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

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
59076	6/18/13 - 7/12/13	9/9/2013	$ 406.50	Depo prep, Depo Review	$ 406.50	01039963596	3/29/2013	Gallagher Basssett
55906	8/5/2013	9/9/2013	$ 313.00	Board Appear. LBO (full day)	$ 313.00	0031023917	9/5/2013	Sedgwick Claims
59181	6/25/13 - 6/26/13	9/4/2013	$ 675.00	Surgery (5.5 hrs), Pre-op	$ 675.00	0103796234	8/27/2013	Gallagher Basssett
58722	4/9/13 - 4/10/13	11/22/2013	$ 675.00	Pre-op, Surgery (5 hrs)	$ 675.00	0002599288	11/15/2013	Crum & Forster
55901	1/7/2014	2/3/2014	$ 156.50	Board Appear. LBO	$ 156.50	896D 83609153	1/28/2014	Travelers
58885	4/18/13 - 6/6/13	1/30/2014	$ 702.50	Initial, 2 PR-2's	$ 702.50	6520069	1/24/2014	Intercare Holdings
60237	10/30/2013	1/24/2014	$ 652.50	Surgery (7hrs 10mins)	$ 652.50	CU-083065	1/21/2014	SCIF
59558	5/10/2013 - 1/7/14	1/24/2014	$ 406.50	C&R reading, Board Appear. LBO	$ 406.50	CP-754058	1/22/2014	SCIF
58644	3/28/2013	1/24/2014	$ 450.00	Surgery (5 hrs)	$ 450.00	0002562722	1/21/2014	Sedgwick Claims
60212	11/7/13 - 12/19/13	1/10/2014	$ 406.50	Depo prep, Depo Review	$ 406.50	0106702124	1/6/2014	Gallagher Basssett
50597	1/13/2014	2/11/2014	$ 156.50	Board Appear. LBO	$ 156.50	656099	2/7/2014	Adventist Health
52124	10/9/2013	11/5/2013	$ 250.00	C&R Reading	$ 250.00	CP-734997	10/30/2013	SCIF
59490	8/7/13 - 8/8/13	11/5/2013	$ 1,035.00	Admission, Surgery (9hrs 25mins)	$ 1,035.00	0038863210	10/28/2013	Sedgwick Claims
55906	9/17/2013	10/18/2013	$ 313.00	Board Appear.LBO (full day)	$ 313.00	0031485681	10/15/2013	Sedgwick Claims
51839	9/19/2013	10/18/2013	$ 250.00	C&R Reading	$ 250.00	100023512	10/16/2013	Republic Indemnity
59621	8/29/2013	10/17/2013	$ 156.50	Depo prep	$ 156.50	DA70799519	10/11/2013	ACE USA
45516	9/6/2013	10/17/2013	$ 742.50	Surgery (8hrs 15mins)	$ 742.50	8662927	10/9/2013	CHUBB

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
59325	7/15/13 - 7/16/13	10/7/2013	$ 540.00	Admission, Surgery (4 hrs)	$ 540.00	2015300447	10/1/2013	Tower Group
59282	3/18/2014	4/9/2014	$ 250.00	Depo Review	$ 250.00	1429359	4/7/2014	York
60831	1/31/14 - 3/3/14	4/7/2014	$ 313.00	Depo Prep, Board Appear. LBO	$ 313.00	896D 83933736	3/31/2014	Travelers
60060	10/16/13 - 11/20/13	4/8/2014	$ 740.00	Initial, 2 PR-2's, F.C.E.	$ 740.00	896D 83938060	4/1/2014	Travelers
60861	1/20/14 - 2/27/14	4/8/2014	$ 406.50	Depo prep, Depo Review	$ 406.50	CU-103334	4/3/2014	SCIF
60483	12/18/13 - 1/14/14	4/2/2014	$ 650.00	Depo Prep, Deposition, Depo Review	$ 650.00	1219836680	3/26/2014	The Hartford
59785	2/18/2014	4/2/2014	$ 156.50	Board Appear. LBO	$ 156.50	0000480986	3/28/2014	ICW
59141	6/10/13 - 3/4/14	3/31/2014	$ 563.00	Depo Prep, Depo Review, Board Appear.	$ 563.00	260137237	3/27/2014	Employers
60835	2/5/2014	3/31/2014	$ 156.50	Board Appear. VNO	$ 156.50	0002689471	3/21/2014	Crum & Forster
60850	2/4/2014	3/26/2014	$ 250.00	C&R Reading	$ 250.00	260132424	3/20/2014	Employers
60912	2/6/2014	4/3/2014	$ 250.00	C&R Reading	$ 250.00	260132424	3/20/2014	Employers
60864	2/6/2014	3/26/2014	$ 156.50	Depo Prep	$ 156.50	79341162	3/21/2014	CIGA
60601	12/23/13 - 2/13/14	4/1/2014	$ 406.50	Depo prep, Depo Review	$ 406.50	0108233816	3/17/2014	Gallagher Basssett
60851	1/20/14 - 2/28/14	3/28/2014	$ 406.50	Depo prep, Depo Review	$ 406.50	0108317777	3/20/2014	Gallagher Basssett
53540	12/9/2013	1/13/2014	$ 156.50	Board Appear. LBO	$ 156.50	0042724612	1/7/2014	Sedgwick Claims
59967	9/27/2013	1/13/2014	$ 517.50	Surgery (5hrs 50mins)	$ 517.50	10934637	1/10/2014	York

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
59618	8/23/13 - 12/2/13	1/7/2014	$ 719.50	Depo Prep, Depo Review, 2 Board Appear. LBO	$ 719.50	DA71225469	12/30/2013	ACE USA
59998	10/14/2013	1/6/2014	$ 156.50	Depo Prep	$ 156.50	260069221	12/26/2013	Employers
50597	11/12/2013	1/6/2014	$ 156.50	Board Appear. LBO	$ 156.50	653115	12/27/2013	Adventist Health
59457	7/30/13 - 9/6/13	12/4/2013	$ 790.00	2 Initials, PR-2 & EMG/NCV	$ 790.00	8814545579	12/3/2013	Farmers
57855	1/14/13 - 8/22/13	12/2/2013	$ 871.50	MRI, Depo Prep, Depo Review, Injection (3.5hrs)	$ 871.50	1102493909	11/25/2013	Zurich
41522	10/30/2013	11/15/2013	$ 165.00	Board Appear. SB	$ 165.00	DA70961011	11/11/2013	ACE USA
59617	9/24/2013	11/15/2013	$ 250.00	Depo Review	$ 250.00	1102477667	11/11/2013	Zurich
52899	9/9/2013	10/30/2013	$ 165.00	Board Appear. SB	$ 165.00	0000388945	10/25/2013	ICW
59466	7/26/2013	11/12/2013	$ 720.00	Surgery (7hrs 55mins)	$ 720.00	44048848	10/24/2013	Intercare Holdings
60719	12/20/13 - 1/24/14	3/26/2014	$ 406.50	Depo Prep, Depo Review	$ 406.50	5000425309	3/20/2014	Preferred Employers
58279	2/27/2014	3/26/2014	$ 156.50	Board Appear. LBO	$ 156.50	CP-767724	3/24/2014	SCIF
53540	1/30/2014	3/21/2014	$ 156.50	Board Appear. LBO	$ 156.50	0043637855	3/24/2014	Sedgwick Claims
43806	2/24/2014	3/21/2014	$ 156.50	Board Appear. LBO	$ 156.50	0108168929	3/13/2014	Gallagher Basssett
59455	7/31/13 - 2/3/14	3/21/2014	$ 1,740.00	3 Initials, F.C.E., 5 PR-2's	$ 1,740.00	0108245607	3/17/2014	Gallagher Basssett
61012	1/23/2014	3/7/2014	$ 156.50	Board Appear. LBO	$ 156.50	CU-094797	3/5/2014	SCIF

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
59996	10/24/13 - 1/17/14	3/12/2014	$ 406.50	Board Appear. SA	$ 406.50	009048123	3/7/2014	Guard Ins.
53831	2/7/2014	3/12/2014	$ 250.00	C&R Reading	$ 250.00	0107946445	3/4/2014	Gallagher Basssett
60286	11/11/13 - 2/24/14	3/18/2014	$ 563.00	Depo Prep, Depo Review, Board Appear. LBO	$ 563.00	891A 84870722	3/13/2014	Travelers
57811	5/31/2013	6/20/2013	$ 156.50	Depo Prep	$ 156.50	1184179	6/17/2013	York
58764	5/17/2013	6/20/2013	$ 250.00	Depo Review	$ 250.00	1203748000	6/13/2013	The Hartford
58606	5/23/2013	6/20/2013	$ 250.00	Depo Review	$ 250.00	658305	6/18/2013	CHUBB
50188	4/29/2013	6/17/2013	$ 180.00	PR-2	$ 180.00	200983395	6/12/2013	Employers
58761	4/11/2013	6/17/2013	$ 313.00	Board Appear. LBO (Full Day)	$ 313.00	0041484148	6/12/2013	Sedgwick Claims
54798	4/25/2013	6/14/2013	$ 250.00	C&R Reading	$ 250.00	0000484000	6/10/2013	California Ins. Co. (Applied Risk)
53406	5/22/2013	6/14/2013	$ 156.50	Board Appear. LBO	$ 156.50	0971142	6/13/2013	Walt Disney
55422	3/26/13 - 5/7/13	6/11/2013	$ 406.50	Depo Prep, Depo Review	$ 406.50	0000007417	6/7/2013	Sedgwick Claims
52913	5/7/2013	6/11/2013	$ 156.50	Board Appear. LBO	$ 156.50	CU-019421	6/5/2013	SCIF
58605	4/9/2013	6/11/2013	$ 250.00	C&R Reading	$ 250.00	3000213642	6/5/2013	Republic Indemnity
58765	4/17/2013	6/7/2013	$ 250.00	C&R Reading	$ 250.00	200977680	4/17/2013	Employers
53540	5/6/2013	6/6/2013	$ 156.50	Board Appear. LBO	$ 156.50	0038298411	6/3/2013	Sedgwick Claims
52512	4/11/2013	6/4/2013	$ 156.50	Job Descript.	$ 156.50	900A26598959	5/30/2013	Travelers
58505	4/5/13 - 5/2/13	6/4/2013	$ 406.50	Depo Prep, Depo Review	$ 406.50	200974430	5/30/2013	Employers
57034	5/3/2013	6/4/2013	$ 156.50	Depo Prep	$ 156.50	CP-693645	5/30/2013	SCIF

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
56552	5/7/2013	6/4/2013	$ 156.50	Depo Prep	$ 156.50	891A83908165	5/31/2013	Travelers
58258	3/5/13 - 4/26/13	5/28/2013	$ 563.00	Board Appear. LBO, Depo Prep, Depo Review	$ 563.00	1202583105	5/23/2013	The Hartford
44963	4/23/2013	5/28/2013	$ 156.50	Board Appear. LBO	$ 156.50	0000023289	5/24/2013	Sedgwick Claims
46003	4/22/2013	5/28/2013	$ 313.00	Board Appear. LBO (Full Day)	$ 313.00	0175127	5/23/2013	Cypress Ins. (Berkshire Hathaway)
57811	4/26/2013	5/28/2013	$ 250.00	Depo Review	$ 250.00	1165702	5/22/2013	York
58351	3/18/13 - 4/18/13	5/29/2013	$ 406.50	Depo Prep, Depo Review	$ 406.50	5625920934	5/21/2013	Broadspire
55917	4/16/2013	5/20/2013	$ 156.50	Board Appear. LBO	$ 156.50	DA69920772	5/16/2013	ACE USA
54268	4/9/2013	5/20/2013	$ 156.50	Depo Prep (Vol II)	$ 156.50	0002412559	5/15/2013	Sedgwick Claims
58367	3/20/2013	5/16/2013	$ 156.50	Board Appear. LBO	$ 156.50	1155231	5/10/2013	York
58280	3/12/2013	5/13/2013	$ 156.50	Depo Prep	$ 156.50	200959599	5/9/2013	Employers
58279	3/13/2013	5/13/2013	$ 156.50	Board Appear. LBO	$ 156.50	CP-688688	5/10/2013	SCIF
58397	2/22/13 - 7/1/13	8/22/2013	$ 1,110.00	Shockwave Tx, 4 PR-2's, 2 Work Cond.	$ 1,110.00	0000562371	8/19/2013	MTA Risk Mgmt.
42637	8/1/2013	8/28/2013	$ 156.50	Board Appear. LBO	$ 156.50	CP-712915	8/13/2013	SCIF
54353	8/7/12 - 7/31/13	8/16/2013	$ 719.50	Depo Prep, Depo Review, 2 Board Appearances LBO	$ 719.50	24381704	8/10/2013	American Int'l (Chartis/AIG)
52171	7/31/2013	8/16/2013	$ 156.50	Board Appear. LBO	$ 156.50	CP-713308	8/14/2013	SCIF
58191	2/11/13 - 6/26/13	8/16/2013	$ 809.00	Depo Prep, Depo Review, Initial (3.5hrs)	$ 809.00	896D82721934	8/12/2013	Travelers

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
58194	2/13/13 - 7/3/13	8/5/2013	$ 876.00	Depo Prep, Depo Review, 3 Board Appearances LBO	$ 876.00	5786	8/2/2013	Athens
59229	7/3/2013	8/6/2013	$ 156.50	Board Appear. LBO	$ 156.50	891A84110280	7/31/2013	Travelers
58896	6/25/2013	8/7/2013	$ 250.00	Depo Review	$ 250.00	0002460061	8/2/2013	Sedgwick Claims
56142	6/27/2013	8/2/2013	$ 250.00	Depo Review	$ 250.00	0043453746	7/30/2013	Sedgwick Claims
59225	7/1/2013	8/2/2013	$ 250.00	C&R Reading	$ 250.00	3812058422	7/31/2013	Farmers
58840	5/10/13 - 6/5/13	7/29/2013	$ 860.00	Initial, 2 PR-2's, 3 Phys. Therapy	$ 860.00	102177501	7/23/2013	C.N.A.
57824	7/8/2013	7/30/2013	$ 250.00	Depo Review	$ 250.00	201012937	7/26/2013	Employers
43335	6/26/2013	7/22/2013	$ 156.50	Board Appear. LBO	$ 156.50	70428312	7/18/2013	Sedgwick Claims
56505	10/22/12 - 5/17/13	7/22/2013	$ 2,025.00	2 Initials, 8 PR-2's, EMG/NCV	$ 2,025.00	0000010925	7/19/2013	Sedgwick Claims
51951	5/21/2013	7/19/2013	$ 230.00	P&S	$ 230.00	002491430	7/13/2013	Crum & Forster
58505	6/18/2013	7/19/2013	$ 156.50	Depo Prep	$ 156.50	201006062	7/16/2013	Employers
51090	4/18/13 - 6/18/13	7/17/2013	$ 469.50	1 Board Appear. 1 Board Appear. (Full Day)	$ 469.50	8814326317	7/15/2013	Farmers
58801	5/10/13 - 5/21/13	7/16/2013	$ 406.50	Depo Prep, C&R Reading	$ 406.50	32678818	7/16/2013	Fireman's Fund
58970	5/31/2013	7/16/2013	$ 250.00	C&R Reading	$ 250.00	261552	7/12/2013	Zenith
54268	6/10/2013	7/16/2013	$ 500.00	Depo Review Vol 2 (4hr 20mn)	$ 500.00	0002446741	7/11/2013	Sedgwick Claims
59008	6/5/2013	7/16/2013	$ 156.50	Board Appear. LBO	$ 156.50	0042007471	7/10/2013	Sedgwick Claims
54043	6/27/12 - 4/4/13	7/16/2013	$ 1,502.50	Initial, 4 PR-2's, MRI, P&S	$ 1,502.50	102139151	7/10/2013	C.N.A.

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
55910	6/18/2013	7/15/2013	$ 156.50	Board Appear. LBO	$ 156.50	0042211996	7/9/2013	Sedgwick Claims
58729	4/12/2013	7/15/2013	$ 810.00	Surgery (9 hrs)	$ 810.00	8814321456	7/11/2013	Farmers
58767	5/24/2013	7/10/2013	$ 250.00	C&R Reading	$ 250.00	612855	7/30/2013	Safeco (Golden Eagle/Liberty)
58115	1/31/13 - 2/8/13	7/10/2013	$ 945.00	Pre-op, Surgery (7hr 15min)	$ 945.00	891A84024762	7/5/2013	Travelers
58245	2/20/13 - 6/13/13	7/3/2013	$ 313.00	Depo Prep, Board Appear. LBO	$ 313.00	3812057211	7/1/2013	Farmers
57824	2/7/13 - 6/12/13	7/1/2013	$ 313.00	Board Appear., Depo Prep	$ 313.00	200994938	6/27/2013	Employers
59077	6/18/13 - 7/11/13	8/12/2013	$ 406.50	Depo Prep, Depo Review	$ 406.50	FE45770975	8/8/2013	ESIS/ACE
58797	5/9/13 - 7/15/13	8/12/2013	$ 406.50	Depo Review, Board Appear. LBO	$ 406.50	0043341813	8/9/2013	Sedgwick Claims
58861	5/3/2013	8/15/2013	$ 652.50	Surgery (7hr 10min)	$ 652.50	891A84131023	8/6/2013	Travelers
59306	7/10/13 - 7/11/13	10/4/2013	$ 810.00	Admission, Surgery (7hrs)	$ 810.00	0043488522	10/1/2013	Sedgwick Claims
59445	7/11/2013	10/4/2013	$ 585.00	Surgery (6.5 hrs)	$ 585.00	8637230	9/27/2013	CHUBB
59506	8/8/2013	10/3/2013	$ 720.00	Surgery (8 hrs)	$ 720.00	0038618501	9/30/2013	Sedgwick Claims
59409	8/5/2013	8/5/2013	$ 156.50	Depo Prep	$ 156.50	606487	9/19/2013	Springfield
55910	8/21/2013	9/23/2013	$ 313.00	Board Appear. LBO (Full Day)	$ 313.00	0044635089	9/19/2013	Sedgwick Claims
60682	1/14/14 - 2/5/14	3/12/2014	$ 406.50	Depo Prep, Depo Review, C&R Reading	$ 406.50	25826807	3/7/2014	American Int'l (Chartis/AIG)
			$ 156.50		$ 156.50	25826808	3/7/2014	

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
59226	1/9/2014	2/17/2014	$ 156.50	Board Appear. LBO	$ 156.50	0046954722	2/7/2014	Sedgwick Claims
60288	11/14/13 - 12/12/13	2/17/2014	$ 406.50	Depo Prep, Depo Review	$ 406.50	000452382	2/12/2014	ICW
29282	1/9/2014	2/20/2014	$ 250.00	Depo Review	$ 250.00	896D83695840	2/14/2014	Travelers
60172	10/21/13 - 1/8/14	2/19/2014	$ 313.00	Board Appear. LBO , Depo Prep	$ 313.00	0107470964	2/11/2014	Gallagher Basssett
60820	1/30/2014	2/24/2014	$ 156.50	Board Appear. LBO	$ 156.50	CP-760035	2/21/2014	SCIF
58769	1/15/2014	3/3/2014	$ 156.50	Board Appear. LBO	$ 156.50	87026914	2/26/2014	Marriott (MCS)
60334	11/26/13 - 1/9/14	3/3/2014	$ 469.50	1 Board Appear. 1 Board Appear. (Full Day)	$ 469.50	2015387018	2/21/2014	Preserver Ins (Tower Grp)
59714	8/28/2013	3/3/2014	$ 697.50	Surgery (7hrs 45mins)	$ 697.50	128364	2/28/2014	First Comp/Markel
58960	2/24/2014	4/14/2014	$ 156.50	Board Appear. LBO	$ 156.50	05000165829	4/9/2014	National Interstate
60605	1/3/14 - 3/3/14	4/21/2014	$ 406.50	Depo Prep, Depo Review	$ 406.50	87044082	4/14/2014	Marriott (MCS)
60602	12/20/2013	4/21/2014	$ 720.00	Surgery (8 hrs)	$ 720.00	891A84981087	4/14/2014	Travelers
59417	3/11/2014	4/24/2014	$ 250.00	C&R Reading	$ 250.00	694256	4/21/2014	CHUBB
60601	4/1/2014	5/1/2014	$ 156.50	Board Appear. LBO	$ 156.50	0108993136	4/17/2014	Gallagher Basssett
40124	3/11/2014	4/29/2014	$ 156.50	Board Appear. LBO	$ 156.50	CU-109667	4/24/2014	SCIF
60728	1/17/14 - 1/21/14	4/29/2014	$ 742.50	Pre-op (2.5hrs), Surgery (5hrs 50mins)	$ 742.50	0043291200	4/25/2014	Sedgwick Claims

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
60651	1/2/14 - 3/14/14	4/29/2014	$ 406.50	Board Appear. LBO, C&R Reading	$ 406.50	CU-11003	4/25/2014	SCIF
61204	3/12/14 - 4/15/14	4/28/2014	$ 469.50	1 Board Appear. 1 Full day Board appear.	$ 469.50	CP-775522	4/23/2014	SCIF
60995	2/19/14 - 3/26/14	5/6/2014	$ 406.50	Depo Prep, Depo Review	$ 406.50	891A85043009	5/2/2014	Travelers
61205	3/12/2014	5/6/2014	$ 156.50	Depo Prep	$ 156.50	99406615	5/1/2014	Liberty Mutual
60987	2/4/14 - 3/24/14	5/2/2014	$ 406.50	Depo Prep, Depo Review	$ 406.50	48446315	4/29/2014	Sedgwick Claims
58816	4/26/13 - 6/21/13	9/24/2013	$ 1,000.00	2 Initials, 3 PR-2's	$ 1,000.00	606534	9/19/2013	Springfield
59075	6/14/13 - 9/3/13	9/24/2013	$ 406.50	C&R Reading, Board Appear. LBO	$ 406.50	CU-050660	9/20/2013	SCIF
57030	7/25/13 - 8/5/13	9/20/2013	$ 406.50	Depo Prep, Depo Review	$ 406.50	0000085638	9/16/2013	AIMS (Underwriters Safety Claims)
58201	8/12/2013	9/18/2013	$ 156.50	Board Appear. LBO	$ 156.50	417134	9/13/2013	Tristar
58681	3/27/13 - 7/10/13	9/18/2013	$ 1,426.50	Initial, 3 PR-2's, Depo Prep, Depo Review, C&R Reading	$ 1,426.50	009038161	9/11/2013	Guard Ins.
58229	2/5/2013	8/16/2013	$ 487.50	Epidural (6.5 hrs)	$ 487.50	0043828999	9/11/2013	Sedgwick Claims
58094	1/23/13 - 7/17/13	9/6/2013	$ 900.00	5 PR-2's	$ 900.00	8576035	8/30/2013	CHUBB
61726	4/29/14 - 6/4/14	7/31/2014	$ 406.50	Depo Prep, Depo Review	$ 406.50	0048687186	7/28/2014	Sedgwick Claims
62299	6/2/2014	7/28/2014	$ 156.50	Board Appear. LBO	$ 156.50	CP-797119	7/24/2014	SCIF

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

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
59783	6/3/2014	7/28/2014	$ 156.50	Board Appear. LBO	$ 156.50	896D84519944	7/22/2014	Travelers
55917	6/17/2014	7/25/2014	$ 250.00	C&R Reading	$ 250.00	DA72403619	7/22/2014	ACE USA
62050	5/19/2014	7/23/2014	$ 156.50	Depo Prep	$ 156.50	0000559637	7/17/2014	ICW
61363	6/18/2014	7/23/2014	$ 156.50	Board Appear. SA	$ 156.50	0049091680	7/18/2014	Sedgwick Claims
61558	6/24/2014	7/23/2014	$ 156.50	Depo Prep	$ 156.50	2015481464	7/17/2014	Tower Group (Castlepoint National)
61830	4/11/2014	7/23/2014	$ 697.50	Surgery (7hrs 40mins)	$ 697.50	896D84487331	7/16/2014	Travelers
59780	6/4/2014	7/21/2014	$ 156.50	Board Appear. LBO	$ 156.50	0002775540	7/14/2014	Crum & Forster
61740	5/7/14 - 5/29/14	7/21/2014	$ 406.50	Depo Prep, Depo Review	$ 406.50	45055255	7/14/2014	Sentry Ins. (BP CLAIMS WC WEST)
60987	7/1/2014	7/21/2014	$ 156.50	Board Appear. LBO	$ 156.50	0048446457	7/15/2014	Sedgwick Claims
62330	6/9/2014	7/17/2014	$ 250.00	C&R Reading	$ 250.00	CT-382434	7/15/2014	SCIF
61217	6/4/2014	7/15/2014	$ 250.00	C&R Reading	$ 250.00	0044232003	7/10/2014	Sedgwick Claims
62059	5/21/2014	7/15/2014	$ 250.00	Depo Review	$ 250.00	DA72334956	7/10/2014	ACE USA
61355	6/2/2014	7/15/2014	$ 156.50	Board Appear. LBO	$ 156.50	CP-793246	7/9/2014	SCIF
61533	3/13/2014	7/7/2014	$ 607.50	Surgery (6hrs 40mins)	$ 607.50	1100010264	7/1/2014	Zurich
61350	3/6/14 - 3/21/14	7/10/2014	$ 636.50	Depo Prep, Depo Review & P&S	$ 636.50	896D84408655	6/30/2014	Travelers
61568	4/14/2014	6/30/2014	$ 250.00	C&R Reading	$ 250.00	9760465504	6/26/2014	Safeway Inc. (Vons)
61079	5/16/2014	6/30/2014	$ 250.00	Depo Review	$ 250.00	DA72215184	6/23/2014	ACE USA

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
60898	1/29/14 - 3/28/14	6/26/2014	$ 1,540.00	2 Initials, 6 PR-2's	$ 1,540.00	0332135	6/23/2014	Cypress Ins. (Berkshire Hathaway)
61426	3/21/2014	6/20/2014	$ 607.50	Surgery (6hrs 40mins)	$ 607.50	0110402631	6/16/2014	Gallagher Basssett
61563	4/8/14 - 5/2/14	6/23/2014	$ 406.50	Depo Prep, Depo Review	$ 406.50	0050341045	6/19/2014	Sedgwick Claims
61095	5/14/2014	6/23/2014	$ 250.00	Depo Review	$ 250.00	45011590	6/17/2014	Sentry Ins. (BP CLAIMS WC WEST)
58763	5/13/2014	6/23/2014	$ 313.00	Board Appear. LBO (Full Day)	$ 313.00	8814843111	6/11/2014	Farmers (Mid-Century Ins)
60330	5/15/2014	6/16/2014	$ 250.00	Depo Review	$ 250.00	001426886	6/10/2014	Lumbermen's Underwriting
37643	3/17/14 - 4/21/14	5/27/2014	$ 313.00	2 Board Appear. LBO	$ 313.00	0048964471	5/20/2014	Sedgwick Claims
51895	4/23/2014	6/2/2014	$ 156.50	Board Appear. LBO	$ 156.50	103048357	5/27/2014	C.N.A.
57855	4/25/2014	6/2/2014	$ 250.00	C&R Reading	$ 250.00	1102711236	5/28/2014	Zurich
61093	3/7/14 - 4/15/14	5/30/2014	$ 406.50	Depo Prep, Depo Review	$ 406.50	896D84216793	5/23/2014	Travelers
55649	5/6/2014	5/30/2014	$ 156.50	Board Appear. LBO	$ 156.50	1100275332	5/23/2014	Zurich
61569	4/15/2014	6/5/2014	$ 156.50	Board Appear. LA	$ 156.50	0110009687	5/30/2014	Gallagher Basssett
61574	4/16/2014	6/10/2014	$ 250.00	C&R Reading	$ 250.00	FE46904094	6/3/2014	ESIS/ACE
61349	3/25/14 - 4/28/14	6/10/2014	$ 406.50	Depo Prep, Depo Review	$ 406.50	DA72093115	6/3/2014	ACE USA
61353	3/31/14 - 4/15/14	6/10/2014	$ 406.50	Depo Prep, Depo Review	$ 406.50	0000050153	6/4/2014	Sedgwick Claims
61217	4/30/2014	6/10/2014	$ 250.00	Depo Review	$ 250.00	0043682127	6/6/2014	Sedgwick Claims

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
60892	1/24/2014	5/12/2014	$ 810.00	Surgery (9 hrs)	$ 810.00	16838	5/6/2014	LWP Claims
61083	2/27/14 - 4/26/14	5/12/2014	$ 469.50	Depo Prep, 2 Board Appear. LBO	$ 469.50	9108219	5/7/2014	CHUBB
61139	3/6/14 - 3/27/14	5/12/2014	$ 406.50	Depo Prep, Depo Review	$ 406.50	0048551114	5/7/2014	Sedgwick Claims
61212	3/19/14 - 4/1/14	5/12/2014	$ 406.50	Board Appear. LBO, C&R Reading	$ 406.50	0000027316	5/8/2014	Matrix
61244	3/24/2014	5/9/2014	$ 156.50	Board Appear. LBO	$ 156.50	CU-113266	5/6/2014	SCIF
56228	9/3/2014	10/3/2014	$ 156.50	Board Appear. LBO	$ 156.50	CE-736100	9/30/2014	SCIF
62972	8/5/2014	10/3/2014	$ 156.50	Board Appear. LBO	$ 156.50	33029950	9/29/2014	Fireman's Fund
40494	9/15/2014	10/6/2014	$ 156.50	Board Appear. LBO	$ 156.50	CP813139	10/3/2014	SCIF
62935	9/2/2014	9/2/2014	$ 156.50	Board Appear. LBO	$ 156.50	CS-520129	10/8/2014	SCIF
62040	9/12/2014	10/13/2014	$ 250.00	Depo Review	$ 250.00	79509736	10/7/2014	CIGA
58893	9/25/2014	10/17/2014	$ 165.00	Board Appear. LA	$ 165.00	DA72867793	10/10/2014	ACE
62311	6/18/14 - 9/15/14	10/14/2014	$ 313.00	Board Appear. MDR & Depo Prep	$ 313.00	1100011038	10/9/2014	Zurich
63388	9/15/2014	10/21/2014	$ 156.50	Board Appear. LBO	$ 156.50	0000633526	10/16/2014	ICW
52907	9/5/2014	10/31/2014	$ 250.00	Depo Review Vol II	$ 250.00	DA72962943	10/28/2014	ACE
62947	10/7/2014	11/4/2014	$ 156.50	Board Appear.SA	$ 156.50	0113706223	10/31/2014	Gallagher Bassett
63369	9/4/2014	11/3/2014	$ 156.50	Board Appear. LA	$ 156.50	14265	10/28/2014	York
63396	9/11/2014	11/3/2014	$ 156.50	Depo Prep	$ 156.50	DA72968620	10/29/2014	ACE

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
59007	6/13/14 - 10/7/14	10/30/2014	$ 563.00	Depo Prep, Depo Review & Board Appear. LBO	$ 563.00	1230485082	10/15/2014	The Hartford
63382	9/8/2014	10/29/2014	$ 156.50	Depo Prep	$ 156.50	DA72932280	10/23/2014	ACE
63385	9/11/2014	10/28/2014	$ 156.50	Depo Prep	$ 156.50	0000637591	10/22/2014	ICW
63372	9/8/2014	10/24/2014	$ 156.50	Board Appear. SA	$ 156.50	CP-816507	10/22/2014	SCIF
62968	8/7/14 - 9/10/14	10/21/2014	$ 406.50	Depo Prep & Depo Review	$ 406.50	0000075291	10/13/2014	Lumberman's
60131	10/29/13 - 6/26/14	8/11/2014	$ 1,455.00	2 Board Appear. SA, C&R Reading	$ 1,455.00	6520961670	8/5/2014	Broadspire
60198	7/9/2014	8/25/2014	$ 156.50	Board Apear. AHM	$ 156.50	000146428	8/20/2014	Carl Warren & Co.
33782	8/4/2014	8/25/2014	$ 156.50	Board Appear. LBO	$ 156.50	0050179601	8/20/2014	Sedgwick
53838	7/24/2014	8/25/2014	$ 156.50	Board Appear. LBO	$ 156.50	0051894092	8/22/2014	Sedgwick
61532	3/12/14 - 3/13/14	9/30/2014	$ 495.00	Admission, Surgery (3.5hrs)	$ 495.00	11058266	9/30/2014	York
61918	4/7/14 - 7/10/14	9/30/2014	$ 1,070.00	Initial, 2 Epidurals, 3 PR-2's	$ 1,070.00	3033653	9/19/2014	Intercare
61682	3/26/14 - 7/16/14	10/13/2014	$ 690.00	3 PR-2's, Epidural	$ 690.00	CU-153972	10/8/2014	SCIF
60891	1/29/2014	10/14/2014	$ 720.00	Surgery (8 hrs)	$ 720.00	802564	10/9/2014	Chubb Group
62395	5/9/14 - 6/2/14	10/21/2014	$ 590.00	Initial, 2 PR-2's	$ 590.00	183136	10/16/2014	First Comp/Markel
61520	3/14/14 - 7/7/14	11/4/2014	$ 1,790.00	Initial, 7 PR-2's, F.C.E. & EMG/NCV	$ 1,790.00	0113592611	10/28/2014	Gallahger Bassett
58816	8/1/14 - 8/4/14	10/28/2014	$ 360.00	2 PR-2's	$ 360.00	WC 634412	10/27/2014	Springfield Ins.

