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

January 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
63518	12/4/14 - 3/25/15	5/27/2015	$ 330.00	PR-2 & F.C.E.	$ 330.00	3090541	5/20/2015	Intercare Holdings
62906	7/1/14 - 11/17/15	12/7/2015	$ 406.50	Board appear AHM & C&R reading	$ 406.50	896D86968046	12/2/2015	Travelers
67171	6/25/15 - 7/10/15	12/7/2015	$ 652.00	Pre-op & Surgery (5hrs 15mins)	$ 652.00	896D86972127	12/3/2015	Travelers
67029	10/14/2015	12/8/2015	$ 250.00	Depo review	$ 250.00	0555207	12/3/2015	Cypress Ins for Berkshire
67403	10/16/2015	12/9/2015	$ 250.00	C&R reading	$ 250.00	0123783848	12/2/2015	Gallagher Bassett
67010	6/9/15 - 7/14/15	12/10/2015	$ 630.00	Pre-op & Surgery (5hrs)	$ 630.00	99118	11/18/2015	ClaimQuest
67351	6/18/15 - 10/1/15	12/10/2015	$ 636.50	QME eval, Depo prep & Depo review	$ 636.50	896D86991341	12/7/2015	Travelers
67705	11/13/2015	12/10/2015	$ 250.00	Depo review	$ 250.00	30003566085	12/4/2015	Republic Indemnity
63518	10/30/2014	3/12/2015	$ 180.00	PR-2	$ 180.00	3073945	3/5/2015	Intercare Holdings
66164	4/14/15 - 8/19/15	12/14/2015	$ 1,000.00	2 Initials & 3 PR-2's	$ 1,000.00	1000329361	12/9/2015	Republic Indemnity
66413	10/30/2015	12/14/2015	$ 250.00	Depo review	$ 250.00	10007299	12/9/2015	Packard Claims Admin.
63518	10/20/2014	3/6/2015	$ 180.00	PR-2	$ 180.00	3071878	2/25/2015	Intercare Holdings
67632	11/3/2015	11/30/2015	$ 250.00	Depo review	$ 250.00	0060920446	11/24/2015	Sedgwick
67155	9/1/15 - 9/25/15	11/30/2015	$ 500.00	2 C&R readings	$ 500.00	6530398958	11/23/2015	Broadspire
67182	6/26/15 - 10/28/15	11/30/2015	$ 1,360.00	2 Initials & 5 PR-2's	$ 1,360.00	FE49278627	11/25/2015	ESIS
61682	9/10/2014	12/19/2014	$ 180.00	PR-2	$ 180.00	CU-171226	12/17/2014	SCIF
67421	10/13/2015	12/4/2015	$ 250.00	Depo review	$ 250.00	11062640	12/1/2015	Zurich
63518	9/25/2014	1/22/2015	$ 180.00	PR-2	$ 180.00	306554	1/15/2015	Intercare Holdings

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

January 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
64137	9/8/14 - 10/22/14	2/18/2015	$ 946.50	Initial, Initial Acup., F.C.E., Depo prep & PR-2	$ 946.50	45119	2/12/2015	LWP Claims
64712	8/22/14 - 10/13/14	3/13/2015	$ 820.00	2 Initials & 2 PR-2's	$ 820.00	3000311394	3/4/2015	Republic Indemnity
62891	6/4/14 - 10/9/14	4/3/2015	$ 2,540.00	Initial acup, 12 f/u acups & F.C.E.	$ 2,540.00	0117116718	3/16/2015	Gallagher Bassett
60851	9/24/14 - 1/21/15	3/30/2015	$ 786.50	Surgery (7hrs) & Board appear. AHM	$ 786.50	0117364567	3/25/2015	Gallagher Bassett
64318	2/23/2015	3/30/2015	$ 250.00	Depo review	$ 250.00	0057043448	3/26/2015	Sedgwick
64532	12/10/14 - 3/25/15	3/30/2015	$ 406.50	Depo prep & Depo review	$ 406.50	896D85753368	3/25/2015	Travelers
63457	7/25/14 - 8/4/14	3/30/2015	$ 410.00	Initial & PR-2	$ 410.00	1000295397	3/25/2015	Republic Indemnity
64314	1/29/2015	3/30/2015	$ 250.00	Depo review	$ 250.00	260380808	3/26/2015	Employers
64923	2/24/2015	3/30/2015	$ 250.00	C&R reading	$ 250.00	483010	3/26/2015	Zenith
64033	11/3/14 - 2/17/15	3/26/2015	$ 406.50	Depo prep & Depo review	$ 406.50	123037984	3/19/2015	The Hartford
64308	11/14/14 - 12/17/14	3/30/2015	$ 406.50	Depo prep & Depo review	$ 406.50	0117387154	3/25/2015	Gallagher Bassett
64413	12/8/2015	12/22/2015	$ 250.00	C&R reading	$ 250.00	260510156	12/18/2015	Employers
64051	10/28/14 - 3/11/15	4/13/2015	$ 563.00	Depo prep, Depo review & Board appear. LB	$ 563.00	122519182	4/8/2015	CCMSI
64342	12/3/14 - 1/29/15	4/3/2015	$ 406.50	Depo prep & Depo review	$ 406.50	01707668	3/23/2015	Helmsman mgmt. Liberty Mutual
64413	3/24/2015	4/14/2015	$ 250.00	Depo review	$ 250.00	260389209	4/10/2015	Employers

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

January 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
64544	12/18/14 - 1/28/15	3/31/2015	$ 406.50	Depo prep & Depo review	$ 406.50	00343959	3/23/2015	Liberty Mutual
61058	2/19/14 - 3/10/14	3/31/2015	$ 380.00	F.C.E. & Initial	$ 380.00	28193927	3/25/2015	AIG
64040	11/5/14 - 2/24/15	3/31/2015	$ 563.00	Depo prep, Depo review & Board appear. LB	$ 563.00	0055145276	3/25/2015	Sedgwick
59776	3/19/14 - 6/30/15	9/1/2015	$ 716.50	PR-2, F.C.E., P&S & Board appear. LB	$ 716.50	0121274480	8/25/2015	Gallagher Bassett
66096	12/2/2015	12/2/2015	$ 250.00	C&R reading	$ 250.00	0125147986	1/26/2016	Gallagher Bassett
66414	7/30/2015	9/1/2015	$ 250.00	Depo review	$ 250.00	0007321855	8/24/2015	Matrix
66326	6/15/15 - 7/13/15	8/13/2015	$ 406.50	Depo prep & Depo review	$ 406.50	891A86522072	8/21/2015	Travelers
65143	12/9/14 - 1/20/15	8/26/2015	$ 680.00	Initial, Initial Chiro treatment, & 2 PR-2's	$ 680.00	260460571	8/24/2015	Employers
64028	10/3/14 - 7/20/15	8/26/2015	$ 719.50	Depo prep, Depo review & 2 Board appear. LA	$ 719.50	0001031056	8/21/2015	ICW
61463	1/23/2015	8/21/2015	$ 180.00	PR-2	$ 180.00	0121061799	8/17/2015	Gallagher Bassett
66051	5/12/15 - 6/16/15	7/10/2015	$ 406.50	Depo prep & Depo review	$ 406.50	0059657164	8/14/2015	Sedgwick
61802	6/2/2015	10/14/2015	$ 450.00	Surgery (5 hrs)	$ 450.00	5636466297	10/7/2015	Broadspire
63095	3/17/2015	8/14/2015	$ 180.00	PR-2	$ 180.00	0000271556	8/6/2015	Gallagher Bassett
65318	3/9/16 - 3/26/15	8/14/2015	$ 560.00	Initial, PR-2 & F.C.E.	$ 560.00	00851812	8/6/2015	AmTrust
43734	7/6/2015	8/11/2015	$ 250.00	C&R reading	$ 250.00	CU-225935	8/4/2015	SCIF

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

January 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
61464	11/30/2015	1/19/2016	$ 180.00	PR-2	$ 180.00	000034432	1/11/2016	FRYE claims/Transguard Ins.
66418	6/29/2015	8/6/2015	$ 250.00	C&R reading	$ 250.00	23811	8/4/2015	American Claims
61464	2/26/15 - 10/28/15	12/16/2015	$ 1,620.00	7 PR-2's	$ 1,620.00	000033570	12/8/2015	FRYE claims/Transguard Ins.
64481	5/12/2015	9/2/2015	$ 180.00	PR-2	$ 180.00	0121254762	8/24/2015	Gallagher Bassett
64501	10/6/14 - 6/19/15	8/10/2015	$ 960.00	Initial Phys tx, 6 f/u Phy tx, PR-2 & Lien filing fee	$ 960.00	0120599720	7/29/2015	Gallagher Bassett
49619	8/4/14 - 9/29/14	1/16/2015	$ 360.00	2 PR-2's	$ 360.00	260339661	1/9/2015	Employers
63310	6/25/14 - 8/27/14	1/16/2015	$ 590.00	Initial & 2 PR-2's	$ 590.00	0115329152	1/6/2015	Gallagher Bassett
64010	10/17/14 - 11/18/14	1/13/2015	$ 406.50	Depo prep & Depo review	$ 406.50	891A85832228	1/8/2015	Travelers
63960	11/11/2014	1/13/2015	$ 250.00	Depo review	$ 250.00	43066	1/9/2015	American Claims
63962	10/13/14 - 11/7/14	1/13/2015	$ 406.50	Depo prep & Depo review	$ 406.50	9996	1/7/2015	Corvel
63121	6/9/14 - 9/15/14	1/13/2015	$ 590.00	Initial & 2 PR-2's	$ 590.00	552235	1/6/2015	Corvel
59962	2/12/2015	9/18/2015	$ 180.00	PR-2	$ 180.00	14574	9/10/2015	ALPHA Fund
62314	11/11/2014	1/13/2015	$ 250.00	Depo review	$ 250.00	01671106	1/6/2015	Helmsman mgmt. Liberty Mutual
61024	2/16/14 - 2/17/14	1/13/2015	$ 450.00	Admission & Surgery (3 hrs)	$ 450.00	1100229767	1/6/2015	Zurich
63278	7/2/14 - 10/14/14	3/12/2015	$ 970.00	2 Initials, F.C.E. & 2 PR-2's	$ 970.00	00609333	2/26/2015	PacificComp
63528	7/22/14 - 9/2/14	2/24/2015	$ 410.00	Initial & PR-2	$ 410.00	27953831	2/19/2015	AIG
63196	6/27/14 - 9/26/14	3/3/2015	$ 1,100.00	Initial, F.C.E. & 3 PR-2's	$ 1,100.00	27963712	2/20/2015	AIG

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

January 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
62380	10/10/2014	2/24/2015	$ 180.00	PR-2	$ 180.00	0056012311	2/19/2015	Sedgwick
62243	4/29/14 - 9/24/14	2/24/2015	$ 540.00	3 PR-2's	$ 540.00	1100024363	2/20/2015	Zurich
61229	3/4/2014	2/24/2015	$ 230.00	Consult	$ 230.00	27956184	2/19/2015	AIG
63278	10/17/2014	3/13/2015	$ 180.00	PR-2	$ 180.00	00609892	3/4/2015	PacificComp
63488	7/30/14 - 9/2/14	3/3/2015	$ 410.00	Initial & PR-2	$ 410.00	27984508	2/24/2015	AIG
62243	3/18/2015	6/12/2015	$ 180.00	PR-2	$ 180.00	1100034019	6/1/2015	Zurich
64550	12/23/2014	3/3/2015	$ 250.00	C&R reading	$ 250.00	0002819468	2/27/2015	Sedgwick
63147	10/10/2014	5/12/2015	$ 230.00	Initial	$ 230.00	00743372	4/22/2015	AmTrust
63147	6/24/14 - 10/7/14	3/6/2015	$ 1,310.00	Initial Acup, 5 PR-2's & f/u acup.	$ 1,310.00	694654	2/25/2015	AmTrust
63818	8/18/14 - 10/17/14	3/13/2015	$ 880.00	2 Initials, F.C.E., PR-2 & R.P.T.	$ 880.00	DA73667507	3/3/2015	ACE USA
62559	11/18/2014	5/4/2015	$ 180.00	PR-2	$ 180.00	260398259	4/29/2015	Employers
62559	12/3/2014	4/17/2015	$ 180.00	PR-2	$ 180.00	260388309	4/9/2015	Employers
61463	10/21/2014	4/21/2015	$ 180.00	PR-2	$ 180.00	0117970580	4/16/2015	Gallagher Bassett
63475	7/29/14 8/8/14	1/16/2015	$ 765.00	Pre-op & Surgery (6.5 hrs)	$ 765.00	103802	1/7/2015	Southland Claims Brotherhood Mutual
63984	11/26/2014	1/9/2015	$ 250.00	Depo review	$ 250.00	CE-747830	1/6/2015	SCIF
63982	10/22/14 - 11/24/14	1/13/2015	$ 406.50	Depo prep & Depo review	$ 406.50	891A85824362	1/5/2015	Travelers

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

January 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
64134	9/11/2014	1/1315	$ 652.50	Surgery (7 hrs 10 mins)	$ 652.50	00055381	1/5/2015	AmTrust
62559	5/14/14 - 10/27/14	3/9/2015	$ 690.00	3 PR-2's & Epidural	$ 690.00	260371046	3/5/2015	Employers
61463	1/23/2015	8/21/2015	$ 180.00	PR-2	$ 180.00	0121061799	8/17/2015	Gallagher Bassett
63298	10/2/14 - 10/23/14	3/6/2015	$ 540.00	3 PR-2's	$ 540.00	0000111608	2/26/2015	Sedgwick
65209	11/4/14 - 12/17/14	7/6/2015	$ 860.00	Initial, Initial Phys tx & 3 PR-2's	$ 860.00	891A86359915	6/29/2015	Travelers
65785	4/27/15 - 6/10/15	7/6/2015	$ 406.50	Depo prep & Depo review	$ 406.50	67736	7/1/2015	York
64910	4/29/2015	7/6/2015	$ 250.00	Depo review	$ 250.00	0119857829	7/1/2015	Gallagher Bassett
65750	4/1/15 - 4/17/15	7/6/2015	$ 406.50	Depo prep & Depo review	$ 406.50	00117775	7/1/2015	ClaimQuest
65786	4/27/2015	7/8/2015	$ 250.00	C&R reading	$ 250.00	260435416	7/6/2015	Employers
65788	4/24/15 - 5/18/15	7/13/2015	$ 406.50	Depo prep & Depo review	$ 406.50	5635189881	7/7/2015	Broadspire
65532	11/20/2014	7/13/2015	$ 540.00	Surgery (6 hrs)	$ 540.00	0119967346	7/6/2015	Gallagher Bassett
60864	3/14/14 - 6/11/15	7/17/2015	$ 406.50	Depo review & Board appear. LB	$ 406.50	79728733	7/7/2015	CIGA/Patriot
66048	5/11/15 - 5/29/15	7/14/2015	$ 406.50	Depo prep & Depo review	$ 406.50	896D86269092	7/8/2015	Travelers
65753	4/2/15 - 5/7/15	7/14/2015	$ 406.50	Depo prep & Depo review	$ 406.50	891A86387062	7/9/2015	Travelers
66262	3/26/15 - 5/12/15	7/14/2015	$ 563.00	Board appear. LB, Depo prep & Depo review	$ 563.00	0000147404	7/9/2015	Sedgwick
66054	5/13/2015	7/17/2015	$ 250.00	C&R reading	$ 250.00	00824296	7/13/2015	AmTrust

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

January 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
65030	11/4/2014	4/17/2015	$ 180.00	PR-2	$ 180.00	CP-852029	4/14/2015	SCIF
61463	3/20/14 - 1/7/14	11/14/2014	$ 720.00	4 PR-2's	$ 720.00	0113885256	11/7/2014	Gallagher Bassett
64859	1/19/15 - 2/20/14	4/28/2015	$ 406.50	Depo prep & Depo review	$ 406.50	891A86150450	4/22/2015	Travelers
64136	9/11/2014	2/24/2015	$ 585.00	Surgery (6.5 hrs)	$ 585.00	27968665	2/20/2015	AIG
61582	3/24/14 - 10/10/14	3/5/2015	$ 1,080.00	5 PR-2's & f/u acup.	$ 1,080.00	0005026333	2/23/2015	Mitsui Sumitomo
61875	4/10/14 - 10/16/14	2/27/2015	$ 1,460.00	Initial, Epidural & 6 PR-2's	$ 1,460.00	1100024548	2/23/2015	Zurich
64114	9/10/14 - 9/18/14	2/20/2015	$ 540.00	Pre-op & Surgery (4 hrs)	$ 540.00	260362711	2/18/2015	Employers
61549	10/7/2014	2/23/2015	$ 180.00	PR-2	$ 180.00	CU-186438	2/20/2015	SCIF
60697	1/9/14 - 9/18/14	2/23/2015	$ 590.00	Initial & 2 PR-2's	$ 590.00	891A85953676	2/18/2015	Travelers
62619	10/15/2014	2/18/2015	$ 180.00	PR-2	$ 180.00	0056664537	2/13/2015	Sedgwick
63003	6/23/14 - 9/11/4	2/20/2015	$ 950.00	Initial & 4 PR-2's	$ 950.00	27909662	2/11/2015	AIG
64279	11/5/14 - 12/22/14	2/20/2015	$ 563.00	2 Depo preps & Depo review	$ 563.00	8815219964	2/18/2015	Farmers
63456	10/7/2014	2/16/2015	$ 180.00	PR-2	$ 180.00	CP-839450	2/12/2015	SCIF
61499	7/31/2015	10/6/2015	$ 180.00	PR-2	$ 180.00	896D86654962	9/25/2015	Travelers
61499	5/27/2015	8/18/2015	$ 180.00	PR-2	$ 180.00	896D86444548	8/13/2015	Travelers
63188	6/27/14 - 9/5/14	2/19/2015	$ 590.00	Initial & 2 PR-2's	$ 590.00	27882699	2/7/2015	AIG
64301	12/10/2014	2/18/2015	$ 250.00	Depo review	$ 250.00	900A26947062	2/11/2015	Travelers
65050	2/10/15 - 3/2/15	4/28/2015	$ 406.50	Depo prep & Depo review	$ 406.50	0055370324	4/24/2015	Sedgwick

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

January 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
64052	12/16/2014	2/13/2015	$ 250.00	Depo review	$ 250.00	0000001994	2/12/2015	York
64651	11/11/14 - 12/11/14	2/18/2015	$ 563.00	2 Depo preps & Depo review	$ 563.00	339561	2/11/2015	SeaBright/Enstar
64312	11/17/14 - 12/9/14	2/18/2015	$ 406.50	Depo prep & Depo review	$ 406.50	3068139	2/10/2015	Intercare Holdings
63938	8/22/14 - 10/1/14	2/20/2015	$ 406.50	Depo prep & Depo review	$ 406.50	27901555	2/11/2015	AIG
60089	9/4/2014	2/6/2015	$ 180.00	PR-2	$ 180.00	27820488	1/30/2015	AIG
60780	1/27/14 - 12/11/14	2/13/2015	$ 406.50	Depo prep & C&R reading	$ 406.50	85501465	2/2/2015	Travelers
63344	8/11/14 - 11/10/14	1/26/2015	$ 813.00	2 Depo preps & 2 C&R's	$ 813.00	00000030036	1/21/2015	York
63298	9/25/2014	2/2/2015	$ 180.00	PR-2	$ 180.00	0000103115	1/22/2015	Sedgwick
63316	7/11/14 - 7/24/14	1/26/2015	$ 610.00	Initial, Initial acup. & F.C.E.	$ 610.00	65613	1/20/2015	Intercare Holdings
63392	8/11/14 - 11/10/14	2/9/2015	$ 500.00	2 Depo reviews	$ 500.00	7332289	2/5/2015	Corvel
62258	4/30/14 - 10/8/14	2/2/2015	$ 720.00	4 PR-2's	$ 720.00	1100256663	1/27/2015	Zurich
63038	6/19/2014	2/2/2015	$ 877.50	Surgery (9hrs 40mins)	$ 877.50	0000709884	1/22/2015	ICW
63713	8/7/14 - 11/21/14	2/6/2015	$ 444.00	Initial (2.5hrs) & Depo prep	$ 444.00	1235482278	1/26/2015	The Hartford
65232	11/14/14 - 12/24/14	10/9/2015	$ 1,020.00	3 Initials, PR-2 & F.C.E.	$ 1,020.00	3113192	10/2/2015	Intercare Holdings
66176	4/15/15 - 8/6/15	10/8/2015	$ 1,180.00	2 Initials & 4 PR-2's	$ 1,180.00	4281850	10/2/2015	Great West Casualty
62937	5/28/2015	10/14/2015	$ 250.00	C&R reading	$ 250.00	427822	10/8/2015	Zenith
65835	5/4/15 - 9/14/15	10/5/2015	$ 563.00	2 Depo preps & Depo review	$ 563.00	260478861	10/1/2015	Employers

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

January 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
65835	10/15/2015	11/2/2015	$ 250.00	Depo review	$ 250.00	260490621	10/30/2015	Employers
66903	6/4/2015	10/5/2015	$ 180.00	PR-2	$ 180.00	CP-882380	9/29/2015	SCIF
63698	9/22/14 - 9/3/15	10/2/2015	$ 813.00	2 Depo preps & 2 Depo reviews	$ 813.00	896D8667786	9/28/2015	Travelers
66023	3/25/15 - 5/20/15	9/30/2015	$ 1,180.00	2 Initials & 4 PR-2's	$ 1,180.00	0122040566	9/24/2015	Gallagher Bassett
66397	1/8/15 - 5/15/15	10/14/2015	$ 1,057.50	Pre-op, Surgery (6hrs 55mins) & Admission	$ 1,057.50	CU-242288	10/8/2015	SCIF
63363	8/27/14 - 8/5/15	9/28/2015	$ 563.00	2 Board appears. LB & C&R reading	$ 563.00	CE-780760	9/25/2015	SCIF
64335	12/2/14 - 9/10/15	9/28/2015	$ 563.00	Depo prep, Depo review & Board appear. LB	$ 563.00	0060846183	9/23/2015	Sedgwick
66374	4/28/15 - 8/13/15	10/16/2015	$ 2,130.00	3 Initials, f/u acup & 7 PR-2's	$ 2,130.00	590067	10/8/2015	Corvel
66340	6/24/15 - 7/16/15	10/14/2015	$ 406.50	Board appear. & C&R reading	$ 406.50	00196518	10/7/2015	AmTrust
64492	10/5/15 - 10/6/15	12/7/2015	$ 472.50	Admission & Surgery (3 hrs 15mins)	$ 472.50	CU-254402	12/3/2015	SCIF
66767	7/21/15 - 8/4/15	10/14/2015	$ 500.00	2 C&R readings	$ 500.00	3000347437	10/8/2015	Republic Indemnity
64492	10/3/14 - 1/6/15	10/22/2015	$ 1,035.00	2 Pre-ops, 1st Surgery (3hrs) & 2nd Surgery (4.5hrs)	$ 1,035.00	CU-242288	10/8/2015	SCIF

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

January 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
66819	7/29/2015	9/28/2015	$ 250.00	C&R reading	$ 250.00	0000758466	9/24/2015	CALIFORNIA INS. CO Applied Risk
67630	10/29/2015	11/24/2015	$ 250.00	Depo review	$ 250.00	0063825120	11/20/2015	Sedgwick
65442	3/10/15 - 8/31/15	11/12/2015	$ 563.00	Depo prep, Depo review & Board appear. LB	$ 563.00	5636790297	11/2/2015	Broadspire
66250	8/26/2015	9/1/2015	$ 250.00	C&R reading	$ 250.00	0061878196	9/10/2015	Sedgwick
66884	6/2/2015	11/9/2015	$ 180.00	PR-2	$ 180.00	432025	11/5/2015	York (County of Orange)
61524	11/30/2015	12/17/2015	$ 180.00	PR-2	$ 180.00	1778962	12/15/2015	York
65300	12/4/14 - 6/2/15	9/28/2015	$ 660.00	2 Epidurals & 2 PR-2's	$ 660.00	122893209	10/27/2015	Gallagher Bassett
54814	10/6/2015	11/2/2015	$ 250.00	C&R reading	$ 250.00	900034660	10/29/2015	Employers
67734	10/22/2015	11/3/2015	$ 250.00	C&R reading	$ 250.00	896D86814098	10/29/2015	Travelers
63964	10/13/14 - 9/3/15	10/30/2015	$ 969.50	2 Depo preps, Depo review, C&R reading & Board appear. LB	$ 969.50	891A86717270	10/26/2015	Travelers
67608	9/24/15 - 10/16/15	11/9/2015	$ 406.50	Depo prep & C&R reading	$ 406.50	260493640	11/6/2016	Employers
62869	6/2/14 - 10/1/14	5/21/2015	$ 1,310.00	Initial & 6 PR-2s	$ 1,310.00	00106440	5/6/2015	Carl Warren/Novapro

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

January 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
65459	3/23/15 - 4/23/15	5/27/2015	$ 406.50	Depo prep & Depo review	$ 406.50	0118883772	5/21/2015	Gallagher Bassett
64930	2/26/15 - 5/5/15	5/27/2015	$ 406.50	Depo prep & Depo review	$ 406.50	0059242224	5/22/2015	Sedgwick
61934	4/4/14 - 9/14/15	10/19/2015	$ 960.00	Surgery (8hrs 50mins) & Lien fil fee	$ 960.00	896D86739525	10/13/2015	Travelers
66107	7/10/2015	8/3/2015	$ 250.00	Depo review	$ 250.00	1244333182	7/24/2015	The Hartford
65266	8/27/2015	10/21/2015	$ 180.00	PR-2	$ 180.00	63-230974	1/13/2015	York (State of California)
66106	6/2/15 - 7/8/15	8/4/2015	$ 406.50	Depo prep & Depo review	$ 406.50	30658	7/29/2015	Corvel
65778	4/30/2015	8/4/2015	$ 250.00	C&R reading	$ 250.00	0000733767	7/30/2015	Applied Risk (California Ins., Co.)
66271	6/10/15 - 7/9/15	8/4/2015	$ 406.50	Depo prep & Depo review	$ 406.50	00843639	7/30/2015	AmTrust
65266	9/2/15 - 9/24/15	11/2/2015	$ 360.00	F/U acup & PR-2	$ 360.00	63-313845	10/28/2015	York (State of California)
65502	8/19/15 - 9/16/15	10/16/2015	$ 406.50	Depo Prep & Depo Review	$ 406.50	FE49093939	10/13/2015	ESIS
66407	6/13/2015	10/16/2015	$ 250.00	C&R reading	$ 250.00	CU-243555	6/23/2015	SCIF
66157	4/13/15 - 6/23/15	10/22/2015	$ 1,380.00	2 Initials, Initial acup, F.C.E., PR-2 & 2 f/u acups.	$ 1,380.00	01868528	10/8/2015	AmTrust
22455	10/5/2015	10/19/2015	$ 250.00	C&R reading	$ 250.00	715586	10/15/2015	Zenith

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

January 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
59406	9/15/2015	10/22/2015	$ 250.00	C&R reading	$ 250.00	8815581235	10/16/2015	Farmers
66157	7/6/2015	10/27/2015	$ 180.00	PR-2	$ 180.00	01879206	10/19/2015	AmTrust
63985	10/24/14 - 7/14/15	10/23/2015	$ 563.00	Depo prep, Depo review & Board appear. LB	$ 563.00	174578	10/21/2015	Carl Warren
65880	3/23/15 - 7/17/15	10/16/2015	$ 2,100.00	3 Initials, F.C.E. & 7 PR-2's	$ 2,100.00	0122363493	10/6/2015	Gallagher Bassett
55422	10/8/2014	10/26/2015	$ 313.00	Full day Board appear. LB	$ 313.00	0000011089	10/23/2015	Sedgwick
62709	7/10/14 - 10/5/15	10/26/2015	$ 563.00	Depo prep, Depo review & Board appear. LB	$ 563.00	110582445	10/23/2015	Zurich
66369	12/23/14 - 2/3/15	10/27/2015	$ 590.00	Initial & 2 PR-2's	$ 590.00	00749079	10/23/2015	AmTrust
64561	10/22/14 - 4/16/15	9/4/2015	$ 3,132.50	Initial, 3 PR-2's & 13 f/u acups.	$ 3,132.50	0121330154	8/26/2015	Gallagher Bassett
62213	12/12/2014	7/10/2015	$ 180.00	PR-2	$ 180.00	3000330718	6/29/2015	Republic Indemnity
65190	2/2/15 - 3/30/15	6/16/2015	$ 563.00	Depo prep, Depo review & Board appear. LB	$ 563.00	00791268	6/11/2015	AmTrust
65452	3/17/15- 4/9/15	6/15/2015	$ 656.50	Depo prep, Depo review & C&R reading	$ 656.50	0000713436	6/12/2015	Applied Risk (California Ins., Co.)
62213	4/25/14 - 3/13/15	5/15/2015	$ 920.00	3 PR-2's, F.C.E. & P&S	$ 920.00	3000321620	5/4/2015	Republic Indemnity

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

January 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
52593	4/7/2015	6/15/2015	$ 250.00	C&R reading	$ 250.00	DA74291629	6/8/2015	ACE USA
67117	8/27/15 - 9/17/15	10/29/2015	$ 406.50	Depo prep & Depo review	$ 406.50	0058740206	10/23/2015	Sedgwick
65454	3/17/15 - 4/13/15	6/15/2015	$ 406.50	Depo prep & Depo review	$ 406.50	0060178994	6/8/2015	Sedgwick
57510	3/26/2015	5/11/2015	$ 313.00	Full day Board appear. LB	$ 313.00	896D85956164	5/4/2015	Travelers
64897	2/4/2015	5/11/2015	$ 313.00	Full day Board appear. LB	$ 313.00	CP-856195	5/6/2015	SCIF
63966	10/14/14 - 3/26/15	5/11/2015	$ 406.50	C&R reading & Board appear. AHM	$ 406.50	CP-856713	5/8/2015	SCIF
63518	3/3/15 - 3/6/15	5/7/2015	$ 360.00	2 F/U acups.	$ 360.00	3084468	4/21/2015	Intercare Holdings
63714	8/8/14 - 10/3/14	5/21/2015	$ 1,410.00	3 PR-2's, Initial acup., 2 Initials & 1 f/u acup.	$ 1,410.00	106440	5/6/2015	Carl Warren
62175	3/6/2015	5/18/2015	$ 180.00	PR-2	$ 180.00	1100385578	5/12/2015	Zurich
62932	6/6/14 - 11/21/14	5/18/2015	$ 950.00	Initial & 4 PR-2's	$ 950.00	896D85995842	5/12/2015	Travelers
46930	1/22/15 - 1/23/15	6/12/2015	$ 406.50	Board appear. LB & C&R reading	$ 406.50	CP-862422	6/9/2015	SCIF
63518	3/16/15 - 3/19/15	5/14/2015	$ 360.00	F/U acup & PR-2	$ 360.00	3085562	4/27/2015	Intercare Holdings
66324	8/26/2015	10/29/2015	$ 250.00	Depo review	$ 250.00	CP-887424	10/27/2015	SCIF

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

January 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
65070	2/3/15 - 5/4/15	6/16/2015	$ 563.00	2 Depo preps & Depo review	$ 563.00	891A86303396	6/11/2015	Travelers
61095	4/17/2015	4/17/2015	$ 250.00	C&R reading	$ 250.00	45595381	5/21/2015	Sentry
64055	10/30/14 - 4/30/15	5/22/2015	$ 563.00	2 Depo preps & Depo review	$ 563.00	123631022K	5/18/2015	State Farm
63518	11/25/15 & 3/19/15	5/22/2015	$ 360.00	PR-2 & F/U acup.	$ 360.00	3088447	5/13/2015	Intercare Holdings
61081	2/25/14 - 5/21/14	7/2/2015	$ 563.00	Depo prep, Depo review & Board appear. LB	$ 563.00	CU-217916	6/30/2015	SCIF
65122	12/23/14 - 3/23/15	6/29/2015	$ 820.00	2 Initial & 2 PR-2's	$ 820.00	260430278	6/24/2015	Employers
65447	3/11/15 - 4/13/15	6/30/2015	$ 406.50	Depo prep & C&R reading	$ 406.50	00805179	6/24/2015	AmTrust
63774	9/30/14 - 5/27/15	6/29/2015	$ 406.50	C&R reading & Board appear. LB	$ 406.50	CU-217221	6/26/2015	SCIF
65469	3/31/15 - 4/24/15	6/30/2015	$ 406.50	Depo prep & Depo review	$ 406.50	00805180	6/24/2015	AmTrust
65446	3/11/15 - 4/15/15	6/18/2015	$ 406.50	Depo prep & Depo review	$ 406.50	000167436	6/16/2015	Carl Warren
63889	8/25/14 - 11/17/14	6/25/2015	$ 2,490.00	2 Initials, Initial acup., 3 PR-2's & 7 f/u acups.	$ 2,490.00	800337160	6/12/2015	Tokio Marine
63746	3/10/2015	6/25/2015	$ 250.00	Depo review	$ 250.00	2970092	6/12/2015	Crum & Forster
65449	3/12/15 - 4/27/15	6/8/2015	$ 406.50	Depo prep & Depo review	$ 406.50	47978	6/4/2015	Zurich
63518	3/12/15 - 3/16/15	5/15/2015	$ 360.00	F/U acup & PR-2	$ 360.00	3087870	5/6/2015	Intercare Holdings
66424	6/24/2015	9/25/2015	$ 313.00	Full day Board appear. LB	$ 313.00	CU-237088	9/18/2015	SCIF

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

January 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
66437	7/2/2015	9/22/2015	$ 250.00	C&R reading	$ 250.00	CU-237088	9/18/2015	
66422	6/29/2015	9/22/2015	$ 250.00	C&R reading	$ 250.00	CU-237088	9/18/2015	SCIF
66011	3/23/15 - 5/28/15	9/28/2015	$ 950.00	Initial & 4 PR-2's	$ 950.00	189632	9/16/2015	Illinois Midwest
66328	6/17/15 - 7/9/15	9/22/2015	$ 406.50	Depo prep & Depo review	$ 406.50	CU-237088	9/18/2015	SCIF
66424	8/12/2015	10/8/2015	$ 250.00	C&R reading	$ 250.00	CU-241695	10/6/2015	SCIF
66811	8/3/15 - 8/26/15	9/22/2015	$ 563.00	Depo prep, Depo review & Board appear. LB	$ 563.00	1246836610	9/19/2015	The Hartford
66323	6/11/15 - 8/31/15	9/22/2015	$ 719.50	Depo prep, Depo review & 2 Board appears LB	$ 719.50	1246704358	9/14/2015	The Hartford
65470	5/4/2015	9/22/2015	$ 250.00	Depo review	$ 250.00	00718301	9/15/2015	AmTrust
66810	7/17/15 - 8/14/15	9/24/2015	$ 406.50	Depo prep & Depo review	$ 406.50	29588	9/15/2015	AdminSure
66769	7/22/15 - 8/12/15	9/22/2015	$ 406.50	Depo prep & Depo review	$ 406.50	891A86590091	9/14/2015	Travelers
66466	7/7/2015	9/22/2015	$ 250.00	Depo review	$ 250.00	0000010736	9/15/2015	Sedgwick
66470	7/10/15 - 8/13/15	9/22/2015	$ 406.50	Depo prep & Depo review	$ 406.50	101082324	9/16/2015	CCMSI
66471	8/25/2015	9/14/2015	$ 250.00	Depo review	$ 250.00	1221014	10/1/2015	Argonaut
63243	7/10/14 - 3/31/15	9/9/2015	$ 3,880.00	Initial, Phys tx Init., F.C.E., 6 PR-2's, 2 Diagn studies (EMG/NCV's), Initial acup. & 9 f/u acups.	$ 3,880.00	0121341254	8/27/2015	Gallagher Bassett

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

January 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
65740	4/6/15 - 4/23/15	9/4/2015	$ 406.50	Depo prep & Depo review	$ 406.50	5065225	8/28/2015	Sedgwick
61331	3/5/14 - 3/12/14	9/9/2015	$ 470.00	Initial, chiro tx & Diagn study (EMG/NCV)	$ 470.00	19847	9/2/2015	Athens
66089	8/5/2015	9/9/2015	$ 250.00	Depo review	$ 250.00	00183480	9/2/2015	AmTrust
64977	11/13/14 - 2/24/15	9/11/2015	$ 2,020.00	2 Initials, 7 PR-2's, Diagn. study (EMG/NCV) & F.C.E.	$ 2,020.00	121451939	9/2/2015	Gallagher Bassett
65754	4/2/15 - 4/22/15	9/4/2015	$ 406.50	Depo prep & Depo review	$ 406.50	00877384	9/1/2015	AmTrust
65326	12/22/14 - 4/1/15	9/11/2015	$ 1,920.00	2 Initials, Initial acup., 5 PR-2's, F.C.E. & f/u acup.	$ 1,920.00	0121525798	9/3/2015	Gallagher Bassett
64528	8/11/2015	9/17/2015	$ 250.00	C&R reading	$ 250.00	1246548038	9/10/2015	The Hartford
66416	8/6/2015	9/10/2015	$ 250.00	Depo review	$ 250.00	0121452549	9/2/2015	Gallagher Bassett
66233	2/28/2015	9/22/2015	$ 250.00	Depo review	$ 250.00	CU-237088	9/18/2015	SCIF
66732	7/20/2015	9/24/2015	$ 250.00	C&R reading	$ 250.00	CU-237859	9/22/2015	SCIF
66773	7/27/2015	9/24/2015	$ 250.00	C&R reading	$ 250.00	0526104	9/17/2015	Berkshire

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

January 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
64915	2/18/15 - 3/13/15	9/24/2015	$ 406.50	Board appear. LB & C&R reading	$ 406.50	63-099992	9/21/2015	UEF
65667	3/12/15 - 7/9/15	9/29/2015	$ 1,950.00	2 Initials, Initial acup., 2 f/u acup. & 5 PR-2's	$ 1,950.00	0121959935	9/21/2015	Gallagher Bassett
66332	6/18/15 - 8/6/15	9/22/2015	$ 563.00	Depo prep, Depo review & Board appear. LB	$ 563.00	891A86598421	9/17/2015	Travelers
66363	12/17/2014	9/24/2015	$ 900.00	Surgery (10 hrs)	$ 900.00	0000204030	9/17/2015	Gallagher Bassett
66251	6/8/15 - 8/7/15	9/24/2015	$ 406.50	Board appear. LB & C&R reading	$ 406.50	CT-422641	9/21/2015	SCIF
66419	6/30/15 - 8/10/15	9/17/2015	$ 406.50	Depo prep & Depo review	$ 406.50	63356	9/14/2015	LWP Claims
65636	11/19/14 - 12/5/14	9/17/2015	$ 832.50	Pre-op & Surgery (7hrs 3mins)	$ 832.50	1100531220	9/11/2015	Zurich
65470	5/4/2015	9/22/2014	$ 250.00	Depo review	$ 250.00	00718301	9/15/2015	AmTrust
63714	10/31/14 - 11/13/14	7/10/2015	$ 360.00	2 PR-2's	$ 360.00	000107538	6/24/2015	Carl Warren
60996	2/20/14 - 4/23/15	5/27/2015	$ 563.00	Depo prep, Depo review & Board appear. LB	$ 563.00	896D86035089	5/20/2015	Travelers
64969	12/15/2014	7/22/2015	$ 230.00	Initial	$ 230.00	10015934	7/16/2015	Enstar
62942	10/26/2014	2/10/2015	$ 250.00	Depo review	$ 250.00	0116139394	2/5/2015	Gallagher Bassett
67022	8/13/15 - 10/2/15	11/12/2015	$ 406.50	Board appear. LB & C&R reading	$ 406.50	DA75134887	11/9/2015	ACE USA

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

January 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
64904	10/23/2015	11/13/2015	$ 250.00	Depo review	$ 250.00	0058047143	11/10/2015	Sedgwick
36904	1/12/2015	4/30/2015	$ 250.00	C&R reading	$ 250.00	011849708	4/23/2015	Gallagher Bassett
64042	11/5/14 - 12/17/14	2/9/2015	$ 406.50	Depo prep & Depo review	$ 406.50	110264880	2/3/2015	Zurich
62537	10/10/2014	3/12/2015	$ 230.00	Initial	$ 230.00	01575424	2/27/2015	AmTrust
62127	4/17/14 - 5/29/14	3/6/2015	$ 410.00	Initial & PR-2	$ 410.00	260370659	3/4/2015	Employers
61514	3/17/14 - 11/18/14	10/24/2015	$ 2,580.00	2 Initials, 2 F.C.E., 8 PR-2's, P&S & Lien fil fee	$ 2,580.00	00898842	10/22/2015	Lliberty Mutual
63151	6/24/14 - 9/8/14	3/19/2015	$ 970.00	2 Initials, PR-2, F.C.E. & 2 f/u Phys tx.	$ 970.00	28054913	3/4/2015	AIG
63151	10/23/2014	3/19/2015	$ 150.00	F.C.E.	$ 150.00	28081813	3/7/2015	AIG
63277	10/27/2014	3/9/2015	$ 180.00	PR-2	$ 180.00	0056323211	3/5/2014	Sedgwick
63277	5/22/15 - 6/18/15	9/24/2015	$ 410.00	P&S & PR-2	$ 410.00	0059578072	9/15/2015	Sedgwick
64546	1/22/2015	3/16/2015	$ 250.00	Depo review	$ 250.00	0449709	3/13/2015	Berkshire
63373	3/3/2015	4/30/2015	$ 250.00	C&R reading	$ 250.00	1672636	4/28/2015	York
64041	2/3/2015	3/19/2015	$ 250.00	Depo review	$ 250.00	1647497	3/17/2015	York
64546	6/29/2015	7/29/2015	$ 250.00	Depo review Vol 2	$ 250.00	0001007173	7/22/2015	ICW
63277	7/23/2015	9/28/2014	$ 230.00	P&S	$ 230.00	0061809128	9/24/2015	Sedgwick

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

January 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
64523	1/5/15 - 4/30/15	5/20/2015	$ 406.50	Depo prep & Depo review	$ 406.50	61850	5/18/2015	York Risk Svcs.
64534	4/7/2015	5/21/2015	$ 250.00	Depo review	$ 250.00	0052599894	5/18/2015	Sedgwick
64848	1/8/2015	5/21/2015	$ 250.00	C&R reading	$ 250.00	1100391690	5/18/2015	Zurich
64933	2/12/2015	5/22/2015	$ 250.00	C&R reading	$ 250.00	0000132073	5/18/2015	Sedgwick
64879	1/30/15 - 3/2/15	5/26/2015	$ 406.50	Depo prep & Depo review	$ 406.50	800121376	5/19/2015	Tokio Marine
64140	9/8/14 - 10/29/14	3/20/2015	$ 3,650.00	Initial acup., PR-2 & 18 f/u acups.	$ 3,650.00	3074213	3/6/2015	Intercare Holdings
62369	5/5/14 - 10/22/14	3/16/2015	$ 1,360.00	2 Initials & 5 PR-2's	$ 1,360.00	0116772954	3/3/2015	Gallagher Bassett
64458	10/8/14 - 10/9/14	3/17/2015	$ 630.00	Admission & Surgery (5 hrs)	$ 630.00	DA73713710	3/11/2015	ACE USA
63080	10/31/2014	3/18/2015	$ 180.00	PR-2	$ 180.00	260374897	3/16/2015	Employers
63080	1/6/2015	4/17/2015	$ 180.00	PR-2	$ 180.00	260390678	4/15/2015	Employers
63881	8/22/14 - 10/28/14	3/18/2015	$ 740.00	Initial, F.C.E. & 2 PR-2's	$ 740.00	DA73729510	3/13/2015	ACE USA
63373	1/12/15 - 1/27/15	3/19/2015	$ 406.50	Depo prep Vol 2 & Board appear. LB	$ 406.50	1647807	3/17/2015	York
62369	1/12/2015	8/5/2015	$ 180.00	PR-2	$ 180.00	0120477375	7/24/2015	Gallagher Bassett
63080	4/1/2015	6/15/2015	$ 180.00	PR-2	$ 180.00	260418791	6/4/2015	Employers
63258	7/8/14 - 11/19/14	5/18/2015	$ 1,010.00	Initial, F.C.E., 2 PR-2's & f/u chiro tx.	$ 1,010.00	896D85995843	5/12/2015	Travelers
65160	2/26/2015	5/4/2015	$ 742.50	Surgery (8hrs 15mins)	$ 742.50	260398259	4/29/2015	Employers

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

January 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
65066	3/17/2015	4/30/2015	$ 250.00	C&R reading	$ 250.00	260397241	4/28/2015	Employers
63986	11/7/2014	3/25/2015	$ 150.00	Epidural	$ 150.00	0638515	3/19/2015	Care West
63986	12/15/2014	1/30/2015	$ 250.00	Depo review	$ 250.00	0632537	1/26/2015	Care West
61653	9/11/2014	1/29/2015	$ 225.00	Surgery (2hrs 25mins)	$ 225.00	0115774642	1/22/2015	Gallagher Bassett
62044	7/23/2014	1/30/2015	$ 250.00	C&R reading	$ 250.00	61587081	1/26/2015	UEF
61649	3/31/14 - 8/22/14	1/31/2015	$ 560.00	PR-2, F.C.E. & P&S	$ 560.00	3063717	1/16/2015	Intercare Holdings
61548	8/13/2014	1/8/2015	$ 180.00	PR-2	$ 180.00	CP-825393	12/8/2014	SCIF
61548	9/23/2014	1/15/2015	$ 180.00	PR-2	$ 180.00	CP-832999	1/13/2015	SCIF
61548	11/4/14 & 3/10/15	6/9/2015	$ 360.00	2 PR-2's	$ 360.00	CP-858796	5/20/2015	SCIF
61749	10/3/2014	1/20/2015	$ 180.00	PR-2	$ 180.00	1613266	1/14/2015	York
67268	10/6/2015	11/10/2015	$ 250.00	Depo review	$ 250.00	60637071	116/15	Sedgwick
61749	11/21/2014	5/14/2015	$ 180.00	PR-2	$ 180.00	1677857	5/12/2015	York
60827	12/3/2014	1/21/2015	$ 250.00	C&R reading	$ 250.00	2045686	1/14/2015	First Comp
61153	2/28/2014	1/21/2015	$ 450.00	Surgery (5 hrs)	$ 450.00	520367	1/16/2015	Tristar Risk Mgmt.
63387	10/10/2014	1/21/2015	$ 250.00	Depo review	$ 250.00	0000701893	1/13/2015	ICW
61360	4/2/14 - 1/6/15	2/10/2015	$ 563.00	Depo prep, Depo review & Board appear. LB	$ 563.00	DA73519444	2/6/2015	ACE USA
64306	11/13/2014	2/9/2015	$ 250.00	C&R reading	$ 250.00	FE47957825	1/30/2015	ESIS

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

January 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
63703	9/23/14 - 10/19/15	11/10/2015	$ 876.00	Depo prep, Depo review & 3 Board appears. LB	$ 876.00	891A86743506	11/4/2015	Travelers
64969	11/5/14 - 12/9/14	7/6/2015	$ 410.00	Initial & PR-2	$ 410.00	10014230	6/23/2015	Enstar
66403	7/15/2015	9/9/2015	$ 250.00	Depo review	$ 250.00	0001037330	9/1/2015	ICW
66812	9/15/2015	11/30/2015	$ 250.00	Depo review	$ 250.00	29570471	11/20/2015	AIG
64547	3/19/15 - 6/16/15	7/21/2015	$ 563.00	Board appear. LB, Depo prep & Depo review	$ 563.00	1243788631	7/14/2015	The Hartford
63196	10/27/2014	4/1/2015	$ 230.00	Initial	$ 230.00	28190073	3/25/2015	AIG
65762	4/14/15 - 6/2/15	7/21/2015	$ 406.50	Depo prep & Depo review	$ 406.50	00830278	7/17/2015	AmTrust
63713	1/7/2015	2/6/2015	$ 250.00	Depo review	$ 250.00	1235639207	1/7/2015	The Hartford
63826	8/19/14 - 12/23/14	9/10/2015	$ 1,640.00	Initial, 7 PR-2's & F.C.E.	$ 1,640.00	254318	7/21/2015	Pinnacle Risk Mgmt.
65067	3/10/2015	4/28/2015	$ 250.00	C&R reading	$ 250.00	260395658	4/24/2015	Employers
64909	2/17/15 - 3/13/15	4/28/2015	$ 406.50	Depo prep & Depo review	$ 406.50	260395768	4/24/2015	Employers
65128	1/8/2015	4/28/2015	$ 787.50	Surgery (8hrs 45mins)	$ 787.50	260395768	4/24/2015	Employers

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

January 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
64046	11/10/14 - 12/9/14	4/28/2015	$ 406.50	Depo prep & Depo review	$ 406.50	0468681	4/24/2015	Berkshire
63277	1/23/2015	7/31/2015	$ 180.00	PR-2	$ 180.00	0058798353	7/21/2015	Sedgwick
65067	3/10/2015	4/28/2015	$ 250.00	C&R reading	$ 250.00	260395658	4/24/2015	Employers
64862	1/19/15 - 1/30/15	4/27/2015	$ 406.50	Depo prep & Depo review	$ 406.50	0055929395	4/23/2015	Sedgwick
65030	7/10/2015	10/21/2015	$ 180.00	PR-2	$ 180.00	CP-885565	10/16/2015	SCIF
64056	11/6/14 - 12/10/14	5/7/2015	$ 406.50	Depo prep & Depo review	$ 406.50	3812082221	4/23/2015	Farmers
65841	9/17/2015	10/8/2015	$ 250.00	C&R reading	$ 250.00	1743169	10/1/2015	York
67486	10/7/2015	11/19/2015	$ 250.00	C&R reading	$ 250.00	0062491001	11/16/2015	Sedgwick
67023	8/17/15 - 8/27/18	11/16/2015	$ 656.50	Depo prep, Depo review & C&R reading	$ 656.50	DA75141356	11/10/2015	ACE USA
62927	7/15/14 - 10/26/15	11/16/2015	$ 563.00	Depo prep, Depo review & Board appear. LB	$ 563.00	0060377998	11/12/2015	Sedgwick
64049	11/26/2014	2/6/2015	$ 250.00	Depo review	$ 250.00	891A85891204	1/28/2015	Travelers
60607	12/30/2014	2/9/2015	$ 250.00	C&R reading	$ 250.00	1625820	2/5/2015	York
64050	12/12/2014	2/6/2015	$ 250.00	Depo review	$ 250.00	5000455529	2/3/2015	Preferred Employers

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

January 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
62661	12/9/2014	2/9/2015	$ 250.00	Depo review	$ 250.00	CU-183417	2/6/2015	SCIF
67607	9/22/2015	11/24/2015	$ 250.00	C&R reading	$ 250.00	29574937	11/20/2015	AIG
66468	7/9/15 - 8/26/15	10/12/2015	$ 406.50	Depo prep & Depo review	$ 406.50	00734694	10/5/2015	AmTrust
65787	4/24/15 - 7/29/15	10/9/2015	$ 563.00	Depo prep, Depo review & Board appear. LB	$ 563.00	1100561410	10/6/2015	Zurich
60173	7/24/2015	10/7/2015	$ 250.00	C&R reading	$ 250.00	64862	10/5/2015	York
65756	6/23/2015	6/23/2015	$ 250.00	Depo review	$ 250.00	45681515	7/15/2015	Sentry
66483	9/9/2015	11/6/2015	$ 250.00	Depo review	$ 250.00	106130	11/2/2015	Carl Warren
65761	6/17/2015	7/21/2015	$ 250.00	Depo review	$ 250.00	79732236	7/10/2015	CIGA/Patriot
65775	4/30/15 - 5/28/15	7/21/2015	$ 406.50	Depo prep & Depo review	$ 406.50	5635316691	7/16/2015	Broadspire
65761	9/21/2015	10/8/2015	$ 250.00	C&R reading	$ 250.00	79798064	10/2/2015	CIGA/Patriot
65783	4/28/15 - 6/22/15	7/21/2015	$ 406.50	Depo prep & Depo review	$ 406.50	0055782136	7/17/2015	Sedgwick
66056	6/15/2015	7/22/2015	$ 250.00	Depo review	$ 250.00	00828749	7/16/2015	AmTrust
66281	6/29/2015	7/29/2015	$ 250.00	Depo review	$ 250.00	0001007173	7/22/2015	ICW
65746	4/9/15 - 5/8/15	7/23/2015	$ 406.50	Depo prep & Depo review	$ 406.50	79733931	7/14/2015	CIGA/Patriot

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

January 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
65739	4/6/15 - 5/8/15	7/14/2015	$ 406.50	Depo prep & Depo review	$ 406.50	1243508388	7/8/2015	The Hartford
65811	4/23/15 - 6/1/15	7/15/2015	$ 406.50	Depo prep & C&R reading	$ 406.50	260439726	713/15	Employers
59997	2/11/15 - 6/17/15	7/24/2015	$ 406.50	Board appear. LB & C&R reading	$ 406.50	CP-869960	7/22/2015	SCIF
55913	7/1/2015	7/24/2015	$ 313.00	Full day Board appear. LB	$ 313.00	891A86422276	7/20/2015	Travelers
65749	4/10/15 - 5/5/15	7/24/2015	$ 406.50	Depo prep & Depo review	$ 406.50	CT-416981	7/22/2015	SCIF
61464	3/20/14 - 3/30/15	8/7/2015	$ 1,980.00	11 PR-2's	$ 1,980.00	000029928	8/2/2015	FRYE claims/Transguard Ins.
59962	7/17/2014	1/13/2015	$ 180.00	PR-2	$ 180.00	13379	1/8/2015	ALPHA Fund
67500	9/3/15 - 9/23/15	3/29/2016	$ 690.00	2 Initials & Initial acup.	$ 690.00	00102075	3/23/2016	AmTrust
65679	1/20/15 - 3/17/15	3/25/2016	$ 540.00	3 PR-2's	$540.00	CP - 910089	3/23/2016	SCIF
66364	12/17/14 - 1/21/16	3/14/2016	$ 1,057.50	2 Admission's & 2 Surgeries (2hrs 54min) (4hrs 45min)	$ 1,057.50	0126237326	3/8/2016	Gallagher Bassett
66997	6/3/15 - 6/19/15	3/8/2016	$ 877.50	Pre-Op & Surgery (6hrs 45Mins)	$ 877.50	3131350	3/1/2016	Susses Ins/Carl Warren & Co
65955	4/8/15 - 4/9/15	1/4/2016	$ 675.00	Admission & Surgery (4Hrs)	$ 675.00	0001141654	12/30/2015	Insurance Company of the West
67480	9/17/15 - 11/19/15	1/12/2016	$ 563.00	2 Depo Prep's, Depo Review & Board appear. LB	$ 563.00	87283062	1/1/2016	Marriot
66000	2/26/15 - 6/19/15	1/8/2016	$ 640.00	2 Initial's & f/u acup.	$ 640.00	63-683438	1/5/2016	State of California/York Claims

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

January 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
67841	11/9/15 - 12/10/15	1/13/2016	$ 406.50	Depo Prep & Depo Review	$ 406.50	5637631653	1/5/2016	Broadspire
67621	10/20/2015	1/11/2016	$ 250.00	Depo Review	$ 250.00	0000172345	1/7/2016	Esparaza Enterprises/ AIMS
61464	11/30/2015	1/19/2016	$ 180.00	PR-2	$ 180.00	000034432	1/11/2016	FRYE claims/Transguard Ins.
67276	7/30/2015	1/21/2016	$ 607.50	Surgery (6hrs 40min)	$ 607.50	0124801931	1/12/2016	Gallagher Bassett
67932	12/1/2015	1/19/2016	$ 250.00	C&R Reading	$ 250.00	0000809477	1/15/2016	CALIFORNIA INS. CO Applied Risk
67276	12/3/2015	1/21/2016	$ 225.00	Surgery (2.5hrs)	$ 225.00	0124876183	1/14/2016	Gallagher Bassett
67002	6/9/15 - 12/17/15	1/27/2016	$ 3,030.00	3 Initial's & 13 PR-2's	$ 3,030.00	0001160207	1/19/2016	Insurance Company of the West
67182	12/24/2015	1/27/2016	$ 180.00	PR-2	$ 180.00	FE49497347	1/20/2016	ESIS
65530	11/20/2014	1/25/2016	$ 607.50	Surgery (6hrs 50min)	$ 607.50	000034695	1/18/2016	FRYE claims/Transguard Ins.
67536	9/8/15 - 10/26/15	2/2/2016	$ 770.00	Initial & 3 PR-2's	$ 770.00	1100688306	1/27/2016	Zurich
67733	10/13/15 - 12/1/15	2/1/2016	$ 406.50	Depo Prep & Depo Review	$ 406.50	02008509	1/25/2016	Amtrust
61464	12/29/2015	2/8/2016	$ 180.00	PR-2	$ 180.00	000035209	2/3/2016	FRYE claims/Transguard Ins.
67807	10/27/15 - 11/6/15	2/8/2016	$ 540.00	Pre-Op & Surgery (4 hrs)	$ 540.00	0125330021	2/2/2016	Gallagher Bassett
67860	11/4/15 - 11/5/15	3/17/2016	$ 540.00	Admission & Surgery (4 hrs)	$ 540.00	3127228	2/4/2016	Intercare Holdings
59778	3/20/15 - 1/15/16	2/11/2016	$ 656.50	Depo Prep, Depo Review & C&R Reading	$ 656.50	605546	2/5/2016	Corvel
67999	12/3/2015	2/12/2016	$ 250.00	C&R Reading	$ 250.00	1797040	2/9/2016	York

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

January 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
66855	5/29/15 - 12/15/15	2/16/2016	$ 3,100.00	Initial,Initial Acup., 2 F.C.E.'s, f/u chiro tx, 3 f/u acup. & 6 PR-2's	$ 3,100.00	02032786	2/10/2016	Amtrust
67855	11/3/15 - 12/16/15	2/18/2016	$ 1,720.00	Initial, Initial Acup., Initial Phys Tx., 7 f/u acup., PR-2	$ 1,720.00	0125616728	2/12/2016	Gallagher Bassett
64609	3/24/15 - 5/14/15	6/8/2015	$ 656.50	Depo Prep & 2 Depo Review's	$ 656.50	124178280	6/3/2015	The Hartford
64343	1/22/15 - 5/3/15	6/8/2015	$ 406.50	Depo Prep & Depo Review	$ 406.50	124175190 0	6/2/2015	The Hartford
65449	3/12/15 - 4/27/15	6/8/2015	$ 406.50	Depo Prep & Depo Review	$ 406.50	47978	6/4/2015	American Claims
64330	11/21/14 - 4/7/15	6/8/2015	$ 563.00	Depo Prep, Depo Review & Board appear. LB	$ 563.00	009112358	6/2/2015	AmGuard
65466	3/30/15 - 4/22/15	6/5/2015	$ 406.50	Depo Prep & Depo Review	$ 406.50	62 - 260707	6/1/2015	York (State of California)
65444	3/10/2015	6/2/2015	$ 250.00	C&R Reading	$ 250.00	DA74232125	5/29/2015	ACE USA
65461	3/24/2015	6/2/2015	$ 250.00	C&R Reading	$ 250.00	FE48497964	5/27/2015	ACE USA
65456	3/19/2015	6/1/2015	$ 250.00	C&R Reading	$ 250.00	891A 86255730	5/26/2015	Travelers
64303	1/15/2015	3/20/2015	$ 250.00	Depo Review	$ 250.00	001564917	3/16/2015	Lumberman's
64137	11/12/2014	4/10/2015	$ 180.00	F/U acup.	$ 180.00	51221	4/2/2015	LWP Claims
64137	12/10/2014	7/17/2015	$ 180.00	PR-2	$ 180.00	58321	7/2/2015	LWP Claims
61839	3/23/2015	6/10/2015	$ 180.00	PR-2	$ 180.00	0059388917	5/20/2015	Sedgwick

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

January 2014 - January 2016

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
64938	3/24/2015	4/20/2015	$ 250.00	Depo Review	$ 250.00	7434097	6/4/2015	Corvel
65628	3/20/15 - 1/28/16	3/10/2016	$ 5,850.00	Initial Acup., Initial Psych., 4 Initial's, F.C.E., & 24 PR-2's	$ 5,850.00	1188027	2/25/2016	ICW

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

*** INVOICE ***

Date	NO#
05/27/15	63518

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9906
D.O.B. : 7/9/72
Terms : 45 days
Claim #(s):
14-076182

BILL TO:
INTERCARE INS (PASADENA)
W.C. DEPARTMENT
ATTN: ALEX FELICIANO
P.O. BOX # 7111
PASADENA, CA 91109

Case: vs VALLARTA SUPERMARKETS
Date Of Injury: 6/12/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/31/14	INITIAL EXAM	DR ATAMIAN # SPECIALTY CARE*	230.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
08/08/14	PT INITIAL	PHYS. THERAPY W/DR ARAKELIAN @ SPECIALTY CARE*	90.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
08/18/14	INITIAL EXAM	DR GABRIEL WADE @ SPECIALTY CARE*	230.00
/ /	INTERPRETER:	LILIAN HALPERIN # 100048	0.00
08/28/14	PR2/REEVAL	DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
09/10/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ACS W/DR CONNOLLY*	150.00
/ /	INTERPRETER:	JORGE MORAN # 500270 (INITIAL)	0.00
09/13/14	EMG TESTING	& NCV BY DR SCHILLING: U/E @ SPECIALTY CARE*	150.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
09/15/14	PR2/REEVAL	DR WADE @ SCC*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
09/25/14	PR2/REEVAL	DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
12/19/14	PMT BY CHECK	DOS 07/31/14-09/15/14* # 3057976	-1210.00
01/15/15	PMT BY CHECK	DOS 9/25/14* # 3063554	-180.00
10/20/14	PR2/REEVAL	DR WADE @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
10/30/14	PR2/REEVAL	DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
02/25/15	PMT BY CHECK	DOS 10/20/14* # 3071878	-180.00
03/05/15	PMT BY CHECK	DOS 10/30/14 *# 3073945	-180.00
03/03/15	PR2-RE/EVAL	W/ACUPUNCT MC LEAN @ PFC*	180.00

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

*** INVOICE ***
Date NO#
05/27/15 63518

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9906
D.O.B. : 7/9/72
Terms : 45 days
Claim #(s):
14-076182

BILL TO:
INTERCARE INS (PASADENA)
W.C. DEPARTMENT
ATTN: ALEX FELICIANO
P.O. BOX # 7111
PASADENA, CA 91109

Case: [redacted] vs VALLARTA SUPERMARKETS
Date Of Injury: 6/12/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
03/06/15	PR2-RE/EVAL	W/ACUPUNCT MC LEAN @ PFC*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
03/10/15	FOLLOW-UP	W/ ACUPUNCT MCLEAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
11/17/14	PR2/REEVAL	DR T. BROWN @ SCC*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
03/12/15	FOLLOW-UP	W/ ACUPUNCT MCLEAN @ ACS*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
03/16/15	PR2/REEVAL	DR ATAMIAN @ ACS*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
03/19/15	PR2/REEVAL	DR MILLMAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
11/25/14	FOLLOW-UP	W/ ACUPUNCT GARBANDI @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
04/21/15	PMT BY CHECK	DOS 3/3/15-3/6/15* # 3084468	-360.00
03/25/15	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR MENDOZA @ SCC* FINAL	150.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
04/27/15	PMT BY CHECK	DOS 11/17/14-3/10/15* =# 3085562	-360.00
12/04/14	PR2/REEVAL	DR ATAMIAN @ SCC*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
05/06/15	PMT BY CHECK	DOS 3/12/15-3/16/15* =# 3087870	-360.00
05/13/15	PMT BY CHECK	DOS 11/25/14-3/19/15* =# 3088447	-360.00
05/20/15	PMT BY CHECK	DOS 12/4/14-3/25/15*	-330.00

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

*** INVOICE ***

Date	NO#
05/27/15	63518

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9906
D.O.B. : 7/9/72
Terms : 45 days
Claim #(s):
14-076182

BILL TO:
INTERCARE INS (PASADENA)
W.C. DEPARTMENT
ATTN: ALEX FELICIANO
P.O. BOX # 7111
PASADENA, CA 91109

Case: vs VALLARTA SUPERMARKETS
Date Of Injury: 6/12/14

DOS	SERVICE	DESCRIPTION	AMOUNT

=# 3090541

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

8028002

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

201505210109

Electronic Service Requested

RECEIVED MAY 27 2015

1 OF 1

ENV 6211

3-DIGIT 926
6211 0.3820 AT 0.403

Joyce Altman Interpeters
PO BOX 4165 39
TUSTIN, CA 92781-4165

Payee:	Joyce Altman Interpeters
Company Name:	Companion Property and Casualty Insu
Facility:	Combined
Policy ID:	
IRS/SSN:	XXXXX6713
Administrator:	
Claim Number:	Multiple
Check #:	3090541
Check Total:	330.00
Check Date:	05/20/2015

xplanation of Benefits

Incident Date	Claim Number / Invoice Number	Account Number / From/Through Date	Claimant Name / Document Number	Description / Amount
2/2014	14-076182 63518	03/25/15-03/25/15		Interpreter Fees - Medical Rel 150.00
2/2014	14-076182 63518	12/04/14-12/04/14		Interpreter Fees - Medical Rel 180.00

Totals: 330.00

[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#
12/07/15 62906

EAMS#(s):

SS # : XXX-XX-2288
DOB : 6/11/44
Terms : 45 days
Claim #(s):
ESB9750

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

Case: _____ vs IFCO SYSTEMS
Date Of Injury: 9/5/12

DOS	SERVICE	DESCRIPTION	AMOUNT
07/01/14	WCAB AHM	MSC - LAURA SALAS # 100471	156.50
11/17/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/02/15	PMT BY CHECK	DOS 7/14/14-11/17/15* # 896A 86968046	-406.50

BALANCE 0.00

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

019084

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

SA09466

896D 86968046

TRAVELERS

DATE: 12/02/15
LOSS DATE: 09/05/12
FILE NUMBER: 152 CB ESB9750 F

EMPLOYEE

ACCOUNT NAME:
IFCO SYSTEMS NORTH AMERICA IN

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: 07/01/2014 TO: 11/17/2015

TOTAL PAID: $406.50
TAX INFO: 3309567135478939Y
PAY MISC: 62906
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID DEC 07 2015

FOR ADDITIONAL INFORMATION, CONTACT: BERONICA HERRERA AT (909)612-3036

336009617
DETACH CHECK

UNSUMM-121211
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#
12/07/15 67171

EAMS#(s):

SS # : XXX-XX-1745
DOB : 9/8/59
Terms : 45 days
Claim #(s):
A7T3518

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

Case: vs AERO ELECTRIC CONNECTOR INC
Date Of Injury: 6/8/05

DOS	SERVICE	DESCRIPTION	AMOUNT
06/25/15	PRE-OP	DR JARCHI:R/SHOULDER @ MONROVIA HOSPITAL*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/10/15	SURGERY	DR PELTON: R/SHOULDER @ MONROVIA HOSPITAL	472.00
/ /	INTERPRETER:	LISBETH CALDERON # 101080 (5HRS 15MIN)	0.00
12/03/15	PMT BY CHECK	DOS 6/25/15-7/10/15* # 896D 86972127	-652.00

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.

018795

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

SA09342

896D 86972127

TRAVELERS

DATE: 12/03/15
LOSS DATE: 06/05/08
FILE NUMBER: 152 CB A7T3518 P

EMPLOYEE

ACCOUNT NAME:
CONESYS INC

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 06/25/2015 TO: 07/10/2015

TOTAL PAID: $652.00

PAID DEC 07 2015

TAX INFO: 3309567135966479Y
PAY MISC: 67171
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: CAROLE LANPHERE AT (909)612-3181

337009453
DETACH CHECK

UNRUMM-111311
CVR-UNS2-121295
DETACH CHECK

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

*** INVOICE ***
Date NO#
12/08/15 67029

EAMS#(s):
[redacted]
SS # : XXX-XX-9301
DOB : 8/23/41
Terms : 45 days
Claim #(s):
33064095

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

Case: [redacted] vs LEE'S MAINTENANCE SERVICE
Date Of Injury: 4/10/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/20/15	LEGAL_PREP	DEPO PREP @ L/O KEGEL, TOBIN	156.50
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
10/14/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
11/10/15	PMT BY CHECK	DOS 8/20/15* # 0546972	-156.50
12/03/15	PMT BY CHECK	DOS 10/14/15* # 0555207	-250.00

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.

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 12/03/2015
Check Number : 0555207
Check Amount : $250.00

GXZW19

OZ 01 **RETURN SERVICE REQUESTED**
JOYCE ALTMAN INTERPRETERS INC
P.O. BOX 4165
TUSTIN, CA 927814165

e7o5a
00049

PAID DEC 08 2015

67029

Payment Summary

33064095	04/10/2015	67029	Interpreter Fees -	10/14/2015	10/14/2015	$250.00

49-49
4014

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

*** INVOICE ***
Date NO#
12/09/15 67403

EAMS#(s):

SS # : XXX-XX-6145
DOB : 7/5/55
Terms : 45 days
Claim #(s):
000690-006598-WC-01

BILL TO:
GALLAGHER BASSETT (LAG HILLS)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 30840
LAGUNA HILLS, CA 92654

Case: vs ANGELICA TEXTILE SERVICES
Date Of Injury: 05/29/2015

DOS	SERVICE	DESCRIPTION	AMOUNT
09/11/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA P. CARTEZ # 100533	0.00
10/16/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/03/15	PMT BY CHECK	DOS 9/11/15* # 0123070526	-156.50
12/02/15	PMT BY CHECK	DOS10/16/15* # 0123783848 # 0123783848	-250.00

BALANCE 0.00

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

GALLAGHER BASSETT-LA/ORANGE CA
P.O. BOX 14260
ORANGE CA 92863-1260

000690 PAGE 1 OF 1 009394

MDG2009 00004864 1 MB 0439 1

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

PAID DEC 09 2015

GALLAGHER BASSETT SERVICES INC
SAFETY NATIONAL

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

CLAIM NO.: 000690 006598 WC 01 (8216)
CLAIMANT: [redacted]
DESCRIPTION: INVOICE # 67403

BRANCH NO.: 138
ACC DATE: 29May15

NO.: 0123783848
VN: 0000301147
DATE: 02Dec15
AMOUNT: 250.00

DATES OF SERVICE: 11Sep15 **THRU** 03Nov15
BENEFIT PERIOD: **THRU**

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004864 005546 001 001

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

*** INVOICE ***

Date	NO#
12/10/15	67010

EAMS#(s):

SS # : XXX-XX-9691
DOB : 11/1/50
Terms : 45 days
Claim #(s):
01021002527

BILL TO:
CLAIM QUEST (WALNUT)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
675 BREA CANYON RD, STE #4
WALNUT, CA 91789-3065

Case: vs MECHANTS BLDGS MAINTENANCE
Date Of Injury: 10/22/10

DOS	SERVICE	DESCRIPTION	AMOUNT
06/09/15	PRE-OP	DR JARCHI @ MONROVIA HOSPITAL *	180.00
/ /	INTERPRETER:	ROSA MARIA ARROYO # 300714	0.00
07/14/15	SURGERY	DR SAMIMI @ MONROVIA HOSPITAL (5HRS)	450.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
11/16/15	PMT BY CHECK	DOS 6/9/15-4/14/15* # 99118	-630.00

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.

Merchants Building Maintenance

Worker's Compensation Program Administered by ClaimQuest

Payee: Joyce Altman Interpreters
Check Number: 99118
Date of Check: 11/18/2015
Invoice Number: 67010
Invoice Date: 10/26/2015

67010

Description	Claim Number	Injury Date	Claimant	From Date	To Date	Provider ID	Bill ID	Amount
Allocated Expenses	300501021002 527	10/22/2010		6/9/2015	7/14/2015	330956713		$630.00

PAID DEC 10 2015

Direct Questions/Injuries to ClaimQuest, Inc (909) 594-9400

Merchants Building Maintenance
Workers Compensation Program
Administered by ClaimQuest, Inc.
675 S Brea Canyon Rd, Suite 4
Walnut, CA 91789-3065
(909) 594-9400

Bank of America
333 S. Hope Street
Los Angeles, CA 90071

16-66
1220

DATE	CHECK NO
11/18/2015	99118

VOID VOID VOID

PAY Six Hundred Thirty Dollars and No Cents**********

AMOUNT
$ **$630.00**

VOID AFTER 180 DAYS

TO THE ORDER OF
Joyce Altman Interpreters
P.O. Box 4165
Tustin, CA 927814165

VOID VOID VOID

Two Signatures Required over $5,000

⑈099118⑈ ⑆122000661⑆ 4594663 67⑈

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

*** INVOICE ***
Date NO#
12/10/15 67351

EAMS#(s)

SS # : XXX-XX-1514
DOB : 5/12/72
Terms : 45 days
Claim #(s):
N/A

BILL TO:
L/O BREDFELDT ODUKOYA & SUAREZ
W. C. DEPARTMENT
ATTN: TO WHOM IT MAY CONCERN
17300 RED HILL AVE STE 150
IRVINE, CA 92614

Case: (DECEASED) vs DATA AIRE
Date Of Injury: 7/29/11 - 7/29/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/18/15	QME EVAL	DR MARSOUD AZIZAD - WEST COVINA*	230.00
/ /	-	TADEA HERNANDEZ FOR ARTURO HERNANDEZ	0.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
09/11/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	-	TADEA HERNANDEZ FOR ARTURO HERNANDEZ	0.00
/ /	INTERPRETER:	ROSA M. ARROYO # 300714	0.00
10/01/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	-	TADEA HERNANDEZ FOR ARTURO HERNANDEZ	0.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
12/07/15	PMT BY CHECK	DOS 6/18/15-10/1/15* # 896D 86991341	-636.50

BALANCE 0.00

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

006683

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

SA03333

896D 86991341

TRAVELERS

DATE: 12/07/15
LOSS DATE: 07/29/13
FILE NUMBER: 152 CB EWJ6504 M

EMPLOYEE

ACCOUNT NAME:
EMEH INC

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

TRAVELERS PROP CAS CO OF AMERIC

67351

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 06/18/2015 TO: 10/01/2015

PAID DEC 10 2015

TOTAL PAID: $636.50
TAX INFO: 3309567135966479Y
PAY MISC: INVOICE 67351 PAID IN FULL
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: KIRT HARRISON AT (909)612-3865

341003350
DETACH CHECK

UNSUMM-111311
OVP-ONS2-121205
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#
12/10/15 67705

EAMS#(s):

SS # : XXX-XX-3045
DOB : 12/9/76
Terms : 45 days
Claim #(s):
R00046288

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

Case: [redacted] vs WICKMANS FURNITURE OVERSTOCK
Date Of Injury: 3/11;7/15;3/11-7/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/28/15	LEGAL_PREP	DEPO PREP @ US LEGAL SUPPORT SHERMAN OAKS	156.50
/ /	INTERPRETER:	CARMEN GONZALEZ # 49448683	0.00
10/21/15	PMT BY CHECK	DOS 9/28/15* # 467896 MIDWEST	-156.50
11/13/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/04/15	PMT BY CHECK	DOS 11/13/15* # 3000356085 REPUBLIC	-250.00

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.

DR0808

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

Republic Indemnity

Date: 12/04/2015
Check #: 3000356085
Payment Amount: 250.00

002917 R3N7T1A
Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

PAID DEC 10 2015

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00046287		67705	11/17/2015	11/13/15	11/13/15	250.00	250.00	
	Interpreter For Medical/WCAB							
		67622				Total	250.00	

PLEASE DETACH BEFORE DEPOSITING CHECK

[redacted]

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

*** INVOICE ***

Date	NO#
03/12/15	63518

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9906
D.O.B. : 7/9/72
Terms : 45 days
Claim #(s):
14-076182

BILL TO:
INTERCARE INS (PASADENA)
W.C. DEPARTMENT
ATTN: ALEX FELICIANO
P.O. BOX # 7111
PASADENA, CA 91109

Case: ____ vs VALLARTA SUPERMARKETS
Date Of Injury: 6/12/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/31/14	INITIAL EXAM	DR ATAMIAN # SPECIALTY CARE*	230.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
08/08/14	PT INITIAL	PHYS. THERAPY W/DR ARAKELIAN @ SPECIALTY CARE*	90.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
08/18/14	INITIAL EXAM	DR GABRIEL WADE @ SPECIALTY CARE*	230.00
/ /	INTERPRETER:	LILIAN HALPERIN # 100048	0.00
08/28/14	PR2/REEVAL	DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
09/10/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ACS W/DR CONNOLLY*	150.00
/ /	INTERPRETER:	JORGE MORAN # 500270 (INITIAL)	0.00
09/13/14	EMG TESTING	& NCV BY DR SCHILLING: U/E @ SPECIALTY CARE*	150.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
09/15/14	PR2/REEVAL	DR WADE @ SCC*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
09/25/14	PR2/REEVAL	DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
12/19/14	PMT BY CHECK	DOS 07/31/14-09/15/14* # 3057976	-1210.00
01/15/15	PMT BY CHECK	DOS 9/25/14* # 3063554	-180.00
10/20/14	PR2/REEVAL	DR WADE @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
10/30/14	PR2/REEVAL	DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
02/25/15	PMT BY CHECK	DOS 10/20/14* # 3071878	-180.00
03/05/15	PMT BY CHECK	DOS 10/30/14 *# 3073945	-180.00

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

*** INVOICE ***

Date	NO#
03/12/15	63518

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9906
D.O.B. : 7/9/72
Terms : 45 days
Claim #(s):
14-076182

BILL TO:
INTERCARE INS (PASADENA)
W.C. DEPARTMENT
ATTN: ALEX FELICIANO
P.O. BOX # 7111
PASADENA, CA 91109

Case: [redacted] vs VALLARTA SUPERMARKETS
Date Of Injury: 6/12/14

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.

85280280002

M

[redacted]

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

201503060108

Electronic Service Requested

3-DIGIT 926
5075 0.3820 AT 0.403

Joyce Altman Interpeters 34
PO BOX 4165
TUSTIN, CA 92781-4165

Payee:	Joyce Altman Interpeters
Company Name:	Companion Property and Casualty Insu
Facility:	Combined
Policy ID:	
IRS/SSN:	XXXXX6713
Administrator:	
Claim Number:	Multiple
Check #:	3073945
Check Total:	1,350.00
Check Date:	03/05/2015

1 OF 1

FNV 5075

Explanation of Benefits

Incident Date	Claim Number / Invoice Number	Account Number / From/Through Date	Claimant Name / Document Number	Description / Amount
12/30/2013	14-073275 60922	02/11/14-10/22/14	[redacted]	Interpreter Fees - Medical Rel 1,170.00
6/12/2014	14-076182 63518	10/30/14-10/30/14		Interpreter Fees - Medical Rel 180.00

Totals: 1,350.00

PAID
MAR 1 2 2015

BY: .....

[redacted]

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

*** INVOICE ***
Date NO#
12/14/15 66164

EAMS#(s):

SS # : XXX-XX-1425
DOB : 6/27/77
Terms : 45 days
Claim #(s):
R00042238

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

Case: vs FUSION GARMENT
Date Of Injury: 1/30/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/14/15	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
06/17/15	INITIAL EXAM	DR BHARATWAL @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/23/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/05/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/19/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
12/09/15	PMT BY CHECK	DOS 4/14/15-8/19/15* # 1000329361	-1000.00

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.

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

Republic Indemnity

Date: 12/09/2015
Check #: 1000329361
Payment Amount: 1,000.00

001209 R3N7T1A
Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00042238		66164	11/25/2015	04/14/15	08/19/15	1,000.00	1,000.00	
	Interpreter For Medical/WCAB							
						Total	1,000.00	

PAID DEC 14 2015

PLEASE DETACH BEFORE DEPOSITING CHECK

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

*** INVOICE ***
Date NO#
12/14/15 66413

EAMS#(s):

SS # : XXX-XX-0932
DOB : 11/26/65
Terms : 45 days
Claim #(s):
2015038739

BILL TO:
PACKARD CLAIMS (TARPON SPRINGS
W. C. DEPARTMENT
ATTN: ADRIAN RODGERS
P.O. BOX 1549
TARPON SPRINGS, FL 34688

Case: vs WORKFORCE SOLUTIONS
Date Of Injury: 3/25/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/25/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/30/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
11/16/15	PMT BY CHECK	DOS 6/25/15* # 10006653	-156.50
12/09/15	PMT BY CHECK	DOS 10/30/15* # 10007299	-250.00

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.

Client: Workforce (1) Solutions WFS, LLC
Payee: Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 927814165

Delivery Method:

IRS/SSN: 330956713
Check Number: 10007299
Check Date: 12/09/2015
Check Amount: 250.00

Claimant:
Claim#: 2015038739
For:
From: 10/30/2015
Through: 10/30/2015

Incident Date: 03/25/2015
Payment Type: MISCELLANEOUS
Invoice No: 66413
Invoice Date: 11/09/2015
Payment Amount: 250.00

PAID DEC 14 2015

WARNING — THIS CHECK IS PROTECTED BY SPECIAL SECURITY FEATURES

VOID VOID VOID VOID VOID

Packard Claims Administration
P.O. Box 1549
Tarpon Springs, FL 34688

Wells Fargo Bank, N.A.
101 Federal Place
Tarpon Springs, FL 34689

CHECK NO. 10007299

DATE 12/09/2015

AMOUNT **********250.00
VOID IF NOT CASHED WITHIN 6 MONTHS

Pay Two Hundred Fifty Dollars And 00/100

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

SECURE FEATURES INCLUDE MICROPRINTING • VOID FEATURE PANTOGRAPH • ENDORSEMENT BACKER

⑈10007299⑈ ⑆121000248⑆ 4463595157⑈

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

*** INVOICE ***

Date	NO#
03/06/15	63518

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9906
D.O.B. : 7/9/72
Terms : 45 days
Claim #(s):
14-076182

BILL TO:
INTERCARE INS (PASADENA)
W.C. DEPARTMENT
ATTN: ALEX FELICIANO
P.O. BOX # 7111
PASADENA, CA 91109

Case: [redacted] vs VALLARTA SUPERMARKETS
Date Of Injury: 6/12/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/31/14	INITIAL EXAM	DR ATAMIAN # SPECIALTY CARE*	230.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
08/08/14	PT INITIAL	PHYS. THERAPY W/DR ARAKELIAN @ SPECIALTY CARE*	90.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
08/18/14	INITIAL EXAM	DR GABRIEL WADE @ SPECIALTY CARE*	230.00
/ /	INTERPRETER:	LILIAN HALPERIN # 100048	0.00
08/28/14	PR2/REEVAL	DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
09/10/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ACS W/DR CONNOLLY*	150.00
/ /	INTERPRETER:	JORGE MORAN # 500270 (INITIAL)	0.00
09/13/14	EMG TESTING	& NCV BY DR SCHILLING: U/E @ SPECIALTY CARE*	150.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
09/15/14	PR2/REEVAL	DR WADE @ SCC*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
09/25/14	PR2/REEVAL	DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
12/19/14	PMT BY CHECK	DOS 07/31/14-09/15/14* # 3057976	-1210.00
01/15/15	PMT BY CHECK	DOS 9/25/14* # 3063554	-180.00
10/20/14	PR2/REEVAL	DR WADE @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
10/30/14	PR2/REEVAL	DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
02/25/15	PMT BY CHECK	DOS 10/20/14* # 3071878	-180.00

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

*** INVOICE ***

Date	NO#
03/06/15	63518

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9906
D.O.B. : 7/9/72
Terms : 45 days
Claim #(s):
14-076182

BILL TO:
INTERCARE INS (PASADENA)
W.C. DEPARTMENT
ATTN: ALEX FELICIANO
P.O. BOX # 7111
PASADENA, CA 91109

Case: vs VALLARTA SUPERMARKETS
Date Of Injury: 6/12/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 180.00

* 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.

85280280002

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

201502260109

Electronic Service Requested

1 OF 1

ENV 7688

3-DIGIT 926
7688 0.3820 AT 0.403

Joyce Altman Interpeters
PO BOX 4165 43
TUSTIN, CA 92781-4165

Payee:	Joyce Altman Interpeters
Company Name:	Companion Property and Casualty Insu
Facility:	Zixta Enterprises, Inc.
Policy ID:	CPCA17455
IRS/SSN:	XXXXX6713
Administrator:	AFELICIANO
Claim Number:	14-076182
Check #:	3071878
Check Total:	180.00
Check Date:	02/25/2015

Explanation of Benefits

Incident Date	Claim Number / Invoice Number	Account Number / From/Through Date	Claimant Name / Document Number	Description / Amount
5/12/2014	14-076182 63518	10/20/14-10/20/14		Interpreter Fees - Medical Rel 180.00
				Totals: 180.00

PAID MAR 02 2015

[redacted]

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

*** INVOICE ***
Date NO#
11/30/15 67632

EAMS#(s):

SS # : XXX-XX-3323
DOB : 4/30/85
Terms : 45 days
Claim #(s):
30154296984-0001

BILL TO:
SEDGWICK CLAIMS (KY-14458)
W. C. DEPARTMENT
ATTN: JACK OLIVER
P.O. BOX # 14458
LEXINGTON, KY 40512

Case: vs BCI COCA COLA BOTTLING
Date Of Injury: CT 9/10/14 - 6/23/15

DOS	SERVICE	DESCRIPTION	AMOUNT
10/01/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/22/15	PMT BY CHECK	DOS 10/1/15* # 0060586234	-156.50
11/03/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/24/15	PMT BY CHECK	DOS 11/3/15* # 0060920446	-250.00

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.

P6905028006

Sedgwick Claims Management Services, Inc
P O Box 14458
Lexington, KY 40512-4458

20151124161I

Electronic Service Requested

SINGLE PIECE

6481 0.5738 SP 0.485

JOYCE ALTMAN INTERPRETERS 10
P.O. BOX 4165
TUSTIN, CA 92781-4165

1 OF 2

ENV 6481

DATE	CHECK AMT	CHECK NO.
11/24/2015	250.00	0060920446

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

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

Claimant Name	Loss Date	Claim Number
	09/10/2014	30154296984-0001

Amt Paid: 250.00 Description:
Amt Billed: 250.00 Invoice: 67632
Dates: 11/03/2015-11/03/2015 Comment:

ICN: 301542969840001

PAID NOV 30 2015

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

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

*** INVOICE ***
Date NO#
11/30/15 67155

EAMS#(s):

SS # : XXX-XX-3196
DOB : 11/14/65
Terms : 45 days
Claim #(s):
186618919

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

Case: vs AVALON BAY COMMUNITIES
Date Of Injury: 10/12/13

DOS	SERVICE	DESCRIPTION	AMOUNT
09/01/15	LEGAL_C&R	C&R READING @ L/O MICHELLE GAVRIEL	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/25/15	LEGAL_C&R	C&R READING @ L/O MICHELLE GAVRIEL (AMENDED)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/23/15	PMT BY CHECK	DOS 9/1/15-9/25/15* # 6530398958	-500.00

BALANCE 0.00

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

Broadspire
A CRAWFORD COMPANY
P O BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	11/23/2015
Check Amount	:	$500.00
Check Number	:	6530398958

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

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
186618919 001	10/12/2013 $500.00		
WC BREA Professional Service	$500.00	Susan M. Williams 67155	714-989-4407 10/15/2015 09/01/2015-09/25/2015

PAID NOV 30 2015

Please Fold on Perforation Before Tearing

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

*** INVOICE ***
Date NO#
11/30/15 67182

EAMS#(s):

SS # : XXX-XX-3466
DOB : 6/28/55
Terms : 45 days
Claim #(s):
60396356303055

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

Case: vs CENTER LINE DRIVERS LLC
Date Of Injury: 12/14/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/26/15	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	ALBERTO VILLAGIOMEZ # 500341	0.00
07/07/15	INITIAL EXAM	DR MILLMAN & INITIAL ACUPUNCT W/J. CHOI @ ACS*	230.00
/ /	INTERPRETER:	DIANA CHUY DEL OLMO # 301577	0.00
/ /	INTERPRETER:	LISBETH CALDERON PARRENO # 101080	0.00
07/24/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
08/05/15	PR2/REEVAL	DR MILLMAN @ ACS*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
08/27/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/25/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/28/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
11/25/15	PMT BY CHECK	DOS 6/23/15-10/28/15* # FE49278627	-1360.00
		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-002393-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 11/25/15

CHECK NO. **FE49278627**

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00459 FE49278627
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

FILE ID
6039635630305

DOLLARS
$******1,360.00

*** NOT NEGOTIABLE ***

FOR
06/26/15 THRU 10/28/15 67182

CLAIMANT

DATE OF EVENT
12/14/14

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

PAID NOV 30 2015

PDWLDMCD-002393-01-01-00

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
12/19/14	61682

Claim # : 01483188
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6985
D.O.B. : 7/10/64
Terms : 45 days

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

Case: vs COOPER MICROELECTRONICS
Date Of Injury: 3/1/04

DOS	SERVICE	DESCRIPTION	AMOUNT
03/26/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
06/04/14	EPIDURAL	PAIN MGMT W/ DR BERNSTEIN: LUMBAR INJECTION*	150.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
05/28/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/16/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
10/08/14	PMT BY CHECK	DOS 3/26/14-7/16/14* =# CU-153972	-690.00
09/10/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
12/17/14	PMT BY CHECK	DOS 9/10/14* =# CU-171226	-180.00

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.

Explanation of Review (EOR)

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-171226**

Issue Date: 12/17/14
Doc #: 029142195

61682

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					54336 **Claim #:** 02293812		**Date of Injury:** 11/02/04		
SSN: XXX-XX-5487 Employer name: MALIBU MASONRY SUPPLY INC					Employer ID: 0000001774629040				
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
1	SF1-SFCA-14423935	08/01/10	MDO10	Payment By Order	1	276.87	96.87	961 G67	180.00
2	SF1-SFCA-14423935	10/10/13	MDO10	Payment By Order	1	.00	.00		.00
								Subtotal:	**180.00**
Patient Name:					**Claim #:** 01483188		**Date of Injury:** 03/01/04		
SSN: XXX-XX-6985 Employer name: COOPER MICROELECTRONICS INC					Employer ID: 0000001754573030				
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
3	SF1-SFCA-14424412	09/10/14	999Q2	Interpreter Treatmen	120	180.00	.00	723 A01 G67	180.00
								Total Allowances:	**$360.00**

C

PAID DEC 19 2014

MR

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

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

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

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

*** INVOICE ***
Date NO#
12/04/15 67421

EAMS#(s):

SS # : XXX-XX-6293
DOB : 3/10/48
Terms : 45 days
Claim #(s):
20102566030001

BILL TO:
ZURICH INS.(968002-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: JEFF WERNER
P.O. BOX 968002
SCHAUMBURG, IL 60196

Case: vs DOUBLE TREE
Date Of Injury: 5/21/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/16/15	LEGAL_PREP	DEPO PREP @ L/O MULLEN & FILIPPI	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
10/13/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/09/15	PMT BY CHECK	DOS 9/16/15* # 1100600973	-156.50
12/01/15	PMT BY CHECK	DOS 10/13/15* # 1100626240	-250.00

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.

PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

Zurich American Insurance Co.

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

PAID DEC 04 2015

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

01027

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0256603 001 JW	WC 0176907	67421		05/21/15	10/13/15-10/13/15

Check Number	1100626240	Date Issued	12/01/15	Amount	$*****250.00
Insured	DoubleTree by Hilton Los Angeles				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Kavithra CG-Durai				
File Supervisor	Jeff Werner	Phone Number	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	250.00		
TOTAL	$250.00		

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	63518

Claim # : 14-076182
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9906
D.O.B. : 7/9/72
Terms : 45 days

BILL TO:
INTERCARE INS (PASADENA)
W.C. DEPARTMENT
ATTN: ALEX FELICIANO
P.O. BOX # 7111
PASADENA, CA 91109

Case: vs VALLARTA SUPERMARKETS
Date Of Injury: 6/12/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/31/14	INITIAL EXAM	DR ATAMIAN # SPECIALTY CARE*	230.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
08/08/14	PT INITIAL	PHYS. THERAPY W/DR ARAKELIAN @ SPECIALTY CARE*	90.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
08/18/14	INITIAL EXAM	DR GABRIEL WADE @ SPECIALTY CARE*	230.00
/ /	INTERPRETER:	LILIAN HALPERIN # 100048	0.00
08/28/14	PR2/REEVAL	DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
09/10/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ACS W/DR CONNOLLY*	150.00
/ /	INTERPRETER:	JORGE MORAN # 500270 (INITIAL)	0.00
09/13/14	EMG TESTING	& NCV BY DR SCHILLING: U/E @ SPECIALTY CARE*	150.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
09/15/14	PR2/REEVAL	DR WADE @ SCC*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
09/25/14	PR2/REEVAL	DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
12/19/14	PMT BY CHECK	DOS 07/31/14-09/15/14* # 3057976	-1210.00
01/15/15	PMT BY CHECK	DOS 9/25/14* # 3063554	-180.00

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

*** INVOICE ***

Date	NO#
01/22/15	63518

Claim # : 14-076182
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9906
D.O.B. : 7/9/72
Terms : 45 days

BILL TO:
INTERCARE INS (PASADENA)
W.C. DEPARTMENT
ATTN: ALEX FELICIANO
P.O. BOX # 7111
PASADENA, CA 91109

Case: vs VALLARTA SUPERMARKETS
Date Of Injury: 6/12/14

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.

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

*** INVOICE ***

Date	NO#
02/18/15	64137

Claim # : SAC-0000158638
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4426
D.O.B. : 1/28/74
Terms : 45 days

BILL TO:
LWP CLAIMS SOLUTIONS (SAC)
W.C. DEPARTMENT
ATTN: JUDY DUVALL
P.O. BOX # 349016
SACRAMENTO, CA 95834

Case: vs CAPC
Date Of Injury: 8/2/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/08/14	INITIAL EXAM	DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALACON # 100802	0.00
09/17/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR RODRIGUEZ @ AMERI*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/24/14	INITIAL EXAM	W/ACUPUNCTURIST ALEX LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/02/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/22/14	PR2/REEVAL	DE KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/12/15	PMT BY CHECK	DOS 9/8/14-10/22/14* # 45119	-946.50

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.

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

*** INVOICE ***

Date	NO#
03/13/15	64712

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-3458
D.O.B. : 6/7/67
Terms : 45 days
Claim #(s):
R00038391

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

Case: vs TORN & GLASSER
Date Of Injury: 7/25/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/22/14	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/18/14	INITIAL EXAM	DR BHARATWAL @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
10/10/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301321	0.00
10/13/14	PR2/REEVAL	DR WADE @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/07/14	PR2/REEVAL	DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
03/04/15	PMT BY CHECK	DOS 8/22/14-10/13/14* # 3000311394 REPUBLI	-820.00

BALANCE 180.00

* 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.

