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

Includes payments for Penalties and Interest plus *Cost Sanctions (Exotics) Date ranges from 2009 - 2015*

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
60722	1/14/14 - 11/20/14	1/19/16	$ 3,395.00	Initial, 3 PR-2's, C&R reading, 2 Board appears. SA, Lien fil fee, P&I's + Costs & sanc.	$ 90.00	26704154	7/18/14	AIG
					$ 90.00	27354113	10/28/14	
					$ 90.00	27354112	10/28/14	
					$ 90.00	27354111	10/28/14	
					$ 1,940.00	28322606	4/15/15	
					$ 1,750.00	29844297	1/14/16	
			TOTAL AMT PAID =>		**$ 4,050.00**			
50963	12/28/11 - 5/27/14	2/17/15	$ 3,880.00	2 Depo preps, 2 Depo reviews, 3 board appear., C&R reading, P&I's & Costs & Sanc.	$ 485.00	896D 79959106	3/19/12	Travelers
					$ 970.00	896D 80053765	4/5/12	
					$ 485.00	896D 80162355	4/26/12	
					$ 485.00	896D 80384930	6/5/12	
					$ 2,600.00	896D 85556841	2/13/15	
			TOTAL AMT PAID =>		**$ 5,025.00**			

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

Includes payments for Penalties and Interest plus *Cost Sanctions (Exotics) Date ranges from 2009 - 2015*

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
42867	2/18/11 - 3/11/14	1/22/15	$ 11,155.00	Depo prep, Depo review, 3 board appear., 2 Initial's, 15 PR-2's & P&I's	$ 970.00	896D 78289965	5/17/11	Travelers
					$ 485.00	896D 78514470	6/27/11	
					$ 14,000.00	896D 85422357	1/16/15	
			TOTAL AMT PAID =>		**$ 15,455.00**			
54613	8/13/12 - 8/25/14	2/10/15	$ 3,395.00	Depo prep, Depo review, 2 PR-2's, 3 Board appear & P&I's	$ 485.00	896D 81247172	10/31/12	Travelers
					$ 1,455.00	896D 84781183	9/11/14	
					$ 485.00	896D 85035676	10/30/14	
					$ 485.00	896D 85346232	12/31/14	
					$ 700.00	896D 85522463	2/6/15	
			TOTAL AMT PAID =>		**$ 3,610.00**			
62037	5/8/14 - 11/11/14	8/3/15	$ 3,395.00	Initial, Depo prep vol.2 & Deposition, Depo prep, 2 Depo reviews, Board appear., P&I's & Costs & Sanc.	$ 517.33	260322887	12/11/14	Employers
					$ 1,455.00	260337066	1/6/15	
					$ 485.00	260353542	2/2/15	
					$ 1,150.00	260449245	7/29/15	
			TOTAL AMT PAID =>		**$ 3,607.33**			

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

Includes payments for Penalties and Interest plus *Cost Sanctions (Exotics) Date ranges from 2009 - 2015*

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
61069	3/6/14 - 7/29/14	3/18/15	$ 1,455.00	Board appear., 2 C&R reading & P&I's	$ 336.00	896D 84093508	5/1/14	Travelers
					$ 1,378.10	896D 85696159	3/13/15	
			TOTAL AMT PAID =>		**$ 1,714.10**			
64291	11/17/14 - 1/8/15	11/18/15	$ 970.00	Depo prep, Board appear. & P&I's	$ 1,167.17	896D 86889273	6/12/13	Travelers
			TOTAL AMT PAID =>		**$ 1,167.17**			
60774	1/15/14	8/25/15	$ 485.00	Board appear. & P&I's	$ 631.56	8815494723	8/19/15	Farmers/Mid-Century
			TOTAL AMT PAID =>		**$ 631.56**			
60859	2/5/14 - 5/30/14	8/13/15	$ 1,940.00	Depo prep, Depo review, Board appear., P&S, Lien fil fee & P&I's	$ 125.00	900A 26774049	3/31/14	Travelers
					$ 2,520.83	896D 86420166	8/7/15	
			TOTAL AMT PAID =>		**$ 2,645.83**			

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

Includes payments for Penalties and Interest plus *Cost Sanctions (Exotics) Date ranges from 2009 - 2015*

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
61389	3/24/14 - 1/20/15	5/26/15	$ 7,275.00	9 PR-2's, Board appear., 2 Depo preps, 2 Depo reviews, Epidural, Lien fil fee & P&I's	$ 90.00	26949220	8/23/14	AIG
					$ 395.00	27125447	9/20/14	
					$ 90.00	27281922	10/15/14	
					$ 485.00	27335520	10/23/14	
					$ 575.00	27467731	11/14/14	
					$ 180.00	28303361	4/10/15	
					$ 6,750.00	28531550	5/19/15	
			TOTAL AMT PAID =>		**$ 8,565.00**			
60445	11/27/13 - 11/19/14	9/24/15	$ 6,305.00	Initial, Depo prep, 2 Depo reviews, 9 PR-2's, Lien fil fee., & P&I's	$ 1,455.00	800019736	7/1/14	Tokio Marine MGMT/TNUS Ins.
					$ 5,288.23	800028311	9/16/15	
			TOTAL AMT PAID =>		**$ 6,743.23**			
35747	10/6/09 - 5/28/14	10/1/15	$ 4,365.00	2 Depo preps, 3 Board appear, Board appear (full day), Initial, PR-2	$ 485.00	896D 75677649	1/22/10	Travelers
					$ 485.00	900A 26041741	9/10/10	
					$ 5,500.00	896D 86587351	9/11/15	
			TOTAL AMT PAID =>		**$ 6,470.00**			

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

Includes payments for Penalties and Interest plus *Cost Sanctions (Exotics) Date ranges from 2009 - 2015*

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
60045	10/25/13 - 7/8/14	9/16/15	$ 6,305.00	9 PR-2's, 2 Board appear., Depo preps, Depo reviews, Lien fil fee & P&I's	$ 2,425.00	260098220	2/3/14	Employers
					$ 485.00	260122137	3/6/14	
					$ 1,455.00	260133648	3/21/14	
					$ 2,300.00	260468849	9/10/15	
			TOTAL AMT PAID =>		**$ 6,665.00**			
56690	1/7/13 - 3/11/15	8/19/15	$ 7,275.00	3 Initial's, 9 PR-2's, F.C.E. testing, Depo prep, Board appear., Lien fil fee, P&I's & Costs & Sanc.	$ 8,300.00	896D 86522845	8/28/15	Travelers
			TOTAL AMT PAID =>		**$ 8,300.00**			
60145	10/18/13 - 11/21/14	6/12/15	$ 3,880.00	4 PR-2's, EMG Testing, P&S, Board appear, C&R reading, Lien fil fee, P&I's & Costs & Sanc.	$ 5,000.00	1241958718	6/5/15	The Hartford
			TOTAL AMT PAID =>		**$ 5,000.00**			

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

Includes payments for Penalties and Interest plus *Cost Sanctions (Exotics) Date ranges from 2009 - 2015*

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
60047	10/25/13 - 1/9/14	5/6/15	$ 1,455.00	2 PR-2's, Board appear., Lien fil fee, P&I's & Costs & Sanc.	$ 970.00	DA72559270	8/18/14	ACE
					$ 485.00	DA72559289	8/18/14	
					$ 249.03	DA72930703	10/22/14	
					$ 200.00	DA74038075	4/29/15	
			TOTAL AMT PAID =>		**$ 1,904.03**			
62977	7/9/14 - 2/4/15	12/18/15	$ 5,820.00	Initial, 7 PR-2's, Depo prep, Depo review, epidural, injection, P&I's, Lien fil fee & Costs & Sanc.	$ 7,750.00	5637288726	12/10/15	Broadspire
			TOTAL AMT PAID =>		**$ 7,750.00**			
56242	11/20/12	4/28/15	$ 485.00	Depo prep & P&I's	$ 485.00	896D 85779170	3/30/15	Travelers
					$ 121.19	896D 85896793	4/23/15	
			TOTAL AMT PAID =>		**$ 606.19**			
59954	10/15/13 - 5/22/14	2/4/15	$ 970.00	2 Board appear. & P&I's	$ 485.00	5628037806	12/5/13	Broadspire
					$ 595.65	5633127819	1/29/15	
			TOTAL AMT PAID =>		**$ 1,080.65**			
46922	7/7/11	1/26/15	$ 485.00	Initial & P&I's	$ 624.99	0000897894	1/20/15	Sedgwick
			TOTAL AMT PAID =>		**$ 624.99**			

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

Includes payments for Penalties and Interest plus *Cost Sanctions (Exotics) Date ranges from 2009 - 2015*

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
60942	2/14/14 - 3/26/14	10/2/15	$ 970.00	Depo review, C&R reading & P&I's	$ 1,275.94	896D 86667786	9/28/15	Travelers
			TOTAL AMT PAID =>		**$ 1,275.94**			
60292	11/15/13 - 9/16/14	3/21/16	$ 1,455.00	2 Depo preps, Board appear. & P&I's	$ 970.00	69-771416	2/18/14	York Claims (State of California)
					$ 600.00	64-092719	3/16/16	
			TOTAL AMT PAID =>		**$ 1,570.00**			
62035	5/7/14 - 1/8/15	12/3/15	$ 4,850.00	Initial, 6 PR-2's, 2 Injections, C&R reading, Lien fil fee & P&I's	$ 3,880.00	549158	12/11/14	Covel
					$ 1,220.00	596499	11/25/15	
			TOTAL AMT PAID =>		**$ 5,100.00**			

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#
01/19/16	60722

EAMS#(s):

SS # : XXX-XX-2452
DOB : 5/3/54
Terms : 45 days
Claim #(s):
710517181

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

Case: vs IRVINE AEROSPACE INC
Date Of Injury: 3/1/07 - 6/13/08

DOS	SERVICE	DESCRIPTION	AMOUNT
01/14/14	WCAB SA	MSC - LAN TRINH # 100303 LANG: VIETNAMESE	485.00
03/14/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT.	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/01/14	INITIAL EXAM	DR THOMAS PHILLIPS- SANTA ANA (VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/30/14	PR2/REEVAL	DR BERNSTEIN @ IPM	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/18/14	PMT BY CHECK	DOS 5/30/14* # 26704154	-90.00
07/25/14	PR2/REEVAL	DR BERNSTEIN @ IPM	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/12/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
10/28/14	PMT BY CHECK	DOS 1/14/14-7/25/14* # 27354113	-90.00
10/28/14	PMT BY CHECK	DOS 4/1/14* # 27354112	-90.00
10/28/14	PMT BY CHECK	DOS 1/14/14-3/14/14* # 27354111	-90.00
11/20/14	LEGAL_EXOTIC	C&R READING @ THE L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/15/15	PMT BY CHECK	DOS 3/14/14-7/25/14* =# 28322606	-1940.00
04/24/15	LIEN FIL FEE	LIEN FILING FEE	150.00
04/27/15	PENALTIES	FOR DATE OF SERVICE 07/25/14	18.75
01/13/16	INTEREST	FOR DATE OF SERVICE 07/25/14	19.57
04/27/15	PENALTIES	FOR DATE OF SERVICE 8/12/14	72.75
01/13/16	INTEREST	FOR DATE OF SERVICE 8/12/14	73.20
04/27/15	PENALTIES	FOR DATE OF SERVICE 11/20/14	72.75
01/13/16	INTEREST	FOR DATE OF SERVICE 11/20/14	51.91

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

*** INVOICE ***

Date	NO#
01/19/16	60722

EAMS#(s):

SS # : XXX-XX-2452
DOB : 5/3/54
Terms : 45 days
Claim #(s):
710517181

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

Case: vs IRVINE AEROSPACE INC
Date Of Injury: 3/1/07 - 6/13/08

DOS	SERVICE	DESCRIPTION	AMOUNT
01/13/16	COSTS & SANC	COSTS & SANC	196.07
01/14/16	PMT BY CHECK	DOS 1/13/16* # 29844297	-1750.00

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.