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
61653	3/27/2014	8/8/2014	$ 495.00	Surgery (5.5hrs)	$ 495.00	0111797285	8/13/2014	Gallahger Bassett
61546	3/11/14 - 6/2/14	8/27/2014	$ 810.00	4 PR-2's, F/U Adjustment	$ 810.00	FE47267819	8/22/2014	ACE/ESIS
62049	5/17/2014	8/7/2014	$ 250.00	Depo Review	$ 250.00	0000030065	8/1/2014	Matrix
60806	1/27/14 - 5/28/14	8/12/2014	$ 1,410.00	3 Initials, 4 PR-2's	$ 1,410.00	CA12410148	8/8/2014	Sedgwick
58900	6/16/2014	8/11/2014	$ 250.00	C&R Reading	$ 250.00	99697440	8/5/2014	Liberty Mutual
60330	7/30/2014	8/28/2014	$ 156.50	Board Appear. LBO	$ 156.50	001464525	8/25/2014	Lumberman's
61096	7/31/2014	7/31/2014	$ 156.50	Board Appear. SA	$ 156.50	79474593	8/26/2014	CIGA
62040	7/31/14 - 8/4/14	8/29/2014	$ 469.50	Board Appear. (Full day) LBO, Depo Prep	$ 469.50	79474095	8/26/2014	CIGA
59995	3/6/14 - 8/7/14	3/6/14 - 8/7/14	$ 313.00	2 Board Appear.LBO	$ 313.00	260254737	8/27/2014	Employers
61088	3/5/14 - 7/22/14	9/2/2014	$ 876.00	Depo Prep, Depo Review & Board Appear. LBO & Full Day Board Appear. LBO	$ 876.00	1227976313	8/27/2014	The Hartford
60483	8/8/2014	9/8/2014	$ 250.00	C&R Reading	$ 250.00	1228277419	9/2/2014	The Hartford
61563	8/6/2014	9/8/2014	$ 250.00	Depo Review Vol II	$ 250.00	0051634643	9/3/2014	Sedgwick
47979	8/6/2014	9/15/2014	$ 156.50	Board Appear. LBO	$ 156.50	CP-807889	9/12/2014	SCIF
62048	7/9/2014	9/15/2014	$ 250.00	C&R Reading	$ 250.00	000608819	9/11/2014	Applied Risk (California Ins Co.)
62360	5/6/14 - 6/10/14	11/7/2014	$ 566.50	Initial, Depo Prep & PR-2	$ 566.50	3000292331	11/5/2014	Republic Indemnity

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
62940	7/22/2014	9/19/2014	$ 250.00	C&R Reading	$ 250.00	1100008687	7/22/2014	Zurich
55010	9/2/2014	9/18/2014	$ 156.50	Board Appear. LBO	$ 156.50	0112351110	9/8/2014	Gallagher Bassett
62942	9/5/2014	9/30/2014	$ 156.50	Depo Prep	$ 156.50	112726938	9/23/2014	Gallagher Bassett
61160	8/7/14 - 10/7/14	11/12/2014	$ 330.00	Epidural, PR-2	$ 330.00	903A65916460	11/6/2014	Travelers (Constitution State Svcs)
63381	9/12/2014	11/7/2014	$ 250.00	C&R Reading	$ 250.00	0046154530	11/4/2014	Sedgwick
63355	9/30/2014	11/6/2014	$ 156.50	Depo Prep	$ 156.50	330078543	11/3/2014	Sedgwick
62538	5/12/14 - 8/8/14	11/10/2014	$ 2,000.00	4 Initials, Initial Phys Therapy, 3 PR-2's, EMG/NCV, 2 L.I.N.T.	$ 2,000.00	1100159875	11/4/2014	Zurich
62060	10/14/2014	11/10/2014	$ 250.00	Depo Review	$ 250.00	123356799K	11/6/2014	State Farm
63607	10/2/2014	11/12/2014	$ 156.50	Depo Prep	$ 156.50	99972093	11/6/2014	Liberty Mutual
62202	4/24/14 - 9/5/14	11/17/2014	$ 2,950.00	4 Initials, 10 PR-2's, EMG/NCV, P&S,	$ 2,950.00	0048743739	11/10/2014	Sedgwick
61611	3/21/14 - 7/18/14	11/21/2014	$ 900.00	5 PR-2's	$ 900.00	545236	11/12/2014	Corvel
63739	9/29/2014	12/19/2014	$ 250.00	C&R reading	$ 250.00	2603525040	12/16/2014	Employers
63975	10/16/2014	12/19/2014	$ 250.00	C&R reading	$ 250.00	2953490	12/15/2014	CompWest
63298	9/11/14 - 9/19/14	1/6/2015	$ 270.00	F/U acupuncture & Final Physical Therapy	$ 270.00	0000094259	12/15/2014	Sedgwick
61682	9/10/2014	12/19/2014	$ 180.00	PR-2	$ 180.00	CU-171226	12/17/2014	SCIF
63909	8/27/2014	12/19/2014	$ 585.00	Surgery (6.5 hrs)	$ 585.00	896D85259585	12/12/2014	Travelers
63943	1/10/14 - 8/5/14	12/19/2014	$ 563.00	Depo Prep, Depo Review & Board Appear WCAB LB	$ 563.00	13396	12/15/2014	Athens

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
61181	3/25/14 - 8/29/14	12/19/2014	$ 540.00	3 PR-2's	$ 540.00	0114752753	12/12/2014	Gallagher Bassett
63095	6/10/14 - 8/5/14	12/19/2014	$ 720.00	4 PR-2'S	$ 720.00	000023841	12/12/2014	Gallagher Bassett
62951	7/30/14 - 8/14/14	12/9/2014	$ 406.50	Depo Prep, Depo Review	$ 406.50	000031990	12/4/2014	Carl Warren
62640	5/23/2014	12/12/2014	$ 230.00	Initial	$ 230.00	0406977	12/5/2014	Cypress Ins. Berkshire Hathaway
60366	11/1/13 - 8/15/14	12/9/2014	$ 1,185.00	3 Initials, Surgery (3.5 hrs) PR-2	$ 1,185.00	79558154	12/5/2014	CIGA
53038	5/31/2012	12/9/2014	$ 150.00	Diagn. Study MRI	$ 150.00	896D85211373	12/4/2014	Travelers
60332	7/21/2014	12/9/2014	$ 250.00	Depo Review	$ 250.00	0000232158	12/3/2014	Gallagher Bassett
43461	3/22/11 - 9/30/14	12/12/2014	$ 5,293.00	3 Initials, 15 PR-2's, 2 Depo Prep, Depo Review, 5 Board Appears (WCAB LB), C&R reading	$ 5,293.00	0114528734	12/4/2014	Gallagher Bassett
63277	7/2/14 - 8/6/14	12/9/2014	$ 640.00	2 Initials, PR-2	$ 640.00	0054842395	12/9/2014	Sedgwick
54719	8/7/2012	12/9/2014	$ 150.00	Diagn. Study MRI	$ 150.00	0051848988	12/2/2014	Sedgwick
45544	9/16/2014	12/9/2014	$ 230.00	Initial	$ 230.00	0002889908	12/9/2014	Crum & Forster
60910	1/29/14 - 10/1/14	12/9/2014	$ 406.50	Depo Review, Board Appear. (WCAB AHM)	$ 406.50	891A85728066	12/3/2014	Travelers
63298	7/3/14 - 9/10/14	12/12/2014	$ 1,810.00	2 Initials, 4 PR-2's, 3 F/U Acup. F/U Phys. tx	$ 1,810.00	0000091239	12/3/2014	Sedgwick
62872	6/2/14 - 8/15/14	12/12/2014	$ 410.00	Initial, 3 PR-2's	$ 410.00	380340	12/4/2014	Oak River Ins. Berkshire Hathaway
63104	6/9/14 - 9/5/14	12/8/2014	$ 770.00	Initial, 3 PR-2's	$ 770.00	260318299	12/4/2014	Employers

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
62619	5/30/14 - 8/7/14	12/5/2014	$ 770.00	Initial, 3 PR-2's	$ 770.00	0054865512	11/24/2014	Sedgwick
63423	7/23/14 - 7/24/14	12/3/2014	$ 922.50	Admission, Surgery (8hrs 15mins)	$ 922.50	0054537227	11/21/2014	Sedgwick
62926	9/30/2014	12/3/2014	$ 250.00	Depo Review	$ 250.00	0401678	11/24/2014	Cpyress Ins. Berkshire Hathaway
61094	5/5/2014	12/3/2014	$ 250.00	Depo Review	$ 250.00	402325	11/24/2014	Cypress Ins. Berkshire Hathaway
59037	7/24/14 - 10/27/14	12/3/2014	$ 406.50	Board Appear. (WCAB AHM), C&R reading	$ 406.50	547236	11/24/2014	Corvel
62119	4/16/14 - 6/16/14	12/5/2014	$ 690.00	3 PR-2's, F.C.E.	$ 690.00	00026835	11/24/2014	Amtrust
62175	4/30/14 - 7/25/14	12/4/2014	$ 540.00	F/U acup., 2 PR-2's	$ 540.00	1100189451	12/1/2014	Zurich
63913	8/27/14 - 8/28/14	12/5/2014	$ 855.00	Admission, Surgery (7.5 hrs)	$ 855.00	1100190019	12/1/2014	Zurich
62941	8/19/2014	12/1/2014	$ 250.00	Depo Review	$ 250.00	0000666232	11/26/2014	ICW
63793	8/13/14 - 9/10/14	12/5/2014	$ 1,460.00	4 Initials, 3 PR-2's	$ 1,460.00	0114363671	11/26/2014	Gallagher Bassett
23618	4/29/2014	12/1/2014	$ 250.00	C&R reading	$ 250.00	CU-166280	11/26/2014	SCIF
63345	10/10/2014	11/21/2014	$ 250.00	Depo Review	$ 250.00	CP-822064	11/19/2014	SCIF
62242	4/29/14 - 7/21/14	12/3/2014	$ 2,310.00	3 Initials, 4 PR-2's, 5 Acup.	$ 2,310.00	5632201926	11/17/2014	Broadspire
49097	10/12/11 - 10/3/12	11/21/2014	$ 450.00	Sleep study, 2 Diagn. Studies	$ 450.00	27470628	11/15/2014	Chartis American Int'l Grp
62253	4/30/14 - 5/1/14	11/26/2014	$ 460.00	2 Initials	$ 460.00	1000279182	11/24/2014	Republic Indemnity

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
61556	7/24/2014	11/26/2014	$ 230.00	Initial	$ 230.00	891A85690827	11/20/2014	Travelers
05678	7/10/14 - 8/21/14	11/25/2014	$ 360.00	2 PR-2's	$ 360.00	0114181807	11/19/2014	Gallagher Bassett
56422	10/16/12 - 11/26/12	11/25/2014	$ 450.00	3 Diagn. Studies	$ 450.00	0114181808	11/19/2014	Gallagher Bassett
53911	9/3/2014	11/25/2014	$ 250.00	C&R reading	$ 250.00	0114218532	11/20/2014	Gallagher Bassett
62969	8/8/14 - 9/17/14	12/16/2014	$ 406.50	Depo Prep, Depo Review	$ 406.50	CU-170162	12/12/2014	SCIF
63061	6/13/14 - 6/20/14	12/16/2014	$ 900.00	Pre-op, Surgery (8 hrs)	$ 900.00	896D85245505	12/10/2014	Travelers
63986	10/24/2014	12/16/2014	$ 156.50	Depo Prep	$ 156.50	0628569	12/11/2014	Care West
49674	10/30/11 - 10/16/14	12/16/2014	$ 1,169.50	3 Diagn. Studies, Depo Prep, Depo Review, 2 Board Appear. (WCAB LB)	$ 1,169.50	009106419	12/11/2014	Guard Ins.
54082	6/25/12 - 8/3/12	12/15/2014	$ 450.00	3 Diagn. Studies	$ 450.00	CP-826048	12/10/2014	SCIF
45586	6/6/2011	12/23/2014	$ 150.00	Diagn. Study MRI	$ 150.00	612887	12/9/2014	Athens
63387	9/12/2014	12/18/2014	$ 156.50	Depo Prep	$ 156.50	000672907	12/5/2014	ICW
61548	8/13/2014	1/8/2014	$ 180.00	PR-2	$ 180.00	CP-825393	12/8/2014	SCIF
63744	10/1/2014	12/16/2014	$ 156.50	Board Appear. (WCAB LAO)	$ 156.50	126791	12/11/2014	Midwest Ins.
61570	4/15/2014	12/16/2014	$ 156.50	Board Appear. (WCAB AHM)	$ 156.50	27554630	12/11/2014	Chartis American Int'l Grp
60776	10/14/2014	12/16/2014	$ 250.00	Depo Review	$ 250.00	00494499	12/10/2014	AmTrust Wesco Ins.
59962	8/15/2014	12/16/2014	$ 180.00	PR-2	$ 180.00	13274	12/11/2014	Alpha Fund
61612	3/11/14 - 10/15/14	12/16/2014	$ 907.50	Initial, 2 PR-2's & C&R reading	$ 907.50	17117	12/11/2014	American Claims

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

May 2012 - December 2014

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
55545	9/11/2012	12/16/2014	$ 150.00	Diagn. Study MRI	$ 150.00	896D85245504	12/10/2014	Travelers
63062	6/17/14 - 9/16/14	12/16/2014	$ 740.00	Initial, Injection, 2 PR-2's	$ 740.00	1100204256	12/11/2014	Zurich
62619	9/15/2014	12/16/2014	$ 180.00	PR-2	$ 180.00	0054866925	12/11/2014	Sedgwick
52910	4/16/12 - 10/2/14	12/16/2014	$ 306.50	Diagn. Study MRI, Board Appear. (WCAB LB)	$ 306.50	0030742999	12/10/2014	Sedgwick
57139	12/6/12 - 8/21/14	12/12/2014	$ 3,750.00	3 Initials, 17 PR-2's	$ 3,750.00	0114553045	12/4/2014	Gallagher Bassett
62537	5/28/14 - 8/12/14	12/15/2014	$ 1,230.00	3 Initials, 3 PR-2's	$ 1,230.00	01479580	12/8/2014	AmTrust Technolgy Ins.
60776	10/14/2014	12/16/2014	$ 250.00	Depo Review	$ 250.00	00494499	12/10/2014	AmTrust Wesco Ins.
63961	10/13/2014	12/16/2014	$ 156.50	Board Appear. (WCAB SA)	$ 156.50	17154	12/12/2014	American Claims
61225	3/4/14 - 7/29/14	12/16/2014	$ 2,000.00	4 Initials, 2 Phys. Tx., 3 Acup., 2 PR-2's	$ 2,000.00	896D85245505	12/10/2014	Travelers
60199	8/5/2014	10/3/2014	$ 156.50	Board Appear. (WCAB LBO)	$ 156.50	103888	9/30/2014	AdminSure
60597	9/3/2014	10/31/2014	$ 156.50	Board Appear. (WCAB LBO)	$ 156.50	1100150916	10/28/2014	Zurich Maryland Casualty
59407	9/27/13 - 9/24/14	10/28/2014	$ 406.50	Depo Review, Board Appear. (WCAB LBO)	$ 406.50	1230937110	10/23/2014	The Hartford
59842	5/20/14 - 9/24/14	10/24/2014	$ 313.00	2 Board Appear. (WCAB LBO)	$ 313.00	8815042022	10/23/2014	Farmers Mid-Century Ins.

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

May 2012 - December 2014

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
55926	10/1/12 - 7/10/14	8/18/2014	$ 1,529.50	Initial, PR-2, Diagn. Study, Depo Prep, Depo Review, 2 Board Appear. & C&R reading	$ 1,529.50	CP-802004	8/14/2014	SCIF
60732	6/5/2014	9/10/2014	$ 180.00	PR-2	$ 180.00	116225574	8/29/2014	Cannon Chochran
38361	8/20/2014	9/18/2014	$ 313.00	Full day Board Appear. (LBO)	$ 313.00	8814955511	8/25/2014	Farmers Mid-Century Ins.
56237	11/8/12 - 4/1/14	11/13/2014	$1,276.00	2 Depo Preps, 2 Depo Reviews, Diagn. Study, Board Appear. (Full day) LB	$ 1,276.00	1100165831	11/10/2014	Zurich
56583	12/17/12 - 6/5/14	11/17/2014	$ 469.50	Depo Prep, 2 Board Appear. (LBO)	$ 469.50	79540854	11/13/2014	CIGA

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

*** INVOICE ***

Date	NO#
09/09/13	59076

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 5/22/49
Terms : 45 days
Claim #(s):
004544-043466-WC-01

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

Case: vs HOME TOWN BUFFETT
Date Of Injury: 3/29/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/18/13	DEPO PREP	@ THE L/O OF BAGBY, GAJDOS & ZACHARY	156.50
/ /	INTERPRETER:	SUSANA SARDAS # 100498	0.00
07/12/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/04/13	PMT BY CHECK	DOS 6/18/13-7/12/13 # 0103996596	-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-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661-0610

0102519 01 RE 0.402 **AUTO T0 0 5871 92781 -P02521

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

PAID SEP 09 2013

DIRECT INQUIRIES TO:

PHONE: 1-916-787-2600
GALLAGHER BASSETT-ROSEVIL
P.O. BOX 610
ROSEVILLE CA 95661-0610

BUFFETS, INC.

CLAIM NO. 004544 043466 WC 01

CLAIMANT:

DESCRIPTION: INV# 59076

DATE OF SERVICE: 18-Jun-2013 TO 12-Jul-2013

BRANCH NO. 180

ACC. DATE 29-Mar-2013

CHECK NO. 0103996596

VN. 0000448203

DATE: 04-Sep-2013

PAYMENT AMOUNT: $406.50

RE0102519-0001_of_0002 5871-0002811 (F26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0103996596 ATTACHED BELOW

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

*** INVOICE ***
Date NO#
09/09/13 55906

Claim # : 30120753625-0001
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/10/65
Terms : 45 days

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

Case: vs COCA COLA ENTERPRISES
Date Of Injury: 5/4/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/29/12	DEPO PREP	@ THE L/O OF BLACK & ROSE	156.50
/ /	INTERPRETER:	GERARD WOLFF # 100024	0.00
12/17/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
02/05/13	PMT BY CHECK	DOS 10/29/12-12/17/12 # 0029843357	-406.50
06/27/13	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/05/13	WCAB LB	TRIAL (FULL DAY)	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/14/13	PMT BY CHECK	DOS 6/27/13 # 0031022513	-156.50
09/05/13	PMT BY CHECK	DOS 8/5/13 # 0031023917	-313.00

BALANCE 0.00

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

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

DATE	CHECK AMT	CHECK NO.
09/05/2013	313.00	0031023917

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

SCMS UNIT	PAGE
670 Sedgwick Claims Management Services	001

004467 0031023917 00003 OF 00003 0AM 130905 1105

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

Claimant Name	Loss Date	Claim Number	SSN
	05/04/2010	30120753625-0001	

Amt Paid: 313.00 Description:
Amt Billed: 313.00 Invoice: 55906 ICN: 301207536250001
Dates: 08/05/2013 - 08/05/2013 Comment:

PAID SEP 0 9 2013

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

E1991.FRM (02-28-01)

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

*** INVOICE ***

Date	NO#
09/04/13	59181

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 11/14/52
Terms : 45 days
Claim #(s):
002979030338WC01

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

Case: vs ASR CONSTRUCTORS, INC.
Date Of Injury: 11/29/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/26/13	SURGERY	DR GALLONI: RT KNEE @ MONROVIA HOSP. (5.5 HRS)	495.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/25/13	PRE-OP	DR JARCHI @ MONROVIA HOSP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/27/13	PMT BY CHECK	DOS 6/26/13-6/25/13 # 0103796234	-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.

GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92878-6900

MDG2009 00005355 2 SP 0920

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

PAID SEP 04 2013

5918

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS OF PA

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92878-6900

CLAIM NO.: 002979 030338 WC 01 (1W9870001)
CLAIMANT:
DESCRIPTION: INTERPRETING SURGERY

DATES OF SERVICE: 25Jun13 **THRU** 26Jun13
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 29Nov11

NO.: 0103796234
VN: 0001156534
DATE: 27Aug13
AMOUNT: 675.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005355 006282 001 006

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

*** INVOICE ***
Date NO#
11/22/13 58722

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 3/15/51
Terms : 45 days
Claim #(s):
PZC00522718

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

Case: , vs BURKE WILLIAMS
Date Of Injury: 5/28/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/10/13	SURGERY	DR BURNHAM: L/S @ MONROVIA HOSPITAL (5HRS)	450.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
04/09/13	PRE-OP	DR BURNHAM @ MONROVIA HOSP. (2HRS 25MINS)	225.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/15/13	PMT BY CHECK	DOS 4/9/13-4/10/13 # 0002599288	-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.

Number:
0002599288

CRUM&FORSTER

Vendor Number: **406680870** Issuing Location: **Orange County Claims** Check Date: **11/15/2013**

Payee:

Joyce Altman Interpreters Inc
Po Box 4165
Tustin, CA 92781

IRS:

58722

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
	PZC00522718	MC	406500947519700	05/28/2012	$675.00

INVOICE#:58722DATE OF SERVICE:04-09-2013 & 04-10-2013

PAID NOV 22 2013

TOTAL: $675.00

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

Processor: **C. Martin**

Internal Reference No: 40650

Please Detach Before Depositing

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

*** INVOICE ***

Date	NO#
02/03/14	55901

Claim # : EPH7805F
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 3/19/89
Terms : 45 days

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

Case: vs CARL'S JR.
Date Of Injury: 1/1/11- 3/7/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/24/12	DEPO PREP	@ THE L/O OF WAI & CONNOR	156.50
/ /	INTERPRETER:	VIRGINIA DE CABRERA # 100591	0.00
11/12/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	@ L/O DENNIS FUSI PATRICIA HAYES # 100761	0.00
01/29/13	WCAB LB	MSC - PATRICIA HAYES # 100761	156.50
02/18/13	PMT BY CHECK	DOS 10/24/12-11/12/12 # 896D 81835538	-406.50
04/02/13	PMT BY CHECK	DOS 1/29/13 # 896D 82042811	-156.50
01/07/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
01/28/14	PMT BY CHECK	DOS 1/7/14* # 896D 83609153	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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019791

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

SA09819

896D 83609153

TRAVELERS

DATE: 01/28/14
LOSS DATE: 01/03/12
FILE NUMBER: 152 CB EPH7805 F

EMPLOYEE

ACCOUNT NAME:
CKE RESTAURANTS 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: 01/07/2014

TOTAL PAID: $156.50
TAX INFO: 330956713317481Y
PAY MISC: 55901
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID FEB 03 2014

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

028009972
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
01/30/14	58885

Claim # : 13068865
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/7/53
Terms : 45 days

BILL TO:
INTERCARE INS (ORANGE-5915)
W.C. DEPARTMENT
ATTN: DELORIS STRIETER
P.O. BOX 5915
ORANGE, CA 92863

Case: vs DUCOING MANAGEMENT/PERFECTION
Date Of Injury: 1/15/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/18/13	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
05/08/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
06/06/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH (3HRS 15MINS)	292.50
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
01/24/14	PMT BY CHECK	DOS 4/18/13-6/6/13* # 6520069	-702.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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P8528028002

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

PAID JAN 3 0 2014

201401270136

Electronic Service Requested

1 OF 1

ENV 6821

3-DIGIT 926

6821 0.3820 AT 0.403

Joyce Altman Interpeters 35
PO BOX 4165
TUSTIN, CA 92781-4165

Payee:	Joyce Altman Interpeters
Company Name:	Companion Property and Casualty Insu
Facility:	Ducoing Management, Inc.
Policy ID:	CPCA14662
IRS/SSN:	XXXXX6713
Administrator:	DSTRIETER
Claim Number:	13-068865
Check #:	6520069
Check Total:	702.50
Check Date:	01/24/2014

Explanation of Benefits

Incident Date	Claim Number / Invoice Number	Account Number / From/Through Date	Claimant Name / Document Number	Description / Amount
1/15/2013	13-068865 #58885	04/18/13-06/06/13		Interpreter: Non-Medical Relat 702.50
				Totals: 702.50

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#
01/24/14	60237

W.C.A.B.:
ADJ # : 1
S.S.N. : XXX-XX-
D.O.B. : 3/16/53
Terms : 45 days
Claim #(s):
05773176

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

Case: vs HERNANDEZ CRUZ CLEANING SVCS.
Date Of Injury: 9/2/11

DOS	SERVICE	DESCRIPTION	AMOUNT
10/30/13	SURGERY	DR PAYNE: LT SHDR @ MONROVIA HOSPITAL (7HRS 10MN)	652.50
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/21/14	PMT BY CHECK	DOS 10/30/13* # CU-083065	-652.50

BALANCE 0.00

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

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : 1888STATEFUND

Provider Number: 330956713

Check #: **CU-083065**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/21/14
Doc #: 027813227

60237

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:					**Claim #:** 05773176	**Date of Injury:**	09/02/11	
SSN: XXX-XX-6843	Employer name: HERNANDEZ CRUZ CLEANING SERVICE					Employer ID: 0000001766168100			
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
1	SF1-SFCA-13106573	10/30/13	999Q2	Interpreter Treatmen	420	652.50	.00	723 A01 G67	652.50
							Total Allowances:		**$652.50**

PAID JAN 24 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"

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

*** INVOICE ***

Date	NO#
01/24/14	59558

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0902
D.O.B. : 11/8/62
Terms : 45 days
Claim #(s):
05739730

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

Case: vs A.C. TOWING, INC.
Date Of Injury: 7/1/05

DOS	SERVICE	DESCRIPTION	AMOUNT
05/10/13	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/07/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
01/22/14	PMT BY CHECK	DOS 5/10/13-1/7/14*	-406.50
		# CP-754058	

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: **CP-754058**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/22/14
Doc #: 027825224

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 05739730		
1	59558	05/10/13	01/07/14	Interpreter fees	1		406.50
						Total Allowances:	**$406.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05739730	406.50	.00	406.50

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

Notations:

05739730 #59558 DOS 05/10/13 C&R; READING $250.00; #59558 DOS 01/07/14 WCAB; $156.50 TOTAL $406.50;

PAID JAN 24 2014

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

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

01202559027825224012

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

*** INVOICE ***

Date	NO#
01/24/14	58644

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 7/20/54
Terms : 45 days
Claim #(s):
30100449368

BILL TO:
SEDGWICK CLAIMS (LEXINGT14563)
W.C. DEPARTMENT
ATTN: ANTHONY BASADRE
P.O. BOX 14563
LEXINGTON, KY 40512

Case: _ vs THE KROGER COMPANY (RALPHS)
Date Of Injury: 4/7/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/28/13	SURGERY	DR AFLATOON: BACK @ MONROVIA HOSPITAL (5 HRS)	450.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
01/21/14	PMT BY CHECK	DOS 3/28/13* # 0002562722	-450.00

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.
01/21/2014	450.00	0002562722

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

SCMS UNIT	PAGE
300 Sedgwick Claims Management Services	001

*000979 0002562722 00001 OF 00001 OAM 140120 1050

PAID JAN 24 2014

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

58644

Claimant Name	Loss Date	Claim Number	SSN
	04/07/2010	30100449368-0001	

Amt Paid: 450.00 Description: Miscellaneous Medical
Amt Billed: 450.00 Invoice: 58644 ICN: 156079904.338
Dates: 03/28/2013 - 03/28/2013 Comment:

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

E1991.FRM (02-28-01)

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

*** INVOICE ***
Date NO#
01/10/14 60212

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 6/24/65
Terms : 45 days
Claim #(s):
005139-000102WC01

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

Case: vs EL TORITO
Date Of Injury: 8/13/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/07/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/19/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/06/14	PMT BY CHECK	DOS 11/7/13-12/19/13* # 0106702124	-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-LA/ORANGE CA
P.O. BOX 14260
ORANGE CA 92863-1260

0102194 01 RE 0.402 **AUTO T8 0 5703 92781 -P02196

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

PAID JAN 10 2014

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 000102 WC 01

CLAIMANT:

DESCRIPTION: INV# 60212 DOS 11/07/13 TO 12/19/13

DATE OF SERVICE: 07-Nov-2013 TO 19-Dec-2013

BRANCH NO. 138

ACC. DATE 13-Aug-2013

PAYMENT AMOUNT: $406.50

CHECK NO. 0106702124

VN. 0000002469

DATE: 06-Jan-2014

RE0102194-0001_of_0001 5703-0002419 (F26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0106702124 ATTACHED BELOW

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

*** INVOICE ***

Date	NO#
02/11/14	50597

Claim # : 11018494
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 4/7/67
Terms : 45 days

BILL TO:
ADVENTIST HEALTH (ROSEVILLE)
W.C. DEPARTMENT
ATTN: ANN MARY THOMAS
P.O. BOX # 619028
ROSEVILLE, CA 95661

Case: _____, vs WHITE MEMORIAL MEDICAL CENTER
Date Of Injury: 5/8/11

DOS	SERVICE	DESCRIPTION	AMOUNT
12/05/11	DEPO PREP	@ THE L/O OF TOBIN LUCKS	156.50
/ /	INTERPRETER:	PATRICIA LYMAN # 100684	0.00
01/10/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
02/16/12	PMT BY CHECK	DOS 12/5/11-1/10/12 # 603211	-406.50
11/12/13	WCAB LB	EXPEDITED HEARING	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/27/13	PMT BY CHECK	DOS 11/12/13 # 653115	-156.50
01/13/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
02/07/14	PMT BY CHECK	DOS 1/13/14* # 656099	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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ADVENTIST HEALTH

656099

Injury Date	Invoice No.	Claim Number	Employee	Pay Type	Service Period	Amount
05/08/2011	50597	11018494		74	1/13/2014-1/13/2014	156.50

Comments:

IRS No. 330956713
Check Date: 02/07/2014
PAYEE: JOYCE ALTMAN INERPRETERS INC
Check Total: $ 156.50

DETACH BEFORE DEPOSITING

PAID FEB 11 2014

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#
11/05/13	52124

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

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

Case: vs ODC ENGINEERING & TECHNOLOGY
Date Of Injury: 10/19/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/13/12	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
05/10/12	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
04/20/12	DEPO PREP	@ THE L/O OF SCIF	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
05/24/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/12/12	CT SCAN	REF BY DR SUTARI: L/S, C/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
10/08/13	PMT BY CHECK	DOS 3/13/12-5/24/13 # CP-728706	-719.50
10/08/13	PMT BY CHECK	DOS 7/12/12 # CP-728707	-150.00
10/09/13	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/30/13	PMT BY CHECK	DOS 10/9/13 # CP-734997	-250.00

BALANCE 0.00

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Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: **CP-734997**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 10/30/13
Doc #: 027470351

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 05764680		
1	52124	10/09/13	10/09/13	Interpreter fees	1		250.00
						Total Allowances:	**$250.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05764680	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:
05764680 INV# 52124;

PAID NOV 05 2013

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

To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling_Regulations.htm

0129876027470351012

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

*** INVOICE ***

Date	NO#
11/05/13	59490

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

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

Case: vs TARGET
Date Of Injury: 3/20/07; 3/30/07

DOS	SERVICE	DESCRIPTION	AMOUNT
08/07/13	ADMISSION	DR WILKER @ MONROVIA MEDICAL HOSPITAL*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/08/13	SURGERY	DR WILKER: L5/S ANT-POST DEC/ FUSION @ MONROVIA	855.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341 (9HRS 25M)	0.00
10/28/13	PMT BY CHECK	DOS 8/7/13-8/8/13 # 0038863210	-1035.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

DATE	CHECK AMT	CHECK NO.
10/28/2013	1,035.00	0038863210

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

SCMS UNIT	PAGE
213 Sedgwick Claims Management Services	001

005627 0038863210 00003 OF 00004 0AM 131028 1030

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

PAID NOV 05 2013

Claimant Name	Loss Date	Claim Number	SSN
	03/20/2007	CA06194003-0001	

Amt Paid: 1035.00 Description: Miscellaneous Medical
Amt Billed: 1035.00 Invoice: 59490 ICN: 153112295.338
Dates: 08/07/2013 - 08/08/2013 Comment:

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

E1991.FRM (02-28-01)

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

*** INVOICE ***

Date	NO#
10/18/13	55906

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

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

Case: vs COCA COLA ENTERPRISES
Date Of Injury: 5/4/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/29/12	DEPO PREP	@ THE L/O OF BLACK & ROSE	156.50
/ /	INTERPRETER:	GERARD WOLFF # 100024	0.00
12/17/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
02/05/13	PMT BY CHECK	DOS 10/29/12-12/17/12 # 0029843357	-406.50
06/27/13	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/05/13	WCAB LB	TRIAL (FULL DAY)	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/14/13	PMT BY CHECK	DOS 6/27/13 # 0031022513	-156.50
09/05/13	PMT BY CHECK	DOS 8/5/13 # 0031023917	-313.00
09/17/13	WCAB LB	TRIAL (FULL DAY)	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/15/13	PMT BY CHECK	DOS 9/17/13 # 0031485681	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
P O Box 14458
Lexington, KY 40512-4458

DATE	CHECK AMT	CHECK NO.
10/15/2013	313.00	0031485681

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

SCMS UNIT	PAGE
670 Sedgwick Claims Management Services	001

*003038 0031485681 00001 OF 00001 OPM 131014 1513

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

Claimant Name	Loss Date	Claim Number	SSN
	05/04/2010	30120753625-0001	

Amt Paid: 313.00
Amt Billed: 313.00
Dates: 09/17/2013 - 09/17/2013

Description:
Invoice: 55906
Comment:

ICN: 301207536250001

PAID OCT 18 2013

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

E1991.FRM (02-28-01)

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

*** INVOICE ***

Date	NO#
10/18/13	51839

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

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

Case: vs ROBERTSON'S/DIVERSIFIED FOAM
Date Of Injury: 9/16/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/22/12	DEPO PREP	@ THE L/O OF JACK DAVIDSON	156.50
/ /	INTERPRETER:	MARIA TERESA PEREZ # 100630	0.00
06/08/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
07/13/12	PMT BY CHECK	DOS 2/22/12-6/8/12 # 1000157685	-406.50
07/06/12	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/30/12	PMT BY CHECK	DOS 7/6/12 # 1000159948	-156.50
08/08/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/16/13	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
08/23/13	PMT BY CHECK	DOS 8/8/12-7/16/13 # 1000215935	-406.50
09/19/13	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/16/13	PMT BY CHECK	DOS 9/19/13 # 1000223512	-250.00
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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REPUBLIC INDEMNITY COMPANY OF AMERICA
P.O. Box 20036
Encino, CA 91416
(818) 990-9860

Republic Indemnity

Date: 10/16/2013
Check #: 1000223512
Payment Amount: 250.00

000808 R3N7T1A
Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

PAID OCT 18 2013

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00016721		51839	10/04/2013	09/19/13	09/19/13	0.00	250.00	
	Interpreter For Medical/WCAB							
						Total	250.00	

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#
10/17/13	59621

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

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

Case: vs REAL TIME STAFFING SERVICES
Date Of Injury: 5/21/13

DOS	SERVICE	DESCRIPTION	AMOUNT
08/29/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/11/13	PMT BY CHECK	DOS 8/29/13 # DA70799519	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PDWLDMCD-002681-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 10/11/13

CHECK NO. **DA70799519**

STATEMENT

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

5900A11DA 00 00920 DA70799519
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C333409X

DOLLARS
$********156.50

* NOT NEGOTIABLE *

FOR
08/29/13 THRU 08/29/13 59621

CLAIMANT

DATE OF EVENT
05/21/13

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 OCT 17 2013

PDWLDMCD-002681-01-01-00

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#
10/17/13	45516

Claim # :
W.C.A.B.:
ADJ # :)
S.S.N. : XXX-XX-
D.O.B. : 4/19/63
Terms : 45 days

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

Case: vs ONYX POWER INC
Date Of Injury: 3/1/10;7/10/10

DOS	SERVICE	DESCRIPTION	AMOUNT
06/07/11	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
08/19/11	PMT BY CHECK	DOS 6/7/11 # 6870047	-156.50
07/25/11	MRI	REF BY DR SATISH: R/KNEE @ CAL IMG *	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
10/24/11	PMT BY CHECK	DOS 7/25/11 # 7026238	-150.00
09/06/13	SURGERY	DR PRADHAN: L/S @ MONROVIA HOSP. (8HRS 15MINS)	742.50
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/09/13	PMT BY CHECK	DOS 9/6/13 # 8662927	-742.50

BALANCE 0.00

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

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

Payment Summary

Claim Ref #: 023210004177
Policy: 000071712057
Occurence: 000054
Date of Loss: 03/01/2010
SSN#/TIN#: XXXXXXXXXX
Payee: Joyce Altman Interpreters

Insured: Onyx Power Inc.