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

Republic Indemnity

Date: 03/04/2015
Check #: 3000311394
Payment Amount: 820.00

004079 R3N7T1A
Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00038391		64712	02/23/2015	08/22/14	10/13/14	820.00	820.00	
	Interpreter For Medical/WCAB							
						Total	820.00	

PAID MAR 09 2015

PLEASE DETACH BEFORE DEPOSITING CHECK

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

*** INVOICE ***
Date NO#
04/03/15 62891

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4578
D.O.B. : 11/20/52
Terms : 45 days
Claim #(s):
00808-083483-WC-01

BILL TO:
GALLAGHER BASSETT (CALABASAS)
W.C. DEPARTMENT
ATTN: LISA MARIE RAMIREZ
P.O. BOX # 9875
CALABASAS, CA 91372

Case: vs SODEXHO INC, & AFFILIATED CO.
Date Of Injury: 1/3/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/04/14	INITIAL EXAM	W/ACUPUNCTURIST GITA DARBANDI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
06/11/14	PR2-RE/EVAL	W/ACUPUNCT DARBANDI @ ACS*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
07/09/14	PR2-RE/EVAL	W/ACUPUNCT DARBANDI @ ACS*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
07/02/14	PR2-RE/EVAL	W/ACUPUNCT DARBANDI @ ACS*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
07/24/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR RINK ACS* INIT.	150.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
07/28/14	PR2-RE/EVAL	W/ACUPUNCT DARBANDI @ ACS*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
07/23/14	PR2-RE/EVAL	W/ACUPUNCTURIST G. DARBANDI*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
08/14/14	PR2-RE/EVAL	W/ACUPUNCTURIST HAN/JANG @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
08/21/14	PR2-RE/EVAL	W/ACUPUNCTURIST KIM/SUNG*	180.00
/ /	INTERPRETER:	PATRICIA HERNANDEZ # 301690	0.00
08/28/14	PR2-RE/EVAL	W/ACUPUNCTURIST KIM/SUNG*	180.00
/ /	INTERPRETER:	PATRICIA HERNANDEZ # 301690	0.00
09/04/14	PR2-RE/EVAL	W/ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
09/11/14	PR2-RE/EVAL	W/ACUPUNCT HAN/KIM @ ACS*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
10/02/14	PR2-RE/EVAL	W/ACUPUNCT HAN/KIM @ ACS*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
10/09/14	**PR2-RE/EVAL**	**W/ACUPUNCT HAN/KIM @ ACS***	**180.00**
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00

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

*** INVOICE ***

Date	NO#
04/03/15	62891

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4578
D.O.B. : 11/20/52
Terms : 45 days
Claim #(s):
00808-083483-WC-01

BILL TO:
GALLAGHER BASSETT (CALABASAS)
W.C. DEPARTMENT
ATTN: LISA MARIE RAMIREZ
P.O. BOX # 9875
CALABASAS, CA 91372

Case: . vs SODEXHO INC, & AFFILIATED CO.
Date Of Injury: 1/3/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/23/14	PR2-RE/EVAL	W/ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
10/30/14	PR2-RE/EVAL	W/ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
11/06/14	PR2-RE/EVAL	W/ACUPUNCT KIM @ ACS* DOI:1/3/14	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
11/13/14	PR2-RE/EVAL	W/ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/16/15	PMT BY CHECK	DOS 6/4/14-10/9/14* # 0117116718	-2540.00

BALANCE 720.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372-0875

000808 PAGE 1 OF 1 008434

PAID MAR 25 2015

MDG2009 00004635 1 MB 0435 1

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

GALLAGHER BASSETT SERVICES INC
FOR NEW HAMPSHIRE INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: 818-746-9925
GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372-0875

CLAIM NO.: 000808 082483 WC 01 (51511002)
CLAIMANT:
DESCRIPTION: INV 62891

BRANCH NO.: 165
ACC DATE: 03Jan14

NO.: 0117116718
VN: 0001946291
DATE: 16Mar15

DATES OF SERVICE: 04Jun14 **THRU** 09Oct14
BENEFIT PERIOD: **THRU**

AMOUNT: 2540.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004635 005249 001 001

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

*** INVOICE ***
Date NO#
03/30/15 60851

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7004
D.O.B. : 8/14/53
Terms : 45 days
Claim #(s):
000808076978WC01

BILL TO:
GALLAGHER BASSETT (CALABASAS)
W.C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX # 9875
CALABASAS, CA 91372

Case: vs SODEXO
Date Of Injury: 2/20/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/20/14	DEPO PREP	@ THE L/O OF JEFFREY MANNIS & CO.	156.50
/ /	INTERPRETER:	VIRGINIA DE CABRERA # 301421	0.00
02/28/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/20/14	PMT BY CHECK	DOS 1/20/14-2/28/14* # 0108317777	-406.50
09/24/14	SURGERY	DR PHILLIPS: RT SHDR @ MONRO-VIA HOSPITAL (7 HRS)	630.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
01/21/15	LEGAL_WCAB	MSC @ WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
03/25/15	PMT BY CHECK	DOS 9/24/14-1/21/15* # 0117364567	-786.50

BALANCE 0.00

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

GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372-0875

000808 PAGE 1 OF 1 004027

PAID MAR 30 2015

MDG2009 00000274 1 AB 0406 1

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

GALLAGHER BASSETT SERVICES INC
FOR NEW HAMPSHIRE INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: 818-746-9925
GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372-0875

CLAIM NO.: 000808 076978 WC 01 (78298075)
CLAIMANT:
DESCRIPTION: INV#60851

BRANCH NO.: 165
ACC DATE: 20Feb13

NO.: 0117364567
VN: 0001952272
DATE: 25Mar15

AMOUNT: 786.50 **

DATES OF SERVICE: 24Sep14 THRU 21Jan15
BENEFIT PERIOD: THRU

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0000274 000331 001 001

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

*** INVOICE ***
Date NO#
03/30/15 64318

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8597
D.O.B. : 9/8/71
Terms : 45 days
Claim #(s):
30142698894

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W.C. DEPARTMENT
ATTN: 30142698894
P.O. BOX # 14421
LEXINGTON, KY 40512

Case: _____ vs J.T. THORPE & SON
Date Of Injury: 5/22/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/18/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/27/15	PMT BY CHECK	DOS 11/18/15* # 0056092091	-156.50
02/23/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/26/15	PMT BY CHECK	DOS 2/23/15* 0057043448	-250.00

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.

P6905028006

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

2015032616O6

Electronic Service Requested

1 OF 1

ENV 4354

SINGLE PIECE

4354 0.3820 SP 0.480

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

8

DATE	CHECK AMT	CHECK NO.
03/26/2015	250.00	0057043448

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

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

Claimant Name	Loss Date	Claim Number
	05/22/2014	30142698894-0001

Amt Paid: 250.00 Description:
Amt Billed: 250.00 Invoice: 64318 ICN: 301426988940001
Dates: 11/18/2014-02/23/2015 Comment:

PAID MAR 30 2015

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

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

*** INVOICE ***
Date NO#
03/30/15 64532

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8528
D.O.B. : 1/7/61
Terms : 45 days
Claim #(s):
E0B5183

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

Case: vs PARK WEST LANDSCAPE
Date Of Injury: 9/30/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/10/14	LEGAL_PREP	DEPO PREP @ L/O WALL MCCORMIC BAROLDI	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
01/20/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/25/15	PMT BY CHECK	DOS 12/10/14-1/20/15* # 85753368	-406.50

BALANCE 0.00

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

019145

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

SA09515

896D 85753368

M

TRAVELERS

DATE: 03/25/15
LOSS DATE: 09/30/13
FILE NUMBER: 152 CB E0B5183 K

EMPLOYEE

ACCOUNT NAME:
PARK WEST RESCOM, INC.

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

PAID MAR 30 2015

SERVICE DATE: 12/10/2014 TO: 01/20/2015

TOTAL PAID: $406.50
TAX INFO: 330956713331748 1Y
PAY MISC: 64532
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: JANDI L STEELE AT (909)612-3841

084009630
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#
03/30/15 63457

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7314
D.O.B. : 7/9/57
Terms : 45 days
Claim #(s):
R00021801

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

Case: vs THE WAVERLY SCHOOL
Date Of Injury: 9/14/12

DOS	SERVICE	DESCRIPTION	AMOUNT
07/25/14	INITIAL EXAM	DR ATAMIAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
08/04/14	PR2/REEVAL	DR BROWN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
03/25/15	PMT BY CHECK	DOS 7/25/14-8/4/14* # 1000295397	-410.00

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.

DR0808

749

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

Republic Indemnity

Date: 03/25/2015
Check #: 1000295397
Payment Amount: 410.00

000375 R3N7T1A
Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

PAID MAR 30 2015

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00021801		63457	03/19/2015	07/25/14	08/04/14	410.00	410.00	
		Interpreter For Medical/WCAB						
						Total	410.00	

PLEASE DETACH BEFORE DEPOSITING CHECK

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

*** INVOICE ***

Date	NO#
03/30/15	64314

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6453
D.O.B. : 5/17/69
Terms : 45 days
Claim #(s):
2013216730

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

Case: [redacted] vs DENTICA INC
Date Of Injury: 11/11/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/18/14	LEGAL_PREP	DEPO PREP @ L/O SIEGEL MORENO	156.50
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
01/26/15	PMT BY CHECK	DOS 11/18/14* # 260349123	-156.50
01/29/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
03/26/15	PMT BY CHECK	DOS 1/29/15* # 260380808	-250.00

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.

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: 260380808
Check Date: 03/26/2015

Claim Number: 2013216730
Injured Employee:

Payment Description: Interpreter
Billed Date: 03/09/2015
Service Period: 01/29/2015 through 01/29/2015
Invoice Number: 64314
Billed Amount: $250.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $250.00

Check Total: **$250.00**

PAID MAR 30 2015

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

*** INVOICE ***
Date NO#
03/30/15 64923

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-2892
D.O.B. : 5/30/80
Terms : 45 days
Claim #(s):
591307

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

Case: vs MIKE ETCHANDY FARMS
Date Of Injury: 2/25/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/24/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/26/15	PMT BY CHECK	DOS 2/24/15* # 483010	-250.00

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.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

March 26, 2015
Our Ref : 591307
Your Ref : 64923

RE: I (MIKE ETCHANDY FARMS, INC. [A CORP]) DOI:02/25/14

Service Date	Service Code	Your Charge	Allowed Charge	Difference Charge	Adjustment Code
02/24/15	FEE	250.00	250.00	0.00	
	TOTAL $	250.00	250.00	0.00	

Please find attached our check # 483010 for $250.00.
This check covers bills from February 24, 2015 through February 24, 2015.

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

Sincerely,
Helen Maravilla (Palomeque)
Claims Examiner

PAID MAR 30 2015

ZENITH P.O. Box 9055, Van Nuys, CA 91409 (714) 705-2300

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

*** INVOICE ***
Date NO#
03/26/15 64033

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 10/25/75
Terms : 45 days
Claim #(s):
YMQ19805

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

Case: vs ALFREDO'S CATERING INC
Date Of Injury: 1/15/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/03/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/17/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/19/15	PMT BY CHECK	DOS 11/3/14-2/17/15* # 123803798 4	-406.50

BALANCE 0.00

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

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

THE HARTFORD

000120
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID MAR 26 2015

00122 *

*000012 1238037984

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
64033 01-15-14	57WEC DL6537 YMQC 19805	ALFREDO CATERING, INC	$406.50

Nature of Benefits:	Nature of Payment:	Service Dates	
Miscellaneous Medical	Source Payment	11-03-2014 02-17-2015	$406.50

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

Additional Comments:

Issue Date	03-19-2015	Check Number	123803798 4	Total Amount of Check	$406.50

Please keep the above information for your records.

108578443

[redacted]

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

*** INVOICE ***
Date NO#
03/30/15 64308

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9210
D.O.B. : 9/20/64
Terms : 45 days
Claim #(s):
004356-00-671-WC-01

BILL TO:
GALLAGHER BASSETT (CORONA)
W.C. DEPARTMENT
ATTN: KIRSTA THOMASEN
P.O. BOX # 6900
CORONA, CA 92878-6900

Case: vs AGC FIELD OPERATION/AMERICAN G
Date Of Injury: 6/27/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/14/14	LEGAL_PREP	DEPO PREP @ L/O JILIO-RYAN COURT REPORTERS	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/17/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/25/15	PMT BY CHECK	DOS 2/4/15 # 0117387154	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

M

0102344 01 RE 0.432 **AUTO T8 1 1558 92781 -P02346

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

PAID MAR 30 2015

DIRECT INQUIRIES TO:

PHONE: 1-866-855-0230
GALLAGHER BASSETT - CORON
P.O BOX 6900
CORONA CA 92880-2006

AMERICAN GOLF CORPORATION

CLAIM NO. 004356 000671 WC 01

CLAIMANT:

DESCRIPTION: INV 64308

DATE OF SERVICE: 04-Feb-2015 TO 04-Feb-2015

BRANCH NO. 170

ACC. DATE 27-Jun-2014

PAYMENT AMOUNT: $406.50

CHECK NO. 0117387154

VN. 0000054141

DATE: 25-Mar-2015

RE0102344-0001_of_0002 1558-0002575 (G26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0117387154 ATTACHED BELOW

[redacted]

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

*** INVOICE ***

Date	NO#
12/22/15	64413

EAMS#(s):

SS # : XXX-XX-4121
DOB : 5/10/58
Terms : 45 days
Claim #(s):
2013219251

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

Case: vs DENNY'S
Date Of Injury: 12/8/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/11/14	LEGAL_PREP	DEPO PREP @ L/O SCHLOSSBERG & UMHOLTZ	156.50
/ /	INTERPRETER:	HUGO WEINSTEIN # 21981879	0.00
02/19/15	PMT BY CHECK	DOS 12/11/14* # 260363731	-156.50
03/24/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/10/15	PMT BY CHECK	DOS 3/24/15* # 260389209	-250.00
12/08/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/18/15	PMT BY CHECK	DOS 12/8/15* # 260510156	-250.00

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.

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: 260510156
Check Date: 12/18/2015

Claim Number: 2013219251
Injured Employee:

Billed Date: 12/09/2015
Service Period: 12/08/2015 through 12/08/2015
Invoice Number: 64413
Billed Amount: $250.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $250.00

Check Total: **$250.00**

PAID DEC 22 2015

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

*** INVOICE ***
Date NO#
04/13/15 64051

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-2197
D.O.B. : 6/19/56
Terms : 45 days
Claim #(s):
13D48E289226;14D48E289227

BILL TO:
CANNON COCHRAN MGMT SVCS
W.C. DEPARTMENT
ATTN: TINA MILLER
P.O. BOX 53550
IRVINE, CA 92619

Case: vs STAR LAX
Date Of Injury: 11/28/13; 5/13/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/28/14	LEGAL_PREP	DEPO PREP @ L/O SION & ASSOC	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
11/24/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/11/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/08/15	PMT BY CHECK	DOS 10/28/14-3/11/15* # 122519182	-563.00

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.

CCMSI o/b/o Strategic Outsourcing, Inc.
The Hartford
2 East Main St., Suite 208
Danville, IL 61832

2-3/710 IL

Bank of America
CHICAGO, IL 60603

Check Number 122519182

Date: 04/08/2015
Batch #: 300730904

Amount
$****563.00

Amount: FIVE HUNDRED SIXTY-THREE AND XX / 100**********

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

Void After 90 Days
Two Signatures Required for Amounts over 5,000.00

⑈0122519182⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
64051	11/28/2013	13D48E289226	563.00	0.00	563.00	64051 DS 10/28/2014 - 3/11/2015	MCCARTH

PAID APR 13 2015

Batch #: 300730904
Check Number 122519182
Check Amount $****563.00

Loc:7185 STAR LAX LLC; BUDGET RENT A CAR LAX

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

*** INVOICE ***

Date	NO#
04/03/15	64342

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0709
D.O.B. : 7/14/79
Terms : 45 days
Claim #(s):
608-A94907

BILL TO:
LIBERTY MUTUAL (LONDON, KY)
W.C. DEPARTMENT
ATTN: BERNIS GALLARDO
P.O. BOX 7203
LONDON, KY 40742

Case: vs ETZEL
Date Of Injury: 3/20/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/03/14	LEGAL_PREP	DEPO PREP @ L/O STOCKWELL, HARRIS	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
01/29/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
02/18/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585 (A.M.)	0.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566 (P.M)	0.00
03/23/15	PMT BY CHECK	DOS 12/3/14-1/29/15* =# 01707668	-406.50

BALANCE 313.00

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

BRANCH OFFICE ADDRESS:
P O BOX 4555
PORTLAND, OR 97208
916-564-1792

Helmsman
Management Services LLC

B. CODE	CHECK NUMBER	CHECK DATE
199	01707668	03/23/15
	CHECK AMOUNT ****406.50	BLOCK NUMBER 004332

CLAIM #: WC 608-A94907
CONTRACT #: WP8-65B-290306-053-92

OSN: EE2801032303-003930
CONTROL #: 000004226 ID: C608D99

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 03/20/14
EMPLOYEE:

PAID MAR 31 2015

EMPLOYER: ADP TOTALSOURCE FL XVI INC.
DATES OF SERVICE 12/03/14-12/03/14
LOCATION CODE: V09

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
01/29/15	01/29/15	EXPENSE		.00	250.00	406.50	
12/03/14	12/03/14	EXPENSE		.00	156.50	406.50	

NOTE: PAYS INVOICE# 64342 DATED 3/9/15 FOR DOS 12/3/14&1/29/15

TOTAL GROSS	406.50
TOTAL PAYABLE:	406.50
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	406.50

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

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

*** INVOICE ***
Date NO#
04/14/15 64413

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4121
D.O.B. : 5/10/58
Terms : 45 days
Claim #(s):
2013219251

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

Case: vs DENNY'S
Date Of Injury: 12/8/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/11/14	LEGAL_PREP	DEPO PREP @ L/O SCHLOSSBERG & UMHOLTZ	156.50
/ /	INTERPRETER:	HUGO WEINSTEIN # 21981879	0.00
02/19/15	PMT BY CHECK	DOS 12/11/14* # 260363731	-156.50
03/24/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/10/15	PMT BY CHECK	DOS 3/24/15* # 260389209	-250.00

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.

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: 260389209
Check Date: 04/10/2015

Claim Number: 2013219251
Injured Employee:

Payment Description: Interpreter
Billed Date: 04/01/2015
Service Period: 03/24/2015 through 03/24/2015
Invoice Number: 64413
Billed Amount: $250.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $250.00

Check Total: **$250.00**

C

PAID APR 14 2015

[redacted]

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

*** INVOICE ***
Date NO#
03/31/15 64544

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0595
D.O.B. : 3/2/65
Terms : 45 days
Claim #(s):
WC648-A85234

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

Case: _____ vs TWR FRAMING
Date Of Injury: 10/2/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/18/14	LEGAL_PREP	DEPO PREP @ L/O BRADFORD AND BARTHEL	156.50
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
01/28/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/23/15	PMT BY CHECK	DOS 12/18/14-1/28/15* # 00343959	-406.50

BALANCE 0.00

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

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

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	00343959	03/23/15
	CHECK AMOUNT ****0406.50	BLOCK NUMBER 004978

OSN: EE3001032303-004612

CLAIM #: WC 648-A85234
CONTRACT #: WC2-615-007223-013-92

CONTROL #: 000009452 ID: CRWEA80

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 10/02/13
EMPLOYEE:

PAID MAR 31 2015

EMPLOYER: TWR ENTERPRISES INC
DATES OF SERVICE 12/18/14-12/18/14
LOCATION CODE: RP0855

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
01/28/15	01/28/15	EXPENSE		.00	250.00	406.50	
12/18/14	12/18/14	EXPENSE		.00	156.50	406.50	

NOTE: INV #64544 INV DATE 3/9/15 DOS 12/18/14 & 1/28/15

TOTAL GROSS	406.50
TOTAL PAYABLE:	406.50
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	406.50

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

[redacted]

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

*** INVOICE ***

Date	NO#
03/31/15	61058

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9402
D.O.B. : 9/6/74
Terms : 45 days
Claim #(s):
710852977

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

Case: *1* vs M&M FRAMING
Date Of Injury: 10/29/12

DOS	SERVICE	DESCRIPTION	AMOUNT
02/19/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ SIDHU CHIRO* INITL	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/10/14	INITIAL EXAM	DR HA @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/25/15	PMT BY CHECK	DOS 2/19/14-3/10/14* =# 28193927	-380.00

BALANCE 0.00

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

P4000028000

20150325161O

American International Group, Inc.
Attn: Bryan Wiltfong
PO Box 25825
Shawnee Mission, KS 66225

Electronic Service Requested

61058

MIXED AADC 926
1753 1.2824 MB 0.432
JOYCE ALTMAN INTERPRETERS INC 126
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 1753 3 OF 6 F

Check No.: 28193927
RFP No.: 705433
Check Date: 03/25/2015
Check Amount: 380.00
Insured: J.D. MILLER CONSTRUCTION, INC.
Claimant: [redacted]

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

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000014770653	00852977	01	10/29/2012	MED	O	~~380.00~~
				Total Amount		380.00

Reason for Payment
ORG: 380.00 ACT: NONE 021914-031014

Use File # 710/00852977 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID MAR 31 2015

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

*** INVOICE ***

Date	NO#
03/31/15	64040

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7831
D.O.B. : 7/3/44
Terms : 45 days
Claim #(s):
SEDGWICK

BILL TO:
SEDGWICK/SRS INS (LEX14153)
W.C. DEPARTMENT
ATTN: JOE CASAS
P.O. BOX # 14153
LEXINGTON, KY 40512

Case: ALL STATE / KAREN SAUER
Date Of Injury: 7/29/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/05/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/15/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/24/15	LEGAL_WCAB	EXH. HEARING @ WCAB LBO	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
03/25/15	PMT BY CHECK	DOS 11/5/14-2/24/15* # 0055145276	-563.00

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.

P6905028006

20150323161616

Sedgwick Claims Management Services, Inc
PO Box 14153
Lexington, KY 40512-4153

Electronic Service Requested

3 OF 3

ENV 3492

SINGLE PIECE

3492 0.7389 SP 0.480

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

6

DATE	CHECK AMT	CHECK NO.
03/25/2015	563.00	0055145276

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

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

Claimant Name	Loss Date	Claim Number
	07/29/2014	30142763492-0001

Amt Paid: 563.00 Description:
Amt Billed: 563.00 Invoice: 64040
Dates: 11/05/2014-02/24/2015 Comment:

ICN: 301427634920001

PAID MAR 31 2015

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

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

*** INVOICE ***
Date NO#
09/01/15 59776

EAMS#(s):

SS # : XXX-XX-5817
DOB : 6/16/60
Terms : 45 days
Claim #(s):
002912-007685-WC-01

BILL TO:
GALLAGHER BASSETT (SAN DIEGO)
W. C. DEPARTMENT
ATTN: NANNETTE PLUMMER
P.O. BOX # 85013
SAN DIEGO, CA 92186

Case: vs JACK IN THE BOX
Date Of Injury: 4/5/13

DOS	SERVICE	DESCRIPTION	AMOUNT
09/12/13	DEPO PREP	@ THE L/O OF STOCKWELL HARRIS	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
10/10/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/21/13	PMT BY CHECK	DOS 9/12/13-120/10/13 # 0105747112	-406.50
03/19/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
04/30/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ AMERI CHIRO*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
05/20/14	P AND S	DR ZARGARAFF @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/30/15	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/25/15	PMT BY CHECK	DOS 03/19/14-06/30/15* # 0121274480	-716.50

BALANCE 0.00

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

GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

002912 PAGE 1 OF 1 003824

M

MDG2009 00004731 1 MB 0439 1

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

PAID

GALLAGHER BASSETT SERVICES INC
FOR ACE AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 619-471-1219
GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

CLAIM NO.: 002912 007685 WC 01 (003309)
CLAIMANT:
DESCRIPTION: INV#59776

DATES OF SERVICE: 19Mar14 **THRU** 30Jun15
BENEFIT PERIOD: **THRU**

BRANCH NO.: 187
ACC DATE: 01Apr13

NO.: 0121274480
VN: 0000273272
DATE: 25Aug15
AMOUNT: 716.50

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004731 005343 001 002

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

*** INVOICE ***
Date NO#
02/02/16 66096

RAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
000809-008060-WC01

BILL TO:
GALLAGHER BASSETT (SAC-255397)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 255397
SACRAMENTO, CA 95865

Case: vs LA QUINTA INNS & SUITS
Date Of Injury: 7/12/11

DOS	SERVICE	DESCRIPTION	AMOUNT
05/27/15	LEGAL WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/24/15	PMT BY CHECK	DOS 05/27/15-05/27/15* # 0121239926	-156.50
12/02/15	LEGAL C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/26/16	PMT BY CHECK	DOS 12/2/15* # 0125147986	-250.00

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.

GB-SACRAMENTO (REGIONAL)
P.O. BOX 255397
SACRAMENTO CA 95865-5397

000809 PAGE 1 OF 1 008696

MDG2009 00004832 1 MB 0439 1

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

PAID

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 916-929-7581
GB-SACRAMENTO (REGIONAL)
P.O. BOX 255397
SACRAMENTO CA 95865-5397

CLAIM NO.: 000809 008060 WC 01 (02005)
CLAIMANT:
DESCRIPTION: INV#66096

BRANCH NO.: 011
ACC DATE: 12Jul11

NO.: 0125147986
VN: 0000216844
DATE: 26Jan16

DATES OF SERVICE: 02Dec15 **THRU** 02Dec15
BENEFIT PERIOD: **THRU**

AMOUNT: 250.00

**

MR

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004832 005470 001 001

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

*** INVOICE ***
Date NO#
09/01/15 66414

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days
Claim #(s):
5426462; 4367122

BILL TO:
MATRIX (CLINTON - 2987)
W.C. DEPARTMENT
ATTN:
P.O. BOX 2987
CLINTON, IA 52733

Case: s DIAMOND CONTRACT SERVICE
Date Of Injury: 8/20/13;8/21/13-5/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/26/15	LEGAL_PREP	DEPO PREP @ L/O SINGER & BEN-JUMEA	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/30/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/03/15	PMT BY CHECK	DOS 06/26/15-06/26/15* # 0007321526	-156.50
08/09/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/24/15	PMT BY CHECK	DOS 07/30/15-07/30/15* # 0007321855	-250.00

BALANCE 156.50

* 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.

P9741028001

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

20150825160 2

Electronic Service Requested

MIXED AADC 926
2832 0.3820 MB 0.436

JOYCE ALTMAN INTERPRETERS 148
PO BOX 4165
TUSTIN, CA 92781-4165

PAID

BY: .....

ENV 2832 1 OF 1

Claim: 4367122 / [redacted] Accident date: 08/19/2013, Jurisdiction State: California.
Insured: Diamond Contract Services, Inc., Policy: LSM4046035.

The payment is for Language Interpreter - paid under Expense from 07/30/2015 to 07/30/2015.
Check: 0007321855, issued: 08/24/2015, for: $250.00, for: Expense, Invoice: 66414

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

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

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

*** INVOICE ***
Date NO#
08/13/15 66326

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days
Claim #(s):
EZF1826

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

Case: vs A. RUDIN
Date Of Injury: 5/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/15/15	LEGAL_PREP	DEPO PREP @ L/O SCOLL & ASSOCIATES	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/13/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/21/15	PMT BY CHECK	DOS 06/15/15-07/13/15* # 891A 86522072	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

001097

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933
SB00530

891A 86522072 M

TRAVELERS

DATE: 08/21/15
LOSS DATE: 05/01/14
FILE NUMBER: 158 CB E2F1826 J

EMPLOYEE

ACCOUNT NAME:
A. RUDIN, 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: 06/15/2015 TO: 07/13/2015

TOTAL PAID: $406.50
TAX INFO: 330956713331748 1Y
PAY MISC: 66326
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
BY: O

FOR ADDITIONAL INFORMATION, CONTACT: SARAH RICHMAN AT (925)944-3256

233010567
DETACH CHECK

UNSUMM-111311
OVRFUNS2-121208
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#
08/26/15 65143

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days
Claim #(s):
2014253524

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

Case: vs EXL HOSPITALITY SERVICES
Date Of Injury: 10/17/14

DOS	SERVICE	DESCRIPTION	AMOUNT
01/16/15	PR2/REEVAL	DR L.MALIN @ ADVANCE CARE* (ACS)	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/09/14	INITIAL EXAM	DR R.HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/19/14	CHIRO TX	INITIAL CHIRO TREATMENT W/DR GHODS @ ACS*	90.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
01/20/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
08/24/15	PMT BY CHECK	DOS 12/09/14-01/20/15* # 260460571	-680.00

BALANCE 0.00

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

THE FACE OF THIS DOCUMENT HAS A MICROPRINT BORDER. THIS PAPER IS ALTERATION PROTECTED.

EMPLOYERS

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

WELLS FARGO BANK 56-382
260460571 412

DATE:08/24/2015

Pay Six Hundred Eighty Dollars And 00/100
TO THE ORDER OF:

AMOUNT
**********$680.00

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

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

⑈260460571⑈ ⑆041203824⑆ 9637481517⑈

N

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: 260460571
Check Date: 08/24/2015

Claim Number: 2014253524
Injured Employee:

Billed Date: 08/10/2015
Service Period: 12/09/2014 through 01/20/2015
Invoice Number: 65143
Billed Amount: $680.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $680.00

Check Total: **$680.00**

PAID
BY:

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

*** INVOICE ***
Date NO#
08/26/15 64028

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days
Claim #(s):
10101301387

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

Case: GRAND MISSION CONSTRUCTION
Date Of Injury: 2/27/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/31/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/03/14	LEGAL_WCAB	MSC @ WCAB LAO	156.50
/ /	INTERPRETER:	LINDA WEINBERG # 08025285	0.00
03/20/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/20/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LA	156.50
/ /	INTERPRETER:	PILAR PEREZ # 414188282	0.00
08/21/15	PMT BY CHECK	DOS 10/31/14-07/20/15* # 0001031056	-719.50

BALANCE 0.00

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

M

MARA2V

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

Check Date: 08/21/2015 ✓
Check Number: 0001031056 ✓
Check Amount: $719.50 ✓

Sign up today for Electronic Funds Transfer (EFT). ICW Group now uses JopariPay to speed payments directly to your bank account. Visit icw.jopari.net and sign up by entering your registration code, MARA2V

00343 JOP1ZS01 1Z 6300017057-6300812421

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-13-01387		02/27/2013	64028	43	10/31/2014	07/20/2015	$719.50

Cat	SubPC	Stub Notes	Stub Amount
43		MISC EXPENSE	$719.50
			$719.50

PAID
BY: ⊘

WARNING: THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS AN ARTIFICIAL WATERMARK ON REVERSE SIDE - HOLD AT ANGLE TO VIEW

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

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

MARA2V

DATE	CHECK NO.
08/21/2015	0001031056
VOID AFTER 90 DAYS	CHECK AMOUNT
	$719.50

PAY: SEVEN HUNDRED AND NINETEEN & 50 / 100 DOLLARS*****

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

MEMO: 1010-13-01387

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

M

⑈0001031056⑈ ⑆122000661⑆ 4595399L3⑈

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

*** INVOICE ***
Date NO#
08/21/15 61463

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days
Claim #(s):
011975-0008725-WC-01

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

Case: [redacted] vs GOYA
Date Of Injury: 10/22/01

DOS	SERVICE	DESCRIPTION	AMOUNT
03/20/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
04/22/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
06/11/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/09/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/12/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
11/07/14	PMT BY CHECK	DOS 3/20/1-7/9/14* # 0113885256	-720.00
09/15/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
01/02/15	PMT BY CHECK	DOS 3/20/14-9/15/14* # 0115248668	-360.00
10/21/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
04/16/15	PMT BY CHECK	DOS 10/21/14* # 0117970580	-180.00
01/23/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
08/17/15	PMT BY CHECK	DOS 01/23/15-1/23/15* # 0121061799	-180.00

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

*** INVOICE ***

Date	NO#
08/21/15	61463

W.C.A.B.:
ADJ # :
S.S.N.
D.O.B. :
Terms : 45 days
Claim #(s):
011975-0008725-WC-01

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

Case: vs GOYA
Date Of Injury: 10/22/01

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.

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

011975 PAGE 1 OF 1 003178

M

MDG2009 00004689 1 MB 0439 1

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

PAID

BY: .....

GALLAGHER BASSETT SERVICES INC
FOR PENNSYLVANIA MANUFACTURERS
ASSURANCE

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

CLAIM NO.: 011975 008725 WC 01 (2886935P)
CLAIMANT:
DESCRIPTION: INV# 61463

DATES OF SERVICE: 23Jan15 **THRU** 23Jan15
BENEFIT PERIOD: **THRU**

BRANCH NO.: 176
ACC DATE: 22Oct01

NO.: 0121061799
VN: 0001942973
DATE: 17Aug15
AMOUNT: 180.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004689 005271 001 002

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

*** INVOICE ***
Date NO#
07/10/15 66051

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days
Claim #(s):
30142957091

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

Case: [redacted] /s DURHAM D&M LLC
Date Of Injury: 10/21/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/12/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/16/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/14/15	PMT BY CHECK	DOS 05/12/15-06/16/15* # 0059657164	-406.50

BALANCE 0.00

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

Pe905028006

M [redacted]

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

201508141631

Electronic Service Requested

1 OF 4 F

ENV 23

SINGLE PIECE

23 0.9291 SP 0.485

JOYCE ALTMAN INTERPRETERS 1
P.O. BOX 4165
TUSTIN, CA 92781-4165

DATE	CHECK AMT	CHECK NO.
08/14/2015	406.50	0059657164

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

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

Claimant Name	Loss Date	Claim Number
	10/21/2014	30142957091-0001

Amt Paid: 406.50 Description: Miscellaneous Medical
Amt Billed: 406.50 Invoice: 66051 ICN: 176191601.338
Dates: 05/12/2015-06/16/2015 Comment:

#66051

PAID

BY: .....

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

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

*** INVOICE ***
Date NO#
10/14/15 61802

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
186630273

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

Case: [redacted] vs MERRITT HOSPITALITY
Date Of Injury: 11/3/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/22/14	PR2/REEVAL	DR ZARGARAFF @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/28/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ AMERI CHIRO*	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/23/14	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/11/14	P AND S	DR RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/26/14	PMT BY CHECK	DOS 4/22/14-5/23/14* =# 6827899392	-270.00
10/07/14	PMT BY CHECK	DOS 7/11/14* =# 6828108201	-90.00
05/26/15	PRE-OP	DR JARCHI @ MONROVIA HOSPITAL *	180.00
/ /	INTERPRETER:	LESLIE MELTON # 500259	0.00
06/02/15	SURGERY	DR SAMIMI: R/KNEE @ MONROVIA HOSPITAL (5HRS)	450.00
/ /	INTERPRETER:	LESLIE RIVERA MELTON # 500259	0.00
08/14/15	PMT BY CHECK	DOS 4/22/14-5/26/15* # 5635711791	-560.00
10/07/15	PMT BY CHECK	DOS 6/2/15* # 5636466297	-450.00

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

*** INVOICE ***
Date NO#
10/14/15 61802

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
186630273

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

Case: vs MERRITT HOSPITALITY
Date Of Injury: 11/3/13

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.

Broadspire
A CRAWFORD COMPANY

P O BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	10/07/2015
Check Amount	:	$450.00
Check Number	:	5636466297

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

PAID OCT 14 2015

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
186630273-001 WC RANCHO CORD-RT Interpreter	11/03/2013 $450.00 $450.00	Avonnee A. Diggs 61802	916-850-8232 08/18/2015 06/02/2015-06/02/2015

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#
08/14/15 63095

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 1/12/66
Terms : 45 days
Claim #(s):
011260034130WC01

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

Case: ; vs CITISTAFF SOLUTIONS INC
Date Of Injury: 12/1/13-1/14/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/10/14	PR2/REEVAL	DR JOHNSON/J. TRUJILLO, PA @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/02/14	PR2-RE/EVAL	W/ACUPUNCTURIST HUANG @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/15/14	PR2/REEVAL	DR JOHNSON/ P.A. TRUJILLO @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/05/14	PR2/REEVAL	DR JOHNSON/P.A. TRUJILLO @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/12/14	PMT BY CHECK	DOS 6/10/14-8/5/14* # 0000238481	-720.00
03/17/15	PR2/REEVAL	DR JOHNSON/FRANKE P.A. @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/21/15	PR2/REEVAL	DR JOHNSON/ FRANKE P.A. @ SIDHU CHIRO 3H 10M	292.50
/ /	INTERPRETER:	MARIA BAROSA # 500267	0.00
05/14/15	PR2/REEVAL	DR JOHNSON/FRANKE P.A. @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/06/15	PMT BY CHECK	DOS 03/17/15-03/17/15* # 0000271556	-180.00

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

*** INVOICE ***
Date NO#
08/14/15 63095

W.C.A.B.:
ADJ #:
S.S.N.:
D.O.B. : 1/12/66
Terms : 45 days
Claim #(s):
011260034130WC01

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

Case: vs CITISTAFF SOLUTIONS INC
Date Of Injury: 12/1/13-1/14/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 472.50

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

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

*** INVOICE ***
Date NO#
08/14/15 65318

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days
Claim #(s):
1771655

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

Case: vs WENDY'S
Date Of Injury: 1/28/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/09/15	INITIAL EXAM	DR J. MILLMAN @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	SYLVIA POSADA # 101003	0.00
03/16/15	PR2/REEVAL	DR N.RAMESHNI @ ACS*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
03/26/15	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR CONNOLY @ ACS* INIT	150.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/16/15	INITIAL EXAM	DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/06/15	PMT BY CHECK	DOS 03/09/15-03/26/15* # 00851812	-560.00

BALANCE 230.00

* 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.

THIS CHECK IS VOID WITHOUT A BLUE & BURGUNDY BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT AN ANGLE TO VIEW

ANA UBI Claims
PO BOX 740042
Atlanta, GA 30374-0642

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
00851812
1771655-1
SWC1043772

DATE	AMOUNT
8/6/2015	$560.00

PAY Five Hundred Sixty and 0/100s Dollars**********

Pay To: JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 90 DAYS

Mail To

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00851812⑈ ⑆021309379⑆ 790262463⑈

Explanation Of Bill Review

Check Number	00851812	ANA UBI Claims	on behalf of Security National Insurance Company
Claim Number:	1771655-1		PO BOX 740042
Regulatory ID:			Atlanta, GA 30374-0042
Bill Number:	8005124		
Invoice Number:	FP1-MSCA-210430		888-239-3909
Policy / Insured:	SWC1043772/Eddie Cheng Corporation (a corp)		PAID AUG 11 2015
Claimant Name:			
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC		
Loss Date:	1/28/2015	FP1-MSCA-210430	
Location:	CA -		
Examiner Code:	jcrail		BY: .....
Network/PPO Network:	# 65318		

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
3/9/2015	99911	INTERPRETING SERVICES	1.00	230.00	0.00	0.00	230.00	
3/16/2015	99911	INTERPRETING SERVICES	1.00	180.00	0.00	0.00	180.00	
3/26/2015	99911	INTERPRETING SERVICES	1.00	150.00	0.00	0.00	150.00	
				560.00	0.00	0.00	560.00	

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

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

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

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

*** INVOICE ***
Date NO#
08/11/15 43734

W.C.A.B.: I
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days
Claim #(s):
01429636

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

Case: vs PRECISE DIE AND COATING INC.
Date Of Injury: 3/19/04

DOS	SERVICE	DESCRIPTION	AMOUNT
03/16/11	WCAB LB	MSC - SABINE SKELTON # 300884	156.50
05/04/11	PMT BY CHECK	DOS 3/16/11 # CU-789900	-156.50
05/31/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
01/06/15	PEN & INT	DOS PEN & INT 05/31/14	26.61
12/30/14	PMT BY CHECK	DOS PENALTY 05/31/14* # CU-174463	-15.65
12/30/14	PMT BY CHECK	DOS INTEREST 05/31/14* # CU-174464	-10.96
12/30/14	PMT BY CHECK	DOS 05/31/14* # CU-174467	-156.50
07/06/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI (DECEASED)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/27/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI (ADDENDUM)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/04/15	PMT BY CHECK	DOS 07/06/15* # CU-225935	-250.00
		BALANCE	250.00

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

Explanation of Review (EOR)

MK

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-225935**

Issue Date: 08/04/15
Doc #: 030012592

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name: e				**Claim #:** 05526540		**Date of Injury:** 09/15/09		
SSN:	Employer name: PAUL BELANGER LANDSCAPE				Employer ID: 0002900001772090				
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
1	SF1-SFCA-15468605	08/01/10	MDO10	Payment By Order	1	889.90	789.90	961 G67	100.00
2	SF1-SFCA-15468605	10/05/11	MDO10	Payment By Order	1	.00	.00		.00
								Subtotal:	**100.00**
	Patient Name: I				**Claim #:** 01429636		**Date of Injury:** 03/19/04		
SSI	Employer name: FB PRODUCTIONS, INC				Employer ID: 0000001730927030				
3	SF1-SPCA-139385	07/06/15	999Q8	Interpreter Deposit-	1	250.00	.00	375 G5	250.00
								Total Allowances:	**$350.00**

43734

PAID
AUG 07 2015
BY:

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

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

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

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

22469235

VOID VOID VOID

Medical
SA

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

CU-225935
Union Bank
Los Angeles, California
90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
August 04, 2015	**$*******350.00**

PAY ****Three Hundred Fifty and 00/100 Dollars****ONLY

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

⑈522022593 5⑈ ⑆122241501⑆ ⑈908100104 3⑈

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

*** INVOICE ***

Date	NO#
01/19/16	61464

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
G02720

BILL TO:
FRYE CLAIMS (HAYWARD-3500)
W. C. DEPARTMENT
ATTN: ALANA LIAS
3500 BREAKWATER CTR. BLDG. A
HAYWARD, CA 94545

Case: vs ALEX MOVING AND STORAGE
Date Of Injury: 11/30/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/20/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
04/21/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMAONO # 500263	0.00
05/19/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
06/20/14	PR2/REEVAL	DR BERSTEIN @ IPM*	180.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
07/21/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/19/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/16/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
10/29/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
11/26/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
03/30/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/29/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
05/01/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
01/26/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
08/02/15	PMT BY CHECK	DOS 03/20/14-03/30/15* # 000029928	-1980.00
02/26/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00

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

*** INVOICE ***
Date NO#
01/19/16 61464

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
G02720

BILL TO:
FRYE CLAIMS (HAYWARD-3500)
W. C. DEPARTMENT
ATTN: ALANA LIAS
3500 BREAKWATER CTR. BLDG. A
HAYWARD, CA 94545

Case: vs ALEX MOVING AND STORAGE
Date Of Injury: 11/30/12

DOS	SERVICE	DESCRIPTION	AMOUNT
			180.00
06/01/15	PR2/REEVAL	DR ROSARIO @ IPM*	0.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	180.00
06/30/15	PR2/REEVAL	DR ROSARIO @ IPM*	0.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	180.00
07/21/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	0.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	180.00
09/14/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	0.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	180.00
09/28/15	PR2/REEVAL	DR ROSARIO @ IPM*	0.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	180.00
10/28/15	PR2/REEVAL	DR ROSARIO/RAPHAEL, PA @ IPM*	0.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	180.00
11/30/15	PR2/REEVAL	DR ROSARIO @ IPM*	0.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	-1620.00
12/08/15	PMT BY CHECK	DOS 2/26/15-10/28/15* # 000033570	
			180.00
12/29/15	PR2/REEVAL	DR ROSARIO @ IPM*	0.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	-180.00
01/11/16	PMT BY CHECK	DOS 11/30/15* # 000034432	
		BALANCE	180.00

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

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

*** INVOICE ***
Date NO#
08/06/15 66418

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days
Claim #(s):
49000010

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

Case: [redacted] vs S.A. FARMERS INC.
Date Of Injury: 4/23/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/29/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/04/15	PMT BY CHECK	DOS 06/29/15-06/29/15* # 23811	-250.00

BALANCE 0.00

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

California Contractors Network
American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888) 799-2919

VOID VOID VOID

16-1606
1220
City National Bank
3484 Central Ave
Riverside, CA 92506

CHECK NO. 23811

DATE
08/04/2015

$**********250.00

VOID AFTER 90 DAYS

California Workers' Compensation Payment

Pay Two Hundred Fifty Dollars And 00/100

TO THE ORDER OF

VOID VOID

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

VOID

⑈00000238 11⑈ ⑆122016066⑆ 11266888⑈

MP.

Payee: Joyce Altman Interpreters Inc

IRS/SSN:

Check Number: 23811

Check Date: 08/04/2015

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
49000010		04/23/2013	Interpreter Fees - Depo / WCAB Only	06/29/2015	06/29/2015	07/21/2015	66418	250.00

PAID
AUG 21 2015

BY: .....

REORDER 901 - U.S. PATENT NO. 5538290, 5575509, 5641183, 5785353, 5984364, 6030000

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

*** INVOICE ***
Date NO#
12/16/15 61464

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
G02720

BILL TO:
FRYE CLAIMS (HAYWARD-3500)
W. C. DEPARTMENT
ATTN: ALANA LIAS
3500 BREAKWATER CTR. BLDG. A
HAYWARD, CA 94545

Case:) vs ALEX MOVING AND STORAGE
Date Of Injury: 11/30/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/20/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
04/21/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMAONO # 500263	0.00
05/19/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
06/20/14	PR2/REEVAL	DR BERSTEIN @ IPM*	180.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
07/21/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/19/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/16/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
10/29/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
11/26/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
03/30/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/29/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
05/01/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
01/26/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
08/02/15	PMT BY CHECK	DOS 03/20/14-03/30/15* # 000029928	-1980.00
02/26/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00

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

*** INVOICE ***
Date NO#
12/16/15 61464

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
G02720

BILL TO:
FRYE CLAIMS (HAYWARD-3500)
W. C. DEPARTMENT
ATTN: ALANA LIAS
3500 BREAKWATER CTR. BLDG. A
HAYWARD, CA 94545

Case: vs ALEX MOVING AND STORAGE
Date Of Injury: 11/30/12

DOS	SERVICE	DESCRIPTION	AMOUNT
06/01/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
06/30/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
07/21/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
09/14/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/28/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
10/28/15	PR2/REEVAL	DR ROSARIO/RAPHAEL, PA @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
11/30/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/08/15	PMT BY CHECK	DOS 2/26/15-10/28/15* # 000033570	-1620.00

BALANCE 180.00

* 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.

Transguard Insurance Company of America, Inc.
Claims Account
P.O. Box 2148
Warrenville, IL 60555

Check No. 000033570
Check Date 12/08/2015
Check Amount $*******1,620.00

Claim Number
201200002720

Date of Loss
11/30/2012

Examiner ID
Alana Lias

Payee/Mail To

Joyce Altman Interpreters, Inc

PO Box 4165

Tustin CA 92781-4165

PAID DEC 14 2015

In payment of
Translation

Service Dates From 02/26/2015 To 10/28/2015

Payment Type Medical

Claimant Name

Insured Name
URIBE TRUCKING INC

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#
09/02/15 64481

EAMS#(s)

SS # : XXX-XX-1528
DOB : 7/21/76
Terms : 45 days
Claim #(s):
002740006110WC01

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

Case: vs PANDA RESTURANT GROUP
Date Of Injury: 4/28/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/26/14	INITIAL EXAM	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT* (IPM)	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/04/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
01/19/15	LEGAL_PREP	DEPO PREP @ L/O NKAMOTO CHOU	156.50
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
01/30/15	LEGAL_REVIEW	DEPO REVIEW @ L/O NORMAN HOMEN	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/09/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	ORELIA STEINHARDT # 500214	0.00
01/14/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
05/12/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
07/30/15	PMT BY CHECK	DOS 09/26/14-04/14/15* # 0120632574	-1176.50
02/18/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
08/24/15	PMT BY CHECK	DOS 05/12/15-05/12/15* # 0121254762	-180.00

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#
09/02/15	64481

EAMS#(s):

SS # : XXX-XX-1528
DOB : 7/21/76
Terms : 45 days
Claim #(s):
002740006110WC01

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

Case: vs PANDA RESTURANT GROUP
Date Of Injury: 4/28/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 180.00

* 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.

GALLAGHER BASSETT-LA/ORANGE CA
P.O. BOX 14260
ORANGE CA 92863-1260

M

0102392 01 RE 0.436 **AUTO T8 2 1664 92781 -P02394

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

DIRECT INQUIRIES TO:

PHONE: 1-800-297-0866
GALLAGHER BASSETT-LA/ORAN
P.O. BOX 14260
ORANGE CA 92863-1260

PAID

BY: .....

PANDA RESTAURANT GROUP INC

CLAIM NO. 002740 006110 WC 01

CLAIMANT:

DESCRIPTION: INV # 64481

DATE OF SERVICE: 12-May-2015 TO 12-May-2015

BRANCH NO. 138

ACC. DATE 28-Apr-2014

CHECK NO. 0121254762

VN. 0000185965

DATE: 24-Aug-2015

PAYMENT AMOUNT: $180.00

RE0102392-0001_of_0001 1664-0002678 (G26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0121254762 ATTACHED BELOW

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

*** INVOICE ***
Date NO#
08/10/15 64501

EAMS#(s):

SS # : XXX-XX-0241
DOB : 3/6/67
Terms : 45 days
Claim #(s):
003938002631WC01

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

Case: vs FULL TIME STAFFING
Date Of Injury: 10/26/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/06/14	PT INITIAL	PHYSICAL THERAPY W/DR HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/13/14	PT PR-2	PHYSICAL THERAPY W/DR HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/15/14	PT PR-2	PHYSICAL THERAPY W/DR HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/20/14	PT PR-2	PHYSICAL THERAPY W/DR HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/27/14	PT PR-2	PHYSICAL THERAPY W/DR HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/29/14	PT PR-2	PHYSICAL THERAPY W/DR HA*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/03/14	PT PR-2	PHYSICAL THERAPY W/DR HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/04/14	PR2/REEVAL	DR D.JOHNSON/ TRUJILLO, P.A.@ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/19/15	LIEN FIL FEE	LIEN FILING FEE	150.00
07/29/15	PMT BY CHECK	DOS 10/06/14-06/19/15* # 0120599720	-960.00

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#
08/10/15	64501

EAMS#(s):

SS # : XXX-XX-0241
DOB : 3/6/67
Terms : 45 days
Claim #(s):
003938002631WC01

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

Case: vs FULL TIME STAFFING
Date Of Injury: 10/26/13

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 Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

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

0102304 01 RE 0.436 **AUTO T7 1 1646 92781 -P02306

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

64501

DIRECT INQUIRIES TO:

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

PAID
AUG 0 5 2015
BY: .....

STAFF GUARD

CLAIM NO. 003938 002631 WC 01

BRANCH NO. 176 CHECK NO. 0120599720

CLAIMANT:

ACC. DATE 26-Oct-2013 VN. 0000152018

DESCRIPTION: F&F FOR ANY AND ALL DOS ✓ NDJ

DATE: 29-Jul-2015

DATE OF SERVICE: 06-Oct-2014 TO 19-Jun-2015

PAYMENT AMOUNT: $960.00 ✓ OK RB

RE0102304-0001_of_0001 1646-0002583 (G26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0120599720 ATTACHED BELOW

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

*** INVOICE ***

Date	NO#
01/16/15	49619

Claim # : 2011152072
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0189
D.O.B. : 1/16/67
Terms : 45 days

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

Case: vs TOYOTA OF SANTA MONICA
Date Of Injury: 10/4/11

DOS	SERVICE	DESCRIPTION	AMOUNT
11/01/11	INITIAL EXAM	DR DOMARACKI @ WILLOW MEDICAL GROUP*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
11/29/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
01/04/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
01/12/12	INITIAL EXAM	DR OBUKHOFF @ WILLOW MEDICAL GROUP*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/07/12	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
03/01/12	PR2/REEVAL	DR OBUKOFF* ELENA LOPEZ # 500289	180.00
03/15/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 500289	180.00
04/13/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 500289	180.00
05/07/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 500289	180.00
05/18/12	INITIAL EXAM	DR SAMIMI @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/25/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ #500289	180.00
06/01/12	INITIAL EXAM	W/ACUPUNCTURIST S HING @ WILLOW MEDICAL GRP*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
06/27/12	PMT BY CHECK	DOS 11/1/11-5/25/12 # 200749726	-2130.00
06/28/12	PR2/REEVAL	DR SAMIMI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00

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

*** INVOICE ***

Date	NO#
01/16/15	49619

Claim # : 2011152072
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0189
D.O.B. : 1/16/67
Terms : 45 days

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

Case: vs TOYOTA OF SANTA MONICA
Date Of Injury: 10/4/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/29/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100824	180.00
07/30/12	PMT BY CHECK	DOS 6/28/12-6/29/12 # 200771023	-360.00
07/23/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
08/30/12	PMT BY CHECK	DOS 7/23/12 # 200791028	-180.00
08/09/12	PR2/REEVAL	DR SAMIMI* GLADYS REYNA # 100755	180.00
08/15/12	PR2/REEVAL	DR SCHEEL* GLADYS REYNA # 100755	180.00
10/30/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
11/08/12	PR2/REEVAL	DR SAMIMI* GLADYS REYNA # 100755	180.00
01/02/13	PMT BY CHECK	DOS 7/30/12-10/30/12 # 200868650	-770.00
11/30/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
12/10/12	PRE-OP	DR JARCHI @ WILLOW MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
01/04/13	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
02/05/13	PMT BY CHECK	DOS 11/8/12-12/10/12 # 200894459	-540.00
01/17/13	SURGERY	DR SAMIMI: R/SHOULDER @ MONROVIA HOSP (7HRS)	630.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
02/14/13	PMT BY CHECK	DOS 12/10/12-1/7/13 # 200900684	-720.00

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#
01/16/15	49619

Claim # : 2011152072
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0189
D.O.B. : 1/16/67
Terms : 45 days

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

Case: vs TOYOTA OF SANTA MONICA
Date Of Injury: 10/4/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/25/13	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
02/21/13	PMT BY CHECK	DOS 1/17/13-1/25/13 # 200903958	-180.00
02/22/13	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
04/09/13	PMT BY CHECK	DOS 1/25/13 # 200937593	-180.00
03/18/13	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
05/06/13	PMT BY CHECK	DOS 3/18/13 # 200956907	-180.00
04/15/13	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
05/09/13	PR2/REEVAL	DR SAMIMI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/31/13	PMT BY CHECK	DOS 4/15/13 # 200975408	-180.00
05/20/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
06/17/13	PMT BY CHECK	DOS 5/9/13 # 200985878	-180.00
06/25/13	PMT BY CHECK	DOS 5/9/13-5/20/13 # 200991600	-270.00
07/08/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
06/25/13	PMT BY CHECK	DOS 7/8/13 # 200991600	-90.00
08/12/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
09/18/13	PMT BY CHECK	DOS 8/12/13 # 201049963	-180.00
09/23/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
10/25/13	PMT BY CHECK	DOS 9/23/13 # 260024605	-180.00
10/10/13	PR2/REEVAL	DR SAMIMI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00

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

*** INVOICE ***

Date	NO#
01/16/15	49619

Claim # : 2011152072
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0189
D.O.B. : 1/16/67
Terms : 45 days

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

Case: vs TOYOTA OF SANTA MONICA
Date Of Injury: 10/4/11

DOS	SERVICE	DESCRIPTION	AMOUNT
10/29/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
11/26/13	PMT BY CHECK	DOS 10/10/13 # 260050128	-180.00
11/19/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
12/30/13	PMT BY CHECK	DOS 11/19/13* # 260072227	-180.00
12/07/13	PRE-OP	DR ATTOCHIAN @ WILLOW MED* *	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/02/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/09/14	PR2/REEVAL	DR SAMIMI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/30/14	PMT BY CHECK	DOS 12/7/13* # 260096267	-180.00
02/03/14	PMT BY CHECK	DOS 1/2/14* # 260098885	-180.00
02/06/14	PMT BY CHECK	DOS 1/9/14* # 260102116	-180.00
01/23/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
02/20/14	PR2/REEVAL	DR SAMIMI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/19/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
03/05/14	PMT BY CHECK	DOS 1/23/14* # 260121037	-180.00
03/17/14	PMT BY CHECK	DOS 2/19/14-2/20/14* # 260129279	-360.00
03/19/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/01/14	PMT BY CHECK	DOS 3/19/14* # 260162513	-180.00
04/03/14	PR2/REEVAL	DR OBUKHOFF @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/02/14	PMT BY CHECK	DOS 4/3/14* # 260185559	-180.00

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

*** INVOICE ***

Date	NO#
01/16/15	49619

Claim # : 2011152072
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0189
D.O.B. : 1/16/67
Terms : 45 days

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

Case: vs TOYOTA OF SANTA MONICA
Date Of Injury: 10/4/11

DOS	SERVICE	DESCRIPTION	AMOUNT
04/23/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/23/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/16/14	PMT BY CHECK	DOS 4/23/14* # 260268221	-360.00
08/04/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301321	0.00
09/29/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/09/15	PMT BY CHECK	DOS 8/4/14-9/29/14* # 260339661	-360.00

BALANCE 270.0(

* 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: 260339661
Check Date: 01/09/2015

Claim Number: 2011152072
Injured Employee:

PAID JAN 13 2015

Payment Description:	Medical Interpreter
Billed Date:	12/29/2014
Service Period:	08/04/2014 through 09/29/2014
Invoice Number:	49619
Billed Amount:	$360.00
Comments:	n/a

Account Number:	n/a
Document Number:	n/a
Paid Amount:	$360.00

Check Total: **$360.00**

MR

[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#
01/16/15 63310

Claim # : 0024590191 62WC01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7873
D.O.B. : 4/3/76
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (SAC-255397)
W.C. DEPARTMENT
ATTN: APRIL ECKER
P.O. BOX # 255397
SACRAMENTO, CA 95865

Case: [redacted] vs GULFSTREAM RESTAURANT
Date Of Injury: 9/28/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/25/14	INITIAL EXAM	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT* (IPM)	230.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/30/14	PR2/REEVAL	DR BERSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/27/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FANCISCO SOMOANO #500263	0.00
09/26/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/06/15	PMT BY CHECK	DOS 6/25/14-8/27/14* # 0115329152	-590.00

BALANCE 180.0

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

GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

0102524 01 RE 0.432 **AUTO T8 0 1504 92781 -P02526

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

PAID JAN 13 2015

DIRECT INQUIRIES TO:

PHONE: 1-619-471-1219
GALLAGHER BASSETT-SAN DIE
P.O. BOX 85013
SAN DIEGO CA 92186-5013

HILLSTONE RESTAURANT GROUP, INC

CLAIM NO. 002459 019162 WC 01

CLAIMANT: [redacted]

DESCRIPTION: INV 63310 JK

DATE OF SERVICE: 25-Jun-2014 TO 27-Aug-2014

BRANCH NO. 187

ACC. DATE 28-Sep-2013

CHECK NO. 0115329152

VN. 0000048022

DATE: 06-Jan-2015

PAYMENT AMOUNT: $590.00

MR

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0115329152 ATTACHED BELOW

[redacted]

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

*** INVOICE ***

Date	NO#
01/13/15	64010

Claim # : ERU9264
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5405
D.O.B. : 2/5/65
Terms : 45 days

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

Case: [redacted] vs VAN'S INTERNATIONAL FOODS
Date Of Injury: 6/26/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/17/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/18/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/08/15	PMT BY CHECK	DOS 10/17/14-11/18/14*	-406.50
		# 891A 85832228	

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.

016887

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933
SA08391

891A 85832228

TRAVELERS

DATE: 01/08/15
LOSS DATE: 06/25/12
FILE NUMBER: 158 CB ERU9264 T

EMPLOYEE

ACCOUNT NAME:
VAN'S INTERNATIONAL FOODS

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

LEGAL DISBURSEMENTS/COURT COSTS

SERVICE DATE: ~~10/17~~/2014 TO: 11/18/2014

PAID JAN 13 2015

TOTAL PAID: $406.50
TAX INFO: ~~330956713331~~7481Y
PAY MISC: 64010
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: CHRISTINE SUTFIN AT (925)945-4094

)08008496
DETACH CHECK

UNSUMM ~~UNPUNS2-121~~
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#
01/13/15	63960

Claim # : 17002678
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8295
D.O.B. : 3/2/46
Terms : 45 days

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

Case: [redacted] vs WORLD VARIETY PRODUCE
Date Of Injury: CT 3/18/13-3/18/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/10/14	LEGAL_PREP	DEPO PREP @ L/O TOBIN LUCK	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/11/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/30/14	PMT BY CHECK	DOS 10/10/14-10/10/14* # 42772	-156.50
01/09/15	PMT BY CHECK	DOS 11/11/14* # 43066	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

1222
US Bank
4747 Executive Drive
San Diego, CA 92121

CHECK NO. 43066

DATE
01/09/2015

$**********250.00

VOID AFTER 90 DAYS

California Workers' Compensation Payment

Pay Two Hundred Fifty Dollars And 00/100

TO THE ORDER OF

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈000043066⑈ ⑆122235821⑆ 153495561216⑈

Payee: Joyce Altman Interpreters Inc

IRS/SSN: XX-XXX6713

Check Number: 43066

Check Date: 01/09/2015

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
17002678		03/13/2014	Interpreter Fees - Depo / WCAB Only	11/11/2014	11/11/2014	12/29/2014	63960	250.00

PAID JAN 13 2015

ENDORSER NOT - U.S. PATENT NO. 5636290, 5575508, 5641183, 5765352, 5934366, 6030000

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

*** INVOICE ***

Date	NO#
01/13/15	63962

Claim # : 54-14000006
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9622
D.O.B. : 5/29/78
Terms : 45 days

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

Case: [redacted] vs ALCOTT REHABILITATION
Date Of Injury: 6/8/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/13/14	LEGAL_PREP	DEPO PREP @ L/O LAUGHLIN, FALBO LEVY &	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/07/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/07/15	PMT BY CHECK	DOS 10/13/14-11/7/14* # 9996	-406.50

BALANCE 0.00

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

SUN MAR HEALTHCARE PAID ON BEHALF OF
NATIONAL UNION AND ITS AFFILIATES
4120 SE INTL WAY, SUITE A108
MILWAUKIE, OR 97222

CORVEL

bankcode=SUNM
11-24
1210(8)

CHECK NUMBER	CHECK DATE
9996	01/07/15

PAY EXACTLY: *Four hundred six and 50/100 Dollars*

*******$406.50

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

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

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈0000009996⑈ ⑆121000248⑆ 4122 440936⑈

CH HERE

CORVEL

DETACH HERE

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
SU-14-000006	06/08/2014		10/13/2014	11/07/2014	63962	*******$406.50

PAID JAN 13 2015

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

*** INVOICE ***

Date	NO#
01/13/15	63121

Claim # : MG-13-010108
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4851
D.O.B. : 1/18/51
Terms : 45 days

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

Case: [redacted] vs FLADEBOA HONDA DEALER
Date Of Injury: 3/13/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/09/14	INITIAL EXAM	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT* (IPM)	230.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/04/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/15/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101129	0.00
01/06/15	PMT BY CHECK	DOS 6/9/14-9/15/14* # 552235	-590.00

BALANCE 0.00

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

CORVEL ENTERPRISE COMP, INC.
MAGNA CARTA - EC
4120 SE INTL WAY, SUITE A108
MILWAUKIE, OR 97222

CORVEL

bankcode=MAGEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
552235	01/06/15

********$590.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY EXACTLY: *Five hundred ninety 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

⑈0000552235⑈ ⑆121000248⑆ 4126 215342⑈

CH HERE

CORVEL

DETACH HERE

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
MG-13-010108	02/08/2013		06/09/2014	09/15/2014	Invoice 63121	*******$590.00

PAID JAN 13 2015

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#
09/18/15 59962

EAMS#(s):

SS # : XXX-XX-1805
DOB : 11/7/77
Terms : 45 days
Claim #(s):
3394592

BILL TO:
ALPHA FUND
W.C. DEPARTMENT
ATTN: LISA BAEON
P.O. BOX 619084
ROSEVILLE, CA 95661

Case: [redacted] vs TORRANCE MEMORIAL MEDICAL CENT
Date Of Injury: 1/16/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/11/13	INITIAL EXAM	DR SCHEEL @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/04/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
10/11/13	INITIAL EXAM	DR JARCHI @ WILLOW MEDICAL GROUP*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
10/28/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
11/12/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
12/05/13	INITIAL EXAM	DR OBUKHOFF @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
12/10/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
12/19/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/09/14	PR2/REEVAL	DR OBUKHOFF @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/16/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
02/20/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
03/07/14	PMT BY CHECK	DOS 9/11/13-1/16/14* # 11299	-1950.00
04/22/14	PMT BY CHECK	DOS 9/11/13-3/7/14* # 11689	-180.00
03/27/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
05/01/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00

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

*** INVOICE ***

Date	NO#
09/18/15	59962

EAMS#(s):

SS # : XXX-XX-1805
DOB : 11/7/77
Terms : 45 days
Claim #(s):
3394592

BILL TO:
ALPHA FUND
W.C. DEPARTMENT
ATTN: LISA BAEON
P.O. BOX 619084
ROSEVILLE, CA 95661

Case: [redacted] vs TORRANCE MEMORIAL MEDICAL CENT
Date Of Injury: 1/16/12

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 180.0(

* 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.

Insurer: Torrance Memorial Medical Center
Client: Torrance Memorial (SI)
Payee: Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 927814165

ALPHA FUND M

Delivery Method:
Check Number: 14574
Check Date: 09/10/2015
Check Amount: 180.00

Claimant:
Claim#: 3394592
For:
From: 02/12/2015
Through: 02/12/2015
Document No:

Incident Date: 01/16/2012
Payment Type: M27-Interpreter
Invoice No: 59962
Invoice Date: 08/10/2015
Payment Amount: 180.00

PAID

BY: _____

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

ALPHA Fund

Wells Fargo Bank

REF# 308309 CHECK NO. 14574

P.O. Box 619084
Roseville, CA 95661
(800) 655-2667

11-24
1210

DATE
09/10/2015

AMOUNT
**********180.00
VOID 90 DAYS AFTER DATE ISSUED

Pay One Hundred Eighty Dollars And 00/100

CA Workers' Compensation Payment

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

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $25,000

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

⑈14574⑈ ⑆121000248⑆ 4941924821⑈

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

*** INVOICE ***

Date	NO#
01/13/15	62314

Claim # : 608A17782; 608-A12216
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 6/19/52
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (ROCKLIN779008)
W.C. DEPARTMENT
ATTN: BERNIZ GALLARDO
P.O. BOX 779008
ROCKLIN, CA 95677

Case: [redacted] vs ADP TOTALSOURCE/AESHEA JAYASIN
Date Of Injury: 7/16/10; 2/26/08

DOS	SERVICE	DESCRIPTION	AMOUNT
05/22/14	DEPO PREP	@ THE L/O OF STOCKWELL HARRIS WOOLVERTON	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/01/14	DEPO PREP	@ THE L/O OF STOCKWELL HARRIS WOOLVERTON	156.50
/ /	INTERPRETER:	MARIO VALDEZ # 301322	0.00
11/11/14	LEGAL REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/15/14	PMT BY CHECK	DOS 5/22/14-10/1/14*	-313.00
01/06/15	PMT BY CHECK	DOS 11/11/14* # 01671106	-250.00

BALANCE 0.0(

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

BRANCH OFFICE ADDRESS:
P O BOX 4555
PORTLAND, OR 97208
916-564-1792

Helmsman
Management Services LLC

B. CODE	CHECK NUMBER	CHECK DATE
199	01671106	01/06/15
	CHECK AMOUNT ****$250.00	BLOCK NUMBER 003219

OSN: EE2801010603-002687

CLAIM #: WC 608-A17782
CONTRACT #: WC8-65A-290306-111-92

CONTROL #: 000003408 ID: C608D99

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 07/16/10
EMPLOYEE: I

B

EMPLOYER: ADP TOTALSOURCE R
DATES OF SERVICE 11/11/14-11/11/14
LOCATION CODE: TU4

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
11/11/14	11/11/14	EXPENSE		.00	250.00	250.00	

NOTE: PAYS DOS 11/11/14

TOTAL CHARGES	250.00
TOTAL PAYABLE:	250.00
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	250.00

62314

PAID JAN 13 2015

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

[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#
01/13/15	61024

Claim # : 208027271800
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-2057
D.O.B. : 4/25/45
Terms : 45 days

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

Case: I [redacted] vs FOUR SEASON HOTEL
Date Of Injury: 7/4/12

DOS	SERVICE	DESCRIPTION	AMOUNT
02/16/14	ADMISSION	REF BY DR PRADHAM @ MONROVIA HOSPITAL*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/17/14	SURGERY	DR PRADHAM: L/S @ MONROVIA HOSPTIAL (3 HRS)	270.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
01/06/15	PMT BY CHECK	DOS 2/16/14-2/17/14* # 1100229767	-450.00

BALANCE 0.0(

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

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

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

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00397

PAID JAN 13 2015

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0272718 001 KT	WC 9377088	61024		07/04/12	02/16/14-02/17/14

Check Number	1100229767	Date Issued	01/06/15	Amount	$*****450.00
Insured	Four Seasons Hotel Los Angeles				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Janardhan CG-Veeraswamy				
File Supervisor	Kathryn Truong	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	450.00		

TOTAL $450.00

[redacted]

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

*** INVOICE ***

Date	NO#
03/12/15	63278

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5442
D.O.B. : 3/26/76
Terms : 45 days
Claim #(s):
42362

BILL TO:
PACIFIC COMP INS. COMPANY
W.C. DEPARTMENT
ATTN: LIEN UNIT
P.O. BOX # 5042
THOUSAND OAKS, CA 91359

Case: vs CIRCUIT SVCS dba CAREER TECHN.
Date Of Injury: 11/8/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/02/14	INITIAL EXAM	DR ATAMIAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
09/09/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
09/19/14	INITIAL EXAM	DR G. WADE @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	LETTY JULIAO-GREEN # 301547	0.00
10/02/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR RINK @ ACS* INITIAL	150.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/14/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/17/14	PR2/REEVAL	DR WADE @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
11/06/14	INITIAL EXAM	ACUPUNCTURE W/KIM @ ACS*	230.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
02/26/15	PMT BY CHECK	DOS 7/2/14-10/14/14* =# 00609333	-970.00

BALANCE 410.00

* 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.

PACIFIC COMPENSATION INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042
(818) 575-8500

PAID MAR 06 2015

Temporary Return Service Requested

000054-000001-000054 2503717 2320EDC 1
Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

Explanation of Review
Page: 1 of 2
DCN: PC1-0010-0080821
Date of Review: 02/24/2015
Date Bill Received: 02/09/2015
Adjustor: DBENNEY
File: 00000000010.00 / 00000000000.00 / 00000000
Check No.: 00609333 Bulk $970.00
Method of Payment: Paper Check

Provider: JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781
Provider State License: 999999999
Provider Invoice: 63278
Rendering Provider: ATAMIAN,
Rendering Provider ID: 9999999999

Claim 00042362
Policy: WA 00031200
Employer Name: CIRCUIT SERVICES, LLC
Doi: 11/08/2013
Claimant:
Patient SSN:
MPN Number: 1018

63278

Tax ID: 330956713 OMP
DOS: 07/02/2014 TO 10/14/2014
Ext ID: 33095671300 100
Payment Status Code: 1
Payment Date: 02/26/2015 Bill Frequency:

DX 1: 9599 Injury-site NOS

Date of Service	Code	Mod	Rev Code	Service Description	Prescription #	Allow Units	Bill Units	Adjust Qnty	Charges	Reductions Bill Review	Reductions PPO	Allowance	Expl. Code(s)
07/02/2014	99199			UNLISTED SPECIAL SERV/REP		1	1	0	230.00			230.00	
09/09/2014	99199			UNLISTED SPECIAL SERV/REP		1	1	0	180.00			180.00	
09/19/2014	99199			UNLISTED SPECIAL SERV/REP		1	1	0	230.00			230.00	
10/02/2014	99199			UNLISTED SPECIAL SERV/REP		1	1	0	150.00			150.00	
10/14/2014	99199			UNLISTED SPECIAL SERV/REP		1	1	0	180.00			180.00	
								Total Charges:	970.00				
								Bill Review Reductions:		0.00			
								Recommended Allowance				970.00	

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

PacificComp®
PACIFIC COMPENSATION INSURANCE COMPANY

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

16-01606/1220

CHECK NO: 00609333
DATE: 02/26/2015

AMOUNT
*****$970.00

VOID AFTER 6 MONTHS
TWO SIGNATURES REQUIRED IF $10,000.00 OR MORE

PAY TO THE ORDER OF: Nine Hundred Seventy and 00/100
Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

Authorized Signature
Daniel K. Richardson
Authorized Signature

VOID VOID VOID

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

*** INVOICE ***
Date NO#
02/24/15 63528

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4874
D.O.B. : 10/26/43
Terms : 45 days
Claim #(s):
710893941

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

Case: vs EXTENDED STAY AMERICA
Date Of Injury: 10/2/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/22/14	INITIAL EXAM	DR ROSARIO @ INTERVENTIONAL PAIN MGMT*	230.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/02/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
02/19/15	PMT BY CHECK	DOS 7/22/14-9/2/14* =# 27953831	-410.00

BALANCE 0.0(

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

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

201502194005

Electronic Service Requested

ENV 36 1 OF 11 F

SINGLE PIECE
36 2.2903 SP 0.900

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

Check No.: 27953831
RFP No.: 599739
Check Date: 02/19/2015
Check Amount: 410.00
Insured: HVM, L.L.C.

Claimant:

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

Payee Name: JOYCE ALTMAN INTERPRETERS

63528

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000026020287	00893941	01	10/02/2013	MED	O	410.00
					Total Amount	410.00

Reason for Payment
ORG: 410.00 ACT: N/A 072214-090214

Use File # 710/00893941 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID [illegible] 2015

[redacted]

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

*** INVOICE ***
Date NO#
03/03/15 63196

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 4/13/80
Terms : 45 days
Claim #(s):
710920131

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

Case: vs PARTNERSHIP STAFFING SOLUTIONS
Date Of Injury: 2/28/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/27/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
08/01/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
08/20/14	INITIAL EXAM	W/ACUPUNCTURIST R. MCLEAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
08/29/14	PR2/REEVAL	DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	LETTY JULIAO-GREEN # 301547	0.00
09/17/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR CONNELLY @ ACS*	150.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
09/26/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/27/14	INITIAL EXAM	DR WADE @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
10/31/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 500257	0.00
02/20/15	PMT BY CHECK	DOS 6/27/14-9/26/14* # 27963712	-1100.00
		BALANCE	410.00

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

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

[redacted]

Electronic Service Requested

MIXED AADC 926
3128 1.2556 MB 0.432

JOYCE ALTMAN INTERPRETERS INC 161
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 27963712
RFP No.: 604907
Check Date: 02/20/2015
Check Amount: 1,100.00
Insured: PARTNERSHIP STAFFING SOLUTIONS
Claimant:

Claim Office: 710
Insuring Company: COMMERCE AND INDUSTRY INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS

63196

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000001613163	00942782	01	02/25/2014	MED	O	1,100.00
					Total Amount	1,100.00

Reason for Payment
ORG: 1100.00 ACT: NONE 062714-092614

Use File # 710/00942782 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID FEB 24 2015

[redacted]

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

*** INVOICE ***
Date NO#
02/24/15 62380

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8950
D.O.B. : 9/27/70
Terms : 45 days
Claim #(s):
4863856902

BILL TO:
SEDGWICK/SRS (LX-14153)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
PO BOX 14153
LEXINGTON, KY 40512

Case: vs KEER GROUP
Date Of Injury: 6/18/08

DOS	SERVICE	DESCRIPTION	AMOUNT
05/05/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT (IPM)*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/31/14	EPIDURAL	DR BERNSTEIN @ NEWPORT COAST SURGERY CTR*	150.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
08/04/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/05/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
12/24/14	PMT BY CHECK	DOS 05/05/14-09/05/14* # 0054295710	-690.00
10/10/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
02/19/15	PMT BY CHECK	DOS 10/10/14* # 0056012311	-180.00

BALANCE 0.0(

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

Sedgwick Claims Management Services, Inc
PO Box 14153
Lexington, KY 40512-4153

[redacted]

201502191615

Electronic Service Requested

SINGLE PIECE
2148 0.3820 SP 0.480

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

4

DATE	CHECK AMT	CHECK NO.
02/19/2015	180.00	0056012311

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

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

Claimant Name	Loss Date	Claim Number
	06/18/2008	4863856902

Amt Paid: 180.00 Description: Miscellaneous Medical
Amt Billed: 180.00 Invoice: 62380 ICN: 168632052.338
Dates: 05/05/2014-10/10/2014 Comment:

PAID FEB 24 2015

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

[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#
02/24/15	62243

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7764
D.O.B. : 2/25/37
Terms : 45 days
Claim #(s):
2080196217

BILL TO:
ZURICH INS.(968002-SCHAUMBURG)
W.C. DEPARTMENT
ATTN: DENNIS RICHFIELD
P.O. BOX 968002
SCHAUMBURG, IL 60196

Case: (. vs CAMBRO MFF
Date Of Injury: 8/28/08-9/19/08

DOS	SERVICE	DESCRIPTION	AMOUNT
04/29/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT (IPM)*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/25/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/24/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
02/20/15	PMT BY CHECK	DOS 4/29/14-9/24/14* # 1100024363	-540.00

BALANCE 0.0(

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

PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

ZURICH SERVICES CORP

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

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

06573

PAID FEB 24 2015

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Contract	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0196217 001 DL	WC 9375236	62243		09/22/08	04/29/14-09/24/14

Check Number	1100024363	Date Issued	02/20/15	Amount	$*****540.00
Customer	Cambro Manufacturing Company				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Nirmal kumar CG-Vinayagam				
File Supervisor	Dennis Litchfield	Phone Number	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	540.00		
TOTAL	$540.00		

[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#
02/24/15	61229

W.C.A.B.: -
ADJ # : .
S.S.N. : XXX-XX-N/A
D.O.B. : 1/25/77
Terms : 45 days
Claim #(s):
710875085

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

Case: vs WEST COAST DRYWALL
Date Of Injury: 5/3/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/04/14	CONSULT	DR ROSARIO @ INTERVENTIONAL PAIN MGMT* (IPM)	230.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
02/19/15	PMT BY CHECK	DOS 3/4/13* # 27956184	-230.00

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.

2.

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

Electronic Service Requested

SINGLE PIECE

36 2.2903 SP 0.900

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

3 OF 11 F

ENV 36

Check No.: 27956184
RFP No.: 598742
Check Date: 02/19/2015
Check Amount: 230.00
Insured: WEST COAST DRYWALL, INC.

Claimant:

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

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000021417661	00875085	01	05/03/2013	MED	C	230.00
					Total Amount	230.00

Reason for Payment
ORG: 230.00 ACT: 61229 030414-030414

Use File # 710/00875085 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID FEB 24 2015

[redacted]

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

*** INVOICE ***

Date	NO#
03/13/15	63278

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5442
D.Q.B. : 3/26/76
Terms : 45 days
Claim #(s):
42362

BILL TO:
PACIFIC COMP INS. COMPANY
W.C. DEPARTMENT
ATTN: LIEN UNIT
P.O. BOX # 5042
THOUSAND OAKS, CA 91359

Case: vs CIRCUIT SVCS dba CAREER TECHN.
Date Of Injury: 11/8/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/02/14	INITIAL EXAM	DR ATAMIAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
09/09/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
09/19/14	INITIAL EXAM	DR G. WADE @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	LETTY JULIAO-GREEN # 301547	0.00
10/02/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR RINK @ ACS* INITIAL	150.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/14/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/17/14	PR2/REEVAL	DR WADE @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
11/06/14	INITIAL EXAM	ACUPUNCTURE W/KIM @ ACS*	230.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
02/26/15	PMT BY CHECK	DOS 7/2/14-10/14/14* =# 00609333	-970.00
03/04/15	PMT BY CHECK	DOS 10/17/14* # 00609892	-180.00

BALANCE 230.00

* 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.

PACIFIC COMPENSATION INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042
(818) 575-8500

Temporary Return Service Requested

000101-000001-000201 2503754 2320EDC 2
Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

Explanation of Review
Page: 1 of 3
DCN: PC1-0010-0081975
Date of Review: 03/02/2015
Date Bill Received: 02/11/2015
Adjustor: DBENNEY
File: 00000000010.00 / 00000000000.00 / 00000000
Check No.: 00609892 Bulk $180.00
Method of Payment: Paper Check

63278

Provider: JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781
Provider State License: 99999999
Provider Invoice: 63278
Rendering Provider: JOYCE ALTMAN INTERPRETERS,
Rendering Provider ID: 9999999999

Claim 00042112
Policy: WA 00031200
Employer Name: CIRCUIT SERVICES, LLC
Doi: 09/06/2013
Claimant:
Patient SSI
MPN Number: 1018

PAID MAR 09 2015

Tax ID: 330956713 OMP
DOS: 07/02/2014 TO 10/17/2014
Ext ID: 33095671300 100
Payment Status Code: 1
Payment Date: 03/04/2015 Bill Frequency:

DX 1: 9599 Injury-site NOS

Date of Service	Code	Mod	Rev Code	Service Description	Prescription #	Allow Units	Bill Units	Adjust Qnty	Charges	Reductions Bill Review	Reductions PPO	Reductions Allowance	Expl. Code(s)
07/02/2014	99199			UNLIS SPEC SVC PX/REPRT		0	1	-1	230.00	230.00		0.00	G56 G1
09/09/2014	99199			UNLIS SPEC SVC PX/REPRT		0	1	-1	180.00	180.00		0.00	G56 G1
09/19/2014	99199			UNLIS SPEC SVC PX/REPRT		0	1	-1	230.00	230.00		0.00	G56 G1
10/02/2014	99199			UNLIS SPEC SVC PX/REPRT		0	1	-1	150.00	150.00		0.00	G56 G1
10/14/2014	99199			UNLIS SPEC SVC PX/REPRT		0	1	-1	180.00	180.00		0.00	G56 G1
10/17/2014	99199			UNLIS SPEC SVC PX/REPRT		1	1	0	180.00			180.00	

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

PacificComp®
PACIFIC COMPENSATION INSURANCE COMPANY

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

16-01606/1220

CHECK NO: 00609892
DATE: 03/04/2015

AMOUNT
*****$180.00

VOID AFTER 6 MONTHS
TWO SIGNATURES REQUIRED IF $10,000.00 OR MORE

PAY One Hundred Eighty and 00/100

TO THE ORDER OF Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

Authorized Signature

Authorized Signature

VOID VOID VOID

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

*** INVOICE ***
Date NO#
03/03/15 63488

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0987
D.O.B. : 4/15/78
Terms : 45 days
Claim #(s):
710829747

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

Case: vs KIYOSHI IGAWA
Date Of Injury: 4/17/12

DOS	SERVICE	DESCRIPTION	AMOUNT
07/30/14	INITIAL EXAM	DR BERNSTEIN @ INTERVENTIONAL PAIN MANAGEMENT* IPM	230.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/02/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
02/24/15	PMT BY CHECK	DOS 7/30/14-9/2/14* # 27984508	-410.00

BALANCE 0.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

4000028000

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

201502241604

Electronic Service Requested

MIXED AADC 926
2628 0.5486 MB 0.432

JOYCE ALTMAN INTERPRETERS INC 134
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 27984508
RFP No.: 615929
Check Date: 02/24/2015
Check Amount: 410.00
Insured: KENSHIN MANAGEMENT LLC (LIMITE
Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID MAR 03 2015

63488

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000007159002	00829747	01	04/17/2012	MED	O	410.00
					Total Amount	410.00

Reason for Payment
ORG: 410.00 ACT: N/A 073014-090214

Use File # 710/00829747 on all correspondence for prompt processing.
For check information call: 877-802-5246

[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#
06/12/15 62243

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7764
D.O.B. : 2/25/37
Terms : 45 days
Claim #(s):
2080196217

BILL TO:
ZURICH INS.(968002-SCHAUMBURG)
W.C. DEPARTMENT
ATTN: DENNIS RICHFIELD
P.O. BOX 968002
SCHAUMBURG, IL 60196

Case: vs CAMBRO MFF
Date Of Injury: 8/28/08-9/19/08

DOS	SERVICE	DESCRIPTION	AMOUNT
04/29/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT (IPM)*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/25/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/24/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
02/20/15	PMT BY CHECK	DOS 4/29/14-9/24/14* # 1100024363	-540.00
03/18/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
11/24/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
06/01/15	PMT BY CHECK	DOS 3/18/15* # 1100034019	-180.00

BALANCE 180.0

* 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.

PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

ZURICH SERVICES CORP

PAID JUN 0 5 2015

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

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

08282

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Contract	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0196217 001 DL	WC 9375236	62243		09/22/08	03/18/15-03/18/15

Check Number	1100034019	Date Issued	06/01/15	Amount	$*****180.00
Customer	Cambro Manufacturing Company				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Munna CG-Noorbai				
File Supervisor	Dennis Litchfield	Phone Number	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	180.00		
TOTAL	$180.00		

[redacted]

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

*** INVOICE ***
Date NO#
03/03/15 64550

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-3874
D.O.B. : 11/3/61
Terms : 45 days
Claim #(s):
30131377706

BILL TO:
SEDGWICK CLAIMS (LEXINGT14563)
W.C. DEPARTMENT
ATTN: COREY OCHOA
P.O. BOX 14563
LEXINGTON, KY 40512

Case: s FOOD 4 LESS
Date Of Injury: 10/29/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/23/14	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/27/15	PMT BY CHECK	DOS 12/23/14* # 0002819468	-250.00

BALANCE 0.00

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

Sedgwick Claims Management Services, Inc
P O Box 14563
Lexington, KY 40512-4563

DATE	CHECK AMT	CHECK NO.
02/27/2015	250.00	0002819468

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

SCMS UNIT	PAGE
300 Sedgwick Claims Management Services	001

*001431 0002819468 00001 OF 00001 OPM 150226 1508

PAID MAR 03 2015

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

64550

Claimant Name	Loss Date	Claim Number	SSN
	10/29/2013	30131377706-0001	

Amt Paid: 250.00 Description:
Amt Billed: 250.00 Invoice: ICN: 301313777060001
Dates: 12/23/2014 - 12/23/2014 Comment:

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 (02-28-0

[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#
05/12/15	63147

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-2894
D.O.B. : 3/1/85
Terms : 45 days
Claim #(s):
1243670

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

Case: vs JACK IN THE BOX
Date Of Injury: 5/4/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/24/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
06/13/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
07/29/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
08/07/14	INITIAL EXAM	W/ACUPUNCT HAN/JANG @ ACS*	230.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
08/21/14	PR2-RE/EVAL	W/ACUPUNCTURIST KIM/SUNG*	180.00
/ /	INTERPRETER:	PATRICIA HERNANDEZ # 301690	0.00
09/02/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
10/07/14	PR2/REEVAL	DR ATAMIAN @ ACS*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
10/10/14	INITIAL EXAM	DR G. WADE @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	LETTY JULIAO GREEN # 301547	0.00
02/25/15	PMT BY CHECK	DOS 6/24/14-10/7/14* # 00694654	-1310.00
10/30/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR CONNOLY @ ACS* INIT	150.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
11/11/14	PR2/REEVAL	DR ATAMIAN @ ACS*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
11/14/14	INITIAL EXAM	DR PEREZ @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	LETTY JULIAO-GREEN # 301547	0.00
11/20/14	PR2/REEVAL	DR MENDELSOHN @ ACS*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/24/15	INITIAL EXAM	DR MENDELSON & PR-2 W/DR ATAMIAN @ ACS*	230.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
00743372
1243670-1
SWC1030635

DATE	AMOUNT
4/22/2015	$230.00

PAY Two Hundred Thirty and 0/100s Dollars**********

Pay To: JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

SIGNATURE HAS A COLORED BACKGROUND - PHOTOCOPY CONTAINS MICROPRINTING

⑈00743372⑈ ⑆021309379⑆ 790262463⑈

PAID MAY 04 2015

Check Number	00743372
Claim Number:	1243670-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1030635/Newco Foods LLC
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	5/4/2014
Location:	
Examiner Code:	ckimble

63147

Amount:	$230.00
Dates of Service:	10/10/2014-10/10/2014
Explanation:	Invoice # 63147
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

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

888-239-3909

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

*** INVOICE ***

Date	NO#
03/06/15	63147

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-2894
D.O.B. : 3/1/85
Terms : 45 days
Claim #(s):
1243670

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

Case: vs JACK IN THE BOX
Date Of Injury: 5/4/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/24/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
06/13/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
07/29/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
08/07/14	INITIAL EXAM	W/ACUPUNCT HAN/JANG @ ACS*	230.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
08/21/14	PR2-RE/EVAL	W/ACUPUNCTURIST KIM/SUNG*	180.00
/ /	INTERPRETER:	PATRICIA HERNANDEZ # 301690	0.00
09/02/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
10/07/14	PR2/REEVAL	DR ATAMIAN @ ACS*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
10/10/14	INITIAL EXAM	DR G. WADE @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	LETTY JULIAO GREEN # 301547	0.00
02/25/15	PMT BY CHECK	DOS 6/24/14-10/7/14* # 00694654	-1310.00

BALANCE 230.00

* 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.

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
00694654
1243670-1
SWC1030635

DATE	AMOUNT
2/25/2015	$1,310.00

PAY One Thousand Three Hundred Ten and 0/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈00694654⑈ ⑆021309379⑆ 790262463⑈

Check Number	00694654
Claim Number:	1243670-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1030635/Newco Foods LLC
SSN / Employee Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	5/4/2014
Location:	
Examiner Code:	ckimble

63147

PAID MAR 02 2015

Amount:	$1,310.00	ANA UBI Claims
Dates of Service:	6/24/2014-10/7/2014	PO BOX 740042
Explanation:	services of 6/24/2014-10/07/2014	Atlanta, GA 30374-0042
Category:	E10 - Interpreter	
Placement:	4 - Expense	888-239-3909
Transaction Type:		

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

*** INVOICE ***

Date	NO#
03/13/15	63818

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 2/3/85
Terms : 45 days
Claim #(s):
4941C4038122

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

Case: vs SELECT STAFFING
Date Of Injury: 7/18/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/18/14	INITIAL EXAM	PRDR HIGASHI @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	RENEE ENNABE # 500242	0.00
08/28/14	R.P.T.	REHAB PHYSICAL THERAPY W/DR WILLIAMS @ ACS*	90.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
09/08/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/24/14	INITIAL EXAM	DR GABRIEL WADE @ ACS*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
10/17/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/ MENDOZA-INITIAL@ACS*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
10/27/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/04/14	INITIAL EXAM	W/ACUPUNCT DR HAN @ ACS*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
03/03/15	PMT BY CHECK	DOS 8/18/14-10/17/14* # DA73667507	-880.00
		BALANCE	410.00

.INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

PDWLDMCD-001479-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 03/03/15

CHECK NO. **DA73667507**

STATEMENT

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

5900A11DA 00 00258 DA73667507
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C4038122

DOLLARS
$*********880.00

*** NOT NEGOTIABLE ***

FOR
08/18/14 THRU 10/17/14 63818 ✓

CLAIMANT

DATE OF EVENT
07/18/14

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 MAR 09 2015

BOA18B (078/2009)

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#
05/04/15 62559

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7520
D.O.B. : 8/23/58
Terms : 45 days
Claim #(s):
80700151161

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

Case: _____ vs B C DOERING CO
Date Of Injury: 6/25/04

DOS	SERVICE	DESCRIPTION	AMOUNT
05/14/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT* (IPM)	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500267	0.00
06/12/14	EPIDURAL	PAIN MGMT W/BERNSTEIN @ INTERVENTIONAL PAIN*	150.00
/ /	INTERPRETER:	MARIA DOGHERTY # 500093	0.00
10/01/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
10/27/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
03/05/15	PMT BY CHECK	DOS 5/14/14-10/27/14* # 260371046	-690.00
12/03/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
11/18/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
04/09/15	PMT BY CHECK	DOS 12/3/14* # 260388309	-180.00
04/29/15	PMT BY CHECK	DOS 11/18/14* # 260398259	-180.00

BALANCE 0.0(

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

EMPLOYERS®

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

WELLS FARGO BANK
260398259

56-382
412

DATE:04/29/2015

Pay Nine Hundred Twenty Two Dollars And 50/100

AMOUNT
**********$922.50

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

⑈260398259⑈ ⑆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 Number: 260398259
Check Date: 04/29/2015

Claim Number: 2013218613
Injured Employee:

Payment Description: Medical Interpreter
Billed Date: 04/15/2015
Service Period: 02/26/2015 through 02/26/2015
Invoice Number: 65160
Billed Amount: $742.50
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $742.50

Claim Number: 80700151161
Injured Employee:

Payment Description: Medical Interpreter
Billed Date: 04/17/2015
Service Period: 11/18/2014 through 11/18/2014
Invoice Number: 62559
Billed Amount: $180.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $180.00

Check Total: $922.50

PAID MAY 04 2015

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

*** INVOICE ***
Date NO#
04/17/15 62559

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7520
D.O.B. : 8/23/58
Terms : 45 days
Claim #(s):
80700151161

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

Case: vs B C DOERING CO
Date Of Injury: 6/25/04

DOS	SERVICE	DESCRIPTION	AMOUNT
05/14/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT* (IPM)	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500267	0.00
06/12/14	EPIDURAL	PAIN MGMT W/BERNSTEIN @ INTERVENTIONAL PAIN*	150.00
/ /	INTERPRETER:	MARIA DOGHERTY # 500093	0.00
10/01/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
10/27/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
03/05/15	PMT BY CHECK	DOS 5/14/14-10/27/14* # 260371046	-690.00
12/03/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
11/18/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
04/09/15	PMT BY CHECK	DOS 12/3/14* # 260388309	-180.00

BALANCE 180.0

* 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: 260388309
Check Date: 04/09/2015

Claim Number: 80700151161
Injured Employee: [redacted]

Payment Description: Medical Interpreter
Billed Date: 03/31/2015
Service Period: 12/03/2014 through 12/03/2014
Invoice Number: 62569
Billed Amount: $180.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $180.00

Check Total: $180.00

PAID APR 13 2015

Page 1 of 1

[redacted]

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

*** INVOICE ***

Date	NO#
04/21/15	61463

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6742
D.O.B. : 4/1/71
Terms : 45 days
Claim #(s):
011975-0008725-WC-01

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

Case: ; vs GOYA
Date Of Injury: 10/22/01

DOS	SERVICE	DESCRIPTION	AMOUNT
03/20/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
04/22/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
06/11/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/09/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/12/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
11/07/14	PMT BY CHECK	DOS 3/20/1-7/9/14* # 0113885256	-720.00
09/15/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
01/02/15	PMT BY CHECK	DOS 3/20/14-9/15/14* # 0115248668	-360.00
10/21/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
04/16/15	PMT BY CHECK	DOS 10/21/14* # 0117970580	-180.00

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

*** INVOICE ***

Date	NO#
04/21/15	61463

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6742
D.O.B. : 4/1/71
Terms : 45 days
Claim #(s):
011975-0008725-WC-01

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

Case: vs GOYA
Date Of Injury: 10/22/01

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

011975 PAGE 1 OF 1 003527

MDG2009 00004542 1 MB 0435 1

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

PAID APR 21 2015

GALLAGHER BASSETT SERVICES INC
FOR PENNSYLVANIA MANUFACTURERS
ASSURANCE

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

CLAIM NO.: 011975 008725 WC 01 (2886935P)
CLAIMANT:
DESCRIPTION: INV#61463

DATES OF SERVICE: 21Oct14 **THRU** 21Oct14
BENEFIT PERIOD: **THRU**

BRANCH NO.: 176
ACC DATE: 22Oct01

NO.: 0117970580
VN: 0001887798
DATE: 16Apr15
AMOUNT: 180.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004542 005215 001 003

[redacted]

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

*** INVOICE ***

Date	NO#
01/16/15	63475

Claim # : 65162
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7508
D.O.B. : 7/7/48
Terms : 45 days

BILL TO:
SOUTHLAND CLAIMS (GARDEN GROV)
W.C. DEPARTMENT
ATTN: MONIQUE QUEENLAND
P.O. BOX # 958
GARDEN GROVE, CA 92842-0958

Case: vs FAITH BAPTIST CHURCH
Date Of Injury: 5/22/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/29/14	PRE-OP	DR JARCHI @ MONROVIA HOSP*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
08/08/14	SURGERY	DR PELTON: LT SHDR @ MONROVIA HOSP. (6.5 HRS)	585.00
/ /	INTERPRETER:	ELISA MEDINA # 003695	0.00
01/07/15	PMT BY CHECK	DOS 7/29/14-8/8/14* # 103802	-765.00

BALANCE 0.0(

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

THIS CHECK IS VOID WITHOUT A BLUE BACKGROUND

103802

Brotherhood Mutual
Insurance Company

400 Brotherhood Way * P.O. Box 2227
ort Wayne, Indiana 46801

Wells Fargo Bank, N.A.
San Francisco, CA
11-4288/1210

01/07/2015

AMOUNT
$ ******765.00

PAY: Seven Hundred Sixty-five and xx / 100 **********

VOID AFTER 180 DAYS

TO THE ORDER OF Joyce Altman Interpreters, Inc.
P.O. Box 1460
Tustin, CA 92781-1460

MEMO: BMIC#478836; DOS 7/29-8/8/14; 33-0956713; Miscellaneous

⑈0000103802⑈ ⑆122104288⑆ 835 157408 5⑈

103802

Claim Number
10.65162.1219.WC
Claimant Name

Check Amt: $ 765.00
Check Date: 01/07/2015
Adjuster: queenlandm
Invoice No: Inv#63475
Invoice Date:
Date Of Loss: 05/22/2013
Service Dates: 07/29/2014 08/08/2014
Payee Name: Joyce Altman Interpreters, Inc.
P.O. Box 1460
Tustin, CA 92781-1460

Comment
DOS 7/29/14 Inv#63475

PAID JAN 09 2015

103802

Claim Number
10.65162.1219.WC
Claimant Name

Check Amt: $ 765.00
Check Date: 01/07/2015
Adjuster: queenlandm
Invoice No: Inv#63475
Invoice Date:
Date Of Loss: 05/22/2013
Service Dates: 07/29/2014 08/08/2014
Payee Name: Joyce Altman Interpreters, Inc.
P.O. Box 1460
Tustin, CA 92781-1460

Comment
DOS 7/29/14 Inv#63475

MR

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

*** INVOICE ***

Date	NO#
01/09/15	63984

Claim # : 06023180
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 5/20/84
Terms : 45 days

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

Case: vs MORTIMER AND WALLACE
Date Of Injury: 9/24/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/23/14	LEGAL_PREP	DEPO PREP @ M&M COURT REPORTERS	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/26/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
12/23/14	PMT BY CHECK	DOS 10/23/14* #CE-746339	-156.50
01/06/15	PMT BY CHECK	DOS 11/26/14* # CE-747830	-250.00

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.

