755

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0851
D.O.B. : 4/13/67
Terms : 45 days
Claim #(s):
ELW2620

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

Case: COMMERCE CASINO
Date Of Injury: 1/27/11

DOS	SERVICE	DESCRIPTION	AMOUNT
07/29/15	INTEREST	FOR DATE OF SERVICE 10/10/11	117.05
07/29/15	PENALTIES	FOR DATE OF SERVICE 03/05/13	72.75
07/29/15	INTEREST	FOR DATE OF SERVICE 03/05/13	38.81
07/29/15	PENALTIES	FOR DATE OF SERVICE 04/14/15	72.75
07/29/15	INTEREST	FOR DATE OF SERVICE 04/14/15	14.05
07/29/15	LEGAL_EXOTIC	MSC @ WCAB LONG BEACH	485.00
/ /	INTERPRETER:	SAMEDY CHHUM # 700574	0.00
08/24/15	PENALTIES	FOR DATE OF SERVICE 4/14/15	72.75
08/24/15	INTEREST	FOR DATE OF SERVICE 4/14/15	18.03
08/31/15	PMT BY CHECK	DOS 7/29/15 =# 896D 86535993	-485.00

BALANCE 18547.90

* 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.

014418

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

SA07156

896D 86535993

TRAVELERS

DATE: 08/31/15
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID SEP 04 2015

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
[redacted]	152 CB ELW2620T	07/29/15	$ 485.00		42755
	152 CB EPH3978F	09/11/13 - 03/20/14	$ 246.56		56702
		Total Amount Paid	$*******731.56		

243007262
DETACH CHECK

SUMM 111311
OVHPSUM2-021509

DETACH CHECK

[redacted]

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*** INVOICE ***

Date	NO#
07/06/15	65074

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 9/9/61
Terms : 45 days
Claim #(s):
0224737-WCMSTR

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

Case: ___ vs ARIRANG MARKET
Date Of Injury: 12/14/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/18/15	LEGAL_EXOTIC	STATUS CONFERENCE @ WCAB LA LANG: KOREAN	485.00
/ /	INTERPRETER:	MARY ANN YI # 301249	0.00
04/24/15	PMT BY CHECK	DOS 2/18/15* # 450422	-485.00
06/03/15	LEGAL_EXOTIC	STATUS CONFERENCE @ WCAB LA	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
07/01/15	PMT BY CHECK	DOS 6/3/15* # 457361	-485.00

BALANCE 0.00

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

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
A.R. Supermarket, Inc.
Claimant

Check No:	457361
Check Amt:	$485.00
Check Date:	07/01/2015
Claimant:	
Soc. Sec. No:	XXX-XX-2240
Claim No:	0224737-WCMSTR
Date of Loss:	12/14/2010
Adjuster:	Crawford, Zac
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	06/03/2015 To: 06/03/2015
Invoice No:	65074

Payable Comment

PAID JUL 0 6 2015

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
A.R. Supermarket, Inc.
Claimant

Check No:	457361
Check Amt:	$485.00
Check Date:	07/01/2015
Claimant:	
Soc. Sec. No:	XXX-XX-2240
Claim No:	0224737-WCMSTR
Date of Loss:	12/14/2010
Adjuster:	Crawford, Zac
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	06/03/2015 To: 06/03/2015
Invoice No:	65074

Payable Comment

[redacted]

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

*** INVOICE ***
Date NO#
12/17/15 62325

EAMS#(s):

SS # : XXX-XX-4791
DOB : 8/25/97
Terms : 45 days
Claim #(s):
SCCW-002038

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

Case: 's GAIN-PREP
Date Of Injury: 8/25/97

DOS	SERVICE	DESCRIPTION	AMOUNT
06/23/14	WCAB SA	STATUS CONFERENCE (LANG: FARSI)	485.00
/ /	INTERPRETER:	FRANK FARSAD # 700450	0.00
12/11/15	PMT BY CHECK	DOS 6/23/14* # 63-577713	-485.00

BALANCE 0.00

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

STATE OF CALIFORNIA

WARRANT NUMBER 63-577713

H THE TREASURER OF THE STATE WILL PAY OUT OF THE

FUND NO. 0890 FUND NAME FEDERAL TRUST FUND

IDENTIFICATION NO. XXXXX784

5180

MO. 12 DAY 11 YR. 2015

90-1342/1211

63577713

TO: 577713

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

DOLLARS	CENTS
$*****485.	00

Betty T. Yee

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

FORM CD-85(1/89) CONTROLLERS WARRANT

⑆121134231⑆ 63577713⑈

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

63-577713

ISSUE DATE: 12/11/2015
CLAIM NUMBER: SCCW-002038
CLAIMANT NAME:
DATE OF INJURY: 08-25-1997
PAY DESCRIPTION: LEGAL
PERIOD FROM - PERIOD TO: 06-23-2014 - 06-23-2014

62325

PAID DEC 17 2015

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

*** INVOICE ***

Date	NO#
07/29/15	65771

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 4/6/62
Terms : 45 days
Claim #(s):
MCA900112055

BILL TO:
FIRST COMP/MARKEL INS (OMAHA)
W.C. DEPARTMENT
ATTN: JEAN HOADLEY
P.O. BOX # 3188
OMAHA, NE 68103

Case: [redacted] vs ROYAL KHYBER ENT.
Date Of Injury: 1/3/15

DOS	SERVICE	DESCRIPTION	AMOUNT
05/05/15	LEGAL_EXOTIC	DEPO PREP @ L/O MCNAMARA & DRASS (HINDU)	485.00
/ /	INTERPRETER:	VARUNA TEJWANI # 700285	0.00
06/22/15	LEGAL_EXOTIC	DEPO PREP @ L/O DENNIS FUSI	485.00
/ /	INTERPRETER:	VARUNA TEJWANI # 700285	0.00
07/20/15	PMT BY CHECK	DOS 5/5/15* # 510032291	-485.00

BALANCE 485.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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FIRST COMP
MARKEL Insuring America's Small Business®

PO Box 3188
Omaha, NE 68103-3188

PAID JUL 24 2015

Claims Disbursement

CLAIM #: MCA900112055
PAYEE: JOYCE ALTMAN INTERPRETERS INC

CHECK NUMBER: 510032291
CHECK DATE: 07/20/2015
CHECK AMOUNT: $485.00

Check Information

CLAIMANT NAME:
POLICY #: MWC0019306-04
INVOICE #: 65771depo
INVOICE DATE: 07/01/2015
BILL ID #: 5410327
BILL REVIEW ID #:
BENEFIT BEGIN: 05/05/2015
BENEFIT END: 05/05/2015
RESERVE TYPE: EX
SUB-RESERVE TYPE: Experts and Consultants

CHECK MEMO:

Please contact our Customer Service Department at 1-888-500-3344 if you have any questions.

[redacted]

RECEIVED JUL 24 2015

EXPLANATION OF REVIEW

FirstComp, a Division of Markel Service, Incorporated
d/b/a Markel Insurance Services a Service office for Markel Insurance Company
PO Box 3188
Omaha, NE 68103-3188
888-500-3344

7/20/2015

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165 —
TUSTIN, CA 927814165

CLAIM DETAILS	
Claimant:	Insured: ROYAL KHYBER ENTERPRISES INC
Date of Injury: 1/3/2015	Policy Number: MWC0019306-04
Claim Number: MCA900112055	Adjuster: Hoadley, Jean
BILL DETAILS	
Invoice Number: 65771depo	Invoice Date: 7/1/2015
Bill ID Number: 3041504	Received Date: 7/6/2015
Processor: Angelea Moore	Process Date: 7/17/2015
Reviewer: Angelea, Moore	Review Date: 7/17/2015

Line Item	Date of Service	Proc. Code	Desc.	Mod.	Units	Billed Amount	Paid Amount	Denial Reason
1	5/5/2015	—	Other	—	—	485	485	—

Total 485

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review: After an EOR is received on an original bill submission, a health care provider, heath care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for Second Review to the claim administrator within 90 days of service of the explanation of review. The Request for Second Review must conform to the requirements of the Division of Workers' Compensation Medical Billing and Payment Guide, and regulations at title 8, California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a second review within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment.

Request for Independent Bill Review: After a health care provider, health care facility, or billing agent/assignee submits a Request for Second Review, the claims administrator will review the bill and issue an EOR which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, a health care provider, health care facility, billing agent/assignee that still disputes the amount paid may submit a request for independent bill review within 30 days of service of the EOR. The Request for Independent Bill Review must conform to the requirements of title 8, California Code of Regulations section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee fails to request an independent bill review within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for independent bill review, and the time limit for requesting independent bill review shall not begin to run until the resolutions of that issue becomes final.

Reconsideration requests should be sent to the address listed above with the appropriate form and all supporting documentation. For further questions please contact the Adjuster listed above at 888-500-3344.

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

*** INVOICE ***
Date NO#
07/07/15 65715

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 9/28/46
Terms : 45 days
Claim #(s):
005497000140WC01

BILL TO:
GALLAGHER BASSETT (ORANGE)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 14260
ORANGE, CA 92863

Case: _ vs CALIFORNIA COMMERCE CASINO
Date Of Injury: 12/14/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/23/15	LEGAL_EXOTIC	DEPO PREP @ L/O DENNIS FUSI LANG: KOREAN	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA 301033	0.00
07/02/15	PMT BY CHECK	DOS 4/23/15* # 0119879576 GALLGHER	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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/ORANGE CA
P.O. BOX 14260
ORANGE CA 92863-1260

005497 PAGE 1 OF 1 006016

MDG2009 00003702 1 MB 0439 1

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

PAID JUL 07 2015

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

DIRECT CHECK INQUIRIES TO:
PHONE: 800-297-0866
GALLAGHER BASSETT-LA/ORANGE CA
P.O. BOX 14260
ORANGE CA 92863-1260

CLAIM NO.: 005497 000140 WC 01 (31)
CLAIMANT:
DESCRIPTION: INV#65715 65794

BRANCH NO.: 138
ACC DATE: 14Dec14

NO.: 0119879576
VN: 0000008558
DATE: 02Jul15

DATES OF SERVICE: 23Apr15 **THRU** 23Apr15
BENEFIT PERIOD: **THRU**

AMOUNT: 485.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003702 004273 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#
07/06/15	66253

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 10/9/66
Terms : 45 days
Claim #(s):
005497-000118-WC-01

BILL TO:
GALLAGHER BASSETT (ORANGE)
W.C. DEPARTMENT
ATTN: VICKY MONDRAGON
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs CALIFORNIA COMMERCE CLUB
Date Of Injury: 8/25/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/27/15	LEGAL_EXOTIC	DEPO PREP @ L/O DENNIS FUSI LANG: CANTONESE	485.00
/ /	INTERPRETER:	ALFRED CHOW # 100037	0.00
07/01/15	PMT BY CHECK	DOS 4/27/15* # 01198557740 GALLAGHER	-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

005497 PAGE 1 OF 1 005636

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

PAID JUL 06 2015

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

DIRECT CHECK INQUIRIES TO:
PHONE: 800-297-0866
GALLAGHER BASSETT-LA/ORANGE CA
P.O. BOX 14260
ORANGE CA 92863-1260

CLAIM NO.: 005497 000118 WC 01 (21)
CLAIMANT:
DESCRIPTION: INV# 66253 / 65805

BRANCH NO.: 138
ACC DATE: 25Aug14

NO.: 0119855740
VN: 0000008524
DATE: 01Jul15
AMOUNT: 485.00

DATES OF SERVICE: 27Apr15 **THRU** 27Apr15
BENEFIT PERIOD: **THRU**

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0010365 011076 002 002

[redacted]

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

*** INVOICE ***
Date NO#
07/06/15 65074

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 9/9/61
Terms : 45 days
Claim #(s):
0224737-WCMSTR

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

Case: 's ARIRANG MARKET
Date Of Injury: 12/14/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/18/15	LEGAL_EXOTIC	STATUS CONFERENCE @ WCAB LA LANG: KOREAN	485.00
/ /	INTERPRETER:	MARY ANN YI # 301249	0.00
04/24/15	PMT BY CHECK	DOS 2/18/15* # 450422	-485.00
06/03/15	LEGAL_EXOTIC	STATUS CONFERENCE @ WCAB LA	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
07/01/15	PMT BY CHECK	DOS 6/3/15* # 457361	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
A.R. Supermarket, Inc.
Claimant

Check No:	457361
Check Amt:	$485.00
Check Date:	07/01/2015
Claimant:	
Soc. Sec. No:	
Claim No:	0224737-WCMSTR
Date of Loss:	12/14/2010
Adjuster:	Crawford, Zac
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	06/03/2015 To: 06/03/2015
Invoice No:	65074

Payable Comment

PAID JUL 0 6 2015

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
A.R. Supermarket, Inc.
Claimant

Check No:	457361
Check Amt:	$485.00
Check Date:	07/01/2015
Claimant:	
Soc. Sec. No:	
Claim No:	0224737-WCMSTR
Date of Loss:	12/14/2010
Adjuster:	Crawford, Zac
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	06/03/2015 To: 06/03/2015
Invoice No:	65074

Payable Comment

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

*** INVOICE ***
Date NO#
07/06/15 65072

W.C.A.B.:
ADJ # :
S.S.N. : ---
D.O.B. : 9/30/64
Terms : 45 days
Claim #(s):
3000-15-01353

BILL TO:
INTERCARE INS (ORANGE)
W.C. DEPARTMENT
ATTN: RYAN C.
P.O. BOX # 14243
ORANGE, CA 92863-4243

Case: vs COUNTY OF LA DEPARTMENT FIRE
Date Of Injury: 2/3/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/17/15	MED_EXOTIC	INITIAL EXAM W/DR VAN VU (FOUNTAIN VALLEY)	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190 LANG: VIETNAMESE	0.00
06/30/15	PMT BY CHECK	DOS 2/17/15* # 0022127459	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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COUNTY OF LOS ANGELES

AUDITOR CONTROLLER'S SPECIAL WARRANT
WARRANT CLEARANCE FUND, LOS ANGELES, CALIFORNIA

TS 0022127459

THE TREASURER OF THE COUNTY OF LOS ANGELES
500 W. TEMPLE ST, ROOM 502, LOS ANGELES, CA 90012

June 30, 2015

NOT PAYABLE AFTER TWO YEARS FROM DATE ISSUED

CONTROLLED DISBURSEMENT
PAYABLE THROUGH: BANK OF AMERICA, N.A.
NORTH BROOK, ILLINOIS

70-2328
0719

PAY TO THE ORDER OF:

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

WC1423BV239
001
416

Amount
$*********485.00

PAY: Four Hundred Eighty Five And 00/100 Dollars

APPROVED
JOHN NAIMO, AUDITOR-CONTROLLER BY

⑈0022127459⑈ ⑆071923284⑆ 87659⑈15848⑈

DETACH HERE

COUNTY OF LOS ANGELES REMITTANCE ADVICE

DETACH HERE

PAYEE NAME	PAYEE NUMBER	HANDLING CODE
JOYCE ALTMAN INTERPRETERS	WC1423BV239	

PAYMENT REFERENCE NUMBER	DISB CAT	ISSUE DATE	AMOUNT	WARRANT NUMBER
SWR-EB-41411731462	416	06/30/2015	$485.00	0022127459

3000-15-01353 02-03-15
INVOICE #
02-17-15 THRU 02-17-15
10 MEDICAL EXPENSES 485.00
----- -------
$485.00
*74299*J2*3

65072

NOT NEGOTIABLE NOT NEGOTIABLE NOT NEGOTIABLE

PAID JUL 06 2015

For more information about this payment, please contact
YOUR THIRD PARTY ADMINISTRATOR

NOT NEGOTIABLE NOT NEGOTIABLE NOT NEGOTIABLE

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

*** INVOICE ***

Date	NO#
04/23/15	64284

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0343
D.O.B. : 5/19/53
Terms : 45 days
Claim #(s):
08016557

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W.C. DEPARTMENT
ATTN: KARINA GERARDO
P.O. BOX # 85251
SAN DIEGO, CA 92186