Page: 1 of 1
Check Number: 8662927
Print Date: 10/10/2013
Issue Date: 10/09/2013

DATE	CLAIMANT	DESCRIPTION	AMOUNT
09/06/2013-		Med Svcs (Inc)	742.50

PAID OCT 17 2013

CHECK TOTAL: 742.50

Comments: Invoice 45516; DOS 9/6/13; ed

Claim Representative: IRINA MATCHIE

Phone: (213)612-5637

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

*** INVOICE ***

Date	NO#
10/07/13	59325

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

BILL TO:
TOWER SELECT INS (948154 FL)
W.C. DEPARTMENT
ATTN: KEN GREEN
P.O. BOX 948154
MAITLAND, FL 32751

Case: vs FOOD FOR LIKE BAKING CO
Date Of Injury: 4/5/11

DOS	SERVICE	DESCRIPTION	AMOUNT
07/15/13	ADMISSION	DR BURNHAM @ MONROVIA HOSP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/16/13	SURGERY	DR BURNHAM: L/S @ MONROVIA MEMORIAL HOSPITAL	360.00
/ /	INTERPRETER:	CLARA BONILLA # 500320 (4HRS)	0.00
10/01/13	PMT BY CHECK	DOS 7/15/13-7/16/13 # 2015300447	-540.00

BALANCE 0.00

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

FM #8009080 092010

E

PICTWS

TOWER GROUP COMPANIES

Member Company
Preserver Insurance Company
120 Broadway, 31st Floor
New York, NY 10271

Check Number: 2015300447
Date: 10/1/2013
Amount: $540.00

000 0002505 00000000 001 002 01199 INS: 0 0
JOYCE ALTMAN INTEPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

1199

PAID OCT 07 2013

Claim Number 111W11124357
JOYCE ALTMAN INTEPRETERS INC

Claim#	Invoice#	FromDate	To Date	Insured Name	Claimant Name	Amount
Inv Date	Reason					
111W11124357	59325	09/23/13	09/23/13	FOOD FOR L		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#
04/09/14	59282

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 10/26/53
Terms : 45 days
Claim #(s):
TWCI-2553

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

Case: vs ACCURATE METAL FABRICATIONS
Date Of Injury: 8/31/12

DOS	SERVICE	DESCRIPTION	AMOUNT
07/15/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/09/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/23/13	PMT BY CHECK	DOS 7/15/13-8/9/13 # 1276878	-406.50
02/06/14	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
02/25/14	PMT BY CHECK	DOS 2/6/14 # 1400014	-156.50
03/18/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/07/14	PMT BY CHECK	DOS 3/18/14* # 1429359	-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 INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

Claim Number: TWCI-2553
Claimant:
Date of Loss: 08/31/2012

Check Number: 1429359
Check Date: 04/07/2014
Check Amount: $250.00
Type of Payment:
176 INTERPRETER MED

Location: 2208 Accurate Metal Solutions 2100 E Orangewood

For Period: 07/15/2013 to 03/18/2014
InvoiceNo: 59282
IRS #: 33-0956713

PAID APR 09 2014

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

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

YORK
P.O BOX 5245
PARSIPPANY, NJ 07801
(973) 541-1330

WELLS FARGO BANK, N.A.
190 RIVER ROAD, NJ3179
SUMMIT, NJ 07901-1444
55-2/212

NOT VALID AFTER SIX MONTHS

CLAIM NUMBER
TWCI-2553

DATE 04/07/2014
CHECK NO. 1429359

AMOUNT
***$250.00

ON BEHALF OF
4739 Tower Castlepoint NSM Insurex

PAY
TWO HUNDRED FIFTY AND 0/100

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

Richard Tahtan

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER $25,000.00.

YORK RISK SERVICES GROUP, INC.

⑈1429359⑈ ⑆021200025⑆ 2000013486965⑈

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

*** INVOICE ***

Date	NO#
04/07/14	60831

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

BILL TO:
SAINT PAUL TRAVELERS (SACRAM)
W.C. DEPARTMENT
ATTN: BRANDI LOCVKHART
P.O. BOX # 13089
SACRAMENTO, CA 95813-4089

Case: vs RITE AID CORPORATION
Date Of Injury: 8/28/08

DOS	SERVICE	DESCRIPTION	AMOUNT
01/31/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/03/14	WCAB LB	EXPEDITED HEARING	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/31/14	PMT BY CHECK	DOS 1/31/14-3/3/14* # 896D 83933736	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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014142

THE TRAVELERS - RANCHO CORDOVA CL C
WORKERS COMPENSATION CLAIMS
PO BOX 13089
SACRAMENTO CA 95813-4089
SA07015

896D 83933736

TRAVELERS

DATE: 03/31/14
LOSS DATE: 08/28/08
FILE NUMBER: 480 CB A7E7489 M

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

EMPLOYEE

ACCOUNT NAME:
RITE AID CORPORATION

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

LEGAL DISBURSEMENTS/COURT COSTS

SERVICE DATE: 01/31/2014 TO: 03/03/2014

TOTAL PAID: $313.00
TAX INFO: 3309567135478939Y
PAY MISC: 60831
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID APR 07 2014

FOR ADDITIONAL INFORMATION, CONTACT: BRANDI LOCKHART AT (916)638-6403

090007127
DETACH CHECK

UNSUMM-1112
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#
04/08/14	60060

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

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

Case: vs VALASIS COMMUNICATIONS INC.
Date Of Injury: 8/18/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/16/13	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/21/13	PR2/REEVAL	DR JACKSON-SCOTT @ ACS*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/15/13	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ACS W/DR RINK*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/20/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ 3 500341	0.00
04/01/14	PMT BY CHECK	DOS 10/16/13-11/20/13* # 896D 83938060	-740.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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019012

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SA09455

896D 83938060

TRAVELERS

DATE: 04/01/14
LOSS DATE: 08/18/13
FILE NUMBER: 152 CB EWJ8436 F

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

EMPLOYEE

ACCOUNT NAME:
VALASSIS COMMUNICATIONS INC

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 10/16/2013 TO: 11/20/2013

TOTAL PAID: $740.00
TAX INFO: 330956713331748 1Y
PAY MISC: 60060
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID APR 08 2014

FOR ADDITIONAL INFORMATION, CONTACT: JOE G UBALDE AT (909)612-3037

091009557
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#
04/08/14	60861

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

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

Case: vs AVALON YACHT & BOAT SALES
Date Of Injury: 9/14/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/20/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
02/27/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/03/14	PMT BY CHECK	DOS 1/20/14-2/27/14*	-406.50
		# CU-103334	

BALANCE 0.00

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

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

Provider Number: 330956713

Check #: **CU-103334**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 04/03/14
Doc #: 028123047

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 05789654		
1	60861	01/20/14	02/27/14	Interpreter fees	1		406.50
					Total Allowances:		**$406.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05789654	406.50	.00	406.50

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

Notations:

05789654 INV # 60861;

PAID APR 08 2014

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

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

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

*** INVOICE ***

Date	NO#
04/02/14	60483

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

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

Case: vs FRENCH FABRIC
Date Of Injury: 7/10/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/18/13	DEPO PREP	& DEPOSITION @ THE L/O OF DENNIS FUSI	400.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/14/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/26/14	PMT BY CHECK	DOS 12/18/13-1/14/14* # 121983668 0	-650.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

THE HARTFORD

000844
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00860

*000012 1219836680

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
60483 07-10-13	72WEC DZ4917 YMQC 07993	FRENCH FABRICS INC	$650.00

Nature of Payment:	Service Dates	
Interpreter Fees at Hearing	12-18-2013 01-14-2014	$650.00

Claim Handler: Alison Tabor	Additional Comments:
866/401-9222 Western Workers' Compensation Claim Center P.O. Box 14475 Lexington, KY 40512	

Please keep the above information for your records.

10526633

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

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

56 -1544
441

Check Number: 121983668 0
Issue Date: 03-26-2014
Benefit Period: 12-18-2013 to 01-14-2014
$**********650.00

PAID APR 02 2014

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

Pay

SIX HUNDRED FIFTY DOLLARS AND 00/100

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

Authorized Signature

⑈121983668⑈ ⑆044115443⑆ 632559738⑈

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

*** INVOICE ***

Date	NO#
04/02/14	59785

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

BILL TO:
INSURANCE CO. OF THE WEST (WH)
W.C. DEPARTMENT
ATTN: CONSTANTS CAVELLO
5855 TOPANGA CANYON BLVD., 530
WOODLAND HILLS, CA 91362

Case: vs FANTASY DYEING & FINISHING
Date Of Injury: 2/4/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/24/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/14/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/02/13	PMT BY CHECK	DOS 9/24/13-10/14/13 # 0002012009	-406.50
02/18/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/28/14	PMT BY CHECK	DOS 2/18/14* # 0000480986	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 03/28/2014
Check Number: 0000480986
Check Amount: $156.50

BYVX1G

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, BYVX1G

00274 JOP1ZS01 1Z 6300016665-6300612762

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID APR 02 2014

Payment Summary

laim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
010-12-03765		02/04/2012	59785	43	02/18/2014	02/18/2014	$156.50

Cat	SubPC	Stub Notes	Stub Amount
3		MISC EXPENSE	$156.50
			$156.50

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

*** INVOICE ***

Date	NO#
03/31/14	59141

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

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

Case: vs WOORI DOORI FASHION
Date Of Injury: 12/11/12

DOS	SERVICE	DESCRIPTION	AMOUNT
06/10/13	DEPO PREP	@ THE L/O OF MCNAMARA & DRASS	156.50
/ /	INTERPRETER:	MARIO VALDEZ # 301322	0.00
07/02/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/04/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/27/14	PMT BY CHECK	DOS 6/10/13-3/4/14* # 260137237	-563.00

BALANCE 0.00

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

EMPLOYERS®

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

Check Number: 260137237
Check Date: 03/27/2014

Claim Number: 2012188446
Injured Employee:

Payment Description: Interpreter
Billed Date: 03/18/2014
Service Period: 06/10/2013 through 03/04/2014
Invoice Number: 59141
Billed Amount: $563.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $563.00

Check Total: **$563.00**

PAID MAR 31 2014

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

*** INVOICE ***

Date	NO#
03/31/14	60835

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

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

Case: vs J.B.I. LLC
Date Of Injury: CT 1/25/12 - 1/25/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/05/14	WCAB VNO	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	MANUEL DE LA TORRE # 100549	0.00
03/21/14	PMT BY CHECK	DOS 2/5/14 # 0002689471	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Number:
0002689471

CRUM&FORSTER

Vendor Number: **408704318** Issuing Location: **Orange County Claims** Check Date: **03/21/2014**

Payee:

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

IRS:

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
	PZC00535134	EXP		01/25/2013	$156.50

60835

PAID MAR 31 2014

TOTAL: $156.50

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

Processor: **U. Mora**

Internal Reference No: 60835

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#
03/26/14	60850

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

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

Case: vs REGAL POLY & PAPER CO.
Date Of Injury: 12/5/12

DOS	SERVICE	DESCRIPTION	AMOUNT
02/04/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/20/14	PMT BY CHECK	DOS 2/4/14* # 260132424	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID

EMPLOYERS®

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

WELLS FARGO BANK 56-382/412
260132424

DATE:03/20/2014

AMOUNT

Pay Five Hundred Dollars And 00/100 **********$500.00

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

⑈260132424⑈ ⑆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: 260132424
Check Date: 03/20/2014

Claim Number: 2012186617 $608.50
Injured Employee:

Payment Description: Interpreter
Billed Date: 03/11/2014
Service Period: 02/04/2014 through 02/04/2014
Invoice Number: n/a
Billed Amount: $250.00
Comments: n/a

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

Claim Number: 2013201759
Injured Employee:

PAID MAR 25 2014

Payment Description: Interpreter
Billed Date: 03/11/2014
Service Period: 02/06/2014 through 02/06/2014
Invoice Number: 60912
Billed Amount:
Comments: n/a

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

Check Total: **$500.00**

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#
04/03/14	60912

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

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

Case: vs OPS FOOD SERVICES
Date Of Injury: 5/10/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/06/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
03/20/14	PMT BY CHECK	DOS 2/6/14* # 260132424	-250.00

BALANCE 0.00

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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: 260132424
Check Date: 03/20/2014

60850

Claim Number: 2012186617
Injured Employee:

Payment Description: Interpreter
Billed Date: 03/11/2014
Service Period: 02/04/2014 through 02/04/2014
Invoice Number: n/a
Billed Amount: $250.00
Comments: n/a

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

PAID MAR 25 2014

Claim Number: 2013201759
Injured Employee:

Payment Description: Interpreter
Billed Date: 03/11/2014
Service Period: 02/06/2014 through 02/06/2014
Invoice Number: 60912
Billed Amount: $250.00
Comments: n/a

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

Check Total: **$500.00**

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#
03/26/14	60864

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

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

BALANCE 0.00

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

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

Address Service Requested

Phone: (818) 844-4300

000416-00001-000416 CIG1 2152551
JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781-4165

60864

CHECK NUMBER: 79341162

Description	Invoice	CLAIM #	G/L Code	Serv/From	Serv/To	Amount
Interpreter2	ADJ9006157	7774901090000547		02/06/14	02/06/14+	$156.50

TOTAL: $156.50

PAID MAR 25 2014

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

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

BANK OF AMERICA NT SA
LOS ANGELES, CA 90067

CHECK NO. 79341162

DATE: 03/21/2014

Claim#: 7774901090000547
Claimant:
Insured: expert Trucking
DOL: 06/18/2010

16-66/1220

AMOUNT
*******$156.50

VOID 120 DAYS AFTER DATE OF ISSUE

PAY ONE HUNDRED FIFTY-SIX AND 50/100 DOLLARS

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

Memo Depo Prep 02/06/14

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

CIG

⑈79341162⑈ ⑆122000661⑆ 14177⑈ 5021 2⑈

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

*** INVOICE ***

Date	NO#
04/01/14	60601

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

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: 10/3/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/23/13	DEPO PREP	@ THE L/O OF GEORGE CORSON	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/13/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/17/14	PMT BY CHECK	DOS 12/23/13-2/13/14* # 0108233816	-406.50

BALANCE 0.00

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

002086 PAGE 1 OF 1 003476

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

PAID MAR 25 2014

GALLAGHER BASSETT SERVICES INC
ON BEHALF OF NATIONAL UNION
FIRE INSURANCE CO.,
AND IT'S AFFILIATES

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

CLAIM NO.: 002086 012576 WC 01 (41094)
CLAIMANT:
DESCRIPTION: INVOICE 60601 (DOS 12/23/13 & 2/13/14)

DATES OF SERVICE: 23Dec13 **THRU** 13Feb14
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 03Oct13

NO.: 0108233816
VN: 0000377551
DATE: 17Mar14
AMOUNT: 406.50

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004742 005304 003 005

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#
03/28/14	60851

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

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

BALANCE 0.00

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

000808 PAGE 1 OF 1 004058

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

PAID MAR 25 2014

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

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

BRANCH NO.: 165
ACC DATE: 20Feb13

NO.: 0108317777
VN: 0001723412
DATE: 20Mar14

DATES OF SERVICE: 20Jan14 **THRU** 28Feb14
BENEFIT PERIOD: **THRU**

AMOUNT: 406.50

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004802 005530 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#
01/13/14	53540

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

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W.C. DEPARTMENT
ATTN: TOM HURLLESS X 85119
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs BIG LOTS
Date Of Injury: 8/16/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/11/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
08/29/12	PMT BY CHECK	DOS 6/11/12 # 0034966420	-156.50
05/06/13	WCAB LB	STATUS CONFERENCE - JOHANNA JORDAN # 301566	156.50
06/03/13	PMT BY CHECK	DOS 5/6/13 # 0038298411	-156.50
12/09/13	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
01/07/14	PMT BY CHECK	DOS 12/9/13* # 004274612	-156.50

BALANCE 0.00

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

DATE	CHECK AMT	CHECK NO.
01/07/2014	156.50	0042724612

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

SCMS UNIT	PAGE
210 Sedgwick Claims Management Services	001

003251 0042724612 00002 OF 00002 0AM 140107 1106

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

PAID JAN 13 2014

Claimant Name	Loss Date	Claim Number	SSN
	08/16/2011	30110881185-0001	

Amt Paid: 156.50 Description:
Amt Billed: 156.50 Invoice: 53540 ICN: 301108811850001
Dates: 12/09/2013 - 12/09/2013 Comment:

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

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

*** INVOICE ***

Date	NO#
01/13/14	59967

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

BILL TO:
YORK INSRUANCE SVCS.(BENTONVI)
W.C. DEPARTMENT
ATTN: LUCINDA HINES
P.O. BOX 1288
BENTONVILLE, AR 72712

Case: vs WALMART
Date Of Injury: 11/23/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/27/13	SURGERY	DR WILKER: R/SHOULDER @ MONROVIA HOSPITAL	517.50
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341 (5H 50M)	0.00
01/10/14	PMT BY CHECK	DOS 9/27/13* # 10934637	-517.50

BALANCE 0.00

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York Risk Services Group-Walmart
P.O. Box 1288
Bentonville, AR 72712-1288

PAID JAN 13 2014

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-1460

Claim Number:	5971364	**Check Amount:**	$ 517.50	**Check No.:**	10934637
Claimant Name:		**Coverage:**		**Invoice No.:**	59967
Service/Indemnity From:	09/27/2013 **Thru:** 09/27/2013			**Vendor Tax ID No.:**	330956713
Insurance Company:	on behalf of ACE American Insurance Company			**Invoice Comments:**	
Comments:					

1-10-14

DETACH AT PERFORATION

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

*** INVOICE ***

Date	NO#
01/07/14	59618

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

BILL TO:
ESIS WC (SCRANTON 6569)
W.C. DEPARTMENT
ATTN: CARMELA BOYLEN
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs KOOSHAREM/SELECT STAFFING/REAL
Date Of Injury: 10/25/12

DOS	SERVICE	DESCRIPTION	AMOUNT
08/23/13	DEPO PREP	@ THE L/O OF PEARLMAN, BOSKA, & WAX	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
09/18/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/26/13	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
12/02/13	WCAB LB	TRIAL - CARMEN GUZMAN # 100585	156.50
12/30/13	PMT BY CHECK	DOS 8/23/13-12/2/13* # DA71225469	-719.50

BALANCE 0.00

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PDWLDMCD-000700-01-01-04
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 12/30/13

CHECK NO. **DA71225469**

STATEMENT

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

5900A11DA 00 00149 DA71225469
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C6264588

DOLLARS
$********719.50

PAID JAN 07 2014

* NOT NEGOTIABLE *

FOR
08/23/13 THRU 12/02/13 59618

CLAIMANT

DATE OF EVENT
10/25/12

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

#59618

PDWLDMCD-000700-01-01-04

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#
01/06/14	59998

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

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

Case: vs EL ADOBE PARTNERS
Date Of Injury: 9/12/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/14/13	DEPO PREP	@ THE L/O OF TOBIN LUCKS	156.50
/ /	INTERPRETER:	PATRIICIA HAYES # 100761	0.00
12/25/13	PMT BY CHECK	DOS 10/14/13 # 260069221	-156.50

BALANCE 0.00

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

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

EMPLOYERS®

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

Check Number: 260069221
Check Date: 12/26/2013

Claim Number: 2012181499
Injured Employee:

Payment Description: Interpreter
Billed Date: 12/17/2013
Service Period: 10/14/2013 through 10/14/2013
Invoice Number: 59998
Billed Amount: $156.50
Comments: n/a

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

Check Total: **$156.50**

PAID JAN 06 2013

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

*** INVOICE ***

Date	NO#
01/06/14	50597

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

BILL TO:
ADVENTIST HEALTH (ROSEVILLE)
W.C. DEPARTMENT
ATTN: ANN MARY THOMAS
P.O. BOX # 619028
ROSEVILLE, CA 95661

Case: vs WHITE MEMORIAL MEDICAL CENTER
Date Of Injury: 5/8/11

DOS	SERVICE	DESCRIPTION	AMOUNT
12/05/11	DEPO PREP	@ THE L/O OF TOBIN LUCKS	156.50
/ /	INTERPRETER:	PATRICIA LYMAN # 100684	0.00
01/10/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
02/16/12	PMT BY CHECK	DOS 12/5/11-1/10/12 # 603211	-406.50
11/12/13	WCAB LB	EXPEDITED HEARING	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/27/13	PMT BY CHECK	DOS 11/12/13 # 653115	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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ADVENTIST HEALTH

653115

Injury Date	Invoice No.	Claim Number	Employee	Pay Type	Service Period	Amount
05/08/2011	50597	11018494		75	11/12/2013-11/12/2013	156.50

Comments:

IRS No. 330956713
Check Date: 12/27/2013
PAYEE: JOYCE ALTMAN INERPRETERS INC
Check Total: $ 156.50

DETACH BEFORE DEPOSITING

PAID JAN 06 2013

DETACH BEFORE DEPOSITING

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

*** INVOICE ***

Date	NO#
12/04/13	59457

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

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

Case: vs SADAF RESTAURANT
Date Of Injury: 5/22/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/30/13	INITIAL EXAM	DR ATAMIAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
08/29/13	EMG TESTING	& NCV BY DR BEZHAD: U/E @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
09/03/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ROBERTO VILLALTA # 301474	0.00
09/06/13	INITIAL EXAM	DR MIRZABEIGI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	HORACIO GEREZ # 500118	0.00
12/02/13	PMT BY CHECK	DOS 7/30/13-9/6/13 # 8814545579	-790.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

December 3, 2013

FARMERS INSURANCE EXCHANGE

Check Number: 8814545579
Date: 12/02/2013

Amount: $790.00******

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

59457

Claimant/Patient:
Insured: SADAF PERSIAN RESTAURANT
Date of Loss: 05/22/2013
Claim Number: WC10091209
Correspondence Reference: 2YBR8PDZN

Claim Representative: GERALD WILSON
Office Phone Number: 5032652852

Additional Information:
If there are questions regarding the cashing of this check, please contact the Claims Handler at the toll free telephone number provided or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
7/30/2013 - 9/6/2013	Transportation	$790.00

PAID DEC 04 2013

01 01 000523 2YBR8PDZN1 CE1203P1 02 [ ] 000653

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

*** INVOICE ***

Date	NO#
12/02/13	57855

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

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

Case: vs FOUR SEASONS HOTEL
Date Of Injury: 2/19/12

DOS	SERVICE	DESCRIPTION	AMOUNT
01/14/13	MRI	REF BY DR KOMBERG: LT KNEE @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
02/19/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/27/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
08/22/13	INJECTION	DR PAQUETTE @ MONROVIA HOSP. (3.5 HRS)	315.00
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
11/25/13	PMT BY CHECK	DOS 1/14/13-8/22/13 # 1102493909	-871.50

BALANCE 0.00

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PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

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

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

00555

PAID DEC 02 2013

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0265418 001 KT	WC 9377088	57855		02/19/12	01/14/13-08/22/13

Check Number	1102493909	Date Issued	11/25/13	Amount	$****871.50
Insured	Four Seasons Hotel Los Angeles				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Jeevitha CG-Raja				
File Supervisor	Kathryn Truong	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	871.50		
TOTAL	$871.50		

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#
11/15/13	41522

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

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

Case: vs QUIKETE OF SOUTHERN CALIFORNIA
Date Of Injury: 5/27/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/05/11	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/20/11	PMT BY CHECK	DOS 1/5/11 # DA65398634	-156.50
08/16/11	WCAB AHM	MSC - ROSARIO PALMER #100715	156.50
09/09/11	PMT BY CHECK	DOS 8/16/11 # DA66118788	-156.50
12/14/11	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN #300624	0.00
01/10/12	PMT BY CHECK	DOS 12/14/11 # DA66891653	-156.50
10/30/13	WCAB SB	MSC - JOHN MORELL # 100644	165.00
11/11/13	PMT BY CHECK	DOS 10/30/13 # DA70961011	-165.00

BALANCE 0.00

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PDWLDMCD-002617-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6561
SCRANTON PA 18505-6561

DATE 11/11/13

CHECK NO. **DA70961011**

STATEMENT

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

PAID NOV 15 2013

5900A11DA 00 01095 DA70961011
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C1004630

DOLLARS
$*********165.00

* NOT NEGOTIABLE *

FOR
10/30/13 THRU 10/30/13 100644

CLAIMANT

DATE OF EVENT
05/27/09

41522

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-002617-01-01-00

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#
11/15/13	59617

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

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

Case: vs UNIVERSAL LUMPERS OF CA
Date Of Injury: 3/15/13

DOS	SERVICE	DESCRIPTION	AMOUNT
08/22/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
09/24/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/23/13	PMT BY CHECK	DOS 8/22/13 # 1102453532	-156.50
11/11/13	PMT BY CHECK	DOS 9/24/13 # 1102477667	-250.00

BALANCE 0.00

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PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

PAID NOV 15 2013

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 INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781

01669

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0285164 001 LC	WC 9264839	59617		03/15/13	08/22/13-10/23/13

Check Number	1102477667	**Date Issued**	11/11/13	**Amount**	$*****250.00
Insured	Universal Lumpers Inc				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Jeevitha CG-Raja				
File Supervisor	Lorena Costagliola	**Phone Number**	818 227-1700		

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#
10/30/13	52899

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

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

Case: vs FIESTA MEXICANA MARKET
Date Of Injury: 4/20/09

DOS	SERVICE	DESCRIPTION	AMOUNT
05/07/12	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
08/09/12	PMT BY CHECK	DOS 5/7/12 # 0000172813	-156.50
09/09/13	WCAB SB	STATUS CONFERENCE	165.00
/ /	INTERPRETER:	JOHN MORELL # 100644	0.00
10/25/13	PMT BY CHECK	DOS 9/9/13 # 0000388945	-165.00

BALANCE 0.00

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

Check Date: 10/25/2013
Check Number: 0000388945
Check Amount: $165.00

7JXU1V

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, 7JXU1V

00217 JOP1ZS01 1Z 6300016543-6300564577

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID OCT 30 2013

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-09-01809		04/20/2009	52899	43	09/09/2013	09/09/2013	$165.00

Cat	SubPC	Stub Notes	Stub Amount
43		MISC EXPENSE	$165.00
			$165.00

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#
11/12/13	59466

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

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

Case: vs TODD PLUMBING INC.
Date Of Injury: 6/18/12

DOS	SERVICE	DESCRIPTION	AMOUNT
07/26/13	SURGERY	DR FONSECA: RT SHDR @ MONROV-IA HOSP. (7H 55M)	720.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/24/13	PMT BY CHECK	DOS 4/26/13 # 44048848	-720.00

BALANCE 0.00

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P8528028002

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

201310280130

Electronic Service Requested

1 OF 2

ENV 6822

3-DIGIT 926
6822 0.5738 AT 0.381

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

40

Payee:	Joyce Altman Interpeters
Company Name:	Companion Property and Casualty Insu
Facility:	Todd Plumbing, Inc.
Policy ID:	CPCA13934
IRS/SSN:	XXXXX6713
Administrator:	NMONTALVO
Claim Number:	12-063676
Check #:	44048848
Check Total:	720.00
Check Date:	10/24/2013

Explanation of Benefits

Incident Date	Claim Number Invoice Number	Account Number From/Through Date	Claimant Name Document Number	Description Amount
6/18/2012	12-063676 59466	07/26/13-07/26/13		Interpreter Fees - Medical Rel 720.00
			Totals:	**720.00**

PAID NOV 05 2013

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

*** INVOICE ***
Date NO#
03/26/14 60719

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

BILL TO:
PREFERRED EMPLOYERS (SAN DIEG)
W.C. DEPARTMENT
ATTN: KAREN SAHMEL
P.O. BOX # 85838
SAN DIEGO, CA 92186-5838

Case: vs INTERNATIONAL MICROCELL
Date Of Injury: 5/6/11

DOS	SERVICE	DESCRIPTION	AMOUNT
12/20/13	DEPO PREP	@ THE L/O OF MULLEN & FILIPPI	156.50
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
01/24/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/20/14	PMT BY CHECK	DOS 12/20/13-1/24/14 # 5000425309	-406.50

BALANCE 0.00

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PREFERRED EMPLOYERS
INSURANCE COMPANY
A BERKLEY COMPANY

March 20,2014
5000425309

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

Re: MS (INTERNATIONAL MICROCELL COMMUNICATIONS, INC.) D.O.I. 05/06/2011
Claim Number: 27818

From	To	Amount	Invoice Number	Payment Type
03/11/14	03/11/14	406.50	INV. 60719	OTHER INDEMNITY - MISC

Check Amount: $406.50

PAID MAR 25 2014

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#
03/26/14	58279

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

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

Case: vs HEADCOCK WELDING COMPANY
Date Of Injury: 12/15/03

DOS	SERVICE	DESCRIPTION	AMOUNT
03/13/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
05/10/13	PMT BY CHECK	DOS 3/13/13 # CP-688688	-156.50
02/27/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
03/24/14	PMT BY CHECK	DOS 2/27/14* # CP-767724	-156.50

BALANCE 0.00

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

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

Provider Number: 330956713

Check #: **CP-767724**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 03/24/14
Doc #: 028075793

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 05804816			
1	58279-WCAB	02/27/14	02/27/14	Interpreter fees	1		156.50
						Total Allowances:	**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05804816	156.50	.00	156.50

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

Notations:
05804816 INV#58279-WCAB;

PAID MAR 25 2014

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

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

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

*** INVOICE ***
Date NO#
03/21/14 53540

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

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W.C. DEPARTMENT
ATTN: TOM HURLLESS X 85119
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs BIG LOTS
Date Of Injury: 8/16/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/11/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
08/29/12	PMT BY CHECK	DOS 6/11/12 # 0034966420	-156.50
05/06/13	WCAB LB	STATUS CONFERENCE - JOHANNA JORDAN # 301566	156.50
06/03/13	PMT BY CHECK	DOS 5/6/13 # 0038298411	-156.50
12/09/13	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
01/07/14	PMT BY CHECK	DOS 12/9/13* # 004274612	-156.50
01/30/14	WCAB LB	TRIAL - JOHANNA JORDAN # 301566	156.50
03/18/14	PMT BY CHECK	DOS 1/30/14* # 0043637855	-156.50

BALANCE 0.00

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

P6905028006

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

201405181606

Electronic Service Requested

1 OF 3

ENV 4312

MIXED AADC 926
4312 0.7389 MB 0.432

JOYCE ALTMAN INTERPRETERS 141
P.O. BOX 4165
TUSTIN, CA 92781-4165

DATE	CHECK AMT	CHECK NO.
03/18/2014	156.50	0043637855

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
	08/16/2011	30110881185-0001

Amt Paid: 156.50 Description:
Amt Billed: 156.50 Invoice: 53540 ICN: 157766657.338
Dates: 06/11/2012-01/30/2014 Comment:

PAID MAR 21 2014

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

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

*** INVOICE ***

Date	NO#
03/21/14	43806

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

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

Case: vs BB AVIATION USA, INC.
Date Of Injury: 12/7/10

DOS	SERVICE	DESCRIPTION	AMOUNT
04/14/11	DEPO PREP	@ THE L/O OF KEGEL, TOBIN	156.50
/ /	INTERPRETER:	LINDA WEINBERG # 08025285	0.00
05/13/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/16/11	PMT BY CHECK	DOS 4/14/11 # 0086342199	-156.50
07/11/11	PMT BY CHECK	DOS 5/13/11 # 0086811835	-250.00
02/24/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
03/13/14	PMT BY CHECK	DOS 2/24/14* # 0108168926	-156.50

BALANCE 0.00

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

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

002270 PAGE 1 OF 1 003700

MDG2009 00004786 1 MB 0435 1

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

PAID MAR 21 2014

GALLAGHER BASSETT SERVICES INC
FOR BBA GROUP PLC

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

CLAIM NO.: 002270 006307 WC 01 (LAX503130)
CLAIMANT:
DESCRIPTION: INV# 43806 DOS 02/24/14

BRANCH NO.: 138
ACC DATE: 07Dec10

NO.: 0108168929
VN: 0000189986
DATE: 13Mar14

DATES OF SERVICE: 24Feb14 **THRU** 24Feb14
BENEFIT PERIOD: **THRU**

AMOUNT: 156.50

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004786 005493 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#
03/21/14	59455

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

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

Case: vs CAREER STRATEGIES, INC.
Date Of Injury: 12/1/11

DOS	SERVICE	DESCRIPTION	AMOUNT
07/31/13	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ADVANCE CARE* INIT.	150.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
08/07/13	INITIAL EXAM	DR HAMADA @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
08/13/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
09/17/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/25/13	INITIAL EXAM	DR HAMADA @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05571585	0.00
10/29/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
11/01/13	INITIAL EXAM	DR MIRZABEIGI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	LETTY JULIAO-GREEN # 301547	0.00
12/03/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
02/03/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
03/17/14	PMT BY CHECK	DOS 7/31/13-2/3/14* # 0108245607	-1740.00

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#
03/21/14	59455

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

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

Case: vs CAREER STRATEGIES, INC.
Date Of Injury: 12/1/11

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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GALLAGHER BASSETT-LA/ORANGE CA
P.O. BOX 14260
ORANGE CA 92863-1260

0102375 01 RE 0.432 **AUTO T0 2 1551 92781 -P02377

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

PAID MAR 21 2014

DIRECT INQUIRIES TO:

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

59455

PREMIER TEMPS II
C/O ARTHUR J GALLAGHER & CO

CLAIM NO. 002678 005857 WC 01

CLAIMANT:

DESCRIPTION: INV #59455 DOS:07/31/13-02/03/14

DATE OF SERVICE: 31-Jul-2013 TO 03-Feb-2014

BRANCH NO. 138

ACC. DATE 01-Dec-2011

CHECK NO. 0108245607

VN. 0000161039

DATE: 17-Mar-2014

PAYMENT AMOUNT: $1,740.00

MR

RE0102375-0001_of_0001 1551-0002596 (G26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0108245607 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#
03/07/14	61012

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-[illegible]
D.O.B. : 3/26/61
Terms : 45 days
Claim #(s):
SA643572

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

Case: [illegible] vs TIBURON CONSTRUCTION
Date Of Injury: 04/26/05

DOS	SERVICE	DESCRIPTION	AMOUNT
01/23/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
03/05/14	PMT BY CHECK	DOS 1/23/14* # CU-094797 SCIF	-156.50

BALANCE 0.00

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Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: **CU-094797**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 03/05/14
Doc #: 027995953

61012-17211

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:		**Claim #:** SA643572			
1	INV#27427	01/23/14	01/23/14	Interpreter fees	1		156.50
					Total Allowances:		**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
SA643572	156.50	.00	156.50

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

Notations:

SA643572 INV#27427 WCAB LB;

PAID MAR 10 2014

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

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

0120403027995953012

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

*** INVOICE ***

Date	NO#
03/12/14	59996

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 3/26/58
Terms : 45 days
Claim #(s):
PIWC121453-001

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W.C. DEPARTMENT
ATTN: JESSICA VALENTIN
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: [redacted] vs PINK TACO LOS ANGELES
Date Of Injury: 12/10/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/24/13	WCAB SA	MSC - MARIA SEARS # 100795	156.50
01/17/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/07/14	PMT BY CHECK	DOS 10/24/13-1/17/14* # 009048123	-406.50

BALANCE 0.00

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009048123

345

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

PAID MAR 12 2014

59996

03/07/2014 330956713-0000 JOYCE ALTMAN INTERPRETERS, INC.
(E034) 406.50 PIWC121453-002 DOL:12/10/2010
Inv/Case#: GUA-GUCA-40878
:10/24/2013-01/17/2014

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

AmGUARD Insurance Company
A SUBSIDIARY OF GUARD INSURANCE GROUP
16 South River Street
Wilkes-Barre, PA 18703-0020

Wells Fargo Bank, N.A.
3-50
310

009048123

DATE 03/07/2014
AMOUNT ********$406.50

⇨⇨⇨⇨⇨PAY ONLY $406.50
DOLLAR FOUR ZERO SIX PERIOD FIVE ZERO

NOT VALID AFTER 180 DAYS
TWO SIGNATURES REQUIRED IF OVER $10000

■ FOUR HUNDRED SIX DOLLARS AND 50 CENTS**********

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

Sy Fogel

VOID OVER $406.50

⑈009048123⑈ ⑆121000248⑆ 2000519407927⑈

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

*** INVOICE ***

Date	NO#
03/12/14	53831

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

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

Case: vs BLACK ANGUS STEAKHOUSE
Date Of Injury: 8/31/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/21/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/16/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
08/24/12	PMT BY CHECK	DOS 6/21/12 # 0095795788	-156.50
01/03/13	PENALTIES	FOR DATE OF SERVICE 8/16/12	37.50
01/03/13	INTEREST	FOR DATE OF SERVICE 8/16/12	12.60
01/08/13	PMT BY CHECK	DOS 6/21/12-1/3/13 # 0098708436	-300.10
02/07/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/04/14	PMT BY CHECK	DOS 2/7/14* # 0107946445	-250.00

BALANCE 0.00

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

003373 PAGE 1 OF 1 003973

6

PAID MAR 12 2014

MDG2009 00004700 1 MB 0435 1

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

GALLAGHER BASSETT SERVICES INC
FOR SPARTA INSURANCE COMPANY

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

CLAIM NO.: 003373 002625 WC 01 (WK40019835)
CLAIMANT:
DESCRIPTION: INV. #53831 DOS 02/07/2014

BRANCH NO.: 138
ACC DATE: 31Aug11

NO.: 0107946445
VN: 0000085709
DATE: 04Mar14

DATES OF SERVICE: 07Feb14 **THRU** 07Feb14
BENEFIT PERIOD: **THRU**

AMOUNT: 250.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004700 005331 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#
03/18/14	60286

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

BILL TO:
SAINT PAUL TRAVELERS (SACRAM)
W.C. DEPARTMENT
ATTN: MARIE RIM
P.O. BOX # 13089
SACRAMENTO, CA 95813-4089

Case: vs SHANES SERVICES/MERRY MAIDS
Date Of Injury: 5/6/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/11/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/10/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/24/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
03/13/14	PMT BY CHECK	DOS 11/11/13-2/24/14 # 891A 84870722	-563.00

BALANCE 0.00

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018672

THE TRAVELERS - RANCHO CORDOVA CL C
WORKERS COMPENSATION CLAIMS
PO BOX 13089
SACRAMENTO CA 95813-4089
0

891A 84870722

TRAVELERS

DATE: 03/13/14
LOSS DATE: 05/06/13
FILE NUMBER: 480 CB EWJ2998 N

EMPLOYEE

ACCOUNT NAME:
SHANE'S SERVICES, LLC

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: 11/11/2013 TO: 02/24/2014

TOTAL PAID: $563.00
TAX INFO: 330956713331748 1Y
PAY MISC: 60286
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID MAR 18 2014

FOR ADDITIONAL INFORMATION, CONTACT: MARIE RIM AT (916)638-6366

72009400
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
06/20/13	57811

Claim # : TWCI-1113
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 7/26/43
Terms : 45 days

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

Case: [redacted] vs ACCURATE METAL FABRICATORS
Date Of Injury: 6/13/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/29/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/07/13	PMT BY CHECK	DOS 1/29/13 # 1151306	-156.50
04/26/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/22/13	PMT BY CHECK	DOS 4/26/13 # 1165702	-250.00
05/31/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/17/13	PMT BY CHECK	DOS 5/31/13 # 1184179	-156.50

BALANCE 0.00

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

INSURANCE FRAUD IS A CRIME AND IS PUNISHABLE BY LAW

Mailing Information:

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

PAID JUN 20 2013

Claim Number: TWCI-1113
Claimant:
Date of Loss: 06/13/2011

Check Number: 1184179
Check Date: 06/17/2013
Check Amount: $156.50
Type of Payment:
61 MISC. ALL OTHER

Location: 43 Accurate Metal Solutions 2100 E Orangewood

For Period: 01/29/2013 to 05/31/2013
InvoiceNo: 57811
IRS #: 33-0956713

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
TWCI-1113

DATE 06/17/2013
CHECK NO. 1184179

AMOUNT
***$156.50

ON BEHALF OF
4739 Tower Castlepoint NSM Insurex

PAY ONE HUNDRED FIFTY-SIX AND 50/100

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

Richard Talbot

COUNTERSIGNATURE REQUIRED OVER $10,000

York Risk Services Group, Inc.