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: **CE-747830**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/06/15
Doc #: 029215825

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name		**Claim #:** 06023180		
1	63984	11/26/14	11/26/14	Interpreter fees	1		250.00
					Total Allowances:		**$250.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
06023180	250.00	.00	250.00

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

Notations:

06023180 DOS 10/23/14 PAID, 12/23/; 14 CE746339;

PAID JAN 09 2015

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

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

[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#
01/13/15	63982

Claim # : EZG5769
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6470
D.O.B. : 7/11/76
Terms : 45 days

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

Case: : vs MULTI PLASTICS INC
Date Of Injury: 6/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/22/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	ELIZABETH HERRERA # 100764	0.00
11/24/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/05/15	PMT BY CHECK	DOS 10/22/14-11/24/14* # 891A 85824362	-406.50

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.

013491

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933
SA06701

891A 85824362

TRAVELERS

DATE: 01/05/15
LOSS DATE: 10/15/13
FILE NUMBER: 158 CB EWJ9230 E

EMPLOYEE

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

PAID JAN 13 2015

ACCOUNT NAME:
MULTI-PLASTICS, INC.

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

LEGAL DISBURSEMENTS/COURT COSTS

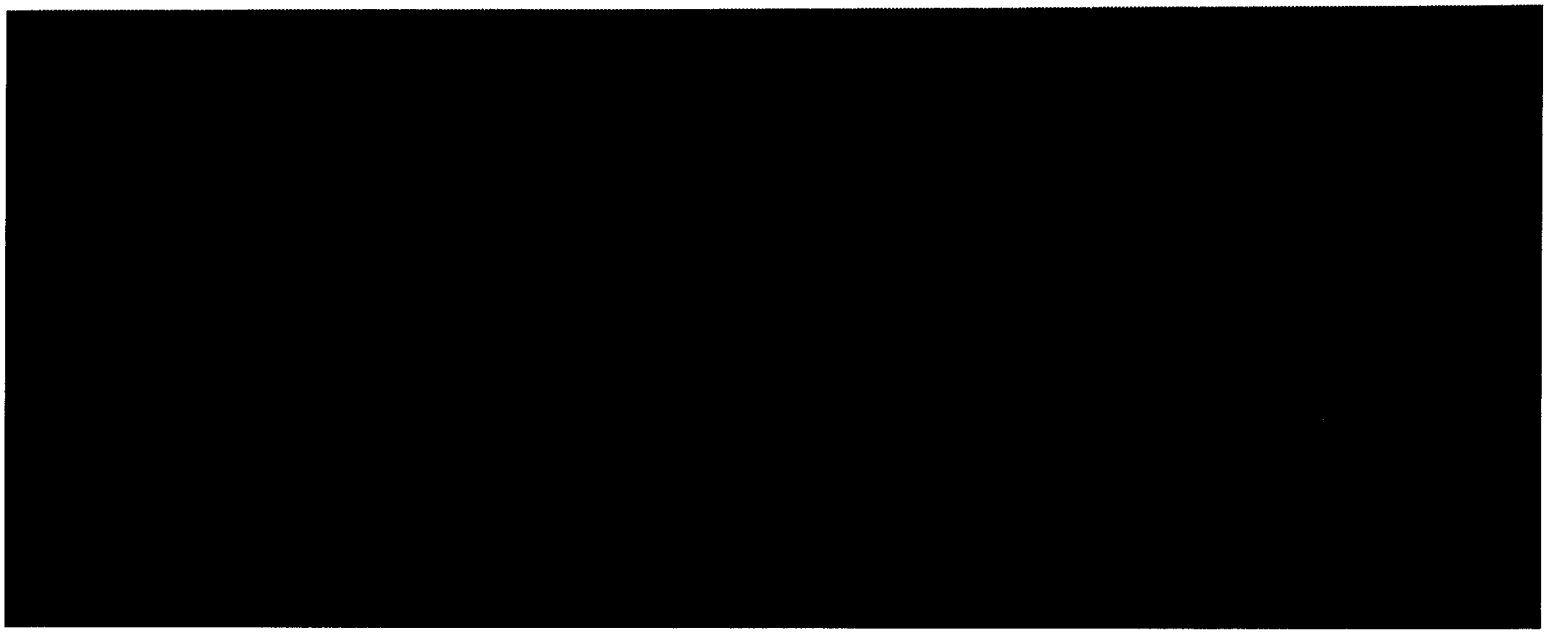
SERVICE DATE: 10/22/2014 TO: 11/24/2014

TOTAL PAID: $406.50
TAX INFO: 33095671354789 39Y
PAY MISC: 63982
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: KATIE E RAMOS AT (925)945-4031

)05006790
DETACH CHECK

UNSUMM
OVAP-UNS2-12
DETACH CHECK



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

*** INVOICE ***

Date	NO#
01/13/15	64134

Claim # : 1581236
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 8/3/66
Terms : 45 days

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

Case: vs MISSION CARWASH
Date Of Injury: 6/8/10

DOS	SERVICE	DESCRIPTION	AMOUNT
09/11/14	SURGERY	DR WILKER: R/KNEE @ MONROVIA HOSPITAL (7H 10M)	652.50
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/05/15	PMT BY CHECK	DOS 9/11/14* # 00055381	-652.50

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.

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

JP MORGAN CHASE
, NY
50-937/213

CHECK NO.
00055381
1581236-1
WCC0009715

DATE	AMOUNT
1/5/2015	$652.50

PAY Six Hundred Fifty-Two and 50/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 90 DAYS

Mail To

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈00055381⑈ ⑆021000021⑆ 639993851⑈

PAID JAN 13 2015

Explanation Of Bill Review

Check Number	00055381	AMTRUST NORTH AMERICA, INC.-TOWER CLAIMS
Claim Number:	1581236-1	P.O. BOX 740042
Regulatory ID:		ATLANTA, GA 30374-0042
Bill Number:	7223558	
Invoice Number:	FP1-MJCA-158260	888-239-3909
Policy / Insured:	WCC0009715/KING VALET PARKING, INC.	
SSN / Employee Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC	
Loss Date:	6/8/2010 FP1-MJCA-158260	
Location:	MART, MOBIL EXPRESS LUBE 762 N. NOGALES AVE Walnut CA 90802 - 4532	
Examiner Code:	cgama	
Network/PPO Network:		

64134

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
9/11/2014	99911	INTERPRETING SERVICES	1.00	652.50	0.00	0.00	652.50	
				652.50	0.00	0.00	652.50	

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

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

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

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

*** INVOICE ***
Date NO#
03/09/15 62559

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7520
D.O.B. : 8/23/58
Terms : 45 days
Claim #(s):
80700151161

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

Case: vs B C DOERING CO
Date Of Injury: 6/25/04

DOS	SERVICE	DESCRIPTION	AMOUNT
05/14/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT* (IPM)	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500267	0.00
06/12/14	EPIDURAL	PAIN MGMT W/BERNSTEIN @ INTERVENTIONAL PAIN*	150.00
/ /	INTERPRETER:	MARIA DOGHERTY # 500093	0.00
10/01/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
10/27/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
03/05/15	PMT BY CHECK	DOS 5/14/14-10/27/14* # 260371046	-690.00

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.

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: 260371046
Check Date: 03/05/2015

Claim Number: 2012201697
Injured Employee:

Payment Description: Medical Interpreter $7588 F.F. SP
Billed Date: 02/18/2015
Service Period: 02/18/2015 through 02/18/2015
Invoice Number: n/a
Billed Amount: $1,600.00 ✓
Comments: MD In Full and Final Satisfaction of Lien

Account Number: n/a
Document Number: n/a
Paid Amount: $1,600.00

Claim Number: 807001611C1
Injured Employee:

Payment Description: Medical Interpreter
Billed Date: 02/23/2015
Service Period: 05/14/2014 through 10/27/2014
Invoice Number: 62559 ✓
Billed Amount: $690.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $690.00

Check Total: $2,290.00

PAID MAR 09 2015

Page 1 of 1

THE FACE OF THIS DOCUMENT HAS A MICROPRINT BORDER. THIS PAPER IS ALTERATION PROTECTED.

EMPLOYERS®

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

WELLS FARGO BANK 56-382
260371046 412

DATE:03/05/2015

Pay Twenty Two Hundred Ninety Dollars And 00/100 AMOUNT
TO THE ORDER OF: **********$2,290.00

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

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

VOID VOID VOID

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

*** INVOICE ***

Date	NO#
08/21/15	61463

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6742
D.O.B. : 4/1/71
Terms : 45 days
Claim #(s):
011975-0008725-WC-01

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

Case: GOYA
Date Of Injury: 10/22/01

DOS	SERVICE	DESCRIPTION	AMOUNT
03/20/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
04/22/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
06/11/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/09/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/12/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
11/07/14	PMT BY CHECK	DOS 3/20/1-7/9/14* # 0113885256	-720.00
09/15/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
01/02/15	PMT BY CHECK	DOS 3/20/14-9/15/14* # 0115248668	-360.00
10/21/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
04/16/15	PMT BY CHECK	DOS 10/21/14* # 0117970580	-180.00
01/23/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
08/17/15	PMT BY CHECK	DOS 01/23/15-1/23/15* # 0121061799	-180.00

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

*** INVOICE ***

Date	NO#
08/21/15	61463

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6742
D.O.B. : 4/1/71
Terms : 45 days
Claim #(s):
011975-0008725-WC-01

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

Case: [redacted] GOYA
Date Of Injury: 10/22/01

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.

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

011975 PAGE 1 OF 1 00317/8

M

MDG2009 00004689 1 MB 0439 1

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

PAID

BY: .....

GALLAGHER BASSETT SERVICES INC
FOR PENNSYLVANIA MANUFACTURERS
ASSURANCE

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

CLAIM NO.: 011975 008725 WC 01 (2886935P)
CLAIMANT:
DESCRIPTION: INV# 61463

BRANCH NO.: 176
ACC DATE: 22Oct01

NO.: 0121061799
VN: 0001942973
DATE: 17Aug15

DATES OF SERVICE: 23Jan15 **THRU** 23Jan15
BENEFIT PERIOD: **THRU**

AMOUNT: 180.00

[redacted]

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004689 005271 001 002

[redacted]

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

*** INVOICE ***

Date	NO#
03/06/15	63298

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8690
D.O.B. : 5/22/59
Terms : 45 days
Claim #(s):
301427104880001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14029)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 14029
LEXINGTON, KY 40512

Case: vs MM FAB
Date Of Injury: 5/6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/03/14	INITIAL EXAM	DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/16/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/17/14	INITIAL EXAM	W/ACUPUNCTURIST @ J. PARK*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/31/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
08/11/14	PT PR-2	PHYSICAL THERAPY W/DR GHODS @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/14/14	PR2-RE/EVAL	W/ACUPUNCTURIST A. HONG @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/16/14	PR2-RE/EVAL	W/ACUPUNCTURIST SUNG HONG*	180.00
/ /	INTERPRETER:	LISBETH C. PARENO # 101080	0.00
08/28/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/21/14	PR2-RE/EVAL	W/ACUPUNCT HONG @ ACS*	180.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
09/10/14	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
09/11/14	PR2-RE/EVAL	W/ACUPUNCT SUNG HONG @ ACS*	180.00
/ /	INTERPRETER:	LESLIE MELTON # 500259	0.00
09/19/14	PT P&S	PHYSICAL THERAPY W/DR BAHAN @ ACS*	90.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/03/14	PMT BY CHECK	DOS 7/3/14-9/10/14* # 0000091239	-1810.00
12/15/14	PMT BY CHECK	DOS 9/11/14-9/19/14* # 0000094259	-270.00

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

*** INVOICE ***

Date	NO#
03/06/15	63298

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8690
D.O.B. : 5/22/59
Terms : 45 days
Claim #(s):
301427104880001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14029)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 14029
LEXINGTON, KY 40512

Case: vs MM FAB
Date Of Injury: 5/6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/25/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/02/14	PR2-RE/EVAL	W/ACUPUNCT S. HONG @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
10/08/14	PR2/REEVAL	DR BHARATWAL @ ADANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/23/14	PR2/REEVAL	DR NEGIN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
01/22/15	PMT BY CHECK	DOS 9/25/14* # 0000103115	-180.00
10/14/14	PR2-RE/EVAL	W/ACUPUNCT HONG @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
10/21/14	PR2-RE/EVAL	W/ACUPUNCT S. HONG @ ACS*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/27/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR CONNOLLY @ ACS* FINL	150.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/28/14	PR2-RE/EVAL	W/ACUPUNCT HONG @ ACS*	180.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
11/05/14	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
02/26/15	PMT BY CHECK	DOS 10/2/14-10/23/14* # 0000111608	-540.00

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

*** INVOICE ***

Date	NO#
03/06/15	63298

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8690
D.O.B. : 5/22/59
Terms : 45 days
Claim #(s):
301427104880001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14029)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 14029
LEXINGTON, KY 40512

Case: --- vs MM FAB
Date Of Injury: 5/6/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 870.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Sedgwick Claims Management Services, Inc
PO Box 14779
Lexington, KY 40512

DATE	CHECK AMT	CHECK NO.
02/26/2015	540.00	0000111608

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

SCMS UNIT	PAGE
523 Sedgwick Claims Management Services	001

*001130 0000111608 00001 OF 00001 OAM 150226 1051

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

Claimant Name	Loss Date	Claim Number	SSN
	05/06/2014	30142710488-0001	

Amt Paid: 540.00 Description: Miscellaneous Medical
Amt Billed: 540.00 Invoice: 63298 ICN: 168732579.338
Dates: 10/02/2014 - 10/23/2014 Comment:

PAID MAR 03 2015

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

E1991.FRM (02-28-01)

[redacted]

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

*** INVOICE ***
Date NO#
07/06/15 65209

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 1/19/73
Terms : 45 days
Claim #(s):
EYJ2124

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

Case: vs BRYANT RUBBER CORP
Date Of Injury: 12/11/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/04/14	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/19/14	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
11/21/14	PT INITIAL	PHYSICAL THERAPY W/DR GHODS @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
12/16/14	PR2/REEVAL	DR HIGASHI ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/17/14	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
06/29/15	PMT BY CHECK	DOS 11/4/14-12/17/14* # 891A 86359915	-860.00

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.

014462

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

SA07181

891A 86359915

TRAVELERS

DATE: 06/29/15
LOSS DATE: 12/11/13
FILE NUMBER: 152 CB EYJ2124 M

EMPLOYEE

ACCOUNT NAME:
BRYANT RUBBER CORPORATION

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 11/04/2014 TO: 12/17/2014

TOTAL PAID: $860.00
TAX INFO: 330956713596647 9Y
PAY MISC: 65209
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID JUL 06 2015

FOR ADDITIONAL INFORMATION, CONTACT: AUGUSTINE LEE AT (909)612-3864

180007281
DETACH CHECK

UNSUMM-111311
OVRPDRS2-121205
DETACH CHECK

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

*** INVOICE ***

Date	NO#
07/06/15	65785

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 4/18/66
Terms : 45 days
Claim #(s):
MEWC-0167

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

Case: vs FUJI FOOD PRODUCTS INC.
Date Of Injury: 2/26/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/27/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/10/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/01/15	PMT BY CHECK	DOS 4/27/15-6/10/15* # 67736	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Mailing Information:

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

Claim Number : MEWC-0167
Claimant :
Date of Loss : 01/25/2015
Check Number : 67736
Check Date : 07/01/2015
Check Amount : $406.50
Type of Payment :
EP 108 - DEPOSITION COSTS

Location : 63 Fuji Food Products 14420 Bloomfield Avenue of Fuji Food Products, Inc.
For Period : 04/27/2015 to 06/10/2015
InvoiceNo : 65785
IRS # : 33-0956713
Handling Office : 703-Riverside, Roseville, CA

PAID JUL 06 2015

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

York Risk Services Group, Inc.
on behalf of Starr Indemnity & Liability Insurance Company-4091/E
99 Cherry Hill Rd
Parsippany, NJ 07054

Wells Fargo Bank, N A
190 River Road
Summit, NJ 07901-1444
55-2/212

REF. NUMBER
MEWC-0167

DATE
7/1/2015

CHECK NO
67736

PAY FOUR HUNDRED SIX AND 50/100

AMOUNT
***$406.50

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

Two signatures required over $25,000.00

YORK RISK SERVICES GROUP, INC.

⑈0067736⑈ ⑆121000248⑆ 2000039124654⑈

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

*** INVOICE ***
Date NO#
07/06/15 64910

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 7/2/59
Terms : 45 days
Claim #(s):
011260037557WC01

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

Case: vs CITISTAFF SOLUTIONS
Date Of Injury: 7/18/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/17/15	LEGAL_PREP	DEPO PREP @ L/O MANNING & KASS	156.50
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/18/15	PMT BY CHECK	DOS 2/17/15* # 0118776503	-156.50
04/29/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
07/01/15	PMT BY CHECK	DOS 4/29/15* # 0119857829	-250.00

BALANCE 0.00

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

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

011260 PAGE 1 OF 1 005635

PAID JUL 0 6 2015

MDG2009 00010365 1 MB 0439 1

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 011260 037557 WC 01 (4020150-04)
CLAIMANT:
DESCRIPTION: INV 64910 DTD 6/19/15

DATES OF SERVICE: 29Apr15 **THRU** 29Apr15
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 18Jul14

NO.: 0119857829
VN: 0000862959
DATE: 01Jul15
AMOUNT: 250.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0010365 011075 001 002

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

*** INVOICE ***
Date NO#
07/06/15 65750

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 9/5/62
Terms : 45 days
Claim #(s):
01001489634

BILL TO:
CLAIM QUEST (WALNUT)
W.C. DEPARTMENT
ATTN: GRACE GONZALEZ
675 BREA CANYON RD, STE #4
WALNUT, CA 91789-3065

Case: vs HOAG MEMORIAL HOSPITAL
Date Of Injury: 1/3/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/17/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/01/15	LEGAL_PREP	DEPO PREP @ L/O SCHLOSSBERG & UMHOLTZ	156.50
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
07/01/15	PMT BY CHECK	DOS 4/1/15-4/17/15* # 00117775	-406.50

BALANCE 0.00

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

Hoag Memorial Hospital Presbyterian Workers' Compensation Program Administered by ClaimQuest, Inc.	Hoag Hospital-Newport Beach	330956713	00117775	07/01/2015	1

0100 14 89634 01/03/2014 8730 A 406.50

DOS: 04/01/2015-04/17/2015
INV#: 65750 06/23/2015

PAID JUL 06 2015

Direct questions/inquiries to ClaimQuest, Inc (909)594-9400

PAYMENT TYPES

Hoag Memorial Hospital Presbyterian
Workers' Compensation Program
Administered by ClaimQuest, Inc.
675 Brea Canyon Road, Suite 4
Walnut, CA 91789-3065
(909) 594-9400

Bank of America
333 S. Hope Street
Los Angeles, CA 90071

00117775 19-66/1220

CHECK NUMBER | CHECK DATE | CHECK AMOUNT

0100 14 89634 00117775 07/01/2015

PAY ******406 DOLLARS AND 50 CENTS

$******406.50

VOID AFTER 90 DAYS

TO THE ORDER OF
Joyce Altman Interpreters
P.O. Box 4165
Tustin, CA 92781-4165

TWO SIGNATURES REQUIRED OVER $5,000.00

⑈117775⑈ ⑆122000661⑆ 14538175 78⑈

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

*** INVOICE ***
Date NO#
07/08/15 65786

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 12/22/78
Terms : 45 days
Claim #(s):
2014239633

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

Case: vs MARISCOS KING FISH RESTAURANT
Date Of Injury: 7/19/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/27/15	LEGAL C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/06/15	PMT BY CHECK	DOS 4/27/15* # 260435416	-250.00

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.

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: 260435416
Check Date: 07/06/2015

Claim Number: 2014239633
Injured Employee:

Payment Description: Interpreter
Billed Date: 06/26/2015
Service Period: 04/27/2015 through 04/27/2015
Invoice Number: 65786
Billed Amount: $250.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $250.00

Check Total: **$250.00**

PAID JUL 08 2015

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

*** INVOICE ***

Date	NO#
07/13/15	65788

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 3/11/65
Terms : 45 days
Claim #(s):
186920240-001

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

Case: vs MOLA
Date Of Injury: 10/7/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/24/15	LEGAL_PREP	DEPO PREP @ L/O WILSON, ELSER MOSKOWITZ	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/18/15	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/07/15	PMT BY CHECK	DOS 4/24/15-5/18/15* # 5635189881	-406.50

BALANCE 0.00

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

Broadspire
A CRAWFORD COMPANY

P O BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	07/07/2015
Check Amount	:	$406.50
Check Number	:	5635189881

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

PAID JUL 13 2015

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
186920240-001 I WC BREA Professional Service	10/07/2014 $406.50 $406.50	Mary-Ellen E. Smith 65788	714-784-6509 04/24/2015-05/18/2015

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#
07/13/15 65532

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 5/7/54
Terms : 45 days
Claim #(s):
002086011869WC01

BILL TO:
GALLAGHER BASSETT (CORONA)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 6900
CORONA, CA 92878-6900

Case: vs VOLT WORKFORCE SOLUTIONS
Date Of Injury: 3/13/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/20/14	SURGERY	DR WILKER: RT SHDR @ MONROVIA HOSPITAL (6 HRS)	540.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/06/15	PMT BY CHECK	DOS 11/20/14* # 0119967346	-540.00

BALANCE 0.00

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

GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

002086 PAGE 1 OF 1 003591

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

PAID JUL 13 2015

GALLAGHER BASSETT SERVICES INC
ON BEHALF OF NATIONAL UNION
FIRE INSURANCE CO.,
AND ITS AFFILIATES

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

CLAIM NO.: 002086 011869 WC 01 (41081)
CLAIMANT:
DESCRIPTION: INVOICE# 65532 (INTERPRETER AT SURGERY)

DATES OF SERVICE: 20Nov14 **THRU** 20Nov14
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 13Mar13

NO.: 0119967346
VN: 0000428126
DATE: 06Jul15
AMOUNT: 540.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004599 005239 002 002

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

*** INVOICE ***
Date NO#
07/17/15 60864

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 4/22/69
Terms : 45 days
Claim #(s):
135-7774901100000598

BILL TO:
PATRIOT RISK SVCS (GLEN-29066)
W.C. DEPARTMENT
ATTN: REBECA HUIRAS
P.O. BOX 29066
GLENDALE, CA 91209

Case: _ vs EXPERT TRUCKING
Date Of Injury: 6/21/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/06/14	DEPO PREP	@ THE L/O OF HANNA, BROPHY, MACLEAN, MCALEER &	156.50
/ /	INTERPRETER:	MARIO VALDEZ # 301322	0.00
03/21/14	PMT BY CHECK	DOS 2/6/14* # 79341162	-156.50
03/14/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/11/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/08/15	LEGAL_PREP	DEPO PREP @ L/O HANNA, BROPHY ,MCLEAN (VOL. II)	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
07/07/15	PMT BY CHECK	DOS 3/14/14-6/11/15* # 79728733	-406.50

BALANCE 156.50

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

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

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

Address Service Requested

000207-00001-000207 CIG1 2167716
JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781-4165

Phone: (818) 844-4300

CHECK NUMBER: 79728733

Description	Invoice	CLAIM #	G/L Code	Serv/From	Serv/To	Amount
Interpreter2	60864	7774901100000548		03/14/14	06/11/15+	$406.50

TOTAL: $406.50

PAID JUL 13 2015

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

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

BANK OF AMERICA NT SA
LOS ANGELES, CA 90067

16-66/1220

CHECK NO. 79728733

DATE: 07/07/2015

Claim#: 7774901100000548
Claimant:
Insured: Expert Trucking
DOL: 02/12/2012

AMOUNT
*******$406.50

VOID 120 DAYS AFTER DATE OF ISSUE

PAY FOUR HUNDRED SIX AND 50/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

Memo Inv 60864

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

CIG

⑈79728733⑈ ⑆122000661⑆ 4177⑈50212⑈

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

*** INVOICE ***

Date	NO#
07/14/15	66048

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 10/7/64
Terms : 45 days
Claim #(s):
EYJ1872

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

Case: vs CTI FOODS HOLDING CO LLC/CUSTO
Date Of Injury: 10/10/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/11/15	LEGAL_PREP	DEPO PREP @ L/O SCOLL & ASSOC	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/29/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/08/15	PMT BY CHECK	DOS 5/11/15-5/29/15* # 896D 86269092	-406.50

BALANCE 0.00

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

019424

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

SA09648

896D 86269092

TRAVELERS

DATE: 07/08/15
LOSS DATE: 10/10/13
FILE NUMBER: 152 CB EYJ1872 N

EMPLOYEE

ACCOUNT NAME:
CTI FOODS HOLDING CO LLC

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: 05/11/2015 TO: 05/29/2015

TOTAL PAID: $406.50
TAX INFO: 3309567135478939Y
PAY MISC: 66048
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID JUL 14 2015

FOR ADDITIONAL INFORMATION, CONTACT: INDIA J KING AT (909)612-3159

189009776
DETACH CHECK

UNSUMM-131211
OVRPUNS2-121205
DETACH CHECK

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

*** INVOICE ***

Date	NO#
07/14/15	65753

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 4/30/62
Terms : 45 days
Claim #(s):
EYJ9111

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

Case: vs FARO LOGISTICS/FARO TRANSPORTA
Date Of Injury: 6/12/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/02/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/07/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/09/15	PMT BY CHECK	DOS 4/2/15-5/7/15* # 891A 86387062	-406.50

BALANCE 0.00

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

018665

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933
SA09282

891A 86387062

TRAVELERS

DATE: 07/09/15
LOSS DATE: 06/12/13
FILE NUMBER: 158 CB EYJ9111 R

EMPLOYEE

ACCOUNT NAME:
FARO SERVICES, 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: 04/02/2015 TO: 05/07/2015

TOTAL PAID: $406.50
TAX INFO: 330956713547893 9Y
PAY MISC: 65753
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID JUL 14 2015

FOR ADDITIONAL INFORMATION, CONTACT: ROSE G CAVALLO AT (925)945-4229

190009383
DETACH CHECK

UNSUMM-121311
DETACH CHECK

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

*** INVOICE ***
Date NO#
07/14/15 66262

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 10/30/85
Terms : 45 days
Claim #(s):
301426766330001

BILL TO:
SEDGWICK CLAIMS (LEX-14573)
W.C. DEPARTMENT
ATTN: ERIN CROWDER
P.O. BOX 14573
LEXINGTON, KY 40512

Case: _____ vs TAMA TRADING COINS
Date Of Injury: 7/28/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/26/15	LEGAL_WCAB	MSC @ WCAB LBO (P.M.)	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/08/15	LEGAL_PREP	DEPO PREP @ L/O SAMUELSEN, GONZALEZ, VALENZUELA	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
05/12/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/09/15	PMT BY CHECK	DOS 3/26/15-5/12/15* # 0000147404 SEDGWIC	-563.00

BALANCE 0.00

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

Sedgwick Claims Management Services, Inc
PO Box 14779
Lexington, KY 40512

DATE	CHECK AMT	CHECK NO.
07/09/2015	563.00	0000147404

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

SCMS UNIT	PAGE
523 Sedgwick Claims Management Services	001

*001102 0000147404 00001 OF 00001 OAM 150709 1115

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

Claimant Name	Loss Date	Claim Number	SSN
	07/28/2014	30142676633-0001	

Amt Paid: 563.00
Amt Billed: 563.00
Dates: 03/26/2015 - 05/12/2015

Description:
Invoice: 66262
Comment:

ICN: 172298129.338

65924
66263

PAID JUL 14 2015

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

E1991.FRM (02-28-01)

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

*** INVOICE ***
Date NO#
07/17/15 66054

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 3/1/61
Terms : 45 days
Claim #(s):
1114214

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

Case: DE TOPETE vs EXTENSIONS PLUS
Date Of Injury: 11/22/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/13/15	LEGAL C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/13/15	PMT BY CHECK	DOS 5/13/15* # 00824296	-250.00

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.

VOID VOID VOID

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

*** INVOICE ***
Date NO#
04/17/15 65030

W.C.A.B.:

S.S.N. : XXX-XX-5653
D.O.B. : 12/10/57
Terms : 45 days
Claim #(s):
SP601954

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

Case: vs WING LEE
Date Of Injury: 5/9/03

DOS	SERVICE	DESCRIPTION	AMOUNT
11/04/14	PR2/REEVAL	DR BERSTEIN @ INTERVENTIONAL PAIN MGMT* (IPM)	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
04/14/15	PMT BY CHECK	DOS 11/4/14* # CP-852029	-180.00

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.

Explanation of Review (EOR)

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

Questions & Appeals: 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CP-852029**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 04/14/15
Doc #: 029591089

Medical

65030

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** SP601954		**Date of Injury:** 05/09/03		
SSN: XXX-XX-5653 Employer name: WING LEE MEAT				Employer ID: 0000001594726020					
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
1	SF1-SFCA-14875139	11/04/14	999Q2	Interpreter Treatmen	1	180.00	.00	723 A01 G67	180.00

Total Allowances: **$180.00**

5

PAID APR 17 2015

01317481029591089012

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

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

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

[redacted]

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

*** INVOICE ***

Date	NO#
11/14/14	61463

Claim # : 011975-0008725-WC-01
W.C.A.B.:

S.S.N. : XXX-XX-6742
D.O.B. : 4/1/71
Terms : 45 days

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

Case: vs GOYA
Date Of Injury: 10/22/01

DOS	SERVICE	DESCRIPTION	AMOUNT
03/20/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
04/22/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
06/11/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/09/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/12/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
11/07/14	PMT BY CHECK	DOS 3/20/1-7/9/14* # 0113885256	-720.00

BALANCE 180.00

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

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

011975 PAGE 1 OF 1 007388

MDG2009 00001884 1 AB 0406 1

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

GALLAGHER BASSETT SERVICES INC
FOR PENNSYLVANIA MANUFACTURERS
ASSURANCE

PAID NOV 12 2014

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

CLAIM NO.: 011975 008725 WC 01 (2886935P)
CLAIMANT:
DESCRIPTION: INVOICE#61463

BRANCH NO.: 176
ACC DATE: 22Oct01

NO.: 0113885256
VN: 0001814800
DATE: 07Nov14
AMOUNT: 720.00

DATES OF SERVICE: 20Mar14 THRU 09Jul14
BENEFIT PERIOD: THRU

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0001884 002084 001 001

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

*** INVOICE ***

Date	NO#
04/28/15	64859

W.C.A.B.:

S.S.N. : XXX-XX-2628
D.O.B. : 6/27/78
Terms : 45 days
Claim #(s):
EWJ5003

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

Case: vs BRYANT RUBBER
Date Of Injury: 1/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/19/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/20/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/22/15	PMT BY CHECK	DOS 1/19/15-2/20/15* # 891A 86150450	-406.50

BALANCE 0.00

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

019155

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933
0

891A 86150450

TRAVELERS

DATE: 04/22/15
LOSS DATE: 01/01/13
FILE NUMBER: 158 CB EWJ5003 H

EMPLOYEE

ACCOUNT NAME:
BRYANT RUBBER CORPORATION

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: 01/19/2015 TO: 02/20/2015

TOTAL PAID: $406.50
TAX INFO: 330956713317481Y
PAY MISC: 64859
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID APR 28 2015

FOR ADDITIONAL INFORMATION, CONTACT: EULI R TORRALBA AT (925)945-4018

112009641
DETACH CHECK

UNSUMM-111311
UVAPUNS2-121205
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#
02/24/15 64136

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9289
D.O.B. : 2/28/56
Terms : 45 days
Claim #(s):
710826335

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

Case: vs DHL
Date Of Injury: 5/2/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/11/14	SURGERY	DR WILKER: R/SHOULDER @ MONROVIA HOSPITAL	585.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341 (6H 30M)	0.00
02/20/15	PMT BY CHECK	DOS 9/11/14* # 27968665	-585.00

BALANCE 0.0

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

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

201502201609

Electronic Service Requested

MIXED AADC 926
3128 1.2556 MB 0.432

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

161

ENV 3128 1 OF 6 F

Check No.: 27968665
RFP No.: 604373
Check Date: 02/20/2015
Check Amount: 585.00
Insured: GLOBAL MAIL, INC.

Claimant:

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

64136

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000045850625	00826335	01	05/02/2012	MED	O	585.00
					Total Amount	585.00

Reason for Payment
ORG: 585.00 ACT: N/A 091114-091114

Use File # 710/00826335 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID FEB 24 2015

[redacted]

AIG

EXPLANATION OF BILL REVIEW

Invoice #: 1503406738
Control #: 06150480735200

AIG CLAIMS, INC.
P.O. BOX 25978
SHAWNEE MISSION KS 66225

MIXED AADC 926
3128 1.2556 MB 0.432

JOYCE ALTMAN INTERPRETERS INC 161
PO BOX 4165
TUSTIN, CA 92781-4165

Billing Provider:
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Tax ID: 330956713
State License #:
NPI #:

Rendering Provider:
JOYCE ALTMAN INTERPRETERS INC
Tax ID/NPI #:

Claim #: 7108263350000
Claimant: F
Date of Injury: 05/02/2012
Claimant SSN:

State Claim #:
Patient Acct #: N/A
Service Dates: 09/11/2014-09/11/2014

Policy #: 000045850625
Employer: GLOBAL MAIL, INC.
Insurer: N U F I CO OF PITTSBURGH PA

Date Received: 12/16/2014
Date Reviewed: 02/17/2015
Date Processed: 02/19/2015

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
09/11/2014	T1013	T1013	26.00	585.00	585.00	0.00	585.00	1
			Totals	585.00	585.00	0.00	585.00	

Diagnosis:
9599 UNSPECIFIED SITE INJURY

1 -The procedure or service is defined as By-Report.
* -1In accordance with section 9789.12.2(a) of the California Official Medical Fee Schedule, reimbursement is based on the non-facility site of service calculation. (PNFC)
* -California is a jurisdictional state. This review has been conducted based on the Official Medical Fee Schedule (OMFS) or other criteria that apply to your bill within California jurisdiction. (Z005)
* -California Labor Code Section 4600.2 allows a carrier to enter into a contractual agreement with a pharmacy network . AIG and AIG Claims, Inc. have entered into a contractual agreement with TMESYS a Pharmacy Benefit Network. As of March 1, 2011 all pharmacy transactions should be processed through TMESYS. For questions regarding how to process transactions through TMESYS please call 1-800-682-4491. (Z356)
* -Request for Second Review. After an EOR is received on an original bill submission, a healthcare provider, healthcare facility, or billing agent, assignee that disputes the amount paid may submit an appeal, reconsideration, Request for Second Review to the claims administrator within 90 days of the service of the explanation or review. The Request for Second Review must conform to the requirements of the Division of Workers' Compensation Medical Billing Guide, and regulations at title 8. California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent, assignee does not request a second review within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. (Z400)
* -Any request for reconsideration of this workers' compensation payment should be accompanied by a copy of this explanation of review. (Z656)
* -Medical bills and reconsideration requests should be directed to P.O. Box 25978, Shawnee Mission, KS 66225. (Z657)
* -The Payment Status Code reflects the recommended allowance as a result of our Bill Review analysis. The actual payment will be determined by the Payor. (ZCA1)
* -Request for Independent Bill Review. After a health care provider, health care facility, or billing agent, assignee submits a

If you have questions about this review please call AIG at: 877-802-5246

CONTINUED

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

*** INVOICE ***
Date NO#
03/05/15 61582

W.C.A.B.:
ADJ # : -----
S.S.N. : XXX-XX-9087
D.O.B. : 8/30/75
Terms : 45 days
Claim #(s):
WA181743

BILL TO:
MITSUI SUMITOMO INS (L.A.)
W.C. DEPARTMENT
ATTN: DIANE DIMICH
777 S. FIGUEROA ST., STE 3600
LOS ANGELES, CA 90017

Case: vs 7 ELEVEN
Date Of Injury: 3/1/10- 2/21/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/24/14	PR2/REEVAL	DR Z. KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	BOSCO BOKSH # 301275	0.00
05/12/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/11/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/28/14	PR2-RE/EVAL	W/ACUPUNCTURIST A. LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/22/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/10/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/20/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ACS W/DR RODRIGUEZ*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/23/15	PMT BY CHECK	DOS 3/24/14*10/10/14 # 0005026333	-1080.00

BALANCE 150.00

* 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.

MITSUI SUMITOMO INSURANCE CO. OF AMERICA

Claim No: WA179509

Invoice#	Date of Service	Regarding	Transaction Description	Net Amount
61582			TRANSLATOR (DCC)	1080.00

PAID FEB 27 2015

Claimant Name:

Policy Number: WCP8520125

GRAND TOTAL $1,080.00

Check Number	Check Date	Payee Name	Check Amount
0005026333	02/23/2015	JOYCE ALTMAN INTERPRETERS INC	$1,080.00

THIS MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREAS BOTH TOP AND BOTTOM

MSIG

Mitsui Sumitomo Insurance Co. of America
Mitsui Sumitomo Insurance USA Inc.
15 Independence Blvd.
Warren, NJ 07059

BANK OF AMERICA
MARTINSVILLE, NJ 08836

55-33/212

Check Date: 02/23/2015

Check No.: 0005026333

Void After 180 Days

Check Amount: $1,080.00

Pay: One Thousand Eighty Dollars And 00/100

Amounts Over $10,000 Require 2 Signatures

To The Order of: JOYCE ALTMAN INTERPRETERS INC

Authorized Signature

P.O. BOX 4165

TUSTIN CA 927814165

Authorized Signature

⑈0005026333⑈ ⑆021200339⑆ 3812662633⑈

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK — HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT

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

*** INVOICE ***
Date NO#
02/27/15 61875

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9675
D.O.B. : 5/29/63
Terms : 45 days
Claim #(s):
2080297306

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

Case: vs COVENANT CARE CA. dba ST EDNA
Date Of Injury: 12/17/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/10/14	INITIAL EXAM	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT (IPM)*	230.00
/ /	INTERPRETER:	FRANICISCO SOMOANO # 500263	0.00
05/09/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
06/09/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/10/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/11/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/28/14	EPIDURAL	DR BERNSTEIN @ NEWPORT COAST SURGERY CTR*	150.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
09/11/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
10/16/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
02/23/15	PMT BY CHECK	DOS 4/10/14-10/16/14* # 1100024548	-1460.00
		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.

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

ZURICH SERVICES CORPORATION

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

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

05535

PAID FEB 27 2015

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Contract	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0297306 001 LA	WC 9299495	61875		12/17/13	04/10/14-10/16/14

Check Number	1100024548	Date Issued	02/23/15	Amount	$**1,460.00
Customer	St Edna Sub-Acute & Rehab Ctr				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Vamsi CG-Devaiah				
File Supervisor	Lusine Arzumanian	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	1,460.00		
TOTAL	$1,460.00		

[redacted]

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

*** INVOICE ***

Date	NO#
02/20/15	64114

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-2734
D.O.B. : 1/1/59
Terms : 45 days
Claim #(s):
2013205364

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

Case: [redacted] vs BEST WESTERN HOTEL
Date Of Injury: 6/15/13

DOS	SERVICE	DESCRIPTION	AMOUNT
09/10/14	PRE-OP	DR JARCHI @ MONROVIA HOSPITAL *	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/18/14	SURGERY	DR FALKINSTEIN @ MONROVIA HOSPITAL (4HRS)	360.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
02/18/15	PMT BY CHECK	DOS 9/10/14-9/18/14* # 260362711	-540.00

BALANCE 0.0

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

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: 260362711
Check Date: 02/18/2015

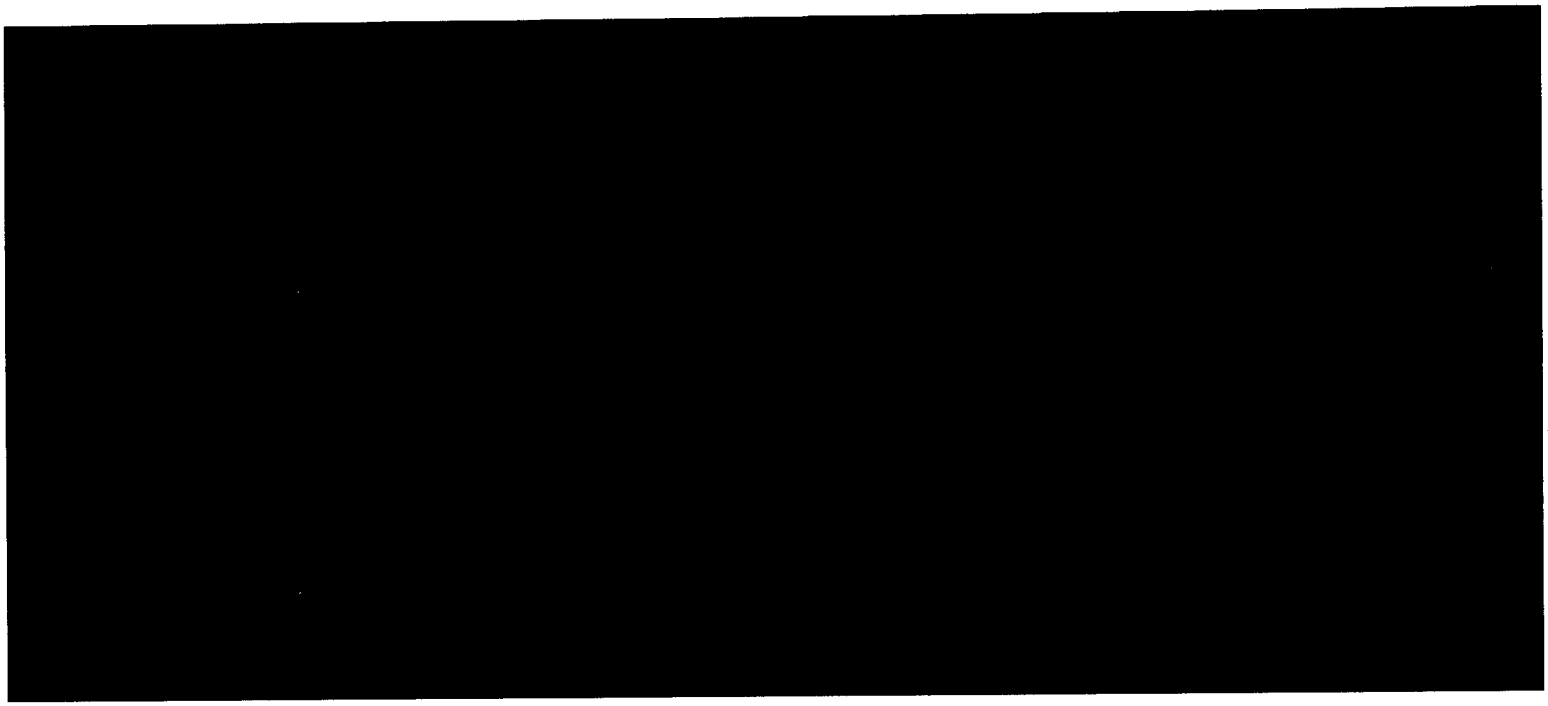
Claim Number: 2013205364
Injured Employee:

Payment Description: Medical Interpreter
Billed Date: 02/05/2015
Service Period: 09/10/2014 through 09/18/2014
Invoice Number: 64114
Billed Amount: $540.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $540.00

Check Total: **$540.00**

PAID FEB 20 2015



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

*** INVOICE ***
Date NO#
02/23/15 61549

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8332
D.O.B. : 5/2/57
Terms : 45 days
Claim #(s):
SA630202

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

Case: vs HARCOR
Date Of Injury: 9/9/03

DOS	SERVICE	DESCRIPTION	AMOUNT
03/11/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
05/13/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/15/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/12/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/09/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
12/26/14	PMT BY CHECK	DOS 03/11/14-08/12/14* =# CU-173445	-720.00
12/29/14	PMT BY CHECK	DOS 9/9/14* # CU173767	-180.00
10/07/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHEILS # 101195	0.00
02/20/15	PMT BY CHECK	DOS 10/7/14* # CU-186438	-180.00

BALANCE 0.0(

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

Explanation of Review (EOR)

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-186438**

Issue Date: 02/20/15
Doc #: 029389834

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name: [redacted] 1549 **Claim #:** SA630202 **Date of Injury:** 04/09/03								
SSN: XXX-XX-8332 Employer name: HACOR INC Employer ID: 0000001650911020									
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
1	SF1-SFCA-14678505	10/07/14	999Q2	Interpreter Treatmen	120	180.00	.00	723 A01 G67	180.00
	Patient Name: [redacted] **Claim #:** 03356558 **Date of Injury:** 11/08/05								
SSN: XXX-XX-7756 Employer name: INTERSTATE MEAT CO INC Employer ID: 0000001622026050									
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
2	SF1-SFCA-14681540	05/05/11	MDO10	Payment By Order	1	400.00	250.00	961 G67	150.00
3	SF1-SFCA-14681540	11/07/12	MDO10	Payment By Order	1	.00	.00		.00
								Subtotal:	**150.00**
								Total Allowances:	**$330.00**

0137752029389834012

PAID FEB 23 2015

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

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

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

State Compensation Insurance Fund

Medical
SA

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

CU-186438
Union Bank
Los Angeles, California

90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
February 20, 2015	**$*******330.00**

PAY ****Three Hundred Thirty and 00/100 Dollars****ONLY

To The Order Of

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

⑈5210186638⑈ ⑆122241501⑆ ⑈90810010⑈

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

*** INVOICE ***
Date NO#
02/23/15 60697

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5051
D.O.B. : 8/16/72
Terms : 45 days
Claim #(s):
CBC9879

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

Case: vs APPERSON PRINT MGMT.
Date Of Injury: 10/8/07

DOS	SERVICE	DESCRIPTION	AMOUNT
01/09/14	INITIAL EXAM	DR OBUKHOFF @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
02/20/14	PR2/REEVAL	DR OBUKHOFF @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
09/18/14	PR2/REEVAL	DR OBUKHOFF @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/18/15	PMT BY CHECK	DOS 1/9/14-9/18/14* # 891A 85953676	-590.00

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.

017625

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933
SA08764

891A 85953676

TRAVELERS

DATE: 02/18/15
LOSS DATE: 10/08/07
FILE NUMBER: 158 CB CBC9879 J

EMPLOYEE

ACCOUNT NAME:
APPERSON PRINT MANAGEMENT

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

TRAVELERS CAS & SURETY COMPANY

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 01/09/2014 TO: 09/18/2014

PAID FEB 23 2015

TOTAL PAID: $590.00
TAX INFO: 330956713331748 1Y
PAY MISC: 60697
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: NICOLE YOUNG AT (925)945-4350

49008861
DETACH CHECK

HNSUMM-111
OVRPONS2-121
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#
02/18/15	62619

Claim # : 30142120572-0001
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1913
D.O.B. : 1/23/54
Terms : 45 days

BILL TO:
SEDGWICK/SRS (LX-14153)
W.C. DEPARTMENT
ATTN: ERIN KIMMETT
PO BOX 14153
LEXINGTON, KY 40512

Case: vs CARGILL INCORPORATED
Date Of Injury: 4/25/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/30/14	INITIAL EXAM	DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	BENELLY CURIOSO # 100538	0.00
06/25/14	PR2/REEVAL	DR BARRETWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
08/01/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	SYLVIA POSADA # 101003	0.00
08/07/14	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
09/15/14	PR2/REEVAL	DR RAMESHNI @ ACS*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
11/24/14	PMT BY CHECK	DOS 5/30/14-8/7/14* # 0054865512	-770.00
12/11/14	PMT BY CHECK	DOS 9/15/14* # 0054866925	-180.00
10/15/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
02/13/15	PMT BY CHECK	DOS 10/15/14* # 0056664537	-180.00

BALANCE 0.0

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

6905028006

Sedgwick Claims Management Services, Inc
PO Box 14154
Lexington, KY 40512-4154

201502131613

Electronic Service Requested

SINGLE PIECE
2937 0.3820 SP 0.480

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

6

1 OF 1

FNV 2937

DATE	CHECK AMT	CHECK NO.
02/13/2015	180.00	0056664537

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

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

Claimant Name	Loss Date	Claim Number
	04/25/2014	30142120572-0001

Amt Paid: 180.00 Description: Miscellaneous Medical
Amt Billed: 180.00 Invoice: 62619 ICN: 120452501.6
Dates: 10/15/2014-10/15/2014 Comment:

PAID FEB 18 2015

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

[redacted]

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

*** INVOICE ***

Date	NO#
02/20/15	63003

Claim # : 710928983
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 11/10/87
Terms : 45 days

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

Case: /s NCM CONTRACTING GROUP
Date Of Injury: 6/6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/23/14	INITIAL EXAM	DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	SYLVIA POSADA # 101003	0.00
07/10/14	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
07/28/14	PR2/REEVAL	DR RAMESHNI @ ADCANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/29/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
09/11/14	PR2/REEVAL	DR WADE @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/29/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/06/14	PR2/REEVAL	DR WADE @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/23/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/11/15	PMT BY CHECK	DOS 6/23/14-9/11/14* =# 27909662	-950.00
		BALANCE	510.0

* 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.

P4000028003

AIG

EXPLANATION OF BILL REVIEW

Invoice #: 1503300573
Control #: 06150370131900

AIG CLAIMS, INC.
P.O. BOX 25978
SHAWNEE MISSION KS 66225

SINGLE PIECE
63 2.0736 SP 0.900

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

Billing Provider:
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Tax ID: 330956713
State License #:
NPI #:

Rendering Provider:
JOYCE ALTMAN INTERPRETERS INC
Tax ID/NPI #:

Claim #: 7109289830000
Claimant:
Date of Injury: 06/06/2014
Claimant SSN:

State Claim #:
Patient Acct #: N/A
Service Dates: 06/23/2014-09/11/2014

Policy #: 000067712710
Employer: LVI SERVICES INC.
Insurer: NEW HAMPSHIRE INSURANCE CO

Date Received: 11/25/2014
Date Reviewed: 02/06/2015
Date Processed: 02/10/2015

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
06/23/2014	T1013	T1013	8.00	230.00	230.00	0.00	230.00	1 ,2 ,3
07/10/2014	T1013	T1013	8.00	180.00	180.00	0.00	180.00	1 ,2 ,3
07/28/2014	T1013	T1013	8.00	180.00	180.00	0.00	180.00	1 ,2 ,3
08/29/2014	T1013	T1013	8.00	180.00	180.00	0.00	180.00	1 ,2 ,3
09/11/2014	T1013	T1013	8.00	180.00	180.00	0.00	180.00	1
			Totals	950.00	950.00	0.00	950.00	

Diagnosis:
7998 OTH ILL DEFINED CONDITIONS

1 -The procedure or service is defined as By-Report.
2 -The provider or a different provider has billed for the exact service on a previous bill where no allowance was originally recommended.
3 - This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a 'balance forward bill' containing a duplicate charge and billing for a new service.
-1In accordance with section 9789.12.2(a) of the California Official Medical Fee Schedule, reimbursement is based on the non-facility site of service calculation. (PNFC)
-California is a jurisdictional state. This review has been conducted based on the Official Medical Fee Schedule (OMFS) or other criteria that apply to your bill within California jurisdiction. (Z005)
-California Labor Code Section 4600.2 allows a carrier to enter into a contractual agreement with a pharmacy network . AIG and AIG Claims, Inc. have entered into a contractual agreement with TMESYS a Pharmacy Benefit Network. As of March 1, 2011 all pharmacy transactions should be processed through TMESYS. For questions regarding how to process transactions through TMESYS please call 1-800-682-4491. (Z356)
-Request for Second Review. After an EOR is received on an original bill submission, a healthcare provider, healthcare facility, or billing agent, assignee that disputes the amount paid may submit an appeal, reconsideration, Request for Second Review to the claims administrator within 90 days of the service of the explanation or review. The Request for Second Review must conform to the requirements of the Division of Workers' Compensation Medical Billing Guide, and regulations at title 8. California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility,

If you have questions about this review please call AIG at: 877-802-5246

CONTINUED

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

*** INVOICE ***
Date NO#
02/20/15 64279

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 8/18/62
Terms : 45 days
Claim #(s):
WC10104678

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

Case: . vs RAAVAN INC DBA ANAPURNA SOUTH
Date Of Injury: 5/8/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/05/14	LEGAL_PREP	DEPO PREP @ L/O WILLIAMS ABREGO & ASSOCIATES	156.50
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
11/11/14	LEGAL_PREP	DEPO PREP @ L/O OF EARLY, MASLACK VOL.I CONT'D	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/22/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/18/15	PMT BY CHECK	DOS 11/5/14-12/22/14* # 8815219964	-563.00

BALANCE 0.0

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

FARMERS INSURANCE

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

February 18, 2015

MID-CENTURY INSURANCE COMPANY

Check Number: 8815219964
Date: 02/18/2015
Amount: $563.00******

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

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

64279

Claimant/Patient: [redacted]
Insured: RAAVAN INC
Date of Loss: 08/05/2014
Claim Number: WC10104678
Correspondence Reference: VB1Z84GZN

Claim Representative: NICHOLE GREEN
Office Phone Number: 9259248329
Applicable Coverage: Workers' Compensation

Additional Information:
#64279 If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 754-3260 or claims office at the address on the check.

From/To Dates	Benefit Type	Benefit Amount	Overpayment W/H	Net Amount
11/05/14 - 12/22/14	Other Specified Indemnity	$563.00		$563.00

TOTAL Benefits Paid To Date :

Other Specified Indemnity	$3654.75	

PAID FEB 20 2015

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

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

*** INVOICE ***

Date	NO#
02/16/15	63456

Claim # : 05984456
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-2605
D.O.B. : 9/15/69
Terms : 45 days

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

Case: vs PACIFIC MH CONSTRUCTION
Date Of Injury: 4/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/15/14	INITIAL EXAM	DR JOHNSON/J. TRUJILLO, P.A. @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/05/14	PR2/REEVAL	DR JOHNSON/TRUJILLO P.A. @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/02/14	PR2/REEVAL	DR JOHNSON/D. FRANKE P.A. @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/19/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ACS W/DR K. SADEHI*	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267 (INITIAL)	0.00
12/26/14	PMT BY CHECK	DOS 07/15/14-09/02/14* =# CP-829642	-590.00
01/02/15	PMT BY CHECK	DOS 09/19/14* # CP-831004	-150.00
10/07/14	PR2/REEVAL	DR JOHNSON/TRUJILLO, PA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/12/15	PMT BY CHECK	DOS 10/7/14* # CP-839450	-180.00
		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.

Explanation of Review (EOR)

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CP-839450**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 02/12/15
Doc #: 029360518

63456

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 05984456		**Date of Injury:** 04/01/14		
SSN: XXX-XX-2605	Employer name: PACIFIC MH CONSTRUCTION INC.			Employer ID: 0000009078167130					
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
1	SF1-SFCA-14605115	10/07/14	999Q2	Interpreter Treatmen	120	180.00	.00	723 A01 G67	180.00
							Total Allowances:		**$180.00**

PAID FEB 16 2015

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

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

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

[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#
10/06/15 61499

EAMS#(s):

SS # : XXX-XX-7407
DOB : 6/21/50
Terms : 45 days
Claim #(s):
CBU8551

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

Case: vs OAKLEY
Date Of Injury: 5/26/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/18/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
04/22/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
05/08/14	PR2/REEVAL	DR ROSARIO IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
06/16/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/15/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
10/06/14	PMT BY CHECK	DOS 3/18/14-6/16/14* # 896D 84916786	-720.00
08/26/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
10/23/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
02/09/15	PMT BY CHECK	DOS 7/15/14-10/23/14 =# 896D 85535749	-540.00
11/17/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
03/16/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
03/19/15	EPIDURAL	PAIN MGMT W/DR BERNSTEIN @ NEWPORT COAST*	150.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
04/29/15	PMT BY CHECK	DOS 11/17/14* # 896D 85928691	-180.00
05/04/15	PMT BY CHECK	DOS 11/17/14-3/16/15* # 896D 85956165	-330.00
04/15/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00

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

*** INVOICE ***
Date NO#
10/06/15 61499

EAMS#(s):

SS # : XXX-XX-7407
DOB : 6/21/50
Terms : 45 days
Claim #(s):
CBU8551

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

Case: vs OAKLEY
Date Of Injury: 5/26/09

DOS	SERVICE	DESCRIPTION	AMOUNT
05/04/15	PMT BY CHECK	DOS 11/17/14-3/16/15* # 896D 85956165	-30.00
05/12/15	PMT BY CHECK	DOS 11/17/14-3/19/15* # 896D 85995843	-150.00
01/09/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
05/12/15	PMT BY CHECK	DOS 11/17/14-3/19/15* # 896D 85995843	-180.00
02/11/15	PR2/REEVAL	DR BERNSTERIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
05/27/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
05/12/15	PMT BY CHECK	DOS 11/17/14-03/19/15* # 896D 85995843	-180.00
08/13/15	PMT BY CHECK	DOS 5/27/15* # 896D 86444548	-180.00
07/31/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
08/31/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
09/25/15	PMT BY CHECK	DOS 7/31/15* # 896D 86654962	-180.00
		BALANCE	180.0

* 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.

000702

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

SB00336

896D 86654962

TRAVELERS

DATE: 09/25/15
LOSS DATE: 05/26/09
FILE NUMBER: 152 CB CBU8551 K

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

EMPLOYEE

ACCOUNT NAME:
OAKLEY INC

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 07/31/2015

TOTAL PAID: $180.00
TAX INFO: 330956713331 7481Y
PAY MISC: 61499
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID OCT 02 2015

FOR ADDITIONAL INFORMATION, CONTACT: JOANIE YOAST AT (909)612-3047

268010366
DETACH CHECK

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#
08/18/15 61499

W.C.A.B.:
ADJ # : .
S.S.N. : XXX-XX-7407
D.O.B. : 6/21/50
Terms : 45 days
Claim #(s):
CBU8551

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

Case: vs OAKLEY
Date Of Injury: 5/26/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/18/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
04/22/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
05/08/14	PR2/REEVAL	DR ROSARIO IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
06/16/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/15/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
10/06/14	PMT BY CHECK	DOS 3/18/14-6/16/14* # 896D 84916786	-720.00
08/26/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
10/23/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
02/09/15	PMT BY CHECK	DOS 7/15/14-10/23/14 =# 896D 85535749	-540.00
11/17/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
03/16/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
03/19/15	EPIDURAL	PAIN MGMT W/DR BERNSTEIN @ NEWPORT COAST*	150.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
04/29/15	PMT BY CHECK	DOS 11/17/14* # 896D 85928691	-180.00
05/04/15	PMT BY CHECK	DOS 11/17/14-3/16/15* # 896D 85956165	-330.00
04/15/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00

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

*** INVOICE ***
Date NO#
08/18/15 61499

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7407
D.O.B. : 6/21/50
Terms : 45 days
Claim #(s):
CBU8551

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

Case: vs OAKLEY
Date Of Injury: 5/26/09

DOS	SERVICE	DESCRIPTION	AMOUNT
05/04/15	PMT BY CHECK	DOS 11/17/14-3/16/15* # 896D 85956165	-30.00
05/12/15	PMT BY CHECK	DOS 11/17/14-3/19/15* # 896D 85995843	-150.00
01/09/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
05/12/15	PMT BY CHECK	DOS 11/17/14-3/19/15* # 896D 85995843	-180.00
02/11/15	PR2/REEVAL	DR BERNSTERIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
05/27/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
05/12/15	PMT BY CHECK	DOS 11/17/14-03/19/15* # 896D 85995843	-180.00
08/13/15	PMT BY CHECK	DOS 5/27/15* # 896D 86444548	-180.00

BALANCE 0.0

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

018303

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

SA09108

896D 86444548

TRAVELERS

DATE: 08/13/15
LOSS DATE: 05/26/09
FILE NUMBER: 152 CB CBU8551 K

EMPLOYEE

ACCOUNT NAME:
OAKLEY INC

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

PAID

BY: .....

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 05/27/2015

TOTAL PAID: $180.00
TAX INFO: 330956713331748 1Y
PAY MISC: 61499
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: JOANIE YOAST AT (909)612-3047

25009195
DETACH CHECK

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#
02/19/15	63188

Claim # : 710-813225
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7006
D.O.B. : 12/18/75
Terms : 45 days

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

Case: vs TEAM FINISH
Date Of Injury: 11/12/12

DOS	SERVICE	DESCRIPTION	AMOUNT
06/27/14	INITIAL EXAM	DR BERSTEIN @ INTERVENTIONAL PAIN MGMT (IPM)*	230.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/25/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/05/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
10/13/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
02/07/15	PMT BY CHECK	DOS 6/27/14-9/5/14* =# 27882699	-590.00

BALANCE 180.0(

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

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

*** INVOICE ***

Date	NO#
02/18/15	64301

Claim # : EQB6452
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0102
D.O.B. : 10/7/75
Terms : 45 days

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

Case: vs ALLIANCE MEDICAL PRODUCTS
Date Of Injury: 8/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/10/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/10/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/26/15	PMT BY CHECK	DOS 11/10/14* # 123546712 0 THE HARTFORD	-156.50
02/11/15	PMT BY CHECK	DOS 12/10/14* # 900A 26947062 TRAVELERS	-250.00

BALANCE 0.0

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

018148

THE TRAVELERS - SAINT PAUL CL CLAIM
WORKERS' COMPENSATION UNIT
PO BOX 2928
OVERLAND PARK KS 66201-1328
SA09032

900A 26947062

TRAVELERS

DATE: 02/11/15
LOSS DATE: 08/01/14
FILE NUMBER: 095 CB E0B6452 R

EMPLOYEE

ACCOUNT NAME:
ALLIANCE MEDICAL PRODUCTS INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

LEGAL EXPENSE
FROM: 12/10/2014 TO: 12/10/2014

WEEKLY COMPENSATION RATE: $386.40
TOTAL PAID: $250.00
TAX INFO: 330956713317481Y
PAY MISC: 64301
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID FEB 18 2015

FOR ADDITIONAL INFORMATION, CONTACT: JASON M BAILEY AT (651)310-2314

42009116
— DETACH CHECK

UNSUMM-111
OVRPDNS2-121
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#
04/28/15 65050

W.C.A.B.:

S.S.N. : XXX-XX-8561
D.O.B. : 8/31/59
Terms : 45 days
Claim #(s):
YLRC63471

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

Case: vs HACIENDA HOTEL
Date Of Injury: 5/6/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/10/15	LEGAL_PREP	DEPO PREP @ L/O STOCKWELL & HARRIS	156.50
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
04/24/15	PMT BY CHECK	DOS 2/10/15-3/2/15 # 0055370324	-406.50

BALANCE 0.00

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

P6905028006

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

201504241614

Electronic Service Requested

1 OF 1

ENV 2214

SINGLE PIECE

2214 0.3820 SP 0.480

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

4

DATE	CHECK AMT	CHECK NO.
04/24/2015	406.50	0055370324

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

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

Claimant Name	Loss Date	Claim Number
	05/06/2012	YLR C 63471

Amt Paid: 406.50
Amt Billed: 406.50
Dates: 03/02/2015-03/02/2015

Description: Miscellaneous Medical
Invoice: 65050
Comment:

ICN: 121080453.6

PAID APR 28 2015

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

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

*** INVOICE ***

Date	NO#
02/18/15	64052

Claim # : 4727878
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5301
D.O.B. : 7/8/68
Terms : 45 days

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

Case: vs VALPRO INC
Date Of Injury: 4/16/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/29/14	LEGAL_PREP	DEPO PREP @ L/O PRINDLE, AMARO & GOETZ	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
01/06/15	PMT BY CHECK	DOS 10/29/14* # 0000001716	-156.50
12/16/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/12/15	PMT BY CHECK	DOS 12/16/14* # 0000001994	-250.00

BALANCE 0.0

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

0005370925

Claim: 4727878 / Accident date: 04/16/2014, Jurisdiction State: California.
Insured: Val Pro Inc, Policy: ZAWCI1016000.

The payment is for Language Interpreter - paid under Expense from 12/16/2014 to 12/16/2014.
Check: 0000001994, issued: 02/12/2015, for: $250.00, for: Expense, Invoice: 64052

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

64052

Please contact Rosie Valladares, telephone: (714) 202-2010 in CA \ Orange Orange CA, email: Rosie.Valladares@yorkrsg.com, if you have questions regarding this payment.

PAID FEB 18 2015

U.S. Mail

0005370925

THIS CHECK IS VOID WITHOUT A RED BACKGROUND WITH AN ARTIFICIAL FINGERPRINT SEAL ON THE BACK THAT DISAPPEARS WHEN HEAT IS APPLIED

York Risk Services Group, Inc
Client Escrow Account on Behalf of
Arch Insurance Company - AGG CAP Program 1
5000 Bradenton Ave
Dublin OH 43017

JPMorgan Chase Bank, N.A.
Baton Rouge, LA
84-13/654

Check Number 0000001994
Issue Date: 02/12/2015
VOID After 60 Days

For Expense from 12/16/2014 to 12/16/2014. 64052
Claim: 4727878 / Language Interpreter - paid under Expense

Two hundred fifty Dollars $ ********250.00

Pay To The Order Of JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

CHASE

Richard Tabeta
Authorized Signature

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

*** INVOICE ***

Date	NO#
02/18/15	64651

Claim # : LB001179860
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4049
D.O.B. : 3/23/66
Terms : 45 days

BILL TO:
ENSTAR/SEABRIGHT INS (ORANGE)
W.C. DEPARTMENT
ATTN: BRIAN DART
P.O. BOX # 11027
ORANGE, CA 92856

Case: vs AMERICAN INTERNATIONAL INDUSTR
Date Of Injury: CT 1/27/10-1/27/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/11/14	LEGAL_PREP	DEPO PREP @ L/O SINGER & BENJUMEA	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/16/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/11/14	LEGAL_PREP	DEPO PREP @ L/O SINGER & BENJUMEA VOL. II	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/11/15	PMT BY CHECK	DOS 11/11/14-12/11/14* # 339561 SEABRIGHT	-563.00

BALANCE 0.0

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

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

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

63-568 / 631 FL

CHECK NO
339561

2/11/15
LB001179860

PAY Five Hundred Sixty-Three And No/100 Dollars $*******563.00
VOID AFTER SIX MONTHS

TO THE ORDER OF:

64651

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

AN AGENT OF SeaBright Insurance Company

83

⑈339561⑈ ⑆063105683⑆00227005359 6⑈

CLAIM ID: LB001179860 DATE OF LOSS: 5/31/13 ACCOUNT: D3
CLAIMANT:
INSURED: American International Industries
PAYEE: Joyce Altman Interpreting

INVOICE NO.: 64651
MEMO: 64651

CHECK NO.: 339561
DATE: 2/11/15
AMOUNT: $*******563.00
REF. NO.: 014634625
USER-ID: 31356/LB

	SERVICE DATE	CODE	DESCRIPTION	QTY	UNITS	BILLED	PAID
1	11/11/14-12/11/14	MI	64651	1	lot	563.00	563.00

PAID FEB 18 2015

TOTAL 563.00 563.00

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

*** INVOICE ***

Date	NO#
02/18/15	64312

Claim # : 14-077866
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0720
D.O.B. : 5/19/51
Terms : 45 days

BILL TO:
INTERCARE INS (PASADENA)
W.C. DEPARTMENT
ATTN: ALEX FELICIANO
P.O. BOX # 7111
PASADENA, CA 91109

Case: [redacted] vs PINNACLE HOLDINGS GROUP
Date Of Injury: 7/31/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/17/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/09/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/10/15	PMT BY CHECK	DOS 11/17/14-12/9/14* # 3068139	-406.50

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.

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

201502110109

Electronic Service Requested

3-DIGIT 926

12247 0.3820 AT 0.403

Joyce Altman Interpeters 56
PO BOX 4165
TUSTIN, CA 92781-4165

Payee:	Joyce Altman Interpeters
Company Name:	Companion Property and Casualty Insu
Facility:	Combined
Policy ID:	
IRS/SSN:	XXXXX6713
Administrator:	
Claim Number:	Multiple
Check #:	3068139
Check Total:	856.50
Check Date:	02/10/2015

ENV 12247

Explanation of Benefits

Incident Date	Claim Number / Invoice Number	Account Number / From/Through Date	Claimant Name / Document Number	Description / Amount
/28/2014	14-076545 63013	06/27/14-08/20/14		Interpreter Fees - Medical Rel 450.00
/31/2014	14-077866 64312	11/17/14-12/09/14		Interpreter: Non-Medical Relat 406.50
				Totals: 856.50

PAID FEB 18 2015

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

*** INVOICE ***

Date	NO#
02/20/15	63938

Claim # : 710911136
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6014
D.O.B. : 12/5/58
Terms : 45 days

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

Case: vs TONY'S MANUFACTURING
Date Of Injury: 8/8/13

DOS	SERVICE	DESCRIPTION	AMOUNT
08/22/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/01/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/12/14	LEGAL_WCAB	WCAB @ LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/11/15	PMT BY CHECK	DOS 8/22/14-10/1/14* # 27901555	-406.50

BALANCE 156.5

* 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.

4000028000

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

Electronic Service Requested

SINGLE PIECE
63 2.0736 SP 0.900

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

Check No.: 27901555
RFP No.: 583308
Check Date: 02/11/2015
Check Amount: 406.50
Insured: TONYS MANUFACTURING INC

Claimant: [redacted]

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

63938

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000065256556	00911136	01	08/08/2013	MED	O	406.50
					Total Amount	406.50

Reason for Payment
ORG: 406.50 ACT: N/A 082214-100114

Use File # 710/00911136 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID FEB 18 2015

[redacted]

AIG

EXPLANATION OF BILL REVIEW

AIG CLAIMS, INC.
PO BOX 259781110
SHAWNEE MISSION KS 66225

Invoice #: 1502704935
Control #: 06150370443500

SINGLE PIECE
63 2.0736 SP 0.900

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

Billing Provider:
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Tax ID: 330956713
State License #:
NPI #:

Rendering Provider:
JOYCE ALTMAN INTERPRETERS INC
Tax ID/NPI #:

Claim #: 7109111360000
Claimant:
Date of Injury: 08/08/2013
Claimant SSN:

State Claim #:
Patient Acct #: N/A
Service Dates: 08/22/2014-10/01/2014

Policy #: 000065256556
Employer: TONYS MANUFACTURING INC
Insurer: GRANITE STATE INSURANCE CO

Date Received: 12/09/2014
Date Reviewed: 02/06/2015
Date Processed: 02/10/2015

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
08/22/2014	T1013	T1013	0.00	156.50	156.50	0.00	156.50	1
10/01/2014	T1013	T1013	0.00	250.00	250.00	0.00	250.00	1 ,2 ,3
		Totals		406.50	406.50	0.00	406.50	

Diagnosis:
7998 OTH ILL DEFINED CONDITIONS

1 -The procedure or service is defined as By-Report.
2 -The provider or a different provider has billed for the exact service on a previous bill where no allowance was originally recommended.
3 - This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a 'balance forward bill' containing a duplicate charge and billing for a new service.
* -1In accordance with section 9789.12.2(a) of the California Official Medical Fee Schedule, reimbursement is based on the non-facility site of service calculation. (PNFC)
* -California is a jurisdictional state. This review has been conducted based on the Official Medical Fee Schedule (OMFS) or other criteria that apply to your bill within California jurisdiction. (Z005)
* -California Labor Code Section 4600.2 allows a carrier to enter into a contractual agreement with a pharmacy network . AIG and AIG Claims, Inc. have entered into a contractual agreement with TMESYS a Pharmacy Benefit Network. As of March 1, 2011 all pharmacy transactions should be processed through TMESYS. For questions regarding how to process transactions through TMESYS please call 1-800-682-4491. (Z356)
* -Request for Second Review. After an EOR is received on an original bill submission, a healthcare provider, healthcare facility, or billing agent, assignee that disputes the amount paid may submit an appeal, reconsideration, Request for Second Review to the claims administrator within 90 days of the service of the explanation or review. The Request for Second Review must conform to the requirements of the Division of Workers' Compensation Medical Billing Guide, and regulations at title 8. California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent, assignee does not request a second review within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. (Z400)
* -Any request for reconsideration of this workers' compensation payment should be accompanied by a copy of this explanation of

If you have questions about this review please call AIG at: 877-802-5246

CONTINUED

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

*** INVOICE ***
Date NO#
02/06/15 60089

Claim # : 710682888
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4638
D.O.B. : 11/6/44
Terms : 45 days

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

Case: vs KRACO ENT/BLACK BOX SECURITY
Date Of Injury: 3/9/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/17/13	INITIAL EXAM	DR SCHEEL @ WILLOW MEDICAL GROUP*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
11/07/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
12/05/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/02/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
02/13/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
03/05/14	PMT BY CHECK	DOS 10/17/13-1/2/14* =# 25804042	-450.00
03/28/14	PMT BY CHECK	DOS 2/13/14* # 25965560	-90.00
03/11/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
04/01/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
04/22/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/10/14	PMT BY CHECK	DOS 3/11/14* # 26258271	-90.00
06/06/14	PMT BY CHECK	DOS 10/17/13-4/1/14* # 26433842	-630.00
06/04/14	PMT BY CHECK	DOS 10/17/13-4/22/14* # 26413811	-230.00
05/20/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/03/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/04/14	PMT BY CHECK	DOS 5/20/14-6/3/14	-360.00

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

*** INVOICE ***

Date	NO#
02/06/15	60089

Claim # : 710682888
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4638
D.O.B. : 11/6/44
Terms : 45 days

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

Case: vs KRACO ENT/BLACK BOX SECURITY
Date Of Injury: 3/9/10

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 26413811	
06/19/14	INITIAL EXAM	DR OBUKHOFF @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
07/15/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/18/14	PMT BY CHECK	DOS 10/17/13-6/19/14*	-270.00
		=# 27100005	
08/07/14	PR2/REEVAL	DR OBUKHOFF @ WILLOW MED*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/08/14	PMT BY CHECK	DOS 10/17/13-7/15/14*	-90.00
		=# 27230104	
09/04/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
11/06/14	PMT BY CHECK	DOS 8/7/14* =# 27414637	-90.00
09/25/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/30/15	PMT BY CHECK	DOS 9/4/14* # 27820488	-180.00

BALANCE 320.0

* 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.

1000028000

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

Electronic Service Requested

SINGLE PIECE
162 1.5326 SP 0.690

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

Check No.: 27820488
RFP No.: 552446
Check Date: 01/30/2015
Check Amount: 180.00
Insured: KRACO ENTERPRISES, LLC

Claimant:

Claim Office: 710
Insuring Company: COMMERCE AND INDUSTRY INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS

60089

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000006517322	00682888	01	03/09/2010	MED	O	180.00
					Total Amount	180.00

Reason for Payment
ORG: 2620.00 ACT: NONE 101713-090414

Use File # 710/00682888 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID FEB 03 2015

[redacted]

P4000028003

AIG

EXPLANATION OF BILL REVIEW

Invoice #: 1436200537
Control #: 06150270110600

AIG CLAIMS, INC.
P.O. BOX 25978
SHAWNEE MISSION KS 66225

SINGLE PIECE
162 1.5326 SP 0.690

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

Billing Provider:
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Tax ID: 330956713
State License #:
NPI #:

Rendering Provider:
JOYCE ALTMAN INTERPRETERS INC
Tax ID/NPI #:

Claim #: 7106828880000
Claimant:
Date of Injury: 03/09/2010
Claimant SSN:

State Claim #: LBO7352964
Patient Acct #: NONE
Service Dates: 10/17/2013-09/04/2014

Policy #: 000006517322
Employer: KRACO ENTERPRISES, LLC
Insurer: COMMERCE AND INDUSTRY CO

Date Received: 11/18/2014
Date Reviewed: 01/27/2015
Date Processed: 01/29/2015

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
10/17/2013	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1 ,2 ,3 ,4 ,5
11/07/2013	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1 ,2 ,3 ,4 ,5
12/05/2013	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1 ,2 ,3 ,4 ,5
01/02/2014	T1013	T1013	8.00	180.00	0.00	0.00	0.00	6 ,2 ,3 ,5
02/13/2014	T1013	T1013	8.00	180.00	0.00	0.00	0.00	6 ,2 ,3 ,5
03/11/2014	T1013	T1013	8.00	180.00	0.00	0.00	0.00	6 ,2 ,3 ,5
04/01/2014	T1013	T1013	8.00	180.00	0.00	0.00	0.00	6 ,2 ,3 ,5
04/22/2014	T1013	T1013	8.00	180.00	0.00	0.00	0.00	6 ,2 ,3 ,5
05/20/2014	T1013	T1013	8.00	180.00	0.00	0.00	0.00	6 ,2 ,3 ,5
06/03/2014	T1013	T1013	8.00	180.00	0.00	0.00	0.00	6 ,2 ,3 ,5
06/19/2014	T1013	T1013	8.00	230.00	0.00	0.00	0.00	6 ,2 ,3 ,5
07/15/2014	T1013	T1013	8.00	180.00	0.00	0.00	0.00	6 ,2 ,3 ,5
08/07/2014	T1013	T1013	8.00	180.00	0.00	0.00	0.00	6 ,2 ,3 ,5
09/04/2014	T1013	T1013	8.00	180.00	180.00	0.00	180.00	6
		Totals		2,620.00	180.00	0.00	180.00	

Diagnosis:
9599 UNSPECIFIED SITE INJURY

1 -This procedure is not a valid fee schedule service.
2 -A reduction was made because a different provider has billed for the exact services on a previous bill.
3 -The provider or a different provider has billed for the exact service on a previous bill where no allowance was originally recommended.
4 -The Official Medical Fee Schedule does not list this code. No payment is being made at this time. Please resubmit your claim with the OMFS code(s) that best describe the service(s) provided and your supporting documentation.
5 - This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a 'balance forward bill' containing a duplicate charge and billing for a new service.
6 -The procedure or service is defined as By-Report.
* -1In accordance with section 9789.12.2(a) of the California Official Medical Fee Schedule, reimbursement is based on the

If you have questions about this review please call AIG at: 877-802-5246

CONTINUED

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

*** INVOICE ***

Date	NO#
02/13/15	60780

Claim # : EWJ5197
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-3542
D.O.B. : 4/2/86
Terms : 45 days

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

Case: _____ vs PRIORITY STAFFING BUSINESS
Date Of Injury: 5/14/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/27/14	DEPO PREP	@ THE L/O OF KEGEL TOBIN & TRUCE	156.50
/ /	INTERPRETER:	MARIO RAMIREZ # 100349	0.00
12/11/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/16/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ SIDHU W/DR SADGHI*	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/02/15	PMT BY CHECK	DOS 1/27/14-12/11/14* # 896D 85501465	-406.50

BALANCE 150.0

* 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.

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

SA05913

896D 85501465

TRAVELERS

DATE: 02/02/15
LOSS DATE: 05/14/13
FILE NUMBER: 152 CB EWJ5197 A

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

PAID FEB 06 2015

EMPLOYEE

ACCOUNT NAME:
PRIORITY BUSINESS SERVICES IN

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

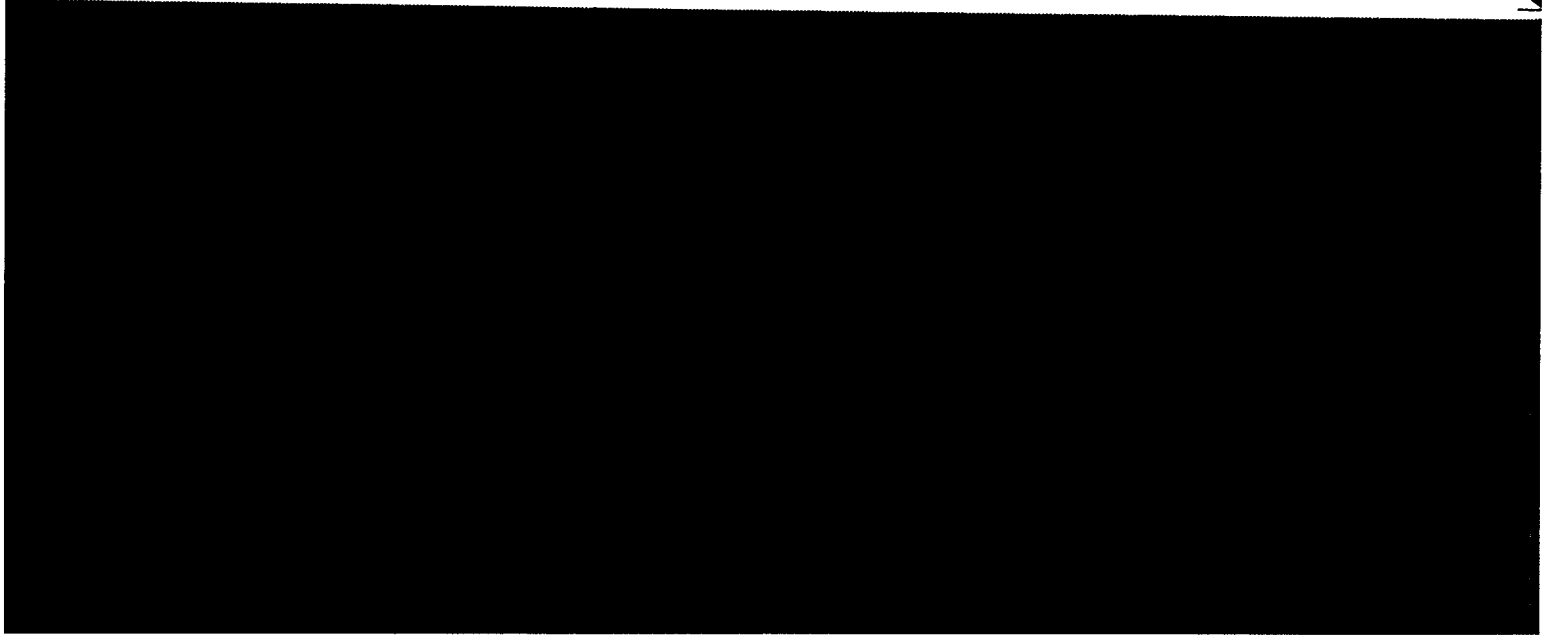
SERVICE DATE: 01/27/2014 TO: 12/11/2014

TOTAL PAID: $406.50
TAX INFO: ~~930956713~~3721476Y
PAY MISC: 60780
PAYEE:
JOYCE ALMAN INTERPRETERS

FOR ADDITIONAL INFORMATION, CONTACT: KELLEEN L CANTU AT (909)612-3844

3005990
- DETACH CHECK

UNSUMM-1113
OVRPUNS2-1212
DETACH CHECK



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

*** INVOICE ***

Date	NO#
01/26/15	63344

Claim # : 4509934
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4285
D.O.B. : 1/10/68
Terms : 45 days

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

Case: vs SOUTH EAST PERSONNEL LEASING
Date Of Injury: 9/25/13

DOS	SERVICE	DESCRIPTION	AMOUNT
08/11/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/15/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
08/26/14	C&R READING	@ THE L/O OF DENNIS FUSI (ADDENDUM)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/10/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL. 2	156.50
/ /	INTERPRETER:	PATGRICIA HAYES # 100761	0.00
01/21/15	PMT BY CHECK	DOS 8/11/14-11/10/14* # 0000030036	-813.00

BALANCE 0.0(

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

0005301120 1

Claim: 4774031 / , Accident date: 12/23/2013, Jurisdiction State: California.
Insured: AmeriPersonnel, Inc., Policy: CWC71949-0303.

63344

The payment is for Miscellaneous Expense from 08/11/2014 to 11/10/2014.
Check: 0000030036, issued: 01/20/2015, for: $813.00, for: Expense

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

Please contact Ruben Martinez, telephone: (714) 202-2013 in CA \ Orange Orange CA, email: ruben.martinez@yorkrsg.com, if you have questions regarding this payment.

PAID JAN 26 2015

U.S. Mail

0005301120

THIS CHECK IS VOID WITHOUT A RED BACKGROUND WITH AN ARTIFICIAL FINGERPRINT SEAL ON THE BACK THAT DISAPPEARS WHEN HEAT IS APPLIED

York Risk Services Group Inc
Client Escrow Account on Behalf of
Lion Insurance Company-Southeast Personnel Leasing Claims
1625 West Causeway Approach
Mandeville LA 70471

JPMorgan Chase Bank, N.A.
Baton Rouge, LA
84-13/654

Check Number 0000030036
Issue Date: 01/21/2015
VOID After 60 Days

For Expense from 08/11/2014 to 11/10/2014.
Claim: 4774031 / Miscellaneous Expense

Eight hundred thirteen Dollars $ *******813.00

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS,INC.
P.O. BOX 4165
TUSTIN, CA 92781

CHASE

Richard Tabuchi
Authorized Signature

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

*** INVOICE ***
Date NO#
02/02/15 63298

Claim # : 301427104880001
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8690
D.O.B. : 5/22/59
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14029)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 14029
LEXINGTON, KY 40512

Case: vs MM FAB
Date Of Injury: 5/6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/03/14	INITIAL EXAM	DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/16/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/17/14	INITIAL EXAM	W/ACUPUNCTURIST @ J. PARK*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/31/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
08/11/14	PT PR-2	PHYSICAL THERAPY W/DR GHODS @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/14/14	PR2-RE/EVAL	W/ACUPUNCTURIST A. HONG @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/16/14	PR2-RE/EVAL	W/ACUPUNCTURIST SUNG HONG*	180.00
/ /	INTERPRETER:	LISBETH C. PARENO # 101080	0.00
08/28/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/21/14	PR2-RE/EVAL	W/ACUPUNCT HONG @ ACS*	180.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
09/10/14	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
09/11/14	PR2-RE/EVAL	W/ACUPUNCT SUNG HONG @ ACS*	180.00
/ /	INTERPRETER:	LESLIE MELTON # 500259	0.00
09/19/14	PT P&S	PHYSICAL THERAPY W/DR BAHAN @ ACS*	90.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/03/14	PMT BY CHECK	DOS 7/3/14-9/10/14* # 0000091239	-1810.00
12/15/14	PMT BY CHECK	DOS 9/11/14-9/19/14* # 0000094259	-270.00

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

*** INVOICE ***

Date	NO#
02/02/15	63298

Claim # : 301427104880001
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8690
D.O.B. : 5/22/59
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14029)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 14029
LEXINGTON, KY 40512

Case: vs MM FAB
Date Of Injury: 5/6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/25/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/02/14	PR2-RE/EVAL	W/ACUPUNCT S. HONG @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
10/08/14	PR2/REEVAL	DR BHARATWAL @ ADANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/23/14	PR2/REEVAL	DR NEGIN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
01/22/15	PMT BY CHECK	DOS 9/25/14* # 0000103115	-180.00
10/14/14	PR2-RE/EVAL	W/ACUPUNCT HONG @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00

BALANCE 720.00

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

Sedgwick Claims Management Services, Inc
P.O. Box 14573
Lexington, KY 40512

DATE	CHECK AMT	CHECK NO.
01/22/2015	180.00	0000103115

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

SCMS UNIT	PAGE
523 Sedgwick Claims Management Services	001

*001166 0000103115 00001 OF 00001 OAM 150122 1054

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

PAID JAN 26 2015

63298

Claimant Name	Loss Date	Claim Number	SSN
	05/06/2014	30142710488-0001	

Amt Paid: 180.00 Description: Miscellaneous Medical
Amt Billed: 180.00 Invoice: ICN: 167903699.338
Dates: 09/25/2014 - 09/25/2014 Comment:

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

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

*** INVOICE ***

Date	NO#
01/26/15	63316

Claim # : 14-076522
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5354
D.O.B. : 7/16/73
Terms : 45 days

BILL TO:
INTERCARE INS (FRESNO)
W.C. DEPARTMENT
ATTN: MIGUEL GARCIA
P.O. BOX # 40009
FRESNO, CA 93755

Case: vs RAMCO ENTERPRISES LP
Date Of Injury: 6/5/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/11/14	INITIAL EXAM	DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/18/14	INITIAL EXAM	W/ACUPUNCTURIST ALEX LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/24/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR RODRIGUEZ @ AMERI*	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/20/15	PMT BY CHECK	DOS 7/11/14-7/24/14* # 65613	-610.00

BALANCE 0.0

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

P8528028002

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

201501210111

Electronic Service Requested

3-DIGIT 926
8159 0.3820 AT 0.403

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

42

Payee:	Joyce Altman Interpeters
Company Name:	California Farm Management, Inc.
Facility:	Ramco Enterprises, LP
Policy ID:	CFMSIG-00245-13
IRS/SSN:	XXXXX6713
Administrator:	MGARCIA
Claim Number:	14-076522
Check #:	65613
Check Total:	610.00
Check Date:	01/20/2015

Explanation of Benefits

Incident Date	Claim Number Invoice Number	Account Number From/Through Date	Claimant Name Document Number	Description Amount
6/5/2013	14-076522 63316	07/11/14-07/24/14		Interpreter Fees - Medical Rel 610.00
				Totals: 610.00

PAID JAN 26 2015

[redacted]

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

*** INVOICE ***

Date	NO#
02/09/15	63392

Claim # : BB-14-001056
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 3/12/67
Terms : 45 days

BILL TO:
CORVEL CORPORATION (SACREM)
W.C. DEPARTMENT
ATTN: WENDY RODRIGUEZ
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SRV/K2DIAMOND
Date Of Injury: 4/3/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/11/14	LEGAL_REVIEW	DEPO REVIEW @ L/O CANTRELL, GREEN	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/10/14	LEGAL_REVIEW	DEPO REVIEW @ L/O CANTRELL, GREEN, PEKICK VOL.II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/05/15	PMT BY CHECK	DOS 8/11/14-11/10/14* # 7332289	-500.00

BALANCE 0.00

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

CORVEL CORPORATION
BANK CODE = BBSEC
PO BOX 279350
SACRAMENTO, CA 95827

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
7332289	02/05/15

PAY EXACTLY: *Five hundred and 00/100 Dollars*

*******$500.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0007332289⑈ ⑆121000248⑆ 4121 514012⑈

TACH HERE

CORVEL

DETACH HERE

Explanation of Review

Business Unit: KUZ & KIRB CORP, SANTA ANA-8212
23911 Garnier Stste C
Torrance, CA 90505

Employer
Patient:

PAID FEB 09 2015

Patient DOB:

Johanna Jordan
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/2289276 - 1
Reprice: CA, 92781
Billed Date: 01/14/2015
Business Rcvd: 01/21/2015
MBR Rcvd: 01/21/2015
MBR Date: 02/04/2015
Date Approved: 02/04/2015
DOS From - To: 08/11/2014 - 11/10/2014

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 1873
Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 63392
Provider Tax Id: 33-0956713

Claim #: BB-14-001056
Processor Initials: WR
DOI: 04/03/2014
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
08/11/14	T1013 08	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$250.00		1	$0.00	$250.00
11/10/14	T1013 08	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$250.00		1	$0.00	$250.00
	Intpreter Patricia Hayes. Cert# 100761								
Sub-Totals for Bill: 2289276					**$500.00**			**$0.00**	**$500.00**

Totals for Bill:2289276 $500.00

Line Item Reason Codes and Descriptions
08 Los Angeles County Deposition Half day

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

*** INVOICE ***

Date	NO#
02/02/15	62258

Claim # : 2080297465
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-2702
D.O.B. : 8/22/72
Terms : 45 days

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

Case: vs BIG STRIKE INC
Date Of Injury: 12/26/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/30/14	PR2-RE/EVAL	W/ACUPUNCTURIST A. LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
05/28/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
08/01/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/08/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/27/15	PMT BY CHECK	DOS 4/30/14-10/8/14* # 1100256663	-720.00

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.