Case: vs HEADED REINFORCEMENT CORP
Date Of Injury: 10/27/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/10/14	MED_EXOTIC	INITIAL W/DR VAN VU (FOUNTAIN VALLEY)	485.00
/ /	INTERPRETER:	THE VINH TRINH # 100026 LANG: VIETNAMESE	0.00
01/16/15	LEGAL_EXOTIC	DEPO PREP @ L/O OF STOCKWELL & HARRIS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/12/15	PMT BY CHECK	DOS 11/10/14-1/16/15* # 273316	-970.00
02/09/15	LEGAL_EXOTIC	DEPO REVIEW @ L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH 100303	0.00
04/21/15	PMT BY CHECK	DOS 2/9/15* # 278607	-485.00

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Everest National Insurance Company
American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

VOID VOID VOID

90-3582
1222
US Bank
4747 Executive Drive
San Diego, CA 92121

CHECK NO. 278607

DATE
04/21/2015

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

VOID AFTER 90 DAYS

California Workers' Compensation Payment

Pay Four Hundred Eighty Five Dollars And 00/100

TO THE ORDER OF VOID VOID

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

VOID

⑈0000278607⑈ ⑆122235821⑆ 153495464635⑈

Payee: Joyce Altman Interpreters Inc

S/SSN: XX-XXX6713

Check Number: 278607

Check Date: 04/21/2015

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
016557		10/27/2014	Interpreter Fees - Depo / WCAB Only	02/09/2015	02/09/2015	04/15/2015	64284	485.00

PAID APR 23 2015

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

*** INVOICE ***

Date	NO#
04/27/15	64290

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0102
D.O.B. : 9/1/61
Terms : 45 days
Claim #(s):
1-14-17564

BILL TO:
MTA
W.C. DEPARTMENT
ATTN: ROSEMARY IBARRA
ONE GATEWAY PLAZA
LOS ANGELES, CA 90012

Case: vs LACMTA
Date Of Injury: 1/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/13/14	MED_EXOTIC	INITIAL W/DR VAN VU (L.A.)	485.00
/ /	INTERPRETER:	JACQUELINE NGUYEN # 500241	0.00
04/22/15	PMT BY CHECK	DOS 11/13/14* # 0000673767	-485.00

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

00104-00104

Metro

PTSC MTA RISK MANAGEMENT AUTHORITY
ONE GATEWAY PLAZA
MS 99-20-7
LOS ANGELES, CA 90012-2952

US

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

Check No. 0000673767
Check Date 04/22/2015
Check Amount $485.00

PAID APR 27 2015

Incident Date	Invoice Number	Claimant/Description	Amount
1/13/2014	1-14-17564 64290	MEDICAL - GENERAL	$485.00
		TOTAL	$485.00

PAGE 1/1

[redacted]

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

*** INVOICE ***

Date	NO#
04/14/15	60635

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1909
D.O.B. : 12/10/58
Terms : 45 days
Claim #(s):
59964941270962

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	485.00
		LANG: VIETNAMESE	
/ /	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
02/18/15	LEGAL_EXOTIC	STATUS CONFERENCE @ WCAB SA	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/07/15	PMT BY CHECK	DOS 2/18/15* # FE48242825	-485.00

BALANCE 0.0

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

PDWLDMCD-000932-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 04/07/15

CHECK NO. **FE48242825**

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00048 FE48242825
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
5996494127096

DOLLARS
$********485.00

*** NOT NEGOTIABLE ***

FOR
02/18/15 THRU 02/18/15 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 14 2015

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

[redacted]

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

*** INVOICE ***

Date	NO#
04/20/15	64439

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5266
D.O.B. : 2/2/62
Terms : 45 days
Claim #(s):
E2B30709

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

Case: vs UNI CAPS
Date Of Injury: 9/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
04/25/14	DEPO PREP	@ THE L/O OF TOBIN LUCKS (KOREAN)	485.00
/ /	INTERPRETER:	ANNIE EUNHEE LEE # 301157	0.00
02/13/15	LEGAL_EXOTIC	DEPO PREP @ L/O DENNIS FUSI VOL II	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
04/14/15	PMT BY CHECK	DOS 4/25/14-2/13/15* # 103855848 CNA	-970.00

BALANCE 0.00

*INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

002694

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781

PAID APR 20 2015

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

Claim Number * E2 B30709FL

Insured/Client: UNI CAPS LLC

Claimant:

ATT

Date of Loss: 09/01/10

Total WC Ind to Date:

From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
04/25/14-02/13/15	IND	26	TR		$970.00
					$970.00

04/14/15

61786

Reason
INV 64439 INTER/DEPO PREP/LEGAL EXOTIC

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

ntinental Casualty Company
icago, IL 60604

UNDERWRITTEN BY:
VALLEY FORGE INSURANCE COMPANY

103855848
Date Issued
04/14/15

66-156
631
Bank Acct.
4759628092

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

Claim Number: E2 B30709	Desk Code: FLT	Insured/Client: UNI CAPS LLC	Issuing Off. No. 81
Policy & Contract No: WC 4023009414		Claimant	Date of Loss: 09/01/10
From-thru (Dates): 04/25/14	In Payment of: 02/13/15	INV 64439 INTER/DEPO PREP/LEGAL EXOTIC	

PAY NINE HUNDRED SEVENTY AND NO/100THS ---------- Dollars

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

********$970.00

Wells Fargo Bank, N.A

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

⑈0103855848⑈ ⑆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#
04/21/15 64297

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1655
D.O.B. : 3/17/73
Terms : 45 days
Claim #(s):
1672914

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

Case: vs AA SUPERMARKET
Date Of Injury: 11/13/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/26/14	MED_EXOTIC	'INITIAL W/DR NIMISH SHAH @ NEW HORIZON	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
12/16/14	MED_EXOTIC	PR-2 W/DR SHAH & M. MERCADO @ NEW HORIZON	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
03/11/15	PMT BY CHECK	DOS 11/26/14-12/16/14* # 00707091	-970.00
01/14/15	MED_EXOTIC	PR-2 W/DR SHAH & M. MERCADO @ NEW HORIZON	485.00
/ /	INTERPRETER:	JAIME NGUYEN # 100190	0.00
02/05/15	MED_EXOTIC	INITIAL W/DR DESHMUKH (ANAHEIM)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/17/15	PMT BY CHECK	DOS 1/14/15-2/5/15* # 00740627	-970.00

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

OTE: Any and all partial payments received have been acknowledged and clearly eflected in the enclosed statement. However, payments received do not epresent full and final satisfaction. In accordance with CCR Section 10770 len 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.

ANA UBI Claims
PO BOX 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
00740627
1672914-1
SWC1041014
DATE / AMOUNT
4/17/2015 $970.00

PAY Nine Hundred Seventy and 0/100s Dollars**********

Pay To: JOYCE ALTMAN INTERPRETERS INC

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

VOID AFTER 90 DAYS

SIGNATURE HAS A COLORED BACKGROUND AND BORDER CONTAINS MICROPRINTING

⑈00740627⑈ ⑆021309379⑆ 79026246 3⑈

PAID APR 21 2015

Explanation Of Bill Review

Check Number	00740627
Claim Number:	1672914-1
Regulatory ID:	
Bill Number:	7495469
Invoice Number:	FP1-MJCA-200914
Policy / Insured:	SWC1041014/AA Market Place, LLC
SSN / Employee Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC
Loss Date:	11/13/2014 FP1-MJCA-200914
Location:	13220 Harbor Blvd Garden Grove CA 92843 -
Examiner Code:	afalcon
Network/PPO Network:	

ANA UBI Claims
PO BOX 740042
Atlanta, GA 30374-0042

888-239-3909

64297

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
3/11/2015	99911	INTERPRETING SERVICES	1.00	970.00	0.00	0.00	970.00	
				970.00	0.00	0.00	970.00	

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

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

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

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

*** INVOICE ***

Date	NO#
04/13/15	64797

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1439
D.O.B. : 12/6/50
Terms : 45 days
Claim #(s):
WC10080945

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

Case: vs MY THUAN SUPERMARKET
Date Of Injury: 9/21/12

DOS	SERVICE	DESCRIPTION	AMOUNT
01/06/15	LEGAL_EXOTIC	PRIORITY CONFERENCE @ ANA (VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/07/15	PMT BY CHECK	DOS 1/6/15* # 8815294437	-485.00

BALANCE 0.0

*INDICATES BILLED AT A MINIMUM OF 2 HOURS

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FARMERS INSURANCE EXCHANGE

Check Number: 8815294437
Date: 04/07/2015

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

PAID APR 13 2015

Claimant/Patient:			
Insured:	MY THUAN INC		
Date of Loss:	09/21/2012	Claim Representative:	Sandra Markle
Claim Number:	WC10080945	Office Phone Number:	8185402229
Correspondence Reference:	X2$F48BWN	Applicable Coverage:	Workers' Compensation

Additional Information:
64797 If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

From/To Dates	Benefit Type	Benefit Amount	Overpayment W/H	Net Amount
01/06/15 - 01/06/15	Other Specified Indemnity	$485.00		$485.00

TOTAL Benefits Paid To Date :

Other Specified Indemnity	$1969.16

#64797

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

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

*** INVOICE ***

Date	NO#
04/23/15	64284

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0343
D.O.B. : 5/19/53
Terms : 45 days
Claim #(s):
08016557

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W.C. DEPARTMENT
ATTN: KARINA GERARDO
P.O. BOX # 85251
SAN DIEGO, CA 92186

Case: vs HEADED REINFORCEMENT CORP
Date Of Injury: 10/27/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/10/14	MED_EXOTIC	INITIAL W/DR VAN VU (FOUNTAIN VALLEY)	485.00
/ /	INTERPRETER:	THE VINH TRINH # 100026 LANG: VIETNAMESE	0.00
01/16/15	LEGAL_EXOTIC	DEPO PREP @ L/O OF STOCKWELL & HARRIS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/12/15	PMT BY CHECK	DOS 11/10/14-1/16/15* # 273316	-970.00
02/09/15	LEGAL_EXOTIC	DEPO REVIEW @ L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH 100303	0.00
04/21/15	PMT BY CHECK	DOS 2/9/15* # 278607	-485.00

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Everest National Insurance Company
American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

VOID VOID VOID

90-3582
1222
US Bank
4747 Executive Drive
San Diego, CA 92121

CHECK NO. 278607

DATE
04/21/2015

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

VOID AFTER 90 DAYS

California Workers' Compensation Payment

Pay Four Hundred Eighty Five Dollars And 00/100

TO THE ORDER OF

VOID VOID

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

VOID

⑈0000278607⑈ ⑆122235821⑆ 153495464635⑈

Payee: Joyce Altman Interpreters Inc

TIN/SSN: XX-XXX6713

Check Number: 278607

Check Date: 04/21/2015

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
016557		10/27/2014	Interpreter Fees - Depo / WCAB Only	02/09/2015	02/09/2015	04/15/2015	64284	485.00

PAID APR 23 2015

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

*** INVOICE ***

Date	NO#
03/10/15	60133

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 6/26/78
Terms : 45 days
Claim #(s):
E3250453

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
01/07/15	LEGAL_EXOTIC	MSC @ WCAB SA	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/05/15	PMT BY CHECK	DOS 1/7/15* # 103756491	-485.00

BALANCE 0.0(

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

000703

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781

PAID MAR 10 2015

* 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: 03/05/15

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
01/01/10		01/07/15-01/07/15	IND	26	TR		$485.00
							$485.00

Reason
INV 60133 MSC @ WCAB SA

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

103756491
Date Issued
03/05/15

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 250453	N5	HAWAIIAN GARDENS CASINO	2C
Prefix & Contract No. WC -2074979132		Claimant	Date of Loss 01/01/10
From-thru (Dates) 01/07/15	In Payment of 01/07/15	INV 60133 MSC @ WCAB SA	

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

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

********$485.00

Wells Fargo Bank, N.A

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

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

*** INVOICE ***

Date	NO#
03/13/15	60454

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1211
D.O.B. : 8/20/73
Terms : 45 days
Claim #(s):
02392298

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
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
01/13/15	LEGAL_EXOTIC	TRIAL @ WCAB SANTA ANA	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/15/15	MED_EXOTIC	SLEEP STUDY BY DR HEIKALI @ F&M RADIOLOGY MED CT	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/05/15	PMT BY CHECK	DOS 1/13/15* # CP-844085	-485.00

BALANCE 485.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

)TE: Any and all partial payments received have been acknowledged and clearly
flected in the enclosed statement. However, payments received do not
epresent full and final satisfaction. In accordance with CCR Section 10770
ten 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)

te Compensation Insurance Fund
BOX 65005
sno, CA 93650-5005
38STATEFUND

Provider Number: XXXXX6713

Check #: **CP-844085**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 03/05/15
Doc #: 029445453

edical

Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:	**Claim #:** 05319938			
S&O LS	07/10/08	06/09/13	Medical Services	1		150.00
		Patient Name:	**Claim #:** 02392298			
60454-WCAB	01/13/15	01/13/15	Interpreter fees	1		485.00
				Total Allowances:		**$635.00**

50431 F.F. SP

Claim Number	Allowances	Penalty & Interest	Invoice Totals
02392298	485.00	.00	485.00
05319938	150.00	.00	150.00

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 TRIAL;
05319938	STIP/ORDER LIEN SETTLEMEN; T AGREEMENT FULL & FINAL; SATISFACTION FOR ANY AND; ALL DOS 07/10/08 TO; 06/09/13;

PAID MAR 09 2015

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

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

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

State Compensation Insurance Fund

Medical
SP

Santa Ana District Office
PO BOX 65005
Fresno, CA 93650-5005

CP-844085
Union Bank
Los Angeles, California

90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
March 05, 2015	**$*******635.00**

PAY ****Six Hundred Thirty-Five and 00/100 Dollars****ONLY

To The Order Of

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

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

*** INVOICE ***
Date NO#
03/03/15 62265

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5001
D.O.B. : 1/1/41
Terms : 45 days
Claim #(s):
00513108600

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

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
01/21/15	LEGAL_EXOTIC	STATUS CONFERENCE @ WCAB SA	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/26/15	PMT BY CHECK	DOS 1/21/15* # 33133980 FIRERMAN'S	-485.00

BALANCE 0.0(

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

Fireman's Fund Insurance Company
A company of Allianz

FIREMAN'S FUND INSURANCE CO
3100 ZINFANDEL DRIVE
SUITE 240
RANCHO CORDOVA CA 95670

Policy No. DWP 80853556 Claim No. B005C13108600

Insured QUIXOTE CORPORATION 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

Explanation For INVOICE# 62265 DATED 2/20/15

PAID MAR 03 2015

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 SARA E MAREK Phone No. (000)000-0000

From 01/21/15 Thru 01/21/15 IRS# R330956713 Check Distribution M

Processor ID 780F348 Check Amount $485.00

Producer Name ARTHUR J. GALLAGHER RISK MGMT Check No. 33133980

Producer City ITASCA St. IL

Date of Loss 06/20/01

Issue Date 02/26/15

* 0 0059 1 000000 1 0 06C*
CDCG.A160.F

CF60S

Record

[redacted]

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

*** INVOICE ***
Date NO#
03/04/15 60267

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4943
D.O.B. : 5/25/47
Terms : 45 days
Claim #(s):
002327002592WC01

BILL TO:
GALLAGHER BASSETT (ROSEVILLE)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
PO BOX 610
ROSEVILLE, CA 95661

Case: vs ACRALIGHT INTERNATIONAL
Date Of Injury: 3/7/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/06/13	PR2/REEVAL	DR SHAH (GARDEN GROVE) LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/04/13	PR2/REEVAL	DR SHAH (GARDEN GROVE)	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
01/08/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE & WELLNESS	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
02/05/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE & WELLNESS	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
03/05/14	PR2/REEVAL	DR SHAH (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
04/08/14	PMT BY CHECK	DOS 11/6/13-2/5/14* # 0108761743	-194.00
04/09/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
05/07/14	PMT BY CHECK	DOS 5/5/14* # 0109475434	-485.00
05/21/14	PMT BY CHECK	DOS 11/6/13-4/8/14* # 0109797126	-1746.00
05/21/14	PMT BY CHECK	DOS 4/9/14* # 0109797124	-485.00
05/07/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NUGYEN # 100190	0.00
06/04/14	PR2/REEVAL	DR SHAH @ 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
09/10/14	PMT BY CHECK	DOS 8/27/14* # 0112415332	-1455.00
09/15/14	WCAB SA	MSC - LAN TRINH # 100303	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#
03/04/15 60267