P-R000028000

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

201407181608

Electronic Service Requested

MIXED AADC 926
3843 0.9291 MB 0.432

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

150

ENV 3843 1 OF 4 F

Check No.: 26704154
RFP No.: 095414
Check Date: 07/18/2014
Check Amount: 90.00
Insured: PARA-FLITE INC

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID JUL 25 2014

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000001592864	00517181	01	06/13/2008	MED	O	90.00
				Total Amount		90.00

Reason for Payment
ORG: 970.00 ACT: 60722 011414-053014

Use File # 710/ 00517181 on all correspondence for prompt processing.
For check information call: 877-802-5246

#60722

P4000028000

20141028400S

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

Electronic Service Requested

SINGLE PIECE
17 2.2355 SP 0.900

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

Check No.: 27354113
RFP No.: 360839
Check Date: 10/28/2014
Check Amount: 90.00
Insured: PARA-FLITE INC

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

ENV 17 5 OF 11 F

PAID OCT 31 2014

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000001592864	00517181	01	06/13/2008	MED	O	90.00
				Total Amount		90.00

Reason for Payment
ORG: 2425.00 ACT: 60722 011414-072514

Use File # 710/00517181 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028000

20141028400S

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

Electronic Service Requested

SINGLE PIECE
17 2.2355 SP 0.900

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

ENV 17 3 OF 11 F

Check No.: 27354112
RFP No.: 360837
Check Date: 10/28/2014
Check Amount: 90.00
Insured: PARA-FLITE INC

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000001592864	00517181	01	06/13/2008	MED	O	90.00
					Total Amount	90.00

Reason for Payment 60722
ORG: 485.00 040114-040114

Use File # 710/00517181 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID OCT 31 2014

P4000028000

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

201410284005

Electronic Service Requested

SINGLE PIECE

17 2.2355 SP 0.900

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

ENV 17 1 OF 11 F

Check No.: 27354111
RFP No.: 360833
Check Date: 10/28/2014
Check Amount: 90.00
Insured: PARA-FLITE INC

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID OCT 31 2014

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000001592864	00517181	01	06/13/2008	MED	O	90.00

Total Amount 90.00

Reason for Payment
ORG: 970.00 ACT: 60722 011414-031414

Use File # 710/00517181 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028000

201504154006

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

Electronic Service Requested

SINGLE PIECE

78 1.5326 SP 0.690

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

6 OF 7 F

ENV 78

Check No.: 28322606
RFP No.: 760217
Check Date: 04/15/2015
Check Amount: 1,940.00
Insured: PARA-FLITE INC

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

60722

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000001592864	00517181	001	06/13/2008	MED	O	1,940.00
					Total Amount	1,940.00

Reason for Payment
ORG: 3395.00 ACT: N/A 011414-112014

Use File # 710/00517181 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID APR 20 2015

[redacted]

P4000028001

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

201601141609

Electronic Service Requested

1 OF 1

ENV 4463

MIXED AADC 926
4463 0.3820 MB 0.436

JOYCE ALTMAN INTERPRETERS INC 171
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 29844297
RFP No.: 381520
Check Date: 01/14/2016
Check Amount: 1,750.00
Insured: PARA-FLITE INC

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

60722

PAID JAN 19 2016

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000001592864	00517181	001	06/13/2008	MED	C	1,750.00
				Total Amount		1,750.00

Reason for Payment
FULL AND FINAL

F+F.
SP

Use File # 710/00517181 on all correspondence for prompt processing.
For check information call: 877-802-5246

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

*** INVOICE ***
Date NO#
09/01/15 56541

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days
Claim #(s):
7190240790

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

Case: [redacted] vs WEST COAST STAINLESS FOUNDRY
Date Of Injury: 3/23/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/26/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/05/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/27/15	PENALTIES	FOR DATE OF SERVICE 11/26/12	23.48
07/27/15	INTEREST	FOR DATE OF SERVICE 11/26/12	39.84
07/27/15	PENALTIES	FOR DATE OF SERVICE 2/5/13	37.50
07/27/15	INTEREST	FOR DATE OF SERVICE 2/5/13	63.64
08/21/15	PMT BY CHECK	DOS 11/26/12-11/26/12* # 3109002	-570.96

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

P0152801280003

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

201508240145

Electronic Service Requested

3-DIGIT 926
6270 0.3820 AT 0.413

Joyce Altman Interpeters
PO BOX 4165 42
TUSTIN, CA 92781-4165

Payee: Joyce Altman Interpeters
Company Name: Companion Property and Casualty Insu
Facility: West Coast Stainless Foundry,
Policy ID: CPCA13976
IRS/SSN:
Administrator: SALEJO
Claim #: 7190240790
Account #:
Check #: 3109002
Check Total: $570.96
Check Date: 08/21/2015
Injury Date: 03/23/2012
From/Through Date: 11/26/12-11/26/12
Claimant Name:
Invoice #:
Description: Medical Lien Payment
Document #: 634929-01
Primary ICD-9: 959.9
Received Date: 08/19/2015
Reviewed Date: 08/19/2015
PPO Name:
Pharmacy #:
DRG Code:

ENV 6270 1 OF 1

Line	From/Through	Billed Code/ Mod	Units	Billed	Reviewed/Mod	Allowed	Discount	Recommended	Reason Code
001	11/26/12-11/26/12 Lump sum settlement for multip	MDS10	100	570.96	MDS10	570.96	0.00	570.96	G67
	Totals:			570.96		570.96	0.00	570.96	

Reason Code Description

This analysis constitutes the claim administrators objection to fees in excess of OMFS and/or Title 8 of the California Code of Regulation Section 9795 and/or 9789.10 - 9789.110. The provider shall not attempt to collect expenses for medical treatment from the injured worker, LC 4600. If you disagree with our objections, you have the right to file a lien/application with the WCAB to adjudicate the matter

2CS P.O. Box 358 Roseville, CA 95661 (800)281-8186
G67 Payment based on individual pre-negotiated agreement for this specific service.

PQF OK CA

56541

PAID

BY: .....

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

*** INVOICE ***
Date NO#
02/17/15 50963

EAMS#(s):

SS # : XXX-XX-2631
DOB : 9/24/65
Terms : 45 days
Claim #(s):
EPH3774

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
12/28/11	DEPO PREP	@ THE L/O OF DENNIS FUSI (LANG: CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140 (AMENDED DATE)	0.00
03/01/12	DEPO PREP	@ THE L/O OF MALMQUIST, FIELD & CAMASTRA	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
03/02/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
03/19/12	PMT BY CHECK	DOS 12/28/11 # 896D 79959106	-485.00
03/23/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
04/05/12	PMT BY CHECK	DOS 3/1/12-3/2/12 # 896D 80053765	-970.00
04/25/12	PMT BY CHECK	DOS 3/23/12 # 896D 80162355	-485.00
05/14/12	WCAB LB	PRIORITY CONFERENCE	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
06/05/12	PMT BY CHECK	DOS 5/14/12 # 896D 80384930	-485.00
04/29/13	WCAB LB	STATUS CONFERENCE	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
07/01/13	WCAB LB	STATUS CONFERENCE (LANG: CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
05/27/14	C&R READING	@ THE L/O OF DENNIS FUSI	485.00
/ /	INTERPRETER:	DIANA LAI # 100142	0.00
10/23/14	PENALTIES	FOR DATE OF SERVICE 04/29/13	72.75
02/04/15	INTEREST	FOR DATE OF SERVICE 04/29/13	99.48
10/23/14	PENALTIES	FOR DATE OF SERVICE 07/01/13	72.75
02/04/15	INTEREST	FOR DATE OF SERVICE 07/01/13	89.85
10/23/14	PENALTIES	FOR DATE OF SERVICE 05/27/14	72.75

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

*** INVOICE ***

Date	NO#
02/17/15	50963

EAMS#(s):

SS # : XXX-XX-2631
DOB : 9/24/65
Terms : 45 days
Claim #(s):
EPH3774

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
02/04/15	INTEREST	FOR DATE OF SERVICE 05/27/14	39.42
02/13/15	PMT BY CHECK	DOS 2/10/15* # 896D 85556841	-2600.00
02/24/15	COSTS & SANC	COST & SANCTIONS	698.00

BALANCE 0.00

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

015888

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

SA07763

896D 79959106

TRAVELERS

DATE: 03/19/12
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB EPH0244T	01/19/12	$ 156.50		61381
	152 CB EPH3774A	12/28/11	$ 485.00		50963
			PAID MAR 23 2012 BY:		
		Total Amount Paid	$******641.50		

079007924
DETACH CHECK

SUMM 111311
OVRPSUM2-0215b9

DETACH CHECK

001063

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

SB00508

896D 80053765

TRAVELERS

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

DATE: 04/05/12
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB ELW6623H	01/28/12	$ 250.00		51438
	152 CB EPH3774A	03/01/12 - 03/02/12	$ 970.00		50963
					APR 09 2012 BY:
		Total Amount Paid	$*****1220.00		

)96010555
DETACH CHECK

SUMM 2-11311
OVRP SUM2-021509

DETACH CHECK

000514

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

SB00240

896D 80162355

TRAVELERS

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

EMPLOYEE

ACCOUNT NAME:
CALIFORNIA COMMERCE CLUB INC

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 03/23/2012

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

APR 3 0 2012
BY:

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

117010275
DETACH CHECK

UNSUMM-111311
OVRPDNS2-121205
DETACH CHECK

001185

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

SB00568

896D 80384930

TRAVELERS

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

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

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB ELW1031N	05/14/12	$ ~~485.00~~		43370
	152 CB EPH3774A	05/14/12	$ 485.00		50863
		Total Amount Paid	$******970.00		

157010617
— DETACH CHECK

RECEIVED
JUN 11 2012

BY:.....

SUMM 1113
OVRPSUM2-021
DETACH CHECK —

015513

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

SE03258

896D 85556841

TRAVELERS

DATE: 02/13/15
LOSS DATE: 09/21/11
FILE NUMBER: 152 CB EPH3774 A
REFERENCE #: 1007508146SW
EMPLOYEE

ACCOUNT NAME:
CALIFORNIA COMMERCE CLUB INC

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

PAID FEB 17 2015

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 02/10/15

TOTAL PAID: $2600.00
TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

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

44020524
DETACH CHECK

UNSUMM OVRPUNS2:121
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#
01/22/15	42867

Claim # : EHJ9833
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5810
D.O.B. : 3/11/57
Terms : 45 days

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

Case: vs COMMERCE CASINO
Date Of Injury: 9/09

DOS	SERVICE	DESCRIPTION	AMOUNT
02/18/11	DEPO PREP	@ THE L/O OF MALMQUIST, FIELD (MANDARIN)	485.00
/ /	INTERPRETER:	MICHELLE TAN	0.00
03/11/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (MANDARIN)	485.00
/ /	INTERPRETER:	HONGBIN WANG # 301251	0.00
03/21/11	PR2/REEVAL	-DR KATTAR (LANG: MANDARIN)	485.00
/ /	INTERPRETER:	HONGBIN WANG (SUNNY) 301251	0.00
04/25/11	INITIAL EXAM	DR SAMAAN @ GARFIELD HEALTH*	485.00
/ /	INTERPRETER:	HONGBIN WANG # 301251	0.00
05/17/11	PMT BY CHECK	DOS 2/18/11 THRU 3/11/21 # 896D 78289965	-970.00
05/24/11	WCAB LB	MSC - HONGBIN WANG # 301251	485.00
06/27/11	PMT BY CHECK	DOS 5/24/11 # 896D 78514470	-485.00
06/06/11	PR2/REEVAL	-DR KATTAR @ GARFIELD HC* (MANDARIN)	485.00
/ /	INTERPRETER:	YONG JIA (SUNNY) JOHNSON #301304	0.00
07/11/11	PR2/REEVAL	-DR KATTAR (MANDARIN)	485.00
/ /	INTERPRETER:	MICHELLE TAN # 301245	0.00
07/07/11	PR2/REEVAL	-DR SAMIMI @ WILLOW MED	485.00
/ /	INTERPRETER:	MICHELLE TAN # 301245	0.00
07/05/11	INITIAL EXAM	DR MILLER @ WILLOW MED	485.00
/ /	INTERPRETER:	MICHELLE TAN # 301245	0.00
09/27/11	PR2/REEVAL	DR SAMAAN - IRENE CHEN # 301250	485.00
08/05/11	PR2/REEVAL	-DR MAQBOUL (MANDARIN)	485.00
/ /	INTERPRETER:	MICHELLE TAN # 301245	0.00
10/24/11	PR2/REEVAL	-DR KATTAR* MICHELLE TAN # 301245	485.00
11/11/11	PR2/REEVAL	-DR MAQBOOL (MANDARIN)	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#
01/22/15 42867

Claim # : EHJ9833
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5810
D.O.B. : 3/11/57
Terms : 45 days