⑈1184179⑈ ⑆021200025⑆ 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#
06/20/13	58764

Claim # : YMH69786C
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. : 10/5/70
Terms : 45 days

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

Case: vs GMF JEANS INC.
Date Of Injury: 12/15/11

DOS	SERVICE	DESCRIPTION	AMOUNT
04/16/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/17/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/06/13	PMT BY CHECK	DOS 4/16/13 # 120335569 6	-156.50
06/13/13	PMT BY CHECK	DOS 5/17/13 # 120374800 0	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

PAID JUN 20 2013

THE HARTFORD

000220
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00229

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*000012 1203748000

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
58764 12-15-11	72WEC PZ0700 YMHC 69786	GMF JEANS INC	$250.00
Nature of Payment: Miscellaneous Expense		Service Dates 05-17-2013 05-17-2013	$250.00
Claim Handler: Summer Firth 866/401-9222 Western Workers' Compensation Claim Center P.O. Box 14475 Lexington, KY 40512		Additional Comments:	

Issue Date	06-13-2013	Check Number	120374800 0	Total Amount of Check	$250.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

10237867

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

*** INVOICE ***

Date	NO#
06/20/13	58606

Claim # : 040513004799
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 4/16/66
Terms : 45 days

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

Case: vs GOGLANIAN BAKERIES
Date Of Injury: 8/13/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/09/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/23/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/10/13	PMT BY CHECK	DOS 4/9/13 # 8391274	-156.50
06/18/13	PMT BY CHECK	DOS 5/23/13 # 658305	-250.00

BALANCE 0.00

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

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

Payment Summary

Claim Ref #: 040513004799
Policy: 000071735466
Occurence: 000372
Date of Loss: 08/13/2012

SSN#/TIN#: XXXXXXXXXX
Payee: Joyce Altman Interpreters

Insured: Goglanian Bakeries

Page: 1 of 1
Check Number: 658305
Print Date: 06/18/2013
Issue Date: 06/18/2013
Invoice Number: 58606
Invoice Date:

DATE	CLAIMANT	DESCRIPTION	BILLED	REDUCTION	AMOUNT
06/10/2013-		Copy/Print Services	250.00	0.00	250.00

PAID JUN 20 2013

CHECK TOTAL:	250.00	0.00	250.00

Comments: inv # 58606 inv dt 06/10/13 oa

Claim Representative: ANNETTE HARTOUNIAN Phone: (213)612-5453

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

*** INVOICE ***

Date	NO#
06/17/13	50188

Claim # : 2010140563
W.C.A.B.:
ADJ # :
S.S.N. : ---
D.O.B. : 1/28/68
Terms : 45 days

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

Case: vs ULTIMATE MANAGEMENT INC.
Date Of Injury: 11/17/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/09/11	INITIAL EXAM	DR DOMARACKI @ WILLOW MEDICAL GROUP*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
11/16/11	EMG TESTING	& NCV BY DR DI JULIO: LOWER EXT.	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
12/12/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
12/22/11	INITIAL EXAM	DR PHILLIPS @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
01/09/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
02/08/12	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
02/21/12	INITIAL EXAM	W/ACUPUNTURIST STEVE HING @ WILLOW MEDICAL*	230.00
03/21/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
04/25/12	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
05/22/12	PMT BY CHECK	DOS 11/9/11-3/21/12 # 200728049	-1560.00
05/31/12	PMT BY CHECK	DOS 4/25/12 # 200733580	-180.00
05/23/12	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
06/22/12	PMT BY CHECK	DOS 5/23/12 # 200747581	-180.00
06/25/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
08/10/12	PMT BY CHECK	DOS 6/25/12 # 200778633	-180.00
07/23/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	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#
06/17/13	50188

Claim # : 2010140563
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 1/28/68
Terms : 45 days

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

Case: vs ULTIMATE MANAGEMENT INC.
Date Of Injury: 11/17/10

DOS	SERVICE	DESCRIPTION	AMOUNT
09/05/12	PMT BY CHECK	DOS 7/23/12 # 200794418	-180.00
10/15/12	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 100821	180.00
11/28/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
01/28/13	PMT BY CHECK	DOS 10/15/12-11/28/12 # 200890470	-360.00
04/29/13	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/12/13	PMT BY CHECK	DOS 4/29/13 # 200983395	-180.00

BALANCE 0.00

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

EMPLOYERS®

50188

Employers Compensation Insurance Company
PO Box 539004 Henderson, NV 89053-9004

Check Number: 200983395
Check Date: 06/12/2013

Claim Number: 2010140563
Injured Employee:

Payment Description: Medical Interpreter
Billed Date: 06/03/2013
Service Period: 04/29/201 throug 04/29/201
Invoice Number: n/a
Billed Amount: $180.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $180.00

Check Total: **$180.00**

PAID JUN 17 2013

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

*** INVOICE ***

Date	NO#
06/17/13	58761

Claim # : YLRC53409
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 4/15/88
Terms : 45 days

BILL TO:
SEDGWICK/SRS (LX-14153)
W.C. DEPARTMENT
ATTN: MIRIAM SIMPSON
PO BOX 14153
LEXINGTON, KY 40512

Case: vs FRAZIER MASONRY CORP
Date Of Injury: 9/10/10

DOS	SERVICE	DESCRIPTION	AMOUNT
04/11/13	WCAB LB	TRIAL - JOHANNA JORDAN # 301566 (FULL DAY)	313.00
06/12/13	PMT BY CHECK	DOS 4/11/13 # 4/11/13 # 0041484148	-313.00

BALANCE 0.00

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

DATE	CHECK AMT	CHECK NO.
06/12/2013	313.00	0041484148

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

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services	001

*006962 0041484148 00001 0F 00001 0AM 130612 1100

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

PAID JUN 17 2013

Claimant Name	Loss Date	Claim Number	SSN
	09/10/2010	YLR C 53409	

Amt Paid: 313.00 Description:
Amt Billed: 313.00 Invoice: 58761 ICN: YLR C 53409
Dates: 04/11/2013 - 04/11/2013 Comment:

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

E1991.FRM (02-28-01)

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

*** INVOICE ***

Date	NO#
06/14/13	54798

Claim # : 53815
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. : 10/28/78
Terms : 45 days

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

Case: vs A.D. PLUMBING SERVICES
Date Of Injury: 11/8/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/15/12	WCAB LB	PRIORITY-CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/11/12	PMT BY CHECK	DOS 5/15/12 # 0000440535	-156.50
04/25/13	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/10/13	PMT BY CHECK	DOS 4/25/13 # 0000484000	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CALIFORNIA INSURANCE COMPANY
P.O. Box 3804
Omaha, NE 68103

Expense Payment

Check Date:	06/10/13
Service Begining:	04/25/13
Service Ending:	04/25/13

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	N/A	11/08/11	53815

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
54798	04/25/13-04/25/13	250.00	N/A	N/A	250.00

Messages

PAID JUN 14 2013

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

0000484000

Date: 06/10/13

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 Robb

MOORE SECURITY MARK™ • MOORE SECURITY MARK™ • MOORE

MOORE SECURITY MARK™ • MOORE SECURITY MARK™ • MOORE

⑈0000484000⑈ ⑆122000496⑆ 7000168038⑈

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

*** INVOICE ***

Date	NO#
06/14/13	53406

Claim # : 1000-12-0352
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 10/11/50
Terms : 45 days

BILL TO:
THE WALT DISNEY CO. (AHANEIM)
W.C. DEPARTMENT
ATTN: JANE HINTON
P. O. BOX 3909
ANAHEIM, CA 92803

Case: vs DISNEYLAND
Date Of Injury: 4/22/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/04/12	DEPO PREP	@ THE L/O OF WALL, MCCORMIC & BAROLDI	156.50
/ /	INTERPRETER:	VERA DARLING # 301418	0.00
07/03/12	PMT BY CHECK	DOS 6/4/12 # 0942302	-156.50
06/27/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/12/12	PMT BY CHECK	DOS 6/27/12 # 0942915	-250.00
05/22/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
06/13/13	PMT BY CHECK	DOS 5/22/13 # 0971142	-156.50

BALANCE 0.00

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Walt Disney Parks and Resorts U.S., Inc.

P.O. Box 3909
Anaheim, California 92803
714-781-1680

Remittance Advice
Check No. 0971142

6-13-13

877439* 0971142

1000-12-0352 DOI: 04-22-11
Invoice# : 53406
From: 06-04-12 Thru: 05-22-13

14	INTERPRETER AT WCAB	156.50
Total Paid:		$156.50

PAID JUN 14 2013

Please Detach This Stub Before Deposit

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

*** INVOICE ***

Date	NO#
06/11/13	55422

Claim # : B052411668
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 7/11/72
Terms : 45 days

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

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
P O Box 14450
Lexington, KY 40512-4450

DATE	CHECK AMT	CHECK NO.
06/07/2013	406.50	0000007417

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

SCMS UNIT	PAGE
524 Sedgwick Claims Management Services	001

*002714 0000007417 00001 OF 00001 OAM 130607 1052

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

PAID JUN 11 2013

Claimant Name	Loss Date	Claim Number	SSN
	12/22/2010	B052411668-0001-01	

Amt Paid: 406.50
Amt Billed: 406.50
Dates: 03/26/2013 - 05/07/2013
Description:
Invoice: 55422
Comment:
ICN: B052411668000101

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

E1991.FRM (02-28-01)

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

*** INVOICE ***

Date	NO#
06/11/13	52913

Claim # : 04890680
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/16/59
Terms : 45 days

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

Case: vs SOUTHERN CA ROOFING
Date Of Injury: 8/26/06

DOS	SERVICE	DESCRIPTION	AMOUNT
05/02/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
06/01/12	PMT BY CHECK	DOS 5/2/12 # CU-907393	-156.50
07/18/12	WCAB LB	TRIAL - PATRICIA HAYES # 100761 (FULL DAY)	313.00
08/13/12	PMT BY CHECK	DOS 7/18/12 # CU-925415	-313.00
05/07/13	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/05/13	PMT BY CHECK	DOS 5/7/13 # CU-019421	-156.50

BALANCE 0.00

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

Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: **CU-019421**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 06/05/13
Doc #: 026771576

S2913

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:		**Claim #:** 04890680			
1		05/07/13	05/07/13	Interpreter fees	1		156.50
						Total Allowances:	**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
04890680	156.50	.00	156.50

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

Notations:
04890680 WCAB INTERPRETING;

PAID JUN 11 2013

MR

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

To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling_Regulations.htm

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

*** INVOICE ***

Date	NO#
06/11/13	58605

Claim # : R00016460
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 1/30/83
Terms : 45 days

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

Case: vs ZANKOU CHICKEN
Date Of Injury: 11/25/11

DOS	SERVICE	DESCRIPTION	AMOUNT
04/09/13	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/05/13	PMT BY CHECK	DOS 4/9/13 # 3000213642	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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DR0808

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

Republic Indemnity

Date: 06/05/2013
Check #: 3000213642
Payment Amount: 250.00

000481 R3N7T1A
Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

PAID JUN 11 2013

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00016460		58605	05/21/2013	04/09/13	04/09/13	0.00	250.00	
	Interpreter For Medical/WCAB					Total	250.00	

R3N7155 000481 155222205371 NNNNN NNNNN NNNNNNNN 000001

PLEASE DETACH BEFORE DEPOSITING CHECK

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

*** INVOICE ***

Date	NO#
06/07/13	58765

Claim # : 2012181865
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 6/30/85
Terms : 45 days

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

Case: vs RESTAURANTE & PANADERIA TIKAL
Date Of Injury: 4/6/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/17/13	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/04/13	PMT BY CHECK	DOS 4/17/13 # 200977680	-250.00

BALANCE 0.00

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

EMPLOYERS®

Employers Compensation Insurance Company
PO Box 539004 Henderson, NV 89053-9004

Check Number: 200977680
Check Date: 06/04/2013

Claim Number: 2008107406
Injured Employee:

Payment Description: Interpreter
Billed Date: 05/29/2013
Service Period: 07/13/200 throug 07/27/200
Invoice Number: 34557 – 58813
Billed Amount: $156.50
Comments: n/a

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

Claim Number: 2012181865
Injured Employee:

Payment Description: Interpreter
Billed Date: 05/29/2013
Service Period: 04/17/201 throug 04/17/201
Invoice Number: 58765
Billed Amount: $250.00
Comments: n/a

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

Check Total: **$406.50**

PAID JUN 07 2013

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

*** INVOICE ***

Date	NO#
06/06/13	53540

Claim # : 30110881185
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 9/3/62
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W.C. DEPARTMENT
ATTN: TOM HURLLESS X 85119
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs BIG LOTS
Date Of Injury: 8/16/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/11/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
08/29/12	PMT BY CHECK	DOS 6/11/12 # 0034966420	-156.50
05/06/13	WCAB LB	STATUS CONFERENCE - JOHANNA JORDAN # 301566	156.50
06/03/13	PMT BY CHECK	DOS 5/6/13 # 0038298411	-156.50

BALANCE 0.00

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

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

DATE	CHECK AMT	CHECK NO.
06/03/2013	156.50	0038298411

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

SCMS UNIT	PAGE
210 Sedgwick Claims Management Services	001

005100 0038298411 00002 OF 00002 OPM 130531 1504

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

PAID JUN 06 2013

Claimant Name	Loss Date	Claim Number	SSN
	08/16/2011	30110881185-0001	

Amt Paid: 156.50 Description:
Amt Billed: 156.50 Invoice: 53540 ICN: 301108811850001
Dates: 05/06/2013 - 05/06/2013 Comment: interpreter status conf

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

EJ901.ERM (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#
06/04/13	52512

Claim # : CSB2114
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 7/27/87
Terms : 45 days

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

Case: _____ vs POLLO CAMPERO/ADIR INT'L
Date Of Injury: 11/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/28/12	DEPO PREP	@ THE L/O OF SALAH & LOZANO	156.50
/ /	INTERPRETER:	LETTY JULIAO GREEN # 100569	0.00
05/02/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/20/12	PMT BY CHECK	DOS 3/28/12-5/2/12 # 896D 80994826	-406.50
04/11/13	JOB DESCRIPT	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/30/13	PMT BY CHECK	DOS 4/11/13 # 900A 26598959	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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000374

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

SB00179

900A 26598959

TRAVELERS

DATE: 05/30/13
LOSS DATE: 04/13/11
FILE NUMBER: 152 CB ELW5989 H

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

EMPLOYEE

ACCOUNT NAME:
ADIR INTERNATIONAL LLC

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

LEGAL EXPENSE
FROM: 03/28/2012 TO: 03/28/2012

WEEKLY COMPENSATION RATE: $186.66
TOTAL PAID: $156.50
TAX INFO: 330956713331748 1Y
PAY MISC: 52512
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID JUN 03 2013

FOR ADDITIONAL INFORMATION, CONTACT: TAYLOR ALFONSO AT (909)612-3348

150010195
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
06/04/13	58505

Claim # : 2012189073
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 2/4/59
Terms : 45 days

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

Case: vs MAGIC LAUNDRY SERVICES
Date Of Injury: 5/26/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/05/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/02/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/30/13	PMT BY CHECK	DOS 4/5/13-5/2/13 # 200974430	-406.50

BALANCE 0.00

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

EMPLOYERS®

Employers Compensation Insurance Company
PO Box 539004 Henderson, NV 89053-9004

Check Number: 200974430
Check Date: 05/30/2013

Claim Number: 2012189073
Injured Employee:

Payment Description: Interpreter
Billed Date: 05/21/2013
Service Period: 04/05/201 throug 05/02/201
Invoice Number: 58505
Billed Amount: $406.50
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $406.50

PAID JUN 03 2013

Check Total: **$406.50**

PAID JUN 03 2013

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#
06/04/13	57034

Claim # : 05811656
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. : 1/19/79
Terms : 45 days

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

Case: vs CONSTRUCTION OROZCO
Date Of Injury: 11/14/11

DOS	SERVICE	DESCRIPTION	AMOUNT
12/19/12	WCAB LB	PRI-CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
01/29/13	WCAB LB	TRIAL - JOHANNA JORDAN # 301566	156.50
03/06/13	PMT BY CHECK	DOS 12/19/12 # CP-671285	-313.00
05/03/13	DEPO PREP	@ THE L/O OF SCIF SANTA ANA	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/30/13	PMT BY CHECK	DOS 5/3/13 # CP-693645	-156.50

BALANCE 0.00

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Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: **CP-693645**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 05/30/13
Doc #: 026747663

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 05811656		
1	57034	05/03/13	05/03/13	Interpreter fees	1		156.50
					Total Allowances:		**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05811656	156.50	.00	156.50

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

PAID JUN 03 2013

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.

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http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling_Regulations.htm

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

*** INVOICE ***

Date	NO#
06/04/13	56552

Claim # : ETG7519
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. : 11/7/80
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (SACRAM)
W.C. DEPARTMENT
ATTN:
P.O. BOX # 13089
SACRAMENTO, CA 95813-4089

Case: vs THE BEST GRILL, INC
Date Of Injury: CT 12/1/11 - 7/8/12

DOS	SERVICE	DESCRIPTION	AMOUNT
12/03/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/21/13	PMT BY CHECK	DOS 12/3/12 # 891A 83452529	-156.50
05/07/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/31/13	PMT BY CHECK	DOS 5/7/13 # 891A 83908165	-156.50

BALANCE 0.00

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002937

THE TRAVELERS - RANCHO CORDOVA CL C
WORKERS COMPENSATION CLAIMS
PO BOX 13089
SACRAMENTO CA 95813-4089
0

891A 83908165

TRAVELERS

DATE: 05/31/13
LOSS DATE: 07/08/12
FILE NUMBER: 480 CB ETG7519 R

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

PAID JUN 04 2013

EMPLOYEE

ACCOUNT NAME:
THE BEST GRILL, INC.

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 05/07/2013

TOTAL PAID: $156.50
TAX INFO: 3309567133317481Y
PAY MISC: 56552
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: COURTNEY O'NEILL AT (916)638-6471

151011541
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
05/28/13	58258

Claim # : YMH91878C
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. : 3/25/87
Terms : 45 days

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

Case: vs STEAL DEAL INC
Date Of Injury: 7/24/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/05/13	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/28/13	DEPO PREP	@ THE L/O OF ADELSON TESTAN BRUNDO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/26/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/23/13	PMT BY CHECK	DOS 3/5/13 -4/26/13 # 120258310 5	-563.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

THE HARTFORD

000949
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00957

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*000012 1202583105

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
58258 01-01-12	72WEC LZ9691 YMHC 91878	STEAL DEAL INC	$563.00

Nature of Payment:	Service Dates	
Interpreter Fees at Hearing	03-05-2013 04-26-2013	$563.00

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

Additional Comments: Interpreting Services for Deposition Transcripts

PAID MAY 28 2013

Please keep the above information for your records.

102203507

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

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

56 -1544
441

Check Number: 120258310 5
Issue Date: 05-23-2013
Benefit Period: 03-05-2013 to 04-26-2013

$**********563.00

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

Pay

FIVE HUNDRED SIXTY-THREE DOLLARS AND 00/100

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

Authorized Signature

102203507

⑈120258310⑆ ⑆044115443⑆ 632559738⑈

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

*** INVOICE ***

Date	NO#
05/28/13	44963

Claim # : YNMC20082; YMC22126
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 4/26/66
Terms : 45 days

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

Case: ARMANDO ORIHUELA vs ALBERTSON'S
Date Of Injury: 5/28/10; 4/8/11

DOS	SERVICE	DESCRIPTION	AMOUNT
05/26/11	DEPO PREP	@ THE L/O OF LANDEGGER,BARON, LAVENANT & INGBER	156.50
/ /	INTERPRETER:	SUSANA SARDAS # 100498	0.00
07/26/11	PMT BY CHECK	DOS 5/26/11 # 220062482 4	-156.50
04/23/13	WCAB LB	TRIAL - JOHANNA JORDAN # 301566	156.50
05/24/13	PMT BY CHECK	DOS 4/23/13 # 0000023289	-156.50

BALANCE 0.00

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

Sedgwick Claims Management Services, Inc
PO Box 14152
Lexington, KY 40512-4152

DATE	CHECK AMT	CHECK NO.
05/24/2013	156.50	0000023289

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

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services	001

*003425 0000023289 00001 OF 00001 0AM 130524 1142

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

A

PAID MAY 28 2013

44963

Claimant Name	Loss Date	Claim Number	SSN
	04/08/2011	YNM22126C	

Amt Paid: 156.50
Amt Billed: 156.50
Dates: 04/23/2013 - 04/23/2013

Description:
Invoice:
Comment:

ICN: YNM22126C

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

E1991.FRM (02-28-01)

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

*** INVOICE ***

Date	NO#
05/28/13	46003

Claim # : 33014542
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 10/30/46
Terms : 45 days

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

Case: vs AMERICAN INTERN'L INDUSTRIES
Date Of Injury: 12/09- 6/14/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/28/11	INITIAL EXAM	DR RAHIMIAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/29/11	INITIAL EXAM	W/ ACUPUNCTURIST ALEX LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/18/11	PR2/REEVAL	DR RAHIMIAN* SANDRA TALANCON # 100802	180.00
08/29/11	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ AMERI CHIRO*	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/03/11	PR2/REEVAL	W/ ACUPUNCTURIST LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/20/11	PR2/REEVAL	DR RAHIMIAN* SANDRA TALANCON # 100802	180.00
11/07/11	DEPO PREP	@ THE L/O OF MCNAMARA & DRASS	156.50
/ /	INTERPRETER:	MARIANA DEMARZIANI # 100816	0.00
11/23/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/28/11	P AND S	DR RAHIMIAN* SANDRA TALANCON # 100802	230.00
02/06/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
03/09/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
12/04/12	WCAB LB	STATUS CONFERENCE - CARMEN GUZMAN # 100585	156.50
01/14/13	PMT BY CHECK	DOS 6/28/11-12/4/12 # 0131230 BERKSHIRE	-2349.50
02/26/13	WCAB LB	MSC - JOHANNA JORDAN # 301564	156.50
03/26/13	PMT BY CHECK	DOS 2/26/13 # 0154957	-156.50

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#
05/28/13	46003

Claim # : 33014542
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 10/30/46
Terms : 45 days

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

Case: vs AMERICAN INTERN'L INDUSTRIES
Date Of Injury: 12/09- 6/14/11

DOS	SERVICE	DESCRIPTION	AMOUNT
04/22/13	WCAB LB	BERKSHIRE TRIAL - JOHANNA JORDAN # 301566 (FULL DAY)	313.00
05/23/13	PMT BY CHECK	DOS 4/22/13 # 0175127 BERKSHIRE	-313.00

BALANCE 0.00

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

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 05/23/2013
Check Number : 0175127
Check Amount : $313.00

TAJM12

02 01 **RETURN SERVICE REQUESTED**

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

2235a
00024

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33014542		11/17/2009	46003	Interpreter Fees -	04/22/2013	04/22/2013	$313.00

SQQ51

PAID MAY 28 2013

24-24
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#
05/28/13	57811

Claim # : TWCI-1113
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 7/26/43
Terms : 45 days

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

Case: vs ACCURATE METAL FABRICATORS
Date Of Injury: 6/13/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/29/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/07/13	PMT BY CHECK	DOS 1/29/13 # 1151306	-156.50
04/26/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/22/13	PMT BY CHECK	DOS 4/26/13 # 1165702	-250.00

BALANCE 0.00

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

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-1113
Claimant:
Date of Loss: 06/13/2011

Check Number: 1165702
Check Date: 05/22/2013
Check Amount: $250.00
Type of Payment:
108 DEPOSITION COSTS

PAID MAY 28 2013

Location: 43 Accurate Metal Solutions 2100 E Orangewood

For Period: 01/29/2013 to 04/26/2013
InvoiceNo: 57811
IRS #: 33-0956713

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 Risk Services Group, Inc.

YORK
P.O BOX 5245
PARSIPPANY, NJ 07801 (973) 541-1330

ON BEHALF OF
4739 Tower Castlepoint NSM Insurex

WELLS FARGO BANK, N.A.
190 RIVER ROAD, NJ3179
SUMMIT, NJ 07901-1444
55-2/212

NOT VALID AFTER SIX MONTHS

CLAIM NUMBER
TWCI-1113

DATE 05/22/2013
CHECK NO. 1165702

AMOUNT
***$250.00

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

Richard Talbot

COUNTERSIGNATURE REQUIRED OVER $10,000

⑈1165702⑈ ⑆021200025⑆ 2000013486965⑈

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

*** INVOICE ***

Date	NO#
05/29/13	58351

Claim # : 186449237
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 3/20/67
Terms : 45 days

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

Case vs NIKI - BIKI
Date Of Injury: 12/13/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/18/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/18/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
05/21/13	PMT BY CHECK	DOS 3/18/13-4/18/13 # 5625920934	-406.50

BALANCE 0.00

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

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

Check Date	:	05/21/2013
Check Amount	:	$406.50
Check Number	:	5625920934

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

PAID MAY 29 2013

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
186449237-001 WC BREA Professional Service	12/13/2012 $406.50 $406.50	Dave D. Hoffman 58351	909-585-7208 03/18/2013-04/18/2013

Please Fold on Perforation Before Tearing

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

*** INVOICE ***

Date	NO#
05/20/13	55917

Claim # : 345C6254105
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 4/2/61
Terms : 45 days

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

Case: vs KOOSHARAM dba SELECT STAFFING
Date Of Injury: 5/23/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/22/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/19/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/25/13	WCAB LB	PRIORITY CONFERENCE - JOHANNA JORDAN # 301566	156.50
03/29/13	PMT BY CHECK	DOS 10/22/12-2/25/13 # DA69630861	-563.00
04/16/13	WCAB LB	TRIAL - CARMEN GUZMAN # 100585	156.50
05/16/13	PMT BY CHECK	DOS 4/16/13 # DA6990772	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PDWLDMCD-002475-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 05/16/13

CHECK NO. **DA69920772**

STATEMENT

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

5900A11DA 00 00099 DA69920772
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C6254105

DOLLARS
$********156.50

* NOT NEGOTIABLE *

FOR
04/16/13 THRU 04/16/13 55917

CLAIMANT

DATE OF EVENT
05/23/12

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

PAID MAY 20 2013

PDWLDMCD-002475-01-01-00

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#
05/20/13	54268

Claim # : 30120441172-001
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 12/4/64
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14563)
W.C. DEPARTMENT
ATTN: JOSE ALVAREZ
P.O. BOX 14563
LEXINGTON, KY 40512

Case: vs FOOD 4 LESS/RALPH'S/KROGER CO.
Date Of Injury: 1/1/03

DOS	SERVICE	DESCRIPTION	AMOUNT
07/31/12	EMG TESTING	& NCV REF BY DR KOMBERG: U/E & L/E @ CALIF IMAG*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
08/07/12	MRI	REF BY DR KOBMERG: C/S, BIL ELBOWS*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/02/12	DEPO PREP	@ THE L/O OF BRADY, VORWERCK, RYDER & CASPINO	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/30/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
12/14/12	PMT BY CHECK	DOS 7/31/-12-10/30/12 # 0002315226	-706.50
04/09/13	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/15/13	PMT BY CHECK	DOS 4/9/13 # 0002412559	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
P O Box 14563
Lexington, KY 40512-4563

DATE	CHECK AMT	CHECK NO.
05/15/2013	156.50	0002412559

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

SCMS UNIT	PAGE
300 Sedgwick Claims Management Services	001

*007137 0002412559 00001 OF 00001 0AM 130515 1101

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

PAID MAY 20 2013

Claimant Name	Loss Date	Claim Number	SSN
	01/01/2003	30120441172-0001	

Amt Paid: 156.50
Amt Billed: 156.50
Dates: 07/31/2012 - 04/09/2013

Description: Miscellaneous Medical
Invoice: 54268
Comment:

ICN: 142768889.338

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

E1991.FRM (02-28-01)

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

*** INVOICE ***

Date	NO#
05/16/13	58367

Claim # : AXQR2388
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 4/28/83
Terms : 45 days

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

Case: vs SUBWAY
Date Of Injury: 3/6/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/20/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
05/10/13	PMT BY CHECK	DOS 3/20/13 # 1155231	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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INSURANCE FRAUD IS A CRIME AND IS PUNISHABLE BY LAW

Mailing Information:

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

PAID MAY 16 2013

Claim Number: AXQR-2388
Claimant:
Date of Loss: 03/06/2012

Check Number: 1155231
Check Date: 05/10/2013
Check Amount: $156.50
Type of Payment:
61 MISC. ALL OTHER

Location: 7237 Simpy Inc 1027 Via Canada

For Period: 03/20/2013 to 03/20/2013
InvoiceNo: 58367
IRS #: 33-0956713

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 IN TO THIS DOCUMENT.

YORK
P.O BOX 5245
PARSIPPANY, NJ 07801
(973) 541-1330

ON BEHALF OF
4220 AIX Quick Srv Restaurants

PAY
ONE HUNDRED FIFTY-SIX AND 50/100

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-2388
DATE CHECK NO.
05/10/2013 1155231
AMOUNT
***$156.50

Richard Talbot

COUNTERSIGNATURE REQUIRED OVER $10,000

⑈1155231⑈ ⑆021200025⑆ 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#
05/13/13	58280

Claim # : 2012174649
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs FRANCO AMERICAN CORP.
Date Of Injury: 6/11/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/13	DEPO PREP	@ THE L/O OF TOBIN LUCKS	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
05/09/13	PMT BY CHECK	DOS 3/12/13 # 200959599	-156.50

BALANCE 0.00

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

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

58280

EMPLOYERS®

Employers Compensation Insurance Company
PO Box 539004 Henderson, NV 89053-9004

Check Number: 200959599
Check Date: 05/09/2013

Claim Number: 2012174649
Injured Employee:

Payment Description: Interpreter
Billed Date: 05/02/2013
Service Period: 03/12/201 throug 03/12/201
Invoice Number: n/a
Billed Amount: $156.50
Comments: n/a

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

Check Total: **$156.50**

PAID MAY 13 2013

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

*** INVOICE ***

Date	NO#
05/13/13	58279

Claim # : 05804816
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 5/17/70
Terms : 45 days

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

Case: vs HEADCOCK WELDING COMPANY
Date Of Injury: 12/15/03

DOS	SERVICE	DESCRIPTION	AMOUNT
03/13/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
05/10/13	PMT BY CHECK	DOS 3/13/13 # CP-688688	-156.50

BALANCE 0.00

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

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

Provider Number: 330956713

Check #: **CP-688688**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 05/10/13
Doc #: 026657482

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name		**Claim #:** 05804816		
1	58279	03/13/13	03/13/13	Interpreter fees	1		156.50
					Total Allowances:		**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05804816	156.50	.00	156.50

The preceding invoice totals reflect the amount reviewed and/or approved billing items from the associated invoices that are included in this payment and are generated to assist your organization to balance your paperwork. Charges that are either denied payment or found in excess of the amount allowed are objected to for the above reasons. You may contact us at the address and phone number listed if there is an issue regarding payment.