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4943
D.O.B. : 5/25/47
Terms : 45 days
Claim #(s):
002327002592WC01

BILL TO:
GALLAGHER BASSETT (ROSEVILLE)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
PO BOX 610
ROSEVILLE, CA 95661

Case: vs ACRALIGHT INTERNATIONAL
Date Of Injury: 3/7/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/03/14	PR2/REEVAL	DR SHAH # HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
11/05/14	MED_EXOTIC	PR-2 W/DR SHAH @ NEW HORIZON	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
12/03/14	MED_EXOTIC	PR-2 W/DR SHAH/M. MERCADO	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
01/30/15	PMT BY CHECK	DOS 8/6/14-12/3/14* # 0115963842	-2425.00
01/07/15	MED_EXOTIC	PR-2 W/DR SHAH	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
02/25/15	PMT BY CHECK	DOS 1/7/15* # 0116609752	-485.00

BALANCE 0.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661-0610

002327 PAGE 1 OF 1 004188

MDG2009 00004527 1 MB 0435 1

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

PAID MAR 0 3 2015

GALLAGHER BASSETT SERVICES INC
FOR ALL RISK LIMITED CA-WC
EVEREST NATIONAL INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 916-787-2600
GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661-0610

CLAIM NO.: 002327 002592 WC 01 (0186311201)
CLAIMANT:
DESCRIPTION: INV# 60267

DATES OF SERVICE: 07Jan15 **THRU** 07Jan15
BENEFIT PERIOD: **THRU**

BRANCH NO.: 180
ACC DATE: 07Mar12

NO.: 0116609752
VN: 0000155179
DATE: 25Feb15
AMOUNT: 485.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004527 005266 001 002

[redacted]

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

*** INVOICE ***
Date NO#
04/16/15 60267

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4943
D.O.B. : 5/25/47
Terms : 45 days
Claim #(s):
002327002592WC01

BILL TO:
GALLAGHER BASSETT (ROSEVILLE)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
PO BOX 610
ROSEVILLE, CA 95661

Case: vs ACRALIGHT INTERNATIONAL
Date Of Injury: 3/7/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/06/13	PR2/REEVAL	DR SHAH (GARDEN GROVE) LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/04/13	PR2/REEVAL	DR SHAH (GARDEN GROVE)	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
01/08/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE & WELLNESS	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
02/05/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE & WELLNESS	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
03/05/14	PR2/REEVAL	DR SHAH (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
04/08/14	PMT BY CHECK	DOS 11/6/13-2/5/14* # 0108761743	-194.00
04/09/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
05/07/14	PMT BY CHECK	DOS 5/5/14* # 0109475434	-485.00
05/21/14	PMT BY CHECK	DOS 11/6/13-4/8/14* # 0109797126	-1746.00
05/21/14	PMT BY CHECK	DOS 4/9/14* # 0109797124	-485.00
05/07/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NUGYEN # 100190	0.00
06/04/14	PR2/REEVAL	DR SHAH @ 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
09/10/14	PMT BY CHECK	DOS 8/27/14* # 0112415332	-1455.00
09/15/14	WCAB SA	MSC - LAN TRINH # 100303	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#
04/16/15 60267

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4943
D.O.B. : 5/25/47
Terms : 45 days
Claim #(s):
002327002592WC01

BILL TO:
GALLAGHER BASSETT (ROSEVILLE)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
PO BOX 610
ROSEVILLE, CA 95661

Case: ____ vs ACRALIGHT INTERNATIONAL
Date Of Injury: 3/7/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/03/14	PR2/REEVAL	DR SHAH # HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
11/05/14	MED_EXOTIC	PR-2 W/DR SHAH @ NEW HORIZON	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
12/03/14	MED_EXOTIC	PR-2 W/DR SHAH/M. MERCADO	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
01/30/15	PMT BY CHECK	DOS 8/6/14-12/3/14* # 0115963842	-2425.00
01/07/15	MED_EXOTIC	PR-2 W/DR SHAH	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
02/25/15	PMT BY CHECK	DOS 1/7/15* # 0116609752	-485.00
02/04/15	MED_EXOTIC	PR-2 W/DR SHAH & M.MERCADO	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
04/09/15	PMT BY CHECK	DOS 2/4/15* # 0117773127	-485.00

BALANCE 0.0

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

GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661-0610

002327 PAGE 1 OF 1 004312

PAID APR 16 2015

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

GALLAGHER BASSETT SERVICES INC
FOR ALL RISK LIMITED CA-WC
EVEREST NATIONAL INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 916-787-2600
GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661-0610

60267

CLAIM NO.: 002327 002592 WC 01 (0186311201)
CLAIMANT:
DESCRIPTION: INV#485.00

DATES OF SERVICE: 04Feb15 **THRU** 04Feb15
BENEFIT PERIOD: **THRU**

BRANCH NO.: 180
ACC DATE: 07Mar12

NO.: 0117773127
VN: 0000156841
DATE: 09Apr15
AMOUNT: 485.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004591 005254 002 003

[redacted]

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

*** INVOICE ***
Date NO#
03/06/15 60638

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6928
D.O.B. : 2/16/70
Terms : 45 days
Claim #(s):
8070016355

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	485.00
		LANG: VIETNAMESE	
04/10/14	PMT BY CHECK	DOS 1/8/14* # 260147369	-485.00
01/14/15	LEGAL_EXOTIC	STATUS CONFERENCE @ WCAB SA	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/03/15	PMT BY CHECK	DOS 1/14/15* # 260370225	-485.00

BALANCE 0.0

* 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: 260370225
Check Date: 03/03/2015

Claim Number: 80700163555
Injured Employee:

Payment Description: Interpreter
Billed Date: 02/20/2015
Service Period: 01/14/2015 through 01/14/2015
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 MAR 06 2015

[redacted]

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

*** INVOICE ***

Date	NO#
01/23/15	63596

Claim # : WC0000096880
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6698
D.O.B. : 5/9/59
Terms : 45 days

BILL TO:
TOKIO MARINE MGMT (PASADENA)
W.C. DEPARTMENT
ATTN: LICHA PARAMO
P.O. BOX 7216
PASADENA, CA 91109

Case: vs PANASONIC AVIONIC CORPORATION
Date Of Injury: 4/18/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/17/14	MED_EXOTIC	INITIAL W/DR BERNSTEIN @ INTERVENTIONAL PAIN*	485.00
/ /	INTERPRETER:	THE VINH TRAN # 100026 LANG: VIETNAMESE	0.00
11/07/14	LEGAL_EXOTIC	DEPO PREP @ L/O OF NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/08/15	PMT BY CHECK	DOS 9/17/14* # 800117526	-485.00
12/10/14	LEGAL_EXOTIC	EXP HEARING @ WCAB SA	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/12/14	LEGAL_EXOTIC	DEPO REVIEW @ L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/14/15	PMT BY CHECK	DOS 11/7/14* # 800117708	-485.00

BALANCE 970.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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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: 210WC0000096880
Policy Number: WC6402242

16-49-6
1220

CONTROL NO. 002172743
CHECK NO. 800117708

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

Date of Issue 01/14/2015
Date of Loss 04/18/2014

Four hundred eighty five and 00/100 Dollars

PAY TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS

FOR: /63596

Insured/Claimant
PANASONIC CORPORATION OF

AUTHORIZED SIGNATURE
VOID AFTER 90 DAYS

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

⑈0800117708⑈ ⑆122000496⑆ 13914723⑈

PLEASE DETACH BEFORE DEPOSITING

CHECK NO. 800117708

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

FROM 11/07/2014 TO 11/07/2014
Inv.#63596

Payment explanations may be mailed to you separately.

MAIL TO
Joyce Altman Interpreters
P.O. Box 4165

Tustin, CA 92781

AGENT
ARTHUR J. GALLAGHER RISK MGMT SERVICES
250 PARK AVENUE, 3RD FLOOR

NEW, 36
10177

eod

PAID JAN 21 2015

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#
02/18/15	64289

Claim # : R00039981; R00039968
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7934
D.O.B. : 9/27/52
Terms : 45 days

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

Case: vs RONCELLI PLASTICS
Date Of Injury: 3/26/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/13/14	MED_EXOTIC	INITIAL W/DR VAN VU (L.A.) LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	JACQUELINE NGUYEN # 500241	0.00
02/13/15	PMT BY CHECK	DOS 11/13/14* # 3000308563	-485.00

BALANCE 0.0

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

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

Republic Indemnity

Date: 02/13/2015
Check #: ~~3000308563~~
Payment Amount: 485.00

002248 R3N7T1A
Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

PAID FEB 18 2015

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00039981		64289	02/05/2015	11/13/14	11/13/14	485.00	485.00	
	Interpreter For Medical/WCAB							
						Total	485.00	

PLEASE DETACH BEFORE DEPOSITING CHECK

[redacted]

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

*** INVOICE ***

Date	NO#
02/20/15	64066

Claim # : 001790007493WC01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9924
D.O.B. : 2/18/60
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (ROSEVILLE)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
PO BOX 610
ROSEVILLE, CA 95661

Case: vs SOCAL PRECISION MACHINING
Date Of Injury: 10/6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/27/14	MED_EXOTIC	INITIAL EXAM W/DR VAN VU (FOUNTAIN VALLEY)	485.00
/ /	INTERPRETER:	JACQUELINE NGUYEN # 500241 LANG: VIETNAMESE	0.00
12/29/14	MED_EXOTIC	PR-2 W/DR VAN VU	485.00
/ /	INTERPRETER:	JACQUELINE NGUYEN # 500241	0.00
01/02/15	LEGAL_EXOTIC	DEPO PREP @ L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/12/15	PMT BY CHECK	DOS 10/27/14-12/29/14* # 0116293552	-970.00

BALANCE 485.0

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

GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661-0610

001790 PAGE 1 OF 1 011582

MDG2009 00004821 1 MB 0435 1

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

PAID FEB 18 2015

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 916-787-2600
GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661-0610

CLAIM NO.: 001790 007493 WC 01 (039470-003)
CLAIMANT:
DESCRIPTION: INV 64066

DATES OF SERVICE: 27Oct14 **THRU** 29Dec14
BENEFIT PERIOD: **THRU**

BRANCH NO.: 180
ACC DATE: 06Oct14

NO.: 0116293552
VN: 0000203675
DATE: 12Feb15
AMOUNT: 970.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004821 005524 001 001

[redacted]

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

*** INVOICE ***

Date	NO#
03/04/15	64066

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9924
D.O.B. : 2/18/60
Terms : 45 days
Claim #(s):
001790007493WC01

BILL TO:
GALLAGHER BASSETT (ROSEVILLE)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
PO BOX 610
ROSEVILLE, CA 95661

Case: vs SOCAL PRECISION MACHINING
Date Of Injury: 10/6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/27/14	MED_EXOTIC	INITIAL EXAM W/DR VAN VU (FOUNTAIN VALLEY)	485.00
/ /	INTERPRETER:	JACQUELINE NGUYEN # 500241 LANG: VIETNAMESE	0.00
12/29/14	MED_EXOTIC	PR-2 W/DR VAN VU	485.00
/ /	INTERPRETER:	JACQUELINE NGUYEN # 500241	0.00
01/02/15	LEGAL_EXOTIC	DEPO PREP @ L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/12/15	PMT BY CHECK	DOS 10/27/14-12/29/14* # 0116293552	-970.00
02/25/15	PMT BY CHECK	DOS 1/2/15* # 0116608918	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661-0610

001790 PAGE 1 OF 1 004189

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

PAID MAR 03 2015

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 916-787-2600
GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661-0610

CLAIM NO.: 001790 007493 WC 01 (039470-003)
CLAIMANT:
DESCRIPTION: INV 64066 - DEPO PREP

DATES OF SERVICE: 02Jan15 **THRU** 02Jan15
BENEFIT PERIOD: **THRU**

BRANCH NO.: 180
ACC DATE: 06Oct14

NO.: 0116608918
VN: 0000204494
DATE: 25Feb15
AMOUNT: 485.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004527 005267 002 002

[redacted]

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

*** INVOICE ***
Date NO#
03/26/15 60159

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9736
D.O.B. : 8/30/48
Terms : 45 days
Claim #(s):
0231299-WCMSTR

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

Case: vs SADERMA OF ORANGE COUNTY INC.
Date Of Injury: CT 10/14/10-10/14/11

DOS	SERVICE	DESCRIPTION	AMOUNT
10/30/13	PR2/REEVAL	DR SHAH @ HARBOR SPINE & WELLNESS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303 LANG: VIETNAMESE	0.00
11/27/13	PR2/REEVAL	DR SHAH @ HARBOR SPINE & WELLNESS	485.00
/ /	INTERPRETER:	JAIME NGUYEN # 100190	0.00
01/08/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE & WELLNESS	485.00
/ /	INTERPRETER:	JAMIE NUGUEN # 100190	0.00
01/22/14	P AND S	DR ANTHONY (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/05/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
03/04/14	PMT BY CHECK	DOS 10/30/13-1/22/14* # 394954	-1940.00
03/10/14	PMT BY CHECK	DOS 2/5/14* # 395970	-90.00
03/05/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
04/16/14	PMT BY CHECK	DOS 10/30/13-3/5/14* # 402091	-90.00
04/09/14	PR2-RE/EVAL	DR SHAH	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
05/07/14	PR2/REEVAL	DR SHAH @ HARBORS SPINE & WELLNESS	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
07/08/14	PMT BY CHECK	DOS 4/9/14-5/7/14* # 414453	-180.00
07/09/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
09/02/14	PMT BY CHECK	DOS 10/30/13-7/9/14*	-2065.00

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

*** INVOICE ***

Date	NO#
03/26/15	60159

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9736
D.O.B. : 8/30/48
Terms : 45 days
Claim #(s):
0231299-WCMSTR

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

Case: vs SADERMA OF ORANGE COUNTY INC.
Date Of Injury: CT 10/14/10-10/14/11

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 422679	
08/06/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE & WELLNESS	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
10/07/14	PMT BY CHECK	DOS 10/308/13-8/6/14*	-485.00
		# 427414	
10/23/14	PMT BY CHECK	DOS 10/30/13-9/30/14*	-485.00
		# 429723	
10/08/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
10/23/14	PMT BY CHECK	DOS 10/30/13-9/30/14*	-485.00
		# 429723	
11/05/14	MED_EXOTIC	PR-2 W/DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
12/30/14	PMT BY CHECK	DOS 11/05/14-11/05/14*	-485.00
		# 437535	
12/03/14	MED_EXOTIC	PR-2 W/DR SHAH & M. MERCADO @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
02/11/15	PMT BY CHECK	DOS 10/30/13-12/3/14*	-485.00
		# 442290	
01/07/15	MED_EXOTIC	PR-2 DR SHAH	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
03/20/15	PMT BY CHECK	DOS 10/30/13-1/7/15*	-485.00
		# 446604	

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

*** INVOICE ***

Date	NO#
03/26/15	60159

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9736
D.O.B. : 8/30/48
Terms : 45 days
Claim #(s):
0231299-WCMSTR

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

Case: vs SADERMA OF ORANGE COUNTY INC.
Date Of Injury: CT 10/14/10-10/14/11

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.0

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

M

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Saderma of Orange County, Inc
Claimant

Check No:	446604
Check Amt:	$485.00
Check Date:	03/20/2015
Claimant:	
Soc. Sec. No:	XXX-)
Claim No:	0231299-WCMSTR
Date of Loss:	10/14/2011
Adjuster:	Brown, Jennifer
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	10/30/2013 To: 01/07/2015
Invoice No:	60159