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

Case: vs COMMERCE CASINO
Date Of Injury: 9/09

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MICHELLE TAN # 301245	0.00
03/16/12	PR2/REEVAL	DR MAQBOOL (MANDARIN)	485.00
/ /	INTERPRETER:	IRENE S. CHEN # 301250	0.00
07/23/12	PR2/REEVAL	-DR KATTAR (MANDARIN)	485.00
/ /	INTERPRETER:	IRENE CHEN # 301250	0.00
08/20/12	PR2/REEVAL	-DR KATTAR (MANDARIN)	485.00
/ /	INTERPRETER:	IRENE CHEN # 301250	0.00
10/02/12	PR2/REEVAL	-DR KATTAR (MANDARIN)	485.00
/ /	INTERPRETER:	IRENE CHEN # 301250	0.00
11/06/12	PR2/REEVAL	DR KATTAR (MANDARIN)	485.00
/ /	INTERPRETER:	IRENE CHEN # 301250	0.00
12/11/12	PR2/REEVAL	DR KATTAR (MANDARIN)	485.00
/ /	INTERPRETER:	IRENE CHEN # 301250	0.00
03/12/13	PR2/REEVAL	-DR KATTAR (MANDARIN)	485.00
/ /	INTERPRETER:	IRENE CHEN # 301250	0.00
03/15/13	PR2/REEVAL	DR HOSSAIN (MANDARIN)	485.00
/ /	INTERPRETER:	IRENE CHEN # 301250	0.00
09/03/13	WCAB LB	MSC (LANG: MANDARIN)	485.00
/ /	INTERPRETER:	PETER DENG # 301302	0.00
03/27/14	PENALTIES	FOR DATE OF SERVICE 9/03/13	72.75
01/06/15	INTEREST	FOR DATE OF SERVICE 9/03/13	75.64
03/11/14	WCAB LB	MSC (MANDARIN)	485.00
/ /	INTERPRETER:	SIYE YU # 301482	0.00
08/05/14	PENALTIES	FOR DATE OF SERVICE 3/21/11	72.75
01/06/15	INTEREST	FOR DATE OF SERVICE 3/21/11	207.21
08/05/14	PENALTIES	FOR DATE OF SERVICE 4/25/11	72.75
01/06/15	INTEREST	FOR DATE OF SERVICE 4/25/11	207.36
08/05/14	PENALTIES	FOR DATE OF SERVICE 6/6/11	72.75
01/06/15	INTEREST	FOR DATE OF SERVICE 6/6/11	200.94
08/05/14	PENALTIES	FOR DATE OF SERVICE 7/11/11	72.75
01/06/15	INTEREST	FOR DATE OF SERVICE 7/11/11	195.59

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

*** INVOICE ***

Date	NO#
01/22/15	42867

Claim # : EHJ9833
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5810
D.O.B. : 3/11/57
Terms : 45 days

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

Case: vs COMMERCE CASINO
Date Of Injury: 9/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/05/14	PENALTIES	FOR DATE OF SERVICE 7/7/11	72.75
01/06/15	INTEREST	FOR DATE OF SERVICE 7/7/11	196.21
08/05/14	PENALTIES	FOR DATE OF SERVICE 7/5/11	72.75
01/06/15	INTEREST	FOR DATE OF SERVICE 7/5/11	196.51
08/05/14	PENALTIES	FOR DATE OF SERVICE 9/27/11	72.75
01/06/15	INTEREST	FOR DATE OF SERVICE 9/27/11	183.68
08/05/14	PENALTIES	FOR DATE OF SERVICE 8/5/11	72.75
01/06/15	INTEREST	FOR DATE OF SERVICE 8/5/11	191.77
08/05/14	PENALTIES	FOR DATE OF SERVICE 10/24/11	72.75
01/06/15	INTEREST	FOR DATE OF SERVICE 10/24/11	179.55
08/05/14	PENALTIES	FOR DATE OF SERVICE 11/11/11	72.75
01/06/15	INTEREST	FOR DATE OF SERVICE 11/11/11	176.80
08/05/14	PENALTIES	FOR DATE OF SERVICE 3/16/12	72.75
01/06/15	INTEREST	FOR DATE OF SERVICE 3/16/12	157.55
08/05/14	PENALTIES	FOR DATE OF SERVICE 7/23/12	72.75
01/06/15	INTEREST	FOR DATE OF SERVICE 7/23/12	137.83
08/05/14	PENALTIES	FOR DATE OF SERVICE 8/20/12	72.75
01/06/15	INTEREST	FOR DATE OF SERVICE 8/20/12	133.55
08/05/14	PENALTIES	FOR DATE OF SERVICE 10/2/12	72.75
01/06/15	INTEREST	FOR DATE OF SERVICE 10/2/12	126.98
08/05/14	PENALTIES	FOR DATE OF SERVICE 11/6/12	72.75
01/06/15	INTEREST	FOR DATE OF SERVICE 11/6/12	121.64
08/05/14	PENALTIES	FOR DATE OF SERVICE 12/11/12	72.75
01/06/15	INTEREST	FOR DATE OF SERVICE 12/11/12	116.29
08/05/14	PENALTIES	FOR DATE OF SERVICE 3/12/13	72.75
01/06/15	INTEREST	FOR DATE OF SERVICE 3/12/13	102.38
08/05/14	PENALTIES	FOR DATE OF SERVICE 3/15/13	72.75
01/06/15	INTEREST	FOR DATE OF SERVICE 3/15/13	101.92
08/05/14	PENALTIES	FOR DATE OF SERVICE 3/11/14	72.75
01/06/15	INTEREST	FOR DATE OF SERVICE 3/11/14	46.76
01/16/15	PMT BY CHECK	DOS 1/6/15* # 896D 85422357	-14000.00

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#
01/22/15	42867

Claim # : EHJ9833
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5810
D.O.B. : 3/11/57
Terms : 45 days

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

Case: [redacted] vs COMMERCE CASINO
Date Of Injury: 9/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/22/15	BLCE OFF SET	BALANCE OFF SET	-211.16

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.

003343

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

SB03343

896D 78289965

TRAVELERS

DATE: 05/17/11

TIN: 330956713

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

PAID

BY:.....

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB EHJ9833K	02/18/11 - 03/11/11	$ 970.00		42867 P
	152 CB ELW1031N	03/14/11 - 03/31/11	$ 970.00		43370 P
		Total Amount Paid	$*****1940.00		

137013343

DETACH CHECK

SUMM -021410
OVRPSUM2-021509

DETACH CHECK

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

896D 78289965

TRAVELERS

DATE 05/17/11 ACCOUNT NUMBER J99 TIN NUMBER 330956713 FILE NUMBER SUMMARIZED

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

ONE THOUSAND NINE HUNDRED FORTY AND 00/100

PAY $*****1940.00

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

003343
SB03343

AUTHORIZED SIGNATURE

009646

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

SA09493

896D 78514470

TRAVELERS

DATE: 06/27/11
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

PAID

BY:_____

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB A9M7758K	01/25/11	$ 150.00		42105
	152 CB EHJ9833K	05/24/11	$ 485.00		42867
		Total Amount Paid	$******635.00		

178009537
DETACH CHECK

SUMM -021410
OVRPSUM2-02150
DETACH CHECK

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

Citibank, N.A.
One Penn Plaza
New York, NY 10119

TRAVELERS
P O BOX 6510
DIAMOND BAR CA 91765-8510

896D 78514470

DATE 06/27/11
ACCOUNT NUMBER J99
TIN NUMBER 330956713
FILE NUMBER SUMMARIZED

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

SIX HUNDRED THIRTY FIVE AND 00/100 ********

PAY: $******635.00

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

009646
SA09493

AUTHORIZED SIGNATURE

⑈78514470⑈ ⑆031100209⑆ 3862289 2⑈

010503

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

SE02240

896D 85422357

M

TRAVELERS

DATE: 01/16/15
LOSS DATE: 11/18/10
FILE NUMBER: 152 CB EHJ9833 K
REFERENCE #: 1007220181SW
EMPLOYEE

ACCOUNT NAME:
CALIFORNIA COMMERCE CLUB INC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781

TRAVELERS PROP CAS CO OF AMERIC 42867

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 01/06/15

TOTAL PAID: $14000.00

TAX INFO: 330956713 Y

F.F.
CA OK

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID JAN 22 2015

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

016019949
DETACH CHECK

UNSUMM
OVRFLWS2:12
DETACH CHECK

[redacted]

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

*** INVOICE ***

Date	NO#
02/10/15	54613

Claim # : EPH9004
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-2755
D.O.B. : 3/24/80
Terms : 45 days

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
08/13/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	485.00
/ /	INTERPRETER:	SAMEDY CHHUM # 700574	0.00
10/31/12	PMT BY CHECK	DOS 8/13/12 # 896D 81247172	-485.00
10/09/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	485.00
/ /	INTERPRETER:	SAMEDY CHHUM # 700574	0.00
04/22/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH (LANG: CAMBODIAN)	485.00
/ /	INTERPRETER:	SAMEDY CHHUM # 700574	0.00
07/08/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH	485.00
/ /	INTERPRETER:	SAMEDY CHHUM # 700574	0.00
07/15/13	WCAB LB	STATUS CONFERENCE (LANG: CAMBODIAN)	485.00
/ /	INTERPRETER:	SAMEDY CHHUM # 700574	0.00
07/07/14	WCAB LB	MSC - SAMEDY CHHUM # 700574	485.00
08/25/14	WCAB LB	MSC - SAMEDY CHHUM # 700574	485.00
09/11/14	PMT BY CHECK	DOS 10/9/12-7/7/14* # 896D 84781183	-1455.00
09/25/14	PENALTIES	FOR DATE OF SERVICE 10/09/12	72.75
09/25/14	INTEREST	FOR DATE OF SERVICE 10/09/12	112.47
09/25/14	PENALTIES	FOR DATE OF SERVICE 07/15/13	72.75
01/21/15	INTEREST	FOR DATE OF SERVICE 07/15/13	82.36
09/25/14	PENALTIES	FOR DATE OF SERVICE 07/07/14	72.75
01/21/15	INTEREST	FOR DATE OF SERVICE 07/07/14	31.02
10/30/14	PMT BY CHECK	DOS 8/25/14* # 896D 85035676	-485.00
12/31/14	PMT BY CHECK	DOS 07/15/13* # 896D 85346232	-485.00
02/16/15	PMT BY CHECK	DOS 1/21/15* # 896D 85522463	-700.00
02/10/15	BLCE OFF SET	BALANCE OFF SET	-229.10

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#
02/10/15	54613

Claim # : EPH9004
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-2755
D.O.B. : 3/24/80
Terms : 45 days

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT

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.

019385

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

SA09636

896D 81247172

TRAVELERS

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

EMPLOYEE

ACCOUNT NAME:
CALIFORNIA COMMERCE CLUB INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 08/13/2012

TOTAL PAID: $485.00
TAX INFO: 3309567135478939Y
PAY MISC: 54613
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
NOV 05 2012
BY:

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

305009749
DETACH CHECK

UNSUMM-111311
UVAPUNS2-121205
DETACH CHECK

000225

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SB00106

896D 84781183

TRAVELERS

DATE: 09/11/14
LOSS DATE: 01/22/12
FILE NUMBER: 152 CB EPH9004 E

EMPLOYEE

ACCOUNT NAME:
CALIFORNIA COMMERCE CLUB INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 10/09/2012 TO: 07/07/2014

TOTAL PAID: $1455.00
TAX INFO: 330956713331748 1Y
PAY MISC: 54613
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID SEP 18 2014

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

254010119
DETACH CHECK

UNSUMM 121211
DETACH CHECK

019228

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

SA09566

896D 85035676

TRAVELERS

DATE: 10/30/14
LOSS DATE: 01/22/12
FILE NUMBER: 152 CB EPH9004 E

EMPLOYEE

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

PAID NOV 04 2014

ACCOUNT NAME:
CALIFORNIA COMMERCE CLUB INC

TRAVELERS PROP CAS CO OF AMERIC

54613

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 08/25/2014

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

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

303009662
DETACH CHECK

UNSUMM-111311
OVAP-UNS2-121295
DETACH CHECK

[redacted]

000602

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

SB00288

896D 85346232

M

TRAVELERS

DATE: 12/31/14
LOSS DATE: 01/22/12
FILE NUMBER: 152 CB EPH9004 E

EMPLOYEE

ACCOUNT NAME:
CALIFORNIA COMMERCE CLUB INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 07/15/2013

TOTAL PAID: $485.00
TAX INFO: 330956713372147 6Y

PAID JAN 07 2015

PAYEE:
JOYCE ALMAN INTERPRETERS

#54613

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

365010314
DETACH CHECK

UNSUMM
OVRPUNS2-121205
DETACH CHECK

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

SE03045

896D 85522463

M

TRAVELERS

DATE: 02/06/15
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
ERCY CACERES	152 CB EHJ9974R	02/01/15	$ 112.50	1007474388SW	42767 - 62753
	152 CB EPH9004E	01/21/15	$ 700.00	1007434784SW	F.F. JJ 54613
	152 CB ESB6213H	01/22/15	$ 9,700.00	1007451341SW	
				F.F. CA 53634	
				PAID FEB 10 2015	
		Total Amount Paid	$****10512.50		