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

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

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00928

PAID FEB 02 2015

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0297465 001 XJ	WC 6738308	62258		12/26/13	04/30/14-10/08/14

Check Number	1100256663	Date Issued	01/27/15	Amount	$*****720.00
Insured	Big Strike LLC				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Narayanan CG-Viswanathan				
File Supervisor	Stacie Hensley	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	720.00		
TOTAL	$720.00		

[redacted]

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

*** INVOICE ***

Date	NO#
02/02/15	63038

Claim # : 1010-12-02094
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0949
D.O.B. : 11/15/61
Terms : 45 days

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

Case: vs COMMERCIAL SHEET METAL WORKS
Date Of Injury: 5/2/12

DOS	SERVICE	DESCRIPTION	AMOUNT
06/19/14	SURGERY	DR WILKER: LT SHDR @ MONROVIA HOSP (9hrs 40mins)	877.50
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/22/15	PMT BY CHECK	DOS 6/19/14* # 0000709884	-877.50

BALANCE 0.0(

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

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

Check Date: 01/22/2015
Check Number: ~~0000709884~~
Check Amount: $877.50

ZB352W

Sign up today for Electronic Funds Transfer (EFT). ICW Group now uses JopariPay to speed payments directly to your bank account. Visit icw.jopari.net and sign up by entering your registration code, ZB352W

00257 JOP1ZS01 1Z 6300016887-6300723936

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID FEB 02 2015

Payment Summary

aim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amoun
)10-12-02094		05/02/2012	63038	02	06/19/2014	06/19/2014	$877.5(

at	SubPC	Stub Notes	Stub Amount
2		MISC MEDICAL	$877.50
		W/ DR. WILKER: LT SHDR @ MONROVIA HOSP	$0.00
			$877.50

[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#
02/06/15	63713

Claim # : YMQ28403
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-3145
D.O.B. : 5/14/70
Terms : 45 days

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

Case: RAZO vs BIG SAVER FOODS
Date Of Injury: 4/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/07/14	INITIAL EXAM	DR VAN VU (LOS ANGELES) (2.5 HRS)	287.50
/ /	INTERPRETER:	DIANA CHUY OLMO # 301577	0.00
11/21/14	LEGAL_PREP	DEPO PREP @ L/O WESTON HERZONG WENDER ROSE	156.50
/ /	INTERPRETER:	CRISTINA BRAVO DIAZ # 100404	0.00
01/07/15	LEGAL_REVIEW	DEPO REVIEW @ L/O NORMAN HOMEN	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/26/15	PMT BY CHECK	DOS 8/7/14-11/21/14* # 123548227 8	-444.00

BALANCE 250.0

* 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.

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

THE HARTFORD

PAID FEB 02 2015

000717
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00730

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
63713 04-01-14	72WN S28800 YMQC 28403	UKAS BIG SAVER FOODS	$444.00

Nature of Benefits:	Nature of Payment:	Service Dates	
Interpreter Fees at Hearing	Source Payment	08-07-2014 11-21-2014	$444.00

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

Additional Comments:

Issue Date	01-26-2015	Check Number	123548227 8	Total Amount of Check	$444.00

Please keep the above information for your records.

108038257

*400012 1235482278

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#
10/09/15 65232

EAMS#(s):

SS # :
DOB : 2/11/81
Terms : 45 days
Claim #(s):
14-079132

BILL TO:
INTERCARE INS (PASADENA)
W. C. DEPARTMENT
ATTN: ELERY ARAMBULO
P.O. BOX # 7111
PASADENA, CA 91109

Case: [redacted] vs CENTRAL CITY ENT.
Date Of Injury: 12/13-10/14; 10/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/14/14	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE*	230.00
		DOI: 10/1/13	
/ /	INTERPRETER:	GLADYS REYNA # 500257	0.00
12/05/14	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE*	230.00
		DOI: CT 10/1/14	
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
12/09/14	INITIAL EXAM	DR VALLY @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
12/19/14	PR2/REEVAL	DR R. HIGASHI @ ACS*	180.00
		DOI: 10/1/13	
/ /	INTERPRETER:	GLADYS REYNA # 500257	0.00
12/24/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL	150.00
		DR CONNOLLY @ ACS*	
/ /	INTERPRETER:	LISBETH C. PERRENO # 101080	0.00
10/02/15	PMT BY CHECK	DOS 11/14/14-12/24/14*	-1020.00
		=# 3113192	

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.

P8528028013

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

201510050140

Electronic Service Requested

3-DIGIT 926
7187 0.3820 AT 0.413
Joyce Altman Interpeters
PO BOX 4165 42
TUSTIN, CA 92781-4165

PAID OCT 09 2015

Payee: Joyce Altman Interpeters
Company Name: Sussex Insurance
Facility: Central City Enterprises
Policy ID: CPCA17519
IRS/SSN:
Administrator: DCORONA
Claim #: 14-079132
Account #:
Check #: 3113192
Check Total: $1,020.00
Check Date: 10/02/2015
Injury Date: 10/01/2013
From/Through Date: 11/14/14-12/24/14
Claimant Name:
Invoice #:
Description: Interpreter Fees - Medical Rel
Document #: PAL91CA1158
Primary ICD-9: 959
Received Date: 09/11/2015
Reviewed Date: 09/28/2015
PPO Name:
Pharmacy #:
DRG Code:

65232

1 OF 1

ENV 7187

Line	From/Through	Billed Code/ Mod	Units	Billed	Reviewed/Mod	Allowed	Discount	Recommended	Reason Code
001	11/14/14-11/14/14 INTERPRETING SERVICES	99911	001	230.00	99911	230.00	0.00	230.00	
002	12/05/14-12/05/14 INTERPRETING SERVICES	99911	001	230.00	99911	230.00	0.00	230.00	
003	12/09/14-12/09/14 INTERPRETING SERVICES	99911	001	230.00	99911	230.00	0.00	230.00	
004	12/19/14-12/19/14 INTERPRETING SERVICES	99911	001	180.00	99911	180.00	0.00	180.00	
005	12/24/14-12/24/14 INTERPRETING SERVICES	99911	001	150.00	99911	150.00	0.00	150.00	
	Totals:			1,020.00		1,020.00	0.00	1,020.00	

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

Paladin Managed Care Services 1100 W. Town & Country Rd Ste., 1500 Orange, CA 92868

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

*** INVOICE ***
Date NO#
10/08/15 66176

EAMS#(s):

SS # :
DOB : 4/13/59
Terms : 45 days
Claim #(s):
H51100-WU02

BILL TO:
GREAT WEST CASUALTY CO. (NE94)
W. C. DEPARTMENT
ATTN: ASHLEY JAACKS
P.O. BOX 94
SOUTH SIOUX CITY, NE 68776

Case: vs HUB GROUP
Date Of Injury: 9/29/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/15/15	INITIAL EXAM	DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/20/15	INITIAL EXAM	DR BHARATWAL @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/21/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/24/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
06/25/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/06/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/02/15	PMT BY CHECK	DOS 4/15/15-8/6/15* # 4281850	-1180.00

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.

ALL PAYEES MUST ENDORSE CHECK AS DRAWN

INSURED: HUB GROUP TRUCKING
OWNER:
CLAIMANT:
VEHICLE: -

CHECK NO: 4281850
DATE: 10/02/15
CLAIM NO: H51100-W U01

PAY TO THE JAI INC
ORDER OF

AMOUNT: *****1,180.00

REMARKS: 09/29/15 INV#66176 $1180.00

PAID OCT 08 2015

SEND TO: JAI INC
PO BOX 4165
TUSTIN CA 92781-4165

POLICY NO: WC19208P
AGENT: 1200
DATE OF LOSS: 09/29/14
TYPE OF LOSS: MEDICAL
TRANS CODE: 200
ADJ REGION: 01
O.P.: HXZ1
IMG

(PLEASE DETACH BEFORE ENDORSING)

DOCUMENT CONTAINS 2 COLOR BACKGROUND VISIBLE FIBERS, TONER GRIP, AND WATERMARK PAPER - HOLD TO LIGHT TO VIEW

GREAT WEST CASUALTY COMPANY
1100 WEST 29TH STREET
SOUTH SIOUX CITY NE 68776

CHECK FOR
200

56-503
422

CHECK NO:
4281850

PAY TO THE ORDER OF JAI INC

DATE
10/02/15

AMOUNT
$*****1,180.00

**********1,180 DOLLARS 00 CENTS----------

PAYABLE FOR 09/29/15 INV#66176 $1180.00

POLICY NUMBER	CLAIM NUMBER	INSURED	DATE OF LOSS
WC19208P	H51100-W U01	HUB GROUP TRUCKING	09/29/14

U.S. Bank
MIAMISBURG, OHIO

VALID ONLY WITHIN
SIX MONTHS OF ISSUE

Mary Anderson
AUTHORIZED SIGNATURE

VOID VOID VOID VOID VOID VOID

HEAT SENSITIVE RED IMAGE DISAPPEARS WITH HEA

⑈004281850⑈ ⑆042205038⑆ 130111674474⑈

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

*** INVOICE ***

Date	NO#
10/14/15	62937

EAMS#(s):

SS # :
DOB : 9/20/76
Terms : 45 days
Claim #(s):
597311

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

Case: vs VEG LAND
Date Of Injury: 9/30/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/21/14	WCAB LA	MSC - LINDA WEINBERG # 08025285	156.50
04/16/15	LEGAL_WCAB	MSC @ WCAB AHM	156.50
/ /	INTERPRETER:	LUARA SALAS # 100471	0.00
05/28/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/13/15	PMT BY CHECK	DOS 7/21/14-4/16/15* =# 608731	-313.00
10/08/15	PMT BY CHECK	DOS 5/28/15* # 427822	-250.00

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.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID OCT 14 2015

October 8, 2015
Our Ref : 597311
Your Ref : 62937

RE: (POLICY FOR CLAIMS TRANSFERS) DOI:09/24/13

Service Date	Service Code	Your Charge	Allowed Charge	Difference Charge	Adjustment Code
05/28/15	FEE	250.00	250.00	0.00	
	TOTAL $	250.00	250.00	0.00	

Please find attached our check # 427822 for $250.00.
This check covers bills from May 28, 2015 through May 28, 2015.

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

Sincerely,
Thomas Forhane
Claims Examiner

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

*** INVOICE ***
Date NO#
10/05/15 65835

EAMS#(s):

SS # :
DOB : 10/13/70
Terms : 45 days
Claim #(s):
2014241377

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

Case: vs HOLIDAY INN
Date Of Injury: 7/21/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/04/15	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/23/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/14/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA P. CORTEZ # 100533	0.00
10/01/15	PMT BY CHECK	DOS 5/4/15- 9/14/15* # 260478861	-563.00

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.

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: 260478861
Check Date: 10/01/2015

Claim Number: 2014241377
Injured Employee:

Billed Date: 09/18/2015
Service Period: 05/04/2015 through 09/14/2015
Invoice Number: 65835
Billed Amount: $563.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $563.00

Check Total: **$563.00**

PAID OCT 05 2015

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

*** INVOICE ***
Date NO#
11/02/15 65835

EAMS#(s):

SS # :
DOB : 10/13/70
Terms : 45 days
Claim #(s):
2014241377

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

Case: vs HOLIDAY INN
Date Of Injury: 7/21/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/04/15	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/23/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/14/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA P. CORTEZ # 100533	0.00
10/01/15	PMT BY CHECK	DOS 5/4/15-09/14/15* # 260478861	-563.00
10/15/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/30/15	PMT BY CHECK	DOS 10/15/15* # 260490621	-250.00

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.

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: 260490621
Check Date: 10/30/2015

Claim Number: 2014241377
Injured Employee:

Billed Date: 10/23/2015
Service Period: 05/04/2015 through 10/15/2015
Invoice Number: 65835
Billed Amount: $250.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $250.00

Check Total: **$250.00**

PAID NOV 0 2 2015

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

*** INVOICE ***

Date	NO#
10/05/15	66903

EAMS#(s):

SS # :
DOB : 8/10/60
Terms : 45 days
Claim #(s):
05325326

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

Case: vs HIGHMARK SMART RELIABLE SEATIN
Date Of Injury: 4/11/04

DOS	SERVICE	DESCRIPTION	AMOUNT
06/04/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
07/09/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
09/29/15	PMT BY CHECK	DOS 6/4/15* # CP-882380	-180.00

BALANCE 180.00

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

Explanation of Review (EOR)

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CP-882380**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/29/15
Doc #: 030231372

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 05325326		**Date of Injury:** 04/11/04		
SSN:	Employer name: HIGHMARK			Employer ID: 0000001726719040					
	ICD-9 Code: 999.9 COMPLIC MED CARE NEC/NOS								
1	SF1-SFCA-15730162	06/04/15	999Q2	Interpreter Treatmen	120	180.00	.00	723 A01 B03 G67	180.00
	Patient Name:				**Claim #:** 01465316		**Date of Injury:** 05/13/04		
SSN:	5 Employer name: TACO BELL			Employer ID: 0000001700736030					
	ICD-9 Code: 999.9 COMPLIC MED CARE NEC/NOS								
2	SF1-SPCA-159131	02/27/14	999L1	General Loss Exp Cod	1	577.50	357.50	G1 790 B03	220.00
3	SF1-SPCA-159131	07/23/14	999L1	General Loss Exp Cod	1	.00	.00	B03	.00
								Subtotal:	**220.00**
								Total Allowances:	**$400.00**

PAID OCT 01 2015

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

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

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

[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 63698

EAMS#(s):

SS # :
DOB : 12/26/79
Terms : 45 days
Claim #(s):
EOB1285

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

Case: vs AMERICAN TEXTILE MAINTENANCE
Date Of Injury: 5/30/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/22/14	LEGAL_PREP	DEPO PREP @ L/O BRADFORD & BARTHEL	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/07/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/04/15	LEGAL_PREP	DEPO PREP @ L/O BRADFORD & BARTHEL (VOL-II)	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/03/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL. II	250.00
/ /	INTERPRETER:	PATRICIA HAYES @ 100761	0.00
09/28/15	PMT BY CHECK	DOS 9/22/14-9/3/15* =# 896D 86667786	-813.00

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.

013987

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

SA06928

896D 86667786

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
[redacted]	152 CB EWJ6287R	09/24/15	$ 1,275.94	60942	FULL AND FINAL IG
	152 CB E0B1285P	09/22/14 - 09/03/15	$ 813.00	63698	63698
				PAID OCT 02 2015	
				0	
		Total Amount Paid	$*****2088.94		

271007039
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#
09/30/15 66023

EAMS#(s):

SS # :
DOB : 10/15/63
Terms : 45 days
Claim #(s):
001960-074223-WC01

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

Case: vs GL HMH LLC DBA HAMER TOYOTA
Date Of Injury: 2/27/13-2/27/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/25/15	INITIAL EXAM	DR MILLMAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
04/10/15	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/10/15	INITIAL EXAM	DR ATAMIAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/22/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/15/15	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	RENE LOZANO # 100874	0.00
05/20/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 50341	0.00
09/08/15	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
09/24/15	PMT BY CHECK	DOS 3/25/15-5/20/15* # 0122040566	-1180.00

BALANCE 180.00

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

GB-ROSEVILLE,CA
P.O. BOX 610
ROSEVILLE CA 95661-0610

001960 PAGE 1 OF 1 007764

MDG2009 00004863 1 MB 0439 1

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

PAID SEP 28 2015

GALLAGHER BASSETT SERVICES INC
ON BEHALF OF NATIONAL UNION
FIRE INSURANCE

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

CLAIM NO.: 001960 074223 WC 01 (169)
CLAIMANT:
DESCRIPTION: INV#66023

DATES OF SERVICE: 25Mar15 **THRU** 20May15
BENEFIT PERIOD: **THRU**

BRANCH NO.: 180
ACC DATE: 27Feb15

NO.: 0122040566
VN: 0001657443
DATE: 24Sep15
AMOUNT: 1180.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004863 005463 001 001

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

*** INVOICE ***

Date	NO#
10/14/15	66397

EAMS#(s):

SS # :
DOB : 2/27/66
Terms : 45 days
Claim #(s):
05849746

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

Case: [redacted] vs G&F ROOFING
Date Of Injury: 9/26/12

DOS	SERVICE	DESCRIPTION	AMOUNT
01/08/15	PRE-OP	DR OBUKHOFF: L/S @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/15/15	SURGERY	DR OBUKHOFF: L/S @ MONROVIA HOSP (6HRS 55MINS)	630.00
/ /	INTERPRETER:	PATY PAREDES NAVA # 101026	0.00
05/14/15	ADMISSION	DR OBUKHOFF @ MONROVIA HOSPITAL (2H 40M)	247.50
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/08/15	PMT BY CHECK	DOS 1/8/15-5/14/15* =# CU-242288	-1057.50

BALANCE 0.00

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

Explanation of Review (EOR)

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-242288**

Issue Date: 10/08/15
Doc #: 030269676

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
				Patient Name: [redacted] for 6999			**Claim #:** 05665426	**Date of Injury:** 12/31/10	
SSN:		Employer name: BERRY ROOFING INC/ JR SHEET METAL				Employer ID: 0002380013765100			
		ICD-9 Code: 959.9	INJURY-SITE NOS						
1	SF1-SFCA-15765042	01/06/15	999Q2	Interpreter Treatmen	1	405.00	.00	A01	405.00
2	SF1-SFCA-15765042	10/03/14	999Q2	Interpreter Treatmen	1	180.00	.00	723 A01 B03 G67	180.00
3	SF1-SFCA-15765042	10/14/14	999Q2	Interpreter Treatmen	180	270.00	.00	723 A01 B03 G67	270.00
4	SF1-SFCA-15765042	12/23/14	999Q2	Interpreter Treatmen	0	180.00	.00	723 A01 B03 G67	180.00
								Subtotal:	**1,035.00**
		Patient Name:		for 6637	**Claim #:** 05849746			**Date of Injury:** 09/26/12	
SSN		Employer name: G&F ROOF SUPPLY INC				Employer ID: 0000001939341110			
		ICD-9 Code: 999.9	COMPLIC MED CARE NEC/NOS						
5	SF1-SFCA-15761213	01/08/15	999Q2	Interpreter Treatmen	120	180.00	.00	723 A01 B03 G67	180.00
6	SF1-SFCA-15761213	05/14/15	999Q2	Interpreter Treatmen	220	247.50	.00	723 A01 B03 G67	247.50
7	SF1-SFCA-15761213	05/15/15	999Q2	Interpreter Treatmen	415	630.00	.00	723 A01 B03 G67	630.00
								Subtotal:	**1,057.50**
								Total Allowances:	**$2,092.50**

PAID OCT 14 2015

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

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

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

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

22835127

VOID

Medical
SA

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

CU-242288
Union Bank
Los Angeles, California
90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
October 08, 2015	$*****2,092.50

PAY ****Two Thousand Ninety-Two and 50/100 Dollars****ONLY

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

⑈521024288⑈ ⑆122241501⑆ ⑈908100104 3⑈

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

*** INVOICE ***
Date NO#
09/28/15 63363

EAMS#(s):

SS #
DOB : 11/27/71
Terms : 45 days
Claim #(s):
05909152

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

Case: vs EURO TERMITE CONTROL
Date Of Injury: 1/10/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/27/14	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/23/14	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/05/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/25/15	PMT BY CHECK	DOS 8/27/14-8/5/15* =# CE-780760 SCIF	-563.00

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.

Explanation of Review (EOR)

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CE-780760**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/25/15
Doc #: 030219365

63363 - 64204 - 64205

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	05762170	**Date of Injury:**	06/06/05	
SSN		Employer name: EURO TERMITE CONTROL			Employer ID: 0000001749920040				
1	SF1-SPCA-157130	08/05/15	999Q9	Interpreter Deposit-	1	156.50	.00	B03	156.50
2	SF1-SPCA-157130	08/27/14	999Q9	Interpreter Deposit-	1	156.50	.00	B03	156.50
3	SF1-SPCA-157130	09/23/14	999Q9	Interpreter Deposit-	1	250.00	.00	B03	250.00
							Total Allowances:		**$563.00**

PAID SEP 28 2015

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

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

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

[redacted]

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

*** INVOICE ***
Date NO#
09/28/15 64335

EAMS#(s):

SS # :
DOB : 2/5/77
Terms : 45 days
Claim #(s):
30130714432-0001

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

Case: s ENER-TECH METALS INC.
Date Of Injury: 6/14/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/02/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
01/13/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/10/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/23/15	PMT BY CHECK	DOS 12/2/14-9/10/15* # 0060846183	-563.00

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.

P6903928006

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

20150923160

Electronic Service Requested

PAID SEP 28 2015

1 OF 1

ENV 4622

SINGLE PIECE

4622 0.3820 SP 0.485

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

DATE	CHECK AMT	CHECK NO.
09/23/2015	563.00	0060846183

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

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

Claimant Name	Loss Date	Claim Number
	06/14/2013	30130714432-0001

Amt Paid: 563.00 Description: Miscellaneous Medical
Amt Billed: 563.00 Invoice: 64335 ICN: 125578999.6
Dates: 12/02/2014-09/10/2015 Comment:

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

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

*** INVOICE ***
Date NO#
10/16/15 66374

EAMS#(s):

SS # :
DOB : 3/6/78
Terms : 45 days
Claim #(s):
MG-13-011024

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

Case: vs PECA CORPORATION
Date Of Injury: CT 9/27/13-2/11/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/28/15	INITIAL EXAM	DR MILLMAN & INITIAL ACUP W/KIM BUKUM @	230.00
/ /	-	ADVANCE CARE* (ACS)	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
/ /	INTERPRETER:	LISABETH C. PARRENO # 101080	0.00
05/12/15	FOLLOW-UP	W/ ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/21/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/26/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
04/16/15	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/18/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/29/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/16/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	DIANA CHUY DEL OLMO # 301577	0.00
07/28/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/31/15	INITIAL EXAM	DR MASSIHI @ CAS*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/13/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/21/15	FOLLOW-UP	W/ ACUPUNCT CHOI @ ACS*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/25/15	FOLLOW-UP	W/ ACUPUNCT JUNG CHOI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/31/15	FOLLOW-UP	W/ ACUPUNCT HAN @ ACS*	180.00

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

*** INVOICE ***

Date	NO#
10/16/15	66374

EAMS#(s):

SS # :
DOB : 3/6/78
Terms : 45 days
Claim #(s):
MG-13-011024

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

Case: vs PECA CORPORATION
Date Of Injury: CT 9/27/13-2/11/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/28/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/02/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/10/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/08/15	PMT BY CHECK	DOS 4/28/15-8/13/15* # 590067	-2130.00

BALANCE 1080.00

* 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.

VOID VOID VOID

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

CORVEL

Bankcode:MAGEC 11-24 1210(8)

CHECK NUMBER	CHECK DATE
590067	10/08/15

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

******$2,130.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

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

WELLS FARGO BANK PORTLAND, OR

Richard Schuppe

⑈0000590067⑈ ⑆121000248⑆ 4126 21534 2⑈

TACH HERE

DETACH HERE

CORVEL

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
MG-13-011024	09/27/2013		04/28/2015	08/13/2015	Invoice 66374 ✓	******$2,130.00

PAID OCT 14 2015

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

*** INVOICE ***

Date	NO#
10/14/15	66340

EAMS#(s):

SS # : ---
DOB : 12/28/73
Terms : 45 days
Claim #(s):
1578417

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

Case: [redacted] vs BARNEY LIQUOR
Date Of Injury: 10/4/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/24/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/16/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/07/15	PMT BY CHECK	DOS 6/24/15-7/16/15* # 00196518	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT AN ANGLE TO VIEW

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

JP MORGAN CHASE
NY
50-937/213

CHECK NO.
00196518
1578417-1
WCC0019000

DATE
10/7/2015

AMOUNT
$406.50

PAY Four Hundred Six and 50/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

Mail To

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

VOID AFTER 90 DAYS

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00196518⑈ ⑆021000021⑆ 639993851⑈

PAID OCT 14 2015

Check Number	00196518
Claim Number:	1578417-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WCC0019000/YOON, SOK WON & YOON, CHRISTINE S
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	10/4/2013
Location:	Barneys Liquor 5001 Monte Vista St Los Angeles CA 90042 - 3901
Examiner Code:	mfaulkinbury

Amount:	$406.50
Dates of Service:	6/24/2015-7/16/2015
Explanation:	Inv# 66340
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

on behalf of TOWER INSURANCE COMPANY OF NEW YORK
AmTrust North America
P O Box 4026
Concord, CA 94524
212-655-2000

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

*** INVOICE ***
Date NO#
12/07/15 64492

EAMS#(s) :

SS # :
DOB : 3/15/66
Terms : 45 days
Claim #(s):
05665426

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

Case: vs BERRY ROOF1NG INC
Date Of Injury: 12/31/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/03/14	PRE-OP	DR JARCHI @ MONROVIA HOSP*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
10/14/14	SURGERY	DR BURNHAM:L/E @ MONROVIA HOSPITAL (3HRS)	270.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
12/23/14	PRE-OP	DR JARCHI @ MONROVIA HOSP*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/06/15	SURGERY	DR BURNHAM:L4-L5 INTERBODY FUSION @ MONROVIA	405.00
/ /	INTERPRETER:	LESLIE R. MELTON # 500259 (4H 30M)	0.00
10/05/15	ADMISSION	DR BURNHAM @ MONORIVIA HOSP*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/06/15	SURGERY	DR BURNHAM: L/S @ MONROVIA HOSP. (3hrs 15mins)	292.50
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/08/15	PMT BY CHECK	DOS 10/3/14-1/6/15* =# CU-242288	-1035.00
12/03/15	PMT BY CHECK	DOS 10/5/15-10/6/15* =# CU-254402	-472.50
		BALANCE	0.00

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

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals: 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-254402**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 12/03/15
Doc #: 030469433

64492

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name: [redacted]			**Claim #:** 05665426		**Date of Injury:** 12/31/10		
SSN:		Employer name: BERRY ROOFING INC/ JR SHEET METAL			Employer ID: 0002380013765100				
		ICD-10 Code:T14.90 INJURY, UNSPECIFIED							
1	SF1-SFCA-16001832	10/05/15	999Q2	Interpreter Treatmen	120	180.00	.00	723 A01 B03 EM1 G67	180.00
2	SF1-SFCA-16001832	10/06/15	999Q2	Interpreter Treatmen	195	292.50	.00	723 A01 B03 G67	292.50
								Total Allowances:	**$472.50**

PAID DEC 07 2015

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

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

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

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

*** INVOICE ***

Date	NO#
10/14/15	66767

EAMS#(s):

SS # :
DOB : 5/15/53
Terms : 45 days
Claim #(s):
R00033997

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

Case: /s VAUGHAN BENZ/METROPLIS MFG.
Date Of Injury: 2/28/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/21/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
08/04/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI (MSA ADDENDUM)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/08/15	PMT BY CHECK	DOS 7/21/15-8/4/15* # 3000347437	-500.00

BALANCE 0.00

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

DR0808

1,393

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

Republic Indemnity

Date: 10/08/2015
Check #: 3000347437
Payment Amount: 500.00

000697 R3N7T1A
Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

PAID OCT 14 2015

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00033997		66767	10/01/2015	07/21/15	08/04/15	500.00	500.00	
		Interpreter For Medical/WCAB						
						Total	500.00	

PLEASE DETACH BEFORE DEPOSITING CHECK

[redacted]

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

*** INVOICE ***
Date NO#
10/22/15 64492

EAMS#(s):

SS #
DOB : 3/15/66
Terms : 45 days
Claim #(s):
05665426

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

Case: vs BERRY ROOF1NG INC
Date Of Injury: 12/31/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/03/14	PRE-OP	DR JARCHI @ MONROVIA HOSP*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
10/14/14	SURGERY	DR BURNHAM:L/E @ MONROVIA HOSPITAL (3HRS)	270.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
12/23/14	PRE-OP	DR JARCHI @ MONROVIA HOSP*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/06/15	SURGERY	DR BURNHAM:L4-L5 INTERBODY FUSION @ MONROVIA	405.00
/ /	INTERPRETER:	LESLIE R. MELTON # 500259 (4H 30M)	0.00
10/05/15	ADMISSION	DR BURNHAM @ MONORIVIA HOSP*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/06/15	SURGERY	DR BURNHAM: L/S @ MONROVIA HOSP. (3hrs 15mins)	292.50
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/08/15	PMT BY CHECK	DOS 10/3/14-1/6/15* =# CU-242288	-1035.00
		BALANCE	472.50

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

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-242288**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 10/08/15
Doc #: 030269676

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:						**Claim #:** 05665426	**Date of Injury:** 12/31/10	
SSN:	Employer name: BERRY ROOFING INC/ JR SHEET METAL						Employer ID: 0002380013765100		
	ICD-9 Code: 959.9 INJURY-SITE NOS								
1	SF1-SFCA-15765042	01/06/15	999Q2	Interpreter Treatmen	1	405.00	.00	A01	405.00
2	SF1-SFCA-15765042	10/03/14	999Q2	Interpreter Treatmen	1	180.00	.00	723 A01 B03 G67	180.00
3	SF1-SFCA-15765042	10/14/14	999Q2	Interpreter Treatmen	180	270.00	.00	723 A01 B03 G67	270.00
4	SF1-SFCA-15765042	12/23/14	999Q2	Interpreter Treatmen	0	180.00	.00	723 A01 B03 G67	180.00
								Subtotal:	**1,035.00**
	Patient Name:						**Claim #:** 05849746	**Date of Injury:** 09/26/12	
SSN:	Employer name: G&F ROOF SUPPLY INC						Employer ID: 0000001939341110		
	ICD-9 Code: 999.9 COMPLIC MED CARE NEC/NOS								
5	SF1-SFCA-15761213	01/08/15	999Q2	Interpreter Treatmen	120	180.00	.00	723 A01 B03 G67	180.00
6	SF1-SFCA-15761213	05/14/15	999Q2	Interpreter Treatmen	220	247.50	.00	723 A01 B03 G67	247.50
7	SF1-SFCA-15761213	05/15/15	999Q2	Interpreter Treatmen	415	630.00	.00	723 A01 B03 G67	630.00
								Subtotal:	**1,057.50**

Total Allowances: **$2,092.50**

PAID OCT 14 2015

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

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

[redacted]

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

*** INVOICE ***

Date	NO#
09/28/15	66819

EAMS#(s):

SS # :
DOB : 1/1/63
Terms : 45 days
Claim #(s):
97170

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

Case: vs VINTAGE DESING, INC
Date Of Injury: 4/20/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/29/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/24/15	PMT BY CHECK	DOS 7/29/15* # 0000758466	-250.00

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.

P6905028000

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

201511201620

Electronic Service Requested

PAID NOV 24 2015

1 OF 1

ENV 2142

SINGLE PIECE

2142 0.3820 SP 0.485

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

4

DATE	CHECK AMT	CHECK NO.
11/20/2015	250.00	0063825120

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

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

Claimant Name	Loss Date	Claim Number
	10/30/2014	30143236989-0001

Amt Paid: 250.00 Description:
Amt Billed: 250.00 Invoice: 67630
Dates: 10/01/2015-10/29/2015 Comment:

ICN: 301432369890001

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

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

*** INVOICE ***
Date NO#
11/12/15 65442

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
186887382-001

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

Case: vs TNT PLASTIC MOLDING
Date Of Injury: 11/6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/10/15	LEGAL_PREP	DEPO PREP @L/O WESTON HERZONG WENDEROFF	156.50
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
04/07/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/31/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/08/15	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/02/15	PMT BY CHECK	DOS 3/10/15-8/31/15* # 5636790297	-563.00

BALANCE 156.50

* 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	:	11/02/2015
Check Amount	:	$563.00
Check Number	:	5636790297

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

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
186887382-001 WC BREA Professional Service	11/06/2014 $563.00 $563.00	Donna E. Giza 65442	 09/03/2015 03/10/2015-08/31/2015

PAID NOV 09 2015

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#
09/01/15 66250

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
30130446060-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W. C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case: /s CR LAURENCE
Date Of Injury: 4/8/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/04/15	LEGAL_WCAB	MSC @ WCAB SA	156.50
/ /	INTERPRETER:	MARIA I. SEARS # 100795	0.00
08/20/15	PMT BY CHECK	DOS 06/04/15-06/04/15* # 0061709790	-156.50
08/26/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/10/15	PMT BY CHECK	DOS 06/04/15-08/26/15* # 0061878196	-250.00

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.

P6905028006

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

201509101608

Electronic Service Requested

1 OF 1

ENV 4436

SINGLE PIECE
4436 0.3820 SP 0.485

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

8

PAID

BY: .....

DATE	CHECK AMT	CHECK NO.
09/10/2015	250.00	0061878196

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

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

Claimant Name	Loss Date	Claim Number
	04/08/2013	30130446060-0001

Amt Paid: 250.00 Description:
Amt Billed: 250.00 Invoice: 66250
Dates: 06/04/2015-08/26/2015 Comment:

ICN: 301304460600001

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

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

*** INVOICE ***

Date	NO#
11/09/15	66884

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
CTOS-033979

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

Case: ___ vs COUNTY OF ORANGE
Date Of Injury: 10/28/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/02/15	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT* (IPM)	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
11/05/15	PMT BY CHECK	DOS 6/2/15* # 432025	-180.00

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.

Mailing Information:

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

PAID NOV 09 2015

Claim Number : CTOS-033979
Claimant :
Date of Loss : 10/28/2011
Check Number : 432025
Check Date : 11/05/2015
Check Amount : $180.00
Type of Payment :
MP 176 - INTERPRETER MED

Location : 0800080007 080 0080 007 300 N. Flower of Division 0080 RDMD
For Period : 06/02/2015 to 06/02/2015
InvoiceNo : 66884
IRS # : 33-0956713
Handling Office : 708-Co of Orange, Roseville, CA

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

York Risk Services Group, Inc.

County of Orange - 3281/W
Workers' Compensation Program
Administered by York Risk Services Group, Inc.
P.O. Box 1700
Rancho Cucamonga, CA 91729

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

REF. NUMBER	
CTOS-033979	
DATE	CHECK NO
11/5/2015	432025
AMOUNT	
***$180.00	

PAY ONE HUNDRED EIGHTY AND 0/100

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

AUTHORIZED AGENT

Not Negotiable After 90 Days

⑈0432025⑈ ⑆322382412⑆ 9600109804⑈

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

*** INVOICE ***
Date NO#
12/17/15 61524

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
AXQR-3207

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

Case: [redacted] /s SUBWAY
Date Of Injury: 8/23/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/14/14	PR2/REEVAL	DR ROSARIO @ INTEVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
04/14/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
04/24/14	EPIDURAL	PAIN MGMT W/ BERNSTEIN @ NEWPORT COAST CTR*	150.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
05/13/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/13/14	PMT BY CHECK	DOS 3/14/14-5/13/14* # 1516121	-360.00
06/12/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/03/14	PMT BY CHECK	DOS 4/24/14-6/12/14* # 1530066	-270.00
07/15/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/12/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/08/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
11/12/14	PMT BY CHECK	DOS 7/15/14-9/8/14* # 1576889	-540.00
10/15/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
11/12/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00

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

*** INVOICE ***
Date NO#
12/17/15 61524

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
AXQR-3207

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

Case: [redacted] vs SUBWAY
Date Of Injury: 8/23/12

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
04/09/15	PMT BY CHECK	DOS 10/15/14-11/12/14* # 1661665	-180.00
04/01/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/16/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
05/06/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
01/14/15	PR2/REEVAL	DR ROSARIO & BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
07/21/15	PMT BY CHECK	DOS 12/16/14-5/6/15* # 1711716	-270.00
07/24/15	PMT BY CHECK	DOS 4/9/15* # 1713175	-90.00
07/24/15	PMT BY CHECK	DOS 4/1/15* # 1713174	-90.00
07/24/15	PMT BY CHECK	DOS 1/14/15* # 1713173	-90.00
02/25/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
06/08/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
07/10/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
08/12/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
09/14/15	PR2/REEVAL	DR BERNSTEIN @ COAST PAIN MANAGEMENT*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/05/15	PMT BY CHECK	DOS 3/14/14-8/12/15* # 1743963	-1320.00
10/19/15	PR2/REEVAL	DR BERNSTEIN/RAPHAEL, PA @ IPM*	180.00

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

*** INVOICE ***
Date NO#
12/17/15 61524

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
AXQR-3207

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

Case: vs SUBWAY
Date Of Injury: 8/23/12

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
11/04/15	PMT BY CHECK	DOS 3/4/14-10/19/15* # 1760051	-360.00
11/30/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/15/15	PMT BY CHECK	DOS 11/30/15* # 1778962	-180.00

BALANCE 0.00

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

INSURANCE FRAUD IS A CRIME AND IS PUNISHABLE BY LAW

PAID DEC 17 2015

Mailing Information:

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

Claim Number: AXQR-3207
Claimant:
Date of Loss: 08/23/2012

Check Number: 1778962
Check Date: 12/15/2015
Check Amount: $180.00
Type of Payment:
MP 176 - INTERPRETER MED

Location: 009222038WK4 Berri Foods Inc 6745 Quail Hill Pkwy of Nova

For Period: 11/30/2015 to 11/30/2015
InvoiceNo: 61524
IRS #: 33-0956713
Handling Office: 705-Los Angeles, Roseville, CA

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

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

YORK
P.O BOX 1700
RANCHO CUCAMONGA, CA 91729 (973) 541-1330

ON BEHALF OF

4220 AIX Quick Srv Restaurants

PAY

ONE HUNDRED EIGHTY AND 0/100

TO THE ORDER OF

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

WELLS FARGO BANK, N.A.
190 RIVER ROAD, NJ3179
SUMMIT, NJ 07901-1444
55-2/212

NOT VALID AFTER SIX MONTHS

CLAIM NUMBER

AXQR-3207

DATE	CHECK NO.
12/15/2015	1778962

AMOUNT

***$180.00

Richard Talbot

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER $25,000.00.

⑈1778962⑈ ⑆121000248⑆ 2000013486965⑈

YORK RISK SERVICES GROUP, INC.

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

*** INVOICE ***
Date NO#
09/28/15 65300

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
000824-000304-WC01

BILL TO:
GALLAGHER BASSETT (CORONA)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 6900
CORONA, CA 92878-6900

Case: vs CALIFORNIA FRIENDS
Date Of Injury: 8/8/09

DOS	SERVICE	DESCRIPTION	AMOUNT
12/04/14	EPIDURAL	PAIN MGMT W/DR BERNSTEIN @ NEWPORT COAST*	150.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
03/03/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
04/16/15	EPIDURAL	PAIN MGMT W/DR BERNSTEIN @ NEWPORT COAST*	150.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
06/02/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
10/27/15	PMT BY CHECK	DOS 12/4/14-6/2/15* # 0122893209	-660.00

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.

GB-CARRIER WEST-WC
PO BOX 4040
SACRAMENTO CA 95812-4040

000824 PAGE 1 OF 1 003964

PAID NOV 0 2 2015

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

DIRECT CHECK INQUIRIES TO:
PHONE: 916-576-8200
GB-CARRIER WEST-WC
PO BOX 4040
SACRAMENTO CA 95812-4040

CLAIM NO.: 000824 000304 WC 01 (80003001)
CLAIMANT:
DESCRIPTION: INV#65300

DATES OF SERVICE: 04Dec14 **THRU** 02Jun15
BENEFIT PERIOD: **THRU**

BRANCH NO.: 502
ACC DATE: 08Aug09

NO.: 0122893209
VN: 0000037289
DATE: 27Oct15
AMOUNT: 660.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004802 005496 002 002

[redacted]

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

*** INVOICE ***
Date NO#
11/02/15 54814

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
5070015449

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

Case: , vs NORTH AMERICAN TEXTILE
Date Of Injury: 9/9/03

DOS	SERVICE	DESCRIPTION	AMOUNT
01/06/10	WCAB LB	EXP. HEARING - CARMEN GUZMAN # 100585	156.50
09/04/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
11/05/12	PMT BY CHECK	DOS 9/4/12 # 900025108 EMPLOYERS	-156.50
11/30/12	PMT BY CHECK	DOS 1/6/10 # 891A 83270617 TRAVELERS	-156.50
11/26/13	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/30/12	PMT BY CHECK	DOS 11/26/13 # 891A 83270617 TRAVELERS	-156.50
10/06/15	LEGAL_C&R	C&R READING @ L/O MICHELLE GARVRIEL	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/15/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/26/15	PMT BY CHECK	DOS 10/15/15* # 900034634 EMPLOYERS	-156.50
10/29/15	PMT BY CHECK	DOS 10/6/15* # 900034660 EMPLOYERS	-250.00
		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.

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

*** INVOICE ***
Date NO#
11/03/15 67734

EAMS#(s):

SS # : [redacted]
DOB :
Terms : 45 days
Claim #(s):
EYJ1269

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

Case: [redacted] PROPERTY PREP
Date Of Injury: 10/29/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/22/14	LEGAL C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/29/15	PMT BY CHECK	DOS 10/22/14* # 896D 86814098	-250.00

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.

018074

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

SA08987

896D 86814098

TRAVELERS

DATE: 10/29/15
LOSS DATE: 10/29/13
FILE NUMBER: 152 CB EYJ1269 F

EMPLOYEE

ACCOUNT NAME:
PROPERTY PREP SERVICES, INC

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

PAID NOV 03 2015

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 10/22/2014

TOTAL PAID: $250.00
TAX INFO: 330956713547893 9Y
PAY MISC: INVOICE # 67734
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: JAZMIN BALLESTEROS AT (909)612-3856

302009087
DETACH CHECK

UNRUMM-111311
CVRPUNS2-121205
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#
10/30/15	63964

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
EUJ9847

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

Case: UNIVERSAL MOLDING
Date Of Injury: 3/14/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/13/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	WALTER VASQUEZ # 100770	0.00
12/05/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL. I	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/15/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/18/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/30/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/26/15	PMT BY CHECK	DOS 10/13/14-9/30/15* # 891A 86717270	-969.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

013809

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

SA06859

891A 86717270

TRAVELERS

DATE: 10/26/15
LOSS DATE: 03/14/13
FILE NUMBER: 152 CB EUJ9847 A

EMPLOYEE

ACCOUNT NAME:
UNIVERSAL MOLDING COMPANY

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

PAID OCT 30 2015

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

63964

EXPERT FEES / INTERPRETERS

SERVICE DATE: 10/13/2014 TO: 09/30/2015

TOTAL PAID: $969.50
TAX INFO: 330956713372147 6Y

PAYEE:
JOYCE ALMAN INTERPRETERS

FOR ADDITIONAL INFORMATION, CONTACT: JAZMIN BALLESTEROS AT (909)612-3856

299006950
DETACH CHECK

UNSUMM
OVRPUNS2:121208

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#
11/09/15 67608

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
2014246623

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

Case: vs ACI SUPPLIES LLC
Date Of Injury: 10/2/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/24/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
10/16/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/06/15	PMT BY CHECK	DOS 9/24/15-10/16/15* # 260493640	-406.50

BALANCE 0.00

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

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: 260493640
Check Date: 11/06/2015

Claim Number: 2014246823
Injured Employee:

Billed Date: 10/21/2015
Service Period: 09/24/2015 through 10/16/2015
Invoice Number: 67608
Billed Amount: $406.50
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $406.50

Check Total: **$406.50**

PAID NOV 09 2015

[redacted]

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

*** INVOICE ***
Date NO#
05/21/15 62869

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/8/70
Terms : 45 days
Claim #(s):
6335-083-A00455-1

BILL TO:
CARL WARREN & CO. (TUSTIN)
W.C. DEPARTMENT
ATTN: SANDRA SATER
P.O. BOX # 2422
TUSTIN, CA 92781

Case: vs HORIZON PERSONNEL SERVICES
Date Of Injury: 3/23/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/02/14	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/23/14	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
07/14/14	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
07/28/14	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
08/20/14	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/03/14	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100755	0.00
10/01/14	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
10/22/14	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
12/03/14	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
05/06/15	PMT BY CHECK	DOS 6/2/14-10/1/14* # 00106440	-1310.00
		BALANCE	360.00

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

DATE: 5/06/15 NOVAPRO RISK SOLUTIONS
TIME: 7:01:11 CHECK ADVICE REPORT

BANK: Bank of America ACCOUNT#: 1453917827
CLNT: 6335 VENSURE HR INC NRS BRANCH: ORANGE

PAYEE: JOYCE ALTMAN INTERPRETERS FEIN: 33-0956713
PO BOX 4165
TUSTIN, CA 92781 4165

PAID MAY 14 2015

CLAIMANT NAME / CLMSTS MGMT LEVELS / PAYMENT SETTLEMENT / PMT CODES OPR#	LOSS DATE	NRS FILE#	LINE#	STATE CLM#	AMOUNT PAID
	3/23/2013	083-A00455-1	W-751		
O 0001-0029-0001 INV 62869 06/02/2014-10/01/2014 2-285 115					1,310.00
	5/23/2014	083-A01745-1	W-751		
O 0001-0063-0001 INV 63714 08/08/2014-10/03/2014 2-285 115					1,410.00

CHECK# 106440 ISSUED ON 5/06/2015 TOTAL PAID: 2,720.00

REORDER 8018 - U.S. PATENT NO. 5636280, 5975809, 5941183, 5795353, 5984364, 6036000

Bank of America
Costa Mesa, CA

16-66/1220

CARL WARREN & COMPANY
ITF COMPANION VENSURE

BRANCH: S083 ORG
CARL WARREN & COMPANY
17862 EAST 17TH ST SUITE 111
TUSTIN, CA 92780
714/544-0980

CLIENT#: 6335 VEN

PAYMENT AMOUNT: ****2,720.00**
PAYEE NAME: JOYCE ALTMAN INTERPRETERS

CHECK#: 000106440
ISSUE DATE: 5/06/2015

PAYMENT SETTLEMENT: *** REFER TO ATTACHED CHECK ADVICE REPORT

PAID MAY 14 2015

THIS CHECK IS VOID WITHOUT A COLORED BORDER AND BACKGROUND PLUS A KNIGHT & FINGERPRINT WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

Bank of America
Costa Mesa, CA
16-66/1220

00106440

AIM NO. 335 ***			CARL WARREN & COMPANY ITF COMPANION VENSURE	CLAIMANT ***	
TE ISSUED 5/06/2015 ORG	TYPE PMT ***	CLOSE		Date of Loss ***	LOCATION
YEE FEDERAL I.D. NO. 33-0956713	IN PAYMENT OF *** REFER TO ATTACHED CHECK ADVICE REPORT			MISC.	KIND OF PMT ***

Y THE AMOUNT OF
wo Thousand Seven Hundred Twenty and NO/100---------- DOLLARS $ $2,720.00

VOID IF NOT CASHED WITHIN 90 DAYS

TWO SIGNATURES REQUIRED
ON AMOUNTS OVER $5000.

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

VOID

Caryn B. Siebert

AUTHORIZED SIGNATURES

⑈00106440⑈ ⑆122000661⑆ 14539⑈17827⑈

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

*** INVOICE ***

Date	NO#
05/27/15	65459

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 7/13/65
Terms : 45 days
Claim #(s):
002979-053332-WC01

BILL TO:
GALLAGHER BASSETT (SAN DIEGO)
W.C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX # 85013
SAN DIEGO, CA 92186

Case: . , vs PACIFIC PRODUCTION PLUMING INC
Date Of Injury: 12/4/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/23/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/23/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/21/15	PMT BY CHECK	DOS 3/25/15-4/23/15*	-406.50
		# 0118883772	

BALANCE 0.00

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

GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

002979 PAGE 1 OF 1 007308

MDG2009 00005047 1 MB 0435 1

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

RECEIVED MAY 27 2015

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS OF PA

DIRECT CHECK INQUIRIES TO:
PHONE: 619-471-1219
GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

**

CLAIM NO.: 002979 053332 WG 01 (1W4575001)
CLAIMANT:
DESCRIPTION: INV 65459 MT

BRANCH NO.: 187
ACC DATE: 04Dec13

NO.: 0118883772
VN: 0001833748
DATE: 21May15
AMOUNT: 406.50

DATES OF SERVICE: 23Mar15 **THRU** 23Apr15
BENEFIT PERIOD: **THRU**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005047 005744 001 001

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

*** INVOICE ***

Date	NO#
05/27/15	64930

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/23/81
Terms : 45 days
Claim #(s):
30143167976-0001

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

Case: vs BAY CREST CARE
Date Of Injury: 11/25/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/26/15	LEGAL_PREP	DEPO PREP @ L/O MCNAMARA AND DRASS	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/05/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/22/15	PMT BY CHECK	DOS 2/26/15-5/5/15* # 0059242224	-406.50

BALANCE 0.00

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

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

DATE	CHECK AMT	CHECK NO.
05/22/2015	406.50	0059242224

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

SCMS UNIT	PAGE
527 Sedgwick Claims Management Services	001

*007007 0059242224 00001 OF 00001 OAM 150522 1137

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

RECEIVED MAY 27 2015

Claimant Name	Loss Date	Claim Number	SSN
	11/25/2014	30143167976-0001	

Amt Paid: 406.50
Amt Billed: 406.50
Dates: 02/26/2015 - 05/05/2015
Description:
Invoice: 64930
ICN: 170949924.338
Comment:

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

E1991.FRM (02-28-01)

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

*** INVOICE ***
Date NO#
10/19/15 61934

EAMS#(s):

SS # : XXX-XX-2494
DOB : 6/1/62
Terms : 45 days
Claim #(s):
C6E9327

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

Case: vs MISSION FOOD
Date Of Injury: 5/20/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/04/14	SURGERY	DR PELTON: RT SHDR @ MONROVIA HOSPITAL (8H 50M)	810.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/14/15	LIEN FIL FEE	LIEN FILING FEE	150.00
10/13/15	PMT BY CHECK	DOS 4/4/14-9/14/15* # 896D 86739525	-960.00

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.

018925

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

SA09404

896D 86739525

TRAVELERS

DATE: 10/13/15
LOSS DATE: 05/20/13
FILE NUMBER: 152 CB C6E9327 N

EMPLOYEE

ACCOUNT NAME:
GRUMA CORPORATION

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

TRAVELERS PROP CAS CO OF AMERIC 61934

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 04/04/2014 TO: 09/14/2015

TOTAL PAID: $960.00
TAX INFO: 330956713372147 6Y

PAID OCT 19 2015

PAYEE:
JOYCE ALMAN INTERPRETERS

FOR ADDITIONAL INFORMATION, CONTACT: ADRIAN SAN MARTIN AT (909)612-3455

286009521
DETACH CHECK

UNSUMM-111311
OVRFLOW2-121208
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#
08/03/15 66107

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 8/22/66
Terms : 45 days
Claim #(s):
YMQ41699C

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

Case: vs KOT ELECTRIC INC.
Date Of Injury: 9/11/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/02/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/29/15	PMT BY CHECK	DOS 6/2/15* # 124307923 1	-156.50
07/10/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
07/24/15	PMT BY CHECK	DOS 07/10/15-07/10/15* #124433318 2	-250.00

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.

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

THE HARTFORD

MA

PAID
AUG 03 2015
BY: D

000496
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00512

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
66107 09-11-14	84WEC AA4699 YMQC 41699	YURY KOTLERMAN		$250.00
Nature of Benefits: Miscellaneous Legal Expenses	Nature of Payment: Source Payment	Service Dates 07-10-2015 07-10-2015		$250.00

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

Additional Comments:

Issue Date	07-24-2015	Check Number	124433318 2	Total Amount of Check	$250.00

Please keep the above information for your records.

0000012 1244333182

109899410

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#
10/21/15 65266

EAMS#(s):

SS # : XXX-XX-2549
DOB : 3/30/54
Terms : 45 days
Claim #(s):
SCIH-035836

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

Case: vs COUNTY OF MODESTO IHSS
Date Of Injury: 10/27/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/03/15	PR2/REEVAL	DR JOHNSON/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/21/15	PR2/REEVAL	DR JOHNSON/ FRANKE P.A. @ SIDHU CHIRO (4H 15M)	382.50
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/15/15	INITIAL EXAM	ACUPUNCTURE W/CHOI & INITIAL F.C.E. W/DR SADEGHI*	230.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
09/04/15	PMT BY CHECK	DOS 03/03/15-05/15/15* # 63-024429	-792.50
08/27/15	PR2/REEVAL	DR JOHNSON/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
09/02/15	FOLLOW-UP	W/ ACUPUNCT M. CHOI @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/24/15	PR2/REEVAL	DR GOUBRAN @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/13/15	PMT BY CHECK	DOS 8/27/15* # 63-230974	-180.00

BALANCE 360.00

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

STATE OF CALIFORNIA

WARRANT NUMBER 63-230974

THE TREASURER OF THE STATE WILL PAY OUT OF THE FUND NO. 0001 FUND NAME GENERAL FUND

IDENTIFICATION NO. XXXXX421 5180

MO. 10 DAY 13 YR. 2015

90-1342/1211

63230974

DOLLARS CENTS $*****180.00

TO: 230974
JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN CA 92781

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

63-230974

ISSUE DATE: 10/13/2015
CLAIM NUMBER: SCIH-035836
CLAIMANT NAME:
DATE OF INJURY: 10-27-2011
PAY DESCRIPTION: INTERPRETER MED
PERIOD FROM - PERIOD TO: 08-27-2015 - 08-27-2015

65266

PAID OCT 19 2015

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

*** INVOICE ***
Date NO#
08/04/15 66106

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 3/22/70
Terms : 45 days
Claim #(s):
0545-WC-14-0000688

BILL TO:
CORVEL CORPORATION (SACREM)
W.C. DEPARTMENT
ATTN: CAROLINE RAMIREZ
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs SELECT STAFFING
Date Of Injury: 12/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/02/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/08/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/29/15	PMT BY CHECK	DOS 06/02/15-07/08/15* # 30658	-406.50

BALANCE 0.00

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

VOID VOID VOID

CORVEL ENTERPRISE COMP, INC.
NEW KOOSHAREM CORPORATION
CHECK ISSUED ON BEHALF OF XL INSURANCE AMERICA
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

bankcode=NKC
11:24
1210(8)

CHECK NUMBER	CHECK DATE
30658	07/29/15

PAY EXACTLY: *Four hundred six and 50/100 Dollars*

*******$406.50

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

⑈00000306 58⑈ ⑆121000248⑆ 4990 09994 7⑈

ETACH HERE

DETACH HERE

CORVEL

MR.

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
0545-WC-14-0000688	12/23/2014		06/02/2015	07/08/2015	Inv #: 66106	*******$406.50

PAID
AUG 03 2015
BY: D

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

*** INVOICE ***
Date NO#
08/04/15 65778

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9430
D.O.B. : 5/2/61
Terms : 45 days
Claim #(s):
84917

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

Case: _ vs DEPENDABLE MESSENGER SVC., INC
Date Of Injury: 8/18/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/30/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/30/15	PMT BY CHECK	DOS 04/30/15-04/30/15* # 0000733767	-250.00

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.

S2032B

MR

California Insurance Company
P.O. Box 3804
Omaha, NE 68103

Indemnity Payment

Check Date:	07/30/15
Service Begining:	04/30/15
Service Ending:	04/30/15

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	N/A	08/18/14	84917

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
65778	04/30/15-04/30/15	250.00	N/A	N/A	250.00

Messages

PAID
AUG
BY:

Total 250.00

REMOVE DOCUMENT ALONG THIS PERFORATION

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

RRD SECURITY MARK™ ● RRD SECURITY

California Insurance Company
P.O. Box 3804 Omaha, NE 68103

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

0000733767

Date: 07/30/15

Pay TWO HUNDRED FIFTY AND .00 DOLLARS********** $ 250.00

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

VOID AFTER 60 DAYS

VOID VOID VOID

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

*** INVOICE ***
Date NO#
08/04/15 66271

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 1/4/66
Terms : 45 days
Claim #(s):
1823633

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

Case: [redacted] vs TJS METAL MANUFACTURING
Date Of Injury: 2/9/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/10/15	LEGAL_PREP	DEPO PREP @ L/O TOBIN LUCKS	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/09/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/30/15	PMT BY CHECK	DOS 06/10/15-07/09/15* # 00843639	-406.50

BALANCE 0.00

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

THIS CHECK IS VOID WITHOUT A BLUE & BURGUNDY BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT AN ANGLE TO VIEW

VOID VOID VOID

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

*** INVOICE ***
Date NO#
11/02/15 65266

EAMS#(s):

SS # : XXX-XX-2549
DOB : 3/30/54
Terms : 45 days
Claim #(s):
SCIH-035836

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

Case: vs COUNTY OF MODESTO IHSS
Date Of Injury: 10/27/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/03/15	PR2/REEVAL	DR JOHNSON/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/21/15	PR2/REEVAL	DR JOHNSON/ FRANKE P.A. @ SIDHU CHIRO (4H 15M)	382.50
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/15/15	INITIAL EXAM	ACUPUNCTURE W/CHOI & INITIAL F.C.E. W/DR SADEGHI*	230.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
09/04/15	PMT BY CHECK	DOS 03/03/15-05/15/15* # 63-024429	-792.50
08/27/15	PR2/REEVAL	DR JOHNSON/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
09/02/15	FOLLOW-UP	W/ ACUPUNCT M. CHOI @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/24/15	PR2/REEVAL	DR GOUBRAN @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/13/15	PMT BY CHECK	DOS 8/27/15* # 63-230974	-180.00
10/28/15	PMT BY CHECK	DOS 9/2/15-9/24/15* # 63-313845	-360.00
		BALANCE	0.00

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

STATE OF CALIFORNIA

WARRANT NUMBER 63-313845

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

FUND NO. 0001 FUND NAME GENERAL FUND

XXXXX287 5180

MO. 10 DAY 28 YR. 2015

90-1342/1211

63313845

DOLLARS ****360.00 CENTS

FORM CD-95(1/89) CONTROLLERS WARRANT

TO: 313845
--- JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN CA 92781

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

⑆121134230⑆ 6331384530⑈

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

63-313845

ISSUE DATE: 10/28/2015
CLAIM NUMBER: SCIH-035836
CLAIMANT NAME: I
DATE OF INJURY: 10-27-2011 65266
PAY DESCRIPTION: INTERPRETER MED
PERIOD FROM - PERIOD TO: 09-02-2015 - 09-24-2015

PAID NOV 02 2015

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#
10/16/15	65502

EAMS#(s):

SS # : XXX-XX-7538
DOB : 2/18/73
Terms : 45 days
Claim #(s):
1A954942958868

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

Case: vs ABM PARKING SERVICES
Date Of Injury: 8/29/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/01/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/09/15	PMT BY CHECK	DOS 4/1/15* # FE48550511	-156.50
08/19/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	ROSA ARROYO # 300714	0.00
09/16/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA P. CORTEZ # 100533	0.00
10/13/15	PMT BY CHECK	DOS 8/19/15-9/16/15* FE49093939	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for 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-001339-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 10/13/15

CHECK NO. **FE49093939**

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00529 FE49093939
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
1A95494295886

DOLLARS
$*********406.50

* NOT NEGOTIABLE *

FOR
08/19/15 THRU 09/16/15 65502

CLAIMANT

DATE OF EVENT
08/29/14

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

PAID OCT 16 2015

PDWLDMCD-001339-01-01-00

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
10/16/15	66407

EAMS#(s):

SS # : XXX-XX-2009
DOB : 9/18/66
Terms : 45 days
Claim #(s):
06064990

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

Case: vs M R MATTRESS
Date Of Injury: 11/14/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/23/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/14/15	PMT BY CHECK	DOS 6/23/15* # CU-243555	-250.00

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.

Explanation of Review (EOR)

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-243555**

Issue Date: 10/14/15
Doc #: 030290017

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** SA454337		**Date of Injury:** 02/12/04		
SSN: XXX-XX-6231	Employer name: MULTICHROME CO INC				Employer ID: 0000001649979030				
	ICD-9 Code: 959.9 INJURY-SITE NOS								
1	SF1-SFCA-15801200	09/12/11	MDO21	Payment By Order	1	.00	.00	B03	.00
2	SF1-SFCA-15801200	09/12/11	MDO21	Payment By Order	1	150.00	.00	961 B03 G67	150.00
								Subtotal:	**150.00**
	Patient Name:				**Claim #:** 06064990		**Date of Injury:** 11/14/14		
SSN: XXX-XX-9999	Employer name: M&R MATTRESS INC				Employer ID: 0000909003868140				
3	SF1-SPCA-162417	06/23/15	999Q9	Interpreter Deposit-	1	250.00	.00	B03	250.00
								Total Allowances:	**$400.00**

F.F. NC

PAID OCT 16 2015

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

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

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

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#
10/22/15	66157

EAMS#(s):

SS # : XXX-XX-7682
DOB : 9/18/84
Terms : 45 days
Claim #(s):
1837509

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

Case: vs IFFNAK INC. DBA LITTLE CEASARS
Date Of Injury: 9/15/13-3/27/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/13/15	INITIAL EXAM	DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/14/15	INITIAL EXAM	DR SHARMA @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
04/28/15	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ AMERI W/DR RODRIGUEZ	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802 (INITIAL)*	0.00
05/27/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/23/15	INITIAL EXAM	ACUPUNCTURE W/ALEX LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/23/15	FOLLOW-UP	W/ ACUPUNCT A. LEE @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/19/15	FOLLOW-UP	W/ ACUPUNCT A. LEE @ AMERI*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/06/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/19/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO @ 101143	0.00
09/14/15	FOLLOW-UP	W/ ACUPUNCT A. LEE @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/28/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/03/15	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
10/08/15	PMT BY CHECK	DOS 4/13/15-6/23/15* =# 001868528	-1380.00

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

*** INVOICE ***

Date	NO#
10/22/15	66157

EAMS#(s):

SS # : XXX-XX-7682
DOB : 9/18/84
Terms : 45 days
Claim #(s):
1837509

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

Case: vs IFFNAK INC. DBA LITTLE CEASERS
Date Of Injury: 9/15/13-3/27/15

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 810.00

* 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.

TECHNOLOGY INSURANCE CO (Claims Funding)
PO Box 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.	01868528
	1837509-1
	TWC3452416
DATE	10/8/2015
AMOUNT	$1,380.00

PAY One Thousand Three Hundred Eighty and 0/100s Dollars**********

Pay To: JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 90 DAYS

Mail To

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

"01868528" :021309379: 6018775331"

Explanation Of Bill Review

Check Number	01868528	TECHNOLOGY INSURANCE CO (Claims Funding) 1085 on behalf of Technology Insurance Company
Claim Number:	1837509-1	AmTrust North America
Regulatory ID:		P O Box 4026
Bill Number:	8193335	Concord, CA 94524
Invoice Number:	FP1-MTCA-59955	212-655-2000
Policy / Insured:	TWC3452416/Iffnak Inc (a corp)	
Claimant Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC	
Loss Date:	4/13/2015 FP1-MTCA-59955	PAID OCT 19 2015
Location:	418 W Foothill blvd Monrovil CA 91016 -	
Examiner Code:	jburrell	
Network/PPO Network:	66157	

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
4/13/2015	99911	INTERPRETING SERVICES	1.00	230.00	0.00	0.00	230.00	
4/14/2015	99911	INTERPRETING SERVICES	1.00	230.00	0.00	0.00	230.00	
4/23/2015	99911	INTERPRETING SERVICES	1.00	230.00	0.00	0.00	230.00	
4/28/2015	99911	INTERPRETING SERVICES	1.00	150.00	0.00	0.00	150.00	
5/27/2015	99911	INTERPRETING SERVICES	1.00	180.00	0.00	0.00	180.00	
6/19/2015	99911	INTERPRETING SERVICES	1.00	180.00	0.00	0.00	180.00	
6/23/2015	99911	INTERPRETING SERVICES	1.00	180.00	0.00	0.00	180.00	
				1380.00	0.00	0.00	1380.00	

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

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

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

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

*** INVOICE ***
Date NO#
10/19/15 22455

EAMS#(s)

SS # : XXX-XX-
DOB : 12/18/61
Terms : 45 days
Claim #(s):
253508

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

Case: vs JEWISH FAMILY SVCS.
Date Of Injury: 7/25/05

DOS	SERVICE	DESCRIPTION	AMOUNT
07/05/06	WCAB LB	EXPEDITED HEARING	147.00
08/08/06	PMT BY CHECK	DOS 7/5/06 # 767015	-147.00
09/18/06	WCAB LB	EXPEDITED HEARING	147.00
09/21/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
09/27/06	PMT BY CHECK	DOS 9/18/06 # 840005	-147.00
10/09/06	PMT BY CHECK	DOS 9/21/06 # 857296	-147.00
10/03/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
02/21/07	PENALTIES	FOR DATE OF SERVICE 10/3/06	22.05
02/21/07	INTEREST	FOR DATE OF SERVICE 10/3/06	7.46
02/27/07	PMT BY CHECK	DOS 10/3/06 # 205054	-147.00
06/04/09	LEGAL_MISC	STIP @ THE L/O DENNIS FUSI (AMENDED)	156.50
07/07/09	PMT BY CHECK	DOS 7/5/06 THRU 6/4/09 # 553398	-279.51
04/16/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/07/09	PMT BY CHECK	DOS 4/16/15 # 553398	-156.50
10/05/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI (ADDENDEM)	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
10/15/15	PMT BY CHECK	DOS 10/5/15* # 715586	-250.00

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

*** INVOICE ***

Date	NO#
10/19/15	22455

EAMS#(s)

SS # : XXX-XX-
DOB : 12/18/61
Terms : 45 days
Claim #(s):
253508

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

Case: vs JEWISH FAMILY SVCS.
Date Of Injury: 7/25/05

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

D

PAID AUG 19 2015

October 15, 2015
Our Ref : 253508
Your Ref : N/A

22455

RE: _____ (JEWISH FAMILY SERVICE OF LOS ANGELES (A CORP)) DOI:07/25/05

Service Date	Service Code	Your Charge	Allowed Charge	Difference Charge	Adjustment Code
10/05/15	FEE	250.00	250.00	0.00	
	TOTAL $	250.00	250.00	0.00	

Please find attached our check # 715586 for $250.00.
This check covers bills from October 5, 2015 through October 5, 2015.

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

Sincerely,
Cecilia Cancio
Claims Examiner

ZENITH P.O. Box 9055, Van Nuys, CA 91409 (818) 713-1000

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

*** INVOICE ***
Date NO#
10/22/15 59406

EAMS#(s):

SS # : XXX-XX-
DOB : 1/10/68
Terms : 45 days
Claim #(s):
WC10031368

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

Case: vs PACIFIC CARE NURSING CENTER
Date Of Injury: 4/27/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/01/13	DEPO PREP	@ THE L/O OF EARLY, MASLACH & O'SHEA	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
09/10/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/21/13	PMT BY CHECK	DOS 8/1/13-9/10/13 # 8814532288	-406.50
09/15/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI 1	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
10/16/15	PMT BY CHECK	DOS 9/15/15* # 8815581235	-250.00

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.

FARMERS INSURANCE

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

October 16, 2015

MID-CENTURY INSURANCE COMPANY

Check Number: 8815581235
Date: 10/16/2015

Amount: $250.00*******

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

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

59406

Claimant/Patient:			
Insured:	U S HEALTH CARE MANAGEMENT		
Date of Loss:	04/27/2011	Claim Representative:	Sandra Markle
Claim Number:	WC10031368	Office Phone Number:	8185402229
Correspondence Reference:	DFBKHM1ZN	Applicable Coverage:	Workers' Compensation

Additional Information:
C&R READING 59406 DOS 9-15-15 If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

From/To Dates	Benefit Type	Benefit Amount	Overpayment W/H	Net Amount
09/15/15 - 09/15/15	Other Specified Indemnity	$250.00		$250.00

TOTAL Benefits Paid To Date :

Other Specified Indemnity	$1952.50
Permanent Partial Disability	$13640.00
Temporary Total Disability (Ex. TX)	$30506.32
Claimant Attorney Fee - PD	$4875.00

PAID AUG 21 2015

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

01 01 000854 DFBKHM1ZN1 CE1016P2 02[1] 000887

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

*** INVOICE ***

Date	NO#
10/27/15	66157

EAMS#(s):

SS # : XXX-XX-7682
DOB : 9/18/84
Terms : 45 days
Claim #(s):
1837509

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

Case: vs IFFNAK INC. DBA LITTLE CEASERS
Date Of Injury: 9/15/13-3/27/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/13/15	INITIAL EXAM	DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/14/15	INITIAL EXAM	DR SHARMA @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
04/28/15	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ AMERI W/DR RODRIGUEZ	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802 (INITIAL)*	0.00
05/27/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/23/15	INITIAL EXAM	ACUPUNCTURE W/ALEX LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/23/15	FOLLOW-UP	W/ ACUPUNCT A. LEE @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/19/15	FOLLOW-UP	W/ ACUPUNCT A. LEE @ AMERI*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/06/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/19/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO @ 101143	0.00
09/14/15	FOLLOW-UP	W/ ACUPUNCT A. LEE @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/28/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/03/15	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
10/08/15	PMT BY CHECK	DOS 4/13/15-6/2/15* =# 001868528	-1380.00
10/19/15	PMT BY CHECK	DOS 7/6/15* =# 01879206	-180.00

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

*** INVOICE ***

Date	NO#
10/27/15	66157

EAMS#(s):

SS # : XXX-XX-7682
DOB : 9/18/84
Terms : 45 days
Claim #(s):
1837509

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

Case: vs IFFNAK INC. DBA LITTLE CEASERS
Date Of Injury: 9/15/13-3/27/15

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 630.00

* 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.

TECHNOLOGY INSURANCE CO (Claims Funding)
PO Box 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01879206
1837509-1
TWC3452416

DATE	AMOUNT
10/19/2015	$180.00

PAY One Hundred Eighty and 0/100s Dollars
Pay To: JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 90 DAYS

Mail To

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈01879206⑈ ⑆021309379⑆ 601877533⑈

Explanation Of Bill Review

PAID OCT 23 2015

Check Number	01879206	TECHNOLOGY INSURANCE CO (Claims Funding) 1085 on behalf of Technology Insurance Company AmTrust North America P O Box 4026 Concord, CA 94524 212-655-2000
Claim Number:	1837509-1	
Regulatory ID:		
Bill Number:	8219491	
Invoice Number:	FP1-MTCA-61637	
Policy / Insured:	TWC3452416/Iffnak Inc (a corp)	
Claimant Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC	
Loss Date:	4/13/2015 FP1-MTCA-61637	
Location:	418 W Foothill blvd Monrovil CA 91016 -	
Examiner Code:	jburrell	
Network/PPO Network:		

66157

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
4/13/2015	99911	INTERPRETING SERVICES	1.00	230.00	230.00	0.00	0.00	G56, 224
4/14/2015	99911	INTERPRETING SERVICES	1.00	230.00	230.00	0.00	0.00	G56, 224
4/23/2015	99911	INTERPRETING SERVICES	1.00	230.00	230.00	0.00	0.00	G56, 224
4/28/2015	99911	INTERPRETING SERVICES	1.00	150.00	150.00	0.00	0.00	G56, 224
5/27/2015	99911	INTERPRETING SERVICES	1.00	180.00	180.00	0.00	0.00	G56, 224
6/19/2015	99911	INTERPRETING SERVICES	1.00	180.00	180.00	0.00	0.00	G56, 224
6/23/2015	99911	INTERPRETING SERVICES	1.00	180.00	180.00	0.00	0.00	G56, 224
7/6/2015	99911	INTERPRETING SERVICES	1.00	180.00	0.00	0.00	180.00	
				1560.00	1380.00	0.00	180.00	

G56 - THIS APPEARS TO BE A DUPLICATE CHARGE FOR A BILL PREVIOUSLY REVIEWED, OR THIS APPEARS TO BE A BALANCE FORWARD BILL CONTAINING A DUPLICATE CHARGE AND BILLING FOR A NEW SERVICE.; 224 - A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.;

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

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

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

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

*** INVOICE ***
Date NO#
10/23/15 63985

EAMS#(s):

SS # : XXX-XX-7636
DOB : 2/14/68
Terms : 45 days
Claim #(s):
6334083A04544

BILL TO:
CARL WARREN & CO. (TUSTIN)
W. C. DEPARTMENT
ATTN: CAROL SANCHEZ
P.O. BOX # 2422
TUSTIN, CA 92781

Case: vs DECOR ACTIVE SPECIALTIES
Date Or Injury: 7/29/13 - 7/29/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/24/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/19/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/14/15	LEGAL_WCAB	PRIORITY CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/21/15	PMT BY CHECK	DOS 10/24/14-7/14/15* =# 00174578	-563.00

BALANCE 0.00

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

DATE: 10/21/15 NOVAPRO RISK SOLUTIONS
TIME: 7:21:38 CHECK ADVICE REPORT

BANK: Bank of America ACCOUNT#: 1453920655
CLNT: 6334 COMPANION PROPERTY & CASUALTY NRS BRANCH: ORANGE

PAYEE: JOYCE ALTMAN INTERPRETERS FEIN: 33-0956713
PO BOX 4165
TUSTIN, CA 92781 4165

CLAIMANT NAME / CLMSTS MGMT LEVELS / PAYMENT SETTLEMENT / PMT CODES OPR#	LOSS DATE	NRS FILE#	LINE#	STATE CLM#	AMOUNT PAID
	7/22/2012	083-A04043-1	W-751		
O 0175-0001-0000 FULL AND FINAL SETTLEMENT 02/11/2013-08/27/2015 58341 2-285 001					3,500.00
	9/30/2013	083-A04544-1	W-746		
O 0031-0001-0000 SERVICES ON 3 DOS CONF, REVIEW, PREP 10/24/2014-07/14/2015 63985 0-285 019					563.00
	5/23/2014	083-A04672-1	W-751		
O 0099-0001-0000 SERVICES ON INV 65295 06/15/2015-06/15/2015 2-216 122					360.00

CHECK# 174578 ISSUED ON 10/21/2015 TOTAL PAID: 4,423.00

PAID OCT 23 2015

REORDER 901B - U.S. PATENT NO. 5536290, 5675506, 5641183, 5785353, 5984364, 6030000

Bank of America
Costa Mesa, CA

16-66/1220

CARL WARREN & COMPANY
ATF
SUSSEX INSURANCE COMPANY

BRANCH: S083 ORG
CARL WARREN & COMPANY
17862 EAST 17TH ST SUITE 111
TUSTIN, CA 92780
714/544-0980

CLIENT#: 6334 CMP

PAYMENT AMOUNT: ****4,423.00**
PAYEE NAME: JOYCE ALTMAN INTERPRETERS

CHECK#: 000174578
ISSUE DATE: 10/21/2015

PAYMENT SETTLEMENT: *** REFER TO ATTACHED CHECK ADVICE REPORT

THIS CHECK IS VOID WITHOUT A COLORED BORDER AND BACKGROUND PLUS A KNIGHT & FINGERPRINT WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

Bank of America
Costa Mesa, CA
16-66/1220

00174578

CLAIM NO.		CARL WARREN & COMPANY ATF SUSSEX INSURANCE COMPANY	CLAIMANT	
6334 ***			***	
DATE ISSUED	TYPE PMT / CLOSE		Date of Loss	LOCATION
10/21/2015 ORG	***		***	

PAYEE FEDERAL I.D. NO.	IN PAYMENT OF	MISC.	KIND OF PMT
33-0956713	*** REFER TO ATTACHED CHECK ADVICE REPORT		***

PAY THE AMOUNT OF
Four Thousand Four Hundred Twenty-Three and NO/100---------- DOLLARS $ $4,423.00

VOID IF NOT CASHED WITHIN 90 DAYS

TWO SIGNATURES REQUIRED
ON AMOUNTS OVER $5000.

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

VOID

⑈00174578⑈ ⑆122000661⑆ 14539⑈20655⑈

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

*** INVOICE ***
Date NO#
10/16/15 65880

EAMS#(s):

SS # : XXX-XX-3508
DOB : 2/22/73
Terms : 45 days
Claim #(s):
003938-003207-WC01

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

Case: vs TEAM ONE EMPLOYMENT
Date Of Injury: 6/30/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/02/15	INITIAL EXAM	DR R. SCHILLING @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	ROSARIO B. RIVAS # 500276	0.00
03/23/15	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/31/15	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR CONNOLY @ ACS* INIT.	150.00
/ /	INTERPRETER:	PATY PAREDES NAVA # 101026	0.00
04/13/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELISA LOPEZ # 003693	0.00
05/07/15	PR2/REEVAL	DR SCHILLING @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
05/18/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELISA LOEZ MEDINA # 003693	0.00
06/11/15	PR2/REEVAL	DR SCHILLING @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/06/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LESLIE R. MELTON # 500259	0.00
07/13/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/16/15	PR2/REEVAL	DR SCHILLING/L. MALIN, PA @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/17/15	INITIAL EXAM	DR MASSIHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/21/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
08/24/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/11/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE*	180.00
/ /	**INTERPRETER:**	**PATY PAREDES NAVA # 101026**	0.00

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

*** INVOICE ***
Date NO#
10/16/15 65880

EAMS#(s):

SS # : XXX-XX-3508
DOB : 2/22/73
Terms : 45 days
Claim #(s):
003938-003207-WC01

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

Case: 's TEAM ONE EMPLOYMENT
Date Of Injury: 6/30/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/01/15	LEGAL PREP	DEPO PREP @ L/O BLACK & ROSE	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
10/06/15	PMT BY CHECK	DOS 3/23/15-7/17/15* # 0122363493	-2100.00

BALANCE 696.50

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

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

0102227 01 RE 0.436 **AUTO T7 0 1694 92781 -P02229

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

PAID OCT 14 2015

DIRECT INQUIRIES TO:

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

STAFF GUARD

CLAIM NO. 003938 003207 WC 01

CLAIMANT:

DESCRIPTION: INVOICE # 65880

DATE OF SERVICE: 23-Mar-2015 TO 17-Jul-2015

BRANCH NO. 176

ACC. DATE 30-Jun-2014

CHECK NO. 0122363493

VN. 0000157774

DATE: 06-Oct-2015

PAYMENT AMOUNT: $2,100.00

RE0102227-0002_01_0002 1694-0000056 (G26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0122363493 ATTACHED BELOW

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

*** INVOICE ***
Date NO#
10/26/15 55422

EAMS#(s):

SS # : XXX-XX-
DOB : 7/11/72
Terms : 45 days
Claim #(s):
B052411668

BILL TO:
SEDGWICK CLAIMS (LEXINGT14450)
W. C. DEPARTMENT
ATTN: LARRY PERKINS
PO BOX 14450
LEXINGTON, KY 40512

Case: vs FARMER BROTHERS INC.
Date Of Injury: 12/22/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/04/12	DEPO PREP	@ THE L/O OF FLOYD, SKEREN & KELLY	156.50
/ /	INTERPRETER:	JOHN MORELL # 100644	0.00
10/24/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/07/12	PMT BY CHECK	DOS 10/4/12 # 0000006149	-156.50
12/13/12	PMT BY CHECK	DOS 10/24/12 # 0000006197	-250.00
03/26/13	DEPO PREP	@ THE L/O OF FLOYD, SKEREN & KELLY (VOL II)	156.50
/ /	INTERPRETER:	JOHN MORELL # 100644	0.00
05/07/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
06/07/13	PMT BY CHECK	DOS 3/26/13-5/7/13 # 0000007417	-406.50
10/08/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB (FULL DAY)	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/23/15	PMT BY CHECK	DOS 10/8/15* # 0000011089	-313.00

BALANCE 0.00

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

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

DATE	CHECK AMT	CHECK NO.
10/23/2015	313.00	0000011089

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

SCMS UNIT	PAGE
524 Sedgwick Claims Management Services	001

002972 0000011089 00002 OF 00002 OAM 151023 1139

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

PAID OCT 26 2015

Claimant Name	Loss Date	Claim Number	SSN

12/22/2010 B052411668-0001-01

Amt Paid: ~~313.00~~
Amt Billed: 313.00
Dates: 10/04/~~2012~~ - 10/08/2015

Description:
Invoice: 55422 ICN: B052411668000101
Comment: 5120151021061601

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

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

*** INVOICE ***
Date NO#
10/26/15 62709

EAMS#(s):ADJ9322592

SS # : XXX-XX-6516
DOB : 4/30/86
Terms : 45 days
Claim #(s):
2010228203; 2620207243

BILL TO:
ZURICH INS.(968002-SCHAUMBURG)
W. C. DEPARTMENT
ATTN:
P.O. BOX 968002
SCHAUMBURG, IL 60196

Case: s FOUR POINTS BY SHERATON
Date Of Injury: 7/20/13; 1/29/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/10/14	DEPO PREP	@ THE L/O OF MULLEN & FILIPPI	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
08/07/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/05/15	LEGAL_WCAB	EXP. HEARING @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/23/15	PMT BY CHECK	DOS 7/10/14-10/5/15* # 1100582445	-563.00

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.

PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

Zurich American Insurance Co.

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

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00479

PAID OCT 20 2015

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0228203 001 JW	WC 2981095	62709		07/20/13	07/10/14-10/05/15

Check Number	1100582445	Date Issued	10/23/15	Amount	$****563.00
Insured	Interstate-RIM Corporation				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Dinesh CG-Sridharan				
File Supervisor	Jeff Werner	Phone Number	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	563.00		
TOTAL	$563.00		

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

*** INVOICE ***
Date NO#
10/27/15 66369

EAMS#(s):

SS # : XXX-XX-3018
DOB : 2/12/69
Terms : 45 days
Claim #(s):
1689471

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

Case: vs HOOMAN TOYOTA
Date Of Injury: 9/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/23/14	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 500257	0.00
12/31/14	PR2/REEVAL	DR BROWN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
02/03/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
10/23/15	PMT BY CHECK	DOS 12/23/14-2/3/15* =# 00749079	-590.00

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.

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
00749079
1689471-1
WWC3078859

DATE	AMOUNT
10/23/2015	$590.00

PAY Five Hundred Ninety and 0/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 90 DAYS

Mail To

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00749079⑈ ⑆021309379⑆ 601894744⑈

Explanation Of Bill Review

Check Number	00749079	WESCO INSURANCE CO (Claims Funding) 1148 on behalf of Wesco Insurance Company
Claim Number:	1689471-1	AmTrust North America
Regulatory ID:		P.O. Box 4026
Bill Number:	8240079	Concord, CA 94524
Invoice Number:	FP1-MWCA-50438	844-601-7760
Policy / Insured:	WWC3078859/H.T.L. Automotive, Inc. dba Hooman Toyota of Long Beach	
Claimant Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC	
Loss Date:	9/1/2014	FP1-MWCA-50438
Location:	Unknonw Long Beach CA 90804 -	
Examiner Code:	mmicheletti	
Network/PPO Network:		

66369

PAID OCT 27 2015

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
12/23/2014	99911	INTERPRETING SERVICES	1.00	230.00	0.00	0.00	230.00	
12/31/2014	99911	INTERPRETING SERVICES	1.00	180.00	0.00	0.00	180.00	
2/3/2015	99911	INTERPRETING SERVICES	1.00	180.00	0.00	0.00	180.00	
				590.00	0.00	0.00	590.00	

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

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

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

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

*** INVOICE ***
Date NO#
09/04/15 64561

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0386
D.O.B. : 1/1/66
Terms : 45 days
Claim #(s):
C140018

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

Case: vs NOV AMERON
Date Of Injury: 4/24/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/22/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINO @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/20/14	INITIAL EXAM	W/ACUPUNCT BERTOLINO @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/30/14	PR2/REEVAL	DR JOHNSON/ MIRZABEIGI @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/31/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/03/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/05/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/12/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/14/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/19/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/12/15	PR2/REEVAL	DR JOHNSON/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/25/14	FOLLOW-UP	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/01/14	FOLLOW-UP	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/26/14	FOLLOW-UP	W/ ACUPUNCT BERTOLINO*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/03/14	FOLLOW-UP	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/10/14	FOLLOW-UP	W/ ACUPUNCT BERTOLINO*	180.00

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

*** INVOICE ***
Date NO#
09/04/15 64561

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0386
D.O.B. : 1/1/66
Terms : 45 days
Claim #(s):
C140018

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

Case: vs NOV AMERON
Date Of Injury: 4/24/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/16/15	PR2/REEVAL	DR JOHNSON/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/17/14	PR2/REEVAL	DR JOHNSON/TRUJILLO P.A. @ SIDHU CHIRO 2H 20M	202.50
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/16/14	FOLLOW-UP	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/15/15	PR2/REEVAL	DR JOHNSON/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500267	0.00
02/12/15	PR2/REEVAL	DR JOHNSON/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/26/15	PMT BY CHECK	DOS 10/22/14-04/16/15* # 0121330154	-3132.50

BALANCE 540.00

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

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

M

0102267 01 RE 0.436 **AUTO H9 0 1666 92781 -P02269

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

PAID

BY: .....

DIRECT INQUIRIES TO:

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

NATIONAL OILWELL VARCO

CLAIM NO. 004257 015224 WC 01

CLAIMANT:

DESCRIPTION: INV#64561

DATE OF SERVICE: 22-Oct-2014 TO 16-Apr-2015

BRANCH NO. 094

ACC. DATE 24-Apr-2014

CHECK NO. 0121330154

VN. 0000409782

DATE: 26-Aug-2015 ✓

PAYMENT AMOUNT: $3,132.50

RE0102267-0001_of_0001 1666-0002526 (G26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0121330154 ATTACHED BELOW ✓

[redacted]

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

*** INVOICE ***
Date NO#
07/10/15 62213

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9373
D.O.B. : 12/23/58
Terms : 45 days
Claim #(s):
R00027845; R00028505

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

Case: vs SPECIAL OPERATIONS TECHNOLOGY
Date Of Injury: 10/1/12; 6/21/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/25/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/18/14	P AND S	DR RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/29/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/06/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR RODRIGUEZ @ AMERI*	150.00
/ /	-	FINAL	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/13/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/04/15	PMT BY CHECK	DOS 4/25/14-3/13/15* # 3000321620	-920.00
04/14/15	F/U CHIRO TX	CHIRO TREATMENT @ AMERI W/DR SHARMA*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/20/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/12/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMZ # 500341	0.00
04/28/15	F/U CHIRO TX	CHIRO TREATMENT @ AMERI W/ DR SHARMA*	90.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/07/15	F/U CHIRO TX	CHIRO TREATMENT @ AMERI W/DR SHARMA*	90.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/29/15	PMT BY CHECK	DOS 12/12/14* # 3000330718	-180.00

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

*** INVOICE ***

Date	NO#
07/10/15	62213

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9373
D.O.B. : 12/23/58
Terms : 45 days
Claim #(s):
R00027845; R00028505

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

Case: vs SPECIAL OPERATIONS TECHNOLOGY
Date Of Injury: 10/1/12; 6/21/13

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 450.00

* 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.

DR0808

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

Republic Indemnity

Date: 06/29/2015
Check #: 3000330718
Payment Amount: 180.00

000926 R3N7T1A
Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

PAID JUL 02 2015

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00028505		62213	06/22/2015	12/12/14	12/12/14	~~180.00~~	~~180.00~~	
	Interpreter For Medical/WCAB							
						Total	180.00	

PLEASE DETACH BEFORE DEPOSITING CHECK

[redacted]

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

*** INVOICE ***
Date NO#
06/16/15 65190

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4209
D.O.B. : 8/9/64
Terms : 45 days
Claim #(s):
1657585-1

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

Case: s MONARCH ALUMINUM
Date Of Injury: 10/21/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/04/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/30/15	LEGAL_WCAB	EXH HEARING @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/11/15	PMT BY CHECK	DOS 2/2/15-3/30/15* # 00791268 AMTRUST	-563.00

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.

VOID VOID VOID

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

*** INVOICE ***
Date NO#
06/15/15 65452

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0639
D.O.B. : 5/11/70
Terms : 45 days
Claim #(s):
75223

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

Case: vs REULAND ELECTRIC
Date Of Injury: 1/27/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/17/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MAIRA E. PACO CORTEZ # 100533	0.00
04/22/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/09/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/12/15	PMT BY CHECK	DOS 3/17/15-4/9/15* # 0000713436	-656.50

BALANCE 0.00

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

California Insurance Company
P.O. Box 3804
Omaha, NE 68103

Expense Payment

Check Date:	06/12/15
Service Begining:	03/17/15
Service Ending:	04/09/15

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	N/A	01/27/14	75223

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
65452	03/17/15-04/09/15	656.50	N/A	N/A	656.50

Messages

PAID JUN 15 2015

[redacted]

REMOVE DOCUMENT ALONG THIS PERFORATION

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

RRD SECURITY MARK™ • RRD SECURITY

California Insurance Company
P.O. Box 3804 Omaha, NE 68103

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

0000713436

Date: 06/12/15

VOID VOID VOID VOID VOID

Pay SIX HUNDRED FIFTY SIX AND .50 DOLLARS********** $ 656.50

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

VOID AFTER 60 DAYS

Authorized Signature

RRD SECURITY MARK™ • RRD SECURITY

"0000713436" ⑆122000496⑆ 7000168038"

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

*** INVOICE ***
Date NO#
05/15/15 62213

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9373
D.O.B. : 12/23/58
Terms : 45 days
Claim #(s):
R00027845; R00028505

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

Case: vs SPECIAL OPERATIONS TECHNOLOGY
Date Of Injury: 10/1/12; 6/21/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/25/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/18/14	P AND S	DR RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/29/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/06/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR RODRIGUEZ @ AMERI*	150.00
/ /	-	FINAL	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/13/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/04/15	PMT BY CHECK	DOS 4/25/14-3/13/15* # 3000321620	-920.00

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.

DR0808

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

Republic Indemnity

Date: 05/04/2015
Check #: 3000321620
Payment Amount: 920.00

000811 R3N7T1A
Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00028505		62213	04/27/2015	04/25/14	03/13/15	920.00	920.00	
		Interpreter For Medical/WCAB				Total	920.00	

PAID MAY 11 2015

PLEASE DETACH BEFORE DEPOSITING CHECK

[redacted]

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

*** INVOICE ***
Date NO#
06/15/15 52593

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8703
D.O.B. : 5/23/69
Terms : 45 days
Claim #(s):
635C9864558

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

Case: vs OZOO
Date Of Injury: 12/20/09-12/20/10

DOS	SERVICE	DESCRIPTION	AMOUNT
06/04/11	MRI	REF BY DR SHAH:CERVCAL;R/WRST @ CAL IMG *	150.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/20/11	MRI	REF BY DR SHOKIMI: RT HAND*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
04/25/13	WCAB AHM	EXPEDITED HEARING	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
05/29/13	PMT BY CHECK	DOS 4/25/13 # DA70000280	-156.50
08/13/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
10/03/14	PMT BY CHECK	DOS 8/13/14-* # DA72823132 ESIS	-156.50
10/03/14	PMT BY CHECK	DOS 6/4/11-10/20/11* # DA72823131 ESIS	-300.00
01/21/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
03/17/15	PMT BY CHECK	DOS 01/21/15 *# 28133936 AIG	-156.50
04/07/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/08/15	PMT BY CHECK	DOS 4/7/15* # DA74291629 ACE/ESIS	-250.00
		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-001444-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 06/08/15
CHECK NO. **DA74291629**

STATEMENT

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

5900A11DA 00 00312 DA74291629
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX #4165
TUSTIN CA 92781-4165

FILE ID
635C9864558

DOLLARS
$********250.00

* NOT NEGOTIABLE *

FOR
04/07/15 THRU 04/07/15 52593

CLAIMANT

DATE OF EVENT
12/11/10

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

PAID JUN 15 2015

PDWLDMCD-001444-01-01-00

DETACH THIS PORTION BEFORE CASHING

BOA18B (078/2009)

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

*** INVOICE ***
Date NO#
10/29/15 67117

EAMS#(s):

SS # : XXX-XX-8736
DOB : 4/15/54
Terms : 45 days
Claim #(s):
301432287290001

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

Case: vs CARDINAL HEALTH DISTRIBUTION
Date Of Injury: 12/18/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/27/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/17/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
10/23/15	PMT BY CHECK	DOS 8/27/15-9/17/15* # 0058740206	-406.50

BALANCE 0.00

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

P6905028006

[redacted]

Sedgwick Claims Management Services, Inc
P O Box 14440
Lexington, KY 40512-4440

2015102316006

Electronic Service Requested

1 OF 1

ENV 6117

SINGLE PIECE

6117 0.3820 SP 0.485

JOYCE ALTMAN INTERPRETERS 10
P.O. BOX 4165
TUSTIN, CA 92781-4165

DATE	CHECK AMT	CHECK NO.
10/23/2015	406.50	0058740206

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

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

Claimant Name	Loss Date	Claim Number
	12/18/2014	30143228729-0001

Amt Paid: 406.50 Description:
Amt Billed: 406.50 Invoice: 67117
Dates: 08/27/2015-09/17/2015 Comment:

ICN: 301432287290001

PAID OCT 27 2015

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

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

*** INVOICE ***
Date NO#
06/15/15 65454

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7359
D.O.B. : 1/10/59
Terms : 45 days
Claim #(s):
YLRC64489

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

Case: vs HACIENDA HOTEL
Date Of Injury: 8/26/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/17/15	LEGAL_PREP	DEPO PREP @ L/O STOCKWELL HARRIS WOOLVERTON	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/13/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/08/15	PMT BY CHECK	DOS 3/17/15-4/13/15* # 0060178994	-406.50

BALANCE 0.00

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

P6905028006

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

201506081607

Electronic Service Requested

1 OF 1

ENV 5538

SINGLE PIECE

5538 0.3820 SP 0.485

JOYCE ALTMAN INTERPRETERS 9
P.O. BOX 4165
TUSTIN, CA 92781-4165

DATE	CHECK AMT	CHECK NO.
06/08/2015	406.50	0060178994

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

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

PAID JUN 15 2015

Claimant Name	Loss Date	Claim Number
	08/26/2012	YLR C 64489

Amt Paid: 406.50 Description:
Amt Billed: 406.50 Invoice: 65454
Dates: 03/17/2015-04/13/2015 Comment:

ICN: YLR C 64489

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

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

*** INVOICE ***
Date NO#
05/11/15 57510

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0427
D.O.B. : 8/23/72
Terms : 45 days
Claim #(s):
ESB9968

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

Case: vs RICH'S JON DOMAIRE
Date Of Injury: 8/24/12

DOS	SERVICE	DESCRIPTION	AMOUNT
01/25/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/21/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/12/13	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/24/13	PMT BY CHECK	DOS1/25/13-3/12/13 # 896D 82324288	-563.00
01/15/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/26/15	PMT BY CHECK	DOS 1/15/15* # 896D 85756781	-156.50
03/26/15	LEGAL_WCAB	MSC @ WCAB LBO (FULL DAY)	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/04/15	PMT BY CHECK	DOS 3/26/15* # 896D 85956164	-313.00

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.