Payable Comment

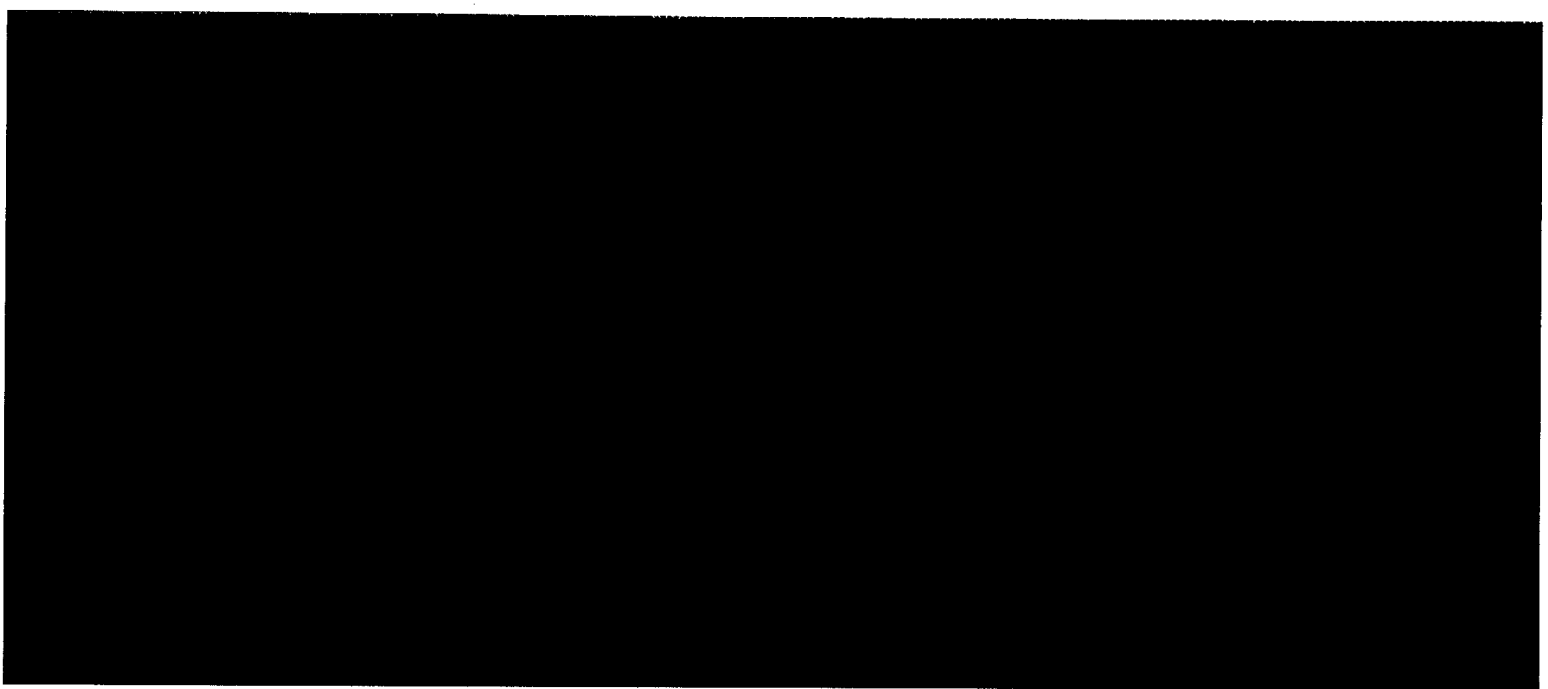
PAID MAR 26 2015

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Saderma of Orange County, Inc
Claimant

Check No:	446604
Check Amt:	$485.00
Check Date:	03/20/2015
Claimant:	
Soc. Sec. No:	XXX-
Claim No:	0231299-WCMSTR
Date of Loss:	10/14/2011
Adjuster:	Brown, Jennifer
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	10/30/2013 To: 01/07/2015
Invoice No:	60159

Payable Comment



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

*** INVOICE ***
Date NO#
07/28/15 65771

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 4/6/62
Terms : 45 days
Claim #(s):
MCA900112055

BILL TO:
FIRST COMP/MARKEL INS (OMAHA)
W.C. DEPARTMENT
ATTN: JEAN HOADLEY
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs ROYAL KHYBER ENT.
Date Of Injury: 1/3/15

DOS	SERVICE	DESCRIPTION	AMOUNT
05/05/15	LEGAL_EXOTIC	DEPO PREP @ L/O MCNAMARA & DRASS (HINDU)	485.00
/ /	INTERPRETER:	VARUNA TEJWANI # 700285	0.00
06/22/15	LEGAL_EXOTIC	DEPO PREP @ L/O DENNIS FUSI	485.00
/ /	INTERPRETER:	VARUNA TEJWANI # 700285	0.00
07/20/15	PMT BY CHECK	DOS 5/5/15* # 510032291	-485.00
07/22/15	PMT BY CHECK	DOS 05/05/15-06/22/15 * # 510033192	-485.00

BALANCE 0.00

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EML

FIRST COMP MARKEL Insuring America's Small Business®

PO Box 3188
Omaha, NE 68103-3188

Claims Disbursement

CLAIM #: MCA900112055
PAYEE: JOYCE ALTMAN INTERPRETERS INC

CHECK NUMBER: 510033192
CHECK DATE: ~~07/22/~~2015
CHECK AMOUNT: $485.00

Check Information

65771

CLAIMANT NAME:
POLICY #: MWC0019306-04
INVOICE #: 65771DEPO
INVOICE DATE: 07/08/2015
BILL ID #: 5412630
BILL REVIEW ID #:
BENEFIT BEGIN: 05/05/2015
BENEFIT END: 06/22/2015
RESERVE TYPE: EX
SUB-RESERVE TYPE: Experts and Consultants

PAID JUL 28 2015

CHECK MEMO:

Please contact our Customer Service Department at 1-888-500-3344 if you have any questions.

[redacted]

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

*** INVOICE ***
Date NO#
09/11/15 65771

EAMS#(s):

SS # :
DOB : 4/6/62
Terms : 45 days
Claim #(s):
MCA900112055

BILL TO:
FIRST COMP/MARKEL INS (OMAHA)
W.C. DEPARTMENT
ATTN: JEAN HOADLEY
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs ROYAL KHYBER ENT.
Date Of Injury: 1/3/15

DOS	SERVICE	DESCRIPTION	AMOUNT
05/05/15	LEGAL_EXOTIC	DEPO PREP @ L/O MCNAMARA & DRASS (HINDU)	485.00
/ /	INTERPRETER:	VARUNA TEJWANI # 700285	0.00
06/22/15	LEGAL_EXOTIC	DEPO PREP @ L/O DENNIS FUSI	485.00
/ /	INTERPRETER:	VARUNA TEJWANI # 700285	0.00
07/20/15	PMT BY CHECK	DOS 5/5/15* # 510032291	-485.00
07/22/15	PMT BY CHECK	DOS 05/05/15-06/22/15 * # 510033192	-485.00
08/12/15	LEGAL_EXOTIC	DEPO PREP @ L/O DENNIS FUSI VOL. II	485.00
/ /	INTERPRETER:	VARUNA TEJWANI # 700285	0.00
09/03/15	PMT BY CHECK	DOS 05/05/15-08/12/15* # 510047011	-485.00

BALANCE 0.00

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M

FIRST COMP
MARKEL Insuring America's Small Business®

PO Box 3188
Omaha, NE 68103-3188

Claims Disbursement

CLAIM #: MCA900112055
PAYEE: JOYCE ALTMAN INTERPRETERS INC

CHECK NUMBER: 510047011
CHECK DATE: ~~09/03/2015~~
CHECK AMOUNT: $485.00

Check Information

CLAIMANT NAME:
POLICY #: MWC0019306-04
INVOICE #: 65771DEPO
INVOICE DATE: 08/18/2015
BILL ID #: 5446180
BILL REVIEW ID #:
BENEFIT BEGIN: 05/05/2015
BENEFIT END: 08/12/2015
RESERVE TYPE: EX
SUB-RESERVE TYPE: Experts and Consultants

CHECK MEMO:

#65771

PAID

Please contact our Customer Service Department at 1-888-500-3344 if you have any questions.

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

*** INVOICE ***
Date NO#
02/16/15 60159

Claim # : 0231299-WCMSTR
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9736
D.O.B. : 8/30/48
Terms : 45 days

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

Case: vs SADERMA OF ORANGE COUNTY INC.
Date Of Injury: CT 10/14/10-10/14/11

DOS	SERVICE	DESCRIPTION	AMOUNT
10/30/13	PR2/REEVAL	DR SHAH @ HARBOR SPINE & WELLNESS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303 LANG: VIETNAMESE	0.00
11/27/13	PR2/REEVAL	DR SHAH @ HARBOR SPINE & WELLNESS	485.00
/ /	INTERPRETER:	JAIME NGUYEN # 100190	0.00
01/08/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE & WELLNESS	485.00
/ /	INTERPRETER:	JAMIE NUGUEN # 100190	0.00
01/22/14	P AND S	DR ANTHONY (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/05/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
03/04/14	PMT BY CHECK	DOS 10/30/13-1/22/14* # 394954	-1940.00
03/10/14	PMT BY CHECK	DOS 2/5/14* # 395970	-90.00
03/05/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
04/16/14	PMT BY CHECK	DOS 10/30/13-3/5/14* # 402091	-90.00
04/09/14	PR2-RE/EVAL	DR SHAH	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
05/07/14	PR2/REEVAL	DR SHAH @ HARBORS SPINE & WELLNESS	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
07/08/14	PMT BY CHECK	DOS 4/9/14-5/7/14* # 414453	-180.00
07/09/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
09/02/14	PMT BY CHECK	DOS 10/30/13-7/9/14*	-2065.00

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

*** INVOICE ***

Date	NO#
02/16/15	60159

Claim # : 0231299-WCMSTR
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9736
D.O.B. : 8/30/48
Terms : 45 days

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

Case: vs SADERMA OF ORANGE COUNTY INC.
Date Of Injury: CT 10/14/10-10/14/11

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 422679	
08/06/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE & WELLNESS	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
10/07/14	PMT BY CHECK	DOS 10/308/13-8/6/14* # 427414	-485.00
10/23/14	PMT BY CHECK	DOS 10/30/13-9/30/14* # 429723	-485.00
10/08/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
10/23/14	PMT BY CHECK	DOS 10/30/13-9/30/14* # 429723	-485.00
11/05/14	MED_EXOTIC	PR-2 W/DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
12/30/14	PMT BY CHECK	DOS 11/05/14-11/05/14* # 437535	-485.00
12/03/14	MED_EXOTIC	PR-2 W/DR SHAH & M. MERCADO @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
02/11/15	PMT BY CHECK	DOS 10/30/13-12/3/14* # 442290	-485.00

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

*** INVOICE ***
Date NO#
02/16/15 60159

Claim # : 0231299-WCMSTR
W.C.A.B.:
ADJ # :
S.S.N. : XXX
D.O.B. : 8/30/48
Terms : 45 days

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

Case: vs SADERMA OF ORANGE COUNTY INC.
Date Of Injury: CT 10/14/10-10/14/11

DOS	SERVICE	DESCRIPTION	AMOUNT
10/30/13	PR2/REEVAL	DR SHAH @ HARBOR SPINE & WELLNESS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303 LANG: VIETNAMESE	0.00
11/27/13	PR2/REEVAL	DR SHAH @ HARBOR SPINE & WELLNESS	485.00
/ /	INTERPRETER:	JAIME NGUYEN # 100190	0.00
01/08/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE & WELLNESS	485.00
/ /	INTERPRETER:	JAMIE NUGUEN # 100190	0.00
01/22/14	P AND S	DR ANTHONY (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/05/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
03/04/14	PMT BY CHECK	DOS 10/30/13-1/22/14* # 394954	-1940.00
03/10/14	PMT BY CHECK	DOS 2/5/14* # 395970	-90.00
03/05/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
04/16/14	PMT BY CHECK	DOS 10/30/13-3/5/14* # 402091	-90.00
04/09/14	PR2-RE/EVAL	DR SHAH	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
05/07/14	PR2/REEVAL	DR SHAH @ HARBORS SPINE & WELLNESS	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
07/08/14	PMT BY CHECK	DOS 4/9/14-5/7/14* # 414453	-180.00
07/09/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
09/02/14	PMT BY CHECK	DOS 10/30/13-7/9/14*	-2065.00

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#
02/16/15	60159

Claim # : 0231299-WCMSTR
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/30/48
Terms : 45 days

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

Case: vs SADERMA OF ORANGE COUNTY INC.
Date Of Injury: CT 10/14/10-10/14/11

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 422679	
08/06/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE & WELLNESS	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
10/07/14	PMT BY CHECK	DOS 10/308/13-8/6/14*	-485.00
		# 427414	
10/23/14	PMT BY CHECK	DOS 10/30/13-9/30/14*	-485.00
		# 429723	
10/08/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
10/23/14	PMT BY CHECK	DOS 10/30/13-9/30/14*	-485.00
		# 429723	
11/05/14	MED_EXOTIC	PR-2 W/DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
12/30/14	PMT BY CHECK	DOS 11/05/14-11/05/14*	-485.00
		# 437535	
12/03/14	MED_EXOTIC	PR-2 W/DR SHAH & M. MERCADO @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
02/11/15	PMT BY CHECK	DOS 10/30/13-12/3/14*	-485.00
		# 442290	

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

*** INVOICE ***

Date	NO#
02/16/15	60159

Claim # : 0231299-WCMSTR
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 8/30/48
Terms : 45 days

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

Case: vs SADERMA OF ORANGE COUNTY INC.
Date Of Injury: CT 10/14/10-10/14/11

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Saderma of Orange County, Inc
Claimant

Check No:	442290
Check Amt:	$485.00
Check Date:	02/11/2015
Claimant:	
Soc. Sec. No:	
Claim No:	0231299-WCMSTR
Date of Loss:	10/14/2011
Adjuster:	Brown, Jennifer
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	10/30/2013 To: 12/03/2014
Invoice No:	60159

Payable Comment

PAID FEB 16 2015

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Saderma of Orange County, Inc
Claimant

Check No:	442290
Check Amt:	$485.00
Check Date:	02/11/2015
Claimant:	
Soc. Sec. No:	
Claim No:	0231299-WCMSTR
Date of Loss:	10/14/2011
Adjuster:	Brown, Jennifer
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	10/30/2013 To: 12/03/2014
Invoice No:	60159

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#
02/13/15	62846

Claim # : 79583456288579
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8758
D.O.B. : 10/24/78
Terms : 45 days

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

Case: vs COVIDIEN
Date Of Injury: 8/21/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/03/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/14/14	WCAB SA	STATUS CONFERENCE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
09/30/14	PMT BY CHECK	DOS 7/3/14* # FE47441927	-485.00
12/16/14	LEGAL_EXOTIC	PRIORITY CONFERENCE @ WCAB SA	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/10/15	PMT BY CHECK	DOS 8/14/14-12/16/14 #FE48000315	-970.00

BALANCE 0.0(

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

PDWLDMCD-001385-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

M

DATE 02/10/15

CHECK NO. **FE48000315**

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00485 FE48000315
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
7958345628857

DOLLARS
$********970.00

*** NOT NEGOTIABLE ***

FOR
08/14/14 THRU 12/16/14 62846

CLAIMANT

DATE OF EVENT
08/21/13

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

PDWLDMCD-001385-01-01-00

PAID
FEB 13 2015
BY: .....

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

[redacted]

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

*** INVOICE ***
Date NO#
02/23/15 64287

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 7/24/65
Terms : 45 days
Claim #(s):
WC0000096743

BILL TO:
TOKIO MARINE MGMT (PASADENA)
W.C. DEPARTMENT
ATTN: LECCHA PARAMO
P.O. BOX 7216
PASADENA, CA 91109

Case: vs PANASONIC AVIONIC CORPORATION
Date Of Injury: 6/13/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/11/14	LEGAL_EXOTIC	DEPO PREP @ THE L/O OF NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303 LANG: VIETNAMESE	0.00
12/12/14	LEGAL_EXOTIC	DEPO REVIEW @ L/O OF NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/06/15	PMT BY CHECK	DOS 11/11/14 =#800118388	-485.00
02/17/15	PMT BY CHECK	DOS 12/12/14* # 800118691	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant 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: 210WC0000096743
Policy Number: WC6402242

16-49-6
1220

CONTROL NO. 002190524
CHECK NO. 800118691

Four hundred eighty five and 00/100 Dollars

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

Date of Issue 02/17/2015
Date of Loss 06/13/2014

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

FOR: /64287

Insured/Claimant
PANASONIC CORPORATION OF NORTH

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

⑈0800118691⑈ ⑆122000496⑆ 13914723⑈

PLEASE DETACH BEFORE DEPOSITING

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

CHECK NO. 800118691

FROM 11/11/2014 TO 12/12/2014
Inv.#64287

Payment explanations may be mailed to you separately.