'020497
DETACH CHECK

SUMM 111311
OVAPSUM2-021509

DETACH CHECK

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

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

TRAVELERS
P O BOX 6510
DIAMOND BAR CA 91765-8510

896D 85522463

62-20
311

DATE	ACCOUNT NUMBER	TIN NUMBER	FILE NUMBER
02/06/15	J99	330956713	SUMMARIZED

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

TEN THOUSAND FIVE HUNDRED TWELVE AND 50/100 ---------- **PAY: $****10512.50**

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

14476
E03045

VOID

Maria Olivo
AUTHORIZED SIGNATURE

⑈85522463⑈ ⑆031100209⑆ 3862289 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#
08/03/15 62037

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6028
D.O.B. : 10/1/63
Terms : 45 days
Claim #(s):
2013232937

BILL TO:
EMPLOYERS INS (HENDERSON)
W.C. DEPARTMENT
ATTN: LAURA MERCOTT
P.O. BOX # 539004
HENDERSON, NV 89053

Case: vs IRVINE CAPITAL RESTAURANT 2/TL
Date Of Injury: 5/17/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/08/14	INITIAL EXAM	DR NEERAJ GAPTA - SANTA ANA LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
09/12/14	DEPO PREP	@ THE L/O OF TOBIN & LUCKS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/20/14	DEPO PREP	VOL II & DEPOSITION @ THE L/O NORMAN HOMEN	970.00
/ /	INTERPRETER:	TRAN "JOHN" LE # 301677	0.00
10/03/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRI	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
11/11/14	LEGAL_EXOTIC	DEPO REVIEW VOL II @ THE L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/11/14	PMT BY CHECK	DOS 10/20/14* # 260322887	-517.33
01/06/15	PMT BY CHECK	DOS 9/12/14-11/11/14* # 260337066	-1455.00
02/02/15	PMT BY CHECK	DOS 5/8/14-11/11/14* # 260353542	-485.00
01/06/15	LEGAL_EXOTIC	STATUS CONFERENCE @ WCAB SA	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/20/15	PENALTIES	FOR DATE OF SERVICE 1/6/15	72.75
07/02/15	INTEREST	FOR DATE OF SERVICE 1/6/15	20.93
11/07/14	PENALTIES	FOR DATE OF SERVICE 11/03/14	67.90
07/02/15	INTEREST	FOR DATE OF SERVICE 11/03/14	36.65
07/29/15	COSTS & SANC	COSTS	14.10
07/29/15	PMT BY CHECK	DOS 07/02/15-07/02/15* #260449245	-1150.00

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

*** INVOICE ***

Date	NO#
08/03/15	62037

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6028
D.O.B. : 10/1/63
Terms : 45 days
Claim #(s):
2013232937

BILL TO:
EMPLOYERS INS (HENDERSON)
W.C. DEPARTMENT
ATTN: LAURA MERCOTT
P.O. BOX # 539004
HENDERSON, NV 89053

Case: vs IRVINE CAPITAL RESTAURANT 2/TL
Date Of Injury: 5/17/13

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.

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: 260322887
Check Date: 12/11/2014

Claim Number: 2013232937
Injured Employee:

Payment Description: Medical Interpreter
Billed Date: 11/17/2014
Service Period: 10/20/2014 through 10/20/2014
Invoice Number: 62037
Billed Amount: $517.33
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $517.33

Check Total: **$517.33**

PAID DEC 16 2014

EMPLOYERS®

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

Check Number: 260337066 (Continued)
Check Date: 01/06/2015

Payment Description:	Interpreter
Billed Date:	12/19/2014
Service Period:	09/12/2014 through 11/11/2014
Invoice Number:	62037
Billed Amount:	$1,455.00
Comments:	n/a

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

Check Total: **$2,378.00**

PAID JAN 09 2015

MR

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: 260353542
Check Date: 02/02/2015

Claim Number: 2013232937
Injured Employee:

Payment Description: Interpreter
Billed Date: 01/16/2015
Service Period: 05/08/2014 through 11/11/2014
Invoice Number: 62037
Billed Amount: $485.00
Comments: n/a

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

Check Total: **$485.00**

PAID FEB 03 2015

EMPLOYERS®

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

WELLS FARGO BANK
260449245

56-382
412

DATE:07/29/2015

Pay Eleven Hundred Fifty Dollars And 00/100

AMOUNT

TO THE ORDER OF:

**********$1,150.00

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

TWO SIGNATURES REQUIRED IF IN EXCESS OF $25,000
VOID AFTER 6 MONTHS

⑈260449245⑈ ⑆041203824⑆ 9637481517⑈

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 Date: 07/29/2015
Check Number: 260449245
Total Billed: $1,451.25
Total Paid: $1,150.00

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2013232937		UN501302589875	07/02/2015	07/02/2015	1,451.25	1,150.00

#62037
662661

PAID
JUL 3 1 2015
BY:

F9F ok
SP

The Explanation of Review (EOR) will be sent under separate cover.

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

*** INVOICE ***

Date	NO#
03/18/15	61069

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9134
D.O.B. : 7/3/50
Terms : 45 days
Claim #(s):
ELL7480

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

Case: vs LAMBDA RESEARCH OPTICS INC
Date Of Injury: 6/8/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/06/14	WCAB SA	EXP. HEARING LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/11/14	C&R READING	& STIP SIGNING @ THE L/O OF NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/01/14	PMT BY CHECK	DOS 3/6/14-3/11/14* # 896D 84093508	-336.00
07/29/14	C&R READING	@ THE L/O OF NORMAN HOMEN (ADDENDUM)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/25/15	PENALTIES	FOR DATE OF SERVICE 03/06/14	47.55
02/25/15	INTEREST	FOR DATE OF SERVICE 03/06/14	32.56
02/25/15	PENALTIES	FOR DATE OF SERVICE 03/11/14	47.55
02/25/15	INTEREST	FOR DATE OF SERVICE 03/11/14	32.56
10/23/14	PENALTIES	FOR DATE OF SERVICE 07/29/14	72.75
02/25/15	INTEREST	FOR DATE OF SERVICE 07/29/14	26.13
03/13/15	PMT BY CHECK	DOS 3/12/15* # 896D 85696159	-1378.10

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.

018451

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

SA09159

896D 84093508

TRAVELERS

DATE: 05/01/14
LOSS DATE: 06/08/11
FILE NUMBER: 095 CB ELL7480 M

EMPLOYEE

ACCOUNT NAME:
LAMBDA RESEARCH OPTICS INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

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

TOTAL PAID: $336.00
TAX INFO: 330956713331748 1Y
PAY MISC: 61069
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID MAY 09 2014

FOR ADDITIONAL INFORMATION, CONTACT: GERI WASINGER AT (651)310-5623

121009291
DETACH CHECK

UNSUMM-111311
UVAPUNS2-121295
DETACH CHECK

021316

THE TRAVELERS - SAINT PAUL CL CLAIM
WORKERS' COMPENSATION UNIT
PO BOX 2928
OVERLAND PARK KS 66201-1328
SJ00755

896D 85696159

TRAVELERS

DATE: 03/13/15
LOSS DATE: 06/08/11
FILE NUMBER: 095 CB ELL7480 M
REFERENCE #: 1007836630SW
EMPLOYEE

ACCOUNT NAME:
LAMBDA RESEARCH OPTICS INC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

61069

OTHER

DATE OF SERVICE: 03/12/15

TOTAL PAID: $1378.10
TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

F.F, OK
SP

PAID MAR 18 2015

FOR ADDITIONAL INFORMATION, CONTACT: THERESA MAHER AT (651)310-6605

'2038761
— DETACH CHECK

DETACH CHECK

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

*** INVOICE ***
Date NO#
11/18/15 64291

EAMS#(s):

SS # :
DOB : 9/9/53
Terms : 45 days
Claim #(s):
C6E9296

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

Case: [vs COMMERCE CASINO
Date Of Injury: 6/12/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/17/14	LEGAL_EXOTIC	EXP. HEARING @ WCAB LB LANG: KOREAN	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
01/08/15	LEGAL_EXOTIC	DEPO PREP @ L/O DENNIS FUSI	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
08/03/15	PENALTIES	FOR DATE OF SERVICE 11/17/14	72.75
10/23/15	INTEREST	FOR DATE OF SERVICE 11/17/14	46.15
08/03/15	PENALTIES	FOR DATE OF SERVICE 1/8/15	72.75
10/23/15	INTEREST	FOR DATE OF SERVICE 1/8/15	46.15
11/13/15	PMT BY CHECK	DOS 10/15/15* # 896D 86889273	-1167.17
11/18/15	BLCE OFF SET	BALANCE OFF SET	-40.63

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

013252

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

SE02788

896D 86889273

TRAVELERS

DATE: 11/13/15
LOSS DATE: 06/12/13
FILE NUMBER: 152 CB C6E9296 H
REFERENCE #: 1010349449SW
EMPLOYEE

ACCOUNT NAME:
CALIFORNIA COMMERCE CLUB INC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 91205

TRAVELERS PROP CAS CO OF AMERIC

64291

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 10/15/15

F.F. OK
IS

TOTAL PAID: $1167.17
TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID NOV 18 2015

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

317019858
DETACH CHECK

UNRUMM 111311
OVRPUNS2 121208
DETACH CHECK

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

*** INVOICE ***
Date NO#
08/25/15 60774

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days
Claim #(s):
E2039124

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

Case: ! N vs THUAN PHAT SUPERMARKET
Date Of Injury: 2/9/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/15/14	WCAB SA	MSC (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/22/14	PENALTIES	FOR DATE OF SERVICE 01/15/14	72.75
08/12/15	INTEREST	FOR DATE OF SERVICE 01/15/14	73.81
08/19/15	PMT BY CHECK	DOS 08/12/15-08/12/15* # 8815494723	-631.56

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.

MID-CENTURY INSURANCE COMPANY

Check Number: 8815494723
Date: 08/19/2015

Amount: $631.56******

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

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

Claimant/Patient:			
Insured:	SHUN FAT SUPERMARKET		
Date of Loss:	02/09/2009	Claim Representative:	CYNTHIA RIVAS
Claim Number:	E2039124	Office Phone Number:	8185402241
Correspondence Reference:	XYBMHPDMN	Applicable Coverage:	Workers' Compensation

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

Service From/To	Payment For	Paid Amount
08/12/15 - 08/12/15	Medical - Claimant Legal Report	$631.56

f&f ok
SP

#607774

PAID
BY: D

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

01 01 000295 XYBMHPDMN1 CE0816822 02 [ ] 000413

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

*** INVOICE ***
Date NO#
08/13/15 60859

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days
Claim #(s):
EXB1533

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

Case: vs QSC AUDIO PRODUCTS
Date Of Injury: 9/11/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/05/14	DEPO PREP	@ THE L/O OF NORMAN HOMEN LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/13/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/31/14	PMT BY CHECK	DOS 2/5/14* # 900A 26771049	-125.00
04/15/14	WCAB SA	STATUS CONFERENCE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/30/14	P AND S	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/09/15	LIEN FIL FEE	LIEN FILING FEE	150.00
07/22/15	PENALTIES	FOR DATE OF SERVICE 3/13/14	72.75
07/22/15	INTEREST	FOR DATE OF SERVICE 3/13/14	76.56
07/22/15	PENALTIES	FOR DATE OF SERVICE 4/15/14	72.75
07/22/15	INTEREST	FOR DATE OF SERVICE 4/15/14	71.51
07/22/15	PENALTIES	FOR DATE OF SERVICE 5/30/14	72.75
07/22/15	INTEREST	FOR DATE OF SERVICE 5/30/14	77.78
07/22/15	PENALTIES	FOR DATE OF SERVICE 2/5/14	54.00
07/22/15	INTEREST	FOR DATE OF SERVICE 2/5/14	57.73
08/07/15	PMT BY CHECK	DOS 07/22/15* # 896D 86420166	-2520.83

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

*** INVOICE ***

Date	NO#
08/13/15	60859

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days
Claim #(s):
EXB1533

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

Case: vs QSC AUDIO PRODUCTS
Date Of Injury: 9/11/13

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

014144

THE TRAVELERS - SAINT PAUL CL CLAIM
WORKERS' COMPENSATION UNIT
PO BOX 2928
OVERLAND PARK KS 66201-1328
SA07016

900A 26774049

TRAVELERS

DATE: 03/31/14
LOSS DATE: 09/11/13
FILE NUMBER: 095 CB EXB1533 N

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

EMPLOYEE

ACCOUNT NAME:
QSC AUDIO PRODUCTS, LLC

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

LEGAL EXPENSE
FROM: 02/05/2014 TO: 02/05/2014

WEEKLY COMPENSATION RATE: $457.35
TOTAL PAID: $125.00
TAX INFO: 330956713331748 1Y
PAY MISC: 60859
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID APR 07 2014

FOR ADDITIONAL INFORMATION, CONTACT: CORY JOHNSON AT (651)310-7284

090007128
DETACH CHECK

UNBUMM-111311
CVRPONS2-121205
DETACH CHECK

000559

THE TRAVELERS - SAINT PAUL CL CLAIM
WC CLAIM DEPARTMENT
P.O. BOX 2928
OVERLAND PARK KS 66201-1328
SB00269

896D 86420166

TRAVELERS

DATE: 08/07/15
LOSS DATE: 09/11/13
FILE NUMBER: 095 CB EXB1533 N

EMPLOYEE

ACCOUNT NAME:
QSC AUDIO PRODUCTS, LLC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 07/22/2015

TOTAL PAID: $2520.83
TAX INFO: 330956713331748 1Y

PAID

BY: .....