013572

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

SA06741

896D 85956164

TRAVELERS

DATE: 05/04/15
LOSS DATE: 08/24/12
FILE NUMBER: 152 CB ESB9968 K

EMPLOYEE

ACCOUNT NAME:
R.E. RICH FAMILY HOLDING CORP

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: 03/26/2015

TOTAL PAID: $313.00
TAX INFO: 330956713372147 6Y
PAY MISC: INVOICE 57510
PAYEE:
JOYCE ALMAN INTERPRETERS

0

PAID MAY 11 2015

FOR ADDITIONAL INFORMATION, CONTACT: JAZMIN BALLESTEROS AT (909)612-3856

124006831
DETACH CHECK

UNSUMM-121211
OVP-UNS2-121205
DETACH CHECK

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

*** INVOICE ***

Date	NO#
05/11/15	64897

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0408
D.O.B. : 1/19/69
Terms : 45 days
Claim #(s):
06034958

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

Case: vs RCI PAINTING
Date Of Injury: 8/15/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/04/15	LEGAL_WCAB	EXH. HEARING @ WCAB LBO (FULL DAY)	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 307566	0.00
05/06/15	PMT BY CHECK	DOS 2/4/15* # CP-856195	-313.00

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.

Explanation of Review (EOR)

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CP-856195**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 05/06/15
Doc #: 029679312

Medical

64897

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06034958		**Date of Injury:** 08/15/14		
SSN: XXX-XX-0408 Employer name: R C I PAINTING				Employer ID: 0000001750466130					
1	SF1-SPCA-40955	02/04/15	999Q8	Interpreter Deposit-	1	313.00	.00		313.00
							Total Allowances:		**$313.00**

PAID MAY 11 2015

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

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

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

0131823002967931 2012

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

*** INVOICE ***

Date	NO#
05/11/15	63966

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 5/15/75
Terms : 45 days
Claim #(s):
05861732

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

Case: vs O & L LANDSCAPRE
Date Of Injury: 11/10/11-11/10/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/14/14	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/26/15	LEGAL_WCAB	MSC @ WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
05/08/15	PMT BY CHECK	DOS 10/14/14-3/26/15* # CP-856713	-406.50

BALANCE 0.00

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

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CP-856713**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 05/08/15
Doc #: 029690174

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:			43966 **Claim #:** 05861732			**Date of Injury:** 11/10/12		
SSN: XXX-XX-9999	Employer name: O & L LANDSCAPE			Employer ID: 0000001332000120					
1	SF1-SPCA-44462	03/26/15	999L1	General Loss Exp Cod	1	156.00	.00		156.00
2	SF1-SPCA-44462	10/14/14	999L1	General Loss Exp Cod	1	250.00	.00		250.00
								Subtotal:	406.00
	Patient Name:			54350 **Claim #:** 05701154			**Date of Injury:** 04/15/11		
SSN: XXX-XX-1111	Employer name: MARINE FLOORING			Employer ID: 0000001943553102					
3	SF1-SPCA-43655	08/01/12	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
								Total Allowances:	**$656.00**

PAID MAY 11 2015

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

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

[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#
05/07/15 63518

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9906
D.O.B. : 7/9/72
Terms : 45 days
Claim #(s):
14-076182

BILL TO:
INTERCARE INS (PASADENA)
W.C. DEPARTMENT
ATTN: ALEX FELICIANO
P.O. BOX # 7111
PASADENA, CA 91109

Case: vs VALLARTA SUPERMARKETS
Date Of Injury: 6/12/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/31/14	INITIAL EXAM	DR ATAMIAN # SPECIALTY CARE*	230.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
08/08/14	PT INITIAL	PHYS. THERAPY W/DR ARAKELIAN @ SPECIALTY CARE*	90.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
08/18/14	INITIAL EXAM	DR GABRIEL WADE @ SPECIALTY CARE*	230.00
/ /	INTERPRETER:	LILIAN HALPERIN # 100048	0.00
08/28/14	PR2/REEVAL	DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
09/10/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ACS W/DR CONNOLLY*	150.00
/ /	INTERPRETER:	JORGE MORAN # 500270 (INITIAL)	0.00
09/13/14	EMG TESTING	& NCV BY DR SCHILLING: U/E @ SPECIALTY CARE*	150.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
09/15/14	PR2/REEVAL	DR WADE @ SCC*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
09/25/14	PR2/REEVAL	DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
12/19/14	PMT BY CHECK	DOS 07/31/14-09/15/14* # 3057976	-1210.00
01/15/15	PMT BY CHECK	DOS 9/25/14* # 3063554	-180.00
10/20/14	PR2/REEVAL	DR WADE @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
10/30/14	PR2/REEVAL	DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
02/25/15	PMT BY CHECK	DOS 10/20/14* # 3071878	-180.00
03/05/15	PMT BY CHECK	DOS 10/30/14 *# 3073945	-180.00
03/03/15	PR2-RE/EVAL	W/ACUPUNCT MC LEAN @ PFC*	180.00

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

*** INVOICE ***
Date NO#
05/07/15 63518

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9906
D.O.B. : 7/9/72
Terms : 45 days
Claim #(s):
14-076182

BILL TO:
INTERCARE INS (PASADENA)
W.C. DEPARTMENT
ATTN: ALEX FELICIANO
P.O. BOX # 7111
PASADENA, CA 91109

Case: VALLARTA SUPERMARKETS
Date Of Injury: 6/12/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
03/06/15	PR2-RE/EVAL	W/ACUPUNCT MC LEAN @ PFC*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
03/10/15	FOLLOW-UP	W/ ACUPUNCT MCLEAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
11/17/14	PR2/REEVAL	DR T. BROWN @ SCC*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
03/12/15	FOLLOW-UP	W/ ACUPUNCT MCLEAN @ ACS*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
03/16/15	PR2/REEVAL	DR ATAMIAN @ ACS*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
03/19/15	PR2/REEVAL	DR MILLMAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
11/25/14	FOLLOW-UP	W/ ACUPUNCT GARBANDI @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
04/21/15	PMT BY CHECK	DOS 3/3/15-3/6/15* # 3084468	-360.00
		BALANCE	1080.00

* 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.

P8528028002

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

[redacted]

201504220109

Electronic Service Requested

1 OF 1

ENV 7407

3-DIGIT 926
7407 0.3820 AT 0.403

Joyce Altman Interpeters
PO BOX 4165 41
TUSTIN, CA 92781-4165

Payee:	Joyce Altman Interpeters
Company Name:	Companion Property and Casualty Insu
Facility:	Zixta Enterprises, Inc.
Policy ID:	CPCA17455
IRS/SSN:	XXXXX6713
Administrator:	AFELICIANO
Claim Number:	14-076182
Check #:	3084468
Check Total:	360.00
Check Date:	04/21/2015

Explanation of Benefits

Incident Date	Claim Number Invoice Number	Account Number From/Through Date	Claimant Name Document Number	Description Amount
6/12/2014	14-076182 63518	03/03/15-03/06/15		Interpreter Fees - Medical Rel 360.00

Totals: 360.00

PAID APR 27 2015

[redacted]

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

*** INVOICE ***

Date	NO#
05/21/15	63714

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6515
D.O.B. : 1/31/69
Terms : 45 days
Claim #(s):
6335083A01745

BILL TO:
CARL WARREN & CO. (TUSTIN)
W.C. DEPARTMENT
ATTN: SANDRA SATER
P.O. BOX # 2422
TUSTIN, CA 92781

Case: MADUJAN vs HORIZON PERSONAL SERVICES
Date Of Injury: 5/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/08/14	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
09/05/14	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
09/09/14	INITIAL EXAM	W/ACUPUNCT S. HING @ WILLOW*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/18/14	INITIAL EXAM	DR OBUKHOFF @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/19/14	PR2-RE/EVAL	W/ACUPUNCT S. HING @ WILLOW*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
10/02/14	INITIAL EXAM	DR LOW @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/03/14	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
10/31/14	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
11/13/14	PR2/REEVAL	DR LOW @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
03/02/15	EPIDURAL	PAIN MGMT W/DR OBUKHOFF @ MONROVIA HOSPITAL*	150.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
11/26/14	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
12/04/14	PR2/REEVAL	DR OBUKHOFF @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
05/06/15	PMT BY CHECK	DOS 8/8/14-10/3/14* # 00106440	-1410.00

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#
05/21/15	63714

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6515
D.O.B. : 1/31/69
Terms : 45 days
Claim #(s):
6335083A01745

BILL TO:
CARL WARREN & CO. (TUSTIN)
W.C. DEPARTMENT
ATTN: SANDRA SATER
P.O. BOX # 2422
TUSTIN, CA 92781

Case: MADUJAN vs HORIZON PERSONAL SERVICES
Date Of Injury: 5/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 870.00

* 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.

REORDER 901B - U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5984364, 6030000

Bank of America
Costa Mesa, CA

16-66/1220

CARL WARREN & COMPANY
ITF COMPANION VENSURE

BRANCH: S083 ORG
CARL WARREN & COMPANY
17862 EAST 17TH ST SUITE 111
TUSTIN, CA 92780
714/544-0980

CLIENT#: 6335 VEN

PAYMENT AMOUNT: ****2,720.00**
PAYEE NAME: JOYCE ALTMAN INTERPRETERS

CHECK#: 000106440
ISSUE DATE: 5/06/2015

PAYMENT SETTLEMENT: *** REFER TO ATTACHED CHECK ADVICE REPORT

PAID MAY 14 2015

THIS CHECK IS VOID WITHOUT A COLORED BORDER AND BACKGROUND PLUS A KNIGHT & FINGERPRINT WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

Bank of America
Costa Mesa, CA
16-66/1220

00106440

CLAIM NO.		CARL WARREN & COMPANY ITF COMPANION VENSURE	CLAIMANT	
6335 ***			***	
DATE ISSUED	TYPE PMT / CLOSE		Date of Loss	LOCATION
5/06/2015 ORG	***		***	
PAYEE FEDERAL I.D. NO.	IN PAYMENT OF		MISC.	KIND OF PMT
33-0956713	*** REFER TO ATTACHED CHECK ADVICE REPORT			***

PAY THE AMOUNT OF
Two Thousand Seven Hundred Twenty and NO/100---------- DOLLARS $ $2,720.00

VOID IF NOT CASHED WITHIN 90 DAYS

TWO SIGNATURES REQUIRED
ON AMOUNTS OVER $5000.

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

Gary B. Siebert

AUTHORIZED SIGNATURES

VOID

"000106440" :122000661: 14539 17827"

DATE: 5/06/15
TIME: 7:01:11

NOVAPRO RISK SOLUTIONS
CHECK ADVICE REPORT

BANK: Bank of America
CLNT: 6335 VENSURE HR INC

ACCOUNT#: 1453917827
NRS BRANCH: ORANGE

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

FEIN: 33-0956713

CLAIMANT NAME / CLMSTS MGMT LEVELS / PAYMENT SETTLEMENT / PMT CODES OPR#	LOSS DATE	NRS FILE#	LINE#	STATE CLM#	AMOUNT PAID
O 0001-0029-0001	3/23/2013	083-A00455-1	W-751		
INV 62869 06/02/2014-10/01/2014					1,310.00
2-285 115					
O 0001-0063-0001	5/23/2014	083-A01745-1	W-751		
INV 63714 08/08/2014-10/03/2014					1,410.00
2-285 115					

CHECK# 106440 ISSUED ON 5/06/2015 TOTAL PAID: 2,720.00

PAID MAY 14 2015

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

*** INVOICE ***

Date	NO#
05/18/15	62175

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-3974
D.O.B. : 12/25/77
Terms : 45 days
Claim #(s):
2080293042

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

Case: vs HEALTHIER SERVICES GROUP
Date Of Injury: 6/18/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/30/14	PR2/REEVAL	W/ACUPUNCTURIST ALEX LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
05/06/14	PR2/REEVAL	DR ZARGARAFF @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
07/25/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
12/01/14	PMT BY CHECK	DOS 4/30/14-7/25/14* # 1100189451	-540.00
03/06/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/12/15	PMT BY CHECK	DOS 3/6/15* # 1100385578	-180.00

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.

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

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

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00807

PAID MAY 18 2015

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0293042 001 ZQ	WC 6821210	62175		06/18/13	03/06/15-03/06/15

Check Number	1100385578	Date Issued	05/12/15	Amount	$*****180.00
Insured	Healthcare Services Group				
Claimant					
Nature of Payment	WC MEDICAL PAYMENT NOT OTHERWISE SPECIFIED				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Vijay CG-Radhakrishnan				
File Supervisor	Marcos Ferrando	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	180.00		
TOTAL	$180.00		

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

*** INVOICE ***
Date NO#
05/18/15 62932

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4763
D.O.B. : 6/10/68
Terms : 45 days
Claim #(s):
ELW1254

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

Case: vs AERO ELECTRIC
Date Of Injury: 1/3/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/06/14	INITIAL EXAM	DR ROSARIO @ INTERVENTIONAL PAIN MGMT (IPM)*	230.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/11/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/13/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
10/20/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
11/21/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
05/12/15	PMT BY CHECK	DOS 6/6/14-11/21/14* # 896D 85995842	-950.00

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.

019328

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

SA09610

896D 85995842

TRAVELERS

DATE: 05/12/15
LOSS DATE: 01/03/11
FILE NUMBER: 152 CB ELW1254 J

EMPLOYEE

ACCOUNT NAME:
AERO-ELECTRIC CONNECTOR INC

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

RECEIVED MAY 18 2015

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 06/06/2014 TO: 11/21/2014

TOTAL PAID: $950.00
TAX INFO: 330956713547893 9Y
PAY MISC: 62932
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: LAURA A BIOCINA AT (909)612-3819

132009716
DETACH CHECK

UNSUMM 111211
OVP-UNS2-121293
DETACH CHECK

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

*** INVOICE ***
Date NO#
06/12/15 46930

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6256
D.O.B. : 7/19/47
Terms : 45 days
Claim #(s):
SG144463

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

Case: vs THE LONG BEACH INN/FLAVIO BEAU
Date Of Injury: 4/16/04

DOS	SERVICE	DESCRIPTION	AMOUNT
08/02/11	WCAB LB	PRIORITY CONFERENCE - JOHANNA JORDAN # 100793	156.50
08/18/11	PMT BY CHECK	DOS 8/2/11 # CN-486228	-156.50
10/30/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
12/05/14	PMT BY CHECK	DOS 10/30/14* # CP-825218	-156.50
01/22/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/23/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/09/15	PMT BY CHECK	DOS 1/22/15-11/23/15* # CP-862422	-406.50

BALANCE 0.00

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

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CP-862422**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 06/09/15
Doc #: 029805711

Medical

46930

Line #	Bill ID.	DOS	Billed Proc	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** SG144463		**Date of Injury:** 04/16/04		
SSN: XXX-XX-6256 Employer name: FLAVIO BEAUTY COLLEGE					Employer ID: 0000001750635030				
ICD-9 Code:847 SPRAINS&STRAINS OTH&UNS									
1	SF1-SPCA-83509	01/22/15	999L1	General Loss Exp Cod	1	406.50	.00		406.50
2	SF1-SPCA-83509	01/23/15	999L1	General Loss Exp Cod	1	.00	.00		.00
								Subtotal:	**406.50**
Patient Name:					**Claim #:** SD194322		**Date of Injury:** 02/23/04		
SSN: XXX-XX-7180 Employer name: SIERRA PACKING, INC					Employer ID: 0000001768973040				
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
3	SF1-SFCA-15192484	10/07/14	MDO10	Payment By Order	1	149.56	129.56	961 G67	20.00
4	SF1-SFCA-15192484	10/07/14	MDO10	Payment By Order	1	.00	.00		.00
5	SF1-SFCA-15192484			Medical Interest					.88
								Subtotal:	**20.88**
							Total Allowances:		**$427.38**

PAID JUN 12 2015

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

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

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

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

*** INVOICE ***
Date NO#
05/14/15 63518

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9906
D.O.B. : 7/9/72
Terms : 45 days
Claim #(s):
14-076182

BILL TO:
INTERCARE INS (PASADENA)
W.C. DEPARTMENT
ATTN: ALEX FELICIANO
P.O. BOX # 7111
PASADENA, CA 91109

Case: vs VALLARTA SUPERMARKETS
Date Of Injury: 6/12/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/31/14	INITIAL EXAM	DR ATAMIAN # SPECIALTY CARE*	230.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
08/08/14	PT INITIAL	PHYS. THERAPY W/DR ARAKELIAN @ SPECIALTY CARE*	90.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
08/18/14	INITIAL EXAM	DR GABRIEL WADE @ SPECIALTY CARE*	230.00
/ /	INTERPRETER:	LILIAN HALPERIN # 100048	0.00
08/28/14	PR2/REEVAL	DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
09/10/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ACS W/DR CONNOLLY*	150.00
/ /	INTERPRETER:	JORGE MORAN # 500270 (INITIAL)	0.00
09/13/14	EMG TESTING	& NCV BY DR SCHILLING: U/E @ SPECIALTY CARE*	150.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
09/15/14	PR2/REEVAL	DR WADE @ SCC*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
09/25/14	PR2/REEVAL	DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
12/19/14	PMT BY CHECK	DOS 07/31/14-09/15/14* # 3057976	-1210.00
01/15/15	PMT BY CHECK	DOS 9/25/14* # 3063554	-180.00
10/20/14	PR2/REEVAL	DR WADE @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
10/30/14	PR2/REEVAL	DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
02/25/15	PMT BY CHECK	DOS 10/20/14* # 3071878	-180.00
03/05/15	PMT BY CHECK	DOS 10/30/14 *# 3073945	-180.00
03/03/15	PR2-RE/EVAL	W/ACUPUNCT MC LEAN @ PFC*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/14/15	63518

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9906
D.O.B. : 7/9/72
Terms : 45 days
Claim #(s):
14-076182

BILL TO:
INTERCARE INS (PASADENA)
W.C. DEPARTMENT
ATTN: ALEX FELICIANO
P.O. BOX # 7111
PASADENA, CA 91109

Case: VALLARTA SUPERMARKETS
Date Of Injury: 6/12/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
03/06/15	PR2-RE/EVAL	W/ACUPUNCT MC LEAN @ PFC*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
03/10/15	FOLLOW-UP	W/ ACUPUNCT MCLEAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
11/17/14	PR2/REEVAL	DR T. BROWN @ SCC*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
03/12/15	FOLLOW-UP	W/ ACUPUNCT MCLEAN @ ACS*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
03/16/15	PR2/REEVAL	DR ATAMIAN @ ACS*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
03/19/15	PR2/REEVAL	DR MILLMAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
11/25/14	FOLLOW-UP	W/ ACUPUNCT GARBANDI @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
04/21/15	PMT BY CHECK	DOS 3/3/15-3/6/15* # 3084468	-360.00
03/25/15	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR MENDOZA @ SCC* FINAL	150.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
04/27/15	PMT BY CHECK	DOS 11/17/14-3/10/15* =# 3085562	-360.00

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#
05/14/15	63518

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9906
D.O.B. : 7/9/72
Terms : 45 days
Claim #(s):
14-076182

BILL TO:
INTERCARE INS (PASADENA)
W.C. DEPARTMENT
ATTN: ALEX FELICIANO
P.O. BOX # 7111
PASADENA, CA 91109

Case: _____ vs VALLARTA SUPERMARKETS
Date Of Injury: 6/12/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 870.00

* 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.

P85280280002

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

201504280110

Electronic Service Requested

3-DIGIT 926
5843 0.3820 AT 0.403

Joyce Altman Interpeters
PO BOX 4165 39
TUSTIN, CA 92781-4165

1 OF 1
ENV 5843

Payee:	Joyce Altman Interpeters
Company Name:	Companion Property and Casualty Insu
Facility:	Combined
Policy ID:	
IRS/SSN:	XXXXX6713
Administrator:	
Claim Number:	Multiple
Check #:	3085562
Check Total:	360.00
Check Date:	04/27/2015

Explanation of Benefits

Incident Date	Claim Number Invoice Number	Account Number From/Through Date	Claimant Name Document Number	Description Amount
6/12/2014	14-076182 63518	03/10/15-03/10/15		Interpreter Fees - Medical Rel 180.00
6/12/2014	14-076182 63518	11/17/14-11/17/14		Interpreter Fees - Medical Rel 180.00
			Totals:	**360.00**

PAID MAY 04 2015

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/29/15	66324

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 2/8/79
Terms : 45 days
Claim #(s):
06038122

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: CAROL NIEMOELEER
P.O. BOX # 65005
FRESNO, CA 93650

Case:
Date Of Injury: 7/7/14

vs CURTIS DRILLING COMPANY

DOS	SERVICE	DESCRIPTION	AMOUNT
06/11/15	LEGAL_PREP	DEPO PREP @ L/O HUTCHINGS	156.50
		COURT REPORTERS	
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
08/26/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/17/15	PMT BY CHECK	DOS 06/11/15* =# CP-880066	-156.50
10/27/15	PMT BY CHECK	DOS 8/26/15* # CP-887424	-250.00

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.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CP-887424**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 10/27/15
Doc #: 030338835

Medical

66324

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:** 06038122		**Date of Injury:** 07/07/14		
SSN: XXX-XX-2938	Employer name: C H D S, INC.			Employer ID: 0000590509693130					
1	SF1-SPCA-166415	08/26/15	999Q9	Interpreter Deposit-	1	250.00	.00	B03	250.00

Total Allowances: **$250.00**

PAID OCT 29 2015

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

0133397403038835001 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#
06/16/15	65070

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 7/19/51
Terms : 45 days
Claim #(s):
ELW6235

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W.C. DEPARTMENT
ATTN: CHELSY GRITSCA
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs PBC HOLDING/ PACIFIC BUILDING
Date Of Injury: 1/11/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/03/15	LEGAL_PREP	+DEPO PREP @ L/O SCHLOSSBERT, & UMHOLTZ	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
04/08/15	LEGAL_PREP	DEPO PREP @ L/O SCHLOSSBERG	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
05/04/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/11/15	PMT BY CHECK	DOS 2/3/15-5/4/15* # 891A 86303396 TRAV	-563.00

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.

018518

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SA09199

891A 86303396

TRAVELERS

DATE: 06/11/15
LOSS DATE: 01/11/11
FILE NUMBER: 152 CB ELW6235 E

EMPLOYEE

ACCOUNT NAME:
PACIFIC BUILDING CARE INC

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 02/03/2015 TO: 05/04/2015

PAID JUN 16 2015

TOTAL PAID: $563.00
TAX INFO: 330956713331748 1Y
PAY MISC: 65070
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: CHELSEA GRIFKA AT (909)612-3690

162009319
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121205
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/26/15	61095

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 4/6/65
Terms : 45 days
Claim #(s):
55C070272

BILL TO:
SENTRY INSURANCE (WI-8032)
W.C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX 8032
STEVENS POINT, WI 54481

Case: vs FUTURE FOAM
Date Of Injury: 6/6/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	DIANA CHUY DEL OLMO # 301577	0.00
04/28/14	PMT BY CHECK	DOS 3/12/14* # 44928047	-156.50
05/14/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/17/14	PMT BY CHECK	DOS 5/14/14* # 45011590	-250.00
03/05/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/03/15	PMT BY CHECK	DOS 3/5/15* # 45511164	-156.50
04/17/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/21/15	PMT BY CHECK	DOS 4/17/15* # 45595381	-250.00

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.

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 45595381

5-21-15

REFERENCE NO. 107325278
EMPLOYEE/PATIENT:

1 1 1,986 15141 BCLM.F2T70SEN
0027820044358078687592701416565

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

INVOICE# 61095_ C&R SIGNING

RECEIVED MAY 06 2015

CL NO. 55C070272
NOT NEGOTIABLE
$******250.00

THIS PAYMENT COVERS--041715 THRU 041715 ACCT#61095

Detach Here

(10/13)

CLAIM ACCOUNT

VOID VOID VOID VOID VOID VOID

No. 45595381

56-382
412

WELLS FARGO BANK, N.A.
VAN WERT, OH 45891

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C070272	06/06/13	FUTURE FOAM, INC.	05/21/15

PAYMENT COVERS
041715 THRU 041715 ACCT#61095

AMOUNT
$******250.00

TWO HUNDRED FIFTY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

SENTRY INSURANCE A MUTUAL COMPANY

Jerry Baird

⑈45595381⑈ ⑆041203824⑆960003168⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/22/15 64055

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 11/24/60
Terms : 45 days
Claim #(s):
7534K6671

BILL TO:
STATE FARM CALIF. W.C.C. (AZ)
W.C. DEPARTMENT
ATTN: JANETT POLTE
P.O. BOX 52298
PHOENIX, AZ 85072

Case: vs JAMES BULLARD / DUKE BULLARD
Date Of Injury: 8/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/30/14	LEGAL_PREP	DEPO PREP @ L/O GOLDMAN, MAGDALIN & KRIKES	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
12/12/14	LEGAL_PREP	DEPO PREP @ L/O GOLDMAN MAGDALIN, & KRIKES	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754 (AMENDED)	0.00
04/30/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL II	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
05/18/15	PMT BY CHECK	DOS 10/30/14-4/30/15* # 1 23 631022 K	-563.00

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.

PAYMENT NO 1 23 631022 K
PAYMENT AMOUNT $563.00
ISSUE DATE 05-18-2015
AUTHORIZED BY POLTE, JANET
PHONE (800) 749-9703

CLAIM NO 75-34K6-671
LOSS DATE 08-16-2013
POLICY NO 75-R14825-5
INSURED BULLARD, JAMES E

64055

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

START DATE 10-30-2014
END DATE 04-30-2015

REMARKS

COVERAGE DESCRIPTION	ON BEHALF OF	AMOUNT
WORK COMP - MEDICAL - NON-HOSPITAL		563.00

RECEIVED MAY 22 2015

RETAIN STUB FOR RECORDS

STATE FARM GENERAL INSURANCE COMPANY
CALIFORNIA
CA WC STEWARD V P.12PCL232
JPMORGAN CHASE BANK, N.A. 56-1544/442
COLUMBUS, OH 43240

1 23 631022 K

CLAIM NO 75-34K6-671
LOSS DATE 08-16-2013
INSURED BULLARD, JAMES E
DATE 05-18-2015 MM DD YYYY

**********EXACTLY FIVE HUNDRED SIXTY-THREE AND 00/100 DOLLARS $*******563.00

Pay to the Order of: JOYCE ALTMAN INTERPRETERS INC

Thomas Conley PRESIDENT
R O Smith TREASURER

VOID IF GREEN COLORED BACKGROUND IS MISSING

SECURED DOCUMENT WATERMARK APPEARS ON BACK, HOLD AT 45° ANGLE FOR VIEWING

⑈ 2 3 1 2 6 3 1 0 2 2 ⑈ ⑆ 0 4 4 1 1 5 4 4 3 ⑆ 7 7 7 1 4 5 2 2 8 ⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/22/15	63518

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9906
D.O.B. : 7/9/72
Terms : 45 days
Claim #(s):
14-076182

BILL TO:
INTERCARE INS (PASADENA)
W.C. DEPARTMENT
ATTN: ALEX FELICIANO
P.O. BOX # 7111
PASADENA, CA 91109

Case: vs VALLARTA SUPERMARKETS
Date Of Injury: 6/12/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/31/14	INITIAL EXAM	DR ATAMIAN # SPECIALTY CARE*	230.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
08/08/14	PT INITIAL	PHYS. THERAPY W/DR ARAKELIAN @ SPECIALTY CARE*	90.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
08/18/14	INITIAL EXAM	DR GABRIEL WADE @ SPECIALTY CARE*	230.00
/ /	INTERPRETER:	LILIAN HALPERIN # 100048	0.00
08/28/14	PR2/REEVAL	DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
09/10/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ACS W/DR CONNOLLY*	150.00
/ /	INTERPRETER:	JORGE MORAN # 500270 (INITIAL)	0.00
09/13/14	EMG TESTING	& NCV BY DR SCHILLING: U/E @ SPECIALTY CARE*	150.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
09/15/14	PR2/REEVAL	DR WADE @ SCC*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
09/25/14	PR2/REEVAL	DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
12/19/14	PMT BY CHECK	DOS 07/31/14-09/15/14* # 3057976	-1210.00
01/15/15	PMT BY CHECK	DOS 9/25/14* # 3063554	-180.00
10/20/14	PR2/REEVAL	DR WADE @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
10/30/14	PR2/REEVAL	DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
02/25/15	PMT BY CHECK	DOS 10/20/14* # 3071878	-180.00
03/05/15	PMT BY CHECK	DOS 10/30/14 *# 3073945	-180.00
03/03/15	PR2-RE/EVAL	W/ACUPUNCT MC LEAN @ PFC*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/22/15	63518

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9906
D.O.B. : 7/9/72
Terms : 45 days
Claim #(s):
14-076182

BILL TO:
INTERCARE INS (PASADENA)
W.C. DEPARTMENT
ATTN: ALEX FELICIANO
P.O. BOX # 7111
PASADENA, CA 91109

Case: _____ vs VALLARTA SUPERMARKETS
Date Of Injury: 6/12/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
03/06/15	PR2-RE/EVAL	W/ACUPUNCT MC LEAN @ PFC*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
03/10/15	FOLLOW-UP	W/ ACUPUNCT MCLEAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
11/17/14	PR2/REEVAL	DR T. BROWN @ SCC*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
03/12/15	FOLLOW-UP	W/ ACUPUNCT MCLEAN @ ACS*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
03/16/15	PR2/REEVAL	DR ATAMIAN @ ACS*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
03/19/15	PR2/REEVAL	DR MILLMAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
11/25/14	FOLLOW-UP	W/ ACUPUNCT GARBANDI @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
04/21/15	PMT BY CHECK	DOS 3/3/15-3/6/15* # 3084468	-360.00
03/25/15	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR MENDOZA @ SCC* FINAL	150.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
04/27/15	PMT BY CHECK	DOS 11/17/14-3/10/15* =# 3085562	-360.00
12/04/14	PR2/REEVAL	DR ATAMIAN @ SCC*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
05/06/15	PMT BY CHECK	DOS 3/12/15-3/16/15* =# 3087870	-360.00
05/13/15	PMT BY CHECK	DOS 11/25/14-3/19/15* =# 3088447	-360.00

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#
05/22/15	63518

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9906
D.O.B. : 7/9/72
Terms : 45 days
Claim #(s):
14-076182

BILL TO:
INTERCARE INS (PASADENA)
W.C. DEPARTMENT
ATTN: ALEX FELICIANO
P.O. BOX # 7111
PASADENA, CA 91109

Case: vs VALLARTA SUPERMARKETS
Date Of Injury: 6/12/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 330.00

* 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.

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

Electronic Service Requested

20150514011O

ENV 6805 1 OF 1

6805 0.3820 AT 0.403 3-DIGIT 926

Joyce Altman Interpeters
PO BOX 4165 40
TUSTIN, CA 92781-4165

Payee:	Joyce Altman Interpeters
Company Name:	Companion Property and Casualty Insu
Facility:	Combined
Policy ID:	
IRS/SSN:	XXXXX6713
Administrator:	
Claim Number:	Multiple
Check #:	3088447
Check Total:	1,660.00
Check Date:	05/13/2015

Explanation of Benefits

Incident Date	Claim Number / Invoice Number	Account Number / From/Through Date	Claimant Name / Document Number	Description / Amount
6/12/2014	14-076182 63518	03/19/15-03/19/15		Interpreter Fees - Medical Rel 180.00
6/12/2014	14-076182 63518	11/25/14-11/25/14		Interpreter Fees - Medical Rel 180.00
7/21/2011	7190235390 Lien Resolution (Full	02/28/12-01/05/15	M'	Medical Lien Payment 1,300.00

Totals: 1,660.00

RECEIVED MAY 18 2015

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A BLUE BACKGROUND AND MICROPRINTING IN THE BORDER

Intercare Companion Property & Casualty Insurance Company
INTERCARE HOLDINGS INSURANCE SERVICES
P.O. Box 579 Roseville, CA 95661; (916) 677-2500

96-3752
1211

Comerica Bank
455 Capitol Mall Ste., 400
Sacramento CA 95814

CHECK NO.: 3088447
CHECK DATE: 05/13/2015
Void After 90 Days

AMOUNT
*****$1,660.00

PAY One Thousand Six Hundred Sixty Dollars

TO THE ORDER OF: Joyce Altman Interpeters

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits. ADVERTENCIA: Es necesario que usted le avise a su patron o a su compania de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por este cheque, y antes de cambiar este cheque. Si usted no sigue estos reglamentos, usted puede estar en violacion de la ley y el castigo podria ser carcel o prision, una multa, y perdida de beneficios.

Alan B Arnett

Two Signatures Required over $5,000

DO NOT CASH IF WATERMARK IS NOT PRESENT ON THE REVERSE SIDE OF THIS DOCUMENT - HOLD AT AN ANGLE TO VIEW

⑈3088447⑈ ⑆121137522⑆ 1894791720⑈

1336/02

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/02/15 61081

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 7/27/64
Terms : 45 days
Claim #(s):
05903178

BILL TO:
SCIF (FRESNO)
W.C. DEPARTMENT
ATTN: RANDY KAMEOKA
P.O. BOX # 65005
FRESNO, CA 93650

Case: , vs AG FUME SERVICES
Date Of Injury: 6/18/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/25/14	DEPO PREP	@ THE L/O OF SCIF	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
03/25/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/21/15	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/30/15	PMT BY CHECK	DOS 2/25/14-5/21/14* =# CU-217916	-563.00

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.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-217916**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 06/30/15
Doc #: 029884000

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name: 61081 **Claim #:** 05903178 **Date of Injury:** 06/18/13									
SSN: XXX-XX-6189 Employer name: AG FUME SERVICES INC Employer ID: 0009200500800120									
1	SF1-SPCA-111231	02/25/14	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
2	SF1-SPCA-111231	03/25/14	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
3	SF1-SPCA-111231	05/21/14	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
								Subtotal:	**563.00**
Patient Name: 60436 **Claim #:** 05942776 **Date of Injury:** 10/30/13									
SSN: XXX-XX-4319 Employer name: TRUSTAFFING, INC. Employer ID: 0000009022471130									
ICD-9 Code:999 COMPLICATIONS OF MEDICAL									
4	SF1-SFCA-15297027	06/09/14	MDO10	Payment By Order	1	.00	.00		.00
5	SF1-SFCA-15297027	11/13/13	MDO10	Payment By Order	1	2,490.00	190.00	961 G67	2,300.00
								Subtotal:	**2,300.00**
								Total Allowances:	**$2,863.00**

F. F. NC

PAID JUL 02 2015

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

01320037029884000012

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/29/15 65122

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/21/69
Terms : 45 days
Claim #(s):
2013226617

BILL TO:
EMPLOYERS (NEVADA)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 539004
HENDERSON, NV 89053-9004

Case: vs HDMM ENTERPRISES
Date Of Injury: 11/10/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/23/14	INITIAL EXAM	DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/10/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/26/15	INITIAL EXAM	DR JEFFREY MILLMAN @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
03/23/15	PR2/REEVAL	DR RAMESHNI @ ACS*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
06/24/15	PMT BY CHECK	DOS 2/10/14-3/23/15* # 260430278	-820.00

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.

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: 06/24/2015
Check Number: 260430278
Total Billed: $820.00
Total Paid: $820.00

65122

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2013226617		UN501302481055	02/10/2014	03/23/2015	820.00	820.00

PAID JUN 29 2015

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#
06/30/15	65447

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 1/5/83
Terms : 45 days
Claim #(s):
1417197-1

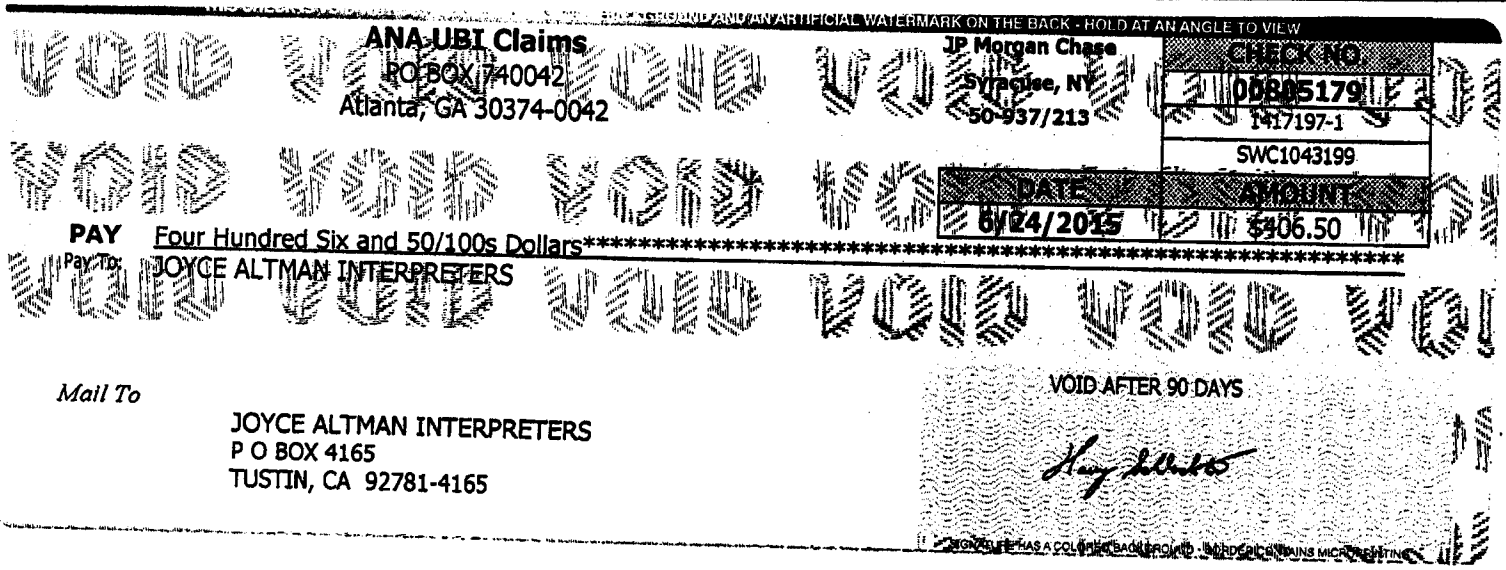
BILL TO:
AMTRUST NORTH AMERICA (CONCORD
W.C. DEPARTMENT
ATTN: ANDREA LEWIS
P.O. BOX 4026
CONCORD, CA 94524

Case: vs PC HOSPITALITY/ WENDY'S
Date Of Injury: 8/18/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/11/15	LEGAL_PREP	DEPO PREP @ L/O SAMUELSON GONZALEZ, VALENZUELA	156.50
/ /	INTERPRETER:	GABRIEL DAVIS # 100541	0.00
04/13/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
06/24/15	PMT BY CHECK	DOS 3/11/15-4/13/15* # 00805179	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election **letter, Depo Transcript and any and all documentary evidence to be utilized in** an attempt to defeat this lien.



Check Number	00805179
Claim Number:	1417197-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1043199/PC Hospitality, Inc. (A Corp)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	8/18/2014
Location:	14305 Lakewood Blvd Donney CA 90242 -
Examiner Code:	alewis

PAID JUN 30 2015

Amount:	$406.50
Dates of Service:	3/11/2015-4/13/2015
Explanation:	65447
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

ANA UBI Claims on behalf of Security National Insurance Company
PO BOX 740042
Atlanta, GA 30374-0042

888-239-3909

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/29/15 63774

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 3/16/62
Terms : 45 days
Claim #(s):
05747704

BILL TO:
SCIF (FRESNO)
W.C. DEPARTMENT
ATTN: JUNE LIN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs KAP SOO PARK
Date Of Injury: 7/20/11

DOS	SERVICE	DESCRIPTION	AMOUNT
09/30/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/27/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/26/15	PMT BY CHECK	DOS 9/30/14-5/27/15*	-406.50
		# CU-217221	

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-217221**

Issue Date: 06/26/15
Doc #: 029873665

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05738430		**Date of Injury:** 11/11/10		
SSN: XXX-XX-9999 Employer name: WESTERN IMPERIAL 2000					Employer ID: 0000001893948100				
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
1	SF1-SFCA-15260329	12/13/10	999Q2	Interpreter Treatmen	1	150.00	.00	723 A01 G67	150.00
Patient Name:					**Claim #:** 05747704		**Date of Injury:** 07/20/11		
SSN: XXX-XX-9999 Employer name: KAP SOO PARK					Employer ID: 0000001951973110				
2	SF1-SPCA-106099	05/27/15	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
3	SF1-SPCA-106099	09/30/14	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
								Subtotal:	406.50
								Total Allowances:	$556.50

63771

PAID JUN 29 2015

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

223623401

VOID Medical SA VOID

State Compensation Insurance Fund
Glendale District Office
PO BOX 65005
Fresno, CA 93650-5005

VOID

CU-217221
Union Bank
Los Angeles, California
90-4150
1222

Payee IRS Number: XXXXX6713

VOID

VOID After 365 Days

Check Date	Check Amount
June 26, 2015	$*******556.50

PAY ****Five Hundred Fifty-Six and 50/100 Dollars****ONLY

To The Order Of

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

⑈521021722⑈ ⑆122241501⑆ ⑈908100104 3⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/30/15 65469

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 1/7/54
Terms : 45 days
Claim #(s):
1680814-1

BILL TO:
AMTRUST NORTH AMERICA (CONCORD
W.C. DEPARTMENT
ATTN: SUSAN VENTURINE
P.O. BOX 4026
CONCORD, CA 94524

Case: vs PACIFIC RESTORATION GROUP
Date Of Injury: 11/3/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/31/15	LEGAL_PREP	DEPO PREP @ L/O GLENN SILVERI & ASSOCIATES	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/24/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/24/15	PMT BY CHECK	DOS 3/31/15-4/24/15* # 00805180	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

VOID VOID VOID

ANA UBI Claims
PO BOX 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO	
00805180	
1680814-1	
SWC1055048	
DATE	AMOUNT
6/24/2015	$406.50

PAY Four Hundred Six and 50/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

Mail To

JOYCE ALTMAN INTERPRETERS
P O BOX 4165
TUSTIN, CA 92781-4165

VOID AFTER 90 DAYS

Hay Wilson

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00805180⑈ ⑆021309379⑆ 790262463⑈

PAID JUN 30 2015

Check Number	00805180
Claim Number:	1680814-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1055048/Pacific Restoration Group, Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	11/3/2014
Location:	unknown Baldwin Park CA unkno -
Examiner Code:	sventurino

Amount:	$406.50
Dates of Service:	3/31/2015-4/24/2015
Explanation:	65469
Category:	E8 - Copy Work
Placement:	4 - Expense
Transaction Type:	

ANA UBI Claims on behalf of Security National Insurance Company
PO BOX 740042
Atlanta, GA 30374-0042

888-239-3909

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/18/15 65446

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/4/84
Terms : 45 days
Claim #(s):
6334-083-A04428

BILL TO:
CARL WARREN & CO. (TUSTIN)
W.C. DEPARTMENT
ATTN: TRACY AMERY
P.O. BOX # 2422
TUSTIN, CA 92781

Case: vs LANG ROOFING INC.
Date Of Injury: 12/12/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/11/15	LEGAL_PREP	DEPO PREP @ THE COURTYARD BY MARRIOTT	156.50
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
04/15/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/16/15	PMT BY CHECK	DOS 3/11/15-4/15/15* # 000167436	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, **Depo Transcript and any and all documentary** evidence to be utilized in an attempt to defeat this lien.

REORDER 901B • U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5984364, 6030000

Bank of America
Costa Mesa, CA

16-66/1220

CARL WARREN & COMPANY
ATF
COMPANION PROPERTY & CASUALTY GROUP
COMPANION PROPERTY & CASUALTY

BRANCH: S083 ORG
CARL WARREN & COMPANY
17862 EAST 17TH ST SUITE 111
TUSTIN, CA 92780
714/544-0980

CLAIM#: 6334 CMP 0004868
CLAIMANT:
LOSS DATE: 12/12/2013

PAYMENT AMOUNT: ******406.50**
PAYEE NAME: JOYCE ALTMAN INTERPRETERS

CHECK#: 000167436
ISSUE DATE: 6/16/2015

PAYMENT SETTLEMENT: INVOICE: 65446 03/11/2015-04/15/2015

PAID JUN 18 2015

[redacted]

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/25/15 63889

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 2/15/69
Terms : 45 days
Claim #(s):
WC97619; WC98142

BILL TO:
TOKIO MARINE MGMT (NY-4507)
W.C. DEPARTMENT
ATTN: VICKY BELL
P.O. BOX 4507
NEW YORK, NY 10017

Case: vs MARUJU SEAFOOD INC.
Date Of Injury: 2/14/14; 7/31/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/25/14	INITIAL EXAM	DR AVILES @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
09/09/14	INITIAL EXAM	W/ACUPUNCT S. HING @ WILLOW*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/22/14	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
09/23/14	PR2-RE/EVAL	W/ACUPUNCT HING @ WILLOW MED*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/30/14	PR2-RE/EVAL	W/ACUPUNCT S. HING @ WILLOW*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/07/14	PR2-RE/EVAL	W/ACUPUNCT HING @ WILLOW MED*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/14/14	PR2-RE/EVAL	W/ACUPUNCT S. HING @ WILLOW*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/21/14	PR2-RE/EVAL	W/ACUPUNCT S. HING @ WILLOW*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/17/14	PR2-RE/EVAL	W/ACUPUNCT HING @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
10/20/14	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
10/28/14	PR2-RE/EVAL	W/ACUPUNCT S. HING @ WILLOW*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
11/06/14	INITIAL EXAM	DR B.LOW @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
11/17/14	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
12/15/14	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
12/18/14	PR2/REEVAL	DR LOW @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
06/12/15	PMT BY CHECK	DOS 8/25/14-11/17/14*	-2490.00

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#
06/25/15	63889

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 2/15/69
Terms : 45 days
Claim #(s):
WC97619; WC98142

BILL TO:
TOKIO MARINE MGMT (NY-4507)
W.C. DEPARTMENT
ATTN: VICKY BELL
P.O. BOX 4507
NEW YORK, NY 10017

Case: vs MARUJU SEAFOOD INC.
Date Of Injury: 2/14/14; 7/31/14

DOS	SERVICE	DESCRIPTION	AMOUNT

800337160

BALANCE 360.00

* 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.

Tokio Marine America Insurance Company
CLAIMS ACCOUNT - WESTERN REGION
230 Park Avenue
New York, NY 10169

Claim Number: 210WC0000097619
Policy Number: 06404038

UNION BANK
445 S. Figueroa Street, Los Angeles, CA 90071-1602

90-415/1222

CONTROL NO. cc:2466177

CHECK NO. 800337160

Two thousand four hundred and ninety and and 00/100 Dollars

$ *******$2,490.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

FOR: 63889

Insured/Claimant
CALIFORNIA UNI, INC.

Date of Issue 06/12/2015
Date of Loss 02/14/2014

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

⑈800337160⑈ ⑆122241501⑆ 908001366O⑈

Tokio Marine America Insurance Company

CHECK NO. 800337160

230 Park Avenue
New York, NY 10169

PAID JUN 18 2015

FROM 08/25/2014 TO 11/17/2014
Claim WC0000097619

Payment explanations may be mailed to you separately.

MAIL TO
Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

AGENT
AIHARA & ASSOCIATES INSURANCE SERVICES,
250 E. FIRST STREET
LOS, CA 900123

63889

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/25/15	63746

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 1/12/52
Terms : 45 days
Claim #(s):
PZC00565263

BILL TO:
CRUM & FORSTER (ORANGE)
W.C. DEPARTMENT
ATTN: SANDY MAKSE
P.O. BOX # 14217
ORANGE, CA 92863

Case: [redacted] vs BARGEN DBA ACCREDITED NURSING
Date Of Injury: 1/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/03/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/15/15	PMT BY CHECK	DOS 10/3/14 # 0002916625	-156.50
03/10/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/21/15	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/12/15	PMT BY CHECK	DOS 3[illegible]/10/15 # 0002970092	-250.00

BALANCE 156.50

* 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.

Number:

CRUM&FORSTER

0002970092

Vendor Number: 410004656 Issuing Location: Orange County Claims Check Date: 06/12/2015

Payee:

Joyce Altman Interpreters, Inc
PO Box 4165
Tustin, CA 92781

IRS: 330956713

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
63746	PZC00565263	PZC00565263		01/01/2014	$250.00

PAID JUN 18 2015

TOTAL: $250.00

Send Inquiries to:
P.O. Box 14217
Orange, CA 92863

Processor: U. Mora

Internal Reference No: 63746

Please Detach Before Depositing

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/08/15 65449

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 11/1/52
Terms : 45 days
Claim #(s):
17003151

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W.C. DEPARTMENT
ATTN: NANCY BREWER
P.O BOX 85251
SAN DIEGO, CA 92186

Case: vs GENERAL CONTAINER CORP
Date Of Injury: 4/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/27/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/04/15	PMT BY CHECK	DOS 3/12/15-4/27/15* # 47978	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, **Depo Transcript and any and all documentary evidence to be utilized in** an attempt to defeat this lien.

Zurich-American Insurance Group
American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

VOID VOID VOID

90-3582
1222
US Bank
4747 Executive Drive
San Diego, CA 92121

CHECK NO. 47978

DATE
06/04/2015

$**********406.50

VOID AFTER 90 DAYS

California Workers' Compensation Payment

Pay Four Hundred Six Dollars And 50/100

TO THE ORDER OF VOID VOID

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

VOID

⑈000047978⑈ ⑆122235821⑆ 153495561216⑈

Payee: Joyce Altman Interpreters Inc

IRS/SSN: XX-XXX6713

Check Number: 47978

Check Date: 06/04/2015

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
17003151		04/01/2013	Interpreter Fees - Depo / WCAB Only	03/12/2015	04/27/2015	05/22/2015	65449	406.50

G

PAID JUN 07 2015

REORDER 901 - U.S. PATENT NO. 5538290, 5575508, 5641193, 5795353, 5984364, 6030000

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/15/15 63518

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9906
D.O.B. : 7/9/72
Terms : 45 days
Claim #(s):
14-076182

BILL TO:
INTERCARE INS (PASADENA)
W.C. DEPARTMENT
ATTN: ALEX FELICIANO
P.O. BOX # 7111
PASADENA, CA 91109

Case: [redacted] vs VALLARTA SUPERMARKETS
Date Of Injury: 6/12/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/31/14	INITIAL EXAM	DR ATAMIAN # SPECIALTY CARE*	230.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
08/08/14	PT INITIAL	PHYS. THERAPY W/DR ARAKELIAN @ SPECIALTY CARE*	90.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
08/18/14	INITIAL EXAM	DR GABRIEL WADE @ SPECIALTY CARE*	230.00
/ /	INTERPRETER:	LILIAN HALPERIN # 100048	0.00
08/28/14	PR2/REEVAL	DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
09/10/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ACS W/DR CONNOLLY*	150.00
/ /	INTERPRETER:	JORGE MORAN # 500270 (INITIAL)	0.00
09/13/14	EMG TESTING	& NCV BY DR SCHILLING: U/E @ SPECIALTY CARE*	150.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
09/15/14	PR2/REEVAL	DR WADE @ SCC*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
09/25/14	PR2/REEVAL	DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
12/19/14	PMT BY CHECK	DOS 07/31/14-09/15/14* # 3057976	-1210.00
01/15/15	PMT BY CHECK	DOS 9/25/14* # 3063554	-180.00
10/20/14	PR2/REEVAL	DR WADE @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
10/30/14	PR2/REEVAL	DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
02/25/15	PMT BY CHECK	DOS 10/20/14* # 3071878	-180.00
03/05/15	PMT BY CHECK	DOS 10/30/14 *# 3073945	-180.00
03/03/15	PR2-RE/EVAL	W/ACUPUNCT MC LEAN @ PFC*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/15/15	63518

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9906
D.O.B. : 7/9/72
Terms : 45 days
Claim #(s):
14-076182

BILL TO:
INTERCARE INS (PASADENA)
W.C. DEPARTMENT
ATTN: ALEX FELICIANO
P.O. BOX # 7111
PASADENA, CA 91109

Case: vs VALLARTA SUPERMARKETS
Date Of Injury: 6/12/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
03/06/15	PR2-RE/EVAL	W/ACUPUNCT MC LEAN @ PFC*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
03/10/15	FOLLOW-UP	W/ ACUPUNCT MCLEAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
11/17/14	PR2/REEVAL	DR T. BROWN @ SCC*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
03/12/15	FOLLOW-UP	W/ ACUPUNCT MCLEAN @ ACS*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
03/16/15	PR2/REEVAL	DR ATAMIAN @ ACS*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
03/19/15	PR2/REEVAL	DR MILLMAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
11/25/14	FOLLOW-UP	W/ ACUPUNCT GARBANDI @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
04/21/15	PMT BY CHECK	DOS 3/3/15-3/6/15* # 3084468	-360.00
03/25/15	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR MENDOZA @ SCC* FINAL	150.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
04/27/15	PMT BY CHECK	DOS 11/17/14-3/10/15* =# 3085562	-360.00
12/04/14	PR2/REEVAL	DR ATAMIAN @ SCC*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
05/06/15	PMT BY CHECK	DOS 3/12/15-3/16/15* =# 3087870	-360.00

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#
05/15/15	63518

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9906
D.O.B. : 7/9/72
Terms : 45 days
Claim #(s):
14-076182

BILL TO:
INTERCARE INS (PASADENA)
W.C. DEPARTMENT
ATTN: ALEX FELICIANO
P.O. BOX # 7111
PASADENA, CA 91109

Case: vs VALLARTA SUPERMARKETS
Date Of Injury: 6/12/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 690.00

* 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.

P85280280002

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

20150507011O

Electronic Service Requested

3-DIGIT 926
6631 0.3820 AT 0.403

Joyce Altman Interpeters
PO BOX 4165
TUSTIN, CA 92781-4165

40

Payee:	Joyce Altman Interpeters
Company Name:	Companion Property and Casualty Insu
Facility:	Combined
Policy ID:	
IRS/SSN:	XXXXX6713
Administrator:	
Claim Number:	Multiple
Check #:	3087870
Check Total:	360.00
Check Date:	05/06/2015

1 OF 1

ENV 6631

Explanation of Benefits

Incident Date	Claim Number / Invoice Number	Account Number / From/Through Date	Claimant Name / Document Number	Description / Amount
6/12/2014	14-076182			Interpreter Fees - Medical Rel
	63518	03/12/15-03/12/15		180.00
6/12/2014	14-076182			Interpreter Fees - Medical Rel
	63518	03/16/15-03/16/15		180.00

Totals: 360.00

PAID MAY 13 2015

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/25/15 66424

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 1/3/58
Terms : 45 days
Claim #(s):
05956810

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: MICKEY JAMES
P.O. BOX # 65005
FRESNO, CA 93650

Case: [redacted] vs PACIFIC BALER
Date Of Injury: 8/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/24/15	LEGAL_WCAB	MSC @ WCAB LB (FULL DAY)	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/12/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/18/15	PMT BY CHECK	DOS 06/24/15* =# CU-237088	-313.00

BALANCE 250.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals: 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-237088**

M

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/18/15
Doc #: 030192436

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:				**Claim #:** 06010144	**Date of Injury:**	06/18/14	
SSN: XXX-XX-7734	Employer name: SUNGRO PRODUCTS			Employer ID: 0000009067731130					
1	SF1-SPCA-151857	06/29/15	999Q9	Interpreter Deposit-	1	250.00	.00	A01 B03	250.00
		Patient Name:				**Claim #:** 05645286	**Date of Injury:**	05/04/10	
SSN: XXX-XX-9412	Employer name: MENDEZ LANDSCAPING CO			Employer ID: 0002380009570100					
2	SF1-SPCA-151856	07/02/15	999Q9	Interpreter Deposit-	1	250.00	.00	B03	250.00
		Patient Name:				**Claim #:** 06085704	**Date of Injury:**	03/12/15	
SSN: XXX-XX-7847	Employer name: SERV-RITE MEAT COMPANY, INC.			Employer ID: 0000009104474140					
3	SF1-SPCA-151847	06/17/15	999Q9	Interpreter Deposit-	1	156.50	.00	B03	156.50
4	SF1-SPCA-151847	07/09/15	999Q9	Interpreter Deposit-	1	250.00	.00	B03	250.00
								Subtotal:	**406.50**
		Patient Name:				**Claim #:** 06055716	**Date of Injury:**	10/23/14	
SSN: XXX-XX-1413	Employer name: AMERIPRO SERVICES INC.			Employer ID: 0000009097297140					
5	SF1-SPCA-151984	02/28/15	999Q9	Interpreter Deposit-	1	250.00	.00	375 B03 G5	250.00
		Patient Name:				**Claim #:** 05956810	**Date of Injury:**	08/01/13	
SSN: XXX-XX-3966	Employer name: PACIFIC BALER, LLC			Employer ID: 0000009061357130					
6	SF1-SPCA-151855	06/24/15	999Q8	Interpreter Deposit-	1	313.00	.00	B03	313.00
								Total Allowances:	**$1,469.50**

PAID

#66424

BY: .....

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

0132273103019243600 1 3

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/22/15 66437

EAMS#(s):

SS # : XXX-XX-9412
DOB : 11/9/63
Terms : 45 days
Claim #(s):
05645286

BILL TO:
SCIF (OXNARD)
W. C. DEPARTMENT
ATTN: MARRY DAILEY
P.O. BOX # 65005
PINEDALE, CA 93650-5005

Case: vs RAFAEL MENDEZ COMPANY
Date Of Injury: CT 10/20/09-10/20/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/02/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/18/15	PMT BY CHECK	DOS 07/02/15* =# CU-237088	-250.00

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.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-237088**

Issue Date: 09/18/15
Doc #: 030192436

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name: A				**Claim #:** 06010144		**Date of Injury:** 06/18/14		
SSN: XXX-XX-7734 Employer name: SUNGRO PRODUCTS				Employer ID: 0000009067731130					
1	SF1-SPCA-151857	06/29/15	999Q9	Interpreter Deposit-	1	250.00	.00	A01 B03	250.00
	Patient Name: [redacted]				**Claim #:** 05645286		**Date of Injury:** 05/04/10		
SSN: XXX-XX-9412 Employer name: MENDEZ LANDSCAPING CO				Employer ID: 0002380009570100					
2	SF1-SPCA-151856	07/02/15	999Q9	Interpreter Deposit-	1	250.00	.00	B03	250.00
	Patient Name:				**Claim #:** 06085704		**Date of Injury:** 03/12/15		
SSN: XXX-XX-7847 Employer name: SERV-RITE MEAT COMPANY, INC.				Employer ID: 0000009104474140					
3	SF1-SPCA-151847	06/17/15	999Q9	Interpreter Deposit-	1	156.50	.00	B03	156.50
4	SF1-SPCA-151847	07/09/15	999Q9	Interpreter Deposit-	1	250.00	.00	B03	250.00
								Subtotal:	**406.50**
	Patient Name: [redacted]				**Claim #:** 06055716		**Date of Injury:** 10/23/14		
SSN: XXX-XX-1413 Employer name: AMERIPRO SERVICES INC.				Employer ID: 0000009097297140					
5	SF1-SPCA-151984	02/28/15	999Q9	Interpreter Deposit-	1	250.00	.00	375 B03 G5	250.00
	Patient Name: [redacted]				**Claim #:** 05956810		**Date of Injury:** 08/01/13		
SSN: XXX-XX-3966 Employer name: PACIFIC BALER, LL				Employer ID: 0000009061357130					
6	SF1-SPCA-151855	06/24/15	999Q8	Interpreter Deposit-	1	313.00	.00	B03	313.00
								Total Allowances:	**$1,469.50**

66437

PAID

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

BY: .....

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

22804616

VOID VOID VOID

Medical
SA

State Compensation Insurance Fund
Glendale District Office
PO BOX 65005
Fresno, CA 93650-5005

CU-237088
Union Bank
Los Angeles, California
90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
September 18, 2015	**$*****1,469.50**

PAY ****One Thousand Four Hundred Sixty-Nine and 50/100 Dollars****ONLY

To The Order Of
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

⑈521023708⑈ ⑆122241501⑆ ⑈908100104 3⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/22/15 66422

EAMS#(s):

SS # : XXX-XX-7734
DOB : 10/19/57
Terms : 45 days
Claim #(s):
9517302; 06010144

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: VANESSA GOMEZ
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs SUNGRO PRODUCTS
Date Of Injury: 6/18/14;6/18/13-6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/29/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI (DECEASED)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/18/15	PMT BY CHECK	DOS 06/29/15* =# CU-237088	-250.00

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.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

#66422

Check #: **CU-237088**

Issue Date: 09/18/15
Doc #: 030192436

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06010144		**Date of Injury:** 06/18/14		
SSN: XXX-XX-7734 Employer name: SUNGRO PRODUCTS					Employer ID: 0000009067731130				
1	SF1-SPCA-151857	06/29/15	999Q9	Interpreter Deposit-	1	250.00	.00	A01 B03	250.00
Patient Name:					**Claim #:** 05645286		**Date of Injury:** 05/04/10		
SSN: XXX-XX-9412 Employer name: MENDEZ LANDSCAPING CO					Employer ID: 0002380009570100				
2	SF1-SPCA-151856	07/02/15	999Q9	Interpreter Deposit-	1	250.00	.00	B03	250.00
Patient Name:					**Claim #:** 06085704		**Date of Injury:** 03/12/15		
SSN: XXX-XX-7847 Employer name: SERV-RITE MEAT COMPANY, INC.					Employer ID: 0000009104474140				
3	SF1-SPCA-151847	06/17/15	999Q9	Interpreter Deposit-	1	156.50	.00	B03	156.50
4	SF1-SPCA-151847	07/09/15	999Q9	Interpreter Deposit-	1	250.00	.00	B03	250.00
								Subtotal:	**406.50**
Patient Name:					**Claim #:** 06055716		**Date of Injury:** 10/23/14		
SSN: XXX-XX-1413 Employer name: AMERIPRO SERVICES INC.					Employer ID: 0000009097297140				
5	SF1-SPCA-151984	02/28/15	999Q9	Interpreter Deposit-	1	250.00	.00	375 B03 G5	250.00
Patient Name:					**Claim #:** 05956810		**Date of Injury:** 08/01/13		
SSN: XXX-XX-3966 Employer name: PACIFIC BALER, LLC					Employer ID: 0000009061357130				
6	SF1-SPCA-151855	06/24/15	999Q8	Interpreter Deposit-	1	313.00	.00	B03	313.00
								Total Allowances:	**$1,469.50**

PAID

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

VOID VOID VOID VOID VOID VOID VOID VOID

State Compensation Insurance Fund
Glendale District Office
PO BOX 65005
Fresno, CA 93650-5005

CU-237088
Union Bank
Los Angeles, California
90-4150
1222

Medical
SA

Payee IRS Number : XXXXX6713

22804616

VOID After 365 Days

Check Date	Check Amount
September 18, 2015	**$*****1,469.50**

PAY ****One Thousand Four Hundred Sixty-Nine and 50/100 Dollars****ONLY

To The Order Of
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

⑈522023708⑈ ⑆122241501⑆ ⑈908100104 3⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/28/15	66011

EAMS#(s):

SS # : XXX-XX-8445
DOB : 12/16/67
Terms : 45 days
Claim #(s):
0240340-WCMPR0

BILL TO:
MIDWEST INS (SPRINGFIELD,IL)
W. C. DEPARTMENT
ATTN: MICHELLE CRIPE
P.O. BOX # 13369
SPRINGFIELD, IL 62791-3369

Case: [redacted]'s CARMELITAS RESTAURANT
Date Of Injury: 9/29/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/23/15	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT* (IPM)	180.00
/ /	INTERPRETER:	ORELIA STEINHARDT # 500214	0.00
04/23/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
01/22/15	INITIAL EXAM	DR ROSARIO @ IPM*	230.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
02/20/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
05/28/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
08/19/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
09/16/01	PMT BY CHECK	DOS 03/23/15-05/28/15* # 189632	-950.00

BALANCE 180.00

* 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.

M

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Carmelita's Tequileria Corp
Claimant

Check No:	189632
Check Amt:	$950.00
Check Date:	09/16/2015
Claimant:	
Soc. Sec. No:	XXX-XX-8445
Claim No:	0240340-WCMPRO
Date of Loss:	09/29/2012
Adjuster:	Cripe, Michelle
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	03/23/2015 To: 05/28/2015
Invoice No:	66011

Payable Comment

PAID

BY: .....

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Carmelita's Tequileria Corp
Claimant

Check No:	189632
Check Amt:	$950.00
Check Date:	09/16/2015
Claimant:	
Soc. Sec. No:	XXX-XX-8445
Claim No:	0240340-WCMPRO
Date of Loss:	09/29/2012
Adjuster:	Cripe, Michelle
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	03/23/2015 To: 05/28/2015
Invoice No:	66011

Payable Comment

[redacted]

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/22/15	66328

EAMS#(s):

SS # : XXX-XX-7847
DOB : 4/27/76
Terms : 45 days
Claim #(s):
06085704; 06086396

BILL TO:
SCIF (OXNARD)
W. C. DEPARTMENT
ATTN: MERRY HITCHINGS
P.O. BOX # 65005
PINEDALE, CA 93650-5005

Case: vs SERV RITE MEAT COMPANY INC
Date Of Injury: 3/12/15;CT 3/19/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/17/15	LEGAL_PREP	DEPO PREP @ L/O CENTEXT LEGAL SERVICES	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
07/09/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/18/15	PMT BY CHECK	DOS 06/17/15-07/09/15* =# CU-2347088	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-237088** M

Issue Date: 09/18/15
Doc #: 030192436

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 06010144		**Date of Injury:** 06/18/14		
SSN: XXX-XX-7734	Employer name: SUNGRO PRODUCTS			Employer ID: 0000009067731130					
1	SF1-SPCA-151857	06/29/15	999Q9	Interpreter Deposit-	1	250.00	.00	A01 B03	250.00
	Patient Name				**Claim #:** 05645286		**Date of Injury:** 05/04/10		
SSN: XXX-XX-9412	Employer name: MENDEZ LANDSCAPING CO			Employer ID: 0002380009570100					
2	SF1-SPCA-151856	07/02/15	999Q9	Interpreter Deposit-	1	250.00	.00	B03	250.00
	Patient Name				**Claim #:** 06085704		**Date of Injury:** 03/12/15		
SSN: XXX-XX-7847	Employer name: SERV-RITE MEAT COMPANY, INC.			Employer ID: 0000009104474140					
3	SF1-SPCA-151847	06/17/15	999Q9	Interpreter Deposit-	1	156.50	.00	B03	156.50
4	SF1-SPCA-151847	07/09/15	999Q9	Interpreter Deposit-	1	250.00	.00	B03	250.00
				# 66328				**Subtotal:**	406.50
	Patient Name: e				**Claim #:** 06055716		**Date of Injury:** 10/23/14		
SSN: XXX-XX-1413	Employer name: AMERIPRO SERVICES INC.			Employer ID: 0000009097297140					
5	SF1-SPCA-151984	02/28/15	999Q9	Interpreter Deposit-	1	250.00	.00	375 B03 G5	250.00
	Patient Name:				**Claim #:** 05956810		**Date of Injury:** 08/01/13		
SSN: XXX-XX-3966	Employer name: PACIFIC BALER, LLC			Employer ID: 0000009061357130					
6	SF1-SPCA-151855	06/24/15	999Q8	Interpreter Deposit-	1	313.00	.00	B03	313.00
								Total Allowances:	**$1,469.50**

PAID

BY: Ø

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

VOID VOID VOID

State Compensation Insurance Fund

Medical
SA

Glendale District Office
PO BOX 65005
Fresno, CA 93650-5005

CU-237088
Union Bank
Los Angeles, California
90-4150
1222

22804616

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
September 18, 2015	$*****1,469.50

PAY ****One Thousand Four Hundred Sixty-Nine and 50/100 Dollars****ONLY

To The Order Of
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

⑈5210237088⑈ ⑆122241501⑆ ⑈908100104 3⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/08/15	66424

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 1/3/58
Terms : 45 days
Claim #(s):
05956810

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: MICKEY JAMES
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs PACIFIC BALER
Date of Injury: 8/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/24/15	LEGAL_WCAB	MSC @ WCAB LB (FULL DAY)	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/12/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/18/15	PMT BY CHECK	DOS 06/24/15* =# CU-237088	-313.00
10/06/15	PMT BY CHECK	DOS 8/12/15* =# CU-241695	-250.00

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.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-241695**

Issue Date: 10/06/15
Doc #: 030259095

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05804150		**Date of Injury:** 07/23/08		
SSN: XXX-XX-7523 Employer name: CENTURY MOBILE				Employer ID: 0003410000113080					
1	SF1-SPCA-160817	04/27/11	999Q9	Interpreter Deposit-	1	156.50	.00	B03	156.50
2	SF1-SPCA-160817	05/23/12	999Q9	Interpreter Deposit-	1	156.50	.00	B03	156.50
3	SF1-SPCA-160817	05/27/15	999Q9	Interpreter Deposit-	1	156.50	.00	B03	156.50
4	SF1-SPCA-160817	06/27/14	999Q9	Interpreter Deposit-	1	156.50	.00	B03	156.50
5	SF1-SPCA-160817	11/16/11	999Q9	Interpreter Deposit-	1	156.50	.00	B03	156.50
6	SF1-SPCA-160817	12/15/10	999Q9	Interpreter Deposit-	1	156.50	.00	B03	156.50
7	SF1-SPCA-160817	12/26/12	999Q9	Interpreter Deposit-	1	156.50	.00	B03	156.50
								Subtotal:	**1,095.50**
Patient Name:				a 66424 **Claim #:** 05956810			**Date of Injury:** 08/01/13		
SSN: XXX-XX-3966 Employer name: PACIFIC BALER, LLC				Employer ID: 0000009061357130					
8	SF1-SPCA-160950	08/12/15	999Q9	Interpreter Deposit-	1	250.00	.00	375 B03 G5	250.00
							Total Allowances:		**$1,345.50**

0132328803025909500l 3

PAID OCT 08 2015

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

VOID VOID VOID VOID VOID VOID

State Compensation Insurance Fund
Glendale District Office
PO BOX 65005
Fresno, CA 93650-5005

CU-241695
Union Bank
Los Angeles, California
90-4150
1222

2283042 2

Medical
SA

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
October 06, 2015	$*****1,345.50

PAY ****One Thousand Three Hundred Forty-Five and 50/100 Dollars****ONLY

To The Order Of
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

⑈5210241695⑈ ⑆122241501⑆ ⑈908100104 3⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/22/15	66811

EAMS#(s):

SS # : XXX-XX-5661
DOB : 4/27/61
Terms : 45 days
Claim #(s):
YMQ36072C

BILL TO:
THE HARTFORD (LEXINGTON-14475)
W. C. DEPARTMENT
ATTN: JACE MEIER
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs CINGULAR STAFFING
Date Of Injury: 10/14/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/03/15	LEGAL_PREP	DEPO PREP @ L/O ADELSON, TESTAN & BRUNDO	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/06/15	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/26/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/16/15	PMT BY CHECK	DOS 08/03/15-08/26/15* # 124683661 0	-563.00

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.

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

THE HARTFORD

PAID

BY: ....Ø....

000323
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00338 *

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*200012 1246836610

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
66811 10-14-14	59WEC GH3247 YMQC 36072	CINGULAR INC		$563.00
Nature of Benefits: Miscellaneous Medical		Nature of Payment: Source Payment	Service Dates 08-03-2015 08-26-2015	$563.00

Claim Handler: Jace Meier
866/401-9222
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	09-16-2015	Check Number	1246836610	Total Amount of Check	$563.00

Please keep the above information for your records.

110299830

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#
09/22/15 66323

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 4/17/80
Terms : 45 days
Claim #(s):
YMQ42477C

BILL TO:
THE HARTFORD (LEXINGTON-14475)
W. C. DEPARTMENT
ATTN: JACE MEIER
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs RPM AUTO REPAIR
Date Of Injury: 2/17/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/11/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA E. PACO CORTEZ # 100533	0.00
06/24/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/01/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/31/15	LEGAL_WCAB	TRIAL @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/14/15	PMT BY CHECK	DOS 06/11/15-08/31/15* # 124670435 8	-719.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

PAID

BY:.....

THE HARTFORD

000370
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00384

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

Explanation of Benefits

000012 1246704358

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
66323 02-17-15	01WEC GD7757 YMQC 42477	RPM AUTO REPAIR	$719.50

Nature of Benefits:	Nature of Payment:	Service Dates	
Miscellaneous Medical	Source Payment	06-11-2015 08-31-2015	$719.50

Claim Handler: Jace Meier
866/401-9222
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	09-14-2015	Check Number	124670435 8	Total Amount of Check	$719.50

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

110278526

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/22/15 65470

EAMS#(s):

SS # : XXX-XX-2260
DOB : 8/10/58
Terms : 45 days
Claim #(s):
1406935-1

BILL TO:
AMTRUST NORTH AMERICA (CONCORD
W. C. DEPARTMENT
ATTN: GRACIA CASTANEDA
P.O. BOX 4026
CONCORD, CA 94524

Case: vs RESOURCE LLC
Date Of Injury: 8/30/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/31/15	LEGAL_PREP	DEPO PREP @ L/O TOBIN LUCKS	156.50
/ /	INTERPRETER:	CARMEN GONZALEZ # 49448683	0.00
05/04/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/10/15	PMT BY CHECK	DOS 03/31/15-03/31/15* # 00715009	-156.50
09/15/15	PMT BY CHECK	DOS 05/04/15-05/04/15* # 00718301	-250.00

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.

VOID VOID VOID

WESCO INSURANCE CO (Claims Funding)
PO Box 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
00718301
1406935-1
WWC3085574

DATE	AMOUNT
9/15/2015	$250.00

PAY Two Hundred Fifty and 0/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

Mail To

JOYCE ALTMAN INTERPRETERS
P O BOX 4165
TUSTIN, CA 92781-4165

VOID AFTER 90 DAYS

⑈00718301⑈ ⑆021309379⑆ 601894744⑈

m

Check Number	00718301
Claim Number:	1406935-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WWC3085574/Resource Employment Solutions, LLC
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	8/30/2014
Location:	3820 East Slauson Ave Maywood CA 90270 -
Examiner Code:	gcastaneda

Amount:	$250.00
Dates of Service:	5/4/2015-5/4/2015
Explanation:	65470
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

WESCO INSURANCE CO (Claims Funding) 1148 on behalf of Wesco Insurance Company
PO Box 740042
Atlanta, GA 30374-0042

888-239-3909

PAID
BY: ⊘

Joyce Altman Interpreters, Inc.
P.O. BOX # 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 66810

EAMS#(s):

SS # : XXX-XX-4447
DOB : 2/3/51
Terms : 45 days
Claim #(s):
15-122321; 15-122393

BILL TO:
ADMINSUR INS. (DIAMOND BAR)
W. C. DEPARTMENT
ATTN: RONDA SMITH
1470 S. VALLEY VISTA DR. # 230
DIAMOND BAR, CA 91765

Case: vs CITY OF LYNWOOD
Date Of Injury: 4/21/15; 6/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/17/15	LEGAL_PREP	DEPO PREP @ L/O DABBAH & HADDAD	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/14/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/26/15	LEGAL_PREP	DEPO PREP @ L/O DABBAH & HADDAD (VOL. II)	156.50
/ /	INTERPRETER:	CARMEN GONZALEZ # 49448683	0.00
09/11/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI (VOL. II)	250.00
/ /	INTERPRETER:	MARIA P. CORTEZ # 100533	0.00
09/15/15	PMT BY CHECK	DOS 07/17/15-08/14/15* # 29588	-406.50

BALANCE 406.50

* 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.

AdminSure

1470 South Valley Vista Drive, Suite 230
Diamond Bar, California 91765

Telephone (909) 861-0816
Fax (909) 860-3995

Joyce Altman Interpreters Inc.
PO Box 4165
Tustin, CA 92781-4165

CLAIMANT	SSANTOS
EMPLOYER	City of Lynwood
CLAIM NUMBER	15-122321
INCIDENT DATE	04/21/2015
CHECK NUMBER	29588
CHECK DATE	09/15/2015
CHECK AMOUNT	406.50
PAYMENT TYPE	Translator Expense
FROM - THRU	07/17/2015 - 08/14/2015
ALLOCATION	L200
PAYEE TAX ID	
REMARKS	# 66810
SCHED ID	

PAID

BY: .....

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/22/15 66769

EAMS#(s):

SS # : XXX-XX-1829
DOB : 3/23/65
Terms : 45 days
Claim #(s):
E1A9086

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: SARAH RICHMAN
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: s FS PRECISION TECH CO
Date Of Injury: 4/30/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/22/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/12/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/14/15	PMT BY CHECK	DOS 07/22/15-08/12/15*	-406.50
		# 891A 86590091	

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.

013805

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933
0

891A 86590091

TRAVELERS

DATE: 09/14/15
LOSS DATE: 04/30/15
FILE NUMBER: 158 CB E1A9086 A

EMPLOYEE

ACCOUNT NAME:
FU SHENG USA INC

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 07/22/2015 TO: 08/12/2015

TOTAL PAID: $406.50
TAX INFO: 330956711966479Y
PAY MISC: 66769
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
BY: Ø

FOR ADDITIONAL INFORMATION, CONTACT: SARAH RICHMAN AT (925)944-3256

257006949
DETACH CHECK

UNSUMM-111311
OVRPDNS2-121208
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#
09/25/15 66466

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 7/18/47
Terms : 45 days
Claim #(s):
30153599000

BILL TO:
SEDGWICK CLAIMS (LEXINGT14450)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
PO BOX 14450
LEXINGTON, KY 40512

Case: vs FARMER BROTHERS
Date Of Injury: 2/26/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/07/15	LEGAL_REVIEW	DEPO REVIEW @ L/O CATRELL & GREEN	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/15/15	PMT BY CHECK	07/07/15-07/07/15* # 0000010736	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Sedgwick Claims Management Services, Inc
P O Box 14450
Lexington, KY 40512-4450

DATE	CHECK AMT	CHECK NO.
09/15/2015	250.00	0000010736

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
524 Sedgwick Claims Management Services	001

*001298 0000010736 00001 OF 00001 OPM 150914 1516

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

Claimant Name	Loss Date	Claim Number	SSN
	02/26/2015	30153599000-0001	

Amt Paid: 250.00 Description:
Amt Billed: 250.00 Invoice: 66466 ICN: 301535990000001
Dates: 07/07/2015 - 07/07/2015 Comment: 5120150910147163

PAID

BY: .....

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.

[redacted]

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/22/15 66470

EAMS#(s):

SS # : XXX-XX-8793
DOB : 9/20/67
Terms : 45 days
Claim #(s):
15388E794276

BILL TO:
CANNON COCHRAN MGMT SVCS (AZ)
W. C. DEPARTMENT
ATTN: ANDREA FARRINELLI
P.O. BOX 27920
SCOTTSDALE, AZ 85255

Case: vs REPUBLIC WASTE SERVICES OF SO.
Date Of Injury: 3/18/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/10/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
08/13/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/16/15	PMT BY CHECK	DOS 07/10/15-08/13/15* # 101082324	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

CCMSI o/b/o REPUBLIC SERVICES, INC.
2 EAST MAIN STREET, SUITE 208
DANVILLE, IL 61832

Check Number 101082324

2-3/710 IL

Date: 09/16/2015
Batch #: 300767999

BANK OF AMERICA
CHICAGO, IL 60603

Amount
$****406.50

Amount: FOUR HUNDRED SIX AND 50 / 100**********

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Void After 90 Days
Two Signatures Required for Amounts over 5,000.00

⑈010108232 4⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
66470	03/18/2015	15388E794276	156.50	0.00	156.50	66470 DS 7/10/2015 - 7/10/2015	AFARINELL
66470	03/18/2015	15388E794276	250.00	0.00	250.00	66470 DS 8/13/2015	AFARINELL

#66470

PAID

BY.....

Batch #: 300767999
Check Number 101082324
Check Amount $****406.50
Loc:3876200 RWS OF S. CA - ANAHEIM

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/08/15	66471

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 4/3/66
Terms : 45 days
Claim #(s):
12W292205

BILL TO:
ARGONAUT INSURANCE (TX-469010)
W. C. DEPARTMENT
ATTN: CAROLE FISHBACK
P.O. BOX # 469010
SAN ANTONIO, TX 78246

Case: vs GALLERIE CLEANERS
Date Of Injury: 5/4/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/13/15	LEGAL_PREP	DEPO PREP @ L/O TOBIN LUCKS	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/25/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/14/15	PMT BY CHECK	DOS 07/13/15-07/13/15* # 1220757	-156.50
10/01/15	PMT BY CHECK	DOS1 8/25/15* # 1221014	-250.00

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.

Argonaut Great Central Insurance Company
On Behalf Of: ARGONAUT INSURANCE CO.
Handled By:
Contact Number:(877)769-5953

JPMorgan Chase Bank, N.A.
Dallas, TX

Policy/Certificate: WC 9307083-04
Insured: YOUNG KYU CHUN

Period Covered: 07/13/2015-09/14/2015
Adjuster: CENCLF

Check Number: **1221014**

~~88-88~~
1113

Source: GCIS-WC

Claim Number: 12-W-292205-01
Date of Loss: 05/04/2015
Claimant:

Date 10/01/2015
Void After 180 Days

PAY Two Hundred Fifty Dollars And Zero Cents**

Amount $250.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Becky L Kenyon
AUTHORIZED REPRESENTATIVE

PAYEE ADDRESS P O BOX 4165
TUSTIN, CA 92781-4165

FOR COURT COSTS

HEAT SENSITIVE RUB AREA TO VERIFY

⑈000122101 4⑈ ⑆111300880⑆ 707700233⑈

DETACH BEFORE CASHING (Retain stub for your records.)

Pay To: JOYCE ALTMAN INTERPRETERS INC

Payer: Argonaut Great Central Insurance Company

66471

For: COURT COSTS
Check Number: 1221014
Issued: 10/01/2015

Contact Number:(877)769-5953

Claim Number / Type Pay	Claimant Name / Pymt Desc	Invoice / Adjuster	Paid Amt	Billed Amt / FEIN/SSNO	Policy/Certificate / Insured Name	Dt of Loss	Period Covered / Treaty Name
12-W-292205-01		66471	250.00	250.00	WC 9307083 04	05/04/2015	07/13/2015-09/14/2015
3 CC		CENCLF			YOUNG KYU CHUN		
		Total	250.00	250.00			

PAID OCT 08 2015

Mail To: **JOYCE ALTMAN INTERPRETERS INC**
P O BOX 4165
TUSTIN CA 92781-4165

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#
09/09/15 63243

EAMS#(s):

SS # : XXX-XX-8511
DOB : 11/19/86
Terms : 45 days
Claim #(s):
000809-010914-WC01

BILL TO:
GALLAGHER BASSETT (OR-14260)
W. C. DEPARTMENT
ATTN: ADAM SCOTT
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs LQ MANAGEMENT
Date Of Injury: 6/23/13-6/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/10/14	INITIAL EXAM	DR C. ATAMIAN @ SPECIALTY CARE CLINIC (SCC)*	230.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
07/16/14	PT INITIAL	PHYSICAL THERAPY W/ DR ARAKELIAN @ SCC*	90.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
08/07/14	PR2/REEVAL	DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
08/27/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ CSS W/DR CONNOLLY*	150.00
/ /	INTERPRETER:	JORGE MORAN # 500270 INIT.	0.00
09/13/14	EMG TESTING	& NCV BY DR SCHILLING: U/E @ SPECIALTY CARE*	150.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
10/23/14	PR2/REEVAL	DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
03/10/15	FOLLOW-UP	W/ ACUPUNCT MC LEAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
11/15/14	EMG TESTING	& NCV BY DR SCHILLING:B/L/E @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	GLADYS REYNA # 500257	0.00
11/17/14	PR2/REEVAL	DR BROWN @ SCC*	180.00
/ /	INTERPRETER:	CECLIA LOPEZ # 100613	0.00
11/20/14	PR2/REEVAL	DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
11/25/14	INITIAL EXAM	W/ACUPUNCT GARBANDI @ SPECIALTY CARE*	230.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
03/31/15	FOLLOW-UP	W/ ACUPUNCT MCLEAN @ SCC*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00

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#
09/09/15 63243

EAMS#(s):

SS # : XXX-XX-8511
DOB : 11/19/86
Terms : 45 days
Claim #(s):
000809-010914-WC01

BILL TO:
GALLAGHER BASSETT (OR-14260)
W. C. DEPARTMENT
ATTN: ADAM SCOTT
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs LQ MANAGEMENT
Date Of Injury: 6/23/13-6/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/09/14	FOLLOW-UP	W/ ACUPUNCT GARBANDI @ SCC*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
12/16/14	FOLLOW-UP	W/ ACUPUNCT GARBANDI @ SCC*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
12/18/14	PR2/REEVAL	DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
02/03/15	FOLLOW-UP	W/ ACUPUNCT MCLEAN @ SCC*	180.00
/ /	INTERPRETER:	JORGE MORAN # 5005270	0.00
02/05/15	FOLLOW-UP	W/ ACUPUNCT MCLEAN @ SCC*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
02/10/15	FOLLOW-UP	W/ ACUPUNCT R. MCLEAN @ PFC*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
02/16/15	PR2/REEVAL	DR ATAMIAN @ ADVACE CARE* (ACS)	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
02/17/15	FOLLOW-UP	W/ ACUPUNCT MCLEAN @ SCC*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
02/19/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
02/24/15	FOLLOW-UP	W/ ACUPUNCT MCLEAN @ PFC*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
08/27/15	PMT BY CHECK	DOS 07/10/14-03/31/15* # 0121341254	-3880.00

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#
09/09/15	63243

EAMS#(s):

SS # : XXX-XX-8511
DOB : 11/19/86
Terms : 45 days
Claim #(s):
000809-010914-WC01

BILL TO:
GALLAGHER BASSETT (OR-14260)
W. C. DEPARTMENT
ATTN: ADAM SCOTT
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs LQ MANAGEMENT
Date Of Injury: 6/23/13-6/23/14

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 Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

GB-SACRAMENTO (REGIONAL)
P.O. BOX 255397
SACRAMENTO CA 95865-5397

000809 PAGE 1 OF 1 003618

PAID

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

BY: .....

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 916-929-7581
GB-SACRAMENTO (REGIONAL)
P.O. BOX 255397
SACRAMENTO CA 95865-5397

**

CLAIM NO.: 000809 010914 WC 01 (00655)
CLAIMANT:
DESCRIPTION: INV#63243

BRANCH NO.: 011
ACC DATE: 23Jun14

NO.: 0121341254
VN: 0000208466
DATE: 27Aug15

DATES OF SERVICE: 10Jul14 THRU 31Mar15
BENEFIT PERIOD: THRU

AMOUNT: 3880.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004885 005587 005 005

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/04/15	65740

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-3192
D.O.B. : 5/27/61
Terms : 45 days
Claim #(s):
2014156912

BILL TO:
SEDGWICK CLAIMS (LEXING-14533)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 14533
LEXINGTON, KY 40512

Case: ; UCLA CAMPUS INS. & RISK
Date Of Injury: 1/13/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/06/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/23/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/28/15	PMT BY CHECK	DOS 4/6/15-4/23/15* # 50565225	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Payee: JOYCE ALTMAN INTERPRETER
Company Name: Sedgwick CMS
Facility: UC Los Angeles

Administrator: JACELLEF
Check Total: $406.50
Check Date: 08/28/2015

Check Number: 50565225

Injury	From Account Number	Through	Claim Number Invoice	Claimant Name	Description
01/13/2014	04/06/2015	04/23/2015	2014156912 65740		Other - Expense

Document Number:
Bill Type:
Pharmacy#:
DRG Code:
Received Date: 07/06/2015
Reviewed Date:
Primary ICD9:
PPO Name:

Sedgwick CMS

Reason Codes:

PAID SEP 04 2015

Sedgwick CMS

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/09/15 61331

EAMS#(s):

SS # : XXX-XX-6721
DOB : 2/24/90
Terms : 45 days
Claim #(s):
12003991

BILL TO:
ATHENS ADMIN (CONCORD)
W.C. DEPARTMENT
ATTN: JESSICA MACKEY
P.O. BOX # 696
CONCORD, CA 94522

Case: vs RIVER RIDGE FARMS
Date Of Injury: 4/6/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/05/14	INITIAL EXAM	DR ARAKELIAN @ SPECIALTY CARE*	230.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
03/12/14	CHIRO TX	CHIRO TX W/DR ARAKELIAN @ SPECIALTY CARE*	90.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
03/08/14	EMG TESTING	& NCV BY DR SCHILLING: L/E @ SPECIALTY CARE*	150.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
09/02/15	PMT BY CHECK	DOS 03/05/14-03/12/14* # 19847	-470.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

California Bank & Trust

HOUSEHOLD INDUSTRIES SELF INSURED GROUP

11-204 / 1210

CHECK NO: 19847

DATE: 9/2/2015

WORKERS' COMPENSATION PROGRAM
ADMINISTERED BY: ATHENS ADMINISTRATORS
P.O. BOX 696, CONCORD, CALIFORNIA 94522

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT

CLAIMANT:

CLAIM NO: 12003992

**********$470.00

PAY *Four Hundred And Seventy And 00/100 US Dollars*

PAYABLE TO Joyce Altman Interpreters, Inc.
Po Box 4165
Tustin CA 92781-4165

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND · BORDER CONTAINS MICROPRINTING

⑈000019847⑈ ⑆121000204⑆ 1030233431⑈

Provider Bill Detail

M

Payer: Household Industries Self Insured Group

Provider Patient Account #: 61331

Check Number: 19847

Check Date: 9/2/2015

Claim Number: 12003992
Claimant Name:
SSN: XXX-XX-6721
Date of Birth: 2/24/1990
State of Jurisdiction: California

Date Received: 8/28/2015
Date Reviewed: 8/31/2015
Date of Injury: 4/6/2012
Document Number: N197-15-002454
Employer: Household Industries Self Insured Group

Examiner: cwilson
Bill Type:
Pay Code: 10392
From: 3/5/2014
Through: 3/12/2014

ICD9 Codes:

Date	Code	Mod	Description	Qty	Billed	BR Red	PPO Red	Other	Allowed	Reason
3/5/2014	99199	00 00 00		1.00	470.00	0.00	0.00	0.00	470.00	G1
			Totals:		470.00	0.00	0.00	0.00	470.00	

Reduction Reason Codes:

Code:	Description:
G1	The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.

Notices:

For reconsideration of denied or reduced payment, please respond in writing to the contact information below and include 1) What specifically you wish to reconsider, 2) a copy of this Review Analysis, and 3) supporting documentation. Should you have further questions, you may contact:

Peregrin
3021 Citrus Circle, Suite 270, Walnut Creek, CA 94598
Phone: (925) 938-3030
Fax:
Email:

PAID

BY: X

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/09/15 66089

EAMS#(s):

SS # : xXX-XX-4528
DOB : 11/8/42
Terms : 45 days
Claim #(s):
1581635

BILL TO:
AMTRUST NORTH AMERICA (CONCORD
W.C. DEPARTMENT
ATTN: NATASHA GARCIA
P.O. BOX 4026
CONCORD, CA 94524

Case: vs BARNEY'S LIQUOR/ YOON, SOK WON
Date Of Injury: 9/27/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/19/15	LEGAL_PREP	DEPO PREP @ L/O ADELSON, TESTAN, BRUNDO	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/16/15	PMT BY CHECK	DOS 5/19/15* 00160754	-156.50
08/05/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/02/15	PMT BY CHECK	DOS 08/05/15-08/05/15* # 00183480	-250.00

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.

VOID VOID VOID

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/11/15	64977

EAMS#(s):

SS # : XXX-XX-0734
DOB : 6/22/62
Terms : 45 days
Claim #(s):
002534-013767-WC01

BILL TO:
GALLAGHER BASSETT (GOLD RIVER)
W.C. DEPARTMENT
ATTN: GLORIA DIAZ
P.O. BOX 2290
GOLD RIVER, CA 95741

Case: vs BANK OF AMERICA
Date Of Injury: 2/7/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/13/14	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/12/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
11/25/14	INITIAL EXAM	DR AHMAD @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 500257	0.00
03/24/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CARLOS CARRANZA # 300849	0.00
12/30/14	PR2/REEVAL	DR AHMAD @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
01/02/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	BOSCO BOKSH # 301275	0.00
01/08/15	EMG TESTING	& NCV BY DR B. GROSS: U/E @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	DIANA CHUY DEL OLMO # 301577	0.00
01/15/15	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR CONNOLLY @ ACS*	150.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
01/27/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LISBETH CALDERON PARRENO # 101080	0.00
02/12/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/24/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
06/25/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	DIANA M.C. DEL OLMO # 301577	0.00
09/02/15	PMT BY CHECK	DOS 11/13/14-02/24/15* # 0121451939	-2020.00

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#
09/11/15	64977

EAMS#(s):

SS # : XXX-XX-0734
DOB : 6/22/62
Terms : 45 days
Claim #(s):
002534-013767-WC01

BILL TO:
GALLAGHER BASSETT (GOLD RIVER)
W.C. DEPARTMENT
ATTN: GLORIA DIAZ
P.O. BOX 2290
GOLD RIVER, CA 95741

Case: vs BANK OF AMERICA
Date Of Injury: 2/7/12

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 180.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

002534 PAGE 1 OF 1 003753

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID

BY:.....