PAID FEB 23 2015

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

AGENT
ARTHUR J. GALLAGHER RISK MGMT SERVICES
250 PARK AVENUE, 3RD FLOOR
NEW, 36
10177

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#
02/19/15	64287

Claim # : WC0000096743
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4971
D.O.B. : 7/24/65
Terms : 45 days

BILL TO:
TOKIO MARINE MGMT (PASADENA)
W.C. DEPARTMENT
ATTN: LECCHA PARAMO
P.O. BOX 7216
PASADENA, CA 91109

Case: } vs PANASONIC AVIONIC CORPORATION
Date Of Injury: 6/13/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/11/14	LEGAL_EXOTIC	DEPO PREP @ THE L/O OF NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303 LANG: VIETNAMESE	0.00
12/12/14	LEGAL_EXOTIC	DEPO REVIEW @ L/O OF NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/06/15	PMT BY CHECK	DOS 11/11/14 =#800118388	-485.00

BALANCE 485.0

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

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

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

Claim Number: 210WC0000096743
Policy Number: WC6402242

16-49-6
1220

CONTROL NO. 002185790
CHECK NO. 800118388

Four hundred eighty five and 00/100 Dollars

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

Date of Issue 02/06/2015
Date of Loss 06/13/2014

PAY TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS

FOR: /64287
Insured/Claimant
PANASONIC CORPORATION OF

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

⑈800118388⑈ ⑆122000496⑆ 13914723⑈

PLEASE DETACH BEFORE DEPOSITING

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

CHECK NO. 800118388

FROM 11/11/2014 TO 11/11/2014
Inv.#64287

Payment explanations may be mailed to you separately.

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

AGENT
ARTHUR J. GALLAGHER RISK MGMT SERVICES
250 PARK AVENUE, 3RD FLOOR
NEW, 36
10177

eod

PAID
FEB 13 2015

BY: .....

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#
02/06/15	60621

Claim # : EUJ6290
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9962
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#
02/06/15	60621

Claim # : EUJ6290
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9962
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* # 896D 85108545	-1455.00
11/03/14	MED_EXOTIC	PR-2 W/DR MOHEIMANI @ COAST	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/15/14	MED_EXOTIC	PR-2 W/DR MOHEIMANI	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/27/15	PMT BY CHECK	DOS 1/6/14-11/3/14* # 896D 85471800	-485.00

BALANCE 485.0(

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

017828

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

SA08862

896D 85471800

TRAVELERS

DATE: 01/27/15
LOSS DATE: 01/17/13
FILE NUMBER: 152 CB EUJ6290 R

EMPLOYEE

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

PAID FEB 02 2015

ACCOUNT NAME:
C & D ZODIAC, INC.

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 01/06/2014 TO: 11/03/2014

TOTAL PAID: $485.00
TAX INFO: 330956713317481Y
PAY MISC: 60621
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

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

27008966
DETACH CHECK

UNSUMM
OVRPUNS2:111
DETACH CHECK

[redacted]

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

*** INVOICE ***
Date NO#
04/16/15 60267

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4943
D.O.B. : 5/25/47
Terms : 45 days
Claim #(s):
002327002592WC01

BILL TO:
GALLAGHER BASSETT (ROSEVILLE)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
PO BOX 610
ROSEVILLE, CA 95661

Case: __ vs ACRALIGHT INTERNATIONAL
Date Of Injury: 3/7/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/06/13	PR2/REEVAL	DR SHAH (GARDEN GROVE) LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/04/13	PR2/REEVAL	DR SHAH (GARDEN GROVE)	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
01/08/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE & WELLNESS	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
02/05/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE & WELLNESS	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
03/05/14	PR2/REEVAL	DR SHAH (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
04/08/14	PMT BY CHECK	DOS 11/6/13-2/5/14* # 0108761743	-194.00
04/09/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
05/07/14	PMT BY CHECK	DOS 5/5/14* # 0109475434	-485.00
05/21/14	PMT BY CHECK	DOS 11/6/13-4/8/14* # 0109797126	-1746.00
05/21/14	PMT BY CHECK	DOS 4/9/14* # 0109797124	-485.00
05/07/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NUGYEN # 100190	0.00
06/04/14	PR2/REEVAL	DR SHAH @ 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
09/10/14	PMT BY CHECK	DOS 8/27/14* # 0112415332	-1455.00
09/15/14	WCAB SA	MSC - LAN TRINH # 100303	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#
04/16/15 60267

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4943
D.O.B. : 5/25/47
Terms : 45 days
Claim #(s):
002327002592WC01

BILL TO:
GALLAGHER BASSETT (ROSEVILLE)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
PO BOX 610
ROSEVILLE, CA 95661

Case: vs ACRALIGHT INTERNATIONAL
Date Of Injury: 3/7/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/03/14	PR2/REEVAL	DR SHAH # HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
11/05/14	MED_EXOTIC	PR-2 W/DR SHAH @ NEW HORIZON	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
12/03/14	MED_EXOTIC	PR-2 W/DR SHAH/M. MERCADO	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
01/30/15	PMT BY CHECK	DOS 8/6/14-12/3/14* # 0115963842	-2425.00
01/07/15	MED_EXOTIC	PR-2 W/DR SHAH	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
02/25/15	PMT BY CHECK	DOS 1/7/15* # 0116609752	-485.00
02/04/15	MED_EXOTIC	PR-2 W/DR SHAH & M.MERCADO	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
04/09/15	PMT BY CHECK	DOS 2/4/15* # 0117773127	-485.00

BALANCE 0.0

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

GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661-0610

002327 PAGE 1 OF 1 004312

PAID APR 16 2015

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

GALLAGHER BASSETT SERVICES INC
FOR ALL RISK LIMITED CA-WC
EVEREST NATIONAL INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 916-787-2600
GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661-0610

60267

CLAIM NO.: 002327 002592 WC 01 (0186311201)
CLAIMANT:
DESCRIPTION: INV#485.00

DATES OF SERVICE: 04Feb15 **THRU** 04Feb15
BENEFIT PERIOD: **THRU**

BRANCH NO.: 180
ACC DATE: 07Mar12

NO.: 0117773127
VN: 0000156841
DATE: 09Apr15

AMOUNT: 485.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004591 005254 002 003

[redacted]

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

*** INVOICE ***

Date	NO#
02/09/15	63578

Claim # : 201002451
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4326
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
12/09/14	LEGAL_EXOTIC	MSC @ WCAB SA	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/04/15	PMT BY CHECK	DOS 12/9/14* # 70495563	-485.00

BALANCE 0.0

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

Sedgwick CMS
ITF Calif State University System - WC
Sedgwick
P.O. Box 14629
Lexington, KY 40512-4629
(916) 636-1500

Comerica
333 W. Santa Clara Street
San Jose, CA 95113-0000

CHECK NUMBER 70495563

90-3752
1211

DATE
02/04/2015

SAFETY FEATURES LISTED ON BACK

PAY Four Hundred Eighty Five Dollars And 00/100 **********485.00

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

Void 60 Days after Date Issued

Bob Blankenship

⑈70495563⑈ ⑆121137522⑆ 18924753 68⑈

Payee: JOYCE ALTMAN
Company Name: Sedgwick CMS
Facility: CSU Dominguez Hills
Comments:

Check Number: 70495563
Administrator: EZRAS
Check Total: $485.00
Check Date: 02/04/2015

Injury	From Account Number	Through	Claim Number Invoice	Claimant Name	Description	Payment Amount
08/31/2009	12/09/2014	12/09/2014	201002451 63578		Other Medical	$485.00

Document Number: **Bill Type:** **Pharmacy#:** **DRG Code:**
Received Date: 01/30/2015 **Primary ICD9:** null null
Reviewed Date: **PPO Name:**

PAID FEB 09 2015

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

*** INVOICE ***
Date NO#
02/02/15 64292

Claim # : ELW2442
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1979
D.O.B. : 6/10/48
Terms : 45 days

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

Case: vs C & D ZODIAC
Date Of Injury: 1/29/11

DOS	SERVICE	DESCRIPTION	AMOUNT
11/17/14	LEGAL_EXOTIC	MSC @ WCAB SA	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/27/15	PMT BY CHECK	DOS 11/17/14* # 896D 85471799	-485.00

BALANCE 0.00

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

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

SA08861

896D 85471799

TRAVELERS

DATE: 01/27/15
LOSS DATE: 01/29/11
FILE NUMBER: 152 CB ELW2442 M

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

EXPERT FEES / INTERPRETERS

SERVICE DATE: 11/17/2014

TOTAL PAID: $485.00
TAX INFO: 330956713721476Y
PAY MISC: 64292
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID FEB 02 2015

FOR ADDITIONAL INFORMATION, CONTACT: ROYANNA M. ZARAGOZA AT (909)612-3046

27008965
DETACH CHECK

UNSUMM
OVRFLWS2-121
DETACH CHECK

[redacted]

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

*** INVOICE ***
Date NO#
03/04/15 60267

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4943
D.O.B. : 5/25/47
Terms : 45 days
Claim #(s):
002327002592WC01

BILL TO:
GALLAGHER BASSETT (ROSEVILLE)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
PO BOX 610
ROSEVILLE, CA 95661

Case: vs ACRALIGHT INTERNATIONAL
Date Of Injury: 3/7/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/06/13	PR2/REEVAL	DR SHAH (GARDEN GROVE) LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/04/13	PR2/REEVAL	DR SHAH (GARDEN GROVE)	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
01/08/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE & WELLNESS	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
02/05/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE & WELLNESS	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
03/05/14	PR2/REEVAL	DR SHAH (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
04/08/14	PMT BY CHECK	DOS 11/6/13-2/5/14* # 0108761743	-194.00
04/09/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
05/07/14	PMT BY CHECK	DOS 5/5/14* # 0109475434	-485.00
05/21/14	PMT BY CHECK	DOS 11/6/13-4/8/14* # 0109797126	-1746.00
05/21/14	PMT BY CHECK	DOS 4/9/14* # 0109797124	-485.00
05/07/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NUGYEN # 100190	0.00
06/04/14	PR2/REEVAL	DR SHAH @ 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
09/10/14	PMT BY CHECK	DOS 8/27/14* # 0112415332	-1455.00
09/15/14	WCAB SA	MSC - LAN TRINH # 100303	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#
03/04/15 60267

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4943
D.O.B. : 5/25/47
Terms : 45 days
Claim #(s):
002327002592WC01

BILL TO:
GALLAGHER BASSETT (ROSEVILLE)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
PO BOX 610
ROSEVILLE, CA 95661

Case: _ _ vs ACRALIGHT INTERNATIONAL
Date Of Injury: 3/7/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/03/14	PR2/REEVAL	DR SHAH # HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
11/05/14	MED_EXOTIC	PR-2 W/DR SHAH @ NEW HORIZON	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
12/03/14	MED_EXOTIC	PR-2 W/DR SHAH/M. MERCADO	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
01/30/15	PMT BY CHECK	DOS 8/6/14-12/3/14* # 0115963842	-2425.00
01/07/15	MED_EXOTIC	PR-2 W/DR SHAH	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
02/25/15	PMT BY CHECK	DOS 1/7/15* # 0116609752	-485.00

BALANCE 0.0

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

GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661-0610

002327 PAGE 1 OF 1 004188

MDG2009 00004527 1 MB 0435 1

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

PAID MAR 0 8 2015

GALLAGHER BASSETT SERVICES INC
FOR ALL RISK LIMITED CA-WC
EVEREST NATIONAL INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 916-787-2600
GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661-0610

CLAIM NO.: 002327 002592 WC 01 (0186311201)
CLAIMANT:
DESCRIPTION: INV# 60267

DATES OF SERVICE: 07Jan15 **THRU** 07Jan15
BENEFIT PERIOD: **THRU**

BRANCH NO.: 180
ACC DATE: 07Mar12

NO.: 0116609752
VN: 0000155179
DATE: ~~26Feb15~~
AMOUNT: 485.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004527 005266 001 002

[redacted]

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

*** INVOICE ***
Date NO#
05/04/15 63582

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1566
D.O.B. : 10/22/49
Terms : 45 days
Claim #(s):
LACO-531760

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
12/22/14	LEGAL_EXOTIC	DEPO PREP @ L/O HAYFORD & FELCHIN (VOL II)	485.00
/ /	INTERPRETER:	VARUNA TEJUANI # 700285	0.00
02/04/15	PMT BY CHECK	DOS 12/22/14* # 52117	-485.00
12/05/14	LEGAL_EXOTIC	DEPO PREP @ L/O HAYFORD & FELCHIN	485.00
/ /	INTERPRETER:	ANUPAMA DESAI # 700382	0.00
04/29/15	PMT BY CHECK	DOS 12/5/14* # 54759	-485.00

BALANCE 0.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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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 :	54759
Check Date :	04/29/2015
Check Amount :	$485.00
Type of Payment :	
	EP 61 - MISC. ALL OTHER
Location :	750000 Avalon PAU - Carson 16627 Avalon Blvd
For Period :	12/05/2014 to 12/05/2014
InvoiceNo :	63582
IRS # :	33-0956713
Handling Office :	703-Riverside, Roseville, CA

PAID MAY 04 2015

RNING: AN ARTIFICIAL WATERMARK IN A CRISSCROSS PATTERN IS PRESENT ON THE REVERSE SIDE. HOLD AT AN ANGLE TO VIEW. • PAPER WILL TURN BROWN IF CHEMICALLY ALTERED • FLUORESCENT FIBERS ARE ALSO EMBEDDED INTO THIS DOCU

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
4/29/2015	54759
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

⑈0054759⑈ ⑆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#
01/26/15	60998

Claim # : 13531500;14553865;1352870
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9988
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; 6/14; 11/13

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
11/24/14	MED_EXOTIC	INITIAL W/DR MOHEIMANI 2ND DOI: 6/30/14	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#
01/26/15	60998

Claim # : 13531500:14553865;1352870
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9988
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; 6/14; 11/13

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	THE VINH TRAN # 100026	0.00
01/15/15	PMT BY CHECK	DOS 10/22/14* # 501046	-485.00
12/03/14	MED_EXOTIC	INITIAL W/DR MOHEIMANI 3RD DOI: 11/22/13	485.00
/ /	INTERPRETER:	THE VINH TRAN # 100026	0.00

BALANCE 1455.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Client: Continuing Life, LLC
Claimant/Employee

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

Claim Number: 13528701
Incident Date: 11/22/2013

Check Number: 501046
Check Date: 01/15/2015
Check Total: $485.00
Payment Type: LANGUAGE TRANSLATOR
Invoice No: 60998

From - To: 10/22/2014 - 10/22/2014
For:

Bill Tracking No: 3001286995TMC
Received Date: 12/17/2014
Reviewed Date: 01/12/2015
DRG Code: 000
Primary ICD-9: 959.9 9599-Unspecified site injury
Bill Type:
PPO Name: NonPar

Date of Service	Billed Code/Mod	Paid Code/Mod	Service Description:	Units	Billed Amount	Bill Review Reduction	PPO Reduction	Other Reduction	Allowance	Reason Code(s)	
10/22/2014	T1013 00 00	T1013 00 00	INTERPRETER	1	485.00	0.00	0.00	0.00	485.00	G5	G56
								ZR			411
			Totals:		485.00	0.00	0.00	0.00	485.00		

Reason Codes:

411	411
G5	This charge was adjusted for the reasons set forth in the attached letter.
G56	This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a "balance forward bill" containing a duplicate charge and billing for a new service.
ZR	The provider or a different provider has billed for the exact service on a previous bill where no allowance was originally recommended.