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

f&F
SPOK
60859

FOR ADDITIONAL INFORMATION, CONTACT: CHRISTY SMITH AT (651)310-7731

219010290
DETACH CHECK

UNSUMM-111211
OVRPUNS2-121295
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#
05/26/15 61389

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 7/27/49
Terms : 45 days
Claim #(s):
710904369; 710885902

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

Case: vs MAG INSTRUMENT, INC.
Date Or Injury: 11/21/13; 7/26/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/24/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT.	485.00
/ /	INTERPRETER:	TRAN LE # 301677 LANG: VEITNAMESE	0.00
04/25/14	PR2/REEVAL	DR BERNSTEIN @ IPM	485.00
/ /	INTERPRETER:	JAMIE NUGYEN # 100190	0.00
06/24/14	WCAB SA	STATUS CONFERENCE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/22/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
08/23/14	PMT BY CHECK	DOS 6/24/14* # 26949220	-90.00
08/15/14	DEPO PREP	@ THE L/O OF NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/19/14	PR2/REEVAL	DR BERNSTEIN @ IPM	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
09/20/14	PMT BY CHECK	DOS 3/24/14-6/24/14* =# 27125447	-395.00
09/11/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
09/23/14	PR2/REEVAL	DR BERNSTEIN @ IPM	485.00
/ /	INTERPRETER:	THE VINH TRAN # 100026	0.00
10/15/14	PMT BY CHECK	DOS 3/24/14-7/22/14* # 27281922	-90.00
10/23/14	PMT BY CHECK	DOS 3/24/14-8/15/14* =# 27335520	-485.00
10/03/14	DEPO PREP	@ THE L/O OF NORMA HOMEN VOL II	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/22/14	PR2/REEVAL	DR BERNSTEIN @ IPM	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#
05/26/15	61389

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 7/27/49
Terms : 45 days
Claim #(s):
710904369; 710885902

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

Case: vs MAG INSTRUMENT, INC.
Date Of Injury: 11/21/13; 7/26/13

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JACQUELINE NGUYEN # 500241	0.00
10/22/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
11/14/14	PMT BY CHECK	DOS 3/24/14-9/23/14* =# 274677731	-575.00
11/19/14	MED_EXOTIC	PR-2 W/DR ROSARIO @ IPM	485.00
/ /	INTERPRETER:	JACQUELINE NGUYEN # 500241	0.00
11/24/14	MED_EXOTIC	EPIDURAL: L/S W/DR BERNSTEIN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/17/14	MED_EXOTIC	PR-2 W/DR BERNSTEIN @ IPM	485.00
/ /	INTERPRETER:	JACQUELINE NGUYEN # 500241	0.00
01/20/15	MED_EXOTIC	PR-2 W/DR BERNSTEIN @ IPM	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/31/15	PENALTIES	FOR DATE OF SERVICE 03/24/14	72.75
03/31/15	INTEREST	FOR DATE OF SERVICE 03/24/14	45.38
03/31/15	PENALTIES	FOR DATE OF SERVICE 04/25/14	72.75
03/31/15	INTEREST	FOR DATE OF SERVICE 04/25/14	45.38
03/31/15	PENALTIES	FOR DATE OF SERVICE 06/24/14	59.25
03/31/15	INTEREST	FOR DATE OF SERVICE 06/24/14	35.47
03/31/15	PENALTIES	FOR DATE OF SERVICE 07/22/14	72.75
03/31/15	INTEREST	FOR DATE OF SERVICE 07/22/14	32.40
03/31/15	PENALTIES	FOR DATE OF SERVICE 08/19/14	72.75
03/31/15	INTEREST	FOR DATE OF SERVICE 08/19/14	28.12
03/31/15	PENALTIES	FOR DATE OF SERVICE 09/23/14	59.25
03/31/15	INTEREST	FOR DATE OF SERVICE 09/23/14	18.54
03/31/15	PENALTIES	FOR DATE OF SERVICE 10/03/14	72.75
03/31/15	INTEREST	FOR DATE OF SERVICE 10/03/14	26.59
03/31/15	PENALTIES	FOR DATE OF SERVICE 10/22/14	72.75
03/31/15	INTEREST	FOR DATE OF SERVICE 10/22/14	18.34
03/31/15	PENALTIES	FOR DATE OF SERVICE 10/22/14	72.75

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

*** INVOICE ***
Date NO#
05/26/15 61389

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 7/27/49
Terms : 45 days
Claim #(s):
710904369; 710885902

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

Case: vs MAG INSTRUMENT, INC.
Date Of Injury: 11/21/13; 7/26/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/31/15	INTEREST	FOR DATE OF SERVICE 10/22/14	25.21
03/31/15	PENALTIES	FOR DATE OF SERVICE 11/19/14	72.75
03/31/15	INTEREST	FOR DATE OF SERVICE 11/19/14	14.06
03/31/15	PENALTIES	FOR DATE OF SERVICE 11/24/14	72.75
03/31/15	INTEREST	FOR DATE OF SERVICE 11/24/14	13.29
03/31/15	PENALTIES	FOR DATE OF SERVICE 12/17/14	72.75
03/31/15	INTEREST	FOR DATE OF SERVICE 12/17/14	9.78
04/10/15	PMT BY CHECK	DOS 12/17/14-1/20/15* =# 28303361 CHARTIS	-180.00
04/24/15	LIEN FIL FEE	LIEN FILING FEE	150.00
05/19/15	PMT BY CHECK	DOS 3/24/14-1/20/15* # 28531550 CHARTIS	-6750.00
05/26/15	BLCE OFF SET	BALANCE OFF SET	-18.56

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

P4000028000

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

[redacted]

201408251606

Electronic Service Requested

1 OF 4 F

ENV 3131

MIXED AADC 926
3131 0.9291 MB 0.432

JOYCE ALTMAN INTERPRETERS INC 149
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 26949220
RFP No.: 188525
Check Date: 08/23/2014
Check Amount: 90.00
Insured: MAG INSTRUMENT, INC.

Claimant:

Claim Office: 710
Insuring Company: NEW HAMPSHIRE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID AUG 28 2014 61389

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000025052506	00885902	01	07/26/2013	MED	O	90.00
					Total Amount	90.00

Reason for Payment
ORG: 1455.00 032414-062414

Use File # 710/00885902 on all correspondence for prompt processing.
For check information call: 877-802-5246

[redacted]

P4000028000

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

20140922160R8

Electronic Service Requested

MIXED AADC 926
3283 0.548b MB 0.432
JOYCE ALTMAN INTERPRETERS INC 146
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 27125447
RFP No.: 261305
Check Date: 09/20/2014
Check Amount: 395.00
Insured: MAG INSTRUMENT, INC.

Claimant:

Claim Office: 710
Insuring Company: NEW HAMPSHIRE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

61389

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000025052506	00885902	01	07/26/2013	MED	O	395.00
					Total Amount	395.00

Reason for Payment
Recon Prev Pay: 90.00 ACT: 032414-062414

Use File # 710/00885902 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID SEP 24 2014

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A BLUE BACKGROUND AND MICROPRINTING IN THE BORDER

NEW HAMPSHIRE INSURANCE COMPANY

50-937/213

Claim No.: 00885902 Policy No.: 000025052506
Reason for Payment: Recon Prev Pay: 90.00 ACT: 032414-062414

CHECK No. 27125447
RFP No. 00261305
DATE 09/20/2014

*********Three Hundred Ninety Five Dollars***

AMOUNT PAID
*******$395.00

Void after 90 Days

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

4894543

ABF006

JPMORGAN CHASE BANK, N.A
SYRACUSE, NY 13206

AUTHORIZED SIGNATURE

DO NOT CASH IF WATERMARK IS NOT PRESENT ON THE REVERSE SIDE OF THIS DOCUMENT - HOLD AT AN ANGLE TO VIEW

⑈27125447⑈ ⑆021309379⑆ 7864205390⑈

P4000029000

20141015A005

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

Electronic Service Requested

SINGLE PIECE
32 2.5865 SP 0.900

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

ENV 32 4 OF 13 F

Check No.: 27281922
RFP No.: 330617
Check Date: 10/15/2014
Check Amount: 90.00
Insured: MAG INSTRUMENT, INC.

Claimant:

Claim Office: 710
Insuring Company: NEW HAMPSHIRE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID OCT 21 2014

61389

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000025052506	00885902	01	07/26/2013	MED	O	90.00
					Total Amount	90.00

Reason for Payment
ORG: 1940.00 032414-072214

Use File # 710/00885902 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028000

20141023160S

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

Electronic Service Requested

MIXED AADC 926
1452 0.9028 MB 0.432
JOYCE ALTMAN INTERPRETERS INC 94
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 27335520
RFP No.: 350525
Check Date: 10/23/2014
Check Amount: 485.00
Insured: MAG INSTRUMENT, INC.

Claimant:

Claim Office: 710
Insuring Company: NEW HAMPSHIRE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID OCT 28 2014

PAID OCT 28 2014

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000025052506	00885902	01	07/26/2013	MED	O	485.00
				Total Amount		485.00

Reason for Payment
ORG: 2425.00 032414-081514

Use File # 710/00885902 on all correspondence for prompt processing.
For check information call: 877-802-5246

61389

ENV 1452 3 OF 4 F

P4000028000

20141113:1697

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

Electronic Service Requested

MIXED AADC 926
3216 0.9028 MB 0.432

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

147

Check No.: 27467731
RFP No.: 405140
Check Date: 11/14/2014
Check Amount: 575.00
Insured: MAG INSTRUMENT, INC.

Claimant:

Claim Office: 710
Insuring Company: NEW HAMPSHIRE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

ENV 3216 3 OF 4 F

PAID NOV 21 2014

61389

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000025052506	00885902	01	07/26/2013	MED	O	575.00
				Total Amount		575.00

Reason for Payment
ORG: 3880.00 032414-092314

Use File # 710/00885902 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028000

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

201504101613

Electronic Service Requested

MIXED AADC 926
1540 0.9028 MB 0.432

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

120

ENV 1540 1 OF 4 F

Check No.: 28303361
RFP No.: 751051
Check Date: 04/10/2015
Check Amount: 180.00
Insured: MAG INSTRUMENT, INC.

Claimant:

Claim Office: 710
Insuring Company: NEW HAMPSHIRE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID APR 15 2015

65175
65174
61389

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000025052506	00885902	001	07/26/2013	MED	O	180.00
				Total Amount		180.00

Reason for Payment
ORG: 7275.00 ACT: N/A 032414-012015

Use File # 710/00885902 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028001

20150194005

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

Electronic Service Requested

ENV 27 11 OF 11 F

SINGLE PIECE
27 2.3450 SP 0.900

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

Check No.: 28531550
RFP No.: 840170
Check Date: 05/19/2015
Check Amount: 6,750.00
Insured: MAG INSTRUMENT, INC.