Notations:

05804816 INV#58279 INTERP WCAB;

OK

PAID MAY 13 2013

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

To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling_Regulations.htm

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

*** INVOICE ***

Date	NO#
08/22/13	58397

Claim # : 1-11-14534
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 10/30/69
Terms : 45 days

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

Case: _____ vs L.A. MTA
Date Of Injury: 6/10/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/22/13	SHOCK WAVE	THERAPY @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/25/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/29/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/06/13	CONDITIONING	WORK CONDITIONING W/ ALEX PAZ @ ADVANCE CARE*	120.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/30/13	CONDITIONING	WORK CONDITIONING W/ ALEX PAZ @ ADVANCE CARE*	120.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/03/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/01/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/19/13	PMT BY CHECK	DOS 2/22/13-7/1/13 # 0000562371	-1110.00

BALANCE 0.00

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00320-00320

Metro

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

US

PAID AUG 22 2013

Check No. 0000562371
Check Date 08/19/2013
Check Amount $1,110.00

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

Incident Date	Invoice Number	Claimant/Description	Amount
02/22/2013	1-11-14534 58397	MEDICAL - GENERAL	$1,110.00
		TOTAL	$1,110.00

PAGE 1/1

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

*** INVOICE ***

Date	NO#
08/28/13	42637

Claim # : SP601030
W.C.A.B.: LBO
ADJ # :
S.S.N. :
D.O.B. : 04/02/54
Terms : 45 days

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

Case: [redacted] vs BRUCE JACKSON RACING STABLE
Date Of Injury: 10/02/02

DOS	SERVICE	DESCRIPTION	AMOUNT
02/16/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
03/29/11	PMT BY CHECK	DOS 2/16/11 # CP-497791	-156.50
01/19/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
03/02/12	PMT BY CHECK	DOS 2/16/11 # CP-560315	-156.50
06/28/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
07/20/12	PMT BY CHECK	DOS 6/28/12 # CP-596951	-156.50
03/04/13	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/22/13	PMT BY CHECK	DOS 3/4/13 # CP-676241	-156.50
08/01/13	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
08/13/13	PMT BY CHECK	DOS 8/1/13 # CP-712915	-156.50

BALANCE 0.00

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Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: **CP-712915**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 08/13/13
Doc #: 027090918

4

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** SP601030		42637	
1	42637	08/01/13	08/01/13	Interpreter fees	1		156.50
			Patient Name:	**Claim #:** 05232324			
2	LS	01/28/13	01/28/13	Interpreter fees	1		156.50
3	57808	01/28/13	01/28/13	Medical Penalty	1		15.65
						Subtotal:	172.15
						Total Allowances:	**$328.65**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
SP601030	156.50	.00	156.50
05232324	156.50	15.65	172.15

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:

05232324	INV #57808;
05232324	LATE PAYMENT PENALTY;
SP601030	42637-WCAB;

RECEIVED JUL 16 2013

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.

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http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling_Regulations.htm

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

*** INVOICE ***

Date	NO#
08/16/13	54353

Claim # : 710-816678; 710-840085
W.C.A.B.: [redacted]
ADJ # : [redacted]
S.S.N. :
D.O.B. : 3/20/49
Terms : 45 days

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

Case: vs PACKARD REALTY INC/ HOLIDAY IN
Date Of Injury: 2009-2/9/12; 3/11/12

DOS	SERVICE	DESCRIPTION	AMOUNT
08/07/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	GABRIELA PUELLES # 100616	0.00
09/12/12	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
09/25/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/31/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
08/10/13	PMT BY CHECK	DOS 8/7/12-7/31/13 # 24381704	-719.50

BALANCE 0.00

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P4000028001

20130812400 2

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

Electronic Service Requested

54353

8 OF 8 F

ENV 72

SINGLE PIECE

72 1.7491 SP 0.660

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

Check No.: 24381704
RFP No.: 161482
Check Date: 08/10/2013
Check Amount: 719.50
Insured: PACKARD REALTY INC

Claimant: (

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

RECEIVED JUL 16 2013

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000015684102	00816678	01	02/09/2012	MED	O	719.50
					Total Amount	719.50

Reason for Payment
020912-081213 F

Use File # 710/ 00816678 on all correspondence for prompt processing.
For check information call: 877-802-5246

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

*** INVOICE ***

Date	NO#
08/16/13	52171

Claim # : 02327748
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. : 10/11/69
Terms : 45 days

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

Case: vs INSCO
Date Of Injury: 11/1/04

DOS	SERVICE	DESCRIPTION	AMOUNT
03/13/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
04/24/12	PMT BY CHECK	DOS 3/13/12 # CP-574108	-156.50
07/31/13	WCAB LB	TRIAL - JOHANNA JORDAN # 301566	156.50
08/14/13	PMT BY CHECK	DOS 7/31/13 # CP-713308	-156.50

BALANCE 0.00

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Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: **CP-713308**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

52171

Issue Date: 08/14/13
Doc #: 027097733

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 02327748		
1		07/31/13	07/31/13	Interpreter fees	1		156.50
					Total Allowances:		**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
02327748	156.50	.00	156.50

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RECEIVED JUL 16 2013

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http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling_Regulations.htm

01297224027097733012

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

*** INVOICE ***

Date	NO#
08/16/13	58191

Claim # : EPH6854
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 10/18/49
Terms : 45 days

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

Case: vs PARK WEST LANDSCAPE
Date Of Injury: 12/9/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/11/13	DEPO PREP	@ THE L/O OF WALL MCCORMICK & BAROLDI	156.50
/ /	INTERPRETER:	PATRICIA HAYES #100761	0.00
03/08/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/26/13	INITIAL EXAM	DR FEIWELL @ LOS ALAMITOS (3.5 hrs) AMENDED	402.50
/ /	INTERPRETER:	SUSANA BARRON # 301481	0.00
08/12/13	PMT BY CHECK	DOS 2/11/13*-6/26/13 # 896D 82721934	-809.00

BALANCE 0.00

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013980

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

SA06944

896D 82721934

TRAVELERS

DATE: 08/12/13
LOSS DATE: 12/09/11
FILE NUMBER: 152 CB EPH6854 J

EMPLOYEE

ACCOUNT NAME:
PARK WEST LANDSCAPE INC

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

TRAVELERS PROP CAS CO OF AMERIC

58191

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 02/11/2013 TO: 06/26/2013

TOTAL PAID: $809.00
TAX INFO: 3309567135478939Y
PAY MISC: 58191, ADJ8527022
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

RECEIVED JUL 16 2013

FOR ADDITIONAL INFORMATION, CONTACT: CARLOS A ARREDONDO AT (909)612-3460

224007036
DETACH CHECK

UNSUMM-11131
UVAPUNS2-12129
DETACH CHECK

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

*** INVOICE ***

Date	NO#
08/05/13	58194

Claim # : 30110724468
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 11/28/78
Terms : 45 days

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

Case: vs AMERICAN APPAREL
Date Of Injury: 6/22/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/13/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
03/08/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/25/13	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/07/13	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
07/03/13	WCAB LB	TRIAL - CARMEN GUZMAN # 100585	156.50
08/02/13	PMT BY CHECK	DOS 2/13/13-7/3/13 # 5786	-876.00

BALANCE 0.00

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WELLS FARGO BANK, N.A.

11-24/121
1210(8)

CHECK NO: 5786

DATE: 08/02/2013

AMERICAN APPAREL
New Hampshire Insurance Co.
WORKERS' COMPENSATION PROGRAM
ADMINISTERED BY: ATHENS ADMINISTRATORS
P.O. BOX 696, CONCORD, CALIFORNIA 94522

FOR: Per Peregrin reduction: N154-13-000232
58194

TYPE	FROM	THROUGH
M160	02/13/2013	07/03/2013

AMOUNT
******$876.00

THIS CHECK IS VOID AFTER 180 DAYS

CLAIMANT:
CLAIM NO: 30110724468
PAY *Eight hundred seventy six and 00/100 Dollars*

PAYABLE TO
JOYCE ALTMAN (DBA) INTERPRETERS, INC.
P.O. Box 4165
Tustin, CA 92781

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00005786⑈ ⑆121000248⑆ 4122384340⑈

RECEIVED JUL 05 2013

MF

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

*** INVOICE ***

Date	NO#
08/06/13	59229

Claim # : EGJ5236
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. : 7/10/81
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (SACRAM)
W.C. DEPARTMENT
ATTN: KIM NORIS
P.O. BOX # 13089
SACRAMENTO, CA 95813-4089

Case: vs DOCUPAK ING
Date Of Injury: 8/13/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/03/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
08/31/13	PMT BY CHECK	DOS 7/3/13 # 891A 84110280	-156.50

BALANCE 0.00

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004106

THE TRAVELERS - RANCHO CORDOVA CL C
WORKERS COMPENSATION CLAIMS
PO BOX 13089
SACRAMENTO CA 95813-4089
0

891A 84110280

TRAVELERS

DATE: 07/31/13
LOSS DATE: 08/13/10
FILE NUMBER: 480 CB EGJ5236 A

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

EMPLOYEE

ACCOUNT NAME:
DOCUPAK INC

TRAVELERS CAS & SURETY COMPANY

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 07/03/2013

TOTAL PAID: $156.50
TAX INFO: 3309567135478939Y
PAY MISC: 59229
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

RECEIVED JUL 0 6 2013

FOR ADDITIONAL INFORMATION, CONTACT: KIM NORRIS AT (916)638-6387

212012922
DETACH CHECK

UNSUMM-111313
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
08/07/13	58896

Claim # : 30130271052-0001
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/12/53
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14563)
W.C. DEPARTMENT
ATTN: CASEY ALTMAN
P.O. BOX 14563
LEXINGTON, KY 40512

Case: vs RALPHS
Date Of Injury: 2/16/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/22/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/25/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES #100761	0.00
07/12/13	PMT BY CHECK	DOS 5/22/13 # 0002447318	-156.50
08/02/13	PMT BY CHECK	DOS 6/25/13 # 0002460061	-250.00

BALANCE 0.00

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Sedgwick Claims Management Services, Inc
P O Box 14563
Lexington, KY 40512-4563

DATE	CHECK AMT	CHECK NO.
08/02/2013	250.00	0002460061

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

SCMS UNIT	PAGE
300 Sedgwick Claims Management Services	001

*004640 0002460061 00001 OF 00001 OPM 130801 1458

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

RECEIVED JUL 07 2013

Claimant Name	Loss Date	Claim Number	SSN
	02/16/2013	30130271052-0001	

Amt Paid: 250.00
Amt Billed: 250.00
Dates: 07/12/2013 - 07/12/2013
Description:
Invoice: 58896
Comment:
ICN: 30130271052000l

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

E1991.FRM (02-28-01)

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

*** INVOICE ***

Date	NO#
08/02/13	56142

Claim # : 20100909802
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 12/24/54
Terms : 45 days

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

Case: vs COACH AMERICA
Date Of Injury: 9/28/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/16/12	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
11/28/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
12/19/12	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 100821	180.00
01/10/13	INITIAL EXAM	DR OBUKHOFF @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
01/23/13	PR2/REEVAL	DR DOMARACKI*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
01/25/13	INITIAL EXAM	W/ACUPUNCTURIST STEVE HING @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
02/13/13	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 100821	180.00
02/06/13	EMG TESTING	& NCV BY DR DI JULIO: L/E @ WILLOW MEDICAL*	150.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
02/20/13	INITIAL EXAM	& INTRUCTION ON MEDS W/ DR LOW @ WILLOW MED*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/06/13	PR2/REEVAL	DR DOMARACKI*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
03/19/13	P AND S	DR DOMARACKI @ WILLOW MED*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/30/13	DEPO PREP	@ THE L/O OF ADELSON, TESTAN, BRUNDO	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/27/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/12/13	PMT BY CHECK	DOS 10/16/12-5/30/13	-2356.50

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#
08/02/13	56142

Claim # : 20100909802
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 12/24/54
Terms : 45 days

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

Case: vs COACH AMERICA
Date Of Injury: 9/28/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/30/13	PMT BY CHECK	# 0042386224 DOS 6/27/13 # 0043453746	-250.00

BALANCE 0.00

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

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

DATE	CHECK AMT	CHECK NO.
07/30/2013	250.00	0043453746

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

SCMS UNIT	PAGE
646 Sedgwick Claims Management Services	001

*004004 0043453746 00001 OF 00002 0AM 130730 1128

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

Claimant Name	Loss Date	Claim Number	SSN
	09/28/2010	20100909802-0001	

Amt Paid: 250.00
Amt Billed: 250.00
Dates: 06/27/2013 - 06/27/2013

Description: Miscellaneous Medical
Invoice: 56142 ICN: 145629997.338
Comment: Interpreting bill

PAID AUG 02 2013

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

E1501 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#
08/02/13	59225

Claim # : WC10030527
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 3/8/60
Terms : 45 days

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

Case: vs DANIEL & JASMIN CHUNG
Date Of Injury: 10/9/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/01/13	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/31/13	PMT BY CHECK	DOS 7/2/13 # 3812058422	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

July 31, 2013

FIRE INSURANCE EXCHANGE

Check Number: 3812058422
Date: 07/31/2013

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

PAID AUG 02 2013

Claimant/Patient:
Insured: DANIEL CHUNG
Date of Loss: 10/09/2010
Claim Number: WC10030527
Correspondence Reference: RJ17849DN

Claim Representative: MONA TOMASSINI
Office Phone Number: 8185402244

Additional Information:
INV#59225 If there are questions regarding the cashing of this check, please contact the Claims Handler at the toll free telephone number provided or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
07/01/13 - 07/01/13	Interpreter	$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#
07/29/13	58840

Claim # : E3260941
W.C.A.B.:
ADJ # :
S.S.N. : --
D.O.B. : 6/15/62
Terms : 45 days

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

Case: vs WINSOR PROPERTIES
Date Of Injury: 7/1/11

DOS	SERVICE	DESCRIPTION	AMOUNT
05/10/13	PR2/REEVAL	W/ALEX PAZ @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
04/22/13	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/17/13	PT PR-2	PHYSICAL THERAPY W/ ALEX PAZ @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
05/23/13	PT PR-2	PHYSICAL THERAPY W/ ALEX PAZ @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/31/13	PT PR-2	PHYSICAL THERAPY W/DR HIGASHI @ A. PAZ @ ACS*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/05/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/23/13	PMT BY CHECK	DOS 5/10/13-6/5/13 # 102177501	-860.00

BALANCE 0.00

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CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

000002OE3002609411021775010000000001309

001309

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781

PAID JUL 29 2013

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

Claim Number * E3 260941KM

Insured/Client: WINDSOR PROPERTIES

Claimant

ATT

07/23/13

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
07/01/11		04/22/13-06/05/13	IND	26	TR		$860.00
							$860.00

Reason: INV 58840 INTER/VARIOUS DR'S

To ensure timely delivery of your check, please verify that the address on this check is complete and correct. If not, please notify your claims representative with the correct information. Thank you.

ACCIWF 02.28.13

PLEASE DETACH BEFORE CASHING

CNA
Continental Casualty Company
Chicago, IL 60604

UNDERWRITTEN BY:
VALLEY FORGE INSURANCE COMPANY

102177501
Date Issued
07/23/13

66-156
531
Bank Acct.
4759628092

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

Claim Number	Desk Code	Insured/Client	Issuing Off. No.
E3 260941	KM	WINDSOR PROPERTIES	2C
Prefix & Contract No. WC -2095789731		Claimant	Date of Loss 07/01/11
From-thru (Dates) 04/22/13	In Payment of 06/05/13	INV 58840 INTER/VARIOUS DR'S	

PAY EIGHT HUNDRED SIXTY AND NO/100THS ---------- Dollars

********$860.00

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

Wells Fargo Bank, N.A

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

L137648E

⑈102177501⑈ ⑆053101561⑆ 4759628092⑈

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

*** INVOICE ***

Date	NO#
07/30/13	57824

Claim # : 80700159260; 80700163374
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 3/22/51
Terms : 45 days

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

Case: vs BAYCO FINANCIAL
Date Of Injury: 11/22/06; 10/31/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/07/13	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/12/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/27/13	PMT BY CHECK	DOS 2/7/13-6/12/13 # 200994938	-313.00
07/08/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/26/13	PMT BY CHECK	DOS 7/8/13 # 201012937	-250.00

BALANCE 0.00

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

EMPLOYERS®

57824

Employers Compensation Insurance Company
PO Box 539004 Henderson, NV 89053-9004

Check Number: 201012937
Check Date: 07/26/2013

Claim Number: 80700163374
Injured Employee:

Payment Description: Interpreter
Billed Date: 07/18/2013
Service Period: 07/08/201 throug 07/08/201
Invoice Number: n/a
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 30 2013

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

*** INVOICE ***

Date	NO#
07/22/13	43335

Claim # : 201003878
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 12/29/51
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXING-14629)
W.C. DEPARTMENT
ATTN: JANEL WALENCIK
P.O. BOX 14629
LEXINGTON, KY 40512

Case: , vs CALIFORNIA STATE UNIVERSITY
Date Of Injury: 6/30/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/24/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
04/19/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/25/11	PMT BY CHECK	DOS 3/24/11 AND 4/19/11 # 70329197	-406.50
06/26/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
07/18/13	PMT BY CHECK	DOS 6/26/13 # 70428312	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Payee: JOYCE ALTMAN
Company Name: Sedgwick CMS
Facility: CSU Dominguez Hills
Comments:

Check Number: 70428312
Administrator: JWALENCIK
Check Total: $156.50
Check Date: 07/18/2013

Injury	From	Through	Claim Number / Invoice	Claimant Name	Description	Payment Amount
	Account Number					
06/30/2010	06/26/2013	06/26/2013	201003878 43335		Other Medical	$156.50

Document Number:
Bill Type:
Pharmacy#:
DRG Code:
Received Date: 07/16/2013
Reviewed Date:
Primary ICD9: null null
PPO Name:

Sedgwick CMS

PAID JUL 22 2013

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#
07/22/13	56505

Claim # : RP12008497
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 11/16/74
Terms : 45 days

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

Case: vs CARRILLO INDUST./C.P. PISTONS
Date Of Injury: CT 6/12-10/5/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/22/12	INITIAL EXAM	DR SCHEEL @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
11/19/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
12/20/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
01/24/13	PR2/REEVAL	DR SCHEEL* GLADYS REYNA # 100755	180.00
02/07/13	INITIAL EXAM	DR SAMIMI @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/28/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
03/15/13	PR2/REEVAL	DR SAMIMI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/28/13	PR2/REEVAL	DR SCHEEL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ #100821	0.00
04/03/13	EMG TESTING	& NCV BY DR DI JULIO @ WILLOW MEDICAL GROUP*	125.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/02/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
05/17/13	PR2/REEVAL	DR SAMIMI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
07/19/13	PMT BY CHECK	DOS 10/22/12-5/17/13 # 0000010925	-2025.00

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#
07/22/13	56505

Claim # : RP12008497
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 11/16/74
Terms : 45 days

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

Case: vs CARRILLO INDUST./C.P. PISTONS
Date Of Injury: CT 6/12-10/5/12

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
P.O. Box 14573
Lexington, KY 40512

DATE	CHECK AMT	CHECK NO.
07/19/2013	2,025.00	0000010925

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

SCMS UNIT	PAGE
523 Sedgwick Claims Management Services	001

*004763 0000010925 00001 OF 00002 OAM 130719 1046

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

PAID JUL 22 2013

Claimant Name	Loss Date	Claim Number	SSN
	10/05/2012	RP12008497	

Amt Paid: 2025.00 Description: Miscellaneous Medical
Amt Billed: 2025.00 Invoice: 56505 ICN: 145207014.338
Dates: 10/22/2012 - 05/17/2013 Comment:

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

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

*** INVOICE ***

Date	NO#
07/19/13	51951

Claim # : PZC00490298
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 5/20/60
Terms : 45 days

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

Case: vs OPI PRODUCTS
Date Of Injury: 5/17/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/28/12	DIAGN STUDY	REF BY DR ZLOTOLOW: ECHOCARDIOGRAM (2H 20M)	168.75
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
06/30/12	PMT BY CHECK	DOS 2/28/12 # 0002162911	-168.75
01/16/13	SHOCK WAVE	THERAPY W/TECH VICTOR ISANO: L/SHULDER @ ADVANCE*	150.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
01/22/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	AMALIA SILVESTRI # 301467	0.00
03/14/13	PMT BY CHECK	DOS 1/16/13 # 0002381857	-150.00
02/19/13	PR2/REEVAL	DR ATIMIAN*	180.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
03/26/13	PMT BY CHECK	DOS 1/22/13 # 0002392309	-180.00
03/19/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
05/15/13	PMT BY CHECK	DOS 2/19/13 # 0002440554	-180.00
05/21/13	P AND S	DR ATAMIAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	MARTHA BECERRA # 500198	0.00
06/19/13	PMT BY CHECK	DOS 3/19/13 # 0002470809	-180.00
07/13/13	PMT BY CHECK	DOS 5/21/13 # 0002491430	-230.00
		BALANCE	0.00

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CRUM&FORSTER

Number: 0002491430

Vendor Number: **408701988** Issuing Location: **Orange County Claims** Check Date: **07/13/2013**

Payee:

Joyce Altman Interpreters Inc
Po Box 4165
Tustin, CA 92781

IRS:

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
	PZC00490298	MC	406500940162700	05/17/2011	$230.00

INVOICE #51951, DOS 5/21/13

PAID JUL 19 2013

TOTAL: $230.00

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

Processor: **A. Magana**

Internal Reference No: 40650

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#
07/19/13	58505

Claim # : 2012189073
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 2/4/59
Terms : 45 days

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

Case: vs MAGIC LAUNDRY SERVICES
Date Of Injury: 5/26/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/05/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/02/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/30/13	PMT BY CHECK	DOS 4/5/13-5/2/13 # 200974430	-406.50
06/18/13	DEPO PREP	@ THE L/O OF MCNAMARA & DRASS VOL II	156.50
/ /	INTERPRETER:	ROBERTO VILLALTA # 301474	0.00
07/16/13	PMT BY CHECK	DOS 6/18/13 # 201006062	-156.50

BALANCE 0.00

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

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

EMPLOYERS®

Employers Compensation Insurance Company
PO Box 539004 Henderson, NV 89053-9004

Check Number: 201006062
Check Date: 07/16/2013

Claim Number: 2012189073
Injured Employee:

Payment Description: Interpreter
Billed Date: 07/02/2013
Service Period: 04/05/201 throug 04/05/201
Invoice Number: n/a
Billed Amount: $156.50
Comments: n/a

58505

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

Check Total: **$156.50**

PAID JUL 19 2013

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

*** INVOICE ***

Date	NO#
07/17/13	51090

Claim # : WC10049787
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/1/63
Terms : 45 days

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

Case: vs LAS HADAS MEXICAN RESTAURANT
Date Of Injury: 9/7/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/11/12	DEPO PREP	@ THE L/O OF EARLY & MASLACH	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/07/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/29/12	PMT BY CHECK	DOS 1/11/12-2/7/12 # 8813544778	-406.50
04/18/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
06/18/13	WCAB LB	TRIAL (FULL DAY)	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/15/13	PMT BY CHECK	DOS 4/18/13-6/18/13 # 8814326317	-469.50

BALANCE 0.00

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

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

July 15, 2013

TRUCK INSURANCE EXCHANGE

Check Number: 8814326317
Date: 07/15/2013

Amount: $469.50******

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

Claimant/Patient:
Insured: LAS HADAS MEXICAN RESTAURANTS
Date of Loss: 09/07/2011
Claim Number: WC10049787
Correspondence Reference: 161P4P$4N

Claim Representative: MONA TOMASSINI
Office Phone Number: 8185402244

Additional Information:
INV#51090 If there are questions regarding the cashing of this check, please contact the Claims Handler at the toll free telephone number provided or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
04/18/13 - 06/18/13	Interpreter	$469.50

PAID JUL 17 2013

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

*** INVOICE ***

Date	NO#
07/16/13	58801

Claim # : 00512108109
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 3/19/89
Terms : 45 days

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

Case: vs CALIFORNIA FOOD MANAGEMENT
Date Of Injury: 10/9/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/10/13	DEPO PREP	@ THE L/O OF BENTHALE, MCKIBB IN & MCKNIGHT	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/21/13	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/10/13	PMT BY CHECK	DOS 5/10/13-5/21/13 # 32678818	-406.50

BALANCE 0.00

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

NATIONAL SURETY CORPORATION
2995 PROSPECT PARK DRIVE
SUITE 200
RANCHO CORDOVA CA 95670

Policy No. WZC 80998984 Claim No. B005C12108109

Insured CALIFORNIA FOOD MANAGEMENT LLC HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS

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

Division Code

Bank Number B1

Invoice Number

PAID JUL 16 2013

58801

Explanation For INV#58801/1
SERVICES RENDERED

Please contact our office with questions concerning this payment or claim. Any error in payee name, address or tax identification number should be reported immediately.

Representative Name DOREEN M PETERSEN Phone No. (415)899-3969

From 05/10/13 Thru 05/21/13 IRS# R330956713 Check Distribution M
Processor ID 780F348 Check Amount $406.50

Producer Name VALLEY INSURANCE SERVICE, INC Check No. 32678818
Producer City COVINA St. CA

Date of Loss 10/11/12
Issue Date 07/10/13

HP

* 0 0091 1 000000 1 0 13G*
CDCG.A160.A

CF60S

Detach And Retain For Your Records

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

*** INVOICE ***

Date	NO#
07/16/13	58970

Claim # : 490818; 490815
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 11/28/84
Terms : 45 days

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

Case: vs JSP VENTURA INC. DBA STAR #2
Date Of Injury: 1/12/12; 12/20/11

DOS	SERVICE	DESCRIPTION	AMOUNT
05/31/13	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/12/13	PMT BY CHECK	DOS 5/31/13 # 261552	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

July 12, 2013
Our Ref : 490818
Your Ref : INV#58970

RE: (JSP VENTURE, INC.) DOI:01/12/12

Service Date	Service Code	Your Charge	Allowed Charge	Difference Charge	Adjustment Code
05/31/13	FEE	250.00	250.00	0.00	
	TOTAL $	250.00	250.00	0.00	

Please find attached our check # 261552 for $250.00.
This check covers bills from May 31, 2013 through May 31, 2013.

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

Sincerely,
Vanessa Desai
Claims Examiner

PAID JUL 16 2013

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#
07/16/13	54268

Claim # : 30120441172-001
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 12/4/64
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14563)
W.C. DEPARTMENT
ATTN: JOSE ALVAREZ
P.O. BOX 14563
LEXINGTON, KY 40512

Case: vs FOOD 4 LESS/RALPH'S/KROGER CO.
Date Of Injury: 1/1/03

DOS	SERVICE	DESCRIPTION	AMOUNT
07/31/12	EMG TESTING	& NCV REF BY DR KOMBERG: U/E & L/E @ CALIF IMAG*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
08/07/12	MRI	REF BY DR KOBMERG: C/S, BIL ELBOWS*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/02/12	DEPO PREP	@ THE L/O OF BRADY, VORWERCK, RYDER & CASPINO	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/30/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
12/14/12	PMT BY CHECK	DOS 7/31/-12-10/30/12 # 0002315226	-706.50
04/09/13	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/15/13	PMT BY CHECK	DOS 4/9/13 # 0002412559	-156.50
06/10/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II (4H 20M)	500.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
07/11/13	PMT BY CHECK	DOS 6/10/13 # 0002446741	-500.00

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#
07/16/13	54268

Claim # : 30120441172-001
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 12/4/64
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14563)
W.C. DEPARTMENT
ATTN: JOSE ALVAREZ
P.O. BOX 14563
LEXINGTON, KY 40512

Case: vs FOOD 4 LESS/RALPH'S/KROGER CO.
Date Of Injury: 1/1/03

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
P O Box 14563
Lexington, KY 40512-4563

DATE	CHECK AMT	CHECK NO.
07/11/2013	500.00	0002446741

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

SCMS UNIT	PAGE
300 Sedgwick Claims Management Services	001

*002397 0002446741 00001 OF 00001 OAM 130711 1202

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

PAID JUL 16 2013

54268

Claimant Name	Loss Date	Claim Number	SSN
	01/01/2003	30120441172-0001	

Amt Paid: 500.00 Description: Miscellaneous Medical
Amt Billed: 500.00 Invoice: 54268 ICN: 144901452.338
Dates: 07/31/2012 - 06/27/2013 Comment: 5120130703028835

MR

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

E1991.PRM (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#
07/16/13	59008

Claim # : B352301156-001;54-0001-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 6/28/71
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W.C. DEPARTMENT
ATTN: JANNY MARTINTECK
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case: vs MCDONALDS
Date Of Injury: 3/26/11; 3/27/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/05/13	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
07/10/13	PMT BY CHECK	DOS 6/5/13 # 0042007471	-156.50

BALANCE 0.00

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

DATE	CHECK AMT	CHECK NO.
07/10/2013	156.50	0042007471

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

SCMS UNIT	PAGE
523 Sedgwick Claims Management Services	001

*006306 0042007471 00001 OF 00001 OPM 130709 1506

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

PAID JUL 16 2013

Claimant Name	Loss Date	Claim Number	SSN
	03/27/2011	B352301154-0001-01	

Amt Paid: 156.50 Description:
Amt Billed: 156.50 Invoice: 59008 ICN: B352301154000101
Dates: 06/05/2013 - 06/05/2013 Comment:

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

E1991.1 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#
07/16/13	54043

Claim # : E3269193
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 10/22/65
Terms : 45 days

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

Case: vs UNIVERSAL BUILDING MAINTENANCE
Date Of Injury: 1/10/12

DOS	SERVICE	DESCRIPTION	AMOUNT
06/27/12	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH (3.5 HRS)	402.50
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
08/08/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
09/06/12	MRI	REF BY DR KATTAR: C/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
09/12/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
10/24/12	PR2/REEVAL	DR KATTAR* AUGUSTO SALAZAR # 500286	180.00
02/20/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
04/04/13	P AND S	DR KATTAR @ GARFIELD HEALTH*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
07/10/13	PMT BY CHECK	DOS 6/27/12-4/4/13 # 102139151	-1502.50

BALANCE 0.00

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

CNA

001214

JOYCE ALTMAN INTERPRETERS INC

PAID JUL 16 2013

PO BOX 4165
TUSTIN CA 92781

54043

* To expedite handling of your claim, please include our claim number on all future correspondence to us.						Claim Number * E3 269193VG	
Insured/Client UNIVERSAL PROTECTION SERV.		Claimant				ATT	07/10/13
Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
01/10/12		06/27/12-04/04/13	MED	21		DR	$1,502.50
							$1,502.50

Reason
INV 54043 INTER/DR KATTAR

To ensure timely delivery of your check, please verify that the address on this check is complete and correct. If not, please notify your claims representative with the correct information. Thank you.