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

PAID JAN 20 2014

[redacted]

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

*** INVOICE ***

Date	NO#
01/30/15	60998

Claim # : 13531500;14553865;135287(
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9988
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; 6/14; 11/13

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
11/24/14	MED_EXOTIC	INITIAL W/DR MOHEIMANI 2ND DOI: 6/30/14	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#
01/30/15	60998

Claim # : 13531500;14553865;135287(
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9988
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; 6/14; 11/13

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	THE VINH TRAN # 100026	0.00
01/15/15	PMT BY CHECK	DOS 10/22/14* # 501046	-485.00
12/03/14	MED_EXOTIC	INITIAL W/DR MOHEIMANI 3RD DOI: 11/22/13	485.00
/ /	INTERPRETER:	THE VINH TRAN # 100026	0.00
01/22/15	PMT BY CHECK	DOS 11/24/14* # 501087	-485.00

BALANCE 970.0(

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

Client: Continuing Life, LLC
Claimant/Employee:

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

Claim Number: 14553865
Incident Date: 06/30/2014

Check Number: 501087
Check Date: 01/22/2015
Check Total: $485.00
Payment Type: LANGUAGE TRANSLATOR
Invoice No: 60998

From - To: 11/24/2014 - 11/24/2014
For:

Bill Tracking No: 3001298606TMC
Received Date: 12/29/2014
Reviewed Date: 01/17/2015
DRG Code: 000
Primary ICD-9: 959.9 9599-Unspecified site injury
Bill Type:
PPO Name: NonPar

Date of Service	Billed Code/Mod	Paid Code/Mod	Service Description:	Units	Billed Amount	Bill Review Reduction	PPO Reduction	Other Reduction	Allowance	Reason Code(s)
11/24/2014	T1013 00 00	T1013 00 00	INTERPRETER	1	485.00	0.00	0.00	0.00	485.00	G5 411 CA52
			Totals:		485.00	0.00	0.00	0.00	485.00	

Reason Codes:

411	411
CA52	Reviewed per Examiners instructions.
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 JAN 26 2015

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: 501087
Date: 01/22/2015
Void after 120 days
Amount: $**********485.00

PAY Four Hundred Eighty Five Dollars And 00/100

TO THE ORDER OF Joyce Altman Interpreters Inc
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

⑈501087⑈ ⑆122231119⑆ 01303501 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#
03/27/15	60998

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9988
D.O.B. : 1/1/56
Terms : 45 days
Claim #(s):
13531500;14553865;1352870

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; 6/14; 11/13

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	THE VINH TRAN # 100026	0.00
01/15/15	PMT BY CHECK	DOS 10/22/14* # 501046	-485.00
12/03/14	MED_EXOTIC	INITIAL W/DR MOHEIMANI 3RD DOI: 11/22/13	485.00
/ /	INTERPRETER:	THE VINH TRAN # 100026	0.00
01/22/15	PMT BY CHECK	DOS 11/24/14* # 501087	-485.00
03/18/15	PMT BY CHECK	DOS 12/03/14 #* 501301	-485.00

BALANCE 485.0

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

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

*** INVOICE ***
Date NO#
03/27/15 60998

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9988
D.O.B. : 1/1/56
Terms : 45 days
Claim #(s):
13531500;14553865;1352870

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; 6/14; 11/13

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
11/24/14	MED_EXOTIC	INITIAL W/DR MOHEIMANI 2ND DOI: 6/30/14	485.00

Client: Continuing Life, LLC
Claimant/Employee:

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

Claim Number: 13528701
Incident Date: 11/22/2013

Check Number: 501301
Check Date: 03/18/2015
Check Total: $485.00
Payment Type: LANGUAGE TRANSLATOR
Invoice No: 60998

From - To: 12/03/2014 - 12/03/2014
For:

Bill Tracking No: 3001343603TMC
Received Date: 02/06/2015
Reviewed Date: 03/17/2015 **DRG Code:** 000 **Primary ICD-9:** 959.9 9599-Unspecified site injury
Bill Type: **PPO Name:** NonPar

Date of Service	Billed Code/Mod	Paid Code/Mod	Service Description:	Units	Billed Amount	Bill Review Reduction	PPO Reduction	Other Reduction	Allowance	Reason Code(s)	
12/03/2014	T1013 00 00	T1013 00 00	INTERPRETER	1	485.00	0.00	0.00	0.00	485.00	G5	411 CA52
			Totals:		485.00	0.00	0.00	0.00	485.00		

Reason Codes:

411	411
CA52	Reviewed per Examiners instructions.
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
MAR 25 2015

BY: .....

[redacted]

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

*** INVOICE ***
Date NO#
04/15/15 60998

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9988
D.O.B. : 1/1/56
Terms : 45 days
Claim #(s):
13531500;14553865;1352870

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

Case: rs PARK VISTA
Date Of Injury: 12/5/13; 6/14; 11/13

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
11/24/14	MED_EXOTIC	INITIAL W/DR MOHEIMANI 2ND DOI: 6/30/14	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#
04/15/15	60998

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 1/1/56
Terms : 45 days
Claim #(s):
13531500;14553865;1352870

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; 6/14; 11/13

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	THE VINH TRAN # 100026	0.00
01/15/15	PMT BY CHECK	DOS 10/22/14* # 501046	-485.00
12/03/14	MED_EXOTIC	INITIAL W/DR MOHEIMANI 3RD DOI: 11/22/13	485.00
/ /	INTERPRETER:	THE VINH TRAN # 100026	0.00
01/22/15	PMT BY CHECK	DOS 11/24/14* # 501087	-485.00
03/18/15	PMT BY CHECK	DOS 12/03/14 #* 501301	-485.00
04/13/15	PMT BY CHECK	DOS 9/29/14* # 501378	-485.00

BALANCE 0.0

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

Client: Continuing Life, LLC

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

Check Number: 501378
Check Date: 04/13/2015
Check Amount: $485.00

Claim Number: 13531500
Claimant/Employee:
From - To: 09/29/2014 - 09/29/2014
For: priority conference
Fullerton

Amount: $485.00
Incident Date: 12/05/2013
Payment Type: LEGAL INTERPRETER
Invoice No: 60998
Invoice Date: 03/27/2015

PAID APR 15 2015

[redacted]

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

*** INVOICE ***

Date	NO#
02/16/15	60947

Claim # : 05083338
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1005
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
08/25/14	WCAB SA	MSC - SAMEDY CHHUM # 700574	485.00
11/03/14	LEGAL_EXOTIC	MSC @ WCAB SA	485.00
/ /	INTERPRETER:	SAMEDY CHHUM # 700574	0.00
01/14/15	PMT BY CHECK	DOS 11/3/14* # CP-833595	-485.00
02/12/15	PMT BY CHECK	DOS 2/19/14-1/14/15* # CP-839668	-485.00

BALANCE 0.0(

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: **CP-839668**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 02/12/15
Doc #: 029365222

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 05083338		
1	60947	02/19/14	01/14/15	Interpreter fees	1		485.00
					Total Allowances:		**$485.00**

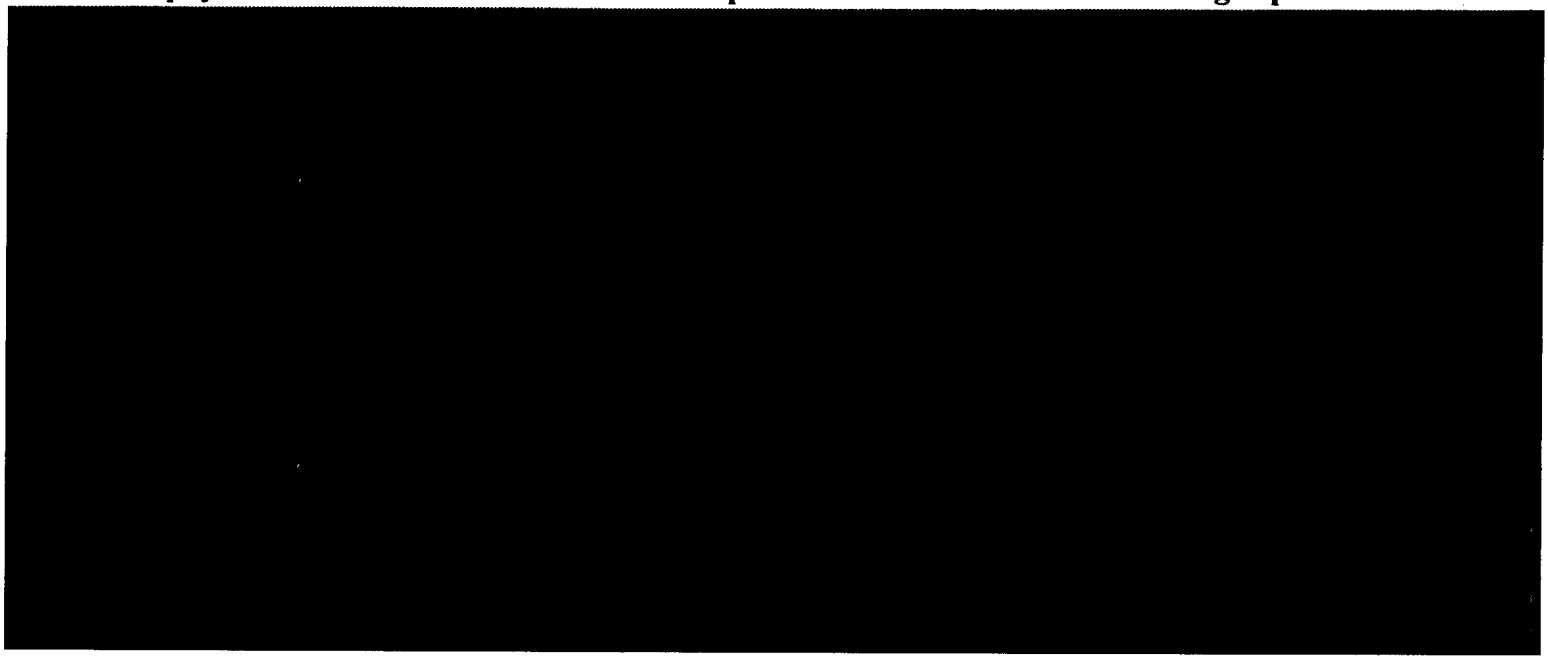
Claim Number	Allowances	Penalty & Interest	Invoice Totals
05083338	485.00	.00	485.00

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.

PAID FEB 16 2015

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

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



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

*** INVOICE ***

Date	NO#
01/23/15	60947

Claim # : 05083338
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1005
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
08/25/14	WCAB SA	MSC - SAMEDY CHHUM # 700574	485.00
11/03/14	LEGAL_EXOTIC	MSC @ WCAB SA	485.00
/ /	INTERPRETER:	SAMEDY CHHUM # 700574	0.00
01/14/15	PMT BY CHECK	DOS 11/3/14* # CP-833595	-485.00

BALANCE 485.0(

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

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: **CP-833595**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/14/15
Doc #: 029250395

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 05083338		
1	60947-WCAB	11/03/14	11/03/14	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 INTERPR WCAB; MSC;

PAID JAN 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"

[redacted]

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

*** INVOICE ***
Date NO#
02/05/15 60267

Claim # : 002327002592WC01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4943
D.O.B. : 5/25/47
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (ROSEVILLE)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
PO BOX 610
ROSEVILLE, CA 95661

Case: vs ACRALIGHT INTERNATIONAL
Date Of Injury: 3/7/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/06/13	PR2/REEVAL	DR SHAH (GARDEN GROVE) LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/04/13	PR2/REEVAL	DR SHAH (GARDEN GROVE)	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
01/08/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE & WELLNESS	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
02/05/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE & WELLNESS	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
03/05/14	PR2/REEVAL	DR SHAH (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
04/08/14	PMT BY CHECK	DOS 11/6/13-2/5/14* # 0108761743	-194.00
04/09/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
05/07/14	PMT BY CHECK	DOS 5/5/14* # 0109475434	-485.00
05/21/14	PMT BY CHECK	DOS 11/6/13-4/8/14* # 0109797126	-1746.00
05/21/14	PMT BY CHECK	DOS 4/9/14* # 0109797124	-485.00
05/07/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NUGYEN # 100190	0.00
06/04/14	PR2/REEVAL	DR SHAH @ 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
09/10/14	PMT BY CHECK	DOS 8/27/14* # 0112415332	-1455.00
09/15/14	WCAB SA	MSC - LAN TRINH # 100303	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#
02/05/15	60267

Claim # : 002327002592WC01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4943
D.O.B. : 5/25/47
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (ROSEVILLE)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
PO BOX 610
ROSEVILLE, CA 95661

Case: __ vs ACRALIGHT INTERNATIONAL
Date Of Injury: 3/7/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/03/14	PR2/REEVAL	DR SHAH # HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
11/05/14	MED_EXOTIC	PR-2 W/DR SHAH @ NEW HORIZON	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
12/03/14	MED_EXOTIC	PR-2 W/DR SHAH/M. MERCADO	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
01/30/15	PMT BY CHECK	DOS 8/6/14-12/3/14* # 0115963842	-2425.00

BALANCE 0.00

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

GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661-0610

002327 PAGE 1 OF 1 006395

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

PAID FEB 05 2015

GALLAGHER BASSETT SERVICES INC
FOR ALL RISK LIMITED CA-WC
EVEREST NATIONAL INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 916-787-2600
GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661-0610

CLAIM NO.: 002327 002592 WC 01 (0186311201)
CLAIMANT:
DESCRIPTION: INV# 60267 01/26/15

DATES OF SERVICE: 06Aug14 **THRU** 03Dec14
BENEFIT PERIOD: **THRU**

BRANCH NO.: 180
ACC DATE: 07Mar12

NO.: 0115963842
VN: 0000154158
DATE: 30Jan15
AMOUNT: 2425.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0008200 009016 002 002

[redacted]

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

*** INVOICE ***

Date	NO#
02/02/15	61321

Claim # : 007197084001WC01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1758
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
09/26/14	DEPO PREP	@ THE L/O OF NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/21/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL III	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/26/15	PMT BY CHECK	DOS 9/26/14-10/21/14* # 0115850828	-970.00

BALANCE 0.0(

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

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

0102361 01 RE 0.432 **AUTO T9 1 1517 92781 -P02363

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

PAID FEB 02 2015

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-Sep-2014 TO 21-Oct-2014

BRANCH NO. 164

ACC. DATE 15-Feb-2012

CHECK NO. 0115850828

VN. 0002844739

DATE: 26-Jan-2015

PAYMENT AMOUNT $970.00

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0115850828 ATTACHED BELOW

[redacted]

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

*** INVOICE ***

Date	NO#
01/21/15	62685

Claim # : 003473-000873-WC01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-3138
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: [redacted] 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
10/24/14	C&R READING	@ THE L/O OF NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/15/15	PMT BY CHECK	DOS 10/24/14* # 0115580245	-485.00

BALANCE 0.0(

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

PAID JAN 21 2015

MDG2009 00004346 1 MB 0435 1

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

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: 24Oct14 **THRU** 24Oct14
BENEFIT PERIOD: **THRU**

BRANCH NO.: 011
ACC DATE: 03Nov10

NO.: 0115580245
VN: 0000094699
DATE: 15Jan15
AMOUNT: 485.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004346 004988 001 001

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

*** INVOICE ***

Date	NO#
01/23/15	63596

Claim # : WC0000096880
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6698
D.O.B. : 5/9/59
Terms : 45 days

BILL TO:
TOKIO MARINE MGMT (PASADENA)
W.C. DEPARTMENT
ATTN: LICHA PARAMO
P.O. BOX 7216
PASADENA, CA 91109

Case: vs PANASONIC AVIONIC CORPORATION
Date Of Injury: 4/18/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/17/14	MED_EXOTIC	INITIAL W/DR BERNSTEIN @ INTERVENTIONAL PAIN*	485.00
/ /	INTERPRETER:	THE VINH TRAN # 100026 LANG: VIETNAMESE	0.00
11/07/14	LEGAL_EXOTIC	DEPO PREP @ L/O OF NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/08/15	PMT BY CHECK	DOS 9/17/14* # 800117526	-485.00
12/10/14	LEGAL_EXOTIC	EXP HEARING @ WCAB SA	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/12/14	LEGAL_EXOTIC	DEPO REVIEW @ L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/14/15	PMT BY CHECK	DOS 11/7/14* # 800117708	-485.00

BALANCE 970.0

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

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 210WC0000096880 | Policy Number WC6402242

16-49-6
1220

CONTROL NO. 002172743
CHECK NO. 800117708

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

Date of Issue 01/14/2015
Date of Loss 04/18/2014

Four hundred eighty five and 00/100 Dollars

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

FOR: /63596

Insured/Claimant
PANASONIC CORPORATION OF

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

⑈0800117708⑈ ⑆122000496⑆ 13914723⑈

PLEASE DETACH BEFORE DEPOSITING

CHECK NO. 800117708

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

FROM 11/07/2014 TO 11/07/2014
Inv.#63596

Payment explanations may be mailed to you separately.