Claimant:

RECEIVED MAY 26 2015

Claim Office: 710
Insuring Company: NEW HAMPSHIRE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000025052506	00904369	001	11/21/2013	MED	C	6,750.00

Total Amount 6,750.00

Reason for Payment
032414-012015

65175
65174
61389

F.F. OK
MISC

Use File # 710/00904369 on all correspondence for prompt processing.
For check information call: 877-802-5246

(S)

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

*** INVOICE ***
Date NO#
09/24/15 60445

EAMS#(s):

SS # : XXX-XX-1594
DOB : 7/1/64
Terms : 45 days
Claim #(s):
WC0000089872

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

Case: vs PANASONIC
Date Of Injury: 7/23/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/27/13	INITIAL EXAM	-DR NIMISH SHAH @ HARBOR SPIN & WELLNESS	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
12/06/13	DEPO PREP	@ THE L/O OF NORMEN HOMEN LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	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
02/14/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/18/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/05/14	PR2/REEVAL	-DR SHAH (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
04/09/14	PR2/REEVAL	-DR SHAH @ HARBOR SPINE	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
07/01/14	PMT BY CHECK	DOS 12/6/13-2/18/14* # 800019736	-1455.00
06/04/14	PR2/REEVAL	-DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
07/23/14	PR2/REEVAL	-DR SHAH @ NEW HORIZON	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
09/17/14	PR2/REEVAL	-DR SHAH @ NEW HORIZON	485.00

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

*** INVOICE ***
Date NO#
09/24/15 60445

EAMS#(s):

SS # : XXX-XX-1594
DOB : 7/1/64
Terms : 45 days
Claim #(s):
WC0000089872

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

Case: vs PANASONIC
Date Of Injury: 7/23/13

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
11/19/14	MED_EXOTIC	-PR-2 W/DR SHAH	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
08/24/15	LIEN FIL FEE	LIEN FILING FEE	150.00
08/24/15	PENALTIES	FOR DATE OF SERVICE 12/06/13	72.75
08/24/15	INTEREST	FOR DATE OF SERVICE 12/06/13	25.67
08/24/15	PENALTIES	FOR DATE OF SERVICE 2/14/14	72.75
08/24/15	INTEREST	FOR DATE OF SERVICE 2/14/14	22.31
08/24/15	PENALTIES	FOR DATE OF SERVICE 2/18/14	72.75
08/24/15	INTEREST	FOR DATE OF SERVICE 2/18/14	22.00
09/18/15	PMT BY CHECK	DOS 11/27/13-11/19/14* # 800028311	-5288.23

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.

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

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

Claim Number: 210WC0000089872
Policy Number: WC6402242

16-49-6
1220

CONTROL NO. 002069663
CHECK NO. 800019736

One thousand four hundred fifty five and 00/100 Dollars

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

Date of Issue 07/01/2014
Date of Loss 07/23/2013

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

FOR: /

Insured/Claimant
PANASONIC CORPORATION OF NORTH
VI TRINH

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

⑈800019736⑈ ⑆122000496⑆ 4440006626⑈

PLEASE DETACH BEFORE DEPOSITING

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

CHECK NO. 800019736

FROM 12/06/2013 TO 02/18/2014
Invoice # 60445
DOS: 12-6-13, 2-14-14 &
2-18-14

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

PAID JUL 07 2014 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.

TNUS Insurance Company
CLAIMS ACCOUNT - WESTERN REGION
230 Park Avenue
New York, NY 10169

Claim Number: 210WC0000089872
Policy Number: 06402242

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

16-49-6 / 1220

CONTROL NO. cc2555451

CHECK NO. 800028311

Five thousand two hundred and eighty eight and and 23/100 Dollars

$ *******$5,288.23

Date of Issue 09/16/2015
Date of Loss 07/23/2013

PAY TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS

FOR:

Insured/Claimant
PANASONIC CORPORATION OF

Payment No. 1 of 1

AUTHORIZED SIGNATURE

VOID AFTER 90 DAYS

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

60445

⑈800028311⑈ ⑆122000496⑆ 4400066 26⑈

PAID
SEP 24 2015
BY: .....

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

CHECK NO. 800028311

FROM 11/27/2013 TO 11/19/2014
Claim WC0000089872

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, NY 10177

F&F
NDJ

OK
BB ✓

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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/23/15 35747

EAMS#(s):

SS # : XXX-XX-3651
DOB : 8/5/48
Terms : 45 days
Claim #(s):
A7T9796

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

Case: COMMERCE CASINO
Date Or Injury: 12/23/08

DOS	SERVICE	DESCRIPTION	AMOUNT
10/06/09	DEPO PREP	@ THE L/O OF MALMQUIST, FIELD (VIETNAMESE)	485.00
01/22/10	PMT BY CHECK	DOS 10/6/09 # 896D 75677649	-485.00
03/01/10	DEPO PREP	@ THE L/O OF MALMQUIST, FIELD VOL II (VIETNAMESE)	485.00
/ /	INTERPRETER:	MINH NGUYEN # 300289	0.00
09/10/10	PMT BY CHECK	DOS 10/6/09 THRU 8/5/10 # 900A 26041741	-485.00
07/05/11	WCAB LB	MSC (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	MINH Q. NGUYEN # 300289	0.00
05/07/15	PENALTIES	FOR DATE OF SERVICE 07/05/11	72.75
10/01/15	INTEREST	FOR DATE OF SERVICE 07/05/11	237.46
04/10/13	WCAB LB	STATUS CONFERENCE (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	MINH Q. NGUYEN # 300289	0.00
06/21/13	INITIAL EXAM	DR RAMESHNI @ ADVANCE CARE (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	VIET TRAN # 500295	0.00
07/24/13	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE	485.00
/ /	INTERPRETER:	VIET TRAN # 500295	0.00
02/12/14	WCAB LB	MSC (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LEE MARY GINTER # 300549	0.00
05/28/14	WCAB LB	MSC (FULL DAY)	970.00
/ /	INTERPRETER:	TONY TRAN # 100267	0.00
05/07/15	PENALTIES	FOR DATE OF SERVICE 4/10/13	72.75
10/01/15	INTEREST	FOR DATE OF SERVICE 4/10/13	138.90
07/21/14	PENALTIES	FOR DATE OF SERVICE 6/21/13	72.75
10/01/15	INTEREST	FOR DATE OF SERVICE 6/21/13	127.90
07/21/14	PENALTIES	FOR DATE OF SERVICE 7/24/13	72.75
10/01/15	INTEREST	FOR DATE OF SERVICE 7/24/13	122.86
05/07/15	PENALTIES	FOR DATE OF SERVICE 2/12/14	72.75

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

*** INVOICE ***
Date NO#
09/23/15 35747

EAMS#(s):

SS # : XXX-XX-3651
DOB : 8/5/48
Terms : 45 days
Claim #(s):
A7T9796

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

Case: vs COMMERCE CASINO
Date Of Injury: 12/23/08

DOS	SERVICE	DESCRIPTION	AMOUNT
10/01/15	INTEREST	FOR DATE OF SERVICE 2/12/14	91.84
05/07/15	PENALTIES	FOR DATE OF SERVICE 5/28/14	145.50
10/01/15	INTEREST	FOR DATE OF SERVICE 5/28/14	137.83
09/11/15	PMT BY CHECK	DOS 08/24/15* =# 896D 86587351	-5550.00
09/23/15	COSTS & SANC	COSTS	788.96

BALANCE 0.00

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

000651

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
UH00326

896D 75677649

TRAVELERS

DATE: 01/22/10
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB A7T9796K	10/06/09	$ 485.00		35747
	152 CB CDA8570T	06/25/09 - 01/06/10	$ 190.58		34442
					PAID
		Total Amount Paid	$******675.58		

022015417
DETACH CHECK

SUMM -021509
OVRPSUM2-021509
DETACH CHECK

018036

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

900A 26041741

TRAVELERS

DATE: 09/10/10
LOSS DATE: 12/23/08
FILE NUMBER: 152 CB A7T9796 K

EMPLOYEE

ACCOUNT NAME:
CALIFORNIA COMMERCE CLUB

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

LEGAL EXPENSE
FROM: 10/06/2009 TO: 08/05/2010

WEEKLY COMPENSATION RATE: $195.50
TOTAL PAID: $485.00
TAX INFO: 330956713331748 1Y
PAY MISC: 35747
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID

FOR ADDITIONAL INFORMATION, CONTACT: PATRICK B KARA AT (909)612-3224

253029105
DETACH CHECK

UNSUMM -021410
OVRPUNS2-121296
DETACH CHECK

[redacted]

010201

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SE02163

896D 86587351

TRAVELERS

DATE: 09/11/15
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB A7T9796K	08/24/15	$ 5,500.00	1009718158SW	
	152 CB EYJ2774P	07/31/15	$ 519.23	1009730988SW	
		#35747	PAID BY:		
		Total Amount Paid	$*****6019.23		

254019820
DETACH CHECK

SUMM 111311
OVRPSUM2-021509

DETACH CHECK

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

*** INVOICE ***
Date NO#
09/16/15 60045

EAMS#(s)

SS # : XXX-XX-2513
DOB : 6/9/52
Terms : 45 days
Claim #(s):
80700165542

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
10/25/13	PR2/REEVAL	DR MUMTAZ ALI (GARDEN GROVE) LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	JAIME NGUYEN # 100190	0.00
11/01/13	PR2/REEVAL	DR PAYNE @ INDUSTRIAL ORTHO SPINE & SPORTS MED	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
11/18/13	DEPO PREP	@ THE L/O OF SCHLOSSBERG & UMHOLTZ	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/06/13	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/13/13	PR2/REEVAL	DR PAYNE @ INDUSTRIAL ORTHO SPINE & SPORTS MED	485.00
/ /	INTERPRETER:	VIET TRAN # 500295	0.00
01/17/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/03/14	PMT BY CHECK	DOS 10/25/13-12/13/13* # 260098220	-2425.00
02/13/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/21/14	PR2/REEVAL	DR PAYNE @ INDUSTRIAL ORTHO	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
02/28/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/06/14	PMT BY CHECK	DOS 2/13/14* # 260122137	-485.00
03/21/14	PMT BY CHECK	DOS 1/17/14*2/28/14 # 260133648	-1455.00
03/10/14	WCAB SA	MSC (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/25/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00

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

*** INVOICE ***
Date NO#
09/16/15 60045

EAMS#(-)

SS # : XXX-XX-2513
DOB : 6/9/52
Terms : 45 days
Claim #(s):
80700165542

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/06/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/08/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
07/23/15	LIEN FIL FEE	LIEN FILING FEE	150.00
08/13/15	PENALTIES	FOR DATE OF SERVICE 3/10/14	72.75
08/13/15	INTEREST	FOR DATE OF SERVICE 3/10/14	78.85
08/13/15	PENALTIES	FOR DATE OF SERVICE 7/8/14	72.75
08/13/15	INTEREST	FOR DATE OF SERVICE 7/8/14	58.83
09/10/15	PMT BY CHECK	DOS 08/13/15-08/13/15* # 260468849	-2300.00
09/16/15	BLCE OFF SET	BALANCE OFF SET	-73.18

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.

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: 260098220
Check Date: 02/03/2014

Claim Number: 80700165542
Injured Employee:

Payment Description:	Medical Interpreter		
Billed Date:	01/17/2014		
Service Period:	10/25/2013 through 12/06/2013	Account Number:	n/a
Invoice Number:	60045	Document Number:	n/a
Billed Amount:	$1,940.00	Paid Amount:	$1,940.00
Comments:	n/a		
Payment Description:	Medical Interpreter		
Billed Date:	01/22/2014		
Service Period:	12/13/2013 through 12/13/2013	Account Number:	n/a
Invoice Number:	60045	Document Number:	n/a
Billed Amount:	$485.00	Paid Amount:	$485.00
Comments:	n/a		

Check Total: **$2,425.00**

PAID FEB 05 2014

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

EMPLOYERS®

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

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

Claim Number: 80700165542
Injured Employee:

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

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

60045

Check Total: **$485.00**

PAID MAR 10 2014

EMPLOYERS®

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

WELLS FARGO BANK
260133648

56-382
412

DATE:03/21/2014

AMOUNT

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

TO THE ORDER OF:

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

TWO SIGNATURES REQUIRED IF IN EXCESS OF $25,000

VOID AFTER 6 MONTHS

⑈260133648⑈ ⑆041203824⑆ 963748517⑈

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

EMPLOYERS®

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

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

PAID MAR 25 2014

Claim Number: 2013207169
Injured Employee:

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

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

Claim Number: 80700165542
Injured Employee:

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

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

Check Total: $1,611.50

HP

EMPLOYERS®

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

WELLS FARGO BANK
260468849

56-382
412

DATE:09/10/2015

Pay Twenty Three Hundred Dollars And 00/100
TO THE ORDER OF:

AMOUNT
**********$2,300.00

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

TWO SIGNATURES REQUIRED IF IN EXCESS OF $25,000
VOID AFTER 6 MONTHS

⑈260468849⑈ ⑆041203824⑆ 9637481517⑈

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.