ACCIWF 02.28.13

PLEASE DETACH BEFORE CASHING

CNA
Continental Casualty Company
Chicago, IL 60604

UNDERWRITTEN BY:
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVAN

102139151
Date Issued
07/10/13

66-156
531
Bank Acct.
4759628092

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

Claim Number	Desk Code	Insured/Client	Issuing Off. No.
E3 269193	VG	UNIVERSAL PROTECTION SERV.	2C
Prefix & Contract No. WC -2074980944		Claimant	Date of Loss 01/10/12
From-thru (Dates) 06/27/12	In Payment of 04/04/13	INV 54043 INTER/DR KATTAR	

PAY ONE THOUSAND FIVE HUNDRED TWO AND 50/100THS ---------- Dollars

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

******$1,502.50

Wells Fargo Bank, N.A

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

⑈102139151⑈ ⑆053101561⑆ 4759628092⑈

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

*** INVOICE ***

Date	NO#
07/15/13	55910

Claim # : 30110739351-0001
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 6/4/66
Terms : 45 days

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

Case: vs ROSS
Date Of Injury: 7/28/11

DOS	SERVICE	DESCRIPTION	AMOUNT
10/31/12	WCAB LB	EXP. HEARING	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/01/13	PMT BY CHECK	DOS 10/31/12 # 0039526293	-156.50
06/18/13	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
07/09/13	PMT BY CHECK	DOS 6/18/13 # 0042211996	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

DATE	CHECK AMT	CHECK NO.
07/09/2013	156.50	0042211996

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

SCMS UNIT	PAGE
100 Sedgwick Claims Management Services	001

003889 0042211996 00002 OF 00002 0AM 130709 1120

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

PAID JUL 15 2013

SS910

Claimant Name	Loss Date	Claim Number	SSN
	07/28/2011	30110739351-0001	

Amt Paid: 156.50 Description:
Amt Billed: 156.50 Invoice: ICN: 301107393510001
Dates: 10/31/2012 - 06/18/2013 Comment:

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

E1991 FRM (02-28-01)

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

*** INVOICE ***
Date NO#
07/15/13 58729

Claim # : WC10068663
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 7/3/66
Terms : 45 days

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

Case: vs ADVANCE PAPER BOX
Date Of Injury: 11/23/11

DOS	SERVICE	DESCRIPTION	AMOUNT
04/12/13	SURGERY	DR PELTON: RT SHDR/WRIST @ MONROVIA HOSP (9HRS)	810.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/11/13	PMT BY CHECK	DOS 4/12/13 # 8814321456	-810.00

BALANCE 0.00

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

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

July 11, 2013

MID-CENTURY INSURANCE COMPANY

Check Number: 8814321456
Date: 07/11/2013

Amount: $810.00******

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

Claimant/Patient:
Insured: ADVANCE PAPER BOX COMPANY
Date of Loss: 11/23/2011
Claim Number: WC10068663
Correspondence Reference: RRB7S4XBN

Claim Representative: Evelyne Sanchez Caraballo
Office Phone Number: 8185402214

Additional Information:
58729 If there are questions regarding the cashing of this check, please contact the Claims Handler at the toll free telephone number provided or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
04/12/13 - 04/12/13	Interpreter	$810.00

PAID JUL 15 2013

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

*** INVOICE ***

Date	NO#
07/10/13	58767

Claim # : 340298605039
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 6/8/68
Terms : 45 days

BILL TO:
GOLDEN EAGLE INS (L.A. 515099)
W.C. DEPARTMENT
ATTN: SARA JOBST
P.O. BOX 515099
LOS ANGELES, CA 90051

Case: vs CRESCENTINI GIULIANO
Date Of Injury: 9/6/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/23/13	DEPO PREP	@ THE L/O OF HUTCHING COURT REPORTERS	156.50
/ /	INTERPRETER:	VERA DARLING # 301418	0.00
05/15/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/24/13	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/06/13	PMT BY CHECK	DOS 4/23/13-5/15/13 # 612725	-406.50
06/30/13	PMT BY CHECK	DOS 5/24/13 # 612855	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Safeco Insurance™

Member of Liberty Mutual Group

Check No. 612855

ISSUE DATE JUN 30, 2013

CLAIMS ACCOUNTING
P.O. BOX 461
ST. LOUIS, MO 63166-0461

PAID JUL 10 2013

CLAIM NO. 340298605039
ACS REF NO. 19W122511362
POLICY NO. 0A03654167

LOSS DATE 09-06-12

ADJUSTER:
SARAH A JOBST
PHONE NO: 1-800-332-3226

AGENT: 17-2526
WEAVER & ASSOC INC

58767

JOYCE ALTMAN
PO BOX 4165
TUSTIN CA 92781-4165

PAYMENT PERIOD:
05-24-13 TO 05-24-13

COVERAGES PAID THIS CHECK:

250.00 WC MED

***250.00 TOTAL PAID THIS CHECK

INSURED: CRESCENTINI, GIULIANO
CLAIMANT:
IN PAYMENT OF: INTERPRETER FEES

Tear on Perforation

W-1046

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

*** INVOICE ***

Date	NO#
07/10/13	58115

Claim # : EKE4118; ESB9403
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/17/54
Terms : 45 days

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

Case: vs SNACK KING CORPORATION
Date Of Injury: 9/3/10;7/31/02-8/12

DOS	SERVICE	DESCRIPTION	AMOUNT
01/31/13	PRE-OP	DR JARCHI @ MONROVIA HOSPITAL (3hrs 15mins)	292.50
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
02/08/13	SURGERY	DR PELTON: RT FINGER @ MONRO. HOSPITAL (7hrs 15m)	652.50
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
07/05/13	PMT BY CHECK	DOS 1/31/13-2/8/13 # 891A 84024762	-945.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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000987

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933
SB00470

891A 84024762

TRAVELERS

DATE: 07/05/13
LOSS DATE: 09/03/10
FILE NUMBER: 158 CB EKE4118 N

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

PAID JUL 10 2013

EMPLOYEE

ACCOUNT NAME:
SNAK KING CORPORATION

TRAVELERS CAS & SURETY COMPANY

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 01/31/2013 TO: 02/08/2013

TOTAL PAID: $945.00
TAX INFO: 330956713331748 1Y
PAY MISC: 58115
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

MR

FOR ADDITIONAL INFORMATION, CONTACT: JOEL P ROMERO AT (925)945-4429

186010517
DETACH CHECK

UNSUMM-1113i
OVRPUNS2-12129
DETACH CHECK

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

*** INVOICE ***

Date	NO#
07/03/13	58245

Claim # : WC10030527
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. : 3/8/60
Terms : 45 days

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

Case: vs DANIEL T. CHUNG & JASMINE CHUN
Date Of Injury: 10/9/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/20/13	DEPO PREP	@ THE L/O OF EARLY, MASLACH & O'SHEA	156.50
/ /	INTERPRETER:	ARMANDO BARRERA # 22053579	0.00
06/13/13	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/01/13	PMT BY CHECK	DOS 2/20/13-6/13/13 # 3812057211	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

July 1, 2013

FIRE INSURANCE EXCHANGE

Check Number: 3812057211
Date: 07/01/2013

Amount: $313.00******

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

58245

To the order of
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

Claimant/Patient:			
Insured:	DANIEL CHUNG		
Date of Loss:	10/09/2010	Claim Representative:	MONA TOMASSINI
Claim Number:	WC10030527	Office Phone Number:	8185402244
Correspondence Reference:	1R47PMW0N		

Additional Information:
inv#58245 If there are questions regarding the cashing of this check, please contact the Claims Handler at the toll free telephone number provided or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
02/20/13 - 06/13/13	Communications	$313.00

PAID JUL 03 2013

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

*** INVOICE ***

Date	NO#
07/01/13	57824

Claim # : 80700159260; 80700163374
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 3/22/51
Terms : 45 days

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

Case: vs BAYCO FINANCIAL
Date Of Injury: 11/22/06; 10/31/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/07/13	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
		@ THE L/O OF DENNIS FUSI	156.50
06/12/13	DEPO PREP	PATRICIA HAYES # 100761	0.00
/ /	INTERPRETER:	DOS 2/7/13-6/12/13	-313.00
06/27/13	PMT BY CHECK	# 200994938	

BALANCE 0.00

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

EMPLOYERS®

Employers Compensation Insurance Company
PO Box 539004 Henderson, NV 89053-9004

Check Number: 200994938
Check Date: 06/27/2013

Claim Number: 80700163374
Injured Employee: [redacted]

Payment Description: Photocopy other non-med records, death certificate
Billed Date: 06/20/2013
Service Period: 02/07/201 throug 06/12/201
Invoice Number: 57824
Billed Amount: $313.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $313.00

Check Total: **$313.00**

PAID JUL 01 2013

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

*** INVOICE ***

Date	NO#
08/12/13	59077

Claim # : 99313450049896
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 11/29/71
Terms : 45 days

BILL TO:
ESIS WC (SCRANTON 6569)
W.C. DEPARTMENT
ATTN: JORDAN SMITH
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs LABOR READY
Date Of Injury: 3/15/12

DOS	SERVICE	DESCRIPTION	AMOUNT
06/18/13	DEPO PREP	@ THE L/O OF SILVERII & ASSOCIATES	156.50
/ /	INTERPRETER:	TERESA WILSON-SUMMERVILLE # 100535	0.00
07/11/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
08/08/13	PMT BY CHECK	DOS 6/18/13-7/11/13 $ FE45770975	-406.50

BALANCE 0.00

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PDWLDMCD-002035-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 08/08/13

CHECK NO. **FE45770975**

STATEMENT **ESIS**

An Insurance Services Company
ESIS, Inc.

5900C13FE 00 00503 FE45770975
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX #4165
TUSTIN CA 92781-4165

FILE ID
9931345004989

DOLLARS
$********406.50

* NOT NEGOTIABLE *

FOR
06/18/13 THRU 07/11/13 59077

CLAIMANT

DATE OF EVENT
03/15/12

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

RECEIVED JUL 12 2013

PDWLDMCD-002035-01-01-00

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#
08/12/13 58797

Claim # : 30130234906-0001
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 10/17/76
Terms : 45 days

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

Case: vs SECURITAS SECURITY SRV
Date Of Injury: 1/24/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/09/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/15/13	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
08/09/13	PMT BY CHECK	DOS 5/9/13-7/15/13 # 0043341813	-406.50

BALANCE 0.00

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Sedgwick Claims Management Services, Inc
P O Box 14522
Lexington, KY 40512-4497

0000441 0000507 0001 0001 JOB33805 01 130809132610230000299

DATE	CHECK AMOUNT	CHECK NUMBER
08/09/2013	406.50	0043341813

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

SCMS UNIT	PAGE
672 Sedgwick Claims Management Services, Inc	001

441 1 MB 0.405 92781 JOB33805 DL 1 1
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781-4165

RECEIVED JUL 12 2013

Claimant Name	Loss Date	Claim Number	SSN
	01/24/2013	30130234906-0001	

Amt Paid: 406.50
Amt Billed: 406.50
Dates: 05/09/2013 - 07/15/2013
Description:
Invoice: 58797
Comment:
ICN: 301302349060001

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

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

*** INVOICE ***

Date	NO#
08/15/13	58861

Claim # : ETQ2310
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 2/18/48
Terms : 45 days

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

Case: vs E.C. GROUP, INC.
Date Of Injury: 8/7/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/03/13	SURGERY	DR PRADHAN: L/S @ MONROVIA HOSPITAL (7hr 10mn)	652.50
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/06/13	PMT BY CHECK	DOS 5/6/3 # 891A 84131023	-652.50

BALANCE 0.00

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THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933
SB00015

891A 84131023

TRAVELERS

DATE: 08/06/13
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

Our Customer Service Phone is 1-800-842-7354
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
F <	158 CB EMW4144K	04/07/11	$ 230.00		43975 43975
	158 CB ETQ2310T	05/03/13	$ 652.50		58861 58861

RECEIVED JUL 12 2013

Total Amount Paid $******882.50

SUMM 111311
OVRPSUM2-021509

218010017
DETACH CHECK

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 84131023 62-20 311

VOID

DATE	ACCOUNT NUMBER	TIN NUMBER	FILE NUMBER
08/06/13	J99	330956713	SUMMARIZED

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

EIGHT HUNDRED EIGHTY TWO AND 50/100 ----------

PAY: $******882.50

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

000032
SB00015

Maria Olivo
AUTHORIZED SIGNATURE

⑈84131023⑈ ⑆031100209⑆ 3862126 7⑈

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

*** INVOICE ***

Date	NO#
10/04/13	59306

Claim # : 30111046509
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 1/30/51
Terms : 45 days

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

Case: vs HERTZ CORP.
Date Of Injury: 10/18/11

DOS	SERVICE	DESCRIPTION	AMOUNT
07/10/13	ADMISSION	DR WILKER @ MONROVIA HOSP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/11/13	SURGERY	DR WILKER: C/S @ MONROVIA HOSP. (7 HRS)	630.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
10/01/13	PMT BY CHECK	DOS 7/10/13-7/11/13 # 0043488522	-810.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

DATE	CHECK AMT	CHECK NO.
10/01/2013	810.00	0043488522

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

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services	001

*004248 0043488522 00001 OF 00002 0AM 131001 1101

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

PAID OCT 04 2013

59306

Claimant Name	Loss Date	Claim Number	SSN
	10/18/2011	30111046509-0001	

Amt Paid: 810.00 Description: Miscellaneous Medical
Amt Billed: 810.00 Invoice: 59306 ICN: 114987414.6
Dates: 07/10/2013 - 07/11/2013 Comment:

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

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

*** INVOICE ***

Date	NO#
10/04/13	59445

Claim # : WC011385985; WC2011385985
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/15/65
Terms : 45 days

BILL TO:
CHUBB GROUP (DALLAS)
W.C. DEPARTMENT
ATTN: AILIN TOROSIN
P.O. BOX 660403
DALLAS, TX 75266

Case: vs THE STANDARD
Date Of Injury: 12/13/11

DOS	SERVICE	DESCRIPTION	AMOUNT
07/11/13	SURGERY	DR WILKER: RT KNEE @ MONROVIA HOSPITAL (6.5 HRS)	585.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
09/27/13	PMT BY CHECK	DOS 7/11/13 # 8637230	-585.00

BALANCE 0.00

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

CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 4th Floor
Los Angeles, CA 90071

Payment Summary

Claim Ref #: 022612012655
Policy: 000071737110
Occurence: 000572
Date of Loss: 12/13/2009

SSN#/TIN#: XXXXXXXXXX
Payee: Joyce Altman Interpreters

Insured: Balazs Investors, Llc

Page: 1 of 1
Check Number: 8637230
Print Date: 09/30/2013
Issue Date: 09/27/2013
Invoice Number: 59445
Invoice Date:

DATE	CLAIMANT	DESCRIPTION	BILLED	REDUCTION	AMOUNT
07/11/2013-	"	Translator	585.00	0.00	585.00

PAID OCT 04 2013

CHECK TOTAL:	585.00	0.00	585.00

Comments: invoice 59445; dos 7/11/13

Claim Representative: AILIN TOROSIAN

Phone:

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

*** INVOICE ***

Date	NO#
10/03/13	59506

Claim # : CA12412155-0001
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 1/13/75
Terms : 45 days

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

Case: vs TARGET
Date Of Injury: 8/25/12

DOS	SERVICE	DESCRIPTION	AMOUNT
08/08/13	SURGERY	DR WILKER: L/KNEE ARTHROSCOPY (8HRS)	720.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/30/13	PMT BY CHECK	DOS 8/8/13 # 0038618501	-720.00

BALANCE 0.00

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

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

DATE	CHECK AMT	CHECK NO.
09/30/2013	720.00	0038618501

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

SCMS UNIT	PAGE
213 Sedgwick Claims Management Services	001

*003862 0038618501 00001 OF 00001 OPM 130927 1503

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

PAID OCT 03 2013

Claimant Name	Loss Date	Claim Number	SSN
	08/25/2012	CA12412155-0001	

Amt Paid: ~~720.00~~ Description:
Amt Billed: 720.00 Invoice: 59506 ICN: CA124121550001
Dates: 08/08/2013 - 08/08/2013 Comment:

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

E1991.FRM (02-28-01)

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

*** INVOICE ***

Date	NO#
09/24/13	59409

Claim # : 4100-12-0704
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 2/12/77
Terms : 45 days

BILL TO:
SPRINGFIELD INS CO (COVINA)
W.C. DEPARTMENT
ATTN: PATIA VELASQUEZ
P.O. BOX # 3029
COVINA, CA 91722

Case: __ vs LA BARATA SUPERMARKET
Date Of Injury: 9/18/12

DOS	SERVICE	DESCRIPTION	AMOUNT
08/05/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOSE GARCIA # 301005	0.00
09/19/13	PMT BY CHECK	DOS 8/5/13 # 606487	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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4100-12-0704

Invoice# : 59409
From : 08-05-13 Thru: 08-05-13

11 MISCELLANEOUS EXPENSE 156.50

TOTAL PAID: $156.50

DOI : 09-18-12
LOC# :
TRANS# : 536018

0606487*25

PAID SEP 24 2013

TP#: 07

THE ORIGINAL DOCUMENT HAS A WHITE REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW. DO NOT CASH IF NOT PRESENT.

SPRINGFIELD INSURANCE COMPANY
c/o U.G.I.S. CLAIMS DIVISION
PO BOX 3029, Covina CA 91722
Telephone (626) 915-1951
WORKER'S COMPENSATION ACCOUNT

UNION BANK
HEADQUARTERS OFFICE
445 S. FIGUEROA STREET
LOS ANGELES, CA 90071

WC 606487

11-49
1210

09-19-13

$**156.50

PAY ONE HUNDRED FIFTY AND 50 CENTS

Not Valid Unless Presented Within 90 Days
UNIFIED GROCERS
INSURANCE SERVICES, INC., ADMINISTRATOR

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS
JAI INC. 2002
P. O. BOX 4165
TUSTIN, CA 92781

MUST HAVE TWO SIGNATURES IF OVER $2,499.99

"606487" :122000497: 07004247 66"

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

*** INVOICE ***

Date	NO#
09/23/13	55910

Claim # : 30110739351-0001
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 6/4/66
Terms : 45 days

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

Case: vs ROSS
Date Of Injury: 7/28/11

DOS	SERVICE	DESCRIPTION	AMOUNT
10/31/12	WCAB LB	EXP. HEARING	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/01/13	PMT BY CHECK	DOS 10/31/12 # 0039526293	-156.50
06/18/13	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
07/09/13	PMT BY CHECK	DOS 6/18/13 # 0042211996	-156.50
08/21/13	WCAB LB	TRIAL (FULL DAY)	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585 (AM)	0.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566 (PM)	0.00
09/19/13	PMT BY CHECK	DOS 8/21/13 # 0044635089	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

DATE	CHECK AMT	CHECK NO.
09/19/2013	313.00	0044635089

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

SCMS UNIT	PAGE
100 Sedgwick Claims Management Services	001

004074 0044635089 00002 OF 00002 OAM 130919 1057

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

PAID SEP 23 2013

Claimant Name	Loss Date	Claim Number	SSN
	07/28/2011	30110739351-0001	

Amt Paid: 313.00 Description:
Amt Billed: 313.00 Invoice: 55910 ICN: 301107393510001
Dates: 09/11/2013 - 09/11/2013 Comment:

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

ESOT-EPM (02.28.01)

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

*** INVOICE ***

Date	NO#
03/12/14	60682

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

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

Case: vs SOUTHERN CALIFORNIA PIZZA
Date Of Injury: 6/1/12

DOS	SERVICE	DESCRIPTION	AMOUNT
01/14/14	DEPO PREP	@ THE L/O OF ADELSON, TESTAN, BRUNDO, NOVELL	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
01/27/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/05/14	C&R READING	@ THE L/O OF DENNIS FUSI (BLOCK SETTLEMENT)	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/07/14	PMT BY CHECK	DOS 1/14/14-1/27/14* # 25826808	-406.50
03/07/14	PMT BY CHECK	DOS 1/14/14-1/27/14* # 25826807	-156.50

BALANCE 0.00

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P4000028001

201403074005

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

Electronic Service Requested

6 OF 7 F

ENV 150

SINGLE PIECE
150 1.5865 SP 0.690

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

Check No.: 25826807
RFP No.: 741638
Check Date: 03/07/2014
Check Amount: 156.50
Insured: SOUTHERN CALIFORNIA PIZZA CO
Claimant:

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

PAID MAR 12 2014

60682

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000006517295	00876258	01	06/01/2012	MED	O	156.50
					Total Amount	156.50

Reason for Payment
011414-012714

Use File # 710/ 00876258 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028001

201403074005

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

Electronic Service Requested

SINGLE PIECE
150 1.5865 SP 0.690

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

PAID MAR 12 2014

Check No.: 25826808
RFP No.: 741653
Check Date: 03/07/2014
Check Amount: 406.50
Insured: SOUTHERN CALIFORNIA PIZZA CO
Claimant:

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

60682

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000006517295	00876258	01	06/01/2012	MED	O	406.50
				Total Amount		406.50

Reason for Payment
011414-012714

Use File # 710/ 00876258 on all correspondence for prompt processing.
For check information call: 877-802-5246

7 OF 7 F

ENV 150

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

*** INVOICE ***

Date	NO#
02/17/14	59226

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

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W.C. DEPARTMENT
ATTN: BARBERA SCHWEERS
P.O. BOX # 14440
LEXINGTON, KY 40512

Case: vs SPHERION STAFFING SERVICES
Date Of Injury: 4/2/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/01/13	WCAB LB	EXPEDITED HEARING	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/17/13	WCAB LB	EXPEDITED HEARING	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/04/13	PMT BY CHECK	DOS 7/1/13-10/17/13 # 0045610453	-313.00
01/09/14	WCAB LB	EXPEDITED HEARING	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/07/14	PMT BY CHECK	DOS 1/9/14* # 0046954722	-156.50

BALANCE 0.00

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P6905028006

Sedgwick Claims Management Services, Inc
P O Box 14440
Lexington, KY 40512-4440

201402070111

Electronic Service Requested

1 OF 1

ENV 841

MIXED AADC 926
841 0.3820 MB 0.432

JOYCE ALTMAN INTERPRETERS 122
P.O. BOX 4165
TUSTIN, CA 92781-4165

DATE	CHECK AMT	CHECK NO.
02/07/2014	156.50	0046954722

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
	04/02/2010	30100441148-0001

Amt Paid: 156.50 Description: Miscellaneous Medical
Amt Billed: 156.50 Invoice: 59226 ICN: 156700414.338
Dates: 01/09/2014-01/09/2014 Comment:

PAID FEB 17 2014

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

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

*** INVOICE ***

Date	NO#
02/17/14	60288

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

BILL TO:
INSURANCE CO. OF THE WEST (WH)
W.C. DEPARTMENT
ATTN: ANTHONY VIGIL
5855 TOPANGA CANYON BLVD., 530
WOODLAND HILLS, CA 91362

Case: vs HOLLYWOOD PARK CASINO
Date Of Injury: 3/4/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/14/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/12/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/12/14	PMT BY CHECK	DOS 11/14/13-12/12/13* # 0000452382	-406.50

BALANCE 0.00

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

Check Date: 02/12/2014
Check Number: 0000452382
Check Amount: $406.50

7GYW1Y

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, 7GYW1Y

00439 JOP1ZS01 1Z 6300016634-6300597955

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID FEB 17 2014

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-13-02685		03/04/2013	60288	43	11/14/2013	12/12/2013	$406.50

Cat	SubPC	Stub Notes	Stub Amount
43		MISC EXPENSE	$406.50
			$406.50

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#
02/20/14	29282

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

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

Case: vs CARL'S JR.
Date Of Injury: 2/12/07

DOS	SERVICE	DESCRIPTION	AMOUNT
01/21/08	PR2/REEVAL	DR FONSECA*	180.00
03/17/08	PR2/REEVAL	DR FONSECA*	180.00
03/25/08	PMT BY CHECK	DOS 1/21/08 # 896D 54369927	-180.00
03/28/08	PMT BY CHECK	DOS 3/17/08 # 896D 54603486	-180.00
05/12/08	PR2/REEVAL	DR FONSECA*	180.00
05/23/08	PMT BY CHECK	DOS 5/12/08 # 896D 58094676	-180.00
09/15/08	PR2/REEVAL	DR FONSECA @ NOBLE COMMUNITY*	180.00
10/10/08	PMT BY CHECK	DOS 9/15/08 # 896D 66390633	-180.00
10/27/08	PR2/REEVAL	DR FONSECA @ NOBLE COMMUNITY*	180.00
11/17/08	PMT BY CHECK	DOS 10/27/08 # 896D 68695812	-180.00
01/31/11	WCAB LB	MSC - SABINE SKELTON # 300884	156.50
03/14/11	PMT BY CHECK	DOS 1/31/11 # 896D 77934530	-156.50
05/23/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
06/06/11	PMT BY CHECK	DOS 5/23/11 # 896D 78397905	-156.50
10/10/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
12/04/13	DEPO PREP	@ THE L/O OF ALTMAN AND LUNCHE	156.50
/ /	INTERPRETER:	PATRICIA LYMAN # 100694	0.00
01/09/14	PMT BY CHECK	DOS 10/10/13-12/4/13* # 896D 83512971	-313.00
01/09/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/14/14	PMT BY CHECK	DOS 1/9/14* # 896 83695840	-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#
02/20/14	29282

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

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

Case: 's CARL'S JR.
Date Of Injury: 2/12/07

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

001153

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

SB00554

896D 83695840

TRAVELERS

DATE: 02/14/14
LOSS DATE: 02/12/07
FILE NUMBER: 152 CB CDA7315 P

EMPLOYEE

ACCOUNT NAME:
CKE RESTAURANTS 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: 01/21/2008 TO: 01/09/2014

TOTAL PAID: $250.00
TAX INFO: 330956713547893 9Y
PAY MISC: 29282
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID FEB 20 2014

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

045010599
DETACH CHECK

UNSUMM
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
02/19/14	60172

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

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

Case: vs PREMIER FRAMING
Date Of Injury: 5/6/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/21/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
01/08/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/11/14	PMT BY CHECK	DOS 10/21/13-1/8/14* # 0107470964	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

002979 PAGE 1 OF 1 006539

MDG2009 00004643 1 MB 0435 1

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

PAID FEB 19 2014

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS OF PA

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

CLAIM NO.: 002979 040301 WC 01 (1W0368001)
CLAIMANT:
DESCRIPTION: INV# 60172 DOS 10/21/13-1/8/14

BRANCH NO.: 170
ACC DATE: 06May13

NO.: 0107470964
VN: 0001311581
DATE: 11Feb14

DATES OF SERVICE: 21Oct13 **THRU** 08Jan14
BENEFIT PERIOD: **THRU**

AMOUNT: 313.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004643 005333 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#
02/24/14	60820

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

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

Case: vs PRO SEW, INC.
Date Of Injury: 1/23/04

DOS	SERVICE	DESCRIPTION	AMOUNT
01/30/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/21/14	PMT BY CHECK	DOS 1/30/14* # CP-760035	-156.50

BALANCE 0.00

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Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: **CP-760035**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 02/21/14
Doc #: 027941240

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 01457957		
1	60820	01/30/14	01/30/14	Interpreter fees	1		156.50
						Total Allowances:	**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01457957	156.50	.00	156.50

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

Notations:
01457957 INV# 60820;

PAID FEB 24 2014

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

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

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

*** INVOICE ***

Date	NO#
03/03/14	58769

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

BILL TO:
MARRIOTT CLAIMS SVCS (29210)
W.C. DEPARTMENT
ATTN: MARIAN BELL
P.O. BOX 29210
HOT SPRINGS NATIONAL PARK, AR 71903

Case: vs MARRIOTT HOTEL
Date Of Injury: 1/1/11

DOS	SERVICE	DESCRIPTION	AMOUNT
04/24/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
06/19/13	PMT BY CHECK	DOS 4/24/13 # 86931888	-156.50
01/15/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
02/26/14	PMT BY CHECK	DOS 1/15/14* # 87026914	-156.50

BALANCE 0.00

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MCS - on behalf of Marriott

WC (Employee Work Injury)

PO Box 261866 Plano, TX 75026-1866

Payee: Joyce Altman Interpreting, Inc.
Employer: ANAHEIM MARRIOTT
Claim Number: 346563
Claimant Name:
Injury Date: 01/01/2011
Description: Translation/Medical
Instruction: No Attachment or Special Instruction Required
Comment:

IRS/SSN: 330956713
Check Number: 87026914
Claimant SSN:
Invoice Number: 58769
Account Number:

Examiner: ABATES
Check Total: 156.50
Check Date: 02/26/2014
From Date: 01/15/2014
Through Date: 01/15/2014
Status: Open
Delivery Type: Regular Mail

Document Number:

PAID MAR 0 3 2014

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

*** INVOICE ***

Date	NO#
03/03/14	60334

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

BILL TO:
PRESERVER INS (IRVINE)
W.C. DEPARTMENT
ATTN: SANDEPP VERMA
P.O. BOX 17059
IRVINE, CA 92623

Case: vs E. LA REGIONAL CENTER
Date Of Injury: 9/27/11

DOS	SERVICE	DESCRIPTION	AMOUNT
11/26/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
01/09/14	WCAB LB	TRIAL - CARMEN GUZMAN #100585 (FULL DAY)	313.00
02/21/14	PMT BY CHECK	DOS 11/26/13-2/9/14* # 2015387018	-469.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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FM #8009080 092010

E

PICTWS

TOWER GROUP COMPANIES

Member Company
Preserver Insurance Company
120 Broadway, 31st Floor
New York, NY 10271

Check Number: **2015387018**
Date: 2/21/2014
Amount: $469.50

000 0002350 00000000 001 002 01002 INS: 0 0
JOYCE ALTMAN INTEPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

1002

PAID MAR 03 2014

Claim Number 111W13146561
JOYCE ALTMAN INTEPRETERS INC

Claim#	Invoice#	FromDate	To Date	Insured Name	Claimant Name	Amount
Inv Date	Reason					
111W13146561	60334	11/26/13	01/09/14	EASTERN LOS ANGELES REGIONAL		469.50

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

*** INVOICE ***

Date	NO#
03/03/14	59714

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

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

Case: vs TONY REED
Date Of Injury: 9/28/12

DOS	SERVICE	DESCRIPTION	AMOUNT
08/28/13	SURGERY	DR GALLONI: LT KNEE @ MONROV-IA HOSP (7HRS 45MNS)	697.50
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/28/14	PMT BY CHECK	DOS 8/28/13* # 128364	-697.50

BALANCE 0.00

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FIRST COMP
MARKEL Insuring America's Small Business®
PO Box 3188
Omaha, NE 68103-0188

Claims Disbursement

Claim Number: MCA900093817
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 128364
Check Date: 02/28/2014
Check Amount: 697.50

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: MWC0029438
CLAIMS TYPE: ME EXPENSE TYPE: 15

PAID MAR 03 2014

Invoice Number: 59714
Invoice Date: 10/24/2013

Service From: 08/28/2013 **Service To:** 08/28/2013

Claimant First Name:
Claimant Last Name:

Additional Information: 08/28/2013 08/28/2013

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

*** INVOICE ***

Date	NO#
04/14/14	58960

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

BILL TO:
NATIONAL INTERSTATE (CLINTON)
W.C. DEPARTMENT
ATTN: KRISTIAN WALCH
P.O. BOX 2848
CLINTON, IA 52733

Case: vs SILVER STATE COACH INC
Date Of Injury: 7/5/10

DOS	SERVICE	DESCRIPTION	AMOUNT
05/29/13	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/23/13	PMT BY CHECK	DOS 5/29/13 # 5000066852	-156.50
02/24/14	WCAB LB	C&R READING @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/09/14	PMT BY CHECK	DOS 2/24/14* # 05000165829	-156.50

BALANCE 0.00

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NATIONAL INTERSTATE INSURANCE COMPANY

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

CHECK NUMBER [illegible]
CHECK DATE 04/09/14
VENDOR CODE POINT060446
CHECK AMOUNT $ 156.50

Invoice Date	Invoice No.	Description	Invoice Amt
04/08/14	KYL/01076339/7729834	INV 58960 DOS 02/24/14 GYD-WC	156.5

PAID APR 14 2014

MEMO:

NATIONAL INTERSTATE INSURANCE COMPANY
3250 INTERSTATE DRIVE
RICHFIELD, OHIO 44286
(330) 659-8900

Fifth Third Bank
Newport, KY
73-27/421

05000165829

DATE: APR 09, 2014

PAY: ONE HUNDRED FIFTY-SIX DOLLARS & 50/100

$********156.50

TO THE ORDER OF:

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

gary m. monda

⑈5000165829⑈ ⑆042100272⑆ 748161546⑈

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

*** INVOICE ***

Date	NO#
04/21/14	60605

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

BILL TO:
MARRIOTT CLAIMS SVCS -ARKANSAS
W.C. DEPARTMENT
ATTN: LISA TYSON
P.O. BOX # 29210
HOT SPRINGS, AZ 71903-9210

Case: vs MARRIOTT
Date Of Injury: 5/1/09 - 7/14/12

DOS	SERVICE	DESCRIPTION	AMOUNT
01/03/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/03/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/14/14	PMT BY CHECK	DOS 1/3/14-3/3/14* # 87044082	-406.50

BALANCE 0.00

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MCS - on behalf of Marriott

WC (Employee Work Injury)

PO Box 261866 Plano, TX 75026-1866

Payee: Joyce Altman Interpreting, Inc.
Employer: HOLLYWOOD RENAISSANCE,ROOMS
Claim Number: 417942
Claimant Name
Injury Date: 06/15/2012
Description: Translation/Medical
Instruction: No Attachment or Special Instruction Required
Comment:

IRS/SSN: 330956713
Check Number: 87044082
Claimant SSN:
Invoice Number: 60605
Account Number:

Examiner: LTYSON
Check Total: 406.50
Check Date: 04/14/2014
From Date: 01/03/2014
Through Date: 03/03/2014
Status: Open
Delivery Type: Regular Mail

Document Number:

PAID APR 21 2014

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

*** INVOICE ***

Date	NO#
04/21/14	60602

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

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

Case: vs EL CABALLERO COUNTRY CLUB
Date Of Injury: 5/25/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/20/13	SURGERY	DR PELTON: L/SHOULDER @ MONROVIA HOSPITAL	720.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049 (8HRS)	0.00
04/14/14	PMT BY CHECK	DOS 12/20/13* # 891A 84981087	-720.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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013905

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

SA06891

891A 84981087

TRAVELERS

DATE: 04/14/14
LOSS DATE: 05/25/13
FILE NUMBER: 152 CB EWJ2933 M

EMPLOYEE

ACCOUNT NAME:
EL CABALLERO COUNTRY CLUB

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 12/20/2013

TOTAL PAID: $720.00
TAX INFO: 330956713331748 1Y
PAY MISC: 60602
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID APR 21 2014

MJZ

FOR ADDITIONAL INFORMATION, CONTACT: JOCELYN D HAUBRUGE AT (909)612-3816

04007014
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#
04/24/14	59417

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

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

Case: vs BIGHORN COUNTRY CLUB/RD ENTERP
Date Of Injury: 11/30/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/07/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/26/13	PMT BY CHECK	DOS 8/7/13 # 670175	-250.00
03/11/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAEYS # 100761	0.00
04/21/14	PMT BY CHECK	DOS 3/11/14* # 697256	-250.00

BALANCE 0.00

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

Payment Summary

Claim Ref #: 023211021611
Policy: 000071737377
Occurence: 000008
Date of Loss: 11/30/2011

SSN#/TIN#: XXXXXXXXXX
Payee: Joyce Altman Interpreters

Insured: Bighorn Golf Club

Page: 1 of 1
Check Number: 694256
Print Date: 04/21/2014
Issue Date: 04/21/2014
Invoice Number: 59417
Invoice Date:

DATE	CLAIMANT	DESCRIPTION	BILLED	REDUCTION	AMOUNT
03/11/2014-03/11/2014		Translator	250.00	0.00	250.00

PAID APR 24 2014

CHECK TOTAL:	250.00	0.00	250.00

Comments: INV # 59417 DOS 3/11/14 INV DTD 3/28/14 ES

Claim Representative: KAREN OSTROM-RASURE Phone: (925)598-6027

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

*** INVOICE ***

Date	NO#
05/01/14	60601

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

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: 10/3/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/23/13	DEPO PREP	@ THE L/O OF GEORGE CORSON	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/13/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/17/14	PMT BY CHECK	DOS 12/23/13-2/13/14* # 0108233816	-406.50
04/01/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
04/17/14	PMT BY CHECK	DOS 4/1/14* # 0108993136	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

002086 PAGE 1 OF 1 003695

MDG2009 00004787 1 MB 0435 1

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

PAID APR 21 2014

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 012576 WC 01 (41094)
CLAIMANT:
DESCRIPTION: INVOICE# 60601

BRANCH NO.: 170
ACC DATE: 03Oct13

NO.: 0108993136
VN: 0000380571
DATE: 17Apr14

DATES OF SERVICE: 01Apr14 **THRU** 14Apr14
BENEFIT PERIOD: **THRU**

AMOUNT: 156.50

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004787 005410 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#
04/29/14	40124

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

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

Case: vs CASANOVA CONCRETE
Date Of Injury: 12/5/05

DOS	SERVICE	DESCRIPTION	AMOUNT
10/12/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
12/27/10	PMT BY CHECK	DOS 10/12/10 # CU-737516	-156.50
03/11/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
04/24/14	PMT BY CHECK	DOS 3/11/14* # CU-109667	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: **CU-109667**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 04/24/14
Doc #: 028213994

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 04347566		
1	40124	03/11/14	03/11/14	Interpreter fees	1		156.50
					Total Allowances:		**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
04347566	156.50	.00	156.50

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

Notations:
04347566 INVOICE #40124;

PAID APR 29 2014

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

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

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

*** INVOICE ***

Date	NO#
04/29/14	60728

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

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

Case: vs TARGET
Date Of Injury: 8/28/08

DOS	SERVICE	DESCRIPTION	AMOUNT
01/21/14	SURGERY	DR BURNHAM: C/S @ MONROVIA HOSPITAL (5HR 50MNS)	517.50
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/17/14	PRE-OP	DR JARCHI @ MONROVIA HOSPITAL (2.5 HRS)	225.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/25/14	PMT BY CHECK	DOS 1/17/14-1/21/14* # 0043291200	-742.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

[redacted]

201404251614

Electronic Service Requested

1 OF 2

ENV 2112

MIXED AADC 926
2112 0.5738 MB 0.432

JOYCE ALTMAN INTERPRETERS 134
P.O. BOX 4165
TUSTIN, CA 92781-4165

DATE	CHECK AMT	CHECK NO.
04/25/2014	742.50	0043291200

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
	08/28/2008	CA08285300-0001

Amt Paid: 742.50 Description: Miscellaneous Medical
Amt Billed: 742.50 Invoice: 60728 ICN: 159218900.338
Dates: 01/17/2014-01/21/2014 Comment:

PAID APR 29 2014

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

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

*** INVOICE ***

Date	NO#
04/29/14	60651

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

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

Case: vs SILVER STAR PLUMBING
Date Of Injury: 4/2/12

DOS	SERVICE	DESCRIPTION	AMOUNT
01/02/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
03/14/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/25/14	PMT BY CHECK	DOS 1/2/14-3/14/14* # CU-110003	-406.50

BALANCE 0.00

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Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: **CU-110003**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 04/25/14
Doc #: 028219177

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 05810726			
1	60651	01/02/14	03/14/14	Interpreter fees	1		406.50
			Patient Name:	**Claim #:** 05721950			
2	59575	08/11/10	10/16/13	Interpreter fees	1		1,062.00
					Total Allowances:		**$1,468.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05810726	406.50	.00	406.50
05721950	1,062.00	.00	1,062.00

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

PAID APR 29 2014

Notations:

05721950 INVOICE # 59575;
05810726 INV#60651;

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.