GALLAGHER BASSETT SERVICES INC
FOR ACE AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 002534 013767 WC 01 (CA 91860101)
CLAIMANT:
DESCRIPTION: INV# 64977 8/21/15 DOS 11/13/14-2/24/15

DATES OF SERVICE: 13Nov14 **THRU** 24Feb15
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 10Aug10

NO.: 0121451939
VN: 0000826337
DATE: 02Sep15
AMOUNT: 2020.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004833 005443 003 003

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/04/15 65754

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8871
D.O.B. : 1/4/67
Terms : 45 days
Claim #(s):
998180-1

BILL TO:
AMTRUST NORTH AMERICA (CONCORD
W.C. DEPARTMENT
ATTN: RENE OPP
P.O. BOX 4026
CONCORD, CA 94524

Case: SUNSET LANDSCAPE MAINTENANCE
Date Of Injury: 7/12/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/02/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/22/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/01/15	PMT BY CHECK	DOS 4/2/14-4/22/15 =# 00877384	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT AN ANGLE TO VIEW

VOID VOID VOID

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/11/15 65326

EAMS#(s):

SS # : XXX-XX-8710
DOB : 4/6/89
Terms : 45 days
Claim #(s):
002912-007883-WC01

BILL TO:
GALLAGHER BASSETT (SAN DIEGO)
W.C. DEPARTMENT
ATTN: DIANA BERLIN
P.O. BOX # 85013
SAN DIEGO, CA 92186

Case vs JACK IN THE BOX
Date Of Injury: 5/31/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/04/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
03/05/15	INITIAL EXAM	W/ACUPUNCT KIM @ ACS*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/31/15	FOLLOW-UP	W/ ACUPUNCT ATAMIAN @ ACS*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
04/01/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
12/22/14	INITIAL EXAM	DR ATAMIAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	LILIANA HALPERIN 100048	0.00
01/07/15	INITIAL EXAM	DR MILLMAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
01/08/15	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR P. CONNOLLY @ ACS*	150.00
/ /	INTERPRETER:	JORGE MORAN # 500270 (INITIAL)	0.00
01/26/15	PR2/REEVAL	DR ATAMIAN @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
02/04/15	PR2/REEVAL	DR MILLMAN @ ACS*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
02/23/15	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
09/03/15	PMT BY CHECK	DOS 08/24/15-08/24/15* # 0121525798	-1920.00

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#
09/11/15	65326

EAMS#(s):

SS # : XXX-XX-8710
DOB : 4/6/89
Terms : 45 days
Claim #(s):
002912-007883-WC01

BILL TO:
GALLAGHER BASSETT (SAN DIEGO)
W.C. DEPARTMENT
ATTN: DIANA BERLIN
P.O. BOX # 85013
SAN DIEGO, CA 92186

Case: vs JACK IN THE BOX
Date Of Injury: 5/31/13

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.

GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

002912 PAGE 1 OF 1 003801

MDG2009 00005048 1 MB 0439 1

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID
BY:

GALLAGHER BASSETT SERVICES INC
FOR ACE AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 619-471-1219
GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

CLAIM NO.: 002912 007883 WC 01 (000332)
CLAIMANT:
DESCRIPTION: INV 65326

DATES OF SERVICE: 24Aug15 THRU 24Aug15
BENEFIT PERIOD: THRU

BRANCH NO.: 187
ACC DATE: 31May13

NO.: 0121525798
VN: 0000274749
DATE: 03Sep15
AMOUNT: 1920.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005048 005745 001 004

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/17/15 64528

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 3/8/58
Terms : 45 days
Claim #(s):
YMQC03632

BILL TO:
THE HARTFORD (LEXINGTON-14475)
W. C. DEPARTMENT
ATTN: RONIKA RATTAN
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs CALCRAFT
Date Of Injury: 2/23/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/30/14	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
04/07/15	LEGAL_WCAB	PRIORITY CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
06/26/15	PMT BY CHECK	DOS 12/30/14-4/7/15* # 124299609 5	-313.00
08/11/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/10/15	PMT BY CHECK	DOS 08/11/15-08/11/15 * # 124654803 8	-250.00

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.

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

THE HARTFORD

PAID

000035
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00041

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

200012 124654803

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
64528 03-01-13	13WBC BF1883 YMQC 03632	CALCRAFT LLC		$250.00
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Source Payment	Service Dates 08-11-2015 08-11-2015	$250.00

Claim Handler: Ronika Rattan
866/401-9222
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	09-10-2015	Check Number	124654803 8	Total Amount of Check	$250.00

Please keep the above information for your records.

110250891

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#
09/10/15 66416

EAMS#(s):

SS # : XXX-XX-3943
DOB : 7/17/71
Terms : 45 days
Claim #(s):
0030003160l7WC01; 0030003

BILL TO:
GALLAGHER BASSETT (GOLD RIVER)
W.C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX 2290
GOLD RIVER, CA 95741

Case: vs WASTE MANAGEMENT
Date Of Injury: 11/13/14; 1/15/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/26/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
08/06/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/20/15	PMT BY CHECK	DOS 06/26/15-06/26/15* # 0121164500	-156.50
09/02/15	PMT BY CHECK	DOS 08/06/15-08/06/15* # 0121452549	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election **letter, Depo Transcript** and any and all documentary evidence to be utilized in an attempt to defeat this lien.

GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

PAID

BY: .....

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

GALLAGHER BASSETT SERVICES INC
FOR WASTE MANAGEMENT, INC

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 003000 316017 WC 01 (6555)
CLAIMANT:
DESCRIPTION: INVOICE # 66416
DATES OF SERVICE: 06Aug15 **THRU** 06Aug15
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 13Nov14

NO.: 0121452549
VN: 0003214654
DATE: 02Sep15
AMOUNT: 250.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004833 005442 002 003

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/22/15 66233

EAMS#(s):

SS # : XXX-XX-1413
DOB : 10/7/54
Terms : 45 days
Claim #(s):
06055716

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: LISA RUBENSTEIN
P.O. BOX # 65005
FRESNO, CA 93650

Case: [redacted] vs AMERIPRO SERVICES INC.
Date Of Injury: 10/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/15/15	LEGAL_PREP	DEPO PREP @ L/O SCIF (SANTA ANA)	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
02/28/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/15/16	PMT BY CHECK	DOS 05/15/15* # CU-236383	-156.50
09/18/15	PMT BY CHECK	DOS 02/28/15* =# CU-237088	-250.00

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.

Explanation of Review (EOR)

N

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-237088**

Issue Date: 09/18/15
Doc #: 030192436

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 06010144		**Date of Injury:** 06/18/14		
SSN: XXX-XX-7734	Employer name: SUNGRO PRODUCTS			Employer ID: 0000009067731130					
1	SF1-SPCA-151857	06/29/15	999Q9	Interpreter Deposit-	1	250.00	.00	A01 B03	250.00
	Patient Name:				**Claim #:** 05645286		**Date of Injury:** 05/04/10		
SSN: XXX-XX-9412	Employer name: MENDEZ LANDSCAPING CO			Employer ID: 0002380009570100					
2	SF1-SPCA-151856	07/02/15	999Q9	Interpreter Deposit-	1	250.00	.00	B03	250.00
	Patient Name:				**Claim #:** 06085704		**Date of Injury:** 03/12/15		
SSN: XXX-XX-7847	Employer name: SERV-RITE MEAT COMPANY, INC.			Employer ID: 0000009104474140					
3	SF1-SPCA-151847	06/17/15	999Q9	Interpreter Deposit-	1	156.50	.00	B03	156.50
4	SF1-SPCA-151847	07/09/15	999Q9	Interpreter Deposit-	1	250.00	.00	B03	250.00
								Subtotal:	**406.50**
	Patient Name: [redacted] #66283				**Claim #:** 06055716		**Date of Injury:** 10/23/14		
SSN: XXX-XX-1413	Employer name: AMERIPRO SERVICES INC.			Employer ID: 0000009097297140					
5	SF1-SPCA-151984	02/28/15	999Q9	Interpreter Deposit-	1	250.00	.00	375 B03 G5	250.00
	Patient Name:				**Claim #:** 05956810		**Date of Injury:** 08/01/13		
SSN: XXX-XX-3966	Employer name: PACIFIC BALER, LLC			Employer ID: 0000009061357130					
6	SF1-SPCA-151855	06/24/15	999Q8	Interpreter Deposit-	1	313.00	.00	B03	313.00
								Total Allowances:	**$1,469.50**

PAID
PT: Ø

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

VOID VOID VOID VOID VOID VOID

State Compensation Insurance Fund
Glendale District Office
PO BOX 65005
Fresno, CA 93650-5005

CU-237088
Union Bank
Los Angeles, California
90-4150
1222

Medical
SA

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
September 18, 2015	$*****1,469.50

PAY ****One Thousand Four Hundred Sixty-Nine and 50/100 Dollars****ONLY

To The Order Of
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

⑈5210237088⑈ ⑆122241501⑆ ⑈908100104 3⑈

22804616

Joyce Altman Interpreters, Inc.
P.O. BOX # 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 66732

EAMS#(s):

SS # : XXX-XX-5430
DOB : 8/9/62
Terms : 45 days
Claim #(s):
02270934

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: DAVID MAHONY
P.O. BOX # 65005
FRESNO, CA 93650

Case: __ vs MATHEW VINCENT PICAR/WATSON
Date Of Injury: 4/03

DOS	SERVICE	DESCRIPTION	AMOUNT
07/20/15	LEGAL C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/22/15	PMT BY CHECK	DOS 07/20/15* =# CU-237859	-250.00

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.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-237859**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/22/15
Doc #: 030202165

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:		iel	**Claim #:** 02270934		**Date of Injury:** 04/30/03		
SSN: XXX-XX-5430	Employer name: MATTHEW VINCENT PICARD			Employer ID: 0000460010959020					
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
1	SF1-SFCA-15691852	07/20/15	999Q3	Interpreter Med-Lega	1	250.00	.00	A01	250.00
							Total Allowances:		**$250.00**

#66132

PAID
SEP 24 2015
BY: .....

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.
To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

[redacted]

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/24/15 66773

EAMS#(s):

SS # : XXX-XX-2910
DOB : 7/10/55
Terms : 45 days
Claim #(s):
33041899; 330350025

BILL TO:
BERKSHIRE/ACCA (SAN FRANCISCO)
W. C. DEPARTMENT
ATTN: JUSTIN KOH
P.O. BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs CLOSET WORLD
Date Of Injury: 7/30/15; 1/4/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/27/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/17/15	PMT BY CHECK	DOS 07/27/15-07/27/15* # 0526104	-250.00

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.

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 09/17/2015
Check Number : 0526104
Check Amount : $250.00

A27W1M

oz 01 **RETURN SERVICE REQUESTED**
JOYCE ALTMAN INTERPRETERS INC
P.O. BOX 4165
TUSTIN, CA 927814165

2sb5a
00071

PAID
SEP 2 4 2015
BY: Ø

Payment Summary

33041899	07/30/2013	66773	Interpreter Fees -	07/27/2015	07/27/2015	$250.00

71-71
4014

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/24/15	64915

EAMS#(s):

BILL TO:
UEF (L.A.)
W. C. DEPARTMENT
ATTN: STERLING ZIMMRMAN
320 W. FOURTH ST., STE 690
LOS ANGELES, CA 90013

SS # : XXX-XX-N/A
DOB : 11/6/68
Terms : 45 days
Claim #(s):
UEF8316202

Case: vs MARISCOS PUERTO
Date Of Injury: 3/27/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/18/15 / /	LEGAL_WCAB	MSC @ WCAB LBO	
03/13/15 / /	INTERPRETER: LEGAL_C&R	JOHANNA JORDAN # 301566 C&R READING @ L/O DENNIS FUSI	156.50 0.00
09/21/15	INTERPRETER: PMT BY CHECK	PATRICIA HAYES # 100761 DOS 2/18/15-3/13/15* # 63-099992	250.00 0.00 -406.50

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

BALANCE 0.00

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

STATE OF CALIFORNIA

WARRANT NUMBER 63-099992

THE TREASURER OF THE STATE WILL PAY OUT OF THE

FUND NO. 0571 FUND NAME UNINSURED EMPLOYERS BEN

IDENTIFICATION NO. A000233573 7350

MO. 09 DAY 21 YR. 2015

90-1342/1211

63099992

FORM CD-851(REV) CONTROLLERS WARRANT

TO: 099992
--- JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

[redacted]

Betty T. Yee
BETTY T. YEE
CALIFORNIA STATE CONTROLLER

⑆121133423⑆ 63099992⑈

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

63-099992

ISSUE DATE: 09/21/2015
UNINSURED EMPLOYERS BENEFITS TRUST FUND
P.O. BOX 429397
SAN FRANCISCO, CA 94142-9397
TEL: (510) 286-7067

PAYEE NAME: JOYCE ALTMAN INTERPRETERS INC
CLAIM#: UEF8316202
CLAIMANT:
C/O:
FROM: 02-18-2015 THRU: 03-13-2015
INVOICE#: 64915
VENDORNO: 70000I8294-00
STUBNOTES ITEMS
APPLICANT'S LIT/MED-LEGAL EXPENSE
IN FULL SATISFACTION OF LIEN
PER AWARD/ORDER

PAID
SEP 24 2015
BY: .....

GROSS AMOUNT
406.50
0.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00

TOTAL AMOUNT PAID :

ADJUSTER NAME: STERLING ZIMMERMAN

BY ENDORSING THIS WARRANT THE PAYEE CERTIFIES THAT THEY ARE ENTITLED TO THIS PAYMENT OF WORKERS COMPENSATION BENEFITS. IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO OBTAIN PAYMENT FOR BENEFITS OR SERVICES WHICH ARE NOT DUE TO THE RECIPIENT. (SEE LABOR CODE 5401.7).

THIS WARRANT IS VOID AFTER (1) YEAR FROM ISSUE DATE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE OR YOUR ACCOUNT, PLEASE CONTACT: TEL: (510) 286-7067

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/29/15 65667

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 6/2/90
Terms : 45 days
Claim #(s):
004742-003517-WC01

BILL TO:
GALLAGHER BASSETT (SAN DIEGO)
W. C. DEPARTMENT
ATTN: ADRIAN ROBLES
P.O. BOX # 85013
SAN DIEGO, CA 92186

Case: [redacted] vs SUNSTONE HOTEL PROPERTIES
Date Of Injury: 1/23/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/15	INITIAL EXAM	ACUPUNCTURE W/Y. RHEE & PR2 W/DR BHARATWAL	230.00
/ /	-	@ ADVANCE CARE* (ACS)	0.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
03/26/15	FOLLOW-UP	W/ACUPUNCT RHEE & PR-2 W/DR RAMESHNI @ ACS*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
04/02/15	FOLLOW-UP	W/ACUPUNCT RHEE @ ACS*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/15/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALVERTO VLLAGOMEZ # 500341	0.00
04/30/15	PR2/REEVAL	DR RAMESHNI @ ACS*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
05/20/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/26/15	INITIAL EXAM	DR RAMESHNI @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
06/03/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/22/15	INITIAL EXAM	DR MENDELSOHN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
07/09/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
07/20/15	PR2/REEVAL	DR MENDELSON @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
08/05/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
08/12/15	P AND S	DR RAMESHNI @ ADVANCE CARE*	230.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/29/15	65667

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 6/2/90
Terms : 45 days
Claim #(s):
004742-003517-WC01

BILL TO:
GALLAGHER BASSETT (SAN DIEGO)
W. C. DEPARTMENT
ATTN: ADRIAN ROBLES
P.O. BOX # 85013
SAN DIEGO, CA 92186

Case: [redacted] vs SUNSTONE HOTEL PROPERTIES
Date Of Injury: 1/23/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/21/15	PMT BY CHECK	DOS 3/12/15-7/9/15* # 0121959935	-1950.00

BALANCE 590.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

0102480 01 RE 0.436 **AUTO T9 0 1683 92781 -P02482

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID SEP 25 2015

DIRECT INQUIRIES TO:

PHONE: 1-619-471-1219
GALLAGHER BASSETT-SAN DIE
P.O. BOX 85013
SAN DIEGO CA 92186-5013

INTERSTATE HOTELS & RESORTS INC

CLAIM NO. 004742 003517 WC 01

CLAIMANT:

DESCRIPTION: INVOICE # 65667

DATE OF SERVICE: 12-Mar-2015 TO 09-Jul-2015

BRANCH NO. 187

ACC. DATE 21-Jan-2015

CHECK NO. 0121959935

VN. 0000043737

DATE: 21-Sep-2015

PAYMENT AMOUNT: $1,950.00

RE0102480-0001_of_0001 1683-0002812 (G26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0121959935 ATTACHED BELOW

[redacted]

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/22/15	66332

EAMS#(s):

SS # : XXX-XX-9065
DOB : 6/12/79
Terms : 45 days
Claim #(s):
EZG4379

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: AURORA MARTINEZ
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: [redacted] vs LAKIN TIRE WEST INC.
Date Of Injury: 4/29/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/18/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/09/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/06/15	LEGAL_WCAB	EXP. HEARING @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/17/15	PMT BY CHECK	DOS 06/18/15-08/06/15 * # 891A 86598421	-563.00

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.

018260

M

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA09084

891A 86598421

TRAVELERS

DATE: 09/17/15
LOSS DATE: 04/29/14
FILE NUMBER: 152 CB EZG4379 N

EMPLOYEE

ACCOUNT NAME:
LAKIN TIRE WEST

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: 06/18/2015 TO: 08/06/2015

TOTAL PAID: $563.00
TAX INFO: 330956713317481Y
PAY MISC: 66332
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
BY: Ø

#66332

FOR ADDITIONAL INFORMATION, CONTACT: AURORA MARTINEZ AT (909)612-3360

260009175
DETACH CHECK

UNSUMM-121211
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#
09/24/15	66363

EAMS#(s):

SS # : XXX-XX-1074
DOB : 4/10/64
Terms : 45 days
Claim #(s):
002647-006353-WC01

BILL TO:
GALLAGHER BASSETT (CORONA)
W. C. DEPARTMENT
ATTN: CLAIN ADJUSTER
P.O. BOX # 6900
CORONA, CA 92878-6900

Case: [redacted] vs CASA DEL MAR
Date Of Injury: 4/24/12

DOS	SERVICE	DESCRIPTION	AMOUNT
12/17/14	SURGERY	DR PHILLIPS: L/KNEE @ MONROVIA HOSPITAL	900.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341 (10HRS)	0.00
09/17/15	PMT BY CHECK	DOS 12/17/14-12/17/14* # 0000204030	-900.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

002647 PAGE 1 OF 1 004294

MDG2009 00004787 1 MB 0439 1

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID

BY: ....

GALLAGHER BASSETT SERVICES INC
ON BEHALF OF HARTFORD INS /
FOR VENTURE HOSPITALITY

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

**

CLAIM NO.: 002647 006353 WC 01 (0053890002)

CLAIMANT:

DESCRIPTION: INV# 66363

DATES OF SERVICE: 17Dec14 **THRU** 17Dec14

BENEFIT PERIOD: **THRU**

BRANCH NO.: 170

ACC DATE: 24Apr12

NO.: 0000204030

VN: 0000335085

DATE: 17Sep15

AMOUNT: 900.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004787 005426 001 001

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/24/15	66251

EAMS#(s):

SS # : XXX-XX-1057
DOB : 7/15/65
Terms : 45 days
Claim #(s):
05428532

BILL TO:
SCIF (SUISUN CITY)
W. C. DEPARTMENT
ATTN: SHERRY WHITE
P.O. BOX # 3171
SUISUN CITY, CA 94585-6171

Case: vs HELEN ADELMAN TRUST
Date Of Injury: 1/1/02 - 8/27/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/08/15	LEGAL_WCAB	STATUS CONF. @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/07/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO CORTEZ # 100533	0.00
09/21/15	PMT BY CHECK	DOS 06/08/15-08/07/15* =# CT-422641	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Explanation of Review (EOR)

M

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CT-422641**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/21/15
Doc #: 030197646

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 05428532		**Date of Injury:** 08/27/08		
SSN: XXX-XX-1057	Employer name:				Employer ID: 0000001745514080				
1	SF1-SPCA-152293	06/08/15	999Q8	Interpreter Deposit-	1	406.50	.00	B03	406.50
2	SF1-SPCA-152293	08/07/15	999Q8	Interpreter Deposit-	1	.00	.00	B03	.00
							Total Allowances:		**$406.50**

0132275030197646001 2

PAID
SEP 24 2015
BY: .....

#66251

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/17/15 66419

EAMS#(s):

SS # : XXX-XX-8889
DOB : 1/17/68
Terms : 45 days
Claim #(s):
157985

BILL TO:
LWP CLAIMS SOLUTION (SAC)
W. C. DEPARTMENT
ATTN: NINA RICHARDSON
P.O. BOX 349016
SACRAMENTO, CA 95834

Case: vs SANTA MONICA YMCA
Date Of Injury: 6/25/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/30/15	LEGAL_PREP	DEPO PREP @ L/O SINGER, BENJUMEA	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/10/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/14/15	PMT BY CHECK	DOS 06/30/15-08/10/15* # 577235000	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

New York Marine and General Insurance Company
Administered by: LWP Claims Solutions, Inc.
PO Box 349016, Sacramento, CA 95834
FOR: Santa Monica Family YMCA (corrected)

JP Morgan Chase Bank, NA
New York, NY

1-2/210
577235000
Account Number
Check No. 63356
Date 09/14/2015

VOID AFTER 180 DAYS

$406.50

PAY Four Hundred Six & 50/100 Dollars

PAY TO THE ORDER OF
Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

Judy Adlam
Signature

⑈000006335⑈ ⑆021000021⑆ 577235000⑈

CLAIM NUMBER	CLAIMANT	LOSS DATE	INVOICE NUMBER	SERVICE DATES
0000165126		06/25/2014	66419	06/30/2015 - 08/10/2015

Reference: **BR# LWPSPB5512258*
Comments: **ImgID 5512258*

Service	Service Dates	Amount Paid
Deposition	06/30/2015 - 08/10/2015	406.50

PAID
BY: .....

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/17/15 65636

EAMS#(s):

SS # : XXX-XX-6345
DOB : 7/22/62
Terms : 45 days
Claim #(s):
2010241968

BILL TO:
ZURICH INS.(968002-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: JAD LANDMARK
P.O. BOX 968002
SCHAUMBURG, IL 60196

Case: vs SHERATON UNIVERSAL HOTEL
Date Of Injury: 7/5/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/19/14	PRE-OP	DR JARCHI @ MONROVIA HOSPITAL (2H 20M)	202.50
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/05/14	SURGERY	DR PELTON @ MONROVIA HOSPITAL RIGHT/SHLDR (7 H 3M)	630.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/11/15	PMT BY CHECK	DOS 11/19/14-12/5/14* # 1100531220	-832.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

M

PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

Zurich American Insurance Co.

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00372

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0241968 001 JL	WC 2981095	65636		07/05/14	11/19/14-12/05/14

Check Number	1100531220	Date Issued	09/11/15	Amount	$****832.50
Insured	Sheraton				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Akila CG-Arunganapathy				
File Supervisor	Jed Landmark	Phone Number	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	832.50		
	PAID		
	BY:		
TOTAL	$832.50		

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/22/15	65470

EAMS#(s):

SS # : XXX-XX-2260
DOB : 8/10/58
Terms : 45 days
Claim #(s):
1406935-1

BILL TO:
AMTRUST NORTH AMERICA (CONCORD
W. C. DEPARTMENT
ATTN: GRACIA CASTANEDA
P.O. BOX 4026
CONCORD, CA 94524

Case: 3 vs RESOURCE LLC
Date Of Injury: 8/30/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/31/15	LEGAL_PREP	DEPO PREP @ L/O TOBIN LUCKS	156.50
/ /	INTERPRETER:	CARMEN GONZALEZ # 49448683	0.00
05/04/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/10/15	PMT BY CHECK	DOS 03/31/15-03/31/15* # 00715009	-156.50
09/15/15	PMT BY CHECK	DOS 05/04/15-05/04/15* # 00718301	-250.00

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.

VOID VOID VOID

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/10/15 63714

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6515
D.O.B. : 12/31/69
Terms : 45 days
Claim #(s):
6335083A01745

BILL TO:
CARL WARREN & CO. (TUSTIN)
W.C. DEPARTMENT
ATTN: SANDRA SATER
P.O. BOX # 2422
TUSTIN, CA 92781

Case: MADUJAN vs HORIZON PERSONAL SERVICES
Date Of Injury: 5/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/08/14	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
09/05/14	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
09/09/14	INITIAL EXAM	W/ACUPUNCT S. HING @ WILLOW*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/18/14	INITIAL EXAM	DR OBUKHOFF @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/19/14	PR2-RE/EVAL	W/ACUPUNCT S. HING @ WILLOW*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
10/02/14	INITIAL EXAM	DR LOW @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/03/14	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
10/31/14	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
11/13/14	PR2/REEVAL	DR LOW @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
03/02/15	EPIDURAL	PAIN MGMT W/DR OBUKHOFF @ MONROVIA HOSPITAL*	150.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
11/26/14	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
12/04/14	PR2/REEVAL	DR OBUKHOFF @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
05/06/15	PMT BY CHECK	DOS 8/8/14-10/3/14* # 00106440	-1410.00
12/29/14	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
06/24/15	PMT BY CHECK	DOS 10/31/14-11/13/14* # 000107538	-360.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/10/15 63714

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6515
D.O.B. : 12/31/69
Terms : 45 days
Claim #(s):
6335083A01745

BILL TO:
CARL WARREN & CO. (TUSTIN)
W.C. DEPARTMENT
ATTN: SANDRA SATER
P.O. BOX # 2422
TUSTIN, CA 92781

Case: MADUJAN vs HORIZON PERSONAL SERVICES
Date Of Injury: 5/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
01/08/15	PR2/REEVAL	DR LOW @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00

BALANCE 870.00

* 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.

REORDER 901B • U.S. PATENT NO. 5538290, 5675508, 5641183, 5795353, 5984364, 6030000

Bank of America
Costa Mesa, CA

16-66/1220

CARL WARREN & COMPANY
ITF COMPANION VENSURE

BRANCH: S083 ORG
CARL WARREN & COMPANY
17862 EAST 17TH ST SUITE 111
TUSTIN, CA 92780
714/544-0980

CLAIM#: 6335 VEN 0001926
CLAIMANT:
LOSS DATE: 5/23/2014

63714

PAYMENT AMOUNT: *****360.00**
PAYEE NAME: JOYCE ALTMAN INTERPRETERS

CHECK#: 000107538
ISSUE DATE: 6/24/2015

PAYMENT SETTLEMENT: INV 63714 10/31/2014-11/13/2014

PAID JUN 29 2015

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/27/15	60996

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 9/27/55
Terms : 45 days
Claim #(s):
EWJ2475

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W.C. DEPARTMENT
ATTN: JILL CASPERITIE
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs BEACON PACIFIC
Date Of Injury: 5/20/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/20/14	DEPO PREP	@ THE L/O OF SCOLL & ASSOCI-ATES	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/25/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/23/15	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/20/15	PMT BY CHECK	DOS 2/20/14-4/23/15* # 896D 86035089	-563.00

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.

018815

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA09355

896D 86035089

TRAVELERS

DATE: 05/20/15
LOSS DATE: 05/20/13
FILE NUMBER: 152 CB EWJ2475 P

EMPLOYEE

ACCOUNT NAME:
BEACON SALES ACQUISITION INC

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 02/20/2014 TO: 04/23/2015

TOTAL PAID: $563.00
TAX INFO: 330956713317481Y
PAY MISC: 60996
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

RECEIVED MAY 27 2015

FOR ADDITIONAL INFORMATION, CONTACT: MAYRA A. MORALES AT (909)612-3957

40009460
DETACH CHECK

UNSUMM-111311
OVP-ONS2-121295
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/22/15 64969

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 7/1/94
Terms : 45 days
Claim #(s):
LB 001180420

BILL TO:
ENSTAR/SEABRIGHT INS (ORANGE)
W.C. DEPARTMENT
ATTN: PHYLLIS MANSLEA
P.O. BOX # 11027
ORANGE, CA 92856

Case: vs NIEVES LANDSCAPE
Date Of Injury: 9/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/05/14	INITIAL EXAM	DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/23/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/09/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/29/15	PMT BY CHECK	DOS 3/23/15* # 10012786	-156.50
12/15/14	INITIAL EXAM	DR AHMAD @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/23/15	PMT BY CHECK	DOS 11/5/14-12/9/14* # 10014230	-410.00
07/16/15	PMT BY CHECK	DOS 12/15/14* # 10015934	-230.00

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.

Torus National Insurance Company Claims WC
HARBORSIDE FINANCIAL CENTER
PLAZA 5 SUITE 2600
JERSEY CITY, NJ 07109

JPMorgan Chase Bank, N.A
New York, NY

1-2/210

CHECK NO
10015934

7/16/15
LB001180420

PAY Two Hundred Thirty And No/100 Dollars $*******230.00

VOID AFTER SIX MONTHS

PAY TO THE ORDER OF
Joyce Altman Interpreting
P.O. Box 4165
Tustin, CA 92781-4165

74

AN AGENT OF Torus National Insurance Company

VOID VOID VO

⑈10015934⑈ ⑆021000021⑆ 550758226⑈

CLAIM ID: LB001180420 DATE OF LOSS: 8/15/14 ACCOUNT: T3
CLAIMANT:
INSURED: Nieves Landscape, Inc.
PAYEE: Joyce Altman Interpreting

INVOICE NO.:
MEMO:

CHECK NO.: 10015934
DATE: 7/16/15
AMOUNT: $*******230.00
REF. NO.: 015872826
USER-ID: 18004/LB

	SERVICE DATE	CODE	DESCRIPTION	QTY	UNITS	BILLED	PAID
1	12/15/14	MM	64969	1	1	230.00	230.00

PAID JUL 22 2015

TOTAL 230.00 230.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/10/15	62942

Claim # : 005139000447WC01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5913
D.O.B. : 6/3/60
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (OR-14260)
W.C. DEPARTMENT
ATTN: DAN PRAUSE
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs EL TORITO
Date Of Injury: 4/27/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/22/14	WCAB RIV	EXPEDITED HEARING	165.00
/ /	INTERPRETER:	JOHN MORELL # 100644	0.00
07/25/14	PMT BY CHECK	DOS 7/22/14* # 0111348143	-165.00
09/05/14	DEPO PREP	@ THE L/O OF LAUGHLIN FALBO LEVY & MORESI	156.50
/ /	INTERPRETER:	JOHN MORELL # 100644	0.00
09/23/14	PMT BY CHECK	DOS 9/5/14* # 0112726938	-156.50
10/26/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
02/05/15	PMT BY CHECK	DOS 10/26/14* # 0116139394	-250.00

BALANCE 0.0(

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

GALLAGHER BASSETT-LA/ORANGE CA
P.O. BOX 14260
ORANGE CA 92863-1260

0102316 01 RE 0.432 **AUTO T9 1 1525 92781 -P02318

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID FEB 10 2015

DIRECT INQUIRIES TO:

PHONE: 1-800-297-0866
GALLAGHER BASSETT-LA/ORAN
P.O. BOX 14260
ORANGE CA 92863-1260

REAL MEX

CLAIM NO. 005139 000447 WC 01

CLAIMANT:

DESCRIPTION: INV 62942

DATE OF SERVICE: 26-Oct-2014 TO 26-Oct-2014

BRANCH NO. 138

ACC. DATE 27-Apr-2014

CHECK NO. 0116139394

VN. 0000015418

DATE: 05-Feb-2015

PAYMENT AMOUNT: $250.00

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0116139394 ATTACHED BELOW

[redacted]

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/12/15 67022

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
C494C417812X; C345C630505

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: FRANK FELDMAN
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs KELLY SERVICES
Date Of Injury: 7/24/14; CT 1/20/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/13/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/02/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/09/15	PMT BY CHECK	DOS 8/13/15-10/2/15* =# DA75134887	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

PDWLDMCD-001646-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 11/09/15

CHECK NO. **DA75134887**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 00551 DA75134887
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C6305057

DOLLARS
$********406.50

*** NOT NEGOTIABLE ***

PAID NOV 12 2015

FOR
08/13/15 THRU 10/02/15 67022

CLAIMANT

DATE OF EVENT
01/20/15

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-001646-01-01-00

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/13/15 64904

EAMS#(s)

SS # :
DOB :
Terms : 45 days
Claim #(s):
CA13503837-0001, CA144951

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W. C. DEPARTMENT
ATTN: DIVINA YUCON
P.O. BOX # 14421
LEXINGTON, KY 40512

Case: vs TARGET
Date Of Injury: 12/1/13, 5/14, 10/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/09/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/29/15	PMT BY CHECK	DOS 2/9/15* # 0053000072	-156.50
10/09/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/23/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/23/15	PMT BY CHECK	DOS 10/9/15* # 0058040411	-156.50
11/10/15	PMT BY CHECK	DOS 10/23/15* # 0058047143	-250.00

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.

P6905028006

Sedgwick Claims Management Services, Inc
PO Box 14421
Lexington, KY 40512-4421

201511101604

Electronic Service Requested

1 OF 2

ENV 7972

SINGLE PIECE

7972 0.5738 SP 0.485

JOYCE ALTMAN INTERPRETERS 12
P.O. BOX 4165
TUSTIN, CA 92781-4165

DATE	CHECK AMT	CHECK NO.
11/10/2015	250.00	0058047143

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
213 Sedgwick Claims Management Services Inc.	1 of 1

Claimant Name	Loss Date	Claim Number
	12/01/2013	CA13503837-0001

Amt Paid: 250.00 Description:
Amt Billed: 250.00 Invoice: 64904 ICN: CA135038370001
Dates: 10/23/2015-10/23/2015 Comment: Gladys Reyna #301721

64904

PAID NOV 13 2015

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/30/15	36904

W.C.A.B.:

S.S.N. : XXX-XX-N/A
D.O.B. : 9/8/82
Terms : 45 days
Claim #(s):
002912-003949-WC-01

BILL TO:
GALLAGHER BASSETT (SAN DIEGO)
W.C. DEPARTMENT
ATTN: NANETTE PLUMMER
P.O. BOX # 85013
SAN DIEGO, CA 92186

Case: vs JACK IN THE BOX
Date Of Injury: 6/1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/17/10	DEPO PREP	@ THE L/O OF STOCKWELL & HARRIS	156.50
/ /	INTERPRETER:	MARTI KANEMURA # 300879	0.00
05/04/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
06/15/10	PMT BY CHECK	DOS 3/17/10 THRU 5/4/10 # 0079089850	-406.50
08/24/10	WCAB LB	STATUS CONFERENCE JUAN PEREZ # 100777	156.50
01/12/11	PENALTIES	FOR DATE OF SERVICE 08/24/10	23.48
01/12/11	INTEREST	FOR DATE OF SERVICE 08/24/10	7.94
01/24/11	PMT BY CHECK	DOS 8/24/10 # 0083427926	-156.50
07/02/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
02/06/14	JOB ANALYSIS	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO # 100533	0.00
03/19/14	PMT BY CHECK	DOS 1/12/11-2/6/14* # 0108290832	-344.42
10/29/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
01/07/15	PMT BY CHECK	DOS 10/29/14* # 0115342781	-156.50
01/12/15	LEGAL C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/23/15	PMT BY CHECK	DOS 1/12/15* # 0118149708	-250.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/30/15	36904

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 9/8/82
Terms : 45 days
Claim #(s):
002912-003949-WC-01

BILL TO:
GALLAGHER BASSETT (SAN DIEGO)
W.C. DEPARTMENT
ATTN: NANETTE PLUMMER
P.O. BOX # 85013
SAN DIEGO, CA 92186

Case: vs JACK IN THE BOX
Date Of Injury: 6/1/09

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election **letter, Depo Transcript and any and all documentary** evidence to be utilized in an attempt to defeat this lien.

GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

002912 PAGE 1 OF 1 003559

MDG2009 00004491 1 MB 0435 1

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID APR 30 2015

GALLAGHER BASSETT SERVICES INC
FOR ACE AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 619-471-1219
GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

36904

CLAIM NO.: 002912 003949 WC 01 (000301)
CLAIMANT:
DESCRIPTION: C&R READING @ A/A OFFICE

BRANCH NO.: 187
ACC DATE: 01Jun09

NO.: 0118149708
VN: 0000257300
DATE: 23Apr15
AMOUNT: 250.00

DATES OF SERVICE: 12Jan15 **THRU** 12Jan15
BENEFIT PERIOD: **THRU**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004491 005091 001 003

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/09/15	64042

Claim # : 2080307843
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8172
D.O.B. : 10/23/50
Terms : 45 days

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W.C. DEPARTMENT
ATTN: DEBORAH RICHARDSON
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs KIK POOL ADDITIVES INC.
Date Of Injury: CT 1/1/12 - 3/18/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/05/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/17/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/03/15	PMT BY CHECK	DOS 11/6/14-12/17/14* # 1100264880	-406.50

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.

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

lease Note:
/e have a new mailing address for
ır claim office. Please use the above
ddress for any future correspondence.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

00447

PAID FEB 09 2015

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0307843 001 D1	WC 5087032	64042		03/18/14	11/05/14-12/17/14

Check Number	1100264880	Date Issued	02/03/15	Amount	$****406.50
Insured	KCP Investment Holding LP				
Claimant					
Nature of Payment	MEDICAL-LEGAL COSTS				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Manikandan CG-Raman				
File Supervisor	Deborah Richardson	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC WAGE LOSS & DISABILITY	406.50		
TOTAL	$406.50		

[redacted]

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/12/15	62537

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 6/12/69
Terms : 45 days
Claim #(s):
1175728-1

BILL TO:
AMTRUST NORTH AMERICA (CONCORD
W.C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX 4026
CONCORD, CA 94524

Case: vs SIZZLER
Date Of Injury: 1/24/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/28/14	INITIAL EXAM	DR ATAMIAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
06/03/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
06/27/14	INITIAL EXAM	DR MIRZABEIGI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
07/08/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
08/11/14	INITIAL EXAM	DR BROWN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	MARION HIRSCH # 101035	0.00
08/12/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARION HIRSCH # 101035	0.00
12/08/14	PMT BY CHECK	DOS 5/28/14-8/12/14* # 01479580	-1230.00
10/10/14	INITIAL EXAM	DR G. WADE @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	LETTY JULIAO GREEN # 301547	0.00
10/21/14	PR2/REEVAL	DR ATAMIAN @ ACS*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
02/27/15	PMT BY CHECK	DOS 5/28/14-10/10/14* # 01575424	-230.00

BALANCE 180.00

* 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.

TECHNOLOGY INSURANCE CO (Claims Funding)
PO Box 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01575424
1176728-1
TWC3370405

DATE	AMOUNT
2/27/2015	$230.00

PAY Two Hundred Thirty and 0/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

Mail To
JOYCE ALTMAN INTERPRETERS
P O BOX 4165
TUSTIN, CA 92781-4165

VOID AFTER 90 DAYS

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈01575424⑈ ⑆021309379⑆ 601877533⑈

Check Number	01575424
Claim Number:	1176728-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3370405/Perceptive Management, Inc (a corp.)
SSN / Employee Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	1/24/2014
Location:	19013 Golden Valley Rd Santa Clarita CA 91387 -
Examiner Code:	aaros

Amount:	$230.00
Dates of Service:	3/28/2014-10/10/2014
Explanation:	INV#62537
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

TECHNOLOGY INSURANCE CO (Claims Funding) 1085
PO Box 740042
Atlanta, GA 30374-0042

888-239-3909

PAID MAR 06 2015

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/06/15	62127

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 1/9/86
Terms : 45 days
Claim #(s):
2013200060

BILL TO:
EMPLOYERS (NEVADA)
W.C. DEPARTMENT
ATTN: RENE CRISTOBAL
P.O. BOX # 539004
HENDERSON, NV 89053-9004

Case: vs AGOSTINO'S BAKERY
Date Of Injury: 5/16/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/17/14	INITIAL EXAM	DR ATAMIAN @ SPECIALTY CARE*	230.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
05/29/14	PR2/REEVAL	DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
03/04/15	PMT BY CHECK	DOS 4/17/14-5/59/14* # 260370659	-410.00

BALANCE 0.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made **for all medical reports per** CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application **of Adjudication, 4600 Election** letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

EMPLOYERS®

Employers Compensation Insurance Company
PO Box 35000 Reno, NV 89511-5000

WELLS FARGO BANK
260370659

56-382
412

DATE:03/04/2015

Pay Five Hundred Thirty Dollars And 00/100
TO THE ORDER OF:

AMOUNT
**********$530.00

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
Tustin, CA 92781-4165

TWO SIGNATURES REQUIRED IF IN EXCESS OF $25,000
VOID AFTER 6 MONTHS

⑈260370659⑈ ⑆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 Number: 260370659
Check Date: 03/04/2015

Claim Number: 2012161062
Injured Employee:

Payment Description: Medical Interpreter
Billed Date: 02/24/2015
Service Period: 07/16/2012 through 07/16/2012
Invoice Number: n/a
Billed Amount: $120.00
Comments: MD In Full and Final Satisfaction of Lien

Account Number: n/a
Document Number: n/a
Paid Amount: $120.00

Claim Number: 2013200060
Injured Employee:

Payment Description: Medical Interpreter
Billed Date: 02/24/2015
Service Period: 04/17/2014 through 05/29/2014
Invoice Number: 62127
Billed Amount: $410.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $410.00

Check Total: **$530.00**

PAID [illegible] 2015

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/27/15 61514

EAMS#(s):

SS # : XXX-XX-1470
DOB : 2/8/67
Terms : 45 days
Claim #(s):
WC604A18398

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W. C. DEPARTMENT
ATTN: JIA LUO
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs KING JANITORIAL
Date Of Injury: 7/26/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/17/14	INITIAL EXAM	DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/24/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ACS W/DR RINK*	150.00
/ /	INTERPRETER:	CRISTINA VAUGHT # 500050	0.00
04/02/14	INITIAL EXAM	DR SCHILLING / T. CHASE @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/18/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LESLIE RIVERA MELTON # 500259	0.00
05/27/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/30/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/11/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	SYLVIA POSADA # 101003	0.00
08/12/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ACS W/DR RINK* FINAL	150.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
09/11/14	PR2/REEVAL	DR WADE @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/17/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
10/17/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ORELIA STEINHARDT # 500214	0.00
11/04/14	PR2/REEVAL	DR ROBERT DRUMMOND @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
11/18/14	P AND S	DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/04/14	LIEN FIL FEE	LIEN FILING FEE	150.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/27/15 61514

EAMS#(s):

SS # : XXX-XX-1470
DOB : 2/8/67
Terms : 45 days
Claim #(s):
WC604A18398

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W. C. DEPARTMENT
ATTN: JIA LUO
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs KING JANITORIAL
Date Of Injury: 7/26/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/22/15	PMT BY CHECK	DOS 4/13/15* # 00898842	-2580.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

BRANCH OFFICE ADDRESS:
P.O. BOX 4555
PORTLAND, OR 97208
503-239-5800

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	00898842	10/22/15
	CHECK AMOUNT ***$2580.00	BLOCK NUMBER 003739

OSN: EE2701102205-000411

CLAIM #: WC 604-A18398
CONTRACT #: WC2-Z91-459429-012-92

CONTROL #: 000002701 ID: CRNWB16
PROVIDER #: N3095671312489

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 07/26/12
EMPLOYEE:

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

EMPLOYER: KING JANITORIAL EQUIPMENT SERV
DATES OF SERVICE 04/13/15-04/13/15

PROVIDER:

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
04/13/15	04/13/15	MEDICAL		2,580.00	2,580.00	

NOTE: INVOICE # 61514

TOTAL CHARGES	2580.00
TOTAL PAYABLE:	2580.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	2580.00

PAID OCT 27 2015

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

[redacted]

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/19/15 63151

W.C.A.B.:
ADJ #
S.S.N. : XXX-XX-
D.O.B. : 8/17/61
Terms : 45 days
Claim #(s):
710920913

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W.C. DEPARTMENT
ATTN: JENNIFER TORRES
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: TITAN PERSONNEL INC.
Date Of Injury: 5/23/14; 5/7/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/24/14	INITIAL EXAM	DR JOHNSON /TRUJILLO @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/29/14	PR2/REEVAL	DR JOHNSON/ TRUJILLO P.A. @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/11/14	INITIAL EXAM	DR HA & INITIAL PHYSICAL THERAPY @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/13/14	PT PR-2	PHYSICAL THERAPY W/DR HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/26/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ SIDHU - INITIAL*	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/08/14	PT PR-2	PHYSICAL THERAPY W/DR HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/10/14	PT PR-2	PHYSICAL THERAPY W/DR HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/22/14	F/U CHIRO TX	CHIRO TREATMENT @ SIDHU W/DR HA*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/23/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR SADEGHI @ SIDHU*	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267 (FINAL)	0.00
02/07/15	PMT BY CHECK	DOS 9/22/14* =# 27877777	-90.00
10/30/14	PR2/REEVAL	DR JOHNSON/ MIRZABEIGI @ SIDHU CHIRO*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/19/15	63151

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 8/17/61
Terms : 45 days
Claim #(s):
710920913

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W.C. DEPARTMENT
ATTN: JENNIFER TORRES
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: TITAN PERSONNEL INC.
Date Of Injury: 5/23/14; 5/7/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/10/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINO & F/U PHY TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/12/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINO & F/U PHY TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/04/15	PMT BY CHECK	DOS 6/24/14-9/8/14* =# 28054913	-970.00
03/07/15	PMT BY CHECK	DOS 6/24/14* =# 28081813	-150.00

BALANCE 630.0

* 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.

4000028000

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201503044006

Electronic Service Requested

SINGLE PIECE
62 2.0736 SP 0.900

JOYCE ALTMAN INTERPRETERS INC 1
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 28054913
RFP No.: 649593
Check Date: 03/04/2015
Check Amount: 970.00
Insured: TITAN PERSONNEL INC.

Claimant [redacted]

Claim Office: 710
Insuring Company: COMMERCE AND INDUSTRY INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID MAR 10 2015

63151

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000004322001	00920913	01	05/23/2014	MED	O	970.00
					Total Amount	970.00

Reason for Payment
ORG: 970.00 ACT: N/A 062414-090814

Use File # 710/00920913 on all correspondence for prompt processing.
For check information call: 877-802-5246

[redacted]

AIG

EXPLANATION OF BILL REVIEW

AIG CLAIMS, INC.
PO BOX 259781110
SHAWNEE MISSION KS 66225

Invoice #: 1501502072
Control #: 06150590071300

SINGLE PIECE
62 2.0736 SP 0.900

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

Billing Provider:
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Claim #: 7109209130000
Claimant:
Date of Injury: 05/23/2014
Claimant SSN:

Tax ID: 330956713
State License #:
NPI #:

State Claim #:
Patient Acct #: N/A
Service Dates: 06/24/2014-09/08/2014

Date Received: 11/20/2014
Date Reviewed: 02/28/2015
Date Processed: 03/03/2015

Rendering Provider:
JOYCE ALTMAN INTERPRETERS INC
Tax ID/NPI #:

Policy #: 000004322001
Employer: TITAN PERSONNEL INC.
Insurer: COMMERCE AND INDUSTRY CO

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
06/24/2014	T1013	T1013	8.00	230.00	230.00	0.00	230.00	1
07/29/2014	T1013	T1013	8.00	180.00	180.00	0.00	180.00	1
08/11/2014	T1013	T1013	8.00	230.00	230.00	0.00	230.00	1
08/13/2014	T1013	T1013	8.00	90.00	90.00	0.00	90.00	1
08/26/2014	T1013	T1013	8.00	150.00	150.00	0.00	150.00	1
09/08/2014	T1013	T1013	8.00	90.00	90.00	0.00	90.00	1
		Totals		970.00	970.00	0.00	970.00	

Diagnosis:
9599 UNSPECIFIED SITE INJURY

1 -The procedure or service is defined as By-Report.
* -1In accordance with section 9789.12.2(a) of the California Official Medical Fee Schedule, reimbursement is based on the non-facility site of service calculation. (PNFC)
* -California is a jurisdictional state. This review has been conducted based on the Official Medical Fee Schedule (OMFS) or other criteria that apply to your bill within California jurisdiction. (Z005)
* -California Labor Code Section 4600.2 allows a carrier to enter into a contractual agreement with a pharmacy network . AIG and AIG Claims, Inc. have entered into a contractual agreement with TMESYS a Pharmacy Benefit Network. As of March 1, 2011 all pharmacy transactions should be processed through TMESYS. For questions regarding how to process transactions through TMESYS please call 1-800-682-4491. (Z356)
* -Request for Second Review. After an EOR is received on an original bill submission, a healthcare provider, healthcare facility, or billing agent, assignee that disputes the amount paid may submit an appeal, reconsideration, Request for Second Review to the claims administrator within 90 days of the service of the explanation or review. The Request for Second Review must conform to the requirements of the Division of Workers' Compensation Medical Billing Guide, and regulations at title 8. California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent, assignee does not request a second review within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. (Z400)
* -Any request for reconsideration of this workers' compensation payment should be accompanied by a copy of this explanation of

If you have questions about this review please call AIG at: 877-802-5246

CONTINUED

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/19/15 63151

W.C.A.B.:
ADJ #
S.S.N. : XXX-XX-
D.O.B. : 8/17/61
Terms : 45 days
Claim #(s):
710920913

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W.C. DEPARTMENT
ATTN: JENNIFER TORRES
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: TITAN PERSONNEL INC.
Date Of Injury: 5/23/14; 5/7/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/24/14	INITIAL EXAM	DR JOHNSON /TRUJILLO @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/29/14	PR2/REEVAL	DR JOHNSON/ TRUJILLO P.A. @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/11/14	INITIAL EXAM	DR HA & INITIAL PHYSICAL THERAPY @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/13/14	PT PR-2	PHYSICAL THERAPY W/DR HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/26/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ SIDHU - INITIAL*	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/08/14	PT PR-2	PHYSICAL THERAPY W/DR HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/10/14	PT PR-2	PHYSICAL THERAPY W/DR HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/22/14	F/U CHIRO TX	CHIRO TREATMENT @ SIDHU W/DR HA*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/23/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR SADEGHI @ SIDHU*	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267 (FINAL)	0.00
02/07/15	PMT BY CHECK	DOS 9/22/14* =# 27877777	-90.00
10/30/14	PR2/REEVAL	DR JOHNSON/ MIRZABEIGI @ SIDHU CHIRO*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/19/15 63151

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 8/17/61
Terms : 45 days
Claim #(s):
710920913

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W.C. DEPARTMENT
ATTN: JENNIFER TORRES
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: TITAN PERSONNEL INC.
Date Of Injury: 5/23/14; 5/7/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/10/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINO & F/U PHY TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/12/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINO & F/U PHY TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/04/15	PMT BY CHECK	DOS 6/24/14-9/8/14* =# 28054913	-970.00
03/07/15	PMT BY CHECK	DOS 6/24/14* =# 28081813	-150.00

BALANCE 630.0

* 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.

4000028000

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201503091612

Electronic Service Requested

MIXED AADC 926
3190 0.7389 MB 0.432

JOYCE ALTMAN INTERPRETERS INC 155
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 28081813
RFP No.: 660074
Check Date: 03/07/2015
Check Amount: 150.00
Insured: TITAN PERSONNEL INC.

Claimant: [redacted]

Claim Office: 710
Insuring Company: COMMERCE AND INDUSTRY INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID MAR 11 2015

63151

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000004322001	00920913	01	05/23/2014	MED	O	150.00

Total Amount 150.00

Reason for Payment
ORG: 1300.00 ACT: N/A 062414-102314

Use File # 710/00920913 on all correspondence for prompt processing.
For check information call: 877-802-5246

[redacted]

ENV:3190 1 OF 3 F

AIG

EXPLANATION OF BILL REVIEW

AIG CLAIMS, INC.
PO BOX 259781110
SHAWNEE MISSION KS 66225

Invoice #: 1506103686
Control #: 06150630311500

MIXED AADC 926
3190 0.7389 MB 0.432

JOYCE ALTMAN INTERPRETERS INC 155
PO BOX 4165
TUSTIN, CA 92781-4165

Billing Provider:
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Tax ID: 330956713
State License #:
NPI #:

Rendering Provider:
JOYCE ALTMAN INTERPRETERS INC
Tax ID/NPI #:

Claim #: 7109209130000
Claimant:
Date of Injury: 05/23/2014
Claimant SSN:

State Claim #:
Patient Acct #: N/A
Service Dates: 06/24/2014-10/23/2014

Policy #: 000004322001
Employer: TITAN PERSONNEL INC.
Insurer: COMMERCE AND INDUSTRY CO

Date Received: 01/26/2015
Date Reviewed: 03/04/2015
Date Processed: 03/06/2015

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
06/24/2014	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3,4
07/29/2014	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3,4
08/11/2014	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3,4
08/13/2014	T1013	T1013	8.00	90.00	0.00	0.00	0.00	1,2,3,4
08/26/2014	T1013	T1013	8.00	150.00	0.00	0.00	0.00	1,2,3,4
09/08/2014	T1013	T1013	8.00	90.00	0.00	0.00	0.00	1,2,3,4
09/10/2014	T1013	T1013	8.00	90.00	0.00	0.00	0.00	1,2,3,4
09/22/2014	T1013	T1013	8.00	90.00	0.00	0.00	0.00	1,2,4
10/23/2014	T1013	T1013	8.00	150.00	150.00	0.00	150.00	1
			Totals	1,300.00	150.00	0.00	150.00	

Diagnosis:
9599 UNSPECIFIED SITE INJURY

1 -The procedure or service is defined as By-Report.
2 -A reduction was made because a different provider has billed for the exact services on a previous bill.
3 -The provider or a different provider has billed for the exact service on a previous bill where no allowance was originally recommended.
4 - This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a 'balance forward bill' containing a duplicate charge and billing for a new service.
* -1In accordance with section 9789.12.2(a) of the California Official Medical Fee Schedule, reimbursement is based on the non-facility site of service calculation. (PNFC)
* -California is a jurisdictional state. This review has been conducted based on the Official Medical Fee Schedule (OMFS) or other criteria that apply to your bill within California jurisdiction. (Z005)
* -California Labor Code Section 4600.2 allows a carrier to enter into a contractual agreement with a pharmacy network . AIG and AIG Claims, Inc. have entered into a contractual agreement with TMESYS a Pharmacy Benefit Network. As of March 1, 2011 all pharmacy transactions should be processed through TMESYS. For questions regarding how to process transactions through TMESYS please call 1-800-682-4491. (Z356)
* -Request for Second Review. After an EOR is received on an original bill submission, a healthcare provider, healthcare facility,

If you have questions about this review please call AIG at: 877-802-5246

CONTINUED

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/09/15 63277

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : / /
Terms : 45 days
Claim #(s):
30130863458-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W.C. DEPARTMENT
ATTN: VERA ORELLANO
P.O. BOX # 14421
LEXINGTON, KY 40512

Case: l vs HILTON WORLDWIDE INC
Date Of Injury: 7/23/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/02/14	INITIAL EXAM	DR ATAMIAN @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
07/11/14	INITIAL EXAM	DR MIRZABEIGI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
08/06/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	PATRICIA SANCHEZ # 301554	0.00
12/03/14	PMT BY CHECK	DOS 7/2/14-8/6/14* # 0054842395	-640.00
10/27/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/05/15	PMT BY CHECK	DOS 7/2/14-10/27/14* # 0056323211	-180.00

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.

P6905028006

20150051616

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

Electronic Service Requested

2 OF 3

ENV 2400

SINGLE PIECE

2400 0.7648 SP 0.480

JOYCE ALTMAN INTERPRETERS 4
P.O. BOX 4165
TUSTIN, CA 92781-4165

PAID MAR 0 9 2015

DATE	CHECK AMT	CHECK NO.
03/05/2015	180.00	0056323211

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services, Inc	1 of 1

Claimant Name	Loss Date	Claim Number
	07/23/2013	30130863458-0001

Amt Paid: 180.00 Description: Miscellaneous Medical
Amt Billed: 180.00 Invoice:
Dates: 07/02/2014-10/27/2014 Comment:

ICN: 120623747.6

632.77

Questions about other Sedgwick CMS payments? Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/24/15 63277

EAMS#(s):
SS # : XXX-XX
DOB : 2/27/54
Terms : 45 days
Claim #(s):
30130863458-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W. C. DEPARTMENT
ATTN: VERA ORELLANO
P.O. BOX # 14421
LEXINGTON, KY 40512

Case: [redacted] vs HILTON WORLDWIDE INC
Date Of Injury: 7/23/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/02/14	INITIAL EXAM	DR ATAMIAN @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
07/11/14	INITIAL EXAM	DR MIRZABEIGI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
08/06/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	PATRICIA SANCHEZ # 301554	0.00
12/03/14	PMT BY CHECK	DOS 7/2/14-8/6/14* # 0054842395	-640.00
10/27/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/05/15	PMT BY CHECK	DOS 7/2/14-10/27/14* # 0056323211	-180.00
03/12/15	FOLLOW-UP	W/ ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/04/15	PMT BY CHECK	DOS 3/12/15 # 005696608	-180.00
04/10/15	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/18/14	INITIAL EXAM	DR MASSIHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
06/18/15	PMT BY CHECK	DOS 4/10/15* # 0058793688	-180.00
01/23/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE* (P.M.)	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
01/23/15	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE* (A.M.)	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
07/08/15	PMT BY CHECK	DOS 4/10/15* # 0058796238	-230.00
02/05/15	INITIAL EXAM	ACUPUNCTURE W/KIM @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/24/15 63277

EAMS#(s):

SS # : XXX-XX-6108
DOB : 2/27/54
Terms : 45 days
Claim #(s):
30130863458-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W. C. DEPARTMENT
ATTN: VERA ORELLANO
P.O. BOX # 14421
LEXINGTON, KY 40512

Case: ' vs HILTON WORLDWIDE INC
Date Of Injury: 7/23/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/22/15	P AND S	DR ATAMIAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
07/21/15	PMT BY CHECK	DOS 1/23/15* # 0058798353	-180.00
08/05/15	PMT BY CHECK	DOS 04/10/15-04/10/15* # 0058800096	-410.00
06/18/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
07/23/15	P AND S	DR MASSIHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
09/15/15	PMT BY CHECK	DOS 05/22/15-06/18/15* # 0059578072	-410.00

BALANCE 230.00

* 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.

P6903028006

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

201509151622

Electronic Service Requested

1 OF 3 F

ENV 686

SINGLE PIECE

686 0.7389 SP 0.485

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781-4165

2

DATE	CHECK AMT	CHECK NO.
09/15/2015	410.00	0059578072

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services, Inc	1 of 1

Claimant Name	Loss Date	Claim Number
	07/23/2013	30130863458-0001

Amt Paid: 410.00
Amt Billed: 410.00
Dates: 05/22/2015-06/18/2015
Description: Miscellaneous Medical
Invoice:
Comment:
ICN: 125521722.6

63277

PAID

BY: .....

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.

[redacted]

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/16/15	64546

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 1/13/56
Terms : 45 days
Claim #(s):
33058727

BILL TO:
BERKSHIRE/ACCA (SAN FRANCISCO)
W.C. DEPARTMENT
ATTN: LESLIE ROMINIE
P.O. BOX # 881716
SAN FRANCISCO, CA 94188

Case: ____ vs SF APPAREL
Date Of Injury: CT 8/1/13 - 10/17/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/23/14	LEGAL_PREP	DEPO PREP @ L/O SINGER & BENJUMEA	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/22/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/24/15	PMT BY CHECK	DOS 12/24/14* # 442361	-156.50
03/13/15	PMT BY CHECK	DOS 1/22/15* # 0449709	-250.00

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.

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 03/13/2015
Check Number : 0449709
Check Amount : $250.00

BYBU1X

oz 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
P.O. BOX 4165
TUSTIN, CA 927814165

ces5a
00060

PAID MAR 16 2015

Payment Summary

33058727	08/31/2013 64546	Interpreter Fees -	01/22/2015	01/22/2015	$250.00

60-60
4014

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/30/15	63373

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 3/16/65
Terms : 45 days
Claim #(s):
TWCI-0146; TWCI-2651; TWC

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W.C. DEPARTMENT
ATTN: LAURIE PHILIPS
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: [redacted] vs ACCURATE METAL SOLUTIONS
Date Of Injury: 3/7/11; 6/24/12-3/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/09/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIO VALDEZ # 301322	0.00
09/30/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/24/14	PMT BY CHECK	DOS 9/9/14* # 1564879	-156.50
11/11/14	PMT BY CHECK	DOS 9/9/14-10/24/14* # 1572946	-250.00
11/17/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL. II	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/20/15	PMT BY CHECK	DOS 11/17/14* # 1618174	-156.50
01/12/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL. II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/27/15	LEGAL_WCAB	PRE-CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
03/17/15	PMT BY CHECK	DOS 9/9/14-1/27/15* # 1647807	-406.50
03/03/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/28/15	PMT BY CHECK	DOS 3/3/15* # 1672636	-250.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/30/15	63373

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 3/16/65
Terms : 45 days
Claim #(s):
TWCI-0146; TWCI-2651; TWC

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W.C. DEPARTMENT
ATTN: LAURIE PHILIPS
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs ACCURATE METAL SOLUTIONS
Date Of Injury: 3/7/11; 6/24/12-3/12

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

INSURANCE FRAUD IS A CRIME AND IS PUNISHABLE BY LAW

Mailing Information:

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX # 4165
TUSTIN, CA 92781-4165

Claim Number: TWCI-2652
Claimant:
Date of Loss: 03/25/2012

PAID APR 30 2015

Check Number: 1672636
Check Date: 04/28/2015
Check Amount: $250.00
Type of Payment:
EP 61 - MISC. ALL OTHER

Location: 2208 Accurate Metal Solutions 2100 E Orangewood of Accurate Metal Fabricators Inc

For Period: 09/09/2014 to 03/03/2015
InvoiceNo: 63373
IRS #: 33-0956713
Handling Office: 705-Los Angeles, Roseville, CA

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

WARNING: AN ARTIFICIAL WATERMARK IN A CRISSCROSS PATTERN IS PRESENT ON THE REVERSE SIDE. HOLD AT AN ANGLE TO VIEW. • PAPER WILL TURN BROWN IF CHEMICALLY ALTERED. • FLUORESCENT FIBERS ARE ALSO EMBEDDED INTO THIS DOCUMENT

YORK
P.O BOX 5245
PARSIPPANY, NJ 07801 (973) 541-1330

ON BEHALF OF
4739 Tower Castlepoint NSM Insurex

PAY TO THE ORDER OF
TWO HUNDRED FIFTY AND 0/100

JOYCE ALTMAN INTERPRETERS, INC.
Mail to: P.O. BOX # 4165
TUSTIN, CA 92781-4165

WELLS FARGO BANK, N.A.
190 RIVER ROAD, NJ3179
SUMMIT, NJ 07901-1444
55-2/212

NOT VALID AFTER SIX MONTHS

CLAIM NUMBER
TWCI-2652

DATE 04/28/2015
CHECK NO. 1672636

AMOUNT
***$250.00

Richard Talbot

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER $25,000.00.

⑈1672636⑈ ⑆121000248⑆ 2000013486965⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/19/15 64041

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 6/16/76
Terms : 45 days
Claim #(s):
AMWC-0134

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W.C. DEPARTMENT
ATTN: AMY BIBICOFF
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs SERVICE CONNECTION CORP
Date Of Injury: 5/28/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/05/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/16/14	PMT BY CHECK	DOS 11/5/14* # 1597936	-156.50
02/03/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/17/15	PMT BY CHECK	DOS 2/3/15* # 1647497	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, **Depo Transcript and any and all documentary evidence to be utilized in** an attempt to defeat this lien.

INSURANCE FRAUD IS A CRIME AND IS PUNISHABLE BY LAW

Mailing Information:

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX # 4165
TUSTIN, CA 92781-4165

Claim Number: AMWC-0134
Claimant:
Date of Loss: 05/28/2014

Check Number: 1647497
Check Date: 03/17/2015
Check Amount: $250.00
Type of Payment:
EP 61 - MISC. ALL OTHER

PAID MAR 19 2015

Location: 404 Service Connection Corp. 4540 Campus Dr #113 of Security National

For Period: 02/03/2015 to 02/03/2015
InvoiceNo: 64041
IRS #: 33-0956713
Handling Office: 705-Los Angeles, Roseville, CA

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

WARNING: AN ARTIFICIAL WATERMARK IN A CRISSCROSS PATTERN IS PRESENT ON THE REVERSE SIDE. HOLD AT AN ANGLE TO VIEW. • PAPER WILL TURN BROWN IF CHEMICALLY ALTERED • FLUORESCENT FIBERS ARE ALSO EMBEDDED INTO THIS DOCUMENT

YORK
P.O BOX 5245
PARSIPPANY, NJ 07801 (973) 541-1330

WELLS FARGO BANK, N.A.
190 RIVER ROAD, NJ3179
SUMMIT, NJ 07901-1444
55-2/212

NOT VALID AFTER SIX MONTHS

CLAIM NUMBER
AMWC-0134

DATE 03/17/2015
CHECK NO. 1647497

AMOUNT
***$250.00

ON BEHALF OF
6641 AmTrust Tangram WC

PAY
TWO HUNDRED FIFTY AND 0/100

TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS, INC.
Mail to: P.O. BOX # 4165
TUSTIN, CA 92781-4165

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER $25,000.00.

⑈1647497⑈ ⑆121000248⑆ 2000013486965⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/29/15 64546

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 1/13/56
Terms : 45 days
Claim #(s):
33058727

BILL TO:
BERKSHIRE/ACCA (SAN FRANCISCO)
W.C. DEPARTMENT
ATTN: LESLIE ROMINIE
P.O. BOX # 881716
SAN FRANCISCO, CA 94188

Case: /s SF APPAREL
Date Of Injury: CT 8/1/13 - 10/17/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/23/14	LEGAL_PREP	DEPO PREP @ L/O SINGER & BENJUMEA	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/22/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/24/15	PMT BY CHECK	DOS 12/24/14* # 442361	-156.50
03/13/15	PMT BY CHECK	DOS 1/22/15* # 0449709	-250.00
04/27/15	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/05/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI (VOL-II)	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/29/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI (VOL. II)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/07/15	PMT BY CHECK	DOS 12/23/14-6/5/15* # 0000849503 ICW	-313.00
07/22/15	PMT BY CHECK	DOS 06/29/15-06/29/15 * # 0001007173 ICW	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election **letter, Depo Transcript and any and all documentary evidence to be utilized in** an attempt to defeat this lien.

Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 07/22/2015
Check Number: 0001007173
Check Amount: $250.00

CPZ926

Sign up today for Electronic Funds Transfer (EFT). ICW Group now uses JopariPay to speed payments directly to your bank account. Visit icw.jopari.net and sign up by entering your registration code, CPZ926

00018 JOP1ZS01 1Z 6300017035-6300799723

JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN, CA 92781-1460

Payment Summary

Claim #	Claimant	Date of Injury	Invoice	Payment Type	Begin	End	Payment Amount
1010-14-11503		08/31/2014	66281 (645643)		06/29/2015	06/29/2015	$250.00

Cat	SubPC	Stub Notes	Stub Amount
43		DEPO REVIEW	$250.00
			$250.00

PAID JUL 28 2015

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/28/15 63277

EAMS#(s):

SS # : XXX-XX-
DOB : 2/27/54
Terms : 45 days
Claim #(s):
30130863458-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W. C. DEPARTMENT
ATTN: VERA ORELLANO
P.O. BOX # 14421
LEXINGTON, KY 40512

Case: .s HILTON WORLDWIDE INC
Date Of Injury: 7/23/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/02/14	INITIAL EXAM	DR ATAMIAN @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
07/11/14	INITIAL EXAM	DR MIRZABEIGI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
08/06/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	PATRICIA SANCHEZ # 301554	0.00
12/03/14	PMT BY CHECK	DOS 7/2/14-8/6/14* # 0054842395	-640.00
10/27/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/05/15	PMT BY CHECK	DOS 7/2/14-10/27/14* # 0056323211	-180.00
03/12/15	FOLLOW-UP	W/ ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/04/15	PMT BY CHECK	DOS 3/12/15 # 005696608	-180.00
04/10/15	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/18/14	INITIAL EXAM	DR MASSIHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
06/18/15	PMT BY CHECK	DOS 4/10/15* # 0058793688	-180.00
01/23/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE* (P.M.)	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
01/23/15	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE* (A.M.)	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
07/08/15	PMT BY CHECK	DOS 4/10/15* # 0058796238	-230.00
02/05/15	INITIAL EXAM	ACUPUNCTURE W/KIM @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/28/15 63277

EAMS#(s):

SS # : XXX-XX
DOB : 2/27/54
Terms : 45 days
Claim #(s):
30130863458-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W. C. DEPARTMENT
ATTN: VERA ORELLANO
P.O. BOX # 14421
LEXINGTON, KY 40512

Case: vs HILTON WORLDWIDE INC
Date Of Injury: /23/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/22/15	P AND S	DR ATAMIAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
07/21/15	PMT BY CHECK	DOS 1/23/15* # 0058798353	-180.00
08/05/15	PMT BY CHECK	DOS 04/10/15-04/10/15* # 0058800096	-410.00
06/18/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
07/23/15	P AND S	DR MASSIHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
09/15/15	PMT BY CHECK	DOS 05/22/15-06/18/15* # 0059578072	-410.00
09/24/15	PMT BY CHECK	DOS 7/23/15* # 0061809128	-230.00

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.

Pn9050280006

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

201509241616

Electronic Service Requested

SINGLE PIECE

3 1.2288 SP 0.705

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781-4165

1 OF 6 F

ENV 3

DATE	CHECK AMT	CHECK NO.
09/24/2015	230.00	0061809128

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services, Inc	1 of 1

Claimant Name	Loss Date	Claim Number
(	07/23/2013	30130863458-0001

Amt Paid: 230.00 Description: Miscellaneous Medical
Amt Billed: 230.00 Invoice:
Dates: 07/23/2015-07/23/2015 Comment:
ICN: 125603927.6

63277

PAID SEP 28 2015

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/20/15 64523

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5151
D.O.B. : 5/3/72
Terms : 45 days
Claim #(s):
MEWC-0126

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W.C. DEPARTMENT
ATTN: DAN CONLEY
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: [redacted] vs FUJI FOOD PRODUCTS
Date Of Injury: 4/21/14

DOS	SERVICE	DESCRIPTION	AMOUNT
01/05/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/30/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/18/15	PMT BY CHECK	DOS 1/5/15-4/30/15* # 61850	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, **MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election** letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Mailing Information:

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN, CA 92781-4165

Claim Number : MEWC-0126
Claimant :
Date of Loss : 04/21/2014
Check Number : 61850
Check Date : 05/18/2015
Check Amount : $406.50
Type of Payment :
EP 108 - DEPOSITION COSTS

Location : 63 Fuji Food Products 14420 Bloomfield Avenue of Fuji Food Products, Inc.
For Period : 01/05/2015 to 04/30/2015
InvoiceNo : 64523
IRS # : 33-0956713
Handling Office : 703-Riverside, Roseville, CA

RECEIVED MAY 20 2015

WARNING: AN ARTIFICIAL WATERMARK IN A CRISSCROSS PATTERN IS PRESENT ON THE REVERSE SIDE. HOLD AT AN ANGLE TO VIEW. • FADE OR SIDE TURN BROWN IF CHEMICALLY ALTERED. • FLUORESCENT FIBERS ARE ALSO EMBEDDED INTO THIS DOCUMENT.

York Risk Services Group, Inc.
on behalf of Starr Indemnity & Liability Insurance Company-4091/E
99 Cherry Hill Rd
Parsippany, NJ 07054

Wells Fargo Bank, N.A.
190 River Road
Summit, NJ 07901-1444
55-2/212

REF. NUMBER
MEWC-0126

DATE
5/18/2015

CHECK NO
61850

PAY FOUR HUNDRED SIX AND 50/100

AMOUNT
***$406.50

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.
Mail to: P.O. BOX 4165
TUSTIN, CA 92781-4165

Two signatures required over $25,000.00

YORK RISK SERVICES GROUP, INC.

⑈006185⑈ ⑆122000248⑆ 2000038912⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/21/15 64534

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4446
D.O.B. : 11/10/53
Terms : 45 days
Claim #(s):
3142357008-001;3142853850

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W.C. DEPARTMENT
ATTN: KENDRA MCCASLIN
PO BOX # 14421
LEXINGTON, KY 40512-4421

Case: vs OFFICE DEPOT
Date Of Injury: 4/21/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/11/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/26/15	PMT BY CHECK	DOS 12/11/14* # 0051624812	-156.50
04/07/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/18/15	PMT BY CHECK	DOS 12/11/14-4/7/15* # 0052599894	-250.00

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.

P69050286006

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

Electronic Service Requested

2 OF 2

ENV 2389

SINGLE PIECE

2389 0.5738 SP 0.480

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781-4165

4

DATE	CHECK AMT	CHECK NO.
05/18/2015	250.00	0052599894

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
670 Sedgwick Claims Management Services, Inc	1 of 1

Claimant Name	Loss Date	Claim Number
	04/21/2014	30142853850-0001

Amt Paid: 250.00 Description:
Amt Billed: 250.00 Invoice: 64534
Dates: 12/11/2014-04/07/2015 Comment:

ICN: 301428538500001

RECEIVED MAY 21 2015

Questions about other Sedgwick CMS payments? Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/21/15	64848

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6086
D.O.B. : 8/13/67
Terms : 45 days
Claim #(s):
2080278044

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W.C. DEPARTMENT
ATTN: DENA WILLIAMS
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs THE BLAKELY COMPANY
Date Of Injury: 10/17/12

DOS	SERVICE	DESCRIPTION	AMOUNT
01/08/15	LEGAL_C&R	C&R READING @ L/O MICHELLE GAVRIEL	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/18/15	PMT BY CHECK	DOS 1/8/15* # 1100391690	-250.00

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.

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

00344

RECEIVED MAY 21 2015

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0278044 001 XS	WC 4376322	64898		10/17/12	01/08/15 ~~01/08/15~~
Check Number	1100391690	Date Issued	05/18/15	Amount	$*****250.00
Insured	The Blakely Company, Inc.				
Claimant					
Nature of Payment	MEDICAL-LEGAL COSTS				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Munna CG-Noorbai				
File Supervisor	Dena Williams	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC WAGE LOSS & DISABILITY	250.00		
TOTAL	$250.00		

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#
05/22/15 64933

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 12/27/68
Terms : 45 days
Claim #(s):
30142524963

BILL TO:
SEDGWICK CLAIMS (LEX-14573)
W.C. DEPARTMENT
ATTN: RENEE HAMMACK
P.O. BOX 14573
LEXINGTON, KY 40512

Case: [redacted] vs UNCLE LEE'S TEA
Date Of Injury: 6/6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/12/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/18/15	PMT BY CHECK	DOS 2/12/15* # 0000132073	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, **MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election** letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Sedgwick Claims Management Services, Inc
PO Box 14779
Lexington, KY 40512

DATE	CHECK AMT	CHECK NO.
05/18/2015	250.00	0000132073

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
523 Sedgwick Claims Management Services	001

*001206 0000132073 00001 OF 00001 OAM 150518 1121

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

Claimant Name	Loss Date	Claim Number	SSN
[redacted]	06/06/2014	30142524963-0001	

Amt Paid: 250.00
Amt Billed: 250.00
Dates: 02/12/2015 - 02/12/2015
Description:
Invoice: 64933
Comment:
ICN: 301425249630001

RECEIVED MAY 22 2015

Questions about other Sedgwick CMS payments? Visit Sedgwick.com. Point to Technology and click viaOne.
Under the left-hand viaOne menu, click for providers. Click the "Click here" link.

E1991.FRM (02-28-01)

[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	64879

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5796
D.O.B. : 3/30/76
Terms : 45 days
Claim #(s):
WC0000087804

BILL TO:
TOKIO MARINE MGMT (NY-4507)
W.C. DEPARTMENT
ATTN: JAMES LIN
P.O. BOX 4507
NEW YORK, NY 10017

Case: _____ vs CROWN POLY
Date Of Injury: 2/15/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/30/15	LEGAL_PREP	DEPO PREP @ L/O TOBIN LUCKS	156.50
/ /	INTERPRETER:	MAYRA MAZARIEGOS # 100813	0.00
03/02/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PARICIA HAYES # 100761	0.00
05/19/15	PMT BY CHECK	DOS 1/30/15-3/2/15*' # 800121376	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Trans Pacific Insurance Company
CLAIMS ACCOUNT
New York, NY 10169

UNION BANK
445 S. Figueroa Street, Los Angeles, CA 90071-1602

Claim Number 210WC0000087804 Policy Number 06406398

16-49-6 / 1220

CONTROL NO. cc2480560

CHECK NO. 800121376

Four hundred and six and and 50/100 Dollars

$ *********$406.50

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

RECEIVED MAY 26 2015

Date of Issue 05/19/2015
Date of Loss 02/15/2013

FOR: 64879

Insured/Claimant
CROWN POLY. INC.

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

⑈800121376⑈ ⑆122000496⑆ 00139147 23⑈

Trans Pacific Insurance Company
230 Park Avenue
New York, NY 10169

CHECK NO. 800121376

FROM 01/30/2015 TO 03/02/2015
Claim WC0000087804

Payment explanations may be mailed to you separately.

MAIL TO
Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

AGENT
USI OF SOUTHERN CALIFORNIA
INSURANCE SE
21600 OXNARD STREET
WOODLAND, CA 91367

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/20/15	64140

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 8/8/80
Terms : 45 days
Claim #(s):
14-074073

BILL TO:
INTERCARE INS (PASADENA)
W.C. DEPARTMENT
ATTN: DOLORES RIDER
P.O. BOX # 7111
PASADENA, CA 91109

Case: vs B & B PLASTIC RECYCLING
Date Of Injury: 1/31/13

DOS	SERVICE	DESCRIPTION	AMOUNT
09/08/14	INITIAL EXAM	W/ACUPUNCTURIST PETER HUANG @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/16/14	PR2-RE/EVAL	DR JOHNSON/J. TRUJILLO, PA @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/12/14	PR2-RE/EVAL	W/ACUPUNCT P. HUANG @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/15/14	PR2-RE/EVAL	W/ACUPUNCT P. HUANG @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/17/14	PR2-RE/EVAL	W/ACUPUNCT P. HUANG*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/19/14	PR2-RE/EVAL	W/ACUPUNCT P. HUANG @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/22/14	PR2-RE/EVAL	W/ACUPUNCT P. HUANG @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/24/14	PR2-RE/EVAL	W/ACUPUNCT HUANG @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/26/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINO @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/01/14	PR2-RE/EVAL	W/ACUPUNCT J. BERTOLINI*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/08/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/10/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINO*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
10/22/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/14/14	**PR2-RE/EVAL**	**W/ACUPUNCT BERTOLINO @ SIDHU***	**180.00**
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/20/15 64140

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 8/8/80
Terms : 45 days
Claim #(s):
14-074073

BILL TO:
INTERCARE INS (PASADENA)
W.C. DEPARTMENT
ATTN: DOLORES RIDER
P.O. BOX # 7111
PASADENA, CA 91109

Case: ____ vs B & B PLASTIC RECYCLING
Date Of Injury: 1/31/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/13/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/17/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/20/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/24/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/27/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/29/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/31/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/03/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/04/14	PR2/REEVAL	DR D.JOHNSON/ TRUJILLO, P.A.@ SIDHU CHIRO (2H 45M)	247.50
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/07/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/10/14	PR2/REEVAL	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/12/14	PR2-RE/EVAL	W/ACUPUNCT BERTOLINO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/06/15	PMT BY CHECK	DOS 9/8/14-10/29/14* # 3074213	-3650.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/20/15 64140

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 8/8/80
Terms : 45 days
Claim #(s):
14-074073

BILL TO:
INTERCARE INS (PASADENA)
W.C. DEPARTMENT
ATTN: DOLORES RIDER
P.O. BOX # 7111
PASADENA, CA 91109

Case: vs B & B PLASTIC RECYCLING
Date Of Injury: 1/31/13

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 1147.50

* 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.

PR5280280002

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

201503090141

Electronic Service Requested

3-DIGIT 926
20632 0.3820 AT 0.403

Joyce Altman Interpeters
PO BOX 4165
TUSTIN, CA 92781-4165

202

Payee:	Joyce Altman Interpeters
Company Name:	Companion Property and Casualty Insu
Facility:	B & B Plastic Recycling, Inc.
Policy ID:	WG-CC-WC-0000052-01
IRS/SSN:	XXXXX6713
Administrator:	DSTRIETER
Claim Number:	14-074073
Check #:	3074213
Check Total:	3,650.00
Check Date:	03/06/2015

ENV 20632 1 OF 1

Explanation of Benefits

Incident Date	Claim Number / Invoice Number	Account Number / From/Through Date	Claimant Name / Document Number	Description / Amount
1/31/2014	14-074073 #64140	09/08/14-10/29/14		Interpreter Fees - Medical Rel 3,650.00
				Totals: 3,650.00

PAID MAR 16 2015

[redacted]

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/16/15	62369

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 6/11/87
Terms : 45 days
Claim #(s):
002979-040243-WC-01

BILL TO:
GALLAGHER BASSETT (CALABASAS)
W.C. DEPARTMENT
ATTN: ROSA SCHAFFER
P.O. BOX # 9875
CALABASAS, CA 91372

Case: [redacted] vs FORCE FRAMING
Date Of Injury: 6/13/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/05/14	INITIAL EXAM	DR SCHEEL @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
06/02/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
06/23/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
07/15/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
07/18/14	INITIAL EXAM	DR JARCHI @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
08/20/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/22/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/03/15	PMT BY CHECK	DOS 5/5/14-10/22/14* # 0116772954	-1360.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, **Depo Transcript and any and all documentary evidence to be utilized in** an attempt to defeat this lien.

GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372-0875

002979 PAGE 1 OF 1 003809

PAID Mar 10 2015

MDG2009 00004814 1 MB 0435 1

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS OF PA

DIRECT CHECK INQUIRIES TO:
PHONE: 818-746-9925
GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372-0875

CLAIM NO.: 002979 040243 WC 01 (1W9682001)
CLAIMANT:
DESCRIPTION: INV # 62369

DATES OF SERVICE: 05May14 **THRU** 22Oct14
BENEFIT PERIOD: **THRU**

BRANCH NO.: 165
ACC DATE: 13Jun13

NO.: 0116772954
VN: 0001732123
DATE: 03Mar15
AMOUNT: 1360.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004814 005474 001 002

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/17/15 64458

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 11/4/54
Terms : 45 days
Claim #(s):
C494C3699377

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W.C. DEPARTMENT
ATTN: OSIRIS ESTRADA
P.O. BOX 6569
SCRANTON, PA 18505

Case: vs VALLEYCREST COMPANIES
Date Of Injury: 12/3/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/08/14	ADMISSION	DR WILKER @ MONROVIA HOSP*	180.00
/ /	INTERPRETER:	DIANA CHUY DEL OLMO # 301577	0.00
10/09/14	SURGERY	DR WILKER: NECK @ MONROVIA HOSP (5 HRS)	450.00
/ /	INTERPRETER:	JOSE LUGO # 5000049 (6AM - 11AM)	0.00
03/11/15	PMT BY CHECK	DOS 10/8/14-10/9/14* # DA73713710	-630.00

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-001429-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 03/11/15

CHECK NO. **DA73713710**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 00151 DA73713710
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C3699377

DOLLARS
$********630.00

* NOT NEGOTIABLE *

FOR
10/08/14 THRU 10/09/14 64458

CLAIMANT

DATE OF EVENT
12/03/13

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 [illegible] 2015

PAID [illegible] 15

PDWLDMCD-001429-01-01-00

BOA18B (078/2009)

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#
03/18/15 63080

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 12/8/69
Terms : 45 days
Claim #(s):
2013193970

BILL TO:
EMPLOYERS (NEVADA)
W.C. DEPARTMENT
ATTN: SONIA SENANI
P.O. BOX # 539004
HENDERSON, NV 89053-9004

Case: vs SCREEN WORKS
Date Of Injury: 3/4/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/11/14	INITIAL EXAM	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT (IPM)*	230.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/14/14	PR2/REEVAL	DR ROSARIO @ IPM (3 HRS)	270.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/15/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
11/19/14	PMT BY CHECK	DOS 6/11/14-8/15/14* # 260309740	-380.00
09/12/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/08/14	PMT BY CHECK	DOS 9/12/14* # 260320076	-180.00
12/12/14	PMT BY CHECK	DOS 6/11/14-8/15/14* # 260323429	-300.00
10/31/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
03/16/15	PMT BY CHECK	DOS 10/31/14* # 260374897	-180.00

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.

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: 260374897
Check Date: 03/16/2015

Claim Number: 2013193970
Injured Employee:

Payment Description: Medical Interpreter
Billed Date: 03/03/2015
Service Period: 10/31/2014 through 10/31/2014
Invoice Number: 63080
Billed Amount: $180.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $180.00

Check Total: **$180.00**

PAID MAR 18 2015

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/17/15 63080

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/8/69
Terms : 45 days
Claim #(s):
2013193970

BILL TO:
EMPLOYERS (NEVADA)
W.C. DEPARTMENT
ATTN: SONIA SENANI
P.O. BOX # 539004
HENDERSON, NV 89053-9004

Case: vs SCREEN WORKS
Date Of Injury: 3/4/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/11/14	INITIAL EXAM	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT (IPM)*	230.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/14/14	PR2/REEVAL	DR ROSARIO @ IPM (3 HRS)	270.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/15/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
11/19/14	PMT BY CHECK	DOS 6/11/14-8/15/14* # 260309740	-380.00
09/12/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/08/14	PMT BY CHECK	DOS 9/12/14* # 260320076	-180.00
12/12/14	PMT BY CHECK	DOS 6/11/14-8/15/14* # 260323429	-300.00
10/31/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
03/16/15	PMT BY CHECK	DOS 10/31/14* # 260374897	-180.00
12/01/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
01/06/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
04/13/15	PMT BY CHECK	DOS 12/1/14* # 260389737	-180.00
04/15/15	PMT BY CHECK	DOS 1/6/15* # 260390678	-180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/17/15	63080

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4568
D.O.B. : 12/8/69
Terms : 45 days
Claim #(s):
2013193970

BILL TO:
EMPLOYERS (NEVADA)
W.C. DEPARTMENT
ATTN: SONIA SENANI
P.O. BOX # 539004
HENDERSON, NV 89053-9004

Case: vs SCREEN WORKS
Date Of Injury: 3/4/13

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.

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: 260390678
Check Date: 04/15/2015

Claim Number: 2013193970
Injured Employee:

Payment Description: Medical Interpreter
Billed Date: 04/06/2015
Service Period: 01/06/2015 through 01/06/2015
Invoice Number: 63080
Billed Amount: $180.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $180.00

Check Total: **$180.00**

PAID APR 17 2015

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/18/15 63881

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 5/1/57
Terms : 45 days
Claim #(s):
C494C3918123

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W.C. DEPARTMENT
ATTN: ORIT HARRINGTOIN
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs SELECT STAFFING
Date Of Injury: 5/13/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/22/14	INITIAL EXAM	DR RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALACON # 100802	0.00
08/29/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ AMERI CHIRO* INTL	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/09/14	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/28/14	PR2-RE/EVAL	W/ACUPUNCT A. LEE @ AMERI*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/13/15	PMT BY CHECK	DOS 8/22/14-10/28/14* # DA73729510	-740.00

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-001218-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 03/13/15

CHECK NO. **DA73729510**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 00013 DA73729510
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C3918123

DOLLARS
$********740.00

*** NOT NEGOTIABLE ***

FOR
08/22/14 THRU 10/28/14 63881

CLAIMANT

DATE OF EVENT
05/13/14

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 MAR 18 2015

PDWLDMCD-001218-01-01-00

BOA18B (078/2009)

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#
03/19/15 63373

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 3/16/65
Terms : 45 days
Claim #(s):
TWCI-0146; TWCI-2651; TWC

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W.C. DEPARTMENT
ATTN: LAURIE PHILIPS
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs ACCURATE METAL SOLUTIONS
Date Of Injury: 3/7/11; 6/24/12-3/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/09/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIO VALDEZ # 301322	0.00
09/30/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/24/14	PMT BY CHECK	DOS 9/9/14* # 1564879	-156.50
11/11/14	PMT BY CHECK	DOS 9/9/14-10/24/14* # 1572946	-250.00
11/17/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL. II	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/20/15	PMT BY CHECK	DOS 11/17/14* # 1618174	-156.50
01/12/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL. II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/27/15	LEGAL_WCAB	PRE-CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
03/17/15	PMT BY CHECK	DOS 9/9/14-1/27/15* # 1647807	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

INSURANCE FRAUD IS A CRIME AND IS PUNISHABLE BY LAW

Mailing Information:

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX # 4165
TUSTIN, CA 92781-4165

Claim Number: TWCI-2652
Claimant:
Date of Loss: 03/25/2012

Check Number: 1647807
Check Date: 03/17/2015
Check Amount: $406.50
Type of Payment:
EP 61 - MISC. ALL OTHER

PAID MAR 10 2015

Location: 2208 Accurate Metal Solutions 2100 E Orangewood of Accurate Metal Fabricators Inc

For Period: 09/09/2014 to 01/27/2015
InvoiceNo: 63373
IRS #: 33-0956713
Handling Office: 705-Los Angeles, Roseville, CA

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

ARNING: AN ARTIFICIAL WATERMARK IN A CRISSCROSS PATTERN IS PRESENT ON THE REVERSE SIDE. HOLD AT AN ANGLE TO VIEW. • PAPER WILL TURN BROWN IF CHEMICALLY ALTERED. • FLUORESCENT FIBERS ARE ALSO EMBEDDED INTO THIS DOCUMENT

NOT VALID AFTER SIX MONTHS

YORK
P.O BOX 5245
PARSIPPANY, NJ 07801 (973) 541-1330

WELLS FARGO BANK, N.A.
190 RIVER ROAD, NJ3179
SUMMIT, NJ 07901-1444
55-2/212

CLAIM NUMBER
TWCI-2652

DATE 03/17/2015
CHECK NO. 1647807

AMOUNT
***$406.50

ON BEHALF OF
4739 Tower Castlepoint NSM Insurex

PAY
FOUR HUNDRED SIX AND 50/100

TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS, INC.
Mail to: P.O. BOX # 4165
TUSTIN, CA 92781-4165

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER $25,000.00.

York Risk Services Group, Inc.

⑈1647807⑈ ⑆121000248⑆ 20000134869651⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/05/15 62369

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 6/11/87
Terms : 45 days
Claim #(s):
002979-040243-WC-01

BILL TO:
GALLAGHER BASSETT (CALABASAS)
W.C. DEPARTMENT
ATTN: ROSA SCHAFFER
P.O. BOX # 9875
CALABASAS, CA 91372

Case: vs FORCE FRAMING
Date Of Injury: 6/13/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/05/14	INITIAL EXAM	DR SCHEEL @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
06/02/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
06/23/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
07/15/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
07/18/14	INITIAL EXAM	DR JARCHI @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
08/20/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/22/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/03/15	PMT BY CHECK	DOS 5/5/14-10/22/14* # 0116772954	-1360.00
01/12/15	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
02/05/15	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
07/24/15	PMT BY CHECK	DOS 01/12/15-01/12/15* # 0120477375	-180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/05/15	62369

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX 7
D.O.B. : 6/11/87
Terms : 45 days
Claim #(s):
002979-040243-WC-01

BILL TO:
GALLAGHER BASSETT (CALABASAS)
W.C. DEPARTMENT
ATTN: ROSA SCHAFFER
P.O. BOX # 9875
CALABASAS, CA 91372

Case: vs FORCE FRAMING
Date Of Injury: 6/13/13

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 180.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372-0875

002979 PAGE 1 OF 1 005718

MR

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS OF PA

DIRECT CHECK INQUIRIES TO:
PHONE: 818-746-9925
GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372-0875

**

CLAIM NO.: 002979 040243 WC 01 (1W9682001)
CLAIMANT:
DESCRIPTION: INVOICE # 62369
DATES OF SERVICE: 12Jan15 THRU 12Jan15
BENEFIT PERIOD: THRU

BRANCH NO.: 165
ACC DATE: 13Jun13

NO.: 0120477375
VN: 0001904936
DATE: 24Jul15
AMOUNT: 180.00

PAID
AUG 07 2015

BY:

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0008045 008947 002 002

[redacted]

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/15/15	63080

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/8/69
Terms : 45 days
Claim #(s):
2013193970

BILL TO:
EMPLOYERS (NEVADA)
W.C. DEPARTMENT
ATTN: SONIA SENANI
P.O. BOX # 539004
HENDERSON, NV 89053-9004

Case: vs SCREEN WORKS
Date Of Injury: 3/4/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/11/14	INITIAL EXAM	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT (IPM)*	230.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/14/14	PR2/REEVAL	DR ROSARIO @ IPM (3 HRS)	270.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/15/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
11/19/14	PMT BY CHECK	DOS 6/11/14-8/15/14* # 260309740	-380.00
09/12/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/08/14	PMT BY CHECK	DOS 9/12/14* # 260320076	-180.00
12/12/14	PMT BY CHECK	DOS 6/11/14-8/15/14* # 260323429	-300.00
10/31/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
03/16/15	PMT BY CHECK	DOS 10/31/14* # 260374897	-180.00
12/01/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
01/06/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
04/13/15	PMT BY CHECK	DOS 12/1/14* # 260389737	-180.00
04/15/15	PMT BY CHECK	DOS 1/6/15* # 260390678	-180.00
04/01/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
03/03/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIES # 101192	0.00
06/05/15	PMT BY CHECK	DOS 4/1/15* # 260418791	-180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/15/15	63080

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/8/69
Terms : 45 days
Claim #(s):
2013193970

BILL TO:
EMPLOYERS (NEVADA)
W.C. DEPARTMENT
ATTN: SONIA SENANI
P.O. BOX # 539004
HENDERSON, NV 89053-9004

Case: vs SCREEN WORKS
Date Of Injury: 3/4/13

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 180.00

* 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: 260418791
Check Date: 06/04/2015

Claim Number: 2013193970
Injured Employee:

Payment Description: Medical Interpreter
Billed Date: 05/21/2015
Service Period: 04/01/2015 through 04/01/2015
Invoice Number: 63080
Billed Amount: $180.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $180.00

Claim Number: 2013224419
Injured Employee: I

Payment Description: Medical Interpreter
Billed Date: 08/20/2014
Service Period: 02/14/2014 through 05/22/2015
Invoice Number: 61029
Billed Amount: $1,540.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $1,540.00

Check Total: **$1,720.00**

PAID JUN 0 7 2015

[redacted]

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/18/15 63258

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1307
D.O.B. : 9/25/86
Terms : 45 days
Claim #(s):
EYJ9024

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W.C. DEPARTMENT
ATTN: AUGUSTINE LEE
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs CEMCO/CALIF EXPANDED METAL CO.
Date Of Injury: 5/9/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/08/14	INITIAL EXAM	DR ZARGARAFF @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
07/16/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR RODRIGUEZ @ AMERI*	150.00
/ /	INTERPRETER:	MARIA SALINAS # 100942 INITIAL	0.00
08/20/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	PATRICIA HERNANDEZ # 301690	0.00
09/12/14	PR2-RE/EVAL	W/ACUPUNCT A. LEE @ AMERI*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/05/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 1001159	0.00
11/19/14	F/U CHIRO TX	CHIRO TREATMENT W/DR KHAN @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/12/15	PMT BY CHECK	DOS 7/8/14-11/19/14* # 85995843	-1010.00

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.