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

AGENT
ARTHUR J. GALLAGHER RISK MGMT SERVICES
250 PARK AVENUE, 3RD FLOOR
NEW, 36
10177

eod

PAID JAN 21 2015

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#
02/09/15	63582

Claim # : LACO-531760
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1566
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
12/22/14	LEGAL_EXOTIC	DEPO PREP @ L/O HAYFORD & FELCHIN (VOL II)	485.00
/ /	INTERPRETER:	VARUNA TEJUANI # 700285	0.00
02/04/15	PMT BY CHECK	DOS 12/22/14* # 52117	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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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 :	52117
Check Date :	02/04/2015
Check Amount :	$485.00
Type of Payment :	
	EP 108 - DEPOSITION COSTS
Location :	) Avalon PAU - Carson 16627 Avalon Blvd
For Period :	12/22/2014 to 12/22/2014
InvoiceNo :	63582
IRS # :	33-0956713
Handling Office :	703-Riverside, Roseville, CA
Detail :	INTERPRETING DEPO VOL 2

PAID FEB 09 2015

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
2/4/2015	52117
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

Mayam Clark

Two signatures required if over $10,000.00

⑈0052117⑈ ⑆322078464⑆ 8029304510⑈

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

*** INVOICE ***

Date	NO#
01/13/15	60294

Claim # : 624113312825
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4337
D.O.B. : 3/30/55
Terms : 45 days

BILL TO:
CARE WEST CLAIMS MGMT. (MODES)
W.C. DEPARTMENT
ATTN: JANET SCHLARB
P.O. BOX # 5038
MODESTO, CA 95352

Case: 's MAIL DISPATCH
Date Of Injury: 7/15/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/12/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/26/14	PMT BY CHECK	DOS 11/12/13* # 596852	-485.00
11/18/14	MED_EXOTIC	PR-2 W/DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/05/15	PMT BY CHECK	DOS 11/18/14* # 0630591	-485.00

BALANCE 0.0(

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Care West
INSURANCE COMPANY
Safety has its Rewards

P.O. BOX 5038
MODESTO, CA 95352
1-877-625-6566

Date: 1/05/15

NO. **0630591**

1210

CLAIM NUMBER	DATE OF INJURY	EMPLOYEE	PAYEE IRS NUMBER
624-113-0312825	7/15/13		XXXXX6713

$485.00

VOID AFTER 90 DAYS

PAY FOUR HUNDRED EIGHTY FIVE AND 00/100 DOLLARS

To The Order Of

Joyce Altman Interpreters Inc
P.O. BOX 4165
TUSTIN, CA 92781-4165

HEAT SENSITIVE
RUB AREA TO VERIFY

"0630591" :121000497: 4190000295"

Please Cash or Deposit the above check as soon as possible and retain this portion for your records

Care West Insurance Company
P O Box 2710
Rocklin CA 95677

PAYEE...: Joyce Altman Interpreters Inc
P.O. BOX 4165
TUSTIN, CA 92781-4165

60294

TAX ID#.: XXXXX6713
EMPLOYER: 1272 MAIL DISPATCH LLC
CLAIM #.: 777-624-113-0312825 CLAIMANT:
D/A.....: 7/15/13 Examiner : JS3 Janette Schlarb

CHECK#.....: 630591
CHECK AMOUNT..: 485.00
CHECK DATE....: 1/05/15

PMT VAL 1.....: M3 INTERPRETER AT MEDICAL EXAM
RESERVE.....: ME MEDICAL
PAYMENT PERIOD: 11/18/14 - 11/18/14 /

REMARKS

60294

PAID JAN 13 2015

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

*** INVOICE ***

Date	NO#
01/13/15	64070

Claim # : C080054
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4183
D.O.B. : 5/17/58
Terms : 45 days

BILL TO:
AMERON (PASADENA)
W.C. DEPARTMENT
ATTN: ANTOINE SMITH
P.O. BOX # 7007
PASADENA, CA 91109

Case: vs AMERON WATER TRANSMISSION
Date Of Injury: 4/17/08

DOS	SERVICE	DESCRIPTION	AMOUNT
10/27/14	WCAB SA	MSC (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/06/15	PMT BY CHECK	DOS 10/27/14* # 33038350	-485.00

BALANCE 0.0(

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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AMERON
INTERNATIONAL

Ameron International Corp
245 S. Los Robles Ave.
Pasadena, CA 91101-2820

Bank of America NT & SA 33038350
1850 Gateway Boulevard
Concord, CA 94520
11-35/1210CA

01/06/15 33038350
DATE AMOUNT

PAY FOUR HUNDRED EIGHTY-FIVE & 00/100 *****$485.00*

INTERPRETING/TRANSLATION SERVICES

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

330956713

Irene B. Martin

⑈33038350⑈ ⑆121000358⑆ 12336⑈20423⑈

Ameron International Corp 33038350

C080054	/ 12/29/14	10/27/14	10/27/14	64070	485.00	O 2P29

INTERPRETING/TRANSLATION SERVICES

PAID JAN 13 2015

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

*** INVOICE ***

Date	NO#
01/09/15	64024

Claim # : WC0000095093
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4164
D.O.B. : 3/6/68
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 ROBINSONS PHARMACY
Date Of Injury: 5/12/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/14/14	LEGAL_EXOTIC	DEPO PREP @ L/O STOCKWELL & HARRIS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
11/03/14	LEGAL_EXOTIC	DEPO REVIEW @ L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/05/15	PMT BY CHECK	DOS 10/14/14-1/3/14* # 800329791	-970.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Tokio Marine America 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: 210WC0000095093
Policy Number: WC6404823

90-4150 / 1222

CONTROL NO. 002167561
CHECK NO. 800329791

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

Date of Issue 01/05/2015
Date of Loss 05/12/2014

Nine hundred seventy and 00/100 Dollars

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

FOR: /64024

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

⑈800329791⑈ ⑆122241501⑆ 9080013660⑈

PLEASE DETACH BEFORE DEPOSITING

Tokio Marine America Insurance Company

230 Park Avenue
New York, NY 10169

CHECK NO. 800329791

FROM 10/14/2014 TO 11/03/2014
Inv.#64024

Payment explanations may be mailed to you separately.

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
STE 600
IRVINE, 7
926120

MR

PAID JAN 09 2015

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#
01/08/15	63568

Claim # : 01296575
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7317
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	485.00
		LANG: (VIETAMESE)	
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
11/17/14	PMT BY CHECK	DOS 9/3/14* # CP-821653	-485.00
11/19/14	LEGAL_EXOTIC	STATUS CONFERENCE @ WCAB SA	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/06/15	PMT BY CHECK	DOS 11/1914* # CP-831714	-485.00

BALANCE 0.0(

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

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: **CP-831714**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/06/15
Doc #: 029216328

Medical

ne #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 01296575			
1	63568-WCAB	11/19/14	11/19/14	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; STATUS CONFERENCE;

PAID JAN 08 2015

MR

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

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

[redacted]

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

*** INVOICE ***
Date NO#
11/02/15 61326

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
5000-13-02392

BILL TO:
SEDGWICK CLAIMS (ONTARIO)
W. C. DEPARTMENT
ATTN: BRITTANY MARTIN
P.O. BOX 51350
ONTARIO, CA 91761

Case: vs DEPT OF SOCIAL SERVICES
Date Of Injury: 4/4/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/21/14	DEPO PREP	@ THE L/O OF NORMEN HOMEN LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/19/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/08/14	PMT BY CHECK	DOS 3/21/14* # 0020457525	-485.00
10/26/15	PMT BY CHECK	DOS 5/19/14* # 0022637821	-485.00

BALANCE 0.00

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

COUNTY OF LOS ANGELES

TS 0022637821

AUDITOR CONTROLLER'S SPECIAL WARRANT
WARRANT CLEARANCE FUND, LOS ANGELES, CALIFORNIA

THE TREASURER OF THE COUNTY OF LOS ANGELES
500 W. TEMPLE ST, ROOM 502, LOS ANGELES, CA 90012

October 26, 2015

NOT PAYABLE AFTER TWO YEARS FROM DATE ISSUED

CONTROLLED DISBURSEMENT
PAYABLE THROUGH: BANK OF AMERICA, N.A.
NORTH BROOK, ILLINOIS

70-2328
0719

PAY TO THE ORDER OF:

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

WC1423BV239
001
116

Amount
$*********485.00

PAY: Four Hundred Eighty Five And 00/100 Dollars

APPROVED
JOHN NAIMO, AUDITOR-CONTROLLER BY

⑈0022637821⑈ ⑆071923284⑆ 87659⑈15848⑈

DETACH HERE DETACH HERE DETACH HERE DETACH HERE

COUNTY OF LOS ANGELES REMITTANCE ADVICE

PAYEE NAME	PAYEE NUMBER	HANDLING CODE
JOYCE ALTMAN INTERPRETERS	WC1423BV239	

PAYMENT REFERENCE NUMBER	DISB CAT	ISSUE DATE	AMOUNT	WARRANT NUMBER
SWR-EB-79379451172	416	10/26/2015	$485.00	0022637821

5000-13-02392 04-04-13
INVOICE # 61326
05-19-14 THRU 05-19-14
50 DEPO EXPENSES 485.00
$485.00
793794*74299*59*4

NOT NEGOTIABLE NOT NEGOTIABLE NOT NEGOTIABLE

PAID NOV 02 2015

For more information about this payment, please contact
YOUR THIRD PARTY ADMINISTRATOR

NOT NEGOTIABLE NOT NEGOTIABLE NOT NEGOTIABLE

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

*** INVOICE ***
Date NO#
10/07/15 60442

EAMS#(s):

SS # :
DOB : 10/26/54
Terms : 45 days
Claim #(s):
PZC00461885

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
03/12/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
09/01/15	PENALTIES	FOR DATE OF SERVICE 3/12/14	72.75
09/01/15	INTEREST	FOR DATE OF SERVICE 3/12/14	81.75
09/30/15	PMT BY CHECK	DOS 3/12/14* # 0003006435	-485.00

BALANCE 154.50

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Number:
0003006435

CRUM&FORSTER

Vendor Number: **408698147** Issuing Location: **Orange County Claims** Check Date: **09/30/2015**

Payee:

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

IRS:

60442

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

Invoice # 6442

PAID OCT 02 2015

TOTAL: $485.00

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

Processor: **K. Ordonez**

Internal Reference No:

Please Detach Before Depositing

[redacted]

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

*** INVOICE ***

Date	NO#
04/22/15	62851

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 4/16/77
Terms : 45 days
Claim #(s):
CTOR037714

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

Case: vs OC PROBATION
Date Of Injury: 7/22/10-7/22/11

DOS	SERVICE	DESCRIPTION	AMOUNT
07/09/14	DEPO PREP	@ THE L/O OF NAKAMOTO & CHOU LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	TONY TRAN # 100267	0.00
04/20/15	PMT BY CHECK	DOS 7/9/14* # 407426	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Mailing Information:

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

Claim Number :	CTOR-037714
Claimant :	
Date of Loss :	07/22/2011
Check Number :	407426
Check Date :	04/20/2015
Check Amount :	$485.00
Type of Payment :	
	EP 108 - DEPOSITION COSTS
Location :	0575700055 057 5700 055 1535 E. Orangewood of Division 5700 Probation
For Period :	07/09/2014 to 07/09/2014
InvoiceNo :	62851
IRS # :	33-0956713
Handling Office :	708-Co of Orange, Roseville, CA

PAID APR 22 2015

ING. 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

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	
CTOR-037714	
DATE	CHECK NO
4/20/2015	407426
AMOUNT	
***$485.00	

PAY FOUR HUNDRED EIGHTY-FIVE AND 0/100

TO THE ORDER OF JOYCE ALTMAN INTERPRETING
Mail to: PO BOX 4165
TUSTIN, CA 92781-4165

AUTHORIZED AGENT

Not Negotiable After 90 Days

⑈407426⑈ ⑆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#
01/23/15 63596

Claim # : WC0000096880
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 5/9/59
Terms : 45 days

BILL TO:
TOKIO MARINE MGMT (PASADENA)
W.C. DEPARTMENT
ATTN: LICHA PARAMO
P.O. BOX 7216
PASADENA, CA 91109

Case: vs PANASONIC AVIONIC CORPORATION
Date Of Injury: 4/18/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/17/14	MED_EXOTIC	INITIAL W/DR BERNSTEIN @ INTERVENTIONAL PAIN*	485.00
/ /	INTERPRETER:	THE VINH TRAN # 100026 LANG: VIETNAMESE	0.00
11/07/14	LEGAL_EXOTIC	DEPO PREP @ L/O OF NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/08/15	PMT BY CHECK	DOS 9/17/14* # 800117526	-485.00
12/10/14	LEGAL_EXOTIC	EXP HEARING @ WCAB SA	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/12/14	LEGAL_EXOTIC	DEPO REVIEW @ L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/14/15	PMT BY CHECK	DOS 11/7/14* # 800117708	-485.00

BALANCE 970.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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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	Policy Number
210WC0000096880	WC6402242

16-49-6
1220

CONTROL NO. 002172743
CHECK NO. 800117708

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

Four hundred eighty five and 00/100 Dollars

Date of Issue 01/14/2015
Date of Loss 04/18/2014

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

FOR: /63596

Insured/Claimant
PANASONIC CORPORATION OF

AUTHORIZED SIGNATURE
VOID AFTER 90 DAYS

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

⑈0800117708⑈ ⑆122000496⑆ 13914723⑈

PLEASE DETACH BEFORE DEPOSITING

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

CHECK NO. 800117708

FROM 11/07/2014 TO 11/07/2014
Inv.#63596

Payment explanations may be mailed to you separately.

MAIL TO
Joyce Altman Interpreters
P.O. Box 4165

Tustin, CA 92781

AGENT
ARTHUR J. GALLAGHER RISK MGMT SERVICES
250 PARK AVENUE, 3RD FLOOR

NEW, 36
10177

eod

PAID JAN 21 2015

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#
08/11/15	66482

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days
Claim #(s):
2080205271

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

Case: vs ALCOA
Date Of Injury: 3/8/09

DOS	SERVICE	DESCRIPTION	AMOUNT
02/11/14	WCAB SA	STATUS CONFERENCE LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/04/15	PMT BY CHECK	DOS 02/11/14-02/11/14* # 1100485975	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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M

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.

PAID

BY: .....

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

01198

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0205271 001 DW	WC 9378224	66482 & 60941		03/13/09	02/11/14-02/11/14
Check Number	1100485975	Date Issued:	08/04/15	Amount:	$*****485.00
Insured	Hi-Shear Corporation Inc				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Surendhar CG-Pannerselvam				
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#
05/11/15	65075

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6737
D.O.B. : 2/2/57
Terms : 45 days
Claim #(s):
13007177

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

Case: vs AMERICAN APPAREL
Date Of Injury: 4/18/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/12/15	LEGAL_EXOTIC	DEPO PREP @ L/O SAMUELSEN & GONZALEZ -VIETNAMESE	485.00
/ /	INTERPRETER:	CHRIS NGUYEN # 301524	0.00
02/16/15	LEGAL_EXOTIC	C&R READING @ L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/08/15	PMT BY CHECK	DOS 2/12/15-2/16/15* # 18792	-970.00

BALANCE 0.00

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WELLS FARGO BANK, N.A.