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

*** INVOICE ***

Date	NO#
04/28/14	61204

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

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

Case: vs CAMPCO
Date Of Injury: 9/23/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
04/15/14	WCAB LB	TRIAL (FULL DAY)	313.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624 (A.M.)	0.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585 (P.M.)	0.00
04/23/14	PMT BY CHECK	DOS 3/12/14-4/15/14* # CP-775522	-469.50

BALANCE 0.00

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Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: **CP-775522**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 04/23/14
Doc #: 028207492

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 05635528		
1	61204	03/12/14	04/15/14	Interpreter fees	1		469.50
					Total Allowances:		**$469.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05635528	469.50	.00	469.50

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Notations:
05635528 INV# 61204;

PAID APR 28 2014

01205713028207492012

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#
05/06/14	60995

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

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

Case: [redacted] vs ARROWHEAD BRASS & PLUMBING
Date Of Injury: CT 10/4/12 - 10/4/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/19/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/26/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
05/02/14	PMT BY CHECK	DOS 2/19/14-3/26/14*	-406.50
		# 891A 85043009	

BALANCE 0.00

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001227

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933
SB00591

891A 85043009

TRAVELERS

DATE: 05/02/14
LOSS DATE: 10/04/13
FILE NUMBER: 158 CB EWJ9987 H

EMPLOYEE

ACCOUNT NAME:
ABP ARROWHEAD, LLC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 02/19/2014 TO: 03/26/2014

TOTAL PAID: $406.50
TAX INFO: 330956713331748 1Y
PAY MISC: 60995
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID MAY 06 2014

FOR ADDITIONAL INFORMATION, CONTACT: PETER E MANGUIAT AT (925)944-3279

122010636
DETACH CHECK

UNSUMM
OVRFLWS2-1212
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#
05/06/14	61205

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

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W.C. DEPARTMENT
ATTN: VICKY GANDARA
P.O. BOX # 4555
PORTLAND, OR 97208

Case: vs INVESTMENT CONCEPTS INC
Date Of Injury: CT 2003-11/5/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/14	DEPO PREP	@ THE L/O OF HUTCHINGS COURT REPORTERS	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/01/14	PMT BY CHECK	DOS 3/12/14* # 99406615	-156.50

BALANCE 0.00

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

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	99406615	05/01/14
	CHECK AMOUNT ****$156.50	BLOCK NUMBER 004853

OSN: EE2701050105-000461

CLAIM #: WC 604-A38056
CONTRACT #: WCJ-Z91-447040-011-92

CONTROL #: 000001577 ID: CRNWB92
PROVIDER #: N3095671380382

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 09/30/12
EMPLOYEE:

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

EMPLOYER: INVESTMENTS CONCEPTS
DATES OF SERVICE 03/12/14-03/12/14

PROVIDER:

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
03/12/14	03/12/14	MISC		156.50	156.50	

NOTE: INVOICE #61205

TOTAL CHARGES	156.50
TOTAL PAYABLE:	156.50
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	156.50

PAID MAY 06 2014

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

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

*** INVOICE ***

Date	NO#
05/02/14	60987

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

BILL TO:
SEDGWICK/SRS INS (LEX14154)
W.C. DEPARTMENT
ATTN: MICHELLE LINN
P.O. BOX 14154
LEXINGTON, KY 40512

Case: vs VALASSIS
Date Of Injury: 5/8/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/04/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/24/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/29/14	PMT BY CHECK	DOS 2/4/14-3/24/14* # 0048446315	-406.50

BALANCE 0.00

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P6905028006

20140429 1699

Sedgwick Claims Management Services, Inc
PO Box 14154
Lexington, KY 40512-4154

Electronic Service Requested

SINGLE PIECE
64 0.9291 SP 0.480

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

60987

DATE	CHECK AMT	CHECK NO.
04/29/2014	406.50	0048446315

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
	03/22/2012	30120303775-0001

Amt Paid: 406.50 Description:
Amt Billed: 406.50 Invoice: 60987 ICN: 117300426.6
Dates: 02/04/2014-03/24/2014 Comment:

PAID MAY 02 2014

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

4 OF 4 F
ENV 64

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

*** INVOICE ***

Date	NO#
09/24/13	58816

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

BILL TO:
SPRINGFIELD INS CO (COVINA)
W.C. DEPARTMENT
ATTN: NANCY COBOS
P.O. BOX # 3029
COVINA, CA 91722

Case: vs GELSON'S MARKET
Date Of Injury: 11/16/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/26/13	INITIAL EXAM	DR ATAMIAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
05/01/13	INITIAL EXAM	DR MIRZABEIGI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
05/31/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ARACELIO RUBIO # 100359	0.00
06/12/13	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOAHNNA JORDAN # 100793	0.00
06/21/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
09/19/13	PMT BY CHECK	DOS 4/26/13-6/21/13 # 606534	-1000.00

BALANCE 0.00

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4100-12-0618

Invoice# : 58816
From : 04-26-13 Thru: 06-21-13

00 MEDICAL EXPENSE 1000.00

TOTAL PAID: $1,000.00

DOI : 11-16-12
LOC# :
TRANS# : 536063

0606534*22

PAID SEP 24 2013

TP#: 07

THE ORIGINAL DOCUMENT HAS A WHITE REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW. DO NOT CASH IF NOT PRESENT.

SPRINGFIELD INSURANCE COMPANY
c/o U.G.I.S. CLAIMS DIVISION
PO BOX 3029, Covina CA 91722
Telephone (626) 915-1951
WORKER'S COMPENSATION ACCOUNT

UNION BANK
HEADQUARTERS OFFICE
445 S. FIGUEROA STREET
LOS ANGELES, CA 90071

WC 606534

11-4
1210

09-19-13

$**1,000.00

PAY ONLY ONE ZERO ZERO ZERO 00 CTS CTS

Not Valid Unless Presented Within 90 Days
UNIFIED GROCERS
INSURANCE SERVICES, INC., ADMINISTRATOR

TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS
JAI INC. 2002
P. O. BOX 4165
TUSTIN, CA 92781

MUST HAVE TWO SIGNATURES IF OVER $2,499.99

⑈606534⑈ ⑆121000497⑆ 07004247668⑈

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

*** INVOICE ***

Date	NO#
09/24/13	59075

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

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

Case: vs P&D SEAFOOD CO
Date Of Injury: CT 5/30/08-5/30/09

DOS	SERVICE	DESCRIPTION	AMOUNT
06/14/13	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/03/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
09/20/13	PMT BY CHECK	DOS 6/14/13-9/3/13 # CU-050660	-406.50

BALANCE 0.00

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Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: **CU-050660**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/20/13
Doc #: 027277457

59075

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:		**Claim #:** 05601130			
1	INTERPRETI	06/14/13	09/03/13	Interpreter fees	1		406.50
					Total Allowances:		**$406.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05601130	406.50	.00	406.50

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Notations:
05601130 INTERPRETING FEES;

PAID SEP 24 2013

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

To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling_Regulations.htm

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

*** INVOICE ***
Date NO#
09/20/13 57030

W.C.A.B.:
ADJ # : /
S.S.N. : XXX-XX-
D.O.B. : 5/20/53
Terms : 45 days
Claim #(s):
5773469152; WC2009872311

BILL TO:
AIMS (SANTA CLARITA, CA)
W.C. DEPARTMENT
ATTN: BRITTANY THORTAN
P.O. BOX 937
SANTA CLARITA, CA 91380

Case: vs PARKER HANNIFIN
Date Of Injury: 3/19/08; CT 11/10/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/14/13	DEPO PREP	@ THE L/O OF TOUS & ASSOCIAT	156.50
/ /	INTERPRETER:	MARIA PEREZ # 100630	0.00
02/07/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATTRICIA HAYES # 100761	0.00
04/18/13	PMT BY CHECK	DOS 1/14/13-2/7/13 # 0000079571	-406.50
07/25/13	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	POATRICIA HAYES # 100761	0.00
08/05/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/16/13	PMT BY CHECK	DOS 7/25/13-8/5/13 # 0000085638	-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.

P3689028008

Underwriters Safety & Claims, Inc.
Parker Hannifin Corporation
PO Box 23790
Louisville, KY 40223

201309160129

Forwarding Service Requested

Questions? Call Customer Service at 1-(800)-928-1342

1 OF 1

ENV 7191

3-DIGIT 926
7191 0.3820 AT 0.381

Joyce Altman Interpreters, Inc. 43
PO BOX 4165
TUSTIN, CA 92781-4165

Check #:	0000085638
Check Amount:	406.50
Date Processed:	09/16/13

Explanation of Payment

Description of Service	From Date - To Date	Invoice #	Amount	Plan Payments
Claim #: 5773469152 **Patient:**	**Event Date:** 03/19/08 **Check Memo:**		**Department:** Parker Hannifin Corporation 9000067	
Description of Service	**From Date - To Date**	**Invoice #**	**Amount**	**Plan Payments**
Depositions - E	07/25/13-08/05/13		406.50	0.00
			406.50	0.00

57939

PAID SEP 20 2013

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

*** INVOICE ***

Date	NO#
09/18/13	58201

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

BILL TO:
TRISTAR RISK MGMT (CLINTON,IA)
W.C. DEPARTMENT
ATTN: DEBBI WINNS
P.O. BOX 2803
CLINTON, IA 52733

Case: vs ELITE COMP/CHAMPAGNE BAKERY
Date Of Injury: 6/30/09

DOS	SERVICE	DESCRIPTION	AMOUNT
02/20/13	WCAB LB	EXH. HEARING - JOYCE ALTMAN # 300624	156.50
07/09/13	PMT BY CHECK	DOS 2/20/13 # 416826	-156.50
08/12/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
09/13/13	PMT BY CHECK	DOS 8/12/13 # 417134	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Client: Jacques Gourmet Inc.

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

Check Number: 417134
Check Date: 09/13/2013
Check Amount: $156.50

Claim Number: 10275836
Claimant/Employee:
From - To: 08/12/2013 - 08/12/2013
For:
Elite Comp

Amount: $156.50
Incident Date: 02/19/2010
Payment Type: LANGUAGE TRANSLATOR
Invoice No: 58201
Invoice Date:

PAID SEP 18 2013

#58201

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

*** INVOICE ***

Date	NO#
09/18/13	58681

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 6/20/61
Terms : 45 days
Claim #(s):
PIWC334510-001

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W.C. DEPARTMENT
ATTN: JARED PARRIS
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs PRIME FOODS LLC/PIAVE FOODS
Date Of Injury: 3/4/13; 9/12-2/11/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/27/13	INITIAL EXAM	DR SCHEEL @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
05/02/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
06/03/13	DEPO PREP	@ THE L/O OF JEFFREY MANIST	156.50
/ /	INTERPRETER:	CARMEN LERMA # 100698	0.00
05/29/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/26/13	PR2/REEVAL	DR SCHEEL* GLADYS REYNA # 100755	180.00
07/03/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/10/13	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/11/13	PMT BY CHECK	DOS 3/27/13-7/10/13 # 009038161	-1426.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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009038161

1117

PAID SEP 18 2013

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

Please see attached documentation.

#58681

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

AmGUARD Insurance Company
A SUBSIDIARY OF GUARD INSURANCE GROUP
16 South River Street
Wilkes-Barre, PA 18703-0020

Wells Fargo Bank, N.A.
3-50
310

009038161

DATE 09/11/2013

AMOUNT ******$1,426.50

⇨⇨⇨⇨⇨PAY ONLY $1,426.50
DOLLAR ONE COMMA FOUR TWO SIX PERIOD FIVE ZERO

NOT VALID AFTER 180 DAYS
TWO SIGNATURES REQUIRED IF OVER $10000

■ ONE THOUSAND FOUR HUNDRED TWENTY-SIX DOLLARS AND 50 CENTS**********

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN, CA 927814165

VOID OVER $1,426.50

Sy Fogel

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

*** INVOICE ***

Date	NO#
08/16/13	58229

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

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

Case: vs HALL MANAGEMENT CORP.
Date Of Injury: 5/16/12

DOS	SERVICE	DESCRIPTION	AMOUNT
02/05/13	EPIDURAL	DR FONSENCA @ MONROVIA HOSP. (6.5 HRS)	487.50
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
09/11/13	PMT BY CHECK	DOS 2/5/13 # 0043828999	-487.50

BALANCE 0.00

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

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

DATE	CHECK AMT	CHECK NO.
09/11/2013	487.50	0043828999

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

SCMS UNIT	PAGE
211 Sedgwick Claims Management Services	001

*006765 0043828999 00001 OF 00001 OAM 130911 1100

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

PAID SEP 18 2013

Claimant Name	Loss Date	Claim Number	SSN
	05/16/2012	30120566166-0001	

Amt Paid: 487.50 Description: Miscellaneous Medical
Amt Billed: 487.50 Invoice: 58229 ICN: 149824925.338
Dates: 02/15/2013 - 02/15/2013 Comment: interpreter dr fonsenca

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

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

*** INVOICE ***
Date NO#
09/06/13 58094

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

BILL TO:
CHUBB GROUP OF INS CO. (L.A.)
W.C. DEPARTMENT
ATTN: CHERLE DAVIS
P.O. BOX # 30570
LOS ANGELES, CA 90030-0570

Case: vs FOREVER 21 LOGISTICS
Date Of Injury: 9/28/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/23/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH CENTER*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
04/10/13	PR2/REEVAL	DR KATTAR*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
05/16/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
06/19/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
07/17/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
08/30/13	PMT BY CHECK	DOS 1/23/13-7/17/13 # 8576035	-900.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 4th Floor
Los Angeles, CA 90071

Payment Summary

Claim Ref #: 022611013797
Policy: 000071603793
Occurence: 000631
Date of Loss: 09/28/2011

SSN#/TIN#: XXXXXXXXXX
Payee: Joyce Altman Interpreters

Insured: Forever 21, Inc.

Page: 1 of 1
Check Number: 8576035
Print Date: 09/03/2013
Issue Date: 08/30/2013
Invoice Number: 58094
Invoice Date:

DATE	CLAIMANT	DESCRIPTION	BILLED	REDUCTION	AMOUNT
01/23/2013-07/17/2013		Translator	900.00	0.00	900.00

CHECK TOTAL:	900.00	0.00	900.00

Comments: dos 1/23/13 - 7/17/13 inv# 58094 invdate 8/9/13

Claim Representative: CHERYL DAVIS Phone:

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

*** INVOICE ***

Date	NO#
07/31/14	61726

Claim # : 30141758035-0001
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-X
D.O.B. : 4/15/56
Terms : 45 days

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

Case vs COLOR SPOT NURSERIES
Date Of Injury: 1/17/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/29/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
06/04/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
07/28/14	PMT BY CHECK	DOS 4/29/14-6/4/14*	-406.50
		# 008687186	

BALANCE 0.00

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P6905028006

Sedgwick Claims Management Services, Inc
P O Box 14522
Lexington, KY 40512-4497

201407281612

Electronic Service Requested

1 OF 1

ENV 2116

SINGLE PIECE

2116 0.3820 SP 0.480

JOYCE ALTMAN INTERPRETERS 4
P.O. BOX 4165
TUSTIN, CA 92781-4165

DATE	CHECK AMT	CHECK NO.
07/28/2014	406.50	0048687186

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
	01/17/2014	30141758035-0001

Amt Paid: 406.50 Description:
Amt Billed: 406.50 Invoice: 61726
Dates: 04/29/2014-06/04/2014 Comment:

ICN: 301417580350001

PAID JUL 31 2014

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

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

*** INVOICE ***

Date	NO#
07/28/14	62299

Claim # : 01476291
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX
D.O.B. : 5/22/57
Terms : 45 days

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

Case vs RONFORD PRODUCTS
Date Of Injury: 2/23/04

DOS	SERVICE	DESCRIPTION	AMOUNT
06/02/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
07/24/14	PMT BY CHECK	DOS 6/2/14* # CP-797119	-156.50

BALANCE 0.00

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Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: **CP-797119**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 07/24/14
Doc #: 028579052

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 01476291		
1	62299	06/02/14	06/02/14	Interpreter fees	1		156.50
					Total Allowances:		**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01476291	156.50	.00	156.50

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

PAID JUL 28 2014

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

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

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

*** INVOICE ***

Date	NO#
07/28/14	59783

Claim # : ESB5301
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 5/28/71
Terms : 45 days

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

Case: vs SOUPLANTATION
Date Of Injury: 6/8/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/26/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/20/13	PMT BY CHECK	DOS 9/26/13 # 896D 83424132	-156.50
06/03/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
07/22/14	PMT BY CHECK	DOS 6/3/14* # 896D 84519944	-156.50

BALANCE 0.00

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019367

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

SA09634

896D 84519944

TRAVELERS

DATE: 07/22/14
LOSS DATE: 06/08/12
FILE NUMBER: 152 CB ESB5301 R

EMPLOYEE

ACCOUNT NAME:
GARDEN FRESH RESTAURANTS CORP

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

PAID JUL 28 2014

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 06/03/2014

TOTAL PAID: $156.50
TAX INFO: 330956713317481Y
PAY MISC: 59783
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: GENESIS RODRIGUEZ AT (909)612-3000

203009733
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#
07/25/14	55917

Claim # : 345C6254105
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 4/2/61
Terms : 45 days

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

Case: _____ vs KOOSHARAM dba SELECT STAFFING
Date Of Injury: 5/23/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/22/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/19/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/25/13	WCAB LB	PRIORITY CONFERENCE - JOHANNA JORDAN # 301566	156.50
03/29/13	PMT BY CHECK	DOS 10/22/12-2/25/13 # DA69630861	-563.00
04/16/13	WCAB LB	TRIAL - CARMEN GUZMAN # 100585	156.50
05/16/13	PMT BY CHECK	DOS 4/16/13 # DA6990772	-156.50
06/17/14	C&R READING	@ WCAB LBO	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/22/14	PMT BY CHECK	DOS 6/17/14* # DA72403619	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PDWLDMCD-003474-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 07/22/14

CHECK NO. **DA72403619**

STATEMENT

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

5900A11DA 00 01366 DA72403619
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C6254105

DOLLARS
$********250.00

* NOT NEGOTIABLE *

FOR
06/17/14 THRU 06/17/14 55917

CLAIMANT

DATE OF EVENT
05/23/12

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

PAID JUL 25 2014

PDWLDMCD-003474-01-01-00

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#
07/23/14	62050

Claim # : 1010-14-00913
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX
D.O.B. : 2/22/64
Terms : 45 days

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

Case: vs FOAM CONCEPTS
Date Of Injury: 8/15/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/19/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/17/14	PMT BY CHECK	DOS 5/19/14* # 0000559637	-156.50

BALANCE 0.00

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

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

Check Date: 07/17/2014
Check Number: 0000559637
Check Amount: $156.50

HPC02K

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, HPC02K

00236 JOP1ZS01 1Z 6300016743-6300651948

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID JUL 23 2014

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-14-00913		08/15/2013	62050	43	05/19/2014	05/19/2014	$156.50

Cat	SubPC	Stub Notes	Stub Amount
43		MISC EXPENSE	$156.50
		DEPO PREP - TRANSLATION	$0.00
			$156.50

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#
07/23/14	61363

Claim # : 310017289
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-N/A
D.O.B. : 9/1/57
Terms : 45 days

BILL TO:
SEDGWICK/SRS (LX-14153)
W.C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
PO BOX 14153
LEXINGTON, KY 40512

Case: vs ARAMARK SPORTS
Date Of Injury: 12/15/07

DOS	SERVICE	DESCRIPTION	AMOUNT
04/03/14	WCAB SA	MSC - ROSARIO PALMER # 100715	156.50
05/29/14	PMT BY CHECK	DOS 4/3/14* # 0049091454	-156.50
06/18/14	WCAB SA	MSC - MARIA SEARS # 100795	156.50
07/18/14	PMT BY CHECK	DOS 6/18/14* # 0049091680	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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P69050280006

20140718d09

Sedgwick Claims Management Services, Inc
PO Box 14152
Lexington, KY 40512-4152

Electronic Service Requested

4 OF 4 F

ENV 528

SINGLE PIECE

528 0.9291 SP 0.480

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

2

PAID JUL 23 2014

DATE	CHECK AMT	CHECK NO.
07/18/2014	156.50	0049091680

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

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

Claimant Name	Loss Date	Claim Number
	02/15/2007	310017289

Amt Paid: 156.50 Description:
Amt Billed: 156.50 Invoice: 61363 ICN: 310017289
Dates: 06/18/2014-06/18/2014 Comment: 61363

#61363

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

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

*** INVOICE ***

Date	NO#
07/23/14	61558

Claim # : 111W14156924
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 12/2/66
Terms : 45 days

BILL TO:
TOWER SELECT INS (948154 FL)
W.C. DEPARTMENT
ATTN: GUS MORAL
P.O. BOX 948154
MAITLAND, FL 32751

Case: vs JACK IN THE BOX
Date Of Injury: 4/7/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/22/14	WCAB LB	EXP. HEARING (FULL DAY)	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585 (A.M.)	0.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566 (P.M.)	0.00
06/24/14	DEPO PREP	@ THE L/O OF CIPOLLA & CALABA	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/09/14	PMT BY CHECK	DOS 4/22/14* # 2015475819	-313.00
07/17/14	PMT BY CHECK	DOS 6/24/14* # 2015481464	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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FM #8009080 092010

E

CNICTWS

TOWER GROUP
COMPANIES

Member Company
Castlepoint National Insurance Company
120 Broadway, 31st Floor
New York, NY 10271

Check Number: **2015481464**
Date: 7/17/2014
Amount: $156.50

000 0002733 00000000 001 002 01163 INS: 0 0
JOYCE ALTMAN INTEPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

1163

PAID JUL 23 2014

Claim Number 111W14156924
JOYCE ALTMAN INTEPRETERS INC

#61558

Claim#	Invoice#	FromDate	To Date	Insured Name	Claimant Name	Amount
Inv Date	Reason					
111W14156924	61558	04/22/14	06/24/14	AR3, LLC dba Atlas Resource,		156.50

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#
07/23/14	61830

Claim # : V0B7270
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 4/10/83
Terms : 45 days

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

Case: vs ST JOHN KNIT
Date Of Injury: 3/6/03

DOS	SERVICE	DESCRIPTION	AMOUNT
04/11/14	SURGERY	DR PELTON: RT KNEE @ MONROVIA HOSPITAL (7H 40M)	697.50
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003593	0.00
07/16/14	PMT BY CHECK	DOS 4/11/14* # 896D 84487331	-697.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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018964

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

SA09422

896D 84487331

TRAVELERS

DATE: 07/16/14
LOSS DATE: 03/06/03
FILE NUMBER: 152 CB V0B7270 P

EMPLOYEE

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

PAID JUL 23 2014

ACCOUNT NAME:
ST JOHN KNITS INTERNATIONAL I

ST. PAUL FIRE & MARINE INSURANCE CO

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 04/11/2014

TOTAL PAID: $697.50
TAX INFO: 330956713331748 1Y
PAY MISC: 61830
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: MARY MINOGUE AT (909)612-3042

197009540
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#
07/21/14	59780

Claim # : PZC00536596
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 2/4/91
Terms : 45 days

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

Case: vs EL TORITO RESTAURANT
Date Of Injury: 6/16/13

DOS	SERVICE	DESCRIPTION	AMOUNT
09/19/13	DEPO PREP	@ THE L/O OF STOCKWELL, HARRIS	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
11/04/13	WCAB LB	EXPEDITED HEARING	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/18/13	PMT BY CHECK	DOS 9/19/13-11/4/13 # 0002600476	-313.00
06/04/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/14/14	PMT BY CHECK	DOS 6/4/14 # 0002775540	-156.50

BALANCE 0.00

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

Number: 0002775540

Vendor Number: 406680851 Issuing Location: Orange County Claims Check Date: 07/14/2014

Payee:

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

IRS:

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
59780	PZC00536596	EXP		02/16/2013	$156.50

PAID JUL 21 2014

TOTAL: $156.50

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

Processor: **U. Mora**

Internal Reference No: 59780

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#
07/21/14	61740

Claim # : 55C123524
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 2/3/52
Terms : 45 days

BILL TO:
SENTRY INSURANCE (STEVENS,WI)
W.C. DEPARTMENT
ATTN: DANIELLE STOKER
P.O. BOX # 8032
STEVENS POINT, WI 54481

Case: _ vs CNC MANUFACTURING
Date Of Injury: 10/19/11 - 10/19/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/07/14	DEPO PREP	@ THE L/O OF GRANCELL, STANDER, REUBENS	156.50
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
05/29/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/14/14	PMT BY CHECK	DOS 5/7/14-5/29/14* # 45055255	-406.50

BALANCE 0.00

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BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 45055255

1 1 1,675 14195 BCLM.F2T70SEN
0027020044547869145192781416565

REFERENCE NO. 106575058
EMPLOYEE/PATIENT:

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

INVOICE# 61740 /

PAID JUL 21 2014

CL NO. 55C123524

NOT NEGOTIABLE
$******406.50

THIS PAYMENT COVERS--050714 THRU 052914 ACCT#61740

)-656B ▼ Detach Here ▼ (10/1

CLAIM ACCOUNT

No. 45055255

56-382
412

WELLS FARGO BANK, N.A.
VAN WERT, OH 45891

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C123524	10/19/12	CNC MANUFACTURING	07/14/14

PAYMENT COVERS	AMOUNT
050714 THRU 052914 ACCT#61740	$******406.50

FOUR HUNDRED SIX AND 50/100 DOLLARS

MIDDLESEX INSURANCE COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Terry Barrs

⑈45055255⑈ ⑆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#
07/21/14	60987

Claim # : 30120303775
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX
D.O.B. : 8/31/57
Terms : 45 days

BILL TO:
SEDGWICK/SRS INS (LEX14154)
W.C. DEPARTMENT
ATTN: MICHELLE LINN
P.O. BOX 14154
LEXINGTON, KY 40512

Case: vs VALASSIS
Date Of Injury: 5/8/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/04/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/24/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/29/14	PMT BY CHECK	DOS 2/4/14-3/24/14* # 0048446315	-406.50
07/01/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
07/15/14	PMT BY CHECK	DOS 7/1/14* # 0048446457	-156.50

BALANCE 0.00

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P6905028006

20140715160

Sedgwick Claims Management Services, Inc
PO Box 14154
Lexington, KY 40512-4154

[redacted]

Electronic Service Requested



3 OF 3

ENV 4924

SINGLE PIECE

4924 0.7648 SP 0.480



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

8

DATE	CHECK AMT	CHECK NO.
07/15/2014	156.50	0048446457

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
	03/22/2012	30120303775-0001

Amt Paid: 156.50 Description:
Amt Billed: 156.50 Invoice:
Dates: 07/01/2014-07/01/2014 Comment:
ICN: 118456549.6

PAID JUL 21 2014

#60987

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

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

*** INVOICE ***

Date	NO#
07/17/14	62330

Claim # : 01453768; SD195526
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 6/1/61
Terms : 45 days

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

Case: vs PACIFIC SUPPLY CO.
Date Of Injury: 4/28/04; 7/22/03

DOS	SERVICE	DESCRIPTION	AMOUNT
06/09/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/15/14	PMT BY CHECK	DOS 6/9/14* # CT-382434	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: **CT-382434**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 07/15/14
Doc #: 028535259

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:		**Claim #:** 01453768			
1	62330	06/09/14	06/09/14	Interpreter fees	1		250.00
					Total Allowances:		**$250.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01453768	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:

01453768 INVOICE# 62330; WCAB# ADJ2436791; ADJ# ADJ4431993;

PAID JUL 17 2014

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

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

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

*** INVOICE ***

Date	NO#
07/15/14	61217

Claim # : CA13466481-0001
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 3/8/79
Terms : 45 days

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

Case: [redacted] vs TARGET CORP
Date Of Injury: 12/16/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/11/14	DEPO PREP	@ THE L/O OF ADELSON, TESTAN, BRUNDO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/16/14	DEPO PREP	@ THE L/O OF DENNNIS FUSI VOL II	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/08/14	PMT BY CHECK	DOS 3/11/14* # 0043668236	-156.50
04/30/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL I & II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/14/14	PMT BY CHECK	DOS 4/16/14* # 0043670977	-156.50
06/06/14	PMT BY CHECK	DOS 4/30/14* # 0043682127	-250.00
06/04/14	C&R READING	@ THE L/O OF DENNNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/10/14	PMT BY CHECK	DOS 6/4/14* # 0044232003	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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P6905028006

20140710161 1

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

Electronic Service Requested

PAID JUL 15 2014

3 OF 3 F

ENV 502

SINGLE PIECE

502 0.7389 SP 0.480

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

2

DATE	CHECK AMT	CHECK NO.
07/10/2014	250.00	0044232003

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
	12/16/2013	CA13466481-0001

Amt Paid: 250.00 Description:
Amt Billed: 250.00 Invoice: 61217 ICN: CA134664810001
Dates: 06/04/2014-06/04/2014 Comment: C&R reading

61217

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

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

*** INVOICE ***

Date	NO#
07/15/14	62059

Claim # : 494C2610531
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 6/29/78
Terms : 45 days

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

Case: vs SELECT STAFFING
Date Of Injury: 7/15/11

DOS	SERVICE	DESCRIPTION	AMOUNT
05/21/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/10/14	PMT BY CHECK	DOS 5/21/14* # DA72334956	-250.00

BALANCE 0.00

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

PDWLDMCD-002065-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 07/10/14

CHECK NO. **DA72334956**

STATEMENT

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

5900A11DA 00 00533 DA72334956
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C2610531

DOLLARS
$********250.00

* NOT NEGOTIABLE *

FOR
05/21/14 THRU 05/21/14 62059

CLAIMANT

PAID JUL 15 2014

DATE OF EVENT
07/15/11

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-002065-01-01-00

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#
07/15/14	61355

Claim # : 05246376
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX
D.O.B. : 8/15/52
Terms : 45 days

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

Case: vs BESSER COMPANY
Date Of Injury: 1/11/07 - 1/11/08

DOS	SERVICE	DESCRIPTION	AMOUNT
04/09/14	C&R READING	@ THE L/O OF DENNIS FUSI (BLOCK SETTLEMENT)	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/02/14	PMT BY CHECK	DOS 4/9/14* # CP-785636	-156.50
06/02/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
07/09/14	PMT BY CHECK	DOS 6/2/14* # CP-793246	-156.50

BALANCE 0.00

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

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

Provider Number: XXXXX6713

Check #: **CP-793246**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 07/09/14
Doc #: 028514725

61355

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:		**Claim #:** 05246376			
1		06/02/14	06/02/14	Interpreter fees	1		156.50
						Total Allowances:	**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05246376	156.50	.00	156.50

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

PAID JUL 15 2014

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

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

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

*** INVOICE ***

Date	NO#
07/07/14	61533

Claim # : 2080293037
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 7/17/62
Terms : 45 days

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

Case: vs THE INDUSTRIAL LABOR MGMT GRP
Date Of Injury: 8/8/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/13/14	SURGERY	DR WILKER: KNEE @ MONROVIA HOSP (6HRS 40MINS)	607.50
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/01/14	PMT BY CHECK	DOS 3/13/14* # 1100010264	-607.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Ins. Co. of IL

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

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

00787

PAID JUL 07 2014

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0293037 001 DW	WC 9491035	61533		08/08/13	03/13/14-03/13/14

Check Number	1100010264	Date Issued	07/01/14	Amount	$*****607.50
Insured	Industrail Management Labor Group				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Manikandan CG-Raman				
File Supervisor	Rose X. Valenzuela	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	607.50		
TOTAL	$607.50		

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#
07/10/14	61350

Claim # : EWJ8238
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX
D.O.B. : 9/7/65
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 BUSINESS
Date Of Injury: 6/21/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/06/14	DEPO PREP	@ THE L/O OF KEGEL, TOBIN	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
04/18/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/21/14	P AND S	DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/30/14	PMT BY CHECK	DOS 3/6/14-3/21/14* # 896D 84408655	-636.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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014780

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

SA07314

896D 84408655

TRAVELERS

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

PAID JUL 07 2014

DATE: 06/30/14
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB EWJ8238E	03/06/14 - 04/18/14	$ 636.50		61350
	152 CB EYJ0502K	04/17/14	$ 156.50		61578
					MP
		Total Amount Paid	$******793.00		

81007446
DETACH CHECK

SUMM CVRPSUM2-021509

DETACH CHECK

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

*** INVOICE ***

Date	NO#
06/30/14	61568

Claim # : 2900718023
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 12/26/61
Terms : 45 days

BILL TO:
VONS RISK MGMT (PHOENIX)
W.C. DEPARTMENT
ATTN: ALFRED TUMANDAO
P.O. BOX # 29223
PHOENIX, AZ 85038

Case vs VONS
Date Of Injury: 9/1/07-6/18/10

DOS	SERVICE	DESCRIPTION	AMOUNT
04/14/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/26/14	PMT BY CHECK	DOS 4/14/14* # 9760465504	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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SAFEWAY INC
P.O. BOX 9032
PLEASANTON, CA 94588

No. 9760465504
66 - 156
531
Date 6/26/2014

SAFEWAY INC

AMOUNT
$250.00

PAY
TO THE
ORDER OF

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

Wells Fargo Bank, N.A.
Chapel Hill, NC
For Inquiries call:
800-289-3557

Two Hundred Fifty and 00/100 Dollars**********

CHECK NOT VALID UNLESS WATERMARK APPEARS ON BACK.