M

EMPLOYERS®

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

Check Number: 260468849
Check Date: 09/10/2015

Claim Number: 80700165542
Injured Employee:

Billed Date: 08/13/2015
Service Period: 08/13/2015 through 08/13/2015
Invoice Number: n/a
Billed Amount: $2,300.00
Comments: MD In Full and Final Satisfaction of Lien

Account Number: n/a
Document Number: n/a
Paid Amount: $2,300.00

Check Total: $2,300.00

#60045 F&F OK SP

PAID

BY: Ø

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

*** INVOICE ***
Date NO#
08/19/15 56690

EAMS#(s):

SS # : XXX-XX-0408
DOB : 6/18/60
Terms : 45 days
Claim #(s):
EUJ5017

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

Case: vs CALIFORNIA COMMERCE CLUB
Date Of Injury: 1/1/09-12/4/12

DOS	SERVICE	DESCRIPTION	AMOUNT
01/07/13	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH (LANG: CANTONESE)	485.00
/ /	INTERPRETER:	DIANA LAI # 100142	0.00
02/01/13	INITIAL EXAM	DR HOSSAIN @ GARFIELD HEALTH (LANG: CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
02/11/13	PR2/REEVAL	DR KATTAR (CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
03/18/13	PR2/REEVAL	DR KATTAR (CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
04/22/13	PR2/REEVAL	DR KATTAR (CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
05/10/13	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH	485.00
/ /	INTERPRETER:	ALFRED CHOW # 100037	0.00
05/21/13	PR2/REEVAL	DR KATTAR (CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
06/10/13	DEPO PREP	@ THE L/O OF MCNAMARA & DRASS (LANG: CANTONESE)	485.00
/ /	INTERPRETER:	BILLY LEE # 301308	0.00
06/21/13	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH (LANG: CANTONESE)	485.00
/ /	INTERPRETER:	DIANA LAI # 100142	0.00
06/24/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH (LANG: CANTONESE)	485.00
/ /	INTERPRETER:	DIANA LAI # 100142	0.00
08/05/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH	485.00
/ /	INTERPRETER:	DIANA LAI # 100142	0.00
07/11/13	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ DR KOHAN'S OFFICE	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
09/09/13	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH	485.00

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

*** INVOICE ***

Date	NO#
08/19/15	56690

EAMS#(s):

SS # : XXX-XX-0408
DOB : 6/18/60
Terms : 45 days
Claim #(s):
EUJ5017

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

Case: vs CALIFORNIA COMMERCE CLUB
Date Of Injury: 1/1/09-12/4/12

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALFRED CHOW # 100037	0.00
08/15/13	INITIAL EXAM	DR JONATHAN KOHAN (CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
11/26/13	LIEN FIL FEE	LIEN FILING FEE	150.00
03/11/15	LEGAL EXOTIC	MSC @ WCAB LONG BEACH	485.00
/ /	INTERPRETER:	ANNIZ LO # 100140	0.00
04/27/15	PENALTIES	FOR DATE OF SERVICE 6/10/13	72.75
04/27/15	INTEREST	FOR DATE OF SERVICE 6/10/13	106.51
08/28/15	PMT BY CHECK	DOS 08/19/15* # 896D 86522845	-8300.00
10/05/15	COSTS & SANC	COST	695.74

BALANCE 0.00

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

015133

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

SE03192

896D 86522845

TRAVELERS

DATE: 08/28/15
LOSS DATE: 12/04/12
FILE NUMBER: 152 CB EUJ5017 H
REFERENCE #: 1009572277SW
EMPLOYEE

ACCOUNT NAME:
CALIFORNIA COMMERCE CLUB INC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781

PAID

BY: .....Ø.....

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

#56690

DATE OF SERVICE: 08/19/15

TOTAL PAID: $8300.00

TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

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

240020217
DETACH CHECK

UNSUMM-111311
CVHPONS2-121208
DETACH CHECK

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

*** INVOICE ***
Date NO#
06/12/15 60145

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1936
D.O.B. : 5/8/53
Terms : 45 days
Claim #(s):
YMH34166C

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

Case: vs MASSAGE ENVY BELLA TERRA
Date Of Injury: 1/30/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/18/13	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
		LANG: VIETNAMESE	
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/29/13	EMG TESTING	BY DR ALI: U/E @ MEDICAL ARTS	485.00
		LANG: VIETNAMESE	
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
11/05/13	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
		LANG: VIETNAMESE	
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/24/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/07/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/25/14	P AND S	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
11/17/14	LEGAL_EXOTIC	MSC @ WCAB SA	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
11/21/14	LEGAL_EXOTIC	C&R READING @ THE L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/04/15	LIEN FIL FEE	LIEN FILING FEE	150.00
03/16/15	PENALTIES	FOR DATE OF SERVICE 11/17/14	72.75
03/16/15	INTEREST	FOR DATE OF SERVICE 11/17/14	16.50
03/16/15	PENALTIES	FOR DATE OF SERVICE 11/21/14	72.75
03/16/15	INTEREST	FOR DATE OF SERVICE 11/21/14	16.35
06/04/15	COSTS & SANC	COSTS & SANC	791.65
06/05/15	PMT BY CHECK	DOS 6/4/15* # 124195871 8	-5000.00

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

*** INVOICE ***

Date	NO#
06/12/15	60145

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1936
D.O.B. : 5/8/53
Terms : 45 days
Claim #(s):
YMH34166C

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

Case: vs MASSAGE ENVY BELLA TERRA
Date Of Injury: 1/30/10

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

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

THE HARTFORD

PAID JUN 12 2015

000826
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00834

Attention: This remittance incorporates 1 claim payments

60145

Special Handling ID: RM 00

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
01-30-10	72WEC TN8860 YMHC 34166	CFR ENTERPRISES LLC		$5,000.00
Nature of Benefits: Miscellaneous Medical		Nature of Payment: Source Payment	Service Dates 06-04-2015 06-04-2015	$5,000.00

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

Additional Comments: Payment Per Lien Agreement

F.F. OK
AM

Issue Date	06-05-2015	Check Number	1241958718	Total Amount of Check	$5,000.00

Please keep the above information for your records.

109409107

000012 1241958718

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

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

*** INVOICE ***
Date NO#
05/06/15 60047

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9428
D.O.B. : 9/23/70
Terms : 45 days
Claim #(s):
494C0895917

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

Case: vs TUFFCARE
Date Of Injury: 4/28/09

DOS	SERVICE	DESCRIPTION	AMOUNT
10/25/13	PR2/REEVAL	DR MUMTAZ ALI (GARDEN GROVE) LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
12/06/13	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/09/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
07/09/14	PENALTIES	FOR DATE OF SERVICE 1/09/14	72.75
07/09/14	INTEREST	FOR DATE OF SERVICE 1/09/14	26.28
07/31/14	LIEN FIL FEE	LIEN FILING FEE	150.00
08/18/14	PMT BY CHECK	DOS 10/25/13-12/6/13* # DA72559270	-970.00
08/18/14	PMT BY CHECK	DOS 1/9/14* # DA72559289	-485.00
10/22/14	PMT BY CHECK	DOS 10/25/13-1/9/14* # DA72930703	-249.03
04/02/15	COSTS & SANC	COSTS & SANC	200.00
04/29/15	PMT BY CHECK	DOS 10/25/13-4/2/15* # DA74038075	-200.00

BALANCE 0.00

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

PDWLDMCD-001640-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 08/18/14

CHECK NO. **DA72559270**

STATEMENT

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

5900A11DA 00 00449 DA72559270
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX #4165
TUSTIN CA 92781-4165

FILE ID
494C0895917

DOLLARS
$********970.00

* NOT NEGOTIABLE *

PAID AUG 21 2014

FOR
10/25/13 THRU 12/06/13 60047

CLAIMANT

DATE OF EVENT
04/28/09

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

PDWLDMCD-001640-01-01-00

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

[redacted]

PDWLDMCD-001644-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 08/18/14

CHECK NO. **DA72559289**

STATEMENT

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

5900A11DA 00 00453 DA72559289
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX #4165
TUSTIN CA 92781-4165

FILE ID
494C0895917

DOLLARS
$********485.00

*** NOT NEGOTIABLE ***

FOR
01/09/14 THRU 01/09/14 60047

CLAIMANT

DATE OF EVENT
04/28/09

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

PAID AUG 21 2014

PDWLDMCD-001644-01-01-00

BOA188 (078/2009)

DETACH THIS PORTION BEFORE CASHING

[redacted]

PDWLDMCD-001380-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 10/22/14

CHECK NO. **DA72930703**

STATEMENT

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

PAID OCT 28 2014

5900A11DA 00 00279 DA72930703
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX #4165
TUSTIN CA 92781-4165

FILE ID	DOLLARS
494C0895917	$********249.03

*** NOT NEGOTIABLE ***

FOR
10/25/13 THRU 01/09/14 ALL DOS, ~~P/F~~ NOT P&F

CLAIMANT

DATE OF EVENT
04/28/09

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

#60047

PDWLDMCD-001380-01-01-00

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

[redacted]

PDWLDMCD-001755-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 04/29/15

CHECK NO. **DA74038075**

STATEMENT

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

5900A11DA 00 00474 DA74038075
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

FILE ID
494C0895917

DOLLARS
$********200.00

* NOT NEGOTIABLE *

FOR
10/25/13 THRU 04/02/15 ALL DOS F/F

PAID MAY 06 2015

CLAIMANT

DATE OF EVENT
04/28/09

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

I.F.
SP

PDWLDMCD-001755-01-01-00

BOA18B (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#
12/18/15 62977

EAMS#(s)

SS # : XXX-XX-2996
DOB : 5/31/63
Terms : 45 days
Claim #(s):
187346097, 187346199

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

Case: J vs 99 CENTS ONLY STORE
Date Of Injury: 11/26/11, 12/28/11

DOS	SERVICE	DESCRIPTION	AMOUNT
07/09/14	INITIAL EXAM	DR SHAH @ NEW HORIZON	485.00
		LANG: VIETNAMESE	
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
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
09/22/14	DEPO PREP	@ THE L/O OF ADELSON & TESTAN	485.00
/ /	INTERPRETER:	TRANG LE # 301677	0.00
10/08/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
10/21/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
11/05/14	MED_EXOTIC	PR-2 W/DR SHAH @ HAROBR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
12/03/14	MED_EXOTIC	PR-2 W/DR SHAH & M. MERCADO @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
12/09/14	MED_EXOTIC	EPIDURAL W/DR SHAH @ HARBOR SPINE & WELLNESS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/07/15	MED_EXOTIC	PR-2 WDR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
01/20/15	MED_EXOTIC	INJECTION: BIL L/S W/DR SHAH	485.00
/ /	INTERPRETER:	THE VINH TRAN # 100026	0.00
02/04/15	MED_EXOTIC	PR-2 W/DR SHAH & M.MERCADO	485.00
/ /	INTERPRETER:	JAIME NGUYEN # 100190	0.00
08/21/15	PENALTIES	FOR DATE OF SERVICE 9/22/14	72.75
08/21/15	INTEREST	FOR DATE OF SERVICE 9/22/14	46.91
08/21/15	PENALTIES	FOR DATE OF SERVICE 10/21/14	72.75

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

*** INVOICE ***
Date NO#
12/18/15 62977

EAMS#(s):

SS # : XXX-XX-2996
DOB : 5/31/63
Terms : 45 days
Claim #(s):
187346097, 187346199

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

Case: vs 99 CENTS ONLY STORE
Date Of Injury: 11/26/11, 12/28/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/21/15	INTEREST	FOR DATE OF SERVICE 10/21/14	45.23
09/08/15	LIEN FIL FEE	LIEN FILING FEE	150.00
11/30/15	COSTS & SANC	COSTS & SANC	1542.36
12/10/15	PMT BY CHECK	DOS 11/30/15 # 5637288726	-7750.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Broadspire
A CRAWFORD COMPANY
P O BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	12/10/2015
Check Amount	:	$7750.00
Check Number	:	5637288726

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

PAID DEC 18 2015

62977

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186789222-001 WC BREA Professional Service	06/10/2014 $7750.00 $7750.00	Natalie A. Cicconi Full & Final	951-268-6030 11/30/2015-11/30/2015

F-F.
NDJ

Please Fold on Perforation Before Tearing

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

*** INVOICE ***

Date	NO#
04/28/15	56242

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 4/5/68
Terms : 45 days
Claim #(s):
EUJ0109

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

Case: vs CALIFORNIA COMMERCE CASINO
Date Of Injury: 8/26/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/20/12	DEPO PREP	@ THE L/O OF MALQUIST FIELDS (LANG: COMBODIAN)	485.00
/ /	INTERPRETER:	SAMEDY CHHUM # 700574	0.00
03/16/15	PENALTIES	FOR DATE OF SERVICE 11/20/12	72.75
03/16/15	INTEREST	FOR DATE OF SERVICE 11/20/12	48.44
03/30/15	PMT BY CHECK	DOS 11/20/12 *# 896D 85779170	-485.00
04/23/15	PMT BY CHECK	DOS 11/20/12* # 896D 85896793	-121.19

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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014832

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

SA07270

896D 85779170 M

TRAVELERS

DATE: 03/30/15
LOSS DATE: 08/26/12
FILE NUMBER: 152 CB EUJ0109 P

EMPLOYEE

ACCOUNT NAME:
CALIFORNIA COMMERCE CLUB INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 11/20/2012

TOTAL PAID: $485.00
TAX INFO: 330956713372147 6Y

PAYEE:
JOYCE ALMAN INTERPRETERS

PAID
APR 08 2015

BY: .....