019328

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA09611

896D 85995843

TRAVELERS

DATE: 05/12/15
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

Our Customer Service Phone is 1-800-258-3710 .
Please contact us if you have any questions.

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
[redacted]	152 CB QBU8551K	11/17/14 - 03/19/15	$ 510.00		61400
	152 CB EYJ9024A	07/08/14 - 11/19/14	$ 1,010.00		63250

RECEIVED MAY 18 2015

Total Amount Paid $*****1520.00

12009717
DETACH CHECK

SUMM-SUM2-021506

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 85995843

62-20
311

VOID

DATE	ACCOUNT NUMBER	TIN NUMBER	FILE NUMBER
05/12/15	J99	330956713	SUMMARIZED

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

ONE THOUSAND FIVE HUNDRED TWENTY AND 00/100 ---------- **PAY: $*****1520.00**

VOID

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

019328
SA09611

VOID

Maria Olivo
AUTHORIZED SIGNATURE

⑈85995843⑈ ⑆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#
05/04/15 65160

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7981
D.O.B. : 1/24/55
Terms : 45 days
Claim #(s):
2013218613

BILL TO:
EMPLOYERS (NEVADA)
W.C. DEPARTMENT
ATTN: GLORIA VALERIO
P.O. BOX # 539004
HENDERSON, NV 89053-9004

Case: vs BEST WESTERN HOTEL
Date Of Injury: 12/5/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/26/15	SURGERY	DR PHILLIPS: R/SHOULDER @ MONROVIA HOSPTIAL	742.50
/ /	INTERPRETER:	PATY PAREDES NAVA # 101026 (8H 15M)	0.00
04/29/15	PMT BY CHECK	DOS 2/26/15* # 260398259	-742.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

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: 260398259
Check Date: 04/29/2015

Claim Number: 2013218613
Injured Employee:

Payment Description: Medical Interpreter
Billed Date: 04/15/2015
Service Period: 02/26/2015 through 02/26/2015
Invoice Number: 65160
Billed Amount: $742.50
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $742.50

Claim Number: 80700151161
Injured Employee:

Payment Description: Medical Interpreter
Billed Date: 04/17/2015
Service Period: 11/18/2014 through 11/18/2014
Invoice Number: 62559
Billed Amount: $180.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $180.00

Check Total: **$922.50**

PAID MAY 04 2015

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/30/15	65066

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8142
D.O.B. : 3/12/91
Terms : 45 days
Claim #(s):
2013212079

BILL TO:
EMPLOYERS (NEVADA)
W.C. DEPARTMENT
ATTN: JASON RAWLS
P.O. BOX # 539004
HENDERSON, NV 89053-9004

Case: [redacted] vs SANG G. PARK dba 99 CENTS BARG
Date Of Injury: 9/8/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/17/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/28/15	PMT BY CHECK	DOS 3/17/15* # 260397241	-250.00

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.

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: 260397241
Check Date: 04/28/2015

Claim Number: 2013212079
Injured Employee:

Payment Description: Interpreter
Billed Date: 04/14/2015
Service Period: 03/17/2015 through 03/17/2015
Invoice Number: 65066
Billed Amount: $250.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $250.00

Claim Number: 2014236082
Injured Employee:

Payment Description: Interpreter
Billed Date: 04/14/2015
Service Period: 03/18/2015 through 03/18/2015
Invoice Number: 65104
Billed Amount: $125.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $125.00

Check Total: **$375.00**

PAID APR 30 2015

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/25/15	63986

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4769
D.O.B. : 7/23/73
Terms : 45 days
Claim #(s):
624-112-0312658

BILL TO:
CARE WEST CLAIMS MGMT. (MODES)
W.C. DEPARTMENT
ATTN: PATTY REALI
P.O. BOX # 5038
MODESTO, CA 95352

Case: [redacted] vs GORDON LABORATORIES
Date Of Injury: 5/31/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/24/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/11/14	PMT BY CHECK	DOS 10/24/14* # 0628569	-156.50
12/15/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/26/15	PMT BY CHECK	DOS 12/15/14-12/15/14 =# 0632537	-250.00
11/07/14	EPIDURAL	PAIN MGMT W/ DR PAQUETTE @ MONROVIA HOSP*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/19/15	PMT BY CHECK	DOS 11/7/14* # 0638515	-150.00

BALANCE 0.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

CareWest
INSURANCE COMPANY
Safety has its Rewards

P.O. BOX 5038
MODESTO, CA 95352
1-877-625-6566

UNION BANK OF CALIFORNIA

Date: 3/19/15 NO. **0638515**

11-49
1210

CLAIM NUMBER	DATE OF INJURY	EMPLOYEE	PAYEE IRS NUMBER
624-112-0312658	5/31/13		XXXXX6713

$150.00

VOID AFTER 90 DAYS

PAY ONE HUNDRED FIFTY AND 00/100 DOLLARS

To The Order Of

Joyce Altman Interpreters Inc
P.O. BOX 4165
TUSTIN, CA 92781-4165

HEAT SENSITIVE RUB AREA TO VERIFY

⑈0638515⑈ ⑆121000497⑆ 4190000295⑈

Please Cash or Deposit the above check as soon as possible and retain this portion for your records

Care West Insurance Company
P O Box 2710
Rocklin CA 95677

PAID MAR 25 2015

PAYEE...: Joyce Altman Interpreters Inc
P.O. BOX 4165
TUSTIN, CA 92781-4165

TAX ID#.: XXXXX6713
EMPLOYER: 1428 GORDON LABORATORIES, INC.
CLAIM #.: 777-624-112-0312658 CLAIMANT:
D/A.....: 5/31/13 Examiner : PR1 Patty Reali

CHECK#.....: 638515 PMT VAL 1.....: M3 INTERPRETER AT MEDICAL EXAM
CHECK AMOUNT..: 150.00 RESERVE.....: ME MEDICAL
CHECK DATE....: 3/19/15 PAYMENT PERIOD: 11/07/14 - 11/07/14 /

REMARKS

63986

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/30/15	63986

Claim # : 624-112-0312658
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4769
D.O.B. : 7/23/73
Terms : 45 days

BILL TO:
CARE WEST CLAIMS MGMT. (MODES)
W.C. DEPARTMENT
ATTN: PATTY REALI
P.O. BOX # 5038
MODESTO, CA 95352

Case: [redacted] vs GORDON LABORATORIES
Date Of Injury: 5/31/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/24/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/11/14	PMT BY CHECK	DOS 10/24/14* # 0628569	-156.50
12/15/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/26/15	PMT BY CHECK	DOS 12/15/14-12/15/14 =# 0632537	-250.00

BALANCE 0.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

CareWest INSURANCE COMPANY

Safety has its Rewards

P.O. BOX 5038
MODESTO, CA 95352
1-877-625-6566

UNION BANK OF CALIFORNIA

Date: 1/26/15 NO. **0632537**

11-49
1210

CLAIM NUMBER	DATE OF INJURY	EMPLOYEE	PAYEE IRS NUMBER
624-112-0312658	5/31/13	Giles Brito, Claudia	XXXXX6713

$250.00

VOID AFTER 90 DAYS

PAY TWO HUNDRED FIFTY AND 00/100 DOLLARS

To The Order Of

Joyce Altman Interpreters Inc
P.O. BOX 4165
TUSTIN, CA 92781-4165

HEAT SENSITIVE RUB AREA TO VERIFY

⑈0632537⑈ ⑆121000497⑆ 4190000295⑈

Please Cash or Deposit the above check as soon as possible and retain this portion for your records

Care West Insurance Company
P O Box 2710
Rocklin CA 95677

PAYEE...: Joyce Altman Interpreters Inc
P.O. BOX 4165
TUSTIN, CA 92781-4165

TAX ID#.: XXXXX6713
EMPLOYER: 1428 GORDON LABORATORIES, INC.
CLAIM #.: 777-624-112-0312658 CLAIMANT:
D/A.....: 5/31/13 Examiner : PR1 Patty Reali

CHECK#.....: 632537 PMT VAL 1.....: E5 INTERPRETER FEES
CHECK AMOUNT..: 250.00 RESERVE.....: EX EXPENSE
CHECK DATE....: 1/26/15 PAYMENT PERIOD: 12/15/14 - 12/15/14 WEEKS/DAYS: 0 / 1

REMARKS

63986

PAID
JAN 30 2015

BY: .....

63986

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/29/15	61653

Claim # : 003938000937WC01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-2360
D.O.B. : 4/17/58
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (SACRAMENTO)
W.C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX # 4040
SACRAMENTO, CA 95812-4040

Case: [redacted] vs BARON HR
Date Of Injury: 5/14/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/27/14	SURGERY	DR WILKER: R/SHOULDER @ MONROVIA (5H 30M)	495.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/13/14	PMT BY CHECK	DOS 3/27/14* # 0111797285	-495.00
09/10/14	ADMISSION	DR WILKER @ MONROVIA MEDICAL HOSPITAL (3H 21M)	315.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/11/14	SURGERY	DR WILKER: CERVICAL @MONROVIA HOSPITAL (2H 25M)*	225.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/28/14	PMT BY CHECK	DOS 9/10/14* # 0115145411	-315.00
01/22/15	PMT BY CHECK	DOS 9/11/14* # 0115774642	-225.00

BALANCE 0.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

0102171 01 RE 0.432 **AUTO T8 0 1515 92781 -P02173

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID JAN 2 8

DIRECT INQUIRIES TO:

PHONE: 1-916-576-8200
GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

STAFF GUARD

CLAIM NO. 003938 000937 WC 01

CLAIMANT:

DESCRIPTION: INV # 61653

DATE OF SERVICE: 11-Sep-2014 TO 11-Sep-2014

BRANCH NO. 176

ACC. DATE 14-May-2012

CHECK NO. 0115774642

VN. 0000114137

DATE: 22-Jan-2015

PAYMENT AMOUNT: $225.00

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/30/15	62044

Claim # : UEF8641305
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 2/16/68
Terms : 45 days

BILL TO:
UEF (L.A.)
W.C. DEPARTMENT
ATTN: ELLEN GRAI
320 W. FOURTH ST., STE 690
LOS ANGELES, CA 90013

Case: _____ vs CONTINENTAL LOGISTIC
Date Of Injury: 9/29/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/14/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
07/23/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/15/14	PMT BY CHECK	DOS 5/14/14* # 61-383357 UEF	-156.50
01/26/15	PMT BY CHECK	DOS 7/23/14-7/23/14 =# 61-587081 UEF	-250.00

BALANCE 0.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

STATE OF CALIFORNIA

WARRANT NUMBER 61-587081

H THE TREASURER OF THE STATE WILL PAY OUT OF THE

FUND NO. 0571 FUND NAME UNINSURED EMPLOYERS BEN

IDENTIFICATION NO. A000158569 7350

MO. 01 DAY 26 YR. 2015

90-1342/1211

61587081

DOLLARS	CENTS
$*****250	00

FORM CD-[illegible] CONTROLLERS WARRANT

TO: 587081
--- JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

⑆121134230⑆ 61587081⑈

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

61-587081
M

ISSUE DATE: 01/26/2015
UNINSURED EMPLOYERS BENEFITS TRUST FUND
P.O. BOX 429397
SAN FRANCISCO, CA 94142-9397
TEL: (510) 286-7067

PAYEE NAME: JOYCE ALTMAN INTERPRETERS
CLAIM#: UEF8641305
CLAIMANT:
C/O:
FROM: 07-23-2014 THRU: 07-23-2014
INVOICE#: 62044
VENDORNO: 70000182[illegible]4-00

STUBNOTES ITEMS	GROSS AMOUNT
APPLICANT'S LIT/MED-LEGAL EXPENSE	250.00
IN FULL SATISFACTION OF LIEN	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
TOTAL AMOUNT PAID :	

PAID
JAN 30 2015
BY: .....

ADJUSTER NAME: ELLEN GRAI

BY ENDORSING THIS WARRANT THE PAYEE CERTIFIES THAT THEY ARE ENTITLED TO THIS PAYMENT OF WORKERS COMPENSATION BENEFITS. IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO OBTAIN PAYMENT FOR BENEFITS OR SERVICES WHICH ARE NOT DUE TO THE RECIPIENT. (SEE LABOR CODE 5401.7).

THIS WARRANT IS VOID AFTER (1) YEAR FROM ISSUE DATE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE OR YOUR ACCOUNT, PLEASE CONTACT: TEL: (510) 286-7067

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/31/15	61649

Claim # : 13-071306
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9274
D.O.B. : 3/6/64
Terms : 45 days

BILL TO:
INTERCARE INS (PASADENA)
W.C. DEPARTMENT
ATTN: NATALIA MANGELO
P.O. BOX # 7111
PASADENA, CA 91109

Case: vs PARECO CONSTRUCTION, INC
Date Of Injury: 7/10/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/31/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
06/24/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ AMERI CHIRO* FINAL	150.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
08/22/14	P AND S	DR KAHN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
01/16/15	PMT BY CHECK	DOS 3/31/14-8/22/14* # 3063717	-560.00

BALANCE 0.0(

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

201501190140

Electronic Service Requested

3-DIGIT 926
6154 0.3820 AT 0.403

Joyce Altman Interpeters
PO BOX 4165
TUSTIN, CA 92781-4165

36

Payee:	Joyce Altman Interpeters
Company Name:	Companion Property and Casualty Insu
Facility:	Paveco Construction, Inc.
Policy ID:	CPCA16977
IRS/SSN:	XXXXX6713
Administrator:	AFELICIANO
Claim Number:	14-074292
Check #:	3063717
Check Total:	560.00
Check Date:	01/16/2015

Explanation of Benefits

Incident Date	Claim Number / Invoice Number	Account Number / From/Through Date	Claimant Name / Document Number	Description / Amount
7/10/2013	14-074292			Interpreter Fees - Medical Rel
	61649	03/31/14-08/22/14		560.00

Totals: 560.00

PAID JAN 26 2015

[redacted]

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/08/15	61548

Claim # : 04905404
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6221
D.O.B. : 8/26/58
Terms : 45 days

BILL TO:
SCIF (FRESNO)
W.C. DEPARTMENT
ATTN: MICHELLE DUNCAN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs CAPISTRANO GLASS & MIRROR
Date Of Injury: 9/15/06

DOS	SERVICE	DESCRIPTION	AMOUNT
03/11/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
04/24/14	EPIDURAL	PAIN MGMT W/ DR BERNSTEIN @ NEWPORT COAST CTR*	150.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
05/09/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/09/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
10/02/14	PMT BY CHECK	DOS 3/11/14-7/9/14* =# CP-812695	-690.00
08/13/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/23/14	PR2-RE/EVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/08/14	PMT BY CHECK	DOS 8/13/14* # CP-825393	-180.00

BALANCE 180.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CP-825393**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 12/08/14
Doc #: 029099997

61548

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 04905404		**Date of Injury:** 09/15/06		
SSN: XXX-XX-6221	Employer name: CAPISTRANO VALLEY GLASS & MIRROR INC.				Employer ID: 0000001507507060				
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
1	SF1-SFCA-14372037	08/13/14	999Q2	Interpreter Treatmen	120	180.00	.00	375 723 A01 G5 G67	180.00

Total Allowances: **$180.00**

PAID DEC 12 2014

MR

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills: use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

[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#
01/15/15	61548

Claim # : 04905404
W.C.A.B.:
ADJ # : .
S.S.N. : XXX-XX-6221
D.O.B. : 8/26/58
Terms : 45 days

BILL TO:
SCIF (FRESNO)
W.C. DEPARTMENT
ATTN: MICHELLE DUNCAN
P.O. BOX # 65005
FRESNO, CA 93650

Case: [redacted] vs CAPISTRANO GLASS & MIRROR
Date Of Injury: 9/15/06

DOS	SERVICE	DESCRIPTION	AMOUNT
03/11/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
04/24/14	EPIDURAL	PAIN MGMT W/ DR BERNSTEIN @ NEWPORT COAST CTR*	150.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
05/09/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/09/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
10/02/14	PMT BY CHECK	DOS 3/11/14-7/9/14* =# CP-812695	-690.00
08/13/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/23/14	PR2-RE/EVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/08/14	PMT BY CHECK	DOS 8/13/14* # CP-825393	-180.00
01/13/15	PMT BY CHECK	DOS 9/23/14* # CP-832999	-180.00

BALANCE 0.0(

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CP-832999**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/13/15
Doc #: 029239228

61548

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 04905404		**Date of Injury:** 09/15/06		
SSN: XXX-XX-6221 Employer name: CAPISTRANO VALLEY GLASS & MIRROR INC. Employer ID: 0000001507507060									
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
1	SF1-SFCA-14487452	09/23/14	999Q2	Interpreter Treatmen	1	180.00	.00	723 A01 G67	180.00

Total Allowances: $180.00

PAID JAN 15 2014

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

[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#
06/09/15 61548

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6221
D.O.B. : 8/26/58
Terms : 45 days
Claim #(s):
04905404

BILL TO:
SCIF (FRESNO)
W.C. DEPARTMENT
ATTN: MICHELLE DUNCAN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs CAPISTRANO GLASS & MIRROR
Date Of Injury: 9/15/06

DOS	SERVICE	DESCRIPTION	AMOUNT
03/11/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
04/24/14	EPIDURAL	PAIN MGMT W/ DR BERNSTEIN @ NEWPORT COAST CTR*	150.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
05/09/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/09/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
10/02/14	PMT BY CHECK	DOS 3/11/14-7/9/14* =# CP-812695	-690.00
08/13/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/23/14	PR2-RE/EVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/08/14	PMT BY CHECK	DOS 8/13/14* # CP-825393	-180.00
01/13/15	PMT BY CHECK	DOS 9/23/14* # CP-832999	-180.00
11/04/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
03/10/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/02/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
05/20/15	PMT BY CHECK	DOS 11/4/14-3/10/15* =# CP-858796	-360.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/09/15	61548

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6221
D.O.B. : 8/26/58
Terms : 45 days
Claim #(s):
04905404

BILL TO:
SCIF (FRESNO)
W.C. DEPARTMENT
ATTN: MICHELLE DUNCAN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs CAPISTRANO GLASS & MIRROR
Date Of Injury: 9/15/06

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 180.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

)TE: Any and all partial payments received have been acknowledged and clearly eflected in the enclosed statement. However, payments received do not epresent full and final satisfaction. In accordance with CCR Section 10770 ien claimant is hereby seeking recovery of the balance. Demand is hereby made or all medical reports per CCR Section 10608, Current Print Out of Benefits, PN Notices, Completed DWC-1, Application of Adjudication, 4600 Election etter, Depo Transcript and any and all documentary evidence to be utilized in n attempt to defeat this lien.

Explanation of Review (EOR)

tate Compensation Insurance Fund
O BOX 65005
resno, CA 93650-5005

uestions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CP-858796**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 05/20/15
Doc #: 029733055

1edical

61548

ıe	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 04905404		**Date of Injury:** 09/15/06		
N: XXX-XX-6221	Employer name: CAPISTRANO VALLEY GLASS & MIRROR INC.				Employer ID: 0000001507507060				
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
	SF1-SFCA-15047549	03/10/15	999Q2	Interpreter Treatmen	120	180.00	.00	723 A01 G67	180.00
	SF1-SFCA-15047549	11/04/14	999Q2	Interpreter Treatmen	120	180.00	.00	375 723 A01 G5 G67	180.00

Total Allowances: **$360.00**

RECEIVED MAY 26 2015

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

[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#
01/20/15	61749

Claim # : TWCS-2797
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6683
D.O.B. : 8/26/70
Terms : 45 days

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W.C. DEPARTMENT
ATTN: LUANN KOPPEL
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: [redacted] vs PREMIER PERSONNEL RESOURCES
Date Of Injury: 11/25/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/01/14	PR2/REEVAL	DR ZARGARAFF @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
04/09/14	PR2-RE/EVAL	W/ACUPUNCTURIST ALEX LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
05/13/14	PR2/REEVAL	DR ZARAGAFF @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
05/16/14	PR2-RE/EVAL	W/ACUPUNCTURIST A. LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/24/14	PR2/REEVAL	DR ZARGARAFF @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
08/04/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/11/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	PATRICIA HERNANDEZ # 3016	0.00
10/24/14	PMT BY CHECK	DOS 4/1/14-8/11/14* # 1564417	-1260.00
10/03/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/14/15	PMT BY CHECK	DOS 10/3/14* # 161 # 1613266	-180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/20/15	61749

Claim # : TWCS-2797
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6683
D.O.B. : 8/26/70
Terms : 45 days

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W.C. DEPARTMENT
ATTN: LUANN KOPPEL
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: [redacted] vs PREMIER PERSONNEL RESOURCES
Date Of Injury: 11/25/13

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.

INSURANCE FRAUD IS A CRIME AND IS PUNISHABLE BY LAW

Mailing Information:

JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

5

PAID JAN 20 2014

Claim Number: TWCS-2797
Claimant:
Date of Loss: 11/25/2013

Check Number: 1613266
Check Date: 01/14/2015
Check Amount: $180.00
Type of Payment:
MP 176 - INTERPRETER MED

Location: 260 Premier Personnel Resources, Inc. 637 E. Albertoni St. of Premiere Personnel Resources

For Period: 04/01/2014 to 10/03/2014
InvoiceNo: 61749
IRS #: 33-0956713
Handling Office: 705-Los Angeles, Roseville, CA

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

RNING: AN ARTIFICIAL WATERMARK IN A CRISSCROSS PATTERN IS PRESENT ON THE REVERSE SIDE. HOLD AT AN ANGLE TO VIEW. • PAPER WILL TURN BROWN IF CHEMICALLY ALTERED • FLUORESCENT FIBERS ARE ALSO EMBEDDED INTO THIS DOCUMEN

YORK
P.O BOX 5245
PARSIPPANY, NJ 07801
(973) 541-1330

WELLS FARGO BANK, N.A.
190 RIVER ROAD, NJ3179
SUMMIT, NJ 07901-1444
55-2/212

NOT VALID AFTER SIX MONTHS

CLAIM NUMBER
TWCS-2797

DATE 01/14/2015
CHECK NO. 1613266

AMOUNT
***$180.00

ON BEHALF OF
4738 Tower Castlepoint NSM Staffing

PAY
ONE HUNDRED EIGHTY AND 0/100

TO THE ORDER OF
JOYCE ALTMAN INTERPRETING
Mail to: PO BOX 4165
TUSTIN, CA 92781-4165

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER $25,000.00.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/10/15 67268

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
2013159331

BILL TO:
SEDGWICK CLAIMS (LEXING-14533)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 14533
LEXINGTON, KY 40512

Case: vs UCLA FACULTY CENTER ASSOCIATIO
Date Of Injury: 3/18/13

DOS	SERVICE	DESCRIPTION	AMOUNT
09/09/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	DIANA M.C. DEL OLMO # 301577	0.00
10/06/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/06/15	PMT BY CHECK	DOS 9/9/15* # 60636957	-156.50
11/06/15	PMT BY CHECK	DOS 10/6/15* # 60637071	-250.00

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.

Payee: JOYCE ALTMAN INTERPRETER
Company Name: Sedgwick CMS
Facility: UC Los Angeles

Administrator: TEHLERS
Check Total: $250.50
Check Date: 11/06/2015

Check Number: 60637071

Injury	From Account Number	Through	Claim Number Invoice	Claimant Name	Description
03/18/2013	10/06/2015	10/06/2015	2013159331 67268		Deposition/Witness Fees

Document Number:
Bill Type:
Pharmacy#:
DRG Code:
Received Date:
Reviewed Date:
Primary ICD:
PPO Name:

Reason Codes:

PAID NOV 10 2015

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/14/15	61749

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6683
D.O.B. : 8/26/70
Terms : 45 days
Claim #(s):
TWCS-2797

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W.C. DEPARTMENT
ATTN: LUANN KOPPEL
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: [redacted] rs PREMIER PERSONNEL RESOURCES
Date Of Injury: 11/25/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/01/14	PR2/REEVAL	DR ZARGARAFF @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
04/09/14	PR2-RE/EVAL	W/ACUPUNCTURIST ALEX LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
05/13/14	PR2/REEVAL	DR ZARAGAFF @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
05/16/14	PR2-RE/EVAL	W/ACUPUNCTURIST A. LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/24/14	PR2/REEVAL	DR ZARGARAFF @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
08/04/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/11/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	PATRICIA HERNANDEZ # 3016	0.00
10/24/14	PMT BY CHECK	DOS 4/1/14-8/11/14* # 1564417	-1260.00
10/03/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/14/15	PMT BY CHECK	DOS 10/3/14* # 161 # 1613266	-180.00
11/21/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/12/15	PMT BY CHECK	DOS 11/21/14* # 1677857	-180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/14/15	61749

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6683
D.O.B. : 8/26/70
Terms : 45 days
Claim #(s):
TWCS-2797

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W.C. DEPARTMENT
ATTN: LUANN KOPPEL
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: [redacted] vs PREMIER PERSONNEL RESOURCES
Date Of Injury: 11/25/13

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.

INSURANCE FRAUD IS A CRIME AND IS PUNISHABLE BY LAW

Mailing Information:

JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

Claim Number: TWCS-2797
Claimant:
Date of Loss: 11/25/2013

Check Number: 1677857
Check Date: 05/12/2015
Check Amount: $180.00
Type of Payment:
MP 176 - INTERPRETER MED

PAID MAY 14 2015

Location: 260 Premier Personnel Resources, Inc. 637 E. Albertoni St. of Premiere Personnel Resources

For Period: 04/01/2014 to 11/21/2014
InvoiceNo: 61749
IRS #: 33-0956713
Handling Office: 705-Los Angeles, Roseville, CA

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

G AN ARTIFICIAL WATERMARK IN A CRISSCROSS PATTERN IS PRESENT ON THE REVERSE SIDE. HOLD AT AN ANGLE TO VIEW. • PAPER WILL TURN BROWN IF CHEMICALLY ALTERED • FLUORESCENT FIBERS ARE ALSO EMBEDDED INTO THIS DOCUMEN

YORK
P.O BOX 5245
PARSIPPANY, NJ 07801 (973) 541-1330

WELLS FARGO BANK, N.A.
190 RIVER ROAD, NJ3179
SUMMIT, NJ 07901-1444
55-2/212

NOT VALID AFTER SIX MONTHS

CLAIM NUMBER
TWCS-2797

DATE 05/12/2015
CHECK NO. 1677857

AMOUNT
***$180.00

ON BEHALF OF
4738 Tower Castlepoint NSM Staffing

PAY
ONE HUNDRED EIGHTY AND 0/100

TO THE ORDER OF
JOYCE ALTMAN INTERPRETING
Mail to: PO BOX 4165
TUSTIN, CA 92781-4165

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER $25,000.00.

⑈1677857⑈ ⑆121000248⑆ 2000013486965⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/21/15	60827

Claim # : MCA900101824
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4451
D.O.B. : 8/16/62
Terms : 45 days

BILL TO:
FIRST COMP/MARKEL INS (OMAHA)
W.C. DEPARTMENT
ATTN: SHELBY CARTHER
P.O. BOX # 3188
OMAHA, NE 68103

Case: _ vs J. WOODS FLOORING
Date Of Injury: CT 2008 - 8/21/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/29/14	DEPO PREP	@ THE L/O OF STOCKWELL, HARRIS, WOOLVERTON	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/24/14	PMT BY CHECK	DOS 1/29/14* # 133472	-156.50
05/06/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/02/14	PMT BY CHECK	DOS 5/6/14* # 149334	-250.00
09/03/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/10/14	PMT BY CHECK	DOS 9/3/14* # 181530	-156.50
12/03/14	LEGAL C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/14/15	PMT BY CHECK	DOS 12/3/14* # 204586	-250.00

BALANCE 0.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

FIRST COMP
MARKEL Insuring America's Small Business®

PO Box 3188
Omaha, NE 68103-0188

Claims Disbursement

Claim Number: MCA900101824
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 204586
Check Date: 01/14/2015
Check Amount: 250.00

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: MWC0003153
CLAIMS TYPE: EX EXPENSE TYPE: 10

Invoice Number: 60827depo
Invoice Date: 12/22/2014

PAID JAN 21 2015

Service From: 01/29/2014 **Service To:** 12/03/2014

Claimant First Name:
Claimant Last Name:

Additional Information: 01/29/2014 12/03/2014

[redacted]

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/21/15	61153

Claim # : 13500400
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7019
D.O.B. : 3/18/59
Terms : 45 days

BILL TO:
TRISTAR RISK MGMT (CLINT-2805)
W.C. DEPARTMENT
ATTN: DONNA VANDERHEUL
P.O. BOX # 2805
CLINTON, IA 52733

Case: vs COUNTRY VILLA NORTH NURSING CT
Date Of Injury: 3/4/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/28/14	SURGERY	DR PELTON: RT KNEE @ MONROVIA HOSPITAL (5 HRS)	450.00
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
01/16/15	PMT BY CHECK	DOS 2/28/14* # 520367	-450.00

BALANCE 0.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Client: Country Villa Health Services CA - SNCC
Claimant/Employee:

Payee: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

Claim Number: 13500400
Incident Date: 03/04/2013

Check Number: 520367
Check Date: 01/16/2015
Check Total: $450.00
Payment Type: LANGUAGE TRANSLATOR
Invoice No: 61153

From - To: 02/28/2014 - 02/28/2014
For:

Bill Tracking No: 3001289905TMC
Reviewed Date: 01/15/2015
Bill Type:
DRG Code: 000
Received Date: 12/19/2014
Primary ICD-9: 959.9 9599-Unspecified site injury
PPO Name: NonPar

Date of Service	Billed Code/Mod	Paid Code/Mod	Service Description:	Units	Billed Amount	Bill Review Reduction	PPO Reduction	Other Reduction	Allowance Reason Code(s)
2/28/2014	T1013 00 00	T1013 00 00	INTERPRETER	1	450.00	0.00	0.00	0.00	450.00
			Totals:		450.00	0.00	0.00	0.00	450.00

Please direct inquires to: Tristar Managed Care, Fax: (714) 972-4976, P.O. Box 10220, Santa Ana, CA 92711
Phone: (877) 287-4782

PAID JAN 21 2015

THIS DOCUMENT WAS PRINTED ON PAPER CONTAINING ULTRAVIOLET FIBERS AND A TRUE WATERMARK

Country Villa Health Services CA - SNCC
Los Angeles, CA 90056

Citizens Business Bank
970 West 190th Street
Torrance, CA 90502
(310) 217-6000

90-3414
1222

TRISTAR Risk Management
P.O. Box 2805
Clinton, IA 52733-2805

Check No: 520367
Date: 01/16/2015
Void after 120 days
Amount: $**********450.00

PAY Four Hundred Fifty Dollars And 00/100

TO THE ORDER OF Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

HEAT GLANCE SECURITY SPOT
PRESS OR RUB WITH FINGER. IF PINK COLORED SPOT DISAPPEARS, THIS DOCUMENT IS AUTHENTIC.

Deeese Cotter
MP

Two signatures required for checks $2,500 & over

⑈520367⑈ ⑆122234149⑆ 04303606 4⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/21/15	63387

Claim # : 1010-14-05625
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8785
D.O.B. : 10/9/87
Terms : 45 days

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W.C. DEPARTMENT
ATTN: ALYSSA ONELL
P.O. BOX # 85563
SAN DIEGO, CA 92186-5563

Case: vs CUSTOMLINE
Date Of Injury: 9/19/13

DOS	SERVICE	DESCRIPTION	AMOUNT
09/12/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/10/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/05/14	PMT BY CHECK	DOS 9/12/14* # 0000672907	-156.50
01/13/15	PMT BY CHECK	DOS 10/10/14* # 0000701893	-250.00

BALANCE 0.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 01/13/2015
Check Number: 0000701893
Check Amount: $250.00

X4V42P

Sign up today for Electronic Funds Transfer (EFT). ICW Group now uses JopariPay to speed payments directly to your bank account. Visit icw.jopari.net and sign up by entering your registration code, X4V42P

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amou
010-14-05625		09/19/2013	63387	43	10/10/2014	10/10/2014	$250.0

Cat	SubPC	Stub Notes	Stub Amoun
		DEPO REVIEW	$0.0
43		MISC EXPENSE INV-63387 DOS 10/10/14	$250.0
			$250.0

PAID JAN 21 2015

[redacted]

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/10/15	61360

Claim # : 494C3622751; 494C3620870
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7714
D.O.B. : 5/13/64
Terms : 45 days

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W.C. DEPARTMENT
ATTN: ALLAN BUCKLESS
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs ALLSTAR HR/REAL TIME STAFFING
Date Of Injury: 7/29/13; 11/1/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/02/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/16/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/06/15	LEGAL_WCAB	MSC @ WCAB LBO - CARMEN GUZMAN # 100585	156.50
02/06/15	PMT BY CHECK	DOS 4/2/14-1/6/15* # DA73519444	-563.00

BALANCE 0.0(

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

PDWLDMCD-001509-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 02/06/15

CHECK NO. **DA73519444**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 00229 DA73519444
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C3622751

DOLLARS
$********563.00

*** NOT NEGOTIABLE ***

FOR
04/02/14 THRU 01/06/15 61360

CLAIMANT

DATE OF EVENT
07/29/13

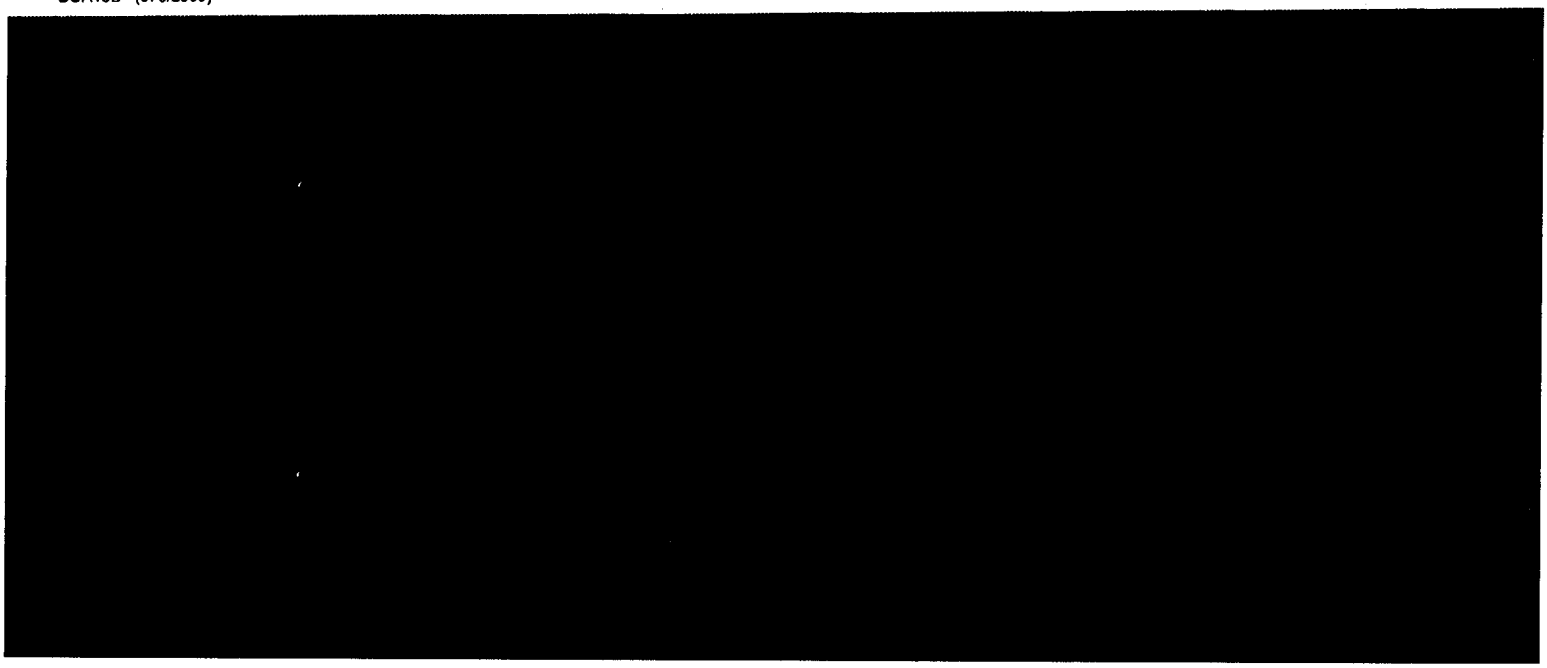
Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

PDWLDMCD-001509-01-01-00

PAID FEB 10 2015

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING



Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/09/15	64306

Claim # : 99314982595252
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9327
D.O.B. : 9/1/58
Terms : 45 days

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W.C. DEPARTMENT
ATTN: SANDRA VALENCIA
P.O. BOX # 6569
SCRANTON, PA 18505

Case: [redacted] vs LABOR READY SOUTH WEST
Date Of Injury: 3/13/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/13/14	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/30/15	PMT BY CHECK	DOS 11/13/14* # FE47957825	-250.00

BALANCE 0.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

PDWLDMCD-001284-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 01/30/15

CHECK NO. **FE47957825**

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00288 FE47957825
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX #4165
TUSTIN CA 92781-4165

FILE ID
9931498259525

DOLLARS
$*******250.00

* NOT NEGOTIABLE *

PAID FEB 09 2015

FOR
11/13/14 THRU 11/13/14 64306

CLAIMANT

DATE OF EVENT
03/13/13

Questions regarding this payment should be referred to the Customer Service Unit of the Claim Office whose address appears above.

PDWLDMCD-001284-01-01-00

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

[redacted]

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/10/15	63703

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
EZG3791

BILL TO:
SAINT PAUL TRAVELERS (WC-8112)
W. C. DEPARTMENT
ATTN: ALISHA JIMENEZ
P.O. BOX 8112
WALNUT CREEK, CA 94596

Case: DECRON PRPERTIES CORP
Date Of Injury: 6/1/11

DOS	SERVICE	DESCRIPTION	AMOUNT
09/23/14	DEPO PREP	@ THE L/O OF L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/01/14	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/30/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/03/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/19/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/04/15	PMT BY CHECK	DOS 9/23/14-10/19/15* # 891A 86743506	-876.00

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.

018800

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933
SA09344

891A 86743506

TRAVELERS

DATE: 11/04/15
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Our Customer Service Phone is 1-800-842-7354 .
Please contact us if you have any questions.

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
[redacted]	158 CB ERU8588E	10/20/15	$ 90.00		68491
	158 CB EZG3791J	09/23/14 - 10/19/15	$ 876.00		63703

PAID NOV 10 2015

Total Amount Paid $******966.00

)8009456
DETACH CHECK

SUMM-021808

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 8112
WALNUT CREEK CA 94596-9933

891A 86743506

62-20
311

DATE	ACCOUNT NUMBER	TIN NUMBER	FILE NUMBER
11/04/15	J99	330956713	SUMMARIZED

NINE HUNDRED SIXTY SIX AND 00/100

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

PAY: $******966.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

018800
SA09344

Maria Olivo
AUTHORIZED SIGNATURE

⑈86743506⑈ ⑆031100209⑆ 3862126?⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/06/15 64969

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 7/1/94
Terms : 45 days
Claim #(s):
LB 001180420

BILL TO:
ENSTAR/SEABRIGHT INS (ORANGE)
W.C. DEPARTMENT
ATTN: PHYLLIS MANSLEA
P.O. BOX # 11027
ORANGE, CA 92856

Case: vs NIEVES LANDSCAPE
Date Of Injury: 9/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/05/14	INITIAL EXAM	DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/23/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/09/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/29/15	PMT BY CHECK	DOS 3/23/15* # 10012786	-156.50
12/15/14	INITIAL EXAM	DR AHMAD @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/23/15	PMT BY CHECK	DOS 11/5/14-12/9/14* # 10014230	-410.00

BALANCE 230.00

* 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.

Torus National Insurance Company Claims WC HARBORSIDE FINANCIAL CENTER PLAZA 5 SUITE 2600 JERSEY CITY, NJ 07109	**JPMorgan Chase Bank, N.A** New York, NY	**1-2/210**	CHECK NO 10014230 6/23/15 LB001180420

PAY Four Hundred Ten And No/100 Dollars $*******410.00

VOID AFTER SIX MONTHS

64969

AN AGENT OF Torus National Insurance Company

PAY TO THE ORDER OF
Joyce Altman Interpreting
P.O. Box 4165
Tustin, CA 92781-4165

⑈10014230⑈ ⑆021000021⑆ 550758226⑈

CLAIM ID:	LB001180420	DATE OF LOSS:	8/15/14	ACCOUNT:	T3	CHECK NO.:	10014230
CLAIMANT:						DATE:	6/23/15
INSURED:	Nieves Landscape, Inc.					AMOUNT:	$*******410.00
PAYEE:	Joyce Altman Interpreting					REF. NO.:	015700826
						USER-ID:	31356/LB
INVOICE NO.:	64969						
MEMO:	64969						

	SERVICE DATE	CODE	DESCRIPTION	QTY	UNITS	BILLED	PAID
1	11/05/14-12/09/14	MM	64969	1	lot	410.00	410.00

PAID JUN 29 2015

TOTAL	410.00	410.00

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#
09/09/15	66403

EAMS#(s)

SS # : XXX-XX-5499
DOB : 8/30/65
Terms : 45 days
Claim #(s):
1011503459

BILL TO:
INSURANCE CO. OF THE WEST (CA)
W.C. DEPARTMENT
ATTN: CONSTANCE CAVALLO
P.O. BOX # 11474
PLEASANTON, CA 94588

Case: vs TWIN EAGLES, INC.
Date Of Injury: 11/4/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/22/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	DIANA CHUY DEL OLMO # 301577	0.00
07/15/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
08/12/15	PMT BY CHECK	DOS 6/22/15* # 0001026425	-156.50
09/01/15	PMT BY CHECK	DOS 06/22/15-07/15/15* # 001037330	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 09/01/2015
Check Number: 0001037330
Check Amount: $250.00

SPXA25

Sign up today for Electronic Funds Transfer (EFT). ICW Group now uses JopariPay to speed payments directly to your bank account. Visit icw.jopari.net and sign up by entering your registration code, SPXA25

JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN, CA 92781-1460

Payment Summary

Claim #	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-15-03459	11/04/2014	66403	43	06/22/2015	07/15/2015	$250.00

Cat	SubPC	Stub Notes	Stub Amount
43		MISC EXPENSE	$250.00
			$250.00

PAID
BY: 0

WARNING: THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS AN ARTIFICIAL WATERMARK ON REVERSE SIDE. HOLD AT ANGLE TO VIEW

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/30/15 66812

EAMS#(s):

SS # :
DOB : 4/30/63
Terms : 45 days
Claim #(s):
710923198

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: MELISSA BOWERS
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: [redacted] vs WORKFORCE ENTERPRISES WFE
Date Of Injury: 05/7/14,4/14,12/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/30/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/15/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/14/15	PMT BY CHECK	DOS 7/30/15* =# 29540036	-156.50
11/18/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/20/15	PMT BY CHECK	DOS 9/15/15* =# 29570471	-250.00

BALANCE 156.50

* 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

20151204005

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

Electronic Service Requested

SINGLE PIECE
106 1.7220 SP 0.705

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

5 OF 8 F

ENV 106

Check No.: 29570471
RFP No.: 270086
Check Date: 11/20/2015
Check Amount: 250.00
Insured: WORKFORCE SOLUTIONS WFS, LLC
Claimant:

Claim Office: 710
Insuring Company: COMMERCE AND INDUSTRY INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS

66812

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000001613101	00923198	001	05/07/2014	MED	O	250.00
					Total Amount	250.00

Reason for Payment
ORG: 406.50 ACT: NA 073015-091515

Use File # 710/00923198 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID NOV 24 2015

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/21/15 64547

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 1/7/68
Terms : 45 days
Claim #(s):
YMQ19629

BILL TO:
THE HARTFORD (LEXINGTON-14475)
W.C. DEPARTMENT
ATTN: JANEE BARESIELD
P.O. BOX 14475
LEXINGTON, KY 40512

Case: _____ vs ALBEES APPLIANCE
Date Of Injury: 1/31/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/31/14	LEGAL_WCAB	EXH. HEARING @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/24/15	PMT BY CHECK	DOS 128/31/14* # 123689002 7	-156.50
03/19/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/20/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/16/15	LEGAL_WCAB	TRIAL @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/14/15	PMT BY CHECK	DOS 3/19/15-6/16/15* # 124378863 1	-563.00

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.

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

THE HARTFORD

PAID JUL 21 2015

000346
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00353

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*000012 1243788831

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
64547 01-31-14	72WEC GC5627 YMQC 19629	ALBEES APPLIANCE, INC.	$563.00

Nature of Benefits:	Nature of Payment:	Service Dates	
Interpreter Fees at Hearing	Source Payment	03-19-2015 06-16-2015	$563.00

Claim Handler: Janee Barefield
866/401-9222
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Please keep the above information for your records.

109807013

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid

Nature of Benefits:	Nature of Payment:	Service Dates	

Claim Handler:	Additional Comments:

Issue Date	07-14-2015	Check Number	124378863 1	Total Amount of Check	$563.00

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.

ADVERTENCIA: Es necesario que usted le avise a su patrón o a su compañia de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por éste cheque, y antes de cambiar éste cheque. Si usted no sigue estos relamentos, Usted puede estar en violación de la ley y el castigo podria ser cárcel o prisión, una multa, y pérdida de beneficios.

THIS IS WATERMARKED PAPER AND CONTAINS INVISIBLE FIBERS.
DO NOT ACCEPT WITHOUT NOTING WATERMARK
HOLD TO LIGHT TO VERIFY WATERMARK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/01/15 63196

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 4/13/80
Terms : 45 days
Claim #(s):
710920131

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: MIKE SNELL
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case:
Date Of Injury: 2/28/14 vs PARTNERSHIP STAFFING SOLUTIONS

DOS	SERVICE	DESCRIPTION	AMOUNT
06/27/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
08/01/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
08/20/14	INITIAL EXAM	W/ACUPUNCTURIST R. MCLEAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
08/29/14	PR2/REEVAL	DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	LETTY JULIAO-GREEN # 301547	0.00
09/17/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR CONNELLY @ ACS*	150.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
09/26/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/27/14	INITIAL EXAM	DR WADE @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
10/31/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 500257	0.00
02/20/15	PMT BY CHECK	DOS 6/27/14-9/26/14* # 27963712	-1100.00
03/25/15	PMT BY CHECK	DOS 10/27/14* # 28190073	-230.00
05/23/14	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE* OUT OF ORDER	230.00
/ /	INTERPRETER:	PATY PAREDES NAVA # 101026	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/01/15	63196

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 4/13/80
Terms : 45 days
Claim #(s):
710920131

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: MIKE SNELL
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs PARTNERSHIP STAFFING SOLUTIONS
Date Of Injury: 2/28/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 410.00

* 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, Inc.
Attn: Bryan Wiltfong
PO Box 25825
Shawnee Mission, KS 66225

201503251610

Electronic Service Requested

MIXED AADC 926
1753 1.2824 MB 0.432

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

126

Check No.: 28190073
RFP No.: 705710
Check Date: 03/25/2015
Check Amount: 230.00
Insured: PARTNERSHIP STAFFING SOLUTIONS
Claimant:

Claim Office: 710
Insuring Company: COMMERCE AND INDUSTRY INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS

63196 ✓

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000001613163	00942782	01	02/25/2014	MED	O	230.00
					Total Amount	230.00

Reason for Payment
ORG: 1330.00 ACT: N/A 062714-102714

Use File # 710/00942782 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID MAR 31 2015

[redacted]

AIG

AIG CLAIMS, INC.
PO BOX 259781110
SHAWNEE MISSION KS 66225

EXPLANATION OF BILL REVIEW

Invoice #: 1507700204
Control #: 06150790157000

MIXED AADC 926
1753 1.2824 MB 0.432

JOYCE ALTMAN INTERPRETERS INC 126
PO BOX 4165
TUSTIN, CA 92781-4165

Billing Provider:
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Tax ID: 330956713
State License #:
NPI #:

Rendering Provider:
JOYCE ALTMAN INTERPRETERS INC
Tax ID/NPI #:

Claim #: 710942782O000
Claimant:
Date of Injury: 02/25/2014
Claimant SSN:

State Claim #:
Patient Acct #: N/A
Service Dates: 06/27/2014-10/27/2014

Policy #: 000001613163
Employer: PARTNERSHIP STAFFING SOLUTIONS
Insurer: COMMERCE AND INDUSTRY CO

Date Received: 02/27/2015
Date Reviewed: 03/20/2015
Date Processed: 03/24/2015

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
06/27/2014	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1 ,2 ,3
08/01/2014	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1 ,2 ,3
08/20/2014	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1 ,2 ,3
08/29/2014	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1 ,2 ,3
09/17/2014	T1013	T1013	8.00	150.00	0.00	0.00	0.00	1 ,2 ,3
09/26/2014	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1 ,2 ,3
10/27/2014	T1013	T1013	8.00	230.00	230.00	0.00	230.00	1
			Totals	1,330.00	230.00	0.00	230.00	

Diagnosis:
9599 UNSPECIFIED SITE INJURY

1 -The procedure or service is defined as By-Report.
2 -A reduction was made because a different provider has billed for the exact services on a previous bill.
3 - This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a 'balance forward bill' containing a duplicate charge and billing for a new service.
* -1In accordance with section 9789.12.2(a) of the California Official Medical Fee Schedule, reimbursement is based on the non-facility site of service calculation. (PNFC)
* -California is a jurisdictional state. This review has been conducted based on the Official Medical Fee Schedule (OMFS) or other criteria that apply to your bill within California jurisdiction. (Z005)
* -California Labor Code Section 4600.2 allows a carrier to enter into a contractual agreement with a pharmacy network . AIG and AIG Claims, Inc. have entered into a contractual agreement with TMESYS a Pharmacy Benefit Network. As of March 1, 2011 all pharmacy transactions should be processed through TMESYS. For questions regarding how to process transactions through TMESYS please call 1-800-682-4491. (Z356)
* -Request for Second Review. After an EOR is received on an original bill submission, a healthcare provider, healthcare facility, or billing agent, assignee that disputes the amount paid may submit an appeal, reconsideration, Request for Second Review to the claims administrator within 90 days of the service of the explanation or review. The Request for Second Review must conform to the requirements of the Division of Workers' Compensation Medical Billing Guide, and regulations at title 8. California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility,

If you have questions about this review please call AIG at: 877-802-5246

CONTINUED

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/21/15 65762

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 5/17/51
Terms : 45 days
Claim #(s):
1708496

BILL TO:
AMTRUST NORTH AMERICA (CONCORD
W.C. DEPARTMENT
ATTN: KELLEY OSGOOD
P.O. BOX 4026
CONCORD, CA 94524

Case: vs CABLE STRAND
Date Of Injury: 1/21/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/14/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARTHA HASSAN # 01430180	0.00
06/02/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/17/15	PMT BY CHECK	DOS 4/14/15-6/2/15* # 00830278	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

VOID VOID VOID

ANA UBI Claims
PO BOX 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
00830278
1708496-1
SWC1058956

DATE
7/17/2015

AMOUNT
$406.50

PAY Four Hundred Six and 50/100s Dollars**********

Pay To JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

Mail To

JOYCE ALTMAN INTERPRETERS
P O BOX 4165
TUSTIN, CA 92781-4165

SIGNATURE HAS A COLORED BACKGROUND. PAPER CONTAINS MICROPRINTING

⑈00830278⑈ ⑆021309379⑆ 790262463⑈

Check Number	00830278
Claim Number:	1708496-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1058956/CableStrand Corp. (a corp)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	1/21/2015
Location:	2660 Signal Pkwy Signal Hill CA 90755 -
Examiner Code:	kosgood

0

PAID JUL 21 2015

Amount:	$406.50
Dates of Service:	4/14/2015-6/2/2015
Explanation:	65762
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

ANA UBI Claims on behalf of Security National Insurance Company
PO BOX 740042
Atlanta, GA 30374-0042

888-239-3909

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/06/15 63713

Claim # : YMQ28403
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-3145
D.O.B. : 5/14/70
Terms : 45 days

BILL TO:
THE HARTFORD (LEXINGTON-14475)
W.C. DEPARTMENT
ATTN: KIMBERLY TRESCA
P.O. BOX 14475
LEXINGTON, KY 40512

Case: RAZO vs BIG SAVER FOODS
Date Of Injury: 4/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/07/14	INITIAL EXAM	DR VAN VU (LOS ANGELES) (2.5 HRS)	287.50
/ /	INTERPRETER:	DIANA CHUY OLMO # 301577	0.00
11/21/14	LEGAL_PREP	DEPO PREP @ L/O WESTON HERZONG WENDER ROSE	156.50
/ /	INTERPRETER:	CRISTINA BRAVO DIAZ # 100404	0.00
01/07/15	LEGAL_REVIEW	DEPO REVIEW @ L/O NORMAN HOMEN	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/26/15	PMT BY CHECK	DOS 8/7/14-11/21/14* # 123548227 8	-444.00
01/29/15	PMT BY CHECK	DOS 1/7/15* # 123563920 7	-250.00

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.

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

THE HARTFORD

000018
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00019

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*400012 1235639207

Explanation of Benefits

Page 1 of 2

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
63713 / 04-01-14	72WN S28800 YMQC 28403	UKAS BIG SAVER FOODS	$250.00

Nature of Benefits:	Nature of Payment:	Service Dates	
Interpreter Fees at Hearing	Source Payment	01-07-2015 01-07-2015	$250.00

Claim Handler: Kimberly Tresca
866/401-9222
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

PAID FEB 03 2015

Please keep the above information for your records.

HAR-100-2

108072800

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

56-1544
441

Check Number: 123563920 7
Issue Date: 01-29-2015
Benefit Period: 01-07-2015 to 01-07-2015
$**********250.00

JPMorgan Chase Bank, N.A.
Columbus, OH 43085

Pay

TWO HUNDRED FIFTY DOLLARS AND 00/100

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Authorized Signature

108072800

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/10/15 63826

EAMS#(s):

SS # : XXX-XX-7312
DOB : 12/16/74
Terms : 45 days
Claim #(s):
2010566882

BILL TO:
PINNACLE RISK MGMT (ROCKLIN)
W.C. DEPARTMENT
ATTN: ROSS COOPER
P.O. BOX # 120
ROCKLIN, CA 95677

Case: vs PALMERI PIZZA CRUST
Date Of Injury: 5/27/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/19/14	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	PATRICIA HERNANDEZ # 301960	0.00
08/27/14	PR2/REEVAL	DR BHARATWAL @ ADVNCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
09/24/14	PR2/REEVAL	DR BHARATWAL & REHAB PHYS TX W/M. PARKER @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
/ /	INTERPRETER:	PAUL LACANO # 101143	0.00
09/30/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
11/11/14	PR2/REEVAL	DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/19/14	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/18/15	PR2/REEVAL	DR RAMESHNI @ ACS*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
11/21/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ACS W/DR MENDOZA*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320 (INITIAL)	0.00
12/23/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
05/01/15	INITIAL EXAM	DR A. MASSIHI @ ACS*	230.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
05/06/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA # 301721	0.00
05/12/15	INITIAL EXAM	DR YAGOOBIAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
02/03/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
07/21/15	PMT BY CHECK	DOS 8/19/14-12/23/14*	-1640.00

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#
09/10/15	63826

EAMS#(s):

SS # : XXX-XX-7312
DOB : 12/16/74
Terms : 45 days
Claim #(s):
2010566882

BILL TO:
PINNACLE RISK MGMT (ROCKLIN)
W.C. DEPARTMENT
ATTN: ROSS COOPER
P.O. BOX # 120
ROCKLIN, CA 95677

Case: _____ vs PALMERI PIZZA CRUST
Date Of Injury: 5/27/10

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 254318	
06/03/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/05/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
06/09/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
09/03/15	PMT BY CHECK	DOS 06/03/15-06/09/15*	-1360.00
		# 255975	

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.

PINNACLE RISK MANAGEMENT SERVICES INC.

Description	From Date	To Date	Invoice #	Invoice Amt	Amount
Medical - Interpreter	8/19/2014	12/23/2014	63826	$1,640.00	$1,640.00

Claim Number: WCAWC2010566882 Claimant: Payee: Joyce Altman Interpreters Inc
Check Number: 254318 Total Check Amt: $1,640.00 Event Date: 5/27/2010 Department: 3034710015564531001 PALMERI PIZZA

63826

PAID JUL 21 2015

REMITTANCE STATEMENT- PLEASE DETACH BEFORE DEPOSITING

[redacted]

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/28/15	65067

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6486
D.O.B. : 10/14/69
Terms : 45 days
Claim #(s):
2012190220, 20122190222,

BILL TO:
EMPLOYERS (NEVADA)
W.C. DEPARTMENT
ATTN: ROBERT CHINBOLD/ BRIAN M.
P.O. BOX # 539004
HENDERSON, NV 89053-9004

Case: vs FAIRPLAY ELECTRIC CARS
Date Of Injury: 7/13/12,9/12,7/11/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/10/15	LEGAL_C&R	C&R READING @ WCAB LBO	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/24/15	PMT BY CHECK	DOS 3/10/15* # 260395658	-250.00

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.

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: 260395658
Check Date: 04/24/2015

Claim Number: 2012180649
Injured Employee:

Payment Description: Interpreter
Billed Date: 04/14/2015
Service Period: 03/10/2015 through 03/10/2015
Invoice Number: 65067
Billed Amount: $250.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $250.00

Claim Number: 2014241571
Injured Employee:

Payment Description: Medical Interpreter
Billed Date: 04/14/2015
Service Period: 01/20/2015 through 03/02/2015
Invoice Number: 65094
Billed Amount: $360.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $360.00

Check Total: **$610.00**

PAID APR 28 2015

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/28/15	64909

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-3580
D.O.B. : 11/11/68
Terms : 45 days
Claim #(s):
2014247996

BILL TO:
EMPLOYERS (NEVADA)
W.C. DEPARTMENT
ATTN: KIMBERLY GRUNER
P.O. BOX # 539004
HENDERSON, NV 89053-9004

Case: vs KO AMEX GENERAL WHOLESALE
Date Of Injury: 2/5/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/17/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/13/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/24/15	PMT BY CHECK	DOS 2/17/15-3/13/15* # 260395768	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

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: 260395768
Check Date: 04/24/2015

Claim Number: 2009110910
Injured Employee: [redacted]

Payment Description: Medical Interpreter
Billed Date: 04/14/2015
Service Period: 01/08/2015 through 01/08/2015
Invoice Number: 65128
Billed Amount: $787.50
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $787.50

Claim Number: 2014247996
Injured Employee: [redacted]

Payment Description: Interpreter
Billed Date: 04/14/2015
Service Period: 02/17/2015 through 03/13/2015
Invoice Number: 64909
Billed Amount: $406.50
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $406.50

Check Total: **$1,194.00**

PAID APR 28 2015

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/28/15 65128

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8578
D.O.B. : 4/24/75
Terms : 45 days
Claim #(s):
2009110910

BILL TO:
EMPLOYERS (NEVADA)
W.C. DEPARTMENT
ATTN: TERESA PAGE
P.O. BOX # 539004
HENDERSON, NV 89053-9004

Case: vs PIONEER PHOTO ALBUMS INC
Date Of Injury: 12/27/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/08/15	SURGERY	DR FALKINSTEIN: L/S @ MONROVIA HOSP (8hrs 45min)	787.50
/ /	INTERPRETER:	CESAR TERAN # 500150 (AM)	0.00
/ /	INTERPRETER:	ROBERTO MENDOZA # 01408180 (PM)	0.00
04/24/15	PMT BY CHECK	DOS 1/8/15* # 260395768	-787.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

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: 260395768
Check Date: 04/24/2015

Claim Number: 2009110910
Injured Employee:

Payment Description: Medical Interpreter
Billed Date: 04/14/2015
Service Period: ~~01/08/2015~~ through 01/08/2015
Invoice Number: 65128
Billed Amount: $787.50
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $787.50

Claim Number: 2014247996
Injured Employee:

Payment Description: Interpreter
Billed Date: 04/14/2015
Service Period: 02/17/2015 through 03/13/2015
Invoice Number: 64909
Billed Amount: $406.50
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $406.50

Check Total: **$1,194.00**

PAID APR 28 2015

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/28/15	64046

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1533
D.O.B. : 4/4/53
Terms : 45 days
Claim #(s):
33049967

BILL TO:
BERKSHIRE/ACCA (SAN FRANCISCO)
W.C. DEPARTMENT
ATTN: KAREN TOLBERT
P.O. BOX # 881716
SAN FRANCISCO, CA 94188

Case: s MC STARLITE CO
Date Of Injury: 3/24/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/10/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
12/09/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/24/15	PMT BY CHECK	DOS 11/10/14-12/9/14* # 0468681	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/24/2015
Check Number : 0468681
Check Amount : $563.00

7JSU1C

oz 01 **RETURN SERVICE REQUESTED**
JOYCE ALTMAN INTERPRETERS,INC.
P.O. BOX 4165
TUSTIN, CA 92781

hz35a
00052

Payment Summary

33049967	03/24/2014	67096	Interpreter Fees -	11/10/2014	12/09/2014	$406.50
33049851	02/25/2014	65062	Interpreter Fees -	03/11/2015	03/11/2015	$156.50

PAID APR 28 2015

114

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/31/15 63277

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6108
D.O.B. : 2/27/54
Terms : 45 days
Claim #(s):
30130863458-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W.C. DEPARTMENT
ATTN: VERA ORELLANO
P.O. BOX # 14421
LEXINGTON, KY 40512

Case: vs HILTON WORLDWIDE INC
Date Of Injury: 7/23/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/02/14	INITIAL EXAM	DR ATAMIAN @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
07/11/14	INITIAL EXAM	DR MIRZABEIGI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
08/06/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	PATRICIA SANCHEZ # 301554	0.00
12/03/14	PMT BY CHECK	DOS 7/2/14-8/6/14* # 0054842395	-640.00
10/27/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/05/15	PMT BY CHECK	DOS 7/2/14-10/27/14* # 0056323211	-180.00
03/12/15	FOLLOW-UP	W/ ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/04/15	PMT BY CHECK	DOS 3/12/15 # 005696608	-180.00
04/10/15	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/18/14	INITIAL EXAM	DR MASSIHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
06/18/15	PMT BY CHECK	DOS 4/10/15* # 0058793688	-180.00
01/23/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE* (P.M.)	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
01/23/15	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE* (A.M.)	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
07/08/15	PMT BY CHECK	DOS 4/10/15* # 0058796238	-230.00
02/05/15	INITIAL EXAM	ACUPUNCTURE W/KIM @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/31/15	63277

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6108
D.O.B. : 2/27/54
Terms : 45 days
Claim #(s):
30130863458-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W.C. DEPARTMENT
ATTN: VERA ORELLANO
P.O. BOX # 14421
LEXINGTON, KY 40512

Case: vs HILTON WORLDWIDE INC
Date Of Injury: 7/23/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/22/15	P AND S	DR ATAMIAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
07/21/15	PMT BY CHECK	DOS 1/23/15* # 0058798353	-180.00

BALANCE 640.0

* 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 14421
Lexington, KY 40512-4421

[redacted]

201507211618

Electronic Service Requested

SINGLE PIECE

2094 0.3820 SP 0.485

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781-4165

4

PAID JUL 28 2015

DATE	CHECK AMT	CHECK NO.
07/21/2015	180.00	0058798353

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services, Inc	1 of 1

63277

Claimant Name	Loss Date	Claim Number
	07/23/2013	30130863458-0001

Amt Paid: 180.00 Description: Miscellaneous Medical
Amt Billed: 180.00 Invoice:
Dates: 01/23/2015-01/23/2015 Comment:
ICN: 125072870.6

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.

[redacted]

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/28/15	65067

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6486
D.O.B. : 10/14/69
Terms : 45 days
Claim #(s):
2012190220, 20122190222,

BILL TO:
EMPLOYERS (NEVADA)
W.C. DEPARTMENT
ATTN: ROBERT CHINBOLD/ BRIAN M.
P.O. BOX # 539004
HENDERSON, NV 89053-9004

Case: vs FAIRPLAY ELECTRIC CARS
Date Of Injury: 7/13/12,9/12,7/11/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/10/15	LEGAL C&R	C&R READING @ WCAB LBO	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/24/15	PMT BY CHECK	DOS 3/10/15* # 260395658	-250.00

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.

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: 260395658
Check Date: 04/24/2015

Claim Number: 2012180649
Injured Employee:

Payment Description: Interpreter
Billed Date: 04/14/2015
Service Period: 03/10/2015 through 03/10/2015
Invoice Number: 65067
Billed Amount: $250.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $250.00

Claim Number: 2014241571
Injured Employee:

Payment Description: Medical Interpreter
Billed Date: 04/14/2015
Service Period: 01/20/2015 through 03/02/2015
Invoice Number: 65094
Billed Amount: $360.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $360.00

Check Total: **$610.00**

PAID APR 28 2015

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/27/15	64862

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-6842
D.O.B. : 4/23/71
Terms : 45 days
Claim #(s):
30131383126-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14450)
W.C. DEPARTMENT
ATTN: NANCY GIACOMI
PO BOX 14450
LEXINGTON, KY 40512

Case: vs MIMIS CAFE
Date Of Injury: 11/20/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/19/15	LEGAL_PREP	DEPO PREP @ L/O PRINDLE, AMARO, GOETZ	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/30/15	LEGAL_REVIEW	DEPO REVIEW @ L/O NORMAN HOMEN	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/23/15	PMT BY CHECK	DOS 1/19/15-1/30/15* # 0055929395	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

P69050288006

Sedgwick Claims Management Services, Inc
P O Box 14450
Lexington, KY 40512-4450

201504231616

Electronic Service Requested

1 OF 1

ENV 2139

SINGLE PIECE

2139 0.3820 SP 0.480

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781-4165

4

DATE	CHECK AMT	CHECK NO.
04/23/2015	406.50	0055929395

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
210 Sedgwick Claims Management Services, Inc	1 of 1

Claimant Name	Loss Date	Claim Number
	11/20/2013	30131383126-0001

Amt Paid: 406.50 Description:
Amt Billed: 406.50 Invoice: 64862
Dates: 01/19/2015-01/30/2015 Comment:

ICN: 301313831260001

PAID APR 27 2015

Questions about other Sedgwick CMS payments? Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/21/15	65030

EAMS#(s):

SS # : XXX-XX-5653
DOB : 12/10/57
Terms : 45 days
Claim #(s):
SP601954

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 65005
FRESNO, CA 93650

Case: . vs WING LEE MARKET
Date Of Injury: 5/9/03

DOS	SERVICE	DESCRIPTION	AMOUNT
11/04/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT* (IPM)	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
04/14/15	PMT BY CHECK	DOS 11/4/14* # CP-852029	-180.00
03/27/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/03/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/30/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
01/30/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
05/21/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
04/23/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
02/27/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
06/19/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
09/01/15	PMT BY CHECK	DOS 11/04/14-06/19/15 # CP-877002	-720.00
07/10/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
10/16/15	PMT BY CHECK	DOS 7/10/15* # CP-885565	-180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/21/15	65030

EAMS#(s):

SS # : XXX-XX-5653
DOB : 12/10/57
Terms : 45 days
Claim #(s):
SP601954

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 65005
FRESNO, CA 93650

Case: , vs WING LEE MARKET
Date Of Injury: 5/9/03

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 720.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals: 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CP-885565**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 10/16/15
Doc #: 030301278

Medical

65030

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** SP601954		**Date of Injury:** 05/09/03		
SSN: XXX-XX-5653 Employer name: WING LEE MEAT				Employer ID: 0000001594726020					
ICD-9 Code: 999.9 COMPLIC MED CARE NEC/NOS									
1	SF1-SFCA-15809650	07/10/15	999Q2	Interpreter Treatmen	2	180.00	.00	723 A01 B03 G67	180.00

Total Allowances: **$180.00**

PAID AUG 19 2015

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.
To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

0132364003030127800l 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#
05/07/15	64056

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : N/A
Terms : 45 days
Claim #(s):
WC10103204

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W.C. DEPARTMENT
ATTN: DOLLORES HATTIER
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: rs TRACI MAI/ THAO L. HOANG
Date Of Injury: 5/20/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/06/14	LEGAL_PREP	DEPO PREP @ L/O MACRAE	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
12/10/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/25/15	LEGAL_WCAB	PRIORITY CONFERENCE @ WCAB ANA	156.50
/ /	INTERPRETER:	MARIA SEARS # 100795	0.00
04/23/15	PMT BY CHECK	DOS 11/6/14-12/10/14* =# 3812082221	-406.50

BALANCE 156.50

* 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: 3812082221
Date: 04/23/2015

Amount: $406.50******

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

PAID APR 27 2015

64056

Claimant/Patient:
Insured: TRACY MAI
Date of Loss: 05/20/2014
Claim Number: WC10103204
Correspondence Reference: XT1PS89RN

Claim Representative: DOLORES HATTIER
Office Phone Number: 8185402257
Applicable Coverage: Workers' Compensation

Additional Information:
64056 DOS 11-6-14 TO 12-10-14 If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

From/To Dates	Benefit Type	Benefit Amount	Overpayment W/H	Net Amount
11/06/14 - 11/06/14	Other Specified Indemnity	$156.50		$156.50
12/10/14 - 12/10/14	Other Specified Indemnity	$250.00		$250.00

TOTAL Benefits Paid To Date :

Other Specified Indemnity	$2738.06	

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

01 01 000639 XT1PS89RN1 CE0423P1 02 [ ] 000665

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/08/15	65841

EAMS#(s):

SS # :
DOB : 5/5/74
Terms : 45 days
Claim #(s):
TWCS-2173

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: CYNTHIA MURPHY
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs DSS STAFFING INC
Date Of Injury: 7/8/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/12/15	LEGAL_WCAB	EXH. HEARING @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/14/15	PMT BY CHECK	DOS 5/12/15 # 1708355	-156.50
09/17/15	LEGAL_C&R	C&R READING @ L/O MICHELLE GAVRIEL	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/01/15	PMT BY CHECK	DOS 9/17/15* # 1743169	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

INSURANCE FRAUD IS A CRIME AND IS PUNISHABLE BY LAW

Mailing Information:

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN, CA 92781-4165

Claim Number: TWCS-2173
Claimant:
Date of Loss: 07/08/2013

Check Number: 1743169
Check Date: 10/01/2015
Check Amount: $250.00
Type of Payment:
EP 61 - MISC. ALL OTHER

PAID OCT 07 2015

Location: 259 Dss Staffing, Inc. 1800 E. Lambert Road of Dss Staffing, Inc.

For Period: 05/12/2015 to 09/17/2015
InvoiceNo: 65841
IRS #: 33-0956713
Handling Office: 705-Los Angeles, Roseville, CA

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

WARNING: AN ARTIFICIAL WATERMARK IN A CRISSCROSS PATTERN IS PRESENT ON THE REVERSE SIDE. HOLD AT AN ANGLE TO VIEW. - PAPER WILL TURN BROWN IF CHEMICALLY ALTERED. - FLUORESCENT FIBERS ARE ALSO EMBEDDED INTO THIS DOCUMENT

YORK
P.O BOX 5245
PARSIPPANY, NJ 07801
(973) 541-1330

WELLS FARGO BANK, N.A.
190 RIVER ROAD, NJ3179
SUMMIT, NJ 07901-1444
55-2/212

NOT VALID AFTER SIX MONTHS
CLAIM NUMBER
TWCS-2173
DATE CHECK NO.
10/01/2015 1743169
AMOUNT
***$250.00

ON BEHALF OF
4738 Tower Castlepoint NSM Staffing

PAY TWO HUNDRED FIFTY AND 0/100

TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS, INC.
Mail to: P.O. BOX 4165
TUSTIN, CA 92781-4165

Richard Talbot

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER $25,000.00.

⑈1743169⑈ ⑆121000248⑆ 2000013486965⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/19/15 67486

EAMS#(s):

SS # :
DOB : 10/12/60
Terms : 45 days
Claim #(s):
30154448534-001

BILL TO:
SEDGWICK/SRS (LX-14153)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
PO BOX 14153
LEXINGTON, KY 40512

Case: vs SP PLUS
Date Of Injury: CT 1/11/11 - 5/29/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/18/15	LEGAL_PREP	DEPO PREP @ L/O STACEY TOKUNAGA	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
10/07/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/12/15	PMT BY CHECK	DOS 9/18/15* # 0062490856	-156.50
11/16/15	PMT BY CHECK	DOS 10/7/15* # 0062491001	-250.00

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.

P6905028006

Sedgwick Claims Management Services, Inc
PO Box 14153
Lexington, KY 40512-4153

20151116161O

Electronic Service Requested

1 OF 1

ENV 5580

SINGLE PIECE

5580 0.3820 SP 0.485

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781-4165

DATE	CHECK AMT	CHECK NO.
11/16/2015	250.00	0062491001

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services, Inc	1 of 1

67486

Claimant Name	Loss Date	Claim Number
	05/29/2015	30154448534-0001

Amt Paid: 250.00 Description:
Amt Billed: 250.00 Invoice: 301721
Dates: 10/07/2015-10/07/2015 Comment:

ICN: 301544485340001

PAID NOV 19 2015

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/16/15 67023

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
345C561582

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: ELIZABETH PIREYRO
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs RANDSTD NORTH AMERICA
Date Of Injury: 5/7/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/17/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/27/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI (A.M.)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/27/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI (P.M.)	250.00
/ /	INTERPRETER:	MARIA E. PACO CORTEZ # 100533	0.00
11/10/15	PMT BY CHECK	DOS 8/17/15-8/27/18* # DA75141356	-656.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

PDWLDMCD-Q01399-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 11/10/15

CHECK NO. **DA75141356**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 00345 DA75141356
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C5631582

DOLLARS
$********656.50

*** NOT NEGOTIABLE ***

FOR
08/17/15 THRU 08/27/15 67023

CLAIMANT

DATE OF EVENT
05/07/15

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 NOV 16 2015

PDWLDMCD-01399-01-01-00

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/16/15 62927

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
30120372618-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W. C. DEPARTMENT
ATTN: DOROTHY ALBNECHT
PO BOX # 14421
LEXINGTON, KY 40512-4421

Case: vs ROSS STORES
Date Of Injury: 3/8/12

DOS	SERVICE	DESCRIPTION	AMOUNT
07/15/14	DEPO PREP	@ THE L/O OF PRINDLE, AMARO GOETZ	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/04/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/26/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/12/15	PMT BY CHECK	DOS 7/15/14-10/26/15* # 0060377998	-563.00

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.

P6905028006

Sedgwick Claims Management Services, Inc
PO Box 14421
Lexington, KY 40512-4421

201511111612

Electronic Service Requested

SINGLE PIECE

2107 0.3820 SP 0.485

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781-4165

4

PAID NOV 16 2015

1 OF 1

ENV 2107

DATE	CHECK AMT	CHECK NO.
11/12/2015	563.00	0060377998

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
100 Sedgwick Claims Management Services, Inc	1 of 1

Claimant Name	Loss Date	Claim Number
	03/07/2012	30120372618-0001

Amt Paid: 563.00 Description:
Amt Billed: 563.00 Invoice: 62927
Dates: 07/15/2014-10/26/2015 Comment:

ICN: 183331328.338

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/06/15	64049

Claim # : E0B4782
W.C.A.B.:
ADJ # : ..
S.S.N. : XXX-XX-N/A
D.O.B. : 12/2/79
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W.C. DEPARTMENT
ATTN: ANTOINETTER MCCORGO
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs CHOURA EVENTS
Date Of Injury: 7/30/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/27/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/26/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
01/06/15	PMT BY CHECK	DOS 10/27/14* # 891A 85826982	-156.50
01/06/15	LEGAL_WCAB	MSC @ WCAB LB - CARMEN GUZMAN # 100585	156.50
01/28/15	PMT BY CHECK	DOS 11/26/14* # 891A 85891204	-250.00

BALANCE 156.50

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA09101

891A 85891204

TRAVELERS

DATE: 01/28/15
LOSS DATE: 07/30/14
FILE NUMBER: 152 CB E0B4782 F

EMPLOYEE

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PAID FEB 02 2015

ACCOUNT NAME:
CHOURA EVENTS

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 11/26/2014

TOTAL PAID: $250.00
TAX INFO: 330956713317481Y
PAY MISC: 64049
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: ANTOINETTE K MCCARGO AT (909)612-3292

8009219
- DETACH CHECK

UNSUMM
OVRPUNS2:1212

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#
02/09/15	60607

Claim # : TWCS-2779
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5371
D.O.B. : 5/1/85
Terms : 45 days

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W.C. DEPARTMENT
ATTN: CINDY HALL
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs PARKER PERSONNEL
Date Of Injury: 11/4/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/07/14	DEPO PREP	@ THE L/O OF ADELSON, TESTAN, BRUNDO, NOVELL, JIME	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/10/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/05/14	PMT BY CHECK	DOS 1/7/14-2/10/14* # 1449432	-406.50
12/30/14	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
02/05/15	PMT BY CHECK	DOS 12/30/14* # 1625820	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

INSURANCE FRAUD IS A CRIME AND IS PUNISHABLE BY LAW

Mailing Information:

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN, CA 92781-4165

Claim Number: TWCS-2779
Claimant:
Date of Loss: 11/04/2013

Check Number: 1625820
Check Date: 02/05/2015
Check Amount: $250.00
Type of Payment:
MP 176 - INTERPRETER MED

PAID FEB 09 2015

Location: 27191 Parker Personnel, Inc. 5027 E. Gage Avenue of Parker Personnel Inc

For Period: 01/07/2014 to 12/30/2014
InvoiceNo: 60607
IRS #: 33-0956713
Handling Office: 705-Los Angeles, Roseville, CA

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

WARNING: AN ARTIFICIAL WATERMARK IN A CRISSCROSS PATTERN IS PRESENT ON THE REVERSE SIDE. HOLD AT AN ANGLE TO VIEW. • PAPER WILL TURN BROWN IF CHEMICALLY ALTERED • FLUORESCENT FIBERS ARE ALSO EMBEDDED INTO THIS DOCUMENT

YORK
P.O BOX 5245
PARSIPPANY, NJ 07801 (973) 541-1330

WELLS FARGO BANK, N.A.
190 RIVER ROAD, NJ3179
SUMMIT, NJ 07901-1444
55-2/212

NOT VALID AFTER SIX MONTHS

CLAIM NUMBER
TWCS-2779

DATE 02/05/2015
CHECK NO. 1625820

AMOUNT
***$250.00

ON BEHALF OF
4738 Tower Castlepoint NSM Staffing

PAY
TWO HUNDRED FIFTY AND 0/100

TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS, INC.
Mail to: P.O. BOX 4165
TUSTIN, CA 92781-4165

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER $25,000.00.

⑈ 1625820 ⑈ ⑆121000248⑆ 2000013486965⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/06/15	64050

Claim # : 35473
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 12/27/63
Terms : 45 days

BILL TO:
PREFERRED EMPLOYERS (SAN DIEG)
W.C. DEPARTMENT
ATTN: LORIE WOODS
P.O. BOX # 85838
SAN DIEGO, CA 92186-5838

Case: vs AESA INTERNATIONAL
Date Of Injury: 6/17/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/27/14	LEGAL_PREP	DEPO PREP @ L/O STOCKWELL & HARRIS	156.50
/ /	INTERPRETER:	JOHN MORELL # 100644	0.00
12/12/14	PMT BY CHECK	DOS 10/27/14* # 5000450856	-156.50
12/12/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/03/15	PMT BY CHECK	DOS 12/12/14* # 5000455529	-250.00

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.

Berkley Insurance Company
Preferred Employers Insurance Company
(888) 472-9001

P. O. BOX 85838
SAN DIEGO, CA 92186-5838

WELLS FARGO BANK
115 HOSPITAL DRIVE
VAN WERT, OH 45891

5000455529

56-382/412

Date of Check	Claim Number	Date of Injury	Payment From	Payment Thru
February 03,2015	See stub for detail	See stub for detail	December 12,2014	December 12,2014

Claimant
See Stub For Detail

Amount
$250.00

Pay EXACTLY Two Hundred Fifty DOLLARS and NO/100 CENTS **********

TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS, INC.
P. O. BOX 4165
TUSTIN, CA 92781

Steven Galbraith

Not Valid After 90 Days From Date of Issue

⑈5000455529⑈ ⑆041203824⑆9600111163⑈

RUB OR BREATHE ON THE PINK LOCK & KEY ICONS - COLOR WILL FADE AND THEN REAPPEAR ON AN AUTHENTIC CHECK - IF COLOR DOES NOT FADE DO NOT ACCEPT

PREFERRED EMPLOYERS
INSURANCE COMPANY
A BERKLEY COMPANY

February 03,2015
5000455529

PAID FEB 06 2015

JOYCE ALTMAN INTERPRETERS, INC.
P. O. BOX 4165
TUSTIN, CA 92781

Re: MR (AESA INTERNATIONAL, INC.) D.O.I. 06/17/2014
Claim Number: 35473

From	To	Amount	Invoice Number	Payment Type
12/12/14	12/12/14	250.00	64050	OTHER INDEMNITY - MISC

Check Amount: $250.00

If you have any questions, please call (888) 472-9001

P. O. BOX 85838, SAN DIEGO, CA 92186-5838

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/09/15	62661

Claim # : 05894042
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9853
D.O.B. : 7/25/76
Terms : 45 days

BILL TO:
SCIF (FRESNO)
W.C. DEPARTMENT
ATTN: MICKEY JAMES
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs SKYS CONSTRUCTION
Date Of Injury: 5/16/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/11/14	WCAB SA	MSC - ROSARIO PALMER # 100715	156.50
08/25/14	DEPO PREP	@ THE L/O OF HUTCHINGS COURT REPORTERS	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/22/14	PMT BY CHECK	DOS 6/11/14* # CU-150027	-156.50
10/27/14	PMT BY CHECK	DOS 8/25/14* # CU-158959	-156.50
12/09/14	LEGAL REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/06/15	PMT BY CHECK	DOS 12/9/14* # CU-183417	-250.00

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.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-183417**

Issue Date: 02/06/15
Doc #: 029341392

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** SL190283			
1	STIP	05/02/12	05/02/12	Medical Services	1		140.00
			Patient Name	**Claim #:** 05894042			
2	62661	12/09/14	12/09/14	Interpreter fees	1		250.00
					Total Allowances:		**$390.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
SL190283	140.00	.00	140.00
05894042	250.00	.00	250.00

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

Notations:

05894042 INVOICE 62661;
SL190283 STIPULATION;

PAID FEB 09 2015

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence. Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

State Compensation Insurance Fund

Medical
SA

Glendale District Office
PO BOX 65005
Fresno, CA 93650-5005

CU-183417
Union Bank
Los Angeles, California

90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
February 06, 2015	**$*******390.00**

PAY ****Three Hundred Ninety and 00/100 Dollars****ONLY

To The Order Of
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

⑈521018347⑈ ⑆122241501⑆ ⑈908100104⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/24/15 67607

EAMS#(s):

SS # :
DOB : 6/24/60
Terms : 45 days
Claim #(s):
710824291

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: JACQUELINE SUARES
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: [redacted] vs AL LARSON BOAT SHOP
Date Of Injury: 5/22/10 - 5/22/11

DOS	SERVICE	DESCRIPTION	AMOUNT
09/22/15	LEGAL_C&R	C&R READING @ L/O MICHELLE GARVIEL	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/20/15	PMT BY CHECK	DOS 9/22/15* =# 29574937	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

P4000028000

20151204005

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

Electronic Service Requested

SINGLE PIECE

106 1.7220 SP 0.705

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 29574937
RFP No.: 270925
Check Date: 11/20/2015
Check Amount: 250.00
Insured: AL LARSON BOAT SHOP

Claimant:

Claim Office: 710
Insuring Company: NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH
Payee Name: JOYCE ALTMAN INTERPRETERS

67607

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000005866098	00824291	001	05/02/2011	MED	O	250.00
					Total Amount	250.00

Reason for Payment
ORG: 250.00 ACT: N/A 092215-092215

Use File # 710/00824291 on all correspondence for prompt processing.
For check information call: 877-802-5246

PAID NOV 24 2015

ENV 106 7 OF 8 F

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/12/15	66468

EAMS#(s):

SS # :
DOB : 6/1/83
Terms : 45 days
Claim #(s):
1840073

BILL TO:
AMTRUST NORTH AMERICA (CONCORD
W. C. DEPARTMENT
ATTN: RAMONA LAUSONHALEY
P.O. BOX 4026
CONCORD, CA 94524

Case: vs BLUE PLATE TACO
Date Of Injury: 4/24/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/09/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	OSCAR VALDEZ # 100592	0.00
08/26/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
10/05/15	PMT BY CHECK	DOS 7/9/15-8/26/15* # 00734694	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

WESCO INSURANCE CO (Claims Funding)
PO Box 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
00734694
1840073-1
WWC3103318

DATE	AMOUNT
10/5/2015	$406.50

PAY Four Hundred Six and 50/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

Mail To

JOYCE ALTMAN INTERPRETERS
P O BOX 4165
TUSTIN, CA 92781-4165

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00734694⑈ ⑆021309379⑆ 601894744⑈

Check Number	00734694
Claim Number:	1840073-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WWC3103318/Blue Plate Taco, LLC
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	4/24/2015
Location:	1515 Ocean Ave. Santa Monica CA 90401 -
Examiner Code:	rlawsonhaley

PAID OCT 12 2015

Amount:	$406.50	WESCO INSURANCE CO (Claims Funding) 1148 on behalf of Wesco Insurance Company
Dates of Service:	7/9/2015-8/26/2015	PO Box 740042
Explanation:	66468	Atlanta, GA 30374-0042
Category:	E10 - Interpreter	
Placement:	4 - Expense	888-239-3909
Transaction Type:		

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/09/15	65787

EAMS#(s):

SS # :
DOB : 3/19/61
Terms : 45 days
Claim #(s):
2080264518; 2080269471; 2

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: SID RODRIGUEZ
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs E RECYCLING OF CALIFORNIA
Date Of Injury: 1/31/12;5/8/12;9/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/24/15	LEGAL_PREP	DEPO PREP @ L/O TOBIN LUCKS	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
06/18/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/29/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/06/15	PMT BY CHECK	DOS 4/24/15-7/29/15* # 1100561410	-563.00

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.

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00908

PAID OCT 09 2015

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0310068 001 ZM	WC 9306564	65787		09/12/14	04/24/15-07/29/15

Check Number	1100561410	Date Issued	10/06/15	Amount	$*****563.00
Insured	E-Recycling				
Claimant					
Nature of Payment	INV # 65787				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Vijay CG-Radhakrishnan				
File Supervisor	Gloria Holmes	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	563.00		
TOTAL	$563.00		

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/07/15 60173

EAMS#(s):

SS # :
DOB : 10/2/73
Terms : 45 days
Claim #(s):
135258

BILL TO:
LWP CLAIMS SOLUTION (SAC)
W. C. DEPARTMENT
ATTN: TOBY MIKELBANK
P.O. BOX 349016
SACRAMENTO, CA 95834

Case: vs LA LATH AND PLASTERS INC.
Date Of Injury: 5/22/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/22/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
02/27/14	DEPO PREP	@ THE L/O OF TOBIN LUCKS	156.50
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
04/10/14	PMT BY CHECK	DOS 10/22/13-2/27/14* # 2375	-313.00
04/10/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/10/14	PMT BY CHECK	DOS 10/23/10-4/10/14* # 2562	-250.00
07/24/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/05/15	PMT BY CHECK	DOS 7/24/15* # 64862	-250.00

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.

New York Marine and General Insurance Company
Administered by: LWP Claims Solutions, Inc.
PO Box 349016, Sacramento, CA 95834
FOR: L.A. Lath and Plaster, Inc.

JP Morgan Chase Bank, NA
New York, NY

1-2/210

577235000
Account Number

VOID AFTER 180 DAYS

Check No. 64862
Date 10/05/2015

$250.00

PAY Two Hundred Fifty & 00/100 Dollars

PAY TO THE ORDER OF

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

Judy Adlam
Signature

⑈0000064862⑈ ⑆021000021⑆ 577235000⑈

CLAIM NUMBER	CLAIMANT	LOSS DATE	INVOICE NUMBER	SERVICE DATES
0000135258		05/22/2013	60173	07/24/2015 - 07/24/2015

Reference: **BR# LWPSPB5563223*
Comments: **ImgID 5563223*

Service	Service Dates	Amount Paid
Interpretation (depositions-le	07/24/2015 - 07/24/2015	250.00

PAID OCT 07 2015

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/21/15 65756

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 7/14/67
Terms : 45 days
Claim #(s):
51C954942; 55C183840

BILL TO:
SENTRY INSURANCE (WI-8032)
W.C. DEPARTMENT
ATTN: BEN GULLICKSON
P.O. BOX 8032
STEVENS POINT, WI 54481

Case: vs COTY/ OPI PRODUCTS
Date Of Injury: 11/11-12/14;1/14-12/

DOS	SERVICE	DESCRIPTION	AMOUNT
04/15/15	LEGAL_PREP	DEPO PREP @ L/O GOLDMAN, MAGDALIN	156.50
/ /	INTERPRETER:	CARMEN GONZALEZ # 49448683	0.00
06/26/15	PMT BY CHECK	DOS 4/15/15* # 45653612	-156.50
06/23/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
07/15/15	PMT BY CHECK	DOS 6/23/15* # 45681515	-250.00

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.

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 45681515

1 1 1,414 15196 BCLM.FZT706EN

REFERENCE NO. 107450104
EMPLOYEE/PATIENT:

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

PAID JUL 21 2015

INVOICE# 65756

CL NO. 51C954942

NOT NEGOTIABLE
$******250.00

6568 THIS PAYMENT COVERS--041515 THRU 062315 ACCT#65756 (10/13)

Detach Here

CLAIM ACCOUNT

No. 45681515

56-382
412

WELLS FARGO BANK, N.A.
VAN WERT, OH 45891

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
51C954942	02/27/12	COTY INC	07/15/15

PAYMENT COVERS	AMOUNT
041515 THRU 062315 ACCT#65756	$*******250.00

TWO HUNDRED FIFTY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

⑈45681515⑈ ⑆041203824⑆960003168⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/06/15 66483

EAMS#(s):

SS # :
DOB :
Terms : 45 days
Claim #(s):
6342083A00111

BILL TO:
CARL WARREN & CO. (TUSTIN)
W. C. DEPARTMENT
ATTN:
P.O. BOX # 2422
TUSTIN, CA 92781

Case: vs CARDENAS MARKETS INC
Date Of Injury: 9/28/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/20/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/09/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/25/15	PMT BY CHECK	DOS 7/20/15* =# 000002546	-156.50
11/02/15	PMT BY CHECK	DOS 7/20/15-9/25/15* # 1062130	-250.00

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.

Bank of America
Costa Mesa, CA
16-66/1220

Carl Warren and Company
ATF
Cardenas Markets

Branch: Orange (ORG)
Carl Warren & Company
PO Box 2916
Mission, KS 66201-1316
714-544-0980

Issue Date: 11/2/2015
Payee: JOYCE ALTMAN INTERPRETERS INC
Memo:

Check #: 106130
Check Amount: 250.00

Claim Number	Claimant	Loss Date	Payment Type	Payment Detail	[illegible]	From Date	To Date	[illegible]	Amount
6342-083A00111	66483	9/28/2014	Legal Expense	Bilingual Translations		7/20/2015	9/25/2015		$250.00

PAID [illegible] 06 2015

[redacted]

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/21/15	65761

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 7/20/58
Terms : 45 days
Claim #(s):
135-7777021110000024

BILL TO:
PATRIOT RISK SVCS (GLEN-29066)
W.C. DEPARTMENT
ATTN: JOSEPHINE LEMUS
P.O. BOX 29066
GLENDALE, CA 91209

Case: vs SOUTHLAND TRANSIT INC.
Date Of Injury: 7/7/11

DOS	SERVICE	DESCRIPTION	AMOUNT
04/30/15	LEGAL_PREP	DEPO PREP @ L/O GRANCELL, STANDER, REUBENS	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/17/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/25/15	PMT BY CHECK	DOS 4/30/15* # 79718017	-156.50
07/10/15	PMT BY CHECK	DOS 6/17/15* # 79732236	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

CALIFORNIA INSURANCE GUARANTEE ASSOC.
P.O. BOX 29066
GLENDALE, CA 91209-9066

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

Address Service Requested

Phone: (818) 844-4300

000074-00001-000147 CIG2 2167846
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781

CHECK NUMBER: 79732236

Description	Invoice	CLAIM #	G/L Code	Serv/From	Serv/To	Amount
Interpreter2	65761	7777021110000024		06/17/15	06/17/15+	$250.00

TOTAL: $250.00

PAID JUL 21 2015

SECURITY FEATURES ON THIS DOCUMENT INCLUDE A MICRO-PRINT BORDER AND VOID PANTOGRAPH ON FACE AND A RULED PATTERN AND WHITE WATERMARK ON BACK.

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

BANK OF AMERICA NT SA
LOS ANGELES, CA 90067

CHECK NO. 79732236

DATE: 07/10/2015

Claim#: 7777021110000024
Claimant:
Insured: Southland Transit Inc
DOL: 07/07/2011

16-66/1220

AMOUNT
*******$250.00

VOID 120 DAYS AFTER DATE OF ISSUE

PAY TWO HUNDRED FIFTY AND 00/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Memo Inv 65761 Bal Due

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

CIG

⑈79732236⑈ ⑆122000661⑆ 44177⑈50212⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/21/15 65775

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 10/19/69
Terms : 45 days
Claim #(s):
186907283

BILL TO:
BROADSPIRE INS (SCAN-DEPT)
W.C. DEPARTMENT
ATTN: ADAM SIERDSMA
P.O. BOX # 14352
LEXINGTON, KY 40512

Case: vs EUGENE & ASSOC. dba CHAYA REST
Date Of Injury: 11/4/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/30/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/28/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/16/15	PMT BY CHECK	DOS 4/30/15-5/28/15* # 5635316691 BROADSP	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

CALIFORNIA INSURANCE GUARANTEE ASSOC.
P.O. BOX 29066
GLENDALE, CA 91209-9066

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

Address Service Requested

000345-00001-000345 CIG1 2170627
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781

Page: 1 OF 2
Phone: (818) 844-4300

CHECK NUMBER: 79798064

Description	Invoice	CLAIM #	G/L Code	Serv/From	Serv/To	Amount
Interpreter2	65781	7777021110000024		09/21/15	09/21/15	$250.00
TOTAL:						$250.00

PAID OCT 08 2015

SECURITY FEATURES ON THIS DOCUMENT INCLUDE A MICRO-PRINT BORDER AND VOID PANTOGRAPH ON FACE AND A RULED PATTERN AND WHITE WATERMARK ON BACK.