11-24
1210(8)

CHECK NO: 18792

DATE: 5/8/2015

AMERICAN APPAREL
New Hampshire Insurance Co.

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

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT
*********$970.00

CLAIMANT:
CLAIM NO: 13007177
PAY *Nine Hundred And Seventy And 00/100 US Dollars*

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

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00018792⑈ ⑆121000248⑆ 4122384340⑈

Provider Bill Detail

Payer: American Apparel
Provider Patient Account #: 65075

Check Number: 18792
Check Date: 5/8/2015

Claim Number: 13007177
Claimant Name:
SSN: XXX-XX-6737
Date of Birth: 2/2/1957
State of Jurisdiction: California

65075

Date Received: 4/22/2015
Date Reviewed: 4/22/2015
Date of Injury: 4/18/2013
Document Number: N154-15-006106
Employer: American Apparel

Examiner: mnicolis
Bill Type:
Pay Code: 32400
From: 2/12/2015
Through: 2/16/2015

ICD9 Codes:

Date	Code	Mod	Description	Qty	Billed	BR Red	PPO Red	Other	Allowed	Reason
2/12/2015	99199	00 00 00		1.00	970.00	0.00	0.00	0.00	970.00	G1
			Totals:		970.00	0.00	0.00	0.00	970.00	

Reduction Reason Codes:

Code:	Description:
G1	The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.

Notices:

For reconsideration of denied or reduced payment, please respond in writing to the contact information below and include 1) What specifically you wish to reconsider, 2) a copy of this Review Analysis, and 3) supporting documentation. Should you have further questions, you may contact:

Peregrin
3021 Citrus Circle, Suite 270, Walnut Creek, CA 94598
Phone: (925) 938-3030
Fax:
Email:

PAID MAY 11 2015

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

*** INVOICE ***
Date NO#
04/30/15 65074

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 9/9/61
Terms : 45 days
Claim #(s):
0224737-WCMSTR

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

Case: vs ARIRANG MARKET
Date Of Injury: 12/14/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/18/15	LEGAL_EXOTIC	STATUS CONFERENCE @ WCAB LA LANG: KOREAN	485.00
/ /	INTERPRETER:	MARY ANN YI # 301249	0.00
04/24/15	PMT BY CHECK	DOS 2/18/15* # 450422	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
A.R. Supermarket, Inc.
Claimant

Check No:	450422
Check Amt:	$485.00
Check Date:	04/24/2015
Claimant:	
Soc. Sec. No:	XXX-XX-2240
Claim No:	0224737-WCMSTR
Date of Loss:	12/14/2010
Adjuster:	Crawford, Zac
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	02/18/2015 To: 02/18/2015
Invoice No:	65074

Payable Comment

PAID APR 30 2015

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
A.R. Supermarket, Inc.
Claimant

Check No:	450422
Check Amt:	$485.00
Check Date:	04/24/2015
Claimant:	
Soc. Sec. No:	XXX-XX-2240
Claim No:	0224737-WCMSTR
Date of Loss:	12/14/2010
Adjuster:	Crawford, Zac
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	02/18/2015 To: 02/18/2015
Invoice No:	65074

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#
05/27/15	61979

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 1/1/57
Terms : 45 days
Claim #(s):
710915264

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

Case: s BLASSETTI CONSTRUCTION
Date Of Injury: 4/9/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/14/14	MED_EXOTIC	INITIAL W/DR NIMISH SHAH LANG: CAMBODIAN	485.00
/ /	INTERPRETER:	SAMEDY CHHUM # 700574	0.00
11/07/14	LEGAL_EXOTIC	DEPO PREP @ L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	SAMEDY CHHUM # 700574	0.00
05/19/15	PMT BY CHECK	DOS 4/14/14-11/7/14* # 28525606	-970.00

BALANCE 0.00

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

20150519400S

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

Electronic Service Requested

SINGLE PIECE
27 2.3450 SP 0.900

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

ENV 27 3 OF 11 F

Check No.: 28525606
RFP No.: 838511
Check Date: 05/19/2015
Check Amount: 970.00
Insured: BLASETTI CONSTRUCTION, INC

Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

RECEIVED MAY 27 2015

61774

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000051752095	00915264	001	04/09/2014	MED	C	970.00
					Total Amount	970.00

Reason for Payment
ORG: 970.00 ACT: NA 041414-110714

Use File # 710/00915264 on all correspondence for prompt processing.
For check information call: 877-802-5246

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

*** INVOICE ***

Date	NO#
05/27/15	60446

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 4/1/54
Terms : 45 days
Claim #(s):
30131348415

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

Case: vs GE AVIATION SYSTEM, LLC
Date Of Injury: 5/13/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/27/13	INITIAL EXAM	DR NIMISH SHAH @ HARBOR SPINE & WELLNESS	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190 LANG: VIETNAMESE	0.00
01/08/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE & WELLNESS	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
02/05/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
03/05/14	PR2/REEVAL	DR SHAH (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
03/12/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/09/14	PR2/REEVAL	DR SHAH	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
05/07/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
06/16/14	PMT BY CHECK	DOS 11/27/13-4/9/14* # 0049900924	-2910.00
07/14/14	PMT BY CHECK	DOS 5/7/14* # 0051147647	-485.00
06/04/14	PR2/REEVAL	DR SHAH @ 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
10/08/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
11/05/14	MED_EXOTIC	PR-2 W/DR SHAH @ HARBOR SPINE	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#
05/27/15	60446

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 4/1/54
Terms : 45 days
Claim #(s):
30131348415

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

Case: vs GE AVIATION SYSTEM, LLC
Date Or Injury: 5/13/09

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	147/2JAMIE NGUYEN # 100190	0.00
12/03/14	MED_EXOTIC	PR-2 W/DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
01/07/15	MED_EXOTIC	PR-2 W/DR SHAH	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
02/04/15	MED_EXOTIC	PR-2 W/DR SHAH & M.MERCADO	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
05/21/15	PMT BY CHECK	DOS 3/25/15* # 0056970761	-4365.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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P6905028006

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

201505211619

Electronic Service Requested

1 OF 1

ENV 2179

SINGLE PIECE

2179 0.3820 SP 0.480

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

4

DATE	CHECK AMT	CHECK NO.
05/21/2015	4,365.00	0056970761

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
	05/13/2009	30131348415-0001

Amt Paid: 4,365.00 Description: Medical-Legal (CA)
Amt Billed: 4,365.00 Invoice: ICN: 32046868.848
Dates: 03/25/2015-03/25/2015 Comment: 60446

RECEIVED MAY 27 2015

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

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

*** INVOICE ***

Date	NO#
05/26/15	65069

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 10/29/52
Terms : 45 days
Claim #(s):
004257011981WC01

BILL TO:
GALLAGHER BASSETT (GOLD RIVER)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 2290
GOLD RIVER, CA 95741

Case: vs NATIONAL OILWELL VARCO
Date Of Injury: 5/14/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/15	LEGAL_EXOTIC	DEPO PREP @ L/O ADELSON, TESTAN & BRUNDO	485.00
/ /	INTERPRETER:	LAN TRINH # 100303 LANG: VIETNAMESE	0.00
02/17/15	LEGAL_EXOTIC	DEPO REVIEW @ L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/17/15	PMT BY CHECK	DOS 2/2/15-2/17/15* # 0118767043	-970.00

BALANCE 0.00

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

GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

0100475 01 RE 0.432 **AUTO T4 0 1595 92781 -P00475

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

RECEIVED MAY 26 2015

DIRECT INQUIRIES TO:

PHONE: 1-866-841-0167
GALLAGHER BASSETT-GOLD RI
P.O. BOX 2290
GOLD RIVER CA 95741-2290

NATIONAL OILWELL VARCO

CLAIM NO. 004257 012118 WC 01

CLAIMANT:

DESCRIPTION: INV # 65069

DATE OF SERVICE: 02-Feb-2015 TO 17-Feb-2015

BRANCH NO. 094

ACC. DATE 14-May-2014

CHECK NO. 0118767043

VN. 0000274196

DATE: 17-May-2015

PAYMENT AMOUNT: $970.00

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0118767043 ATTACHED BELOW

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

*** INVOICE ***
Date NO#
03/29/16 63583

EAMS#(s):

SS # : XXX-XX-5735
DOB : 12/30/49
Terms : 45 days
Claim #(s):
02432298

BILL TO:
SCIF (SUISUN CITY)
W. C. DEPARTMENT
ATTN: RYLEHM ROXAS
P.O. BOX # 3171
SUISUN CITY, CA 94585-6171

Case: vs KRISPY KREME DONUTS
Date Of Injury: 5/29/05

DOS	SERVICE	DESCRIPTION	AMOUNT
09/25/14	WCAB SA	PRIORITY CONFERENCE LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/25/16	PMT BY CHECK	DOS 9/25/14* # CU-277686	-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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: CU-277686

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 03/25/16
Doc #: 030884570

Medical

63583

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06136298		**Date of Injury:** 07/18/15		
SSN: XXX-XX-7561 Employer name: UNION CENTRAL COLD STORAGE, INC.					Employer ID: 0000009091266150				
1	SF1-SPCA-209455	02/11/16	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
Patient Name:					**Claim #:** 02432298		**Date of Injury:** 05/29/05		
SSN: XXX-XX-5735 Employer name: KRISPY KREME					Employer ID: 0000001746065040				
2	SF1-SPCA-209522	09/25/14	999Q9	Interpreter Deposit-	1	485.00	.00		485.00
Patient Name:					**Claim #:** 06023268		**Date of Injury:** 06/23/14		
SSN: XXX-XX-1873 Employer name: RK STEEL CORPORATION					Employer ID: 0000009091832140				
3	SF1-SPCA-209400	02/03/16	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
Patient Name:					**Claim #:** 06085704		**Date of Injury:** 03/12/15		
SSN: XXX-XX-7847 Employer name: SERV-RITE MEAT COMPANY, INC.					Employer ID: 0000009104474140				
4	SF1-SPCA-209709	03/07/16	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
					Total Allowances:				**$954.50**

PAID MAR 29 2016

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

MR

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

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

VOID

Medical
SA

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

CU-277686
Union Bank
Los Angeles, California
90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
March 25, 2016	$*******954.50

PAY ****Nine Hundred Fifty-Four and 50/100 Dollars****ONLY

To The Order Of
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

⑈521027768⑈ ⑆122241501⑆ ⑈908100104 3⑈

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

*** INVOICE ***
Date NO#
03/30/16 63576

EAMS#(s):

SS # : XXX-XX-5573
DOB : 8/20/53
Terms : 45 days
Claim #(s):
301419622030001

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

Case: vs LAUSD
Date Of Injury: 3/24/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/15/14	DEPO PREP	@ THE L/O OF ARMSTRONG & SIGE LANG: ARABIC	485.00
/ /	INTERPRETER:	FAWZI HALAKA # 300181	0.00
03/25/16	PMT BY CHECK	DOS 9/15/14* # 0001624334	-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 14623
Lexington, KY 40512-4623

DATE	CHECK AMT	CHECK NO.
03/25/2016	485.00	0001624334

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

SCMS UNIT	PAGE
525 Sedgwick Claims Management Services	001

*001350 0001624334 00001 OF 00001 OAM 160325 1045

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

63576

Claimant Name	Loss Date	Claim Number	SSN
	03/24/2014	30141962203-0001	

Amt Paid: 485.00 Description: Miscellaneous Medical
Amt Billed: 485.00 Invoice: 300181 ICN: 301419622030001
Dates: 09/15/2014 - 09/15/2014 Comment:

PAID MAR 30 2016

EMR

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

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#
02/08/16	62982

EAMS#(s):

SS # : XXX-XX-9406
DOB : 10/29/58
Terms : 45 days
Claim #(s):
3000-00-00264

BILL TO:
INTERCARE INS (ORANGE)
W. C. DEPARTMENT
ATTN: LOURDES ELIZALDE
P.O. BOX # 14243
ORANGE, CA 92863-4243

Case: vs COUNTY OF LOS ANGELES DPSS
Date Of Injury: 7/28/11

DOS	SERVICE	DESCRIPTION	AMOUNT
07/24/14	WCAB SA	PRIORITY CONFERENCE LANG: VIETAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/05/16	PMT BY CHECK	DOS 7/24/11-1/4/16* # 0023053639	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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COUNTY OF LOS ANGELES

AUDITOR CONTROLLER'S SPECIAL WARRANT
WARRANT CLEARANCE FUND, LOS ANGELES, CALIFORNIA

TS 0023053639

THE TREASURER OF THE COUNTY OF LOS ANGELES
00 W. TEMPLE ST. ROOM 502, LOS ANGELES, CA 90012

February 05, 2016

NOT PAYABLE AFTER TWO YEARS FROM DATE ISSUED

CONTROLLED DISBURSEMENT
PAYABLE THROUGH: BANK OF AMERICA, N.A.
NORTH BROOK, ILLINOIS

70-2328
0719

PAY TO THE ORDER OF:

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

/C1423BV239
01
16

Amount
$*********485.00

PAY: Four Hundred Eighty Five And 00/100 Dollars

APPROVED
JOHN NAIMO, AUDITOR-CONTROLLER BY

⑈0023053639⑈ ⑆071923284⑆ 87659⑈15848⑈

FACH HERE ↑ DETACH HERE ↑ ↑ DETACH HERE ↑ ↑ DETACH HERE ↑

COUNTY OF LOS ANGELES REMITTANCE ADVICE

PAYEE NAME	PAYEE NUMBER	HANDLING CODE
JOYCE ALTMAN INTERPRETERS	WC1423BV239	

PAYMENT REFERENCE NUMBER	DISB CAT	ISSUE DATE	AMOUNT	WARRANT NUMBER
SWR-EB-11947325	416	02/05/2016	$485.00	0023053639

3000-12-00264
Invoice #
07/24/2014THRU 01/04/2016
77 MED0008012015084
485.00
11947325* 62901*1830* 544

07/28/2011

62982 485.00

NOT NEGOTIABLE NOT NEGOTIABLE NOT NEGOTIABLE

For more information, please contact:Tristar Risk Mgmt.-C,(844)322-8012

F-F.

For more information about this payment, please contact
YOUR THIRD PARTY ADMINISTRATOR

NOT NEGOTIABLE NOT NEGOTIABLE NOT NEGOTIABLE

PAID FEB 08 2016

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#
02/04/16	68135

EAMS#(s):

SS # : XXX-XX-8967
DOB : 6/7/60
Terms : 45 days
Claim #(s):
05639398

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

Case: vs BLASETTI CONSTRUCTION, INC.
Date Of Injury: 10/5/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/06/16	LEGAL_EXOTIC	STATUS CONFERENCE @ WCAB LB LANG: CAMBODIAN	485.00
/ /	INTERPRETER:	SAMEDY CHHUM # 700574	0.00
02/02/16	PMT BY CHECK	DOS 1/6/16* # CP-902021	-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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CP-902021**

Issue Date: 02/02/16
Doc #: 030681402

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05639398		**Date of Injury:** 10/05/10		
SSN: XXX-XX-8967 Employer name: BLASETTI CONSTRUCTION, INC.					Employer ID: 0002380012430100				
1	SF1-SPCA-197757	01/06/16	999Q8	Interpreter Deposit-	1	485.00	.00		485.00

Total Allowances: **$485.00**

PAID FEB 04 2016

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

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

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

0132707203068140200 1 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#
01/15/15	60633

Claim # : 10100704856
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4449
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: s 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
09/16/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
01/09/15	PMT BY CHECK	DOS 6/16/14* # 0000698928	-485.00

BALANCE 0.0(

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

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

Check Date: 01/09/2015
Check Number: 0000698928
Check Amount: $485.00

10S42N

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, 10S42N

00298 JOP1ZS01 1Z 6300016878-6300718698

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID JAN 15 2014

Payment Summary

laim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amoun
)10-07-04856		09/26/2007	60633	43	09/16/2014	09/16/2014	$485.0

;at	SubPC	Stub Notes	Stub Amount
		WCAB MSC	$0.00
3		MISC EXPENSE	$485.00
			$485.00

[redacted]