56242

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

089007361
DETACH CHECK

UNSUMM-111211
OVRPUNS2-121208
DETACH CHECK

[redacted]

017819

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

SA08845

896D 85896793

TRAVELERS

DATE: 04/23/15
LOSS DATE: 08/26/12
FILE NUMBER: 152 CB EUJ0109 P

EMPLOYEE

ACCOUNT NAME:
CALIFORNIA COMMERCE CLUB INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

56242

EXPERT FEES / INTERPRETERS

SERVICE DATE: 11/20/2012

TOTAL PAID: $121.19
TAX INFO: 3909567133721476Y

PAYEE:
JOYCE ALMAN INTERPRETERS

PAID APR 28 2015

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

113008974
DETACH CHECK

UNRUMM CVRI-UNS2:121298
DETACH CHECK

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

*** INVOICE ***

Date	NO#
02/04/15	59954

Claim # : 2193083398
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0360
D.O.B. : 11/10/50
Terms : 45 days

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
10/15/13	WCAB SA	MSC (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/05/13	PMT BY CHECK	DOS 10/15/13 # 5628037806	-485.00
05/22/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
01/20/15	PENALTIES	FOR DATE OF SERVICE 05/22/14	72.75
01/20/15	INTEREST	FOR DATE OF SERVICE 05/22/14	37.90
01/29/15	PMT BY CHECK	DOS 1/20/15* # 5633127819	-595.65

BALANCE 0.00

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

BROADSPIRE
a Crawford Company
P O BOX 14352
LEXINGTON KY 40512-4352

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

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

PAID DEC 10 2013

59954

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
219307589B001	08/28/2009 $485.00		
FRESNO Professional Service	$485.00	Greg C. Rocha 55954	559-451-3800 10/15/2013-10/15/2013

Please Fold on Perforation Before Tearing

Broadspire®
A CRAWFORD COMPANY

P O BOX 14352
LEXINGTON KY 40512-4352

PAID FEB 03 2015

Check Date	:	01/29/2015
Check Amount	:	$595.65
Check Number	:	5633127819

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

S9954

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
2193075898001	08/28/2009 ~~$595.65~~		
FRESNO Professional Service	$595.65	Greg C. Rocha Stip F&F	559-451-3800 01/20/2015-01/20/2015

F.F. dk
MV

Please Fold on Perforation Before Tearing

[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#
01/26/15 46922

Claim # : 009500000327900001
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8951
D.O.B. : 11/28/56
Terms : 45 days

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

Case: vs FIRST STUDENT
Date Of Injury: 3/21/11

DOS	SERVICE	DESCRIPTION	AMOUNT
07/07/11	INITIAL EXAM	DR SAMIMI @ WILLOW MEDICAL (LANG: MANDARIN)	485.00
/ /	INTERPRETER:	MICHELLE TAN # 301245	0.00
01/14/15	PENALTIES	FOR DATE OF SERVICE 07/07/11	72.75
01/14/15	INTEREST	FOR DATE OF SERVICE 07/07/11	67.24
01/20/15	PMT BY CHECK	DOS 7/7/11* # 0000897894	-624.99

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

DATE	CHECK AMT	CHECK NO.
01/20/2015	624.99	0000897894

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****671

SCMS UNIT	PAGE
234 Sedgwick Claims Management Services	001

*000975 0000897894 00001 OF 00001 0AM 150120 1059

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

PAID JAN 26 2015

Claimant Name	Loss Date	Claim Number	SSN
	03/25/2011	009500000327900001	

Amt Paid: 624.99 Description: Miscellaneous Medical
Amt Billed: 624.99 Invoice: ICN: 167852442.338
Dates: 07/07/2011 - 07/07/2011 Comment: Lien settlement

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

E1991.FRM (02-28

[redacted]

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

*** INVOICE ***
Date NO#
10/02/15 60942

EAMS#(s):

SS # :
DOB : 4/15/50
Terms : 45 days
Claim #(s):
EWJ6287

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

Case: vs FLYING FOOD CORP
Date Of Injury: 07/08/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/14/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/26/14	C&R READING	@ THE L/O OF NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/22/14	PENALTIES	FOR DATE OF SERVICE 02/14/14	72.75
09/10/15	INTEREST	FOR DATE OF SERVICE 02/14/14	80.22
10/22/14	PENALTIES	FOR DATE OF SERVICE 03/26/14	72.75
09/10/15	INTEREST	FOR DATE OF SERVICE 03/26/14	80.22
09/28/15	PMT BY CHECK	DOS 9/24/15* # 896D 86667786	-1275.94

BALANCE 0.00

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

SA06928

896D 86667786 M

TRAVELERS

DATE: 09/28/15
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB EWJ6287R	09/24/15	$ 1,275.94	60942	FULL AND FINAL
	152 CB E0B1285P	09/22/14 - 09/03/15	$ 813.00		[illegible]
				PAID	OCT 0 2 2015
		Total Amount Paid	$*****2088.94		

1007039
DETACH CHECK

SUMM 111311
OVRPSUM2-021509

DETACH CHECK

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

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

VOID

TRAVELERS
P O BOX 6510
DIAMOND BAR CA 91765-8510

896D 86667786

62-20
311

VOID

DATE	ACCOUNT NUMBER	TIN NUMBER	FILE NUMBER
09/28/15	J99	330956713	SUMMARIZED

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

TWO THOUSAND EIGHTY EIGHT AND 94/100

PAY: $*****2088.94

VOID

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

013967
SA06928

Maria Olivo
AUTHORIZED SIGNATURE

⑈86667786⑈ ⑆031100209⑆ 3862289 2⑈

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#
03/21/16 60292

EAMS#(s):

SS # : XXX-XX-4671
DOB : 11/21/59
Terms : 45 days
Claim #(s):
SCIH034201

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

Case: vs DEPT. OF SOCIAL SERVICES
Date Of Injury: 1/30/11

DOS	SERVICE	DESCRIPTION	AMOUNT
11/15/13	DEPO PREP	@ THE L/O OF NORMEN HOMEN LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/17/14	DEPO PREP	@ THE L/O OF NORMAN HOMEN VOL II	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/18/14	PMT BY CHECK	DOS 11/15/13-1/17/14* # 69-771416	-970.00
09/16/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
03/07/16	PENALTIES	FOR DATE OF SERVICE	72.75
03/07/16	INTEREST	FOR DATE OF SERVICE	80.84
03/16/16	PMT BY CHECK	DOS 3/10/16* # 64-092719	-600.00
03/21/16	BLCE OFF SET	BALANCE OFF SET	-38.59

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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STATE OF CALIFORNIA

WARRANT NUMBER 69-771416

THE TREASURER OF THE STATE WILL PAY OUT OF THE

FUND NO. 0001 FUND NAME GENERAL FUND

IDENTIFICATION NO. XXXXX718 5180

MO. 02 DAY 18 YR. 2014

90-1342/1211

69771416

DOLLARS	CENTS
$*****970.	00

TO: 771416
--- JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN CA 92781

JOHN CHIANG
CALIFORNIA STATE CONTROLLER

FORM OD-85(1/99) CONTROLLERS WARRANT

⑈121113423⑈ 69771416⑈

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

69-771416

ISSUE DATE: 02/18/2014
CLAIM NUMBER: SCIH-034201
CLAIMANT NAME:
DATE OF INJURY: 01-30-2011
PAY DESCRIPTION: MISC. ALL OTHER
PERIOD FROM - PERIOD TO: 11-15-2013 - 01-17-2014

60292

PAID FEB 21 2014

STATE OF CALIFORNIA 64-092719

H THE TREASURER OF THE STATE WILL PAY OUT OF THE IDENTIFICATION NO.
XXXXX602

FUND NO. 0001 FUND NAME GENERAL FUND

5180

MO. 03 DAY 16 YR. 2016

90-1342/1211
64092719

FORM CD-85(1/89) CONTROLLERS WARRANT

TO: 092719
--- JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN CA 92781

DOLLARS CENTS
$*****600.00 ✓

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

⑆121134231⑆ 64092719⑈

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

64-092719

ISSUE DATE: 03/16/2016
CLAIM NUMBER: SCIH-034201
CLAIMANT NAME:
DATE OF INJURY: 01-30-2011
PAY DESCRIPTION: MISC. ALL OTHER
PERIOD FROM - PERIOD TO: 03-10-2016 - 03-10-2016

60292

F & F.

NDJ ✓
OK BB

PAID MAR 21 2016

MP

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

*** INVOICE ***

Date	NO#
12/03/15	62035

EAMS#(s):

SS # : xXX-XX-9513
DOB : 12/15/67
Terms : 45 days
Claim #(s):
MG-12-010305

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

Case: vs ELMORE TOYOTA
Date Of Injury: 7/21/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/07/14	INITIAL EXAM	DR SHAH @ HARBOR SPINE & WELLNESS	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190 LANG: VIETNAMESE	0.00
06/04/14	PR2/REEVAL	DR SHAH @ HARBRO SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
06/24/14	INJECTION	DR SHAH: NERVE BLOCK @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
07/09/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
08/06/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
09/03/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
09/15/14	INJECTION	W/DR SHAH @ HARBOR SPINE & WELLNESS	485.00
/ /	INTERPRETER:	TRAN LE # 301677	0.00
10/22/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	DUC NGUYEN # 301485	0.00
12/11/14	PMT BY CHECK	DOS 5/7/14-10/22/14* # 549158	-3880.00
12/03/14	MED_EXOTIC	PR-2 W/DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
01/08/15	LEGAL_EXOTIC	C&R READING @ L/O OF NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/28/15	LIEN FIL FEE	LIEN FILING FEE	150.00
11/18/15	PENALTIES	FOR DATE OF SERVICE 12/03/14	72.75
11/18/15	INTEREST	FOR DATE OF SERVICE 12/03/14	54.25
11/18/15	PENALTIES	FOR DATE OF SERVICE 01/08/15	72.75

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

*** INVOICE ***
Date NO#
12/03/15 62035

EAMS#(s):

SS # : XXX-XX-9513
DOB : 12/15/67
Terms : 45 days
Claim #(s):
MG-12-010305

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

Case: vs ELMORE TOYOTA
Date Of Injury: 7/21/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/18/15	INTEREST	FOR DATE OF SERVICE 01/08/15	41.87
11/25/15	PMT BY CHECK	DOS 7/21/12-11/18/15* # 596499	-1220.00
12/03/15	BLCE OFF SET	BALANCE OFF SET	-141.62

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CORVEL ENTERPRISE COMP, INC.
MAGNA CARTA - EC
4120 SE INTL WAY, SUITE A108
MILWAUKIE, OR 97222

CORVEL

barkcode=MAGEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
549158	12/11/14

******$3,880.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY EXACTLY: *Three thousand eight hundred eighty and 00/100 Dollars*

PAY TO THE ORDER OF

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

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0000549158⑈ ⑆121000248⑆ 4126 215342⑈

DETACH HERE

CORVEL

DETACH HEI

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
MG-12-010305	07/21/2012		05/07/2014	10/22/2014	Invoice 62035	******$3,880.00

6

PAID DEC 16 2014

KR

CORVEL ENTERPRISE COMP, INC.
MAGNA CARTA - EC
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

bankcode=MAGEC
11-24
1210(8)

CHECK NUMBER: 596499

CHECK DATE: 11/25/15

******$1,220.00

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

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

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

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0000596499⑈ ⑆121000248⑆ 4126 215342⑈

DETACH HERE — DETACH HERE

CORVEL

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
MG-12-010305	07/21/2012		07/21/2012	11/18/2015	full and final satisfaction for lien 7/2	62035 ******$1,220.00

PAID DEC 03 2015

F.F.
SP 0$