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

BANK OF AMERICA NT SA
LOS ANGELES, CA 90067

CHECK NO. 79798064

DATE: 10/02/2015

Claim#: 7777021110000024
Claimant:
Insured: Southland Transit Inc
DOL: 07/07/2011

16-66/1220

AMOUNT
*******$250.00

VOID 120 DAYS AFTER DATE OF ISSUE

PAY TWO HUNDRED FIFTY AND 00/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Memo Inv 65761 DOS 09/21/15

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

cie

⑈79798064⑈ ⑆122000661⑆ 14177⑈50212⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/21/15 65783

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 9/3/52
Terms : 45 days
Claim #(s):
30143102318-0001

BILL TO:
SEDGWICK/SRS (LX-14153)
W.C. DEPARTMENT
ATTN: SCOTT PERVIX
PO BOX 14153
LEXINGTON, KY 40512

Case: vs DOUG & JULIE MORRIS/MORRA RANC
Date Of Injury: 8/2/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/28/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/22/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/17/15	PMT BY CHECK	DOS 4/28/15* # 0055782136	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

P6905028006

20150717614

Sedgwick Claims Management Services, Inc
PO Box 14153
Lexington, KY 40512-4153

Electronic Service Requested

PAID JUL 21 2015

3 OF 3

ENV 2422

SINGLE PIECE
2422 0.7389 SP 0.485

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781-4165

DATE	CHECK AMT	CHECK NO.
07/17/2015	406.50	0055782136

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services, Inc	1 of 1

Claimant Name	Loss Date	Claim Number
	08/02/2013	30143102318-0001

Amt Paid: 406.50
Amt Billed: 406.50
Dates: 04/28/2015-06/22/2015
Description:
Invoice: 65783
Comments:

ICN: 301431023180001

Questions about other Sedgwick CMS payments? Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/22/15	66056

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5895
D.O.B. : 9/12/35
Terms : 45 days
Claim #(s):
1652701

BILL TO:
AMTRUST NORTH AMERICA (CONCORD
W.C. DEPARTMENT
ATTN: RINALYN TOVAR
P.O. BOX 4026
CONCORD, CA 94524

Case [redacted] vs DEREK BEDELL ENTERP THE HOME
Date Of Injury: 10/8/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/14/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARTHA HASSAN # 01430180	0.00
06/15/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/16/15	PMT BY CHECK	DOS 6/15/15* # 00828749	-250.00
07/15/15	PMT BY CHECK	DOS 5/14/15* # 00827346	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

VOID VOID VOID

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/29/15 66281

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 1/13/56
Terms : 45 days
Claim #(s):
10101411503

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W.C. DEPARTMENT
ATTN: PETER MACERA
P.O. BOX # 85563
SAN DIEGO, CA 92186-5563

Case: vs SF APPAREL
Date Or Injury: 8/1/13- 10/17/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/23/14	LEGAL_PREP	DEPO PREP @ L/O SINGER & BENJUMEA	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/22/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/24/15	PMT BY CHECK	DOS 12/24/14* # 442361	-156.50
03/13/15	PMT BY CHECK	DOS 1/22/15* # 0449709	-250.00
04/27/15	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/05/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI (VOL-II)	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/29/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI (VOL. II)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/07/15	PMT BY CHECK	DOS 12/23/14-6/5/15* # 0000849503 ICW	-313.00
07/22/15	PMT BY CHECK	DOS 06/29/15-06/29/15 * # 0001007173 ICW	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 07/22/2015
Check Number: 0001007173
Check Amount: $250.00

CPZ926

Sign up today for Electronic Funds Transfer (EFT). ICW Group now uses JopariPay to speed payments directly to your bank account. Visit icw.jopari.net and sign up by entering your registration code, CPZ926

00018 JOP1ZS01 1Z 6300017035-6300799723
JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN, CA 92781-1460

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
010-14-11503		08/31/2014	66281 245463		06/29/2015	06/29/2015	$250.00

Cat	SubPC	Stub Notes	Stub Amount
43		DEPO REVIEW	$250.00
			$250.00

PAID JUL 28 2015

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/23/15 65746

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 6/4/61
Terms : 45 days
Claim #(s):
135-7774011110001273

BILL TO:
PATRIOT RISK SVCS (GLEN-29066)
W.C. DEPARTMENT
ATTN: ROXANNE TILLMAN
P.O. BOX 29066
GLENDALE, CA 91209

Case: vs SUPERIOR GROCERS
Date Of Injury: 8/30/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/09/15	LEGAL_PREP	DEPO PREP @ L/O FLOYD SKERREN	156.50
/ /	INTERPRETER:	MARIA E. PACO CORTEZ # 100533	0.00
05/08/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL. III	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/14/15	PMT BY CHECK	DOS 4/9/15-5/8/15* # 79733931	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

CALIFORNIA INSURANCE GUARANTEE ASSOC.
P.O. BOX 29066
GLENDALE, CA 91209-9066

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

Address Service Requested

000182-00001-000182 CIG1 2167928
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781

Phone: (818) 844-4300

CHECK NUMBER: 79733931

Description	Invoice	CLAIM #	G/L Code	Serv/From	Serv/To	Amount
Interpreter2	65746	7774011110001273		04/09/15	05/08/15+	$406.50

TOTAL: $406.50

PAID JUL 23 2015

SECURITY FEATURES ON THIS DOCUMENT INCLUDE A MICRO-PRINT BORDER AND VOID PANTOGRAPH ON FACE AND A RULED PATTERN AND WHITE WATERMARK ON BACK.

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

BANK OF AMERICA NT SA
LOS ANGELES, CA 90067

CHECK NO. 79733931

DATE: 07/14/2015

Claim#: 7774011110001273
Claimant:
Insured: Superior Grocers
DOL: 08/30/2012

16-66/1220

AMOUNT
*******$406.50

VOID 120 DAYS AFTER DATE OF ISSUE

PAY FOUR HUNDRED SIX AND 50/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Memo Inv 65746

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

CIG

⑈79733931⑈ ⑆122000661⑆ 14177⑈50212⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/14/15 65739

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 10/19/80
Terms : 45 days
Claim #(s):
YMQ35069

BILL TO:
THE HARTFORD (LEXINGTON-14475)
W.C. DEPARTMENT
ATTN: JACE MAIER
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs JOY V. INTERNATIONAL
Date Of Injury: 9/25/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/06/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/08/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/08/15	PMT BY CHECK	DOS 4/6/15-5/8/15* # 124350838 8	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

THE HARTFORD

000174
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID JUL 14 2015

00177 *

400012 124350838

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
65739 09-25-14	72WEC DR4644 YMQC 35069	JOY-U INTERNATIONAL INC	$406.50

Nature of Benefits:	Nature of Payment:	Service Dates	
Miscellaneous Medical	Source Payment	04-06-2015 05-08-2015	$406.50

Claim Handler: Jace Meier
866/401-9222
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	07-08-2015	Check Number	124350838 8	Total Amount of Check	$406.50

Please keep the above information for your records.

109764817

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#
07/15/15 65811

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/13/73
Terms : 45 days
Claim #(s):
2014251826

BILL TO:
EMPLOYERS/BUNCH CARE SOLUTIONS
W.C. DEPARTMENT
ATTN: GLORIA VALERIO
P.O. BOX
LAKELAND, FL 33802

Case: vs ALB CUTTING SERVICE
Date Of Injury: 8/15/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/23/15	LEGAL_PREP	DEPO PREP @ L/O BLACK AND ROSE	156.50
/ /	INTERPRETER:	OSCAR VALDEZ # 100592	0.00
06/01/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/13/15	PMT BY CHECK	DOS 4/23/15-6/1/15* # 260439726	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

THE FACE OF THIS DOCUMENT HAS A MICROPRINT BORDER. THIS PAPER IS ALTERATION PROTECTED.

EMPLOYERS

Employers Compensation Insurance Company
PO Box 35000 Reno, NV 89511-5000

WELLS FARGO BANK
260439726

56-382
412

DATE:07/13/2015

Pay Twenty Four Hundred Six Dollars And 50/100 AMOUNT
TO THE ORDER OF: **********$2,406.50

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
Tustin, CA 92781-4165

TWO SIGNATURES REQUIRED IF IN EXCESS OF $25,000
VOID AFTER 6 MONTHS

⑈260439726⑈ ⑆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: 260439726
Check Date: 07/13/2015

Claim Number: 2013207094
Injured Employee: \

Payment Description: Interpreter S9428
Billed Date: 07/08/2015
Service Period: 08/06/2013 through 06/04/2014
Invoice Number: n/a
Billed Amount: $2,000.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $2,000.00

Claim Number: 2014251826
Injured Employee:

Payment Description: Interpreter
Billed Date: 06/26/2015
Service Period: 04/23/2015 through 06/01/2015
Invoice Number: 65811
Billed Amount: $406.50
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $406.50

Check Total: **$2,406.50**

PAID JUL 15 2015

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/24/15 59997

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 1/14/58
Terms : 45 days
Claim #(s):
05886954

BILL TO:
SCIF (FRESNO)
W.C. DEPARTMENT
ATTN: RALPH HAWKINS
P.O. BOX # 65005
FRESNO, CA 93650

Case: . vs MODERN TREE SERVICE
Date Of Injury: 10/6/10-1/6/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/25/13	DEPO PREP	@ THE L/O OF SCIF	156.50
/ /	INTERPRETER:	DANIEL FATTORI # 36586781	0.00
11/27/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/24/14	PMT BY CHECK	DOS 10/25/13-11/27/13* # CP-754623	-406.50
02/11/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/17/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/22/15	PMT BY CHECK	DOS 2/11/15-6/17/15* =# CP-869960	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CP-869960**

Issue Date: 07/22/15
Doc #: 029968638

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name: [redacted] 58253 **Claim #:** 05782866 **Date of Injury:** 09/29/11									
SSN: [redacted] Employer name: LUIS A VALENCIA Employer ID: 0000001977190110									
ICD-9 Code:999 COMPLICATIONS OF MEDICAL									
1	SF1-SFCA-15412758	04/23/13	MDO21	Payment By Order	1	.00	.00		.00
2	SF1-SFCA-15412758	09/29/11	MDO21	Payment By Order	1	95.74	.00	961 G67	95.74
								Subtotal:	**95.74**
Patient Name: [redacted] 59997 **Claim #:** 05886954 **Date of Injury:** 05/04/11									
SSN: [redacted] Employer name: MODERN TREE SERVICE Employer ID: 0005290000707100									
3	SF1-SPCA-131893	02/11/15	999Q9	Interpreter Deposit-	1	156.50	.00	375 G5	156.50
4	SF1-SPCA-131893	06/17/15	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
								Subtotal:	**406.50**
								Total Allowances:	**$502.24**

PAID JUL 24 2015

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

22451954

VOID

Medical
SP

State Compensation Insurance Fund
Santa Ana District Office
PO BOX 65005
Fresno, CA 93650-5005

CP-869960
Union Bank
Los Angeles, California
90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
July 22, 2015	$*******502.24

PAY ****Five Hundred Two and 24/100 Dollars****ONLY

To The
Order Of JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

⑈522688996O⑈ ⑆122241501⑆ ⑈908100104 3⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/24/15 55913

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 1/13/80
Terms : 45 days
Claim #(s):
ESG4984

BILL TO:
SAINT PAUL TRAVELERS (SACRAM)
W.C. DEPARTMENT
ATTN: COURTNEY O'NEIL
P.O. BOX # 13089
SACRAMENTO, CA 95813-4089

Case: vs AGOURA LUBE & SMOG
Date Of Injury: CT 6/23/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/31/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
12/18/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/28/13	PMT BY CHECK	DOS 10/31/12-12/18/12 # 891A 83589626	-406.50
02/26/14	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/11/14	PMT BY CHECK	DOS 2/26/14* # 891A 84972979	-156.50
04/29/15	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/15/15	PMT BY CHECK	DOS 4/29/15* # 891A 86225128	-156.50
07/01/15	LEGAL_WCAB	TRIAL @ WCAB LB (FULL DAY)	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566 (AM)	0.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585 (PM)	0.00
07/20/15	PMT BY CHECK	DOS 7/1/15* # 891A 86422276	-313.00
		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.

013388

THE TRAVELERS - RANCHO CORDOVA BI/P
WORKERS COMPENSATION CLAIMS
PO BOX 13089
SACRAMENTO CA 95813-4089

SA06645

891A 86422276

TRAVELERS

PAID JUL 24 2015

DATE: 07/20/15
LOSS DATE: 06/23/12
FILE NUMBER: 480 CB ESG4984 P

EMPLOYEE

ACCOUNT NAME:
LARRY ZINE

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

TRAVELERS PROP CAS CO OF AMERIC 55913

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 07/01/2015

TOTAL PAID: $313.00
TAX INFO: 330956713596647 9Y
PAY MISC: 55913
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: ROBERT L SEFFENS AT (916)638-6526

201006741
DETACH CHECK

UNSUMM-111311
CVMPUNS2-121205
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#
07/24/15	65749

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 1/29/54
Terms : 45 days
Claim #(s):
05834602

BILL TO:
SCIF (SUISUN CITY)
W.C. DEPARTMENT
ATTN: SHERRI WHITE
P.O. BOX # 3171
SUISUN CITY, CA 94585-6171

Case: vs OLIVAS VALDEZ CONSTRUCTION
Date Of Injury: 9/10/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/10/15	LEGAL_PREP	DEPO PREP @ L/O SCIF	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
05/05/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/22/15	PMT BY CHECK	DOS 4/10/15-5/5/15* =# CT-416981	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CT-416981**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 07/22/15
Doc #: 029970413

657419

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 05834602		**Date of Injury:** 09/10/12		
SSN: X	Employer name: OLIVAS VALDEZ INC.			Employer ID: 0000001887607120					
1	SF1-SPCA-133073	04/10/15	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
2	SF1-SPCA-133073	05/05/15	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
							Total Allowances:		**$406.50**

PAID JUL 24 2015

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

0132080402997041301 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#
08/07/15 61464

W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 5/21/81
Terms : 45 days
Claim #(s):
G02720

BILL TO:
FRYE CLAIMS (HAYWARD-3500)
W.C. DEPARTMENT
ATTN: ALANA LIAS
3500 BREAKWATER CTR. BLDG. A
HAYWARD, CA 94545

Case: vs ALEX MOVING AND STORAGE
Date Of Injury: 11/30/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/20/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
04/21/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMAONO # 500263	0.00
05/19/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
06/20/14	PR2/REEVAL	DR BERSTEIN @ IPM*	180.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
07/21/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/19/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/16/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
10/29/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
11/26/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
03/30/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/29/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
05/01/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
01/26/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
08/02/15	PMT BY CHECK	DOS 03/20/14-03/30/15* # 000029928	-1980.00

Transguard Insurance Company of America, Inc.
Claims Account
P.O. Box 2148
Warrenville, IL 60555

Check No. 000029928
Check Date 08/02/2015
Check Amount $*******1,980.00

Claim Number
201200002720

Date of Loss
11/30/2012

Examiner ID
Alana Lias

Payee/Mail To

Joyce Altman Interpreters, Inc

PO Box 4165

Tustin CA 92781-4165

In payment of
Invoice 61464

Service Dates **From** 03/20/2014 **To** 03/30/2015

Payment Type Medical

Claimant Name

Insured Name
URIBE TRUCKING INC

PAID

BY: .....

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/13/15	59962

Claim # : 3394592
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1805
D.O.B. : 11/7/77
Terms : 45 days

BILL TO:
ALPHA FUND
W.C. DEPARTMENT
ATTN: LISA BAEON
P.O. BOX 619084
ROSEVILLE, CA 95661

Case: vs TORRANCE MEMORIAL MEDICAL CENT
Date Of Injury: 1/16/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/11/13	INITIAL EXAM	DR SCHEEL @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/04/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
10/11/13	INITIAL EXAM	DR JARCHI @ WILLOW MEDICAL GROUP*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
10/28/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
11/12/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
12/05/13	INITIAL EXAM	DR OBUKHOFF @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
12/10/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
12/19/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/09/14	PR2/REEVAL	DR OBUKHOFF @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/16/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
02/20/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
03/07/14	PMT BY CHECK	DOS 9/11/13-1/16/14* # 11299	-1950.00
04/22/14	PMT BY CHECK	DOS 9/11/13-3/7/14* # 11689	-180.00
03/27/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
05/01/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/13/15	59962

Claim # : 3394592
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1805
D.O.B. : 11/7/77
Terms : 45 days

BILL TO:
ALPHA FUND
W.C. DEPARTMENT
ATTN: LISA BAEON
P.O. BOX 619084
ROSEVILLE, CA 95661

Case: [redacted] vs TORRANCE MEMORIAL MEDICAL CENT
Date Of Injury: 1/16/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/09/14	PR2/REEVAL	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
05/30/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
08/04/14	PMT BY CHECK	DOS 9/11/13-5/1/14* # 12441	-360.00
06/19/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
09/03/14	PMT BY CHECK	DOS 9/11/13-5/30/14* # 12634	-540.00
07/17/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
08/15/14	PR2/REEVAL	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
10/16/14	PMT BY CHECK	DOS 6/19/14* # 12933	-180.00
09/03/14	PMT BY CHECK	DOS 9/11/13-5/30/14* # 12634	-180.00
09/12/14	PR2/REEVAL	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
12/11/14	PMT BY CHECK	DOS 8/15/14* # 13274	-180.00
09/29/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
01/08/15	PMT BY CHECK	DOS 7/17/14* # 13379	-180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/13/15	59962

Claim # : 3394592
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1805
D.O.B. : 11/7/77
Terms : 45 days

BILL TO:
ALPHA FUND
W.C. DEPARTMENT
ATTN: LISA BAEON
P.O. BOX 619084
ROSEVILLE, CA 95661

Case: vs TORRANCE MEMORIAL MEDICAL CENT
Date Of Injury: 1/16/12

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.

Insurer: Torrance Memorial Medical Center
Client: Torrance Memorial (SI)
Payee: Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 927814165

ALPHA FUND

Delivery Method:
Check Number: 13379
Check Date: 01/08/2015
Check Amount: 180.00

Claimant:
Claim#: 3394592
For:
From: 07/17/2014
Through: 07/17/2014

Document No:

Incident Date: 01/16/2012
Payment Type: M27-Interpreter
Invoice No: 59962
Invoice Date: 12/01/2014
Payment Amount: 180.00

PAID JAN 13 2015

[redacted]

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/29/16	67500

EAMS#(s):

SS # : XXX-XX-2319
DOB : 12/2/83
Terms : 45 days
Claim #(s):
1953325

BILL TO:
AMTRUST NORTH AMERICA (CONCORD
W. C. DEPARTMENT
ATTN: NATASHA GARCIA
P.O. BOX 4026
CONCORD, CA 94524

Case: vs THE ROYAL CUT RESTAURANT
Date Of Injury: 07/21/14 - 07/21/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/03/15	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/18/15	INITIAL ACUP	W/ ACUPUNCT JUNG SOOK CHOI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
09/23/15	INITIAL EXAM	DR MILLMAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	DIANA CHUY DEL OLMO # 301577	0.00
03/23/16	PMT BY CHECK	DOS 9/3/15-9/23/15* # 00102075	-690.00

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.

SEQUOIA INSURANCE COMPANY
P.O. BOX 740042
ATLANTA, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
00102075
1953325-1
QWC1008907

DATE	AMOUNT
3/23/2016	$690.00

PAY Six Hundred Ninety and 0/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS INC

Mail To

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

VOID AFTER 90 DAYS

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING.

⑈00102075⑈ ⑆021000021⑆ 226733883⑈

Explanation Of Bill Review

Check Number	00102075	SEQUOIA INSURANCE COMPANY on behalf of Sequoia Insurance Company
Claim Number:	1953325-1	AmTrust North America
Regulatory ID:		P O Box 4026
Bill Number:	8808864	Concord, CA 94524
Invoice Number:	FP1-MQCA-45064	212-655-2000
Policy / Insured:	QWC1008907/Azorean Grove Investors, Inc.	
Claimant Name:		PAID MAR 29 2016
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC	
Loss Date:	7/21/2015	FP1-MQCA-45064
Location:	CA -	
Examiner Code:	ngarcia	
Network/PPO Network:	G7500	

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
9/3/2015	99911	INTERPRETING SERVICES	1.00	230.00	0.00	0.00	230.00	
9/18/2015	99911	INTERPRETING SERVICES	1.00	230.00	0.00	0.00	230.00	
9/23/2015	99911	INTERPRETING SERVICES	1.00	230.00	0.00	0.00	230.00	
				690.00	0.00	0.00	690.00	

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual providers agreement with the preferred provider organization. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING WITH OPTUM AT HTTPS://WCC.INGENIX.COM AND CHOOSE REQUEST AN ACCOUNT

Reconsiderations and or appeals need to be submitted to the carrier listed above and to Mitchell International 14295 Midway Road Suite 300, Addison, Tx 75001

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE CALL Mitchell International AT 888-380-5616.

MR

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#
03/25/16	65679

EAMS#(s):

SS # : XXX-XX-7612
DOB : 10/25/74
Terms : 45 days
Claim #(s):
06062460

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: CHRISTINE CARR
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs DEMOLITION SPECIALIST INC.
Date Of Injury: CT 1/1/14 - 8/9/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/17/15	PR2/REEVAL	DR JOHNSON/ FRANKE P.A. @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/20/15	PR2/REEVAL	DR JOHSNON @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	PATY PAREDES NAVA # 101026	0.00
02/17/15	PR2/REEVAL	DR JOHNSON/P.A. FRANKE @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/23/16	PMT BY CHECK	DOS 1/20/15-3/17/15* =# CP-910089	-540.00

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.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CP-910089**

Issue Date: 03/23/16
Doc #: 030873225

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name: 65679 **Claim #:** 06062460 **Date of Injury:** 08/10/14									
SSN: XXX-XX-7612 Employer name: DEMOLITION SPECIALIST, INC ~~Employer ID: 0000009104886140~~									
ICD-9 Code: 959.9 INJURY-SITE NOS									
1	SF1-SFCA-16477884	01/20/15	999Q2	Interpreter Treatmen	120	180.00	.00	723 A01 B03 G67	180.00
2	SF1-SFCA-16477884	02/17/15	999Q2	Interpreter Treatmen	120	180.00	.00	723 A01 B03 G67	180.00
3	SF1-SFCA-16477884	03/17/15	999Q2	Interpreter Treatmen	120	180.00	.00	723 A01 B03 G67	180.00
								Subtotal:	**540.00**
Patient Name **Claim #:** 05967546 **Date of Injury:** 11/22/13									
SSN: XXX-XX-3936 Employer name: G D HEIL, INC. Employer ID: 0000400508340120									
ICD-10 Code:T14.90 INJURY, UNSPECIFIED									
4	SF1-SFCA-16516166	03/17/16	MDO10	Payment By Order	1	.00	.00	AA0 G5	.00
5	SF1-SFCA-16516166	11/22/13	MDO10	Payment By Order	1	1,230.00	520.00	961 B03 G67	710.00
								Subtotal:	**710.00**

Total Allowances: **$1,250.00**

PAID MAR 25 2016

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

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#
03/14/16	66364

EAMS#(s):

SS # : XXX-XX-6851
DOB : 4/25/56
Terms : 45 days
Claim #(s):
002616-004426-WC-01

BILL TO:
GALLAGHER BASSETT (LAG HILLS)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 30840
LAGUNA HILLS, CA 92654

Case: vs LIVE NATION WORLDWIDE
Date Of Injury: 10/18/12

DOS	SERVICE	DESCRIPTION	AMOUNT
12/17/14	ADMISSION	DR WILKER @ MONROVIA HOSPITAL *	180.00
/ /	INTERPRETER:	DIANA CHUY DEL OLMO # 301577	0.00
12/18/14	SURGERY	DR WILKER: L/S @ MONROVIA HOSPITAL (2H 54M)	270.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/20/16	ADMISSION	DR WILKER @ MONROVIA HOSP*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/21/16	SURGERY	DR WILKER: L/S @ MONROVIA HOSP (4H 45M)	427.50
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/08/16	PMT BY CHECK	DOS 12/17/14-1/21/16* # 0126237326	-1057.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

GALLAGHER BASSETT-LA/ALISO VIE
P.O. BOX 30840
LAGUNA HILLS CA 92654-0840

0102113 01 RE 0.436 **AUTO T7 0 1546 92781 -P02115

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID MAR 14 2016

DIRECT INQUIRIES TO:

PHONE: 1-949-458-0181
GALLAGHER BASSETT-LA/ALIS
P.O. BOX 30840
LAGUNA HILLS CA 92654-0840

GALLAGHER BASSETT SERVICES INC FOR NEW HAMPSHIRE

CLAIM NO. 002616 004426 WC 01

CLAIMANT:

DESCRIPTION: INV. 66364 DATED 3/1/16.

DATE OF SERVICE: 17-Dec-2014 TO 21-Jan-2016

BRANCH NO. 174

ACC. DATE 18-Oct-2012

CHECK NO. 0126237326

VN. 0000117873

DATE: 08-Mar-2016

PAYMENT AMOUNT: $1,057.50

MR

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0126237326 ATTACHED BELOW

REV 07/13-0001_01_0001 1946-0002361 (326U)

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/08/16	66997

EAMS#(s):

SS # : XXX-XX-0737
DOB : 6/15/58
Terms : 45 days
Claim #(s):
6334083A02271

BILL TO:
CARL WARREN & CO. (TUSTIN)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 2422
TUSTIN, CA 92781

Case: vs CAPAY ORGANIC INC
Date Of Injury: 5/2/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/03/15	PRE-OP	DR PERLTON /JARCHI @ MONROVIA HOSPITAL (3HRS)	270.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
06/19/15	SURGERY	DR PELTON: LT/KNEE @ MONROVIA HOSP. (6HRS 45MINS)	607.50
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/01/16	PMT BY CHECK	DOS 6/3/15-6/19/15* =# 3131350	-877.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

Electronic Service Requested

MIXED AADC 926
20899 0.3820 MB 0.436

Joyce Altman Interpeters
PO BOX 4165
TUSTIN, CA 92781-4165

224

20160302014

Payee: Joyce Altman Interpeters
Company Name: Sussex Insurance
Facility: Capay, Inc.
Policy ID: CPCA16511
IRS/SSN: XXXXX6713
Administrator: CENG
Claim #: 6334-083-A02271-1
Account #:
Check #: 3131350
Check Total: $877.50
Check Date: 03/01/2016
Injury Date: 05/02/2013
From/Through Date: 06/03/15-06/19/15
Claimant Name:
Invoice #:
Description: Interpreter Fees - Medical Rel
Document #: PAL91CA17364
Primary ICD-9: 959.9
Received Date: 01/27/2016
Reviewed Date: 02/26/2016
PPO Name:
Pharmacy #:
~~**DRG Code:**~~

1 OF 1

ENV 20899

Line	From/Through	Billed Code/ Mod	Units	Billed	Reviewed/Mod	Allowed	Discount	Recommended	Reason Code
001	06/03/15-06/03/15 SIGN LANG/ORAL INTERPRET	T1013	001	270.00	T1013	270.00	0.00	270.00	
002	06/19/15-06/19/15 SIGN LANG/ORAL INTERPRET	T1013	001	607.50	T1013	607.50	0.00	607.50	
	Totals:			877.50		877.50	0.00	877.50	

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

Paladin Managed Care Services 1100 W. Town & Country Rd Ste., 1500 Orange, CA 92868

66997

PAID MAR 08 2016

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/04/16 65955

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 8/4/75
Terms : 45 days
Claim #(s):
1010-11-01763

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: PHOEBE GAGASA
P.O. BOX # 85563
SAN DIEGO, CA 92186-5563

Case: vs CROWN PLAZA LA HARBOR SAN PEDR
Date Of Injury: 4/27/11

DOS	SERVICE	DESCRIPTION	AMOUNT
04/08/15	ADMISSION	DR WILKER @ MONROVIA HOSPITAL (3HRS 25M)	315.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/09/15	SURGERY	DR WILKER @ MONROVIA HOSPITAL (4HRS)	360.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/30/15	PMT BY CHECK	DOS 4/8/15-4/9/15* # 0001141654	-675.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 12/30/2015
Check Number: 0001141654
Check Amount: $675.00

2B5E2M

00325 JOP1ZS01 1Z 6300017158-6300870012
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID JAN 04 2016

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-11-01763		04/27/2011	65955	02	04/08/2015	04/09/2015	$675.00

Cat	SubPC	Stub Notes	Stub Amount
		SPAN INTERP FOR DR. WILKER MONROVIA HOSPITAL	$0.00
02		MISC MEDICAL	$675.00
			$675.00

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/12/16 67480

EAMS#(s)

SS # : XXX-XX-5727
DOB : 8/20/68
Terms : 45 days
Claim #(s):
476894; 503438

BILL TO:
MARRIOTT CLAIMS SVCS -ARKANSAS
W. C. DEPARTMENT
ATTN: IVAN COX
P.O. BOX # 29210
HOT SPRINGS, AR 71903-9010

Case: vs MARRIOTT INTL ADMIN SRVS
Date Of Injury: 1/19/15;CT 2/15-7/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/17/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI DOI: 1/19/2015	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/30/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI DOI: 1/19/2015	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/19/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/17/15	LEGAL_WCAB	EXP. HEARING @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/01/16	PMT BY CHECK	DOS 9/17/15-11/19/15* # 87283062	-563.00

BALANCE 156.50

* 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.

MCS - on behalf of Marriott

PO Box 261866 Plano, TX 75026-1866

WC (Employee Work Injury)

Payee: Joyce Altman Interpreting, Inc.
Employer: MANHATTAN BEACH,HAWTHORNE
Claim Number: 476894
Claimant Name:
Injury Date: 01/19/2015
Description: Deposition Expense
Body Part: Foot
Instruction: No Attachment or Special Instruction Required
Comment:
Document Number:
Jurisdiction:

IRS/SSN:
Check Number: 87283062
Claimant SSN: NNN-NN-5727
Invoice Number: 67480
Account Number:
Payee NPI:

Examiner: KHART
Check Total: 563.00
Check Date: 01/01/2016
From Date: 09/17/2015
Through Date: 11/19/2015
Status: Open

Delivery Type: Regular Mail

Rendering Physician:

Rendering Physician NPI:

PAID JAN 08 2016
PAID JAN 13 2016

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/08/16	66000

EAMS#(s):

SS # : XXX-XX-6963
DOB : 8/12/52
Terms : 45 days
Claim #(s):
SCIH-040358

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: TENG HER
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: l_ vs STATE OF CALIFORNIA IHSS
Date Of Injury: 12/8/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/26/15	INITIAL EXAM	DR N. RAMESHNI @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	PAUL LAZANO # 101143	0.00
03/31/15	FOLLOW-UP	W/ ACUPUNCT YOUN ME RHEE @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
06/19/15	INITIAL EXAM	DR YAGHOOBIAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
01/05/16	PMT BY CHECK	DOS 2/26/15-6/19/15* # 63-683438	-640.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

STATE OF CALIFORNIA

WARRANT NUMBER 63-683438

THE TREASURER OF THE STATE WILL PAY OUT OF THE

FUND NO. 0001 FUND NAME GENERAL FUND

IDENTIFICATION NO. XXXXX713 5180

MO. 01 DAY 05 YR. 2016

90-1342/1211

63683438

DOLLARS $*****640.00 CENTS .00

TO: 683438
--- JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX # 4165
TUSTIN CA 92781

Betty T. Yee

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

FORM CD-85(1/89) CONTROLLERS WARRANT

⑆121133423⑆ 63683438⑈

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

63-683438

~~ISSUE DATE: 01/05/2016~~
CLAIM NUMBER: SCIH-040358
CLAIMANT NAME:
DATE OF INJURY: 12-08-2014 66000
PAY DESCRIPTION: INTERPRETER MED
PERIOD FROM - PERIOD TO: 02-26-2015 - 06-19-2015

PAID JAN 08 2016

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/13/16 67841

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 3/12/71
Terms : 45 days
Claim #(s):
186871783-001

BILL TO:
BROADSPIRE INS (SCAN-DEPT)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 14352
LEXINGTON, KY 40512

Case: vs FIVE STAR QUALITY CARE
Date Of Injury: 10/19/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/09/15	LEGAL_PREP	DEPO PREP @ L/O GLENN SILVERI	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
12/10/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/05/16	PMT BY CHECK	DOS 11/9/15-12/10/15* # 5637631653	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Broadspire®
A CRAWFORD COMPANY

P O BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	01/05/2016
Check Amount	:	$406.50
Check Number	:	5637631653

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTINY CA 92781-4165

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
186871783-001	10/19/2014 $406.50		
WC BREA Professional Service	$406.50	Shaghayegh S. Fahimi 67841	714-989-4400 12/22/2015 11/09/2015-12/10/2015

PAID JAN 11 2016

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#
01/11/16 67621

EAMS#(s):

SS # : XXX-XX-6705
DOB : 10/27/69
Terms : 45 days
Claim #(s):
ESP14387

BILL TO:
AIMS (SACRAMENTO)
W. C. DEPARTMENT
ATTN: JEN DUTRA
P.O. BOX # 269120
SACRAMENTO, CA 95286

Case: [redacted] vs ESPARZA ENTERPRISE
Date Of Injury: 9/18/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/15/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARTHA HASSAN # 01430180	0.00
10/20/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/06/15	PMT BY CHECK	DOS 9/15/15* # 0000108846	-156.50
01/07/16	PMT BY CHECK	DOS 10/20/15* =# 0000172345	-250.00

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.

No. 0000172345

Esparza Enterprises, Inc
Administered By: Acclamation Insurance Management Services
P.O. Box 269120
Sacramento, CA 95826

Date: 01/07/2016

11-4288/1210
Wells Fargo bank, N.A.
www.wellsfargo.com
California

PAY TWO HUNDRED FIFTY DOLLARS AND XX / 100**

$********** 250.00**

VOID AFTER 60 DAYS

TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781-

PAID JAN 11 2016

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈0000172345⑈ ⑆121042882⑆ 6968743259⑈

Esparza Enterprises, Inc
P.O. Box 269120 Sacramento, CA 95826 - Phone: 916 5631900 FAX: 916 5631919

Remitted to	Vendor ID	Check Number	Date	Internal Reference	Total Remitted	Page
JOYCE ALTMAN INTERPRETERS, INC	330956713-MA	0000172345	01/07/16		$250.00	1

Claim No: ESP14387 **Name:** **Date of Loss:** 09/18/2014 **Invoice No:** 67621

Reference: Comments: /CompIQ_ID:5616680 11/11/2015 Payment ID: JDutra

Description		From	Thru	Units	Amount Charged	Scheduled Red	PPO Reduction	Reasons	Net Payable
99199	Special service/proc/report	10/20/2015	10/20/2015	1.00	250.00	0.00	0.00		250.00
99199	Special service/proc/report	09/15/2015	09/15/2015	1.00	156.50	156.50	0.00	1, 2, 3, 4	0.00

Total payable for bill $ 250.00

1. 148 - This procedure on this date was previously reviewed
2. ANSI18 - 18 - Exact duplicate claim/service.
3. B19 - Previously reviewed with allowance recommended.
4. G56 - G56: This appears to be a duplicate charge for a bill previously reviewed or this appears to be a balance forward bill containing a duplicate charge and billing for a new service.

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under section 5307.1 and 5307.3 of the California Labor Code. Remedies available for contesting this recommendation include filing a lien and or application for adjudication with the WCAB. PPO utilized: Interplan 2003
For reconsideration of denied or reduced payments, please respond in writing to the appropriate bill review company.

Please include 1) What specifically you wish reconsidered. 2) a copy of this review analysis, and 3) supporting documentation

AMC California P.O. Box 269120, Sacramento, CA 95826-9120 For any additional questions, contact AMC provider Services at (916) 563-1911 or fax (916) 362-3043.
AMC Hawaii: 900 Fort Street Mall, Suite 1000, Honolulu, HI 96813 For any additional questions, contact AMC provider Services at (808) 534-1977 or fax (808) 538-6309.
Claims for City of Bakersfield Employees:
Definiti Healthcare Management 26445 Rancho Parkway South, Lake Forest CA 92630 Phone 949 716-1890 Fax 949-716-1897
Claims for Zacky Farms LLC, Employees:
Corvel Corporation-MedCheck 30 River Park Pl. W #280, Fresno CA 93720 559 447-0100 Fax 559 447-0197

TOTAL REMITTANCE **$250.00**

MR

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.
ADVERTENCIA: Es necesario que usted le avise a su patron o a su compania de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por este cheque, y antes de cambiar este cheque. Si usted no sigue estos reglamentos, Usted puede estar en violacion de la ley y el castigo podria ser carcel o prision, una multa, y perdida de beneficios.

Joyce Altman Interpreters, Inc.
P.O. BOX # 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	61464

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 5/21/81
Terms : 45 days
Claim #(s):
G02720

BILL TO:
FRYE CLAIMS (HAYWARD-3500)
W. C. DEPARTMENT
ATTN: ALANA LIAS
3500 BREAKWATER CTR. BLDG. A
HAYWARD, CA 94545

Case: vs ALEX MOVING AND STORAGE
Date Of Injury: 11/30/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/20/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
04/21/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMAONO # 500263	0.00
05/19/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
06/20/14	PR2/REEVAL	DR BERSTEIN @ IPM*	180.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
07/21/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/19/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/16/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
10/29/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
11/26/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
03/30/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/29/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
05/01/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
01/26/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
08/02/15	PMT BY CHECK	DOS 03/20/14-03/30/15* # 000029928	-1980.00
02/26/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/19/16 61464

EAMS#(s)

SS # : XXX-XX-N/A
DOB : 5/21/81
Terms : 45 days
Claim #(s):
G02720

BILL TO:
FRYE CLAIMS (HAYWARD-3500)
W. C. DEPARTMENT
ATTN: ALANA LIAS
3500 BREAKWATER CTR. BLDG. A
HAYWARD, CA 94545

Case: vs ALEX MOVING AND STORAGE
Date Of Injury: 11/30/12

DOS	SERVICE	DESCRIPTION	AMOUNT
06/01/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
06/30/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
07/21/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
09/14/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/28/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
10/28/15	PR2/REEVAL	DR ROSARIO/RAPHAEL, PA @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
11/30/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/08/15	PMT BY CHECK	DOS 2/26/15-10/28/15* # 000033570	-1620.00
12/29/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
01/11/16	PMT BY CHECK	DOS 11/30/15* # 000034432	-180.00

BALANCE 180.00

* 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.

Transguard Insurance Company of America, Inc.
Claims Account
P.O. Box 2148
Warrenville, IL 60555

61464

Check No. 000034432
Check Date 01/11/2016
Check Amount $**********180.00

Claim Number
201200002720

Date of Loss
11/30/2012

Examiner ID
Alana Lias

Payee/Mail To

Joyce Altman Interpreters, Inc

PAID JAN 18 2016

PO Box 4165

Tustin CA 92781-4165

In payment of
Invoice 101192

Service Dates From 11/30/2015 To 11/30/2015
Payment Type Medical
Claimant Name

Insured Name
URIBE TRUCKING INC

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/21/16 67276

EAMS#(s):

SS # : XXX-XX-1447
DOB : 8/11/63
Terms : 45 days
Claim #(s):
001064046459WC01

BILL TO:
GALLAGHER BASSETT (ROSEVILLE)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
PO BOX 610
ROSEVILLE, CA 95661

Case: vs 7 FOR ALL MANKIND
Date Of Injury: 6/12/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/30/15	SURGERY	DR WILKER: LT KNEE @ MONROVIA HOSP (6hrs 40mins)	607.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
12/03/15	SURGERY	DR WILKER: LT CTR @ MONROVIA HOSPITAL (2.5 HRS)	225.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/12/16	PMT BY CHECK	DOS 7/30/15* # 0124801931	-607.50

BALANCE 225.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

GB-ROSEVILLE,CA
P.O. BOX 610
ROSEVILLE CA 95661-0610

0102323 01 RE 0.436 **AUTO T7 1 1508 92781 -P02325

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

DIRECT INQUIRIES TO:

PHONE: 1-916-787-2600
GB-ROSEVILLE,CA
P.O. BOX 610
ROSEVILLE CA 95661-0610

PAID JAN 19 2016

GALLAGHER BASSETT SERVICES INC FOR VF CORPORATION

CLAIM NO. 001064 046459 WC 01

CLAIMANT:

DESCRIPTION: INV #67276

DATE OF SERVICE: 30-Jul-2015 TO 30-Jul-2015

BRANCH NO. 180

ACC. DATE 12-Jun-2013

CHECK NO. 0124801931

VN. 0000632767

DATE: 12-Jan-2016

PAYMENT AMOUNT: $607.50

MR

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0124801931 ATTACHED BELOW

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/19/16	67932

EAMS#(s):

SS # : XXX-XX-2318
DOB : 11/22/66
Terms : 45 days
Claim #(s):
95062

BILL TO:
APPLIED RISK SERVICES (NABRAS)
W. C. DEPARTMENT
ATTN: MATT SKAGGS
P.O. BOX # 3804
OMAHA, NE 68103

Case: vs TIMELY A DIVISION OF SDS INDUS
Date Of Injury: 3/11/15

DOS	SERVICE	DESCRIPTION	AMOUNT
12/01/15	LEGAL C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
01/15/16	PMT BY CHECK	DOS 12/1/15* # 0000809477	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

CALIFORNIA INSURANCE COMPANY
P.O. Box 3804
Omaha, NE 68103

Indemnity Payment

Check Date:	01/15/16
Service Begining:	12/01/15
Service Ending:	12/01/15

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	N/A	03/11/15	95062

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
67932	12/01/15-12/01/15	250.00	N/A	N/A	250.00

Messages

PAID JAN 19 2016

Total 250.00

REMOVE DOCUMENT ALONG THIS PERFORATION

THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS BLUE AND GREEN ARE PRESENT.

CALIFORNIA INSURANCE COMPANY
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave ; Menlo Park, CA 94025
11-491220

0000809477

Date: 01/15/16

Pay TWO HUNDRED FIFTY AND .00 DOLLARS********** $ 250.00

To the Order Of
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Amy Clobb

RRD SECURITY MARK™ ● RRD SECURITY MARK™ ● RRD SECURITY

⑈0000809477⑈ ⑆122000496⑆ 7000168038⑈

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/21/16	67276

EAMS#(s)

SS # : XXX-XX-1447
DOB : 8/11/63
Terms : 45 days
Claim #(s):
001064046459WC01

BILL TO:
GALLAGHER BASSETT (ROSEVILLE)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
PO BOX 610
ROSEVILLE, CA 95661

Case: -- vs 7 FOR ALL MANKIND
Date Of Injury: 6/12/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/30/15	SURGERY	DR WILKER: LT KNEE @ MONROVIA HOSP (6hrs 40mins)	607.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
12/03/15	SURGERY	DR WILKER: LT CTR @ MONROVIA HOSPITAL (2.5 HRS)	225.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/12/16	PMT BY CHECK	DOS 7/30/15* # 0124801931	-607.50
01/14/16	PMT BY CHECK	DOS 12/3/15* # 0124876183	-225.00

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.

GB-ROSEVILLE,CA
P.O. BOX 610
ROSEVILLE CA 95661-0610

0102115 01 RE 0.436 **AUTO T7 0 1510 92781 -P02117

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID JAN 21 2016

DIRECT INQUIRIES TO:

PHONE: 1-916-787-2600
GB-ROSEVILLE,CA
P.O. BOX 610
ROSEVILLE CA 95661-0610

GALLAGHER BASSETT SERVICES INC FOR VF CORPORATION

CLAIM NO. 001064 046459 WC 01

CLAIMANT:

DESCRIPTION: INV #67276

DATE OF SERVICE: 03-Dec-2015 TO 03-Dec-2015

BRANCH NO. 180

ACC. DATE 12-Jun-2013

CHECK NO. 0124876183

VN. 0000632968

DATE: 14-Jan-2016

PAYMENT AMOUNT: $225.00

MR

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0124876183 ATTACHED BELOW

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/27/16 67002

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 8/29/71
Terms : 45 days
Claim #(s):
1010-15-06562

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: NATALIE LOBAN
P.O. BOX # 85563
SAN DIEGO, CA 92186-5563

Case: vs BELLAGIO MANOR
Date Of Injury: CT 8/25/14-5/24/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/09/15	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
06/17/15	INITIAL EXAM	DR BHARATWAL @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/16/15	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE* DOI: 10/1/14	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
07/22/15	PR2/REEVAL	DR BHARATWAL @ ACS* DOI: CT 8/25/14	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
07/21/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE* DOI: CT 8/25/14	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
07/28/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/01/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/08/15	PR2/REEVAL	DR HIGASHI @ ACS* DOI: 10/1/14	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/26/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE* DOI: CT 8/25/14	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
09/30/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE* DOI: CT 8/25/14	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
10/13/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE* DOI: 10/1/14	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
10/28/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/27/16 67002

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 8/29/71
Terms : 45 days
Claim #(s):
1010-15-06562

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: NATALIE LOBAN
P.O. BOX # 85563
SAN DIEGO, CA 92186-5563

Case: [redacted] vs BELLAGIO MANOR
Date Of Injury: CT 8/25/14-5/24/15

DOS	SERVICE	DESCRIPTION	AMOUNT
		DOI: CT 8/14 - 8/15	
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
11/10/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE* (TRANSFER OF CARE)	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
		DOI: CT 8/14-8/15	
11/18/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE* (TRANSFER OF CARE)	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
		DOI: 10/1/14	
12/09/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
		DOI: 8/14 - 8/15	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/17/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
		DOI: 10/1/14	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/13/16	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
		DOI: 8/14 - 8/15	
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/19/16	PMT BY CHECK	DOS 6/9/15-12/17/15* # 0001160207	-3030.00

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#
01/27/16	67002

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 8/29/71
Terms : 45 days
Claim #(s):
1010-15-06562

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: NATALIE LOBAN
P.O. BOX # 85563
SAN DIEGO, CA 92186-5563

Case: vs BELLAGIO MANOR
Date Of Injury: CT 8/25/14-5/24/15

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 180.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 01/19/2016
Check Number: 0001160207
Check Amount: $3,030.00

7GSE2X

00012 JOP1ZS01 1Z 6300017171-6300878086
JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN, CA 92781-1460

PAID JAN 25 2016

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-15-06562		05/24/2015	67002	02	06/09/2015	12/17/2015	$3,030.00

Cat	SubPC	Stub Notes	Stub Amount
02		MISC MEDICAL	$3,030.00
			$3,030.00

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/27/16 67182

EAMS#(s):

SS # : XXX-XX-3466
DOB : 6/28/55
Terms : 45 days
Claim #(s):
60396356303055

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: ROBERTA VINSON
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs CENTER LINE DRIVERS LLC
Date Of Injury: 12/14/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/26/15	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	ALBERTO VILLAGIOMEZ # 500341	0.00
07/07/15	INITIAL EXAM	DR MILLMAN & INITIAL ACUPUNCT W/J. CHOI @ ACS*	230.00
/ /	INTERPRETER:	DIANA CHUY DEL OLMO # 301577	0.00
/ /	INTERPRETER:	LISBETH CALDERON PARRENO # 101080	0.00
07/24/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
08/05/15	PR2/REEVAL	DR MILLMAN @ ACS*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
08/27/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/25/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/28/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
11/25/15	PMT BY CHECK	DOS 6/23/15-10/28/15* # FE49278627	-1360.00
12/24/15	PR2/REEVAL	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/13/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/20/16	PMT BY CHECK	DOS 12/24/15* # FE49497347	-180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/27/16	67182

EAMS#(s):

SS # : XXX-XX-3466
DOB : 6/28/55
Terms : 45 days
Claim #(s):
60396356303055

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: ROBERTA VINSON
P.O. BOX # 6569
SCRANTON, PA 18505

Case: . vs CENTER LINE DRIVERS LLC
Date Of Injury: 12/14/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 180.00

* 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-000493-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 01/20/16

CHECK NO. **FE49497347**

STATEMENT **ESIS**

An Insurance Services Company
ESIS, Inc.

5900C13FE 00 00041 FE49497347
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

FILE ID
6039635630305

DOLLARS
$********180.00

* NOT NEGOTIABLE *

FOR
12/24/15 THRU 12/24/15 67182

CLAIMANT

DATE OF EVENT
12/14/14

Questions regarding this payment should be referred to the Customer Service Unit of the Claim Office whose address appears above.

PAID JAN 25 2016

MR

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

PDWLDMCD-000493-01-01-00

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#
01/25/16 65530

EAMS#(s):

SS # : XXX-XX-7733
DOB : 7/7/60
Terms : 45 days
Claim #(s):
G03521

BILL TO:
FRYE CLAIMS (HAYWARD-3500)
W. C. DEPARTMENT
ATTN: ALANA LIAS
3500 BREAKWATER CTR. BLDG. A
HAYWARD, CA 94545

Case: vs JAKIS TRANSPORTATION
Date Of Injury: 4/27/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/20/14	SURGERY	DR WILKER: LT KNEE @ MONROVIA HOSP (6hrs 50mins)	607.50
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/18/16	PMT BY CHECK	DOS 11/20/14* # 000034695	-607.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Transguard Insurance Company of America, Inc.
Claims Account
P.O. Box 2148
Warrenville, IL 60555

Check No. 000034695
Check Date 01/18/2016
Check Amount $*********607.50

Claim Number
201300003521

Date of Loss
04/27/2013

Examiner ID
Alana Lias

Payee/Mail To

Joyce Altman Interpreters, Inc

PO Box 4165

Tustin CA 92781-4165

PAID JAN 25 2016

In payment of
Invoice 65530

Service Dates From 11/20/2014 To 11/20/2014
Payment Type Medical
Claimant Name

Insured Name
JAKIS TRANSPORT INC

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/02/16 67536

FAMS#(s):

SS # : XXX-XX-
DOB : 4/18/76
Terms : 45 days
Claim #(s):
2080326631

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: JACQUELINE TRAN
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs INT'L STAFFING SVC/EMBASSY
Date Of Injury: 8/19/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/08/15	INITIAL EXAM	DR RAMESHNI @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 400049	0.00
09/24/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	TANIA CRAWFORD # 101330	0.00
10/16/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/26/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	TANIA CRAWFORD # 101330	0.00
01/27/16	PMT BY CHECK	DOS 9/8/15-10/26/15* # 1100688306	-770.00

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.

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00711

PAID FEB 02 2016

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0326631 001 XO	WC 4664773	67536		08/19/15	09/08/15-10/26/15

Check Number	1100688306	Date Issued	01/27/16	Amount	$****770.00
Insured	JC International Staffng Services				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Suchithra CG-Shivaji				
File Supervisor	Jacqueline Tran	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	770.00		

TOTAL $770.00

HR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/01/16	67733

EAMS#(s):

SS # : XXX-XX-8189
DOB : 9/10/55
Terms : 45 days
Claim #(s):
1927176

BILL TO:
AMTRUST NORTH AMERICA (CONCORD
W. C. DEPARTMENT
ATTN: LISA SALDANO
P.O. BOX 4026
CONCORD, CA 94524

Case: vs POLLY'S ON THE PIER
Date Of Injury: 7/3/15

DOS	SERVICE	DESCRIPTION	AMOUNT
10/13/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/01/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/25/16	PMT BY CHECK	DOS 10/13/15-12/1/15* # 02008509	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

TECHNOLOGY INSURANCE CO (Claims Funding)
PO Box 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02008509
1927176-1
TWC3467180

DATE	AMOUNT
1/25/2016	$406.50

PAY Four Hundred Six and 50/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

Mail To

JOYCE ALTMAN INTERPRETERS
P O BOX 4165
TUSTIN, CA 92781-4165

VOID AFTER 90 DAYS

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈02008509⑈ ⑆021309379⑆ 601877533⑈

Check Number	02008509
Claim Number:	1927176-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3467180/Pollys On The Pier, Inc.(A Corp.)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	7/3/2015
Location:	233 North Harbor Dr Redondo Beach CA 90277 -
Examiner Code:	lsaldano

Amount:	$406.50
Dates of Service:	10/13/2015-12/1/2015
Explanation:	67733
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

on behalf of Technology Insurance Company
AmTrust North America
P.O. Box 4026
Concord, CA 94524
844-601-7760

PAID FEB 01 2016

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/08/16	61464

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 5/21/81
Terms : 45 days
Claim #(s):
G02720

BILL TO:
FRYE CLAIMS (HAYWARD-3500)
W. C. DEPARTMENT
ATTN: ALANA LIAS
3500 BREAKWATER CTR. BLDG. A
HAYWARD, CA 94545

Case: vs ALEX MOVING AND STORAGE
Date Of Injury: 11/30/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/20/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
04/21/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMAONO # 500263	0.00
05/19/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
06/20/14	PR2/REEVAL	DR BERSTEIN @ IPM*	180.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
07/21/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/19/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/16/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
10/29/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
11/26/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
03/30/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/29/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
05/01/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
01/26/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
08/02/15	PMT BY CHECK	DOS 03/20/14-03/30/15* # 000029928	-1980.00
02/26/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/08/16 61464

EAMS#(s):

SS # : XXX-XX-N/A
DOB : 5/21/81
Terms : 45 days
Claim #(s):
G02720

BILL TO:
FRYE CLAIMS (HAYWARD-3500)
W. C. DEPARTMENT
ATTN: ALANA LIAS
3500 BREAKWATER CTR. BLDG. A
HAYWARD, CA 94545

Case: vs ALEX MOVING AND STORAGE
Date Of Injury: 11/30/12

DOS	SERVICE	DESCRIPTION	AMOUNT
06/01/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
06/30/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
07/21/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
09/14/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/28/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
10/28/15	PR2/REEVAL	DR ROSARIO/RAPHAEL, PA @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
11/30/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/08/15	PMT BY CHECK	DOS 2/26/15-10/28/15* # 000033570	-1620.00
12/29/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
01/11/16	PMT BY CHECK	DOS 11/30/15* # 000034432	-180.00
02/03/16	PMT BY CHECK	DOS 12/29/15* # 000035209	-180.00
		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.

Transguard Insurance Company of America, Inc.
Claims Account
P.O. Box 2148
Warrenville, IL 60555

Check No. 000035209
Check Date 02/03/2016
Check Amount $**********180.00

Claim Number
201200002720

Date of Loss
11/30/2012

Examiner ID
Alana Lias

Payee/Mail To

Joyce Altman Interpreters, Inc

PO Box 4165

Tustin CA 92781-4165

PAID FEB 08 2016

In payment of
Interpreting

Service Dates From 12/29/2015 To 12/29/2015
Payment Type Medical
Claimant Name

Insured Name
URIBE TRUCKING INC

61464

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/08/16	67807

EAMS#(s):

SS # : XXX-XX-6083
DOB : 8/2/46
Terms : 45 days
Claim #(s):
000714029726WC01; 0007140

BILL TO:
GALLAGHER BASSETT (CALABASAS)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 9875
CALABASAS, CA 91372

Case: vs LA LAWRY'S
Date Of Injury: 11/6/09; 10/5/09

DOS	SERVICE	DESCRIPTION	AMOUNT
10/27/15	PRE-OP	DR JARCHI @ MONROVIA MEMORIAL HOSPITAL*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
11/06/15	SURGERY	DR PELTON: RT KNEE @ MONROVIA HOSPTIAL (4 HRS)	360.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/02/16	PMT BY CHECK	DOS 10/27/15-11/6/15* # 0125330021	-540.00

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.

GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

000714 PAGE 1 OF 1 003585

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID FEB 08 2016

GALLAGHER BASSETT SERVICES
ZURICH AMERICAN INS.

DIRECT CHECK INQUIRIES TO:
PHONE: (916) 576-8200
GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

CLAIM NO.: 000714 029726 WC 01 (14004)
CLAIMANT:
DESCRIPTION: INV # 67807

DATES OF SERVICE: 27Oct15 **THRU** 06Nov15
BENEFIT PERIOD: **THRU**

BRANCH NO.: 176
ACC DATE: 06Nov09

NO.: 0125330021
VN: 0001287579
DATE: 02Feb16
AMOUNT: 540.00

**

MR

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004880 005401 002 002

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#
03/17/16	67860

EAMS#(s):

SS # : XXX-XX-4337
DOB : 12/7/55
Terms : 45 days
Claim #(s):
12-063713

BILL TO:
INTERCARE INS (PASADENA)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 7111
PASADENA, CA 91109

Case: vs GARDENA PLATING CO.
Date Of Injury: 5/21/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/04/15	ADMISSION	DR WILKER @ MONROVIA HOSP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/05/15	SURGERY	DR WILKER: L/KNEE @ MONRROVIA HOSP. (4 HRS)	360.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
01/20/16	ADMISSION	DR WILKER @ MONROVIA HOSP*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/21/16	SURGERY	DR WILKER: RT KNEE @ MONROVIA HOSPITAL (5 HRS)	450.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/04/16	PMT BY CHECK	DOS 11/4/15-11/5/15* =# 3127228	-540.00

BALANCE 630.00

* 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.

P852802280003

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

201602050114

Electronic Service Requested

3-DIGIT 927
9694 0.5738 AT 0.413

Joyce Altman Interpeters
PO BOX 4165
TUSTIN, CA 92781-4165

43

Payee: Joyce Altman Interpeters
Company Name: Sussex Insurance - 334
Facility: Gardena Plating Company, Inc.
Policy ID: CPCA14290
IRS/SSN: XXXXX6713
Administrator: WFINNEY
Claim #: 12-063713
Account #:
Check #: 3127228
Check Total: $540.00
Check Date: 02/04/2016
Injury Date: 05/21/2012
From/Through Date: 11/04/15-11/05/15
Claimant Name
Invoice #:
Description: Interpreter Fees - Medical Rel
Document #: PAL91CA17451
Primary ICD-9:
Received Date: 01/27/2016
Reviewed Date: 02/03/2016
PPO Name:
Pharmacy #:
DRG Code:

1 OF 2

ENV 9694

67860

Line	From/Through	Billed Code/ Mod	Units	Billed	Reviewed/Mod	Allowed	Discount	Recommended	Reason Code
001	11/04/15-11/04/15 SIGN LANG/ORAL INTERPRET	T1013	001	180.00	T1013	180.00	0.00	180.00	
002	11/05/15-11/05/15 SIGN LANG/ORAL INTERPRET	T1013	001	360.00	T1013	360.00	0.00	360.00	
	Totals:			540.00		540.00	0.00	540.00	

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

Paladin Managed Care Services 1100 W. Town & Country Rd Ste., 1500 Orange, CA 92868

PAID FEB 11 2016

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/11/16 59778

EAMS#(s):

SS # : XXX-XX-3641
DOB : 4/29/71
Terms : 45 days
Claim #(s):
MG12010806

BILL TO:
CORVEL CORPORATION
W. C. DEPARTMENT
ATTN: LEWIS MARTINEZ
5694 MISSION CENTER RD., #700
SAN DIEGO, CA 92108

Case: vs KELLS OF FACILITY SERVICES
Date Of Injury: 10/20/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/17/13	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/10/15	PMT BY CHECK	DOS 9/17/13* # 562135	-156.50
03/20/15	LEGAL_PREP	DEPO PREP @ L/O LOUI & STETTLER	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/06/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/15/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/05/16	PMT BY CHECK	DOS 3/20/15-1/15/16* # 605546	-656.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

VOID VOID VOID

CORVEL ENTERPRISE COMP, INC.
MAGNA CARTA - EC
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

bankcode=MAGEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
605546	02/05/16

*******$656.50

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY EXACTLY: *Six hundred fifty six and 50/100 Dollars*

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS, INC.
P.O. Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0000605546⑈ ⑆121000248⑆ 4126 21534 2⑈

TACH HERE

DETACH HERE

CORVEL

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
MG-12-010806	10/20/2012		03/20/2015	01/15/2016	Invoice 59778	*******$656.50

PAID FEB 11 2016

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/12/16	67999

EAMS#(s):

SS # : XXX-XX-6083
DOB : 11/14/85
Terms : 45 days
Claim #(s):
TNIE-2208

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: NICOLE SIMPSON
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs CAL SPECTRUM PAINTING
Date Of Injury: 1/21/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/03/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/09/16	PMT BY CHECK	DOS 12/3/15* # 1797040	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

INSURANCE FRAUD IS A CRIME AND IS PUNISHABLE BY LAW

Mailing Information:

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX # 4165
TUSTIN, CA 92781-4165

Claim Number: TNIE-2208
Claimant:
Date of Loss: 01/21/2014

Check Number: 1797040
Check Date: 02/09/2016
Check Amount: $250.00
Type of Payment:
EP 61 - MISC. ALL OTHER

Location: 4293 Cal Spectrum Painting Po Box 948 of Cal Spectrum Painting

For Period: 12/03/2015 to 12/03/2015
InvoiceNo: 67999
IRS #: 33-0956713
Handling Office: 705-Los Angeles, Roseville, CA

PAID FEB 12 2016

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

NG: AN ARTIFICIAL WATERMARK IN A CRISSCROSS PATTERN IS PRESENT ON THE REVERSE SIDE. HOLD AT AN ANGLE TO VIEW. • PAPER WILL TURN BROWN IF CHEMICALLY ALTERED • FLUORESCENT FIBERS ARE ALSO EMBEDDED INTO THIS DOCUMENT

YORK
P.O BOX 1700
RANCHO CUCAMONGA, CA 91729 (973) 541-1330

ON BEHALF OF

3243 TOWER NSM INSUREX

PAY TWO HUNDRED FIFTY AND 0/100

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.
Mail to: P.O. BOX # 4165
TUSTIN, CA 92781-4165

WELLS FARGO BANK, N.A.
190 RIVER ROAD, NJ3179
SUMMIT, NJ 07901-1444
55-2/212

NOT VALID AFTER SIX MONTHS

CLAIM NUMBER
TNIE-2208

DATE 02/09/2016
CHECK NO. 1797040

AMOUNT
***$250.00

Richard Talbot

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER $25,000.00.

⑈1797040⑈ ⑆121000248⑆ 200001348696 5⑈

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/16/16	66855

EAMS#(s):

SS # : XXX-XX-8959
DOB : 5/26/69
Terms : 45 days
Claim #(s):
1834451-1

BILL TO:
AMTRUST NORTH AMERICA (CONCORD
W. C. DEPARTMENT
ATTN: CHRISTY OLSON
P.O. BOX 4026
CONCORD, CA 94524

Case:) vs AMPAK CHEMICALS INC
Date Of Injury: 3/12/15

DOS	SERVICE	DESCRIPTION	AMOUNT
05/29/15	INITIAL EXAM	DR RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/08/15	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ AMERI W/DR KHAN* INT	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/09/15	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/18/15	F/U CHIRO TX	CHIRO TREATMENT W/ DR SHARMA @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/23/15	INITIAL EXAM	ACUPUNC A. LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/02/15	PR2/REEVAL	DR N. SHARMA @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
07/09/15	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/10/15	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/14/15	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	VENCENT MEJIA # 500309	0.00
07/30/15	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/06/15	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
08/11/15	FOLLOW-UP	W/ ACUPUNCT A. LEE @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/16/16 66855

EAMS#(s):

SS # : XXX-XX-8959
DOB : 5/26/69
Terms : 45 days
Claim #(s):
1834451-1

BILL TO:
AMTRUST NORTH AMERICA (CONCORD
W. C. DEPARTMENT
ATTN: CHRISTY OLSON
P.O. BOX 4026
CONCORD, CA 94524

Case: vs AMPAK CHEMICALS INC
Date Of Injury: 3/12/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/21/15	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/27/15	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/01/15	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/23/15	FOLLOW-UP	W/ ACUPUNCT A. LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/01/15	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/05/15	FOLLOW-UP	W/ ACUPUNCT A. LEE @ AMERI*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/12/15	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/04/15	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR KHAN @ AMERI* FINAL	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/15/15	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/10/16	PMT BY CHECK	DOS 5/29/15-12/15/15* # 002032786	-3100.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/16/16	66855

EAMS#(s):

SS # : XXX-XX-8959
DOB : 5/26/69
Terms : 45 days
Claim #(s):
1834451-1

BILL TO:
AMTRUST NORTH AMERICA (CONCORD
W. C. DEPARTMENT
ATTN: CHRISTY OLSON
P.O. BOX 4026
CONCORD, CA 94524

Case: vs AMPAK CHEMICALS INC
Date Of Injury: 3/12/15

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.

TECHNOLOGY INSURANCE CO (Claims Funding)
PO Box 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02032786
1834451-1
TWC3420509

DATE	AMOUNT
2/10/2016	$3,100.00

PAY Three Thousand One Hundred and 0/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

Mail To

JOYCE ALTMAN INTERPRETERS
P O BOX 4165
TUSTIN, CA 92781-4165

VOID AFTER 90 DAYS

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈02032786⑈ ⑆021309379⑆ 601877533⑈

PAID FEB 16 2016

Check Number	02032786
Claim Number:	1834451-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3420509/Ampak Chemicals, Inc. (A Corp.)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	3/12/2015
Location:	CA -
Examiner Code:	22046

Amount:	$3,100.00
Dates of Service:	5/29/2015-12/15/2015
Explanation:	66855
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

on behalf of Technology Insurance Company
AmTrust North America
P O Box 4026
Concord, CA 94524
212-655-2000

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/18/16 67855

EAMS#(s):

SS # : XXX-XX-8433
DOB : 1/21/73
Terms : 45 days
Claim #(s):
002979061529WC-01

BILL TO:
GALLAGHER BASSETT (SAC-255397)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 255397
SACRAMENTO, CA 95865

Case: vs PROVEN MANAGEMENT
Date Of Injury: 10/8/15

DOS	SERVICE	DESCRIPTION	AMOUNT
11/03/15	INITIAL EXAM	DR GOUBRAN/FRANKE P.A. @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/16/15	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/20/15	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/23/15	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/30/15	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/01/15	PR2/REEVAL	DR GOUBRAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/09/15	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/14/15	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/16/15	FOLLOW-UP	W/ACUPUNCT CHOI, INITIAL PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/12/16	PMT BY CHECK	DOS 11/3/15* # 0125616728	-1720.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/18/16	67855

EAMS#(s):

SS # : XXX-XX-8433
DOB : 1/21/73
Terms : 45 days
Claim #(s):
002979061529WC-01

BILL TO:
GALLAGHER BASSETT (SAC-255397)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 255397
SACRAMENTO, CA 95865

Case: vs PROVEN MANAGEMENT
Date Of Injury: 10/8/15

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.

GB-ROSEVILLE,CA
P.O. BOX 610
ROSEVILLE CA 95661-0610

002979 PAGE 1 OF 1 005473

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID FEB 18 2016

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS OF PA

DIRECT CHECK INQUIRIES TO:
PHONE: 916-787-2600
GB-ROSEVILLE,CA
P.O. BOX 610
ROSEVILLE CA 95661-0610

CLAIM NO.: 002979 061529 WC 01 (1W4101001)
CLAIMANT:
DESCRIPTION: INV #67855

BRANCH NO.: 180
ACC DATE: 08Oct15

NO.: 0125616728
VN: 0002130556
DATE: 12Feb16
AMOUNT: 1720.00

DATES OF SERVICE: 03Nov15 **THRU** 16Dec15
BENEFIT PERIOD: **THRU**

**

MR

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0011486 012338 002 002

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/08/15	64609

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1423
D.O.B. : 8/3/68
Terms : 45 days
Claim #(s):
YMQ32772C

BILL TO:
THE HARTFORD (LEXINGTON-14475)
W.C. DEPARTMENT
ATTN: PATRICIA FERNANDEZ
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs SUNSET PROPERTY
Date Of Injury: CT 9/17/12- 9/18/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/09/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/26/15	PMT BY CHECK	DOS 12/9/14* # 123698026 3	-156.50
03/24/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL. II	156.50
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533 (AMENDED)	0.00
04/23/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL. II (AMENDED)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/14/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL. I	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
06/03/15	PMT BY CHECK	DOS 3/24/15-5/14/15* # 124178280 6	-656.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Specialized Workers Compensation Claim Center
P.O. Box 14476
Lexington, KY 40512
866/514-4833

THE HARTFORD

000019
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00021 *

Attention: This remittance incorporates 1 claim payments

PAID JUN 07 2015

*000012 1241782806

Special Handling ID: RM 00

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
64609 09-17-13	20WE ZJ7007 YMQC 32772	JONSET CORPORATION DBA SUNSET PROPERTY SERVICES		$656.50
Nature of Benefits: Court Reporter		Nature of Payment: Source Payment	Service Dates 03-24-2015 05-14-2015	$656.50

Claim Handler: Patricia E. Fernandez
866/514-4833
Specialized Workers Compensation Claim Center
P.O. Box 14476
Lexington, KY 40512

Additional Comments:

Issue Date	06-03-2015	Check Number	1241782806	Total Amount of Check	$656.50

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

109394347

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/08/15	64343

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-2600
D.O.B. : 12/17/59
Terms : 45 days
Claim #(s):
YMH699613

BILL TO:
THE HARTFORD (LEXINGTON-14475)
W.C. DEPARTMENT
ATTN: JENNIFER GILHAM
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs BROWN JORDAN INTER
Date Of Injury: 4/25/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/04/14	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
01/27/15	PMT BY CHECK	DOS 12/4/14* # 123555067 2	-156.50
01/22/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/03/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
06/02/15	PMT BY CHECK	DOS 1/22/15-5/3/15* # 124175190 0	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

THE HARTFORD

000713
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID JUN 07 2015

00733

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

200012 124175190

Explanation of Benefits

64343 **Page 1 of 1**

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
04-25-13	21WN S19200 YMHC 99613	BROWN JORDAN INTERNATIONAL		$406.50
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Source Payment	Service Dates 01-22-2015 05-03-2015	$406.50

Claim Handler: Jennifer Gilham
866/401-9222
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments: Invoice Number: 64343

Issue Date	06-02-2015	Check Number	1241751900	Total Amount of Check	$406.50

Please keep the above information for your records.

109386295

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#
06/08/15	65449

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1122
D.O.B. : 11/1/52
Terms : 45 days
Claim #(s):
17003151

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W.C. DEPARTMENT
ATTN: NANCY BREWER
P.O BOX 85251
SAN DIEGO, CA 92186

Case: ! vs GENERAL CONTAINER CORP
Date Of Injury: 4/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/27/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/04/15	PMT BY CHECK	DOS 3/12/15-4/27/15* # 47978	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Zurich-American Insurance Group
American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

VOID VOID VOID

90-3582
1222
US Bank
4747 Executive Drive
San Diego, CA 92121

CHECK NO. 47978

DATE
06/04/2015

$**********406.50

VOID AFTER 90 DAYS

California Workers' Compensation Payment

Pay Four Hundred Six Dollars And 50/100

TO THE ORDER OF

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

VOID

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈0000047978⑈ ⑆122235821⑆ 153495561216⑈

Payee: Joyce Altman Interpreters Inc

Check Number: 47978

IRS/SSN: XX-XXX6713

Check Date: 06/04/2015

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
17003151		04/01/2013	Interpreter Fees - Depo / WCAB Only	03/12/2015	04/27/2015	05/22/2015	65449	406.50

PAID JUN 07 2015

REORDER 901 - U.S. PATENT NO. 5538290, 5575509, 5641183, 5785353, 5984364, 6030000

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/08/15	64330

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7523
D.O.B. : 6/26/69
Terms : 45 days
Claim #(s):
SBMC355368-001

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W.C. DEPARTMENT
ATTN: SBNWC355368-001
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs TOMMY PASTRAMI
Date Of Injury: 1/16/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/21/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
01/19/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/07/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/02/15	PMT BY CHECK	DOS 11/21/14-4/7/15* =# 009112358	-563.00

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.

009112358

493

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

64330

Please see attached documentation.

PAID JUN 07 2015

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

AmGUARD Insurance Company

16 South River Street
Wilkes-Barre, PA 18703-0020

Wells Fargo Bank, N.A.

11-24
1210

009112358

DATE
06/02/2015

AMOUNT
********$563.00

⇨⇨⇨⇨⇨PAY ONLY $563.00

NOT VALID AFTER 180 DAYS
TWO SIGNATURES REQUIRED IF OVER $10000

■ FIVE HUNDRED SIXTY-THREE DOLLARS AND 00 CENTS**********

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Sy Fogel

VOID OVER $563.00

⑈009112358⑈ ⑆121000248⑆ 2000519407927⑈

Explanation of Review

BERKSHIRE HATHAWAY GUARD INSURANCE COMPANIES

Carrier

Carrier No:
Carrier: AMGUARD INSURANCE COMPANY
P.O. BOX A-H / 16 S. RIVER STREET
WILKES-BARRE, PA 18703-0020

Bill: GUA-GUCA-227049

Provider

JOYCE ALTMAN INTERPRETERS INC
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Claimant

NPI:
Rendering NPI:
Tax ID: 33-0956713 **Type:** CL **Specialty (1):** MF
License: A9999999
Rendering Provider: FUSI, DENNIS
External ID: 5386
Invoice Date: 05-11-2015

Claim Number: SBWC355368-001
DOI/DOL: 01-16-2013
External Claim Number: SB355368001

Payment Status Code: 1

Bill Details

Dates of Service: 11-21-2014 to 04-07-2015
Post Date: 05-29-2015
Reviewer: DE/JT
Pay Auth: 0
Client Type of Bill: LANG
Adjuster: MPLAZA
File: 00000000/00000000/00000000

Bill ICD Version: 9
Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	TOS	Rev./Proc. Code	Charges	Dx.	Units	BR	Description Network	NGD	Other	Explanation Code(s) Allow.
1	11-21-2014	99			156.50	A	1		OTHER SERVICES			G67, D28 156.50
2	01-19-2015	99			250.00	A	1		OTHER SERVICES			G67, D28 250.00
3	04-07-2015	99			156.50	A	1		OTHER SERVICES			G67, D28 156.50

Totals

Total Charges: 563.00
Recommended Allowance: 563.00

Messages

D28 PAID ACCORDING TO CONTRACTED/PRE-NEGOTIATED RATES
G67 PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE SEND THE BILL AND THE ANALYSIS TO:

GUARD INSURANCE GROUP, PO BOX 1368, WILKES-BARRE, PA 18703, (800) 673 - 2465

CPT Copyright 1995-2014 American Medical Association. All rights reserved.

DCN Number: 1505140001658

GDCH10150602830.000493.02.02.000000

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/05/15	65466

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7374
D.O.B. : 9/2/63
Terms : 45 days
Claim #(s):
SCIH-040466

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W.C. DEPARTMENT
ATTN: MARIAN BELL
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs STATE OF CALIFORNIA (IHSS)
Date Of Injury: CT 6/1/14- 1/2/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/30/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/22/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/01/15	PMT BY CHECK	DOS 3/30/15-4/22/15* # 62-260707	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

STATE OF CALIFORNIA

WARRANT NUMBER 62-260707

H THE TREASURER OF THE STATE WILL PAY OUT OF THE IDENTIFICATION NO.

FUND NO. 0001 FUND NAME GENERAL FUND

XXXXX763 5180

MO. 06 DAY 01 YR. 2015

90-1342/1211

62260707

DOLLARS $*****406.50 CENTS

FORM CC-85(1/99) CONTROLLERS WARRANT

TO: 260707
--- JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN CA 92781

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

⑈121113423⑈ 62260707⑈

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

62-260707

ISSUE DATE: 06/01/2015
CLAIM NUMBER: SCIH-040466
CLAIMANT NAME:
DATE OF INJURY: 01-02-2015 65466
PAY DESCRIPTION: MISC. ALL OTHER
PERIOD FROM - PERIOD TO: 03-30-2015 - 04-22-2015

D

PAID JUN 05 2015

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/02/15 65444

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7891
D.O.B. : 9/26/91
Terms : 45 days
Claim #(s):
494C3339149

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W.C. DEPARTMENT
ATTN: ALLAN BUCKLESS
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs SELECT STAFFING
Date Of Injury: 11/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/10/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/29/15	PMT BY CHECK	DOS 3/10/15* # DA74232125	-250.00

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-001372-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 05/29/15

CHECK NO. **DA74232125**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 00106 DA74232125
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C3339149

DOLLARS
$********250.00

* NOT NEGOTIABLE *

FOR
03/10/15 THRU 03/10/15 65444

CLAIMANT

DATE OF EVENT
11/01/10

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

PAID JUN 0 2 2015

PDWLDMCD-001372-01-01-00

BOA18B (078/2009)

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#
06/02/15	65461

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-3295
D.O.B. : 10/17/59
Terms : 45 days
Claim #(s):
62404941131944

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W.C. DEPARTMENT
ATTN: DAISY SOLORIO
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs NORTHGATE GONZALEZ
Date Of Injury: 1/11/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/24/15	LEGAL_C&R	C&R READING @ L/O MICHELLE GAVRIEL	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/27/15	PMT BY CHECK	DOS 3/24/15* # FE48497964	-250.00

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-000504-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 05/27/15

CHECK NO. **FE48497964**

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00036 FE48497964
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
6240494113194

DOLLARS
$********250.00

* NOT NEGOTIABLE *

FOR
03/24/15 THRU 03/24/15 65461

CLAIMANT

DATE OF EVENT
01/11/11

Questions regarding this payment should be referred to the Customer Service Unit of the Claim Office whose address appears above.

PAID JUN 0 2 2015

PDWLDMCD-000504-01-01-00

BOA108 (07/2009)

DETACH THIS PORTION BEFORE CASHING

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/01/15	65456

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8531
D.O.B. : 11/6/76
Terms : 45 days
Claim #(s):
E1G3234

BILL TO:
SAINT PAUL TRAVELERS (SACRAM)
W.C. DEPARTMENT
ATTN: CHARMAINE PONTE
P.O. BOX # 13089
SACRAMENTO, CA 95813-4089

Case: vs COM TAM NINH KIEW VIETNAMESE
Date Of Injury: 5/22/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/19/15	LEGAL C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/26/15	PMT BY CHECK	DOS 3/19/15* # 891A 86255730	-250.00

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.

013205

THE TRAVELERS - RANCHO CORDOVA BI/P
WORKERS COMPENSATION CLAIMS
PO BOX 13089
SACRAMENTO CA 95813-4089

SA06562

891A 86255730

TRAVELERS

DATE: 05/26/15
LOSS DATE: 09/09/14
FILE NUMBER: 480 CB E1G3233 R

EMPLOYEE

ACCOUNT NAME:
COM TAM NINH KIEU

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: 03/19/2015

TOTAL PAID: $250.00
TAX INFO: 330956713547893 9Y
PAY MISC: 65456
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID JUN 0 1 2015

FOR ADDITIONAL INFORMATION, CONTACT: CHARMAINE PONTE AT (916)638-6420

146006643
DETACH CHECK

UNSUMM-111311
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#
03/20/15 64303

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8613
D.O.B. : 3/19/51
Terms : 45 days
Claim #(s):
CA-373263

BILL TO:
LUMBERMAN'S UNDERWRITING (FL)
W.C. DEPARTMENT
ATTN: STEFANIE WEBBER
P.O. BOX 3061
BOCA RATON, FL 33431

Case: vs AIT WORLDWIDE LOGISTIC/TS EMPL
Date Of Injury: 7/3/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/11/14	LEGAL_PREP	DEPO PREP @ L/O SCHLOSSBERG & UMHOLTZ	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
01/22/15	PMT BY CHECK	DOS 11/11/14* # 001538275	-156.50
01/15/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/16/15	PMT BY CHECK	DOS 1/5/15* # 001564917	-250.00

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.

63-4
630

373263

LUMBERMEN'S UNDERWRITING ALLIANCE
BOCA RATON, FLORIDA 33431

001564917

DATE INCURRED	ACCOUNT NO.	POLICY NO.	CLAIM NO.	ISSUE DATE
07-03-14	58397-4272	431874	WC-CA-373263	MARCH 16, 2015

001564917

INSURED TS STAFFING SERVICES, INC.
CLAIMANT
PAYEE TAX ID: 330956713

NATURE OF PAYMENT FROM 11-11-14 TO 01-15-15 TRANSLATOR EXPENSES 64303

PAY TWO HUNDRED FIFTY AND 00/100 DOLLARS

TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN CA 92781

LLO

BANK OF AMERICA, N.A.

$ ********250.00

VOID IF NOT CASHED WITHIN 6 MONTHS

AUTHORIZED SIGNATURE

COUNTERSIGNATURE MAY BE REQUIRED

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈001564917⑈ ⑆063000047⑆ 003601187388⑈

LUMBERMEN'S UNDERWRITING ALLIANCE

JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN CA 92781

Check Number: 001564917

Date: MARCH 16, 2015

Paid Amount: ********250.00

Dates: 11-11-14 TO 01-15-15

Bill ID No: 64303

Nature of Pay: TRANSLATOR EXPENSES

PAID MAR 20 2015

Special Instructions:

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/10/15	64137

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4426
D.O.B. : 1/28/74
Terms : 45 days
Claim #(s):
SAC-0000158638

BILL TO:
LWP CLAIMS SOLUTIONS (SAC)
W.C. DEPARTMENT
ATTN: JUDY DUVALL
P.O. BOX # 349016
SACRAMENTO, CA 95834

Case: vs CAPC
Date Of Injury: 8/2/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/08/14	INITIAL EXAM	DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALACON # 100802	0.00
09/17/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR RODRIGUEZ @ AMERI*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/24/14	INITIAL EXAM	W/ACUPUNCTURIST ALEX LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/02/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/22/14	PR2/REEVAL	DE KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/12/15	PMT BY CHECK	DOS 9/8/14-10/22/14* # 45119	-946.50
01/21/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/12/14	PR2-RE/EVAL	W/ACUPUNCT ALEX LEE @ AMERI*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/24/15	PMT BY CHECK	DOS 9/8/14-1/21/15* # 50513	-250.00
04/02/15	PMT BY CHECK	DOS 9/8/14-11/12/14* # 51221	-180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/10/15	64137

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4426
D.O.B. : 1/28/74
Terms : 45 days
Claim #(s):
SAC-0000158638

BILL TO:
LWP CLAIMS SOLUTIONS (SAC)
W.C. DEPARTMENT
ATTN: JUDY DUVALL
P.O. BOX # 349016
SACRAMENTO, CA 95834

Case: vs CAPC
Date Of Injury: 8/2/14

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.

New York Marine and General Insurance Company
Administered by: LWP Claims Solutions, Inc.
PO Box 349016, Sacramento, CA 95834
FOR: CAPC, Inc

JP Morgan Chase Bank, NA
New York, NY

1-2/210

577235000
Account Number

Check No. 51221
Date 04/02/2015

VOID AFTER 180 DAYS

$180.00

PAY One Hundred Eighty & 00/100 Dollars

Judy Adlam
Signature

PAY TO THE ORDER OF
Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

⑈000005122⑈ ⑆021000021⑆ 577235000⑈

CLAIM NUMBER	CLAIMANT	LOSS DATE	INVOICE NUMBER	SERVICE DATES
0000158638		08/02/2014	64137	09/08/2014 - 11/12/2014

Reference: **BR# LWPSPB5173054*
Comments: **ImgID 5173054*

Service	Procedure	Service Dates	Amount Billed	Amount Paid
Medical Miscellaneous		09/08/2014 - 11/12/2014	180.00	180.00

Fee Sched Discount:	0.00	PPO Discount:	0.00	Other Discounts:	0.00	Lien:	0.00

PAID
APR 10 2015
BY:

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/17/15 64137

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4426
D.O.B. : 1/28/74
Terms : 45 days
Claim #(s):
SAC-0000158638

BILL TO:
LWP CLAIMS SOLUTIONS (SAC)
W.C. DEPARTMENT
ATTN: JUDY DUVALL
P.O. BOX # 349016
SACRAMENTO, CA 95834

Case: vs CAPC
Date Of Injury: 8/2/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/08/14	INITIAL EXAM	DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALACON # 100802	0.00
09/17/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR RODRIGUEZ @ AMERI*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/24/14	INITIAL EXAM	W/ACUPUNCTURIST ALEX LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/02/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/22/14	PR2/REEVAL	DE KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/12/15	PMT BY CHECK	DOS 9/8/14-10/22/14* # 45119	-946.50
01/21/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/12/14	PR2-RE/EVAL	W/ACUPUNCT ALEX LEE @ AMERI*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/24/15	PMT BY CHECK	DOS 9/8/14-1/21/15* # 50513	-250.00
04/02/15	PMT BY CHECK	DOS 9/8/14-11/12/14* # 51221	-180.00
12/10/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/14/15	F/U CHIRO TX	CHIRO TREATMENT W/DR KHAN @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/02/15	PMT BY CHECK	DOS 12/10/14* # 58321	-180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/17/15	64137

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4426
D.O.B. : 1/28/74
Terms : 45 days
Claim #(s):
SAC-0000158638

BILL TO:
LWP CLAIMS SOLUTIONS (SAC)
W.C. DEPARTMENT
ATTN: JUDY DUVALL
P.O. BOX # 349016
SACRAMENTO, CA 95834

Case: vs CAPC
Date Of Injury: 8/2/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 90.00

* 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.

New York Marine and General Insurance Company
Administered by: LWP Claims Solutions, Inc.
PO Box 349016, Sacramento, CA 95834
FOR: CAPC, Inc

JP Morgan Chase Bank, NA
New York, NY

1-2/210
577235000
Account Number

Check No. 58321
Date 07/02/2015

VOID AFTER 180 DAYS

$180.00

PAY One Hundred Eighty & 00/100 Dollars

PAY TO THE ORDER OF

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

Judy Adlam
Signature

⑈00005832 1⑈ ⑆021000021⑆ 577235000⑈

CLAIM NUMBER	CLAIMANT	LOSS DATE	INVOICE NUMBER	SERVICE DATES
0000158638	[redacted]	08/02/2014	64137	12/10/2014 - 12/10/2014

Reference: **BR# LWPSPB5388507*
Comments: **ImgID 5388507*

Service	Procedure	Service Dates	Amount Billed	Amount Paid
Medical Miscellaneous		12/10/2014 - 12/10/2014	180.00	180.00

Fee Sched Discount:	0.00	PPO Discount:	0.00	Other Discounts:	0.00	Lien:	0.00

PAID JUL 06 2015

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/10/15 61839

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7286
D.O.B. : 1/20/63
Terms : 45 days
Claim #(s):
30120229084

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W.C. DEPARTMENT
ATTN: JENNIFER ECKSTROM
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case: vs AIR INDUSTRIES
Date Of Injury: 6/20/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/11/14	INITIAL EXAM	DR ROSARIO @ INTERVENTIONAL PAIN MGMT (IPM)*	230.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
05/16/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
06/20/14	PR2/REEVAL	DR BERSTEIN @ IPM*	180.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
07/21/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/31/14	EPIDURAL	DR BERNSTEIN @ NEWPORT COAST SURGERY CTR*	150.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
08/06/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/08/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
10/15/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
10/30/14	EPIDURAL	PAIN MGMT W/DR BERNSTEIN @ NEWPORT SURGERY CTR*	150.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
09/17/15	PMT BY CHECK	DOS 04/11/14-10/30/14 *# 0057216231	-1610.00
03/23/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	ORELIA STEINHARDT # 500214	0.00
12/04/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
05/20/15	PMT BY CHECK	DOS 4/11/14-3/23/15* # 0059388917	-180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/10/15	61839

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-7286
D.O.B. : 1/20/63
Terms : 45 days
Claim #(s):
30120229084

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W.C. DEPARTMENT
ATTN: JENNIFER ECKSTROM
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case: vs AIR INDUSTRIES
Date Of Injury: 6/20/12

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 180.00

* 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.

P6905028006

Sedgwick Claims Management Services, Inc
P O Box 14433
Lexington, KY 40512-4433

201505201616

Electronic Service Requested

RECEIVED MAY 26 2015

1 OF 1

ENV 2859

SINGLE PIECE

2859 0.3820 SP 0.480

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781-4165

5

DATE	CHECK AMT	CHECK NO.
05/20/2015	180.00	0059388917

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
225 Sedgwick Claims Management Services, Inc	1 of 1

Claimant Name	Loss Date	Claim Number
	06/20/2012	30120929084-0001

Amt Paid: 180.00 Description: Miscellaneous Medical
Amt Billed: 180.00 Invoice: 618367 ICN: 170847854.338
Dates: 04/11/2014-03/23/2015 Comment:

01839

Questions about other Sedgwick CMS payments? Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/20/15 64938

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-2454
D.O.B. : 2/24/69
Terms : 45 days
Claim #(s):
BB-14-004845

BILL TO:
CORVEL CORPORATION (SACREM)
W.C. DEPARTMENT
ATTN: DIANA ZIMMERMAN
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SERVICES
Date Of Injury: 12/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/27/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/24/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATICIA HAYES # 100761	0.00
06/04/15	PMT BY CHECK	DOS 2/27/15* # 7434103	-156.50
06/04/15	PMT BY CHECK	DOS 3/24/15* # 7434097	-250.00

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.

VOID VOID VOID

CORVEL CORPORATION
BBSI - EC
PO BOX 279350
SACRAMENTO, CA 95827

CORVEL

Bank Codes: BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
7434097	06/04/15

Claim#: BB-14-004845

PAY EXACTLY: *Two hundred fifty and 00/100 Dollars*

*******$250.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0007434097⑈ ⑆121000248⑆ 4121 5140121⑈

ETACH HERE

DETACH HERE

CORVEL
Explanation of Review

Business Unit: BURRTEC VICTORVILLE, ONTARIO-8
17000 Abbey Ln
Victorville, CA 92394

Employer
Patient:

PAID JUN 07 2015

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/2430352 - 1
Reprice: CA, 92780
Billed Date: 04/20/2015
Business Rcvd: 04/30/2015
MBR Rcvd: 04/30/2015
MBR Date: 06/03/2015
Date Approved: 06/03/2015
DOS From - To: 02/27/2015 - 03/24/2015

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 1876
Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 64938
Provider Tax Id: 33-0956713

Claim #: BB-14-004845
Processor Initials: DZ
DOI: 12/01/2014
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
02/27/15	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$156.50		1	$156.50	$0.00
	Original bill [2421354.48]								
03/24/15	T1013 08	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$250.00		1	$0.00	$250.00
	Patricia Hayes #100761								
Sub-Totals for Bill: 2430352					**$406.50**			**$156.50**	**$250.00**

Totals for Bill:2430352 **$250.00**

Line Item Reason Codes and Descriptions
08 Los Angeles County Deposition Half day
R1 Duplicate Billing

Line Item Reason Codes and Descriptions

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/10/16	65628

EAMS#(s):

SS # : XXX-XX-4722
DOB : 6/22/76
Terms : 45 days
Claim #(s):
1010-15-04988

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: ESTEVAN GOMEZ
P.O. BOX # 85563
SAN DIEGO, CA 92186-5563

Case: vs COLOR CONCEPTS
Date Of Injury: 9/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/20/15	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
04/06/15	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR CONOLLY @ ACS* INTIL	150.00
/ /	INTERPRETER:	LISBETH CALDERON PARRENO # 101080	0.00
04/07/15	INITIAL EXAM	DR MILLMAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
04/23/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/12/15	INITIAL EXAM	W/ACUPUNCT KIM @ ACS*	230.00
/ /	INTERPRETER:	LISBETH CALDERON PARRENO # 101080	0.00
05/28/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/02/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/25/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/30/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
07/23/15	PR2/REEVAL	DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO 3 101080	0.00
07/28/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VIILAGOMEZ # 500341	0.00
07/31/15	INITIAL EXAM	DR MASSIHI @ ACS*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/20/15	PR2/REEVAL	DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/26/15	PR2/REEVAL	DR MILLMAN @ ACS*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/10/16 65628

EAMS#(s):

SS # : XXX-XX-4722
DOB : 6/22/76
Terms : 45 days
Claim #(s):
1010-15-04988

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: ESTEVAN GOMEZ
P.O. BOX # 85563
SAN DIEGO, CA 92186-5563

Case: vs COLOR CONCEPTS
Date Of Injury: 9/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/28/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/17/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
09/23/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	DIANA CHUY DEL OLMO # 301577	0.00
09/25/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/15/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
10/21/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/04/15	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/18/15	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/25/15	FOLLOW-UP	W/ ACUPUNCT CHOI @ ENHANCED PRECISION CARE*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/30/15	FOLLOW-UP	W/ ACUPUNCT CHOI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/02/15	PR2/REEVAL	DR TOSHA BROWN @ ENHANCED PRECISION CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/16/15	PR2/REEVAL	DR S. ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/18/15	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/21/15	INITIAL EXAM	PSYCH EVAL W/DR P. SALKELD @ ENHANCED PRECISION*	230.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/10/16	65628

EAMS#(s):

SS # : XXX-XX-4722
DOB : 6/22/76
Terms : 45 days
Claim #(s):
1010-15-04988

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: ESTEVAN GOMEZ
P.O. BOX # 85563
SAN DIEGO, CA 92186-5563

Case: vs COLOR CONCEPTS
Date Of Injury: 9/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/28/15	PR2/REEVAL	DR T. BROWN @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/14/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/28/16	PR2/REEVAL	DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/29/16	P AND S	DR MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/10/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/25/16	PMT BY CHECK	DOS 2/20/15-1/28/16* # 1188027	-5850.00

BALANCE 410.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 02/25/2016
Check Number: 1188027
Check Amount: $5,850.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,EMKC4F

EMKC4E

1/5/16 3:59 PM 4 0000347 20160225 LBPDT101 CHECK 1 oz DOM LBPDT10000* 161281 CK

JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN CA 92781-1460

PAID MAR 0 8 2016

Payment Summary

laim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
)101504988		09/23/2014	10000668	180	03/20/2015	01/28/2016	$5,850.00

#65628

MP

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

EMKC4F

isurance Company of the West
1455 El Camino Real
an Diego, CA 92130-2045

DATE	CHECK NO.
02/25/2016	1188027
	CHECK AMOUNT
VOID AFTER 90 DAYS	$5,850.00

PAY: FIVE THOUSAND EIGHT HUNDRED FIFTY & 00 / 100 DOLLARS*****
TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN, CA 92781

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

MEMO: Claim#: 10101504988

⑈1188027⑈ ⑆122000661⑆ 14595399 43⑈