⑈9760465504⑈ ⑆053101561⑆ 4759402779⑈

PAID JUN 30 2014

Description	From Date	To Date	Invoice #	Invoice Amt	Amount
Legal/Other	4/14/2014	4/14/2014	61568	$0.00	$250.00

Claim Number: 2900718023 Claimant: ' Payee: Joyce Altman Interpreters, Inc.
Check Number: 9760465504 Total Check Amt: $250.00 Event Date: 9/28/2007 Department: SWY 0029 3517 316 03517 316 BAKERY
Date of Check: 6/26/2014
Control Number: 9839415

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

*** INVOICE ***

Date	NO#
06/30/14	61079

Claim # : 494C3495173
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 2/4/74
Terms : 45 days

BILL TO:
ESIS WC (SCRANTON 6569)
W.C. DEPARTMENT
ATTN: LAUREN GROSSLING
P.O. BOX # 6569
SCRANTON, PA 18505

Case: [redacted] vs SNELLING STAFFING
Date Of Injury: 8/30/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/27/14	DEPO PREP	@ THE L/O OF FLOYD, SKEREN & KELLY	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
05/07/14	PMT BY CHECK	DOS 2/27/14* # DA71947021	-156.50
05/16/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/23/14	PMT BY CHECK	DOS 5/16/14* # DA72215184	-250.00

BALANCE 0.00

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PDWLDMCD-001125-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 06/23/14

CHECK NO. **DA72215184**

STATEMENT

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

5900A11DA 00 00053 DA72215184
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C3495173

DOLLARS
$********250.00

*** NOT NEGOTIABLE ***

FOR
05/16/14 THRU 05/16/14 61079

CLAIMANT
-- -

DATE OF EVENT
08/30/13

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 JUN 30 2014

PDWLDMCD-001125-01-01-00

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#
06/26/14	60898

Claim # : 33047423
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 4/22/60
Terms : 45 days

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

Case: vs PINTO EXPRESS
Date Of Injury: CT 1/11/13-1/11/14

DOS	SERVICE	DESCRIPTION	AMOUNT
01/29/14	INITIAL EXAM	DR AVILES @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/19/14	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
02/25/14	INITIAL EXAM	W/ACUPUNCTURIST STEVE HING @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/04/14	PR2-RE/EVAL	W/ACUPUNCTURIST S. HING*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/11/14	PR2/REEVAL	W/ACUPUNCTURIST S. HING*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/18/14	PR2/REEVAL	W/ACUPUNCTURIST S. HING*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/24/14	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/28/14	PR2-RE/EVAL	W/ACUPUNCTURIST S. HING*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
06/23/14	PMT BY CHECK	DOS 1/29/14-3/28/14* # 0332135	-1540.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 06/23/2014
Check Number : 0332135
Check Amount : $2,666.00

BD0S19

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

dkd5a
00017

PAID JUN 26 2014

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33020370		07/12/2009	43797	Interpreter Fees -	01/09/2013	01/09/2013	$156.50
33020370		07/12/2009	43797	Interpreter Fees -	07/28/2011	07/28/2011	$250.00
33020370		07/12/2009	43797	Interpreter Fees -	06/13/2011	06/13/2011	$250.00
33020370		07/12/2009	43797	Interpreter Fees -	05/13/2011	05/13/2011	$156.50
33020370		07/12/2009	43797	Interpreter Fees -	04/07/2011	04/07/2011	$156.50
33020370		07/12/2009	43797	Interpreter Fees -	05/14/2014	05/14/2014	$156.50
33047423		01/11/2014	60898	Interpreter Fees -	01/29/2014	01/29/2014	$230.00
33047423		01/11/2014	60898	Interpreter Fees -	02/25/2014	02/25/2014	$230.00
33047423		01/11/2014	60898	Interpreter Fees -	03/04/2014	03/04/2014	$180.00
33047423		01/11/2014	60898	Interpreter Fees -	03/11/2014	03/11/2014	$180.00
33047423		01/11/2014	60898	Interpreter Fees -	03/18/2014	03/18/2014	$180.00
33047423		01/11/2014	60898	Interpreter Fees -	03/24/2014	03/24/2014	$180.00
33047423		01/11/2014	60898	Interpreter Fees -	03/28/2014	03/28/2014	$180.00
33047423		01/11/2014	60898	Interpreter Fees -	02/19/2014	02/19/2014	$180.00

60898

1,126.00
1,540.00

17-17
4014

Cypress Insurance Company
P.O. Box 881716
San Francisco, CA 94188

Wells Fargo Bank
420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

BD0S19

DATE	CHECK NO
06/23/2014	0332135
VOID AFTER 90 DAYS	CHECK AMOUNT
	$2,666.00

TWO SIGNATURES REQUIRED IF MORE THAN $10,000.00

PAY TWO THOUSAND SIX HUNDRED SIXTY-SIX & XX / 100 DOLLARS*****

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC
P.O. Box 4165
Tustin, CA 927814165

R McDaniel

Security features included. Details on back.

⑈0332135⑈ ⑆121000248⑆ 4121670509⑈

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

*** INVOICE ***

Date	NO#
06/20/14	61426

Claim # : 003934000426WC01
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 10/24/63
Terms : 45 days

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

Case: vs RBC SOUTH WEST PRODUCTS
Date Of Injury: 11/18/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/21/14	SURGERY	DR PELTON: RT SHDR @ MONROVIA HOSP. (6HRS 40MIN)	607.50
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/15/14	PMT BY CHECK	DOS 3/21/14* # 0110402631	-607.50

BALANCE 0.00

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

GALLAGHER BASSETT-LA/ALISO VIE
P.O. BOX 30840
LAGUNA HILLS CA 92654-0840

0102210 01 RE 0.432 **AUTO T9 0 1615 92781 -P02212

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

PAID JUN 20 2014

DIRECT INQUIRIES TO:

PHONE: 1-949-458-0181
GALLAGHER BASSETT-LA/ALIS
P.O. BOX 30840
LAGUNA HILLS CA 92654-0840

RBC BEARINGS INCORPORATED

61426

CLAIM NO. 003934 000426 WC 01

CLAIMANT:

DESCRIPTION: INV#: 61426 DATE: 6/11/2014

DATE OF SERVICE: 21-Mar-2014 TO 21-Mar-2014

BRANCH NO. 174

ACC. DATE 18-Nov-2013

CHECK NO. 0110402631

VN. 0000011936

DATE: 16-Jun-2014

PAYMENT AMOUNT: $607.50

MR

RE0102210-0002_of_0002 1615-0002452 (G26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0110402631 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#
06/23/14	61563

Claim # : 30110789150-0001
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 6/6/61
Terms : 45 days

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

Case: vs MARIAK INDUSTRIES
Date Of Injury: 7/5/11

DOS	SERVICE	DESCRIPTION	AMOUNT
04/08/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/02/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/19/14	PMT BY CHECK	DOS 4/8/14-5/2/14* # 0050341045	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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P6905028006

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

201406191605

Electronic Service Requested

1 OF 1

ENV 4225

SINGLE PIECE

4225 0.3820 SP 0.480

JOYCE ALTMAN INTERPRETERS 7
P.O. BOX 4165
TUSTIN, CA 92781-4165

PAID JUN 23 2014

DATE	CHECK AMT	CHECK NO.
06/19/2014	406.50	0050341045

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

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

Claimant Name	Loss Date	Claim Number
	07/05/2011	30110789150-0001

Amt Paid: 406.50 Description:
Amt Billed: 406.50 Invoice: 61563 ICN: 160617538.338
Dates: 04/08/2014-05/02/2014 Comment:

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

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

*** INVOICE ***

Date	NO#
06/23/14	61095

Claim # : 55C070272
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 4/6/65
Terms : 45 days

BILL TO:
SENTRY INSURANCE (PHOENIX,AZ)
W.C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX #29466
PHOENIX, AZ 85038-9466

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

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 45011590

1 1 1,597 14168 BCLM.F2T70SEN
00270208443475732691927814165 65

REFERENCE NO. 106514706
EMPLOYEE/PATIENT:

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

INVOICE# 61095

PAID JUN 23 2014

CL NO. 55C070272

NOT NEGOTIABLE

$******250.00

THIS PAYMENT COVERS--031214 THRU 051414 ACCT#61095

20-656B ▼ Detach Here ▼ (10/13)

CLAIM ACCOUNT

No. 45011590

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.	06/17/14

PAYMENT COVERS	AMOUNT
031214 THRU 051414 ACCT#61095	$******250.00

TWO HUNDRED FIFTY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Jerry Baars

⑈45011590⑈ ⑆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#
06/23/14	58763

Claim # : WC10065427
W.C.A.B.: ADJ
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 4/14/87
Terms : 45 days

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

Case: vs TALBERT ARCHITECTURAL CORP
Date Of Injury: 9/1/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/16/13	DEPO PREP	@ THE L/O OF EARLY MASLACH & O'SHEA	156.50
/ /	INTERPRETER:	MARIO BASURTO VALDEZ # 301322	0.00
06/07/13	PMT BY CHECK	DOS 4/16/13 # 8814266072	-156.50
06/08/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
07/05/13	PMT BY CHECK	DOS 6/8/13 # 8814312174	-250.00
05/13/14	WCAB LB	MSC - (FULL DAY)	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585 (A.M.)	0.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566 (P.M)	0.00
06/11/14	PMT BY CHECK	DOS 5/13/14* # 8814843111	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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MID-CENTURY INSURANCE COMPANY

Check Number: 8814843111
Date: 06/11/2014

Amount: $313.00******

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

Claimant/Patient: [redacted]
Insured: TALBERT ARCHITECTURAL CORP
Date of Loss: 10/10/2011
Claim Number: WC10065427
Correspondence Reference: 1Z$HSM6BN
Claim Representative: Clara Arias
Office Phone Number: 7143853733

58763

Additional Information:
INV#58763, MSC If there are questions regarding the cashing of this check, please contact the Claims Handler at the toll free telephone number provided or claims office at the address on the check.

From/To Dates	Benefit Type	Benefit Amount	Overpayment W/H	Net Amount
05/13/14 - 05/13/14	Other Specified Indemnity	$313.00		$313.00

TOTAL Benefits Paid To Date :

Other Specified Indemnity	$706.95
Permanent Partial Disability	$6210.00
Temporary Total Disability (Ex. TX)	$13824.00
Claimant Attorney Fee - PD	$2700.00

PAID JUN 12 2014

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

FARMERS INSURANCE

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

June 11, 2014

000795

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

01 01 000795 1ZBHSM68N1 CE061101 02 000795

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

*** INVOICE ***

Date	NO#
06/16/14	60330

Claim # : CA361340
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 10/18/88
Terms : 45 days

BILL TO:
LUMBERMAN'S UNDERWRITING (FL)
W.C. DEPARTMENT
ATTN: STEVEN ANTUNEZ
P.O. BOX 3061
BOCA RATON, FL 33431

Case: vs ACCOUNTABILITIES
Date Of Injury: 6/6/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/26/13	DEPO PREP	@ THE L/O OF SCHLOSS & UMHOLTZ	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
02/20/14	PMT BY CHECK	DOS 11/26/13* # 001376661	-156.50
05/15/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/10/14	PMT BY CHECK	DOS 5/15/1* # 001426886	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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630 361340 BOCA RATON, FLORIDA 33431 001426886

DATE INCURRED	ACCOUNT NO.	POLICY NO.	CLAIM NO.	ISSUE DATE
06-06-13	58397-0849	425925	WC-CA-361340	JUNE 10, 2014

001426886

INSURED ACCOUNTABILITIES INC
CLAIMANT
PAYEE TAX ID: 330956713

NATURE OF PAYMENT: FROM 05-15-14 TO 05-15-14 TRANSLATION SERVICES 60330

PAY TWO HUNDRED FIFTY AND 00/100 DOLLARS

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

SJK

BANK OF AMERICA, N.A.
$ ********250.00
VOID IF NOT CASHED WITHIN 6 MONTHS
Christine E. Lynn
AUTHORIZED SIGNATURE
COUNTERSIGNATURE MAY BE REQUIRED

RUB RED IMAGE FADES WITH HEAT

INSURING THE FUTURE LUA SINCE 1905

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈001426886⑈ ⑆063000047⑆ 003601187388⑈

LUMBERMEN'S UNDERWRITING ALLIANCE

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

Check Number: 001426886

Date: JUNE 10, 2014

Paid Amount: ********250.00

Dates: 05-15-14 TO 05-15-14

Bill ID No: 60330

Nature of Pay: TRANSLATION SERVICES

PAID JUN 16 2014

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#
05/27/14	37643

Claim # : YNM15435
W.C.A.B.:
ADJ # : ADJ7
S.S.N. : XXX-XX-
D.O.B. : 7/6/66
Terms : 45 days

BILL TO:
SEDGWICK/SRS INS (LX-14153)
W.C. DEPARTMENT
ATTN: SANDRA MAKSE
P.O. BOX 14153
LEXINGTON, KY 40512

Case: vs NEW ALBERTSON'S
Date Of Injury: 11/5/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/10/10	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR PARVIN (3H 15M)	243.15
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/01/10	INITIAL EXAM	DR HARRIS @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
06/24/10	INITIAL EXAM	DR PARVIN: PSYCH EVAL @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/29/10	PR2/REEVAL	DR HARRIS -READING OF MRI RESULTS*	180.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
07/12/10	DEPO PREP	@ THE L/O OF RICHARD POWELL	156.50
/ /	INTERPRETER:	ANNETTE CHANGALA # 100783	0.00
07/27/10	PR2/REEVAL	DR HARRIS @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
08/24/10	PR2/REEVAL	DR HARRIS* ELIZABETH VARGA # 500106	180.00
09/02/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
09/15/10	DEPO PREP	@ THE L/O OF RICHARD POWELL GLADYS REYNA #100755	156.50
09/30/10	PMT BY CHECK	DOS 7/12/10 THRU 9/2/10 # 100590180 5	-766.50
10/05/10	PR2/REEVAL	DR HARRIS* JOSE LUGO # 500049	180.00
10/19/10	PMT BY CHECK	DOS 9/15/10 # 100598261 9	-156.50
10/25/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL. 11	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/10/10	PMT BY CHECK	DOS 6/1/10 THRU 8/24/10 # 100607846 0	-1000.00
11/15/10	PMT BY CHECK	DOS 7/12/10 # 1006104313	-156.50

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#
05/27/14	37643

Claim # : YNM15435
W.C.A.B.:
ADJ # : ADJ7;
S.S.N. : XXX-XX
D.O.B. : 7/6/66
Terms : 45 days

BILL TO:
SEDGWICK/SRS INS (LX-14153)
W.C. DEPARTMENT
ATTN: SANDRA MAKSE
P.O. BOX 14153
LEXINGTON, KY 40512

Case: vs NEW ALBERTSON'S
Date Of Injury: 11/5/08

DOS	SERVICE	DESCRIPTION	AMOUNT
11/15/10	PMT BY CHECK	DOS 10/25/10 # 100610432 1	-156.65
12/28/10	WCAB LB	EXPEDITED HEARING - CARMEN GUZMAN # 100585	156.50
11/15/10	PMT BY CHECK	DOS 12/28/10 # 100610432 1	-86.65
03/03/11	MRI	ARTHROGRAM REF BY DR GIALEMAS: RT SHLDR*	150.00
/ /	INTERPRETER:	GLORIA GARCIA # 500114	0.00
05/24/11	PMT BY CHECK	DOS 3/3/11 # 220034191 1	-150.00
07/19/11	PMT BY CHECK	DOS 12/28/11 # 220059551 4	-69.85
03/17/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
04/21/14	WCAB LB	TRIAL - JOHANNA JORDAN # 301566	156.50
05/20/14	PMT BY CHECK	DOS 3/17/14-5/21/14 # 0048964471	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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P6905028006

Sedgwick Claims Management Services, Inc
PO Box 14152
Lexington, KY 40512-4152

[redacted]

201405201613

Electronic Service Requested

1 OF 2

ENV 2370

SINGLE PIECE
2370 0.5738 SP 0.480

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

4

DATE	CHECK AMT	CHECK NO.
05/20/2014	313.00	0048964471

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
	11/05/2008	YNM15435C

Amt Paid: 313.00 Description: Miscellaneous Medical
Amt Billed: 313.00 Invoice: 37643
Dates: 06/10/2010-04/21/2014 Comment:
ICN: 117974054.6

PAID MAY 27 2014

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

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

*** INVOICE ***

Date	NO#
06/02/14	51895

Claim # : E2781188
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 4/10/64
Terms : 45 days

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

Case: vs M.K. TOOLS & ABRASSIVE
Date Of Injury: 5/13/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/07/12	DEPO PREP	@ ESQUIRE COURT REPORTING	156.50
/ /	INTERPRETER:	ALEJANDRO VARELA # 21996479	0.00
03/30/12	PMT BY CHECK	DOS 3/7/12 # 101780182	-156.50
04/11/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/27/12	WCAB LB	PRIORITY-CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/14/12	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	MARIO VALDEZ # 301312	0.00
09/21/12	PMT BY CHECK	DOS 3/7/12-8/14/12 # 101836719	-563.00
09/27/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/29/12	PMT BY CHECK	DOS 9/27/12 # 101848323	-250.00
04/23/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/27/14	PMT BY CHECK	DOS 4/23/14* # 103048357	-156.50

BALANCE 0.00

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CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

002120

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781

2000020E2007811881030483570000000002120

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

Insured/Client	Claimant	Claim Number *
MK TOOLS AND ABRASIVES		E2 781188W8

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	ATT	Amount
05/13/11		04/23/14-04/23/14	MED	26	TR		05/27/14	$156.50
								$156.50

Reason
INV# 51895

To ensure timely delivery of your check, please verify that the address on this check is complete and correct. If not, please notify your claims representative with the correct information. Thank you.

PAID JUN 02 2014

ACCIWF 02.28.13

PLEASE DETACH BEFORE CASHING

CNA
Continental Casualty Company
Chicago, IL 60604

UNDERWRITTEN BY:
TRANSPORTATION INSURANCE COMPANY

103048357
Date Issued
05/27/14

66-156
531
Bank Acct.
4759628092

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

Claim Number	Desk Code	Insured/Client	Issuing Off.
E2 781188	W8	MK TOOLS AND ABRASIVES	No. 48
Prefix & Contract No. WC -4019957958		Claimant	Date of Loss 05/13/11
From-thru (Dates) 04/23/14	In Payment of 04/23/14	INV# 51895	

PAY ONE HUNDRED FIFTYSIX AND 50/100THS ---------- Dollars

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

********$156.50

Wells Fargo Bank, N.A

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

⑈0103048357⑈ ⑆053101561⑆ 4759628092⑈

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

*** INVOICE ***

Date	NO#
06/02/14	57855

Claim # : 2080265418
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 11/28/61
Terms : 45 days

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

Case: vs FOUR SEASONS HOTEL
Date Of Injury: 2/19/12

DOS	SERVICE	DESCRIPTION	AMOUNT
01/14/13	MRI	REF BY DR KOMBERG: LT KNEE @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
02/19/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/27/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
08/22/13	INJECTION	DR PAQUETTE @ MONROVIA HOSP. (3.5 HRS)	315.00
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
11/25/13	PMT BY CHECK	DOS 1/14/13-8/22/13 # 1102493909	-871.50
04/25/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/28/14	PMT BY CHECK	DOS 4/25/14* # 1102711236	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

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

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

00684

PAID JUN 02 2014

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0265418 001 KT	WC 9377088	57855		02/19/12	04/25/14-04/25/14

Check Number	1102711236	Date Issued	05/28/14	Amount	$*****250.00
Insured	Four Seasons Hotel Los Angeles				
Claimant					
Nature of Payment	OTHER LEGAL EXPENSE				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Sudha CG-Dhinakaran				
File Supervisor	Kathryn Truong	Phone Number	818 227-1700		

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#
05/30/14	61093

Claim # : EWJ1278
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 1/27/83
Terms : 45 days

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

Case: vs PRIORITY BUSINESS SERVICES
Date Of Injury: 4/26/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/07/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
04/15/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/23/14	PMT BY CHECK	DOS 3/7/14-4/15/14* # 896D 84216793	-406.50

BALANCE 0.00

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

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

SB03788

896D 84216793

TRAVELERS

DATE: 05/23/14
LOSS DATE: 04/26/13
FILE NUMBER: 152 CB EWJ1278 J

EMPLOYEE

ACCOUNT NAME:
PRIORITY BUSINESS SERVICES IN

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

PAID MAY 30 2014

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

LEGAL DISBURSEMENTS/COURT COSTS

SERVICE DATE: 03/07/2014 TO: 04/15/2014

TOTAL PAID: $406.50
TAX INFO: 330956713331748 1Y
PAY MISC: 61093
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: KELLEEN L CANTU AT (909)612-3844

143013893
DETACH CHECK

UNSUMM
OVRPUNS2-121
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#
05/30/14 55649

Claim # : 2080262668
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 7/16/50
Terms : 45 days

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

Case: vs HEALTHCARE SVCS/QUALITY BUSINE
Date Of Injury: 12/23/11

DOS	SERVICE	DESCRIPTION	AMOUNT
09/10/12	DEPO PREP	@ THE L/O OF GOLDMAN, MAGDALI & KRIKES	156.50
/ /	INTERPRETER:	GABRIELA PUELLES # 100616	0.00
11/16/12	PMT BY CHECK	DOS 9/10/12 # 1100213912	-156.50
05/06/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
05/23/14	PMT BY CHECK	DOS 5/6/14* # 1100275332	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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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 INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

11146

PAID MAY 30 2014

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Contract	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0262668 001 GC	WC 6821210	55649		12/23/11	05/06/14-05/06/14

Check Number	1100275332	Date Issued	05/23/14	Amount	$****156.50
Customer	Healthcare Services Group				
Claimant					
Nature of Payment	MEDICAL-LEGAL COSTS				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Sudha CG-Dhinakaran				
File Supervisor	Gina Cousart	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC WAGE LOSS & DISABILITY	156.50		
TOTAL	$156.50		

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#
06/05/14	61569

Claim # : 001533060325WC01
W.C.A.B.:
ADJ # :
S.S.N. : xXX-XX-N/A
D.O.B. : 8/31/70
Terms : 45 days

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

Case: vs TRADER JOES
Date Of Injury: 8/1/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/15/14	WCAB LA	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	LINDA WEINBERG # 08025285	0.00
05/30/14	PMT BY CHECK	DOS 4/15/14* # 0110009687	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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GALLAGHER BASSETT-LA/ONTARIO
PO BOX 4200
RANCHO CUCAMONGA CA 91729-4200

PAID JUN 05 2014

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

GALLAGHER BASSETT SERVICES INC
FOR TRADER JOE'S COMPANY

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

CLAIM NO.: 001533 060325 WC 01 (017)
CLAIMANT:
DESCRIPTION: INVOICE# 61569

DATES OF SERVICE: 15Apr14 **THRU** 15Apr14
BENEFIT PERIOD: **THRU**

BRANCH NO.: 164
ACC DATE: 01Aug12

NO.: 0110009687
VN: 0000984653
DATE: 30May14

AMOUNT: 156.50

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0000635 000745 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#
06/10/14	61574

Claim # : 99313450049830
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 9/20/91
Terms : 45 days

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

Case: vs TRUE BLUE/ LABOR READY
Date Of Injury: 9/8/11

DOS	SERVICE	DESCRIPTION	AMOUNT
04/16/14	C&R READING	@ THE WCAB LONG BEACH	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/03/14	PMT BY CHECK	DOS 4/16/14* # FE46904094	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PDWLDMCD-002657-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 06/03/14

CHECK NO. **FE46904094**

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00794 FE46904094
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX #4165
TUSTIN CA 92781-4165

FILE ID
9931345004983

DOLLARS
$********250.00

* NOT NEGOTIABLE *

FOR
04/16/14 THRU 04/16/14 61574

PAID JUN 10 2014

CLAIMANT

DATE OF EVENT
09/08/11

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

PDWLDMCD-002657-01-01-00

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#
06/10/14	61349

Claim # : 635C6275302
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 1/16/67
Terms : 45 days

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

Case: vs SEJU NIKO
Date Of Injury: 9/12/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/25/14	DEPO PREP	@ THE L/O OF HANNA BROPHY	156.50
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
04/28/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/03/14	PMT BY CHECK	DOS 3/25/14-4/28/14* # DA72093115	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PDWLDMCD-002851-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 06/03/14

CHECK NO. **DA72093115**

STATEMENT

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

5900A11DA 00 00816 DA72093115
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX #4165
TUSTIN CA 92781-4165

FILE ID
635C6275302

DOLLARS
$*********406.50

* NOT NEGOTIABLE *

PAID JUN 10 2014

FOR
03/25/14 THRU 04/28/14 61349

CLAIMANT

DATE OF EVENT
09/12/07

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

PDWLDMCD-002851-01-01-00

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#
06/10/14	61353

Claim # : 30131064318-0001
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 1/9/69
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEX-14573)
W.C. DEPARTMENT
ATTN: JODIE EYERMAN
P.O. BOX 14573
LEXINGTON, KY 40512

Case: vs HOWARD INDUSTRIES CLIMATE
Date Of Injury: 8/2/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/31/14	DEPO PREP	@ THE L/O OF SAMUELSEN, GONZALEZ, & BROWN	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
04/15/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/04/14	PMT BY CHECK	DOS 3/31/14-4/15/14* # 0000050153	-406.50

BALANCE 0.00

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Sedgwick Claims Management Services, Inc
P.O. Box 14573
Lexington, KY 40512

DATE	CHECK AMT	CHECK NO.
06/04/2014	406.50	0000050153

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

SCMS UNIT	PAGE
523 Sedgwick Claims Management Services	001

005864 0000050153 00002 OF 00002 0AM 140604 1109

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

Claimant Name	Loss Date	Claim Number	SSN
	08/02/2013	30131064318-0001	

Amt Paid: 406.50
Amt Billed: 406.50
Dates: 03/31/2014 - 04/15/2014

Description:
Invoice: 61353
Comment:

ICN: 30131064318000l

PAID JUN 10 2014

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

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

*** INVOICE ***

Date	NO#
06/10/14	61217

Claim # : CA13466481-0001
W.C.A.B.:
ADJ # : ADJ[illegible]
S.S.N. : XXX-XX-[illegible]
D.O.B. : 3/8/79
Terms : 45 days

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

Case: [illegible] vs TARGET CORP
Date Of Injury: 12/16/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/11/14	DEPO PREP	@ THE L/O OF ADELSON, TESTAN, BRUNDO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/16/14	DEPO PREP	@ THE L/O OF DENNNIS FUSI VOL II	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/08/14	PMT BY CHECK	DOS 3/11/14* # 0043668236	-156.50
04/30/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL I & II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/14/14	PMT BY CHECK	DOS 4/16/14* # 0043670977	-156.50
06/06/14	PMT BY CHECK	DOS 4/30/14* # 0043682127	-250.00

BALANCE 0.00

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P6905028006

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

201406061614

Electronic Service Requested

1 OF 2

ENV 2377

SINGLE PIECE

2377 0.5738 SP 0.480

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

4

PAID JUN 10 2014

DATE	CHECK AMT	CHECK NO.
06/06/2014	250.00	0043682127

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
	12/16/2013	CA13466481-0001

Amt Paid: 250.00
Amt Billed: 250.00
Dates: 04/30/2014-04/30/2014
Description:
Invoice: 61217
Comment:

ICN: 160327750.338

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

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

*** INVOICE ***

Date	NO#
05/12/14	60892

Claim # : SAC0000134692; 2309; 4658
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 7/22/63
Terms : 45 days

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

Case: vs GOLDEN STATE OVERNIGHT
Date Of Injury: 3/21/13;1/4/13;2/1/1

DOS	SERVICE	DESCRIPTION	AMOUNT
01/24/14	SURGERY	DR PHILLIPS: RT SHDR @ MONRO-VIA HOSPITAL (9 HRS)	810.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
05/06/14	PMT BY CHECK	DOS 1/24/14* # 16838	-810.00

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

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

11-24
1210(8)

CHECK NO. 16838

DATE
05/06/2014

$810.00

VOID AFTER 180 DAYS

PAY Eight Hundred Ten & 00/100 Dollars

TO THE ORDER OF

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

Judy Adlam
Signature

⑈00016838⑈ ⑆121000248⑆4121125843⑈

CLAIM NUMBER	CLAIMANT	LOSS DATE	INVOICE NUMBER	SERVICE DATES
0000132309		01/04/2013	60892	01/24/2014 - 01/24/2014

Reference: **BR# LWPSPB4413086*
Comments: **ImgID 4413086*

Service	Procedure	Service Dates	Amount Billed	Amount Paid
Medical Miscellaneous		01/24/2014 - 01/24/2014	810.00	810.00

Fee Sched Discount:	0.00	PPO Discount:	0.00	Other Discounts:	0.00	Lien:	0.00

PAID MAY 12 2014

MR

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

*** INVOICE ***

Date	NO#
05/12/14	61083

Claim # : 040513088467
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 9/3/75
Terms : 45 days

BILL TO:
CHUBB GROUP OF INS CO. (L.A.)
W.C. DEPARTMENT
ATTN: PAMELA SHEFFIELD
P.O. BOX # 30570
LOS ANGELES, CA 90030-0570

Case: vs THE RESORT AT PELICAN
Date Of Injury: 9/6/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/27/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/26/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
04/29/14	WCAB LB	TRIAL - CARMEN GUZMAN # 100585	156.50
05/07/14	PMT BY CHECK	DOS 2/27/14-3/26/14* # 9108219	-469.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 4th Floor
Los Angeles, CA 90071

Payment Summary

Claim Ref #: 040513088467
Policy: 000071737180
Occurence: 000771
Date of Loss: 09/06/2013

SSN#/TIN#: XXXXXXXXXX
Payee: Joyce Altman Interpreters

Insured: The Irvine Company LLC

Page: 1 of 1
Check Number: 9108219
Print Date: 05/07/2014
Issue Date: 05/07/2014
Invoice Number: 61083
Invoice Date:

DATE	CLAIMANT	DESCRIPTION	BILLED	REDUCTION	AMOUNT
02/27/2014-03/26/2014		Translator	469.50	0.00	469.50

PAID MAY 12 2014

CHECK TOTAL:	469.50	0.00	469.50

Comments: inv# 61083

Claim Representative: SHAUN RAO

Phone:

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

*** INVOICE ***

Date	NO#
05/12/14	61139

Claim # : 23244
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/20/57
Terms : 45 days

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

Case: _____ vs UNIVERSITY OF SO. CALIFORIA
Date Of Injury: 4/21/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/06/14	DEPO PREP	@ THE L/O OF PEARLMAN, BOSKA & WAX	156.50
/ /	INTERPRETER:	CARMEN LERMA # 100698	0.00
03/27/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/07/14	PMT BY CHECK	DOS 3/6/14-3/27/14* # 0048551114	-406.50

BALANCE 0.00

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

P6905028006

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

201405071613

Electronic Service Requested

MIXED AADC 926
2777 0.3820 MB 0.432

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

141

PAID MAY 12 2014

1 OF 1

ENV 2777

DATE	CHECK AMT	CHECK NO.
05/07/2014	406.50	0048551114

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

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

Claimant Name	Loss Date	Claim Number
	04/21/2010	23244

Amt Paid: 406.50 Description:
Amt Billed: 406.50 Invoice: 61139
Dates: 03/06/2014-03/27/2014 Comment:

ICN: 23244

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

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

*** INVOICE ***

Date	NO#
05/12/14	61212

Claim # : 3666682
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 10/4/79
Terms : 45 days

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

Case: vs BODEGA LATINA DBA EL SUPER
Date Of Injury: 12/1/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/19/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
04/01/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/08/14	PMT BY CHECK	DOS 3/19/14-4/1/14* # 0000027316	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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P9741028001

20140509161O

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

Electronic Service Requested

MIXED AADC 926
3934 0.7130 MB 0.432

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

170

PAID MAY 12 2014

ENV 3934 2 OF 3 F

Claim: 3666682 / , Accident date: 12/01/2012, Jurisdiction State: California.
Insured: Bodega Latina Corporation DBA El Super, Policy: LDM4043884.

The payment is for Language Interpreter - paid under Expense from 03/19/2014 to 04/01/2014.
Check: 0000027316, issued: 05/08/2014, for: $406.50, for: Expense, Invoice: 61212

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

Please contact Pavel Cifuentes, telephone: (866) 560-1447 Ext: 56170 in CA \ Rocklin Rocklin CA, email: PAVEL.CIFUENTES@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#
05/09/14	61244

Claim # : 05150500
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX
D.O.B. : 8/15/53
Terms : 45 days

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

Case: vs TERRA PAVE
Date Of Injury: 8/20/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/24/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
05/06/14	PMT BY CHECK	DOS 3/24/14* # CU-113266	-156.50

BALANCE 0.00

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

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

Provider Number: 330956713

Check #: **CU-113266**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 05/06/14
Doc #: 028262721

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:		**Claim #:** 05150500			
1	#61244	03/24/14	03/24/14	Depositions	1		156.50
					Total Allowances:		**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05150500	156.50	.00	156.50

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

Notations:

05150500 INV#61244 DTD: 04/02/14;

6

PAID MAY 09 2014

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

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

0120614202826272101 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#
10/03/14	56228

Claim # : 05811646
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 10/29/56
Terms : 45 days

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

Case: vs ALPH WATER SYSTEMS
Date Of Injury: 1/15/10-6/14/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/26/12	WCAB LB	PRI-CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/07/12	DEPO PREP	@ THE L/O OF SCIF	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/22/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/11/13	PMT BY CHECK	DOS 11/26/12-12/7/12 # CE-651509	-313.00
02/27/13	PMT BY CHECK	DOS 1/22/13 # CE-654374	-250.00
09/03/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
09/30/14	PMT BY CHECK	DOS 9/3/14* # CE-736100	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: **CE-736100**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/30/14
Doc #: 028849484

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 05811646		
1	56228	09/03/14	09/03/14	Interpreter fees	1		156.50
					Total Allowances:		**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05811646	156.50	.00	156.50

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

PAID OCT 08 2014

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

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

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

*** INVOICE ***

Date	NO#
10/03/14	62972

Claim # : 00512028995
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1680
D.O.B. : 7/30/52
Terms : 45 days

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

Case: vs BRENTWOOD ORIGINALS
Date Of Injury: 11/27/12

DOS	SERVICE	DESCRIPTION	AMOUNT
08/05/14	WCAB LB	EXPEDITED HEARING	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/29/14	PMT BY CHECK	DOS 8/5/14* # 33029950	-156.50

BALANCE 0.0(

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

AMERICAN INSURANCE COMPANY
3100 ZINFANDEL DRIVE
SUITE 240
RANCHO CORDOVA CA 95670

Policy No. WZC 81002876 Claim No. B005C12028995

Insured BRENTWOOD ORIGINALS INC HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS

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

Division Code

Bank Number B1

Invoice Number

Explanation For INVOICE# 62972/
SERVICES RENDERED

PAID OCT 03 2014
62972

Please contact our office with questions concerning this payment or claim. Any error in payee name, address or tax identification number should be reported immediately.

Representative Name ELIZABETH A GUTIERREZ Phone No. (916)852-4590

From 08/05/14 Thru 08/05/14 IRS# R330956713 Check Distribution M
Processor ID 780F348 Check Amount $156.50

Producer Name BB&T INS SERV.OF CA, INC
Producer City ANAHEIM St. CA

Check No. 33029950

Date of Loss 11/27/12
Issue Date 09/29/14

* 0 0016 0 000000 0 0 06J*
CDCG.A160.F

CF60S

Detach And Retain For Your Records

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

*** INVOICE ***

Date	NO#
10/06/14	40494

Claim # : 05506384
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 11/24/09
Terms : 45 days

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

Case: vs ALL CORTAGE TRANSPORTATION
Date Of Injury: 1/13/58

DOS	SERVICE	DESCRIPTION	AMOUNT
11/22/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	
01/05/11	PMT BY CHECK	DPS 11/22/10 # CN-460886	156.50
07/17/12	WCAB LB	EXPEDITED- HEARING	-156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	156.50
05/14/14	C&R READING	@ THE L/O OF DENNIS FUSI	0.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	250.00
09/05/14	PMT BY CHECK	DOS 7/17/12-5/14/14*	0.00
		# CP-806545	-406.50
09/15/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	
10/03/14	PMT BY CHECK	DOS 9/15/14* # CP-813139	156.50
			-156.50

BALANCE 0.0(

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Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: **CP-813139**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 10/03/14
Doc #: 028866501

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 05506384		
1	40494	09/15/14	09/15/14	Interpreter fees	1		156.50
					Total Allowances:		**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05506384	156.50	.00	156.50

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Notations:
05506384 INV 40494;

PAID OCT 06 2014

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

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

*** INVOICE ***

Date	NO#
10/13/14	62935

Claim # : 05484204
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9077
D.O.B. : 12/30/57
Terms : 45 days

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

Case: vs CALMEX FIREPLACE EQUIPMENT
Date Of Injury: 8/31/09

DOS	SERVICE	DESCRIPTION	AMOUNT
07/21/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
09/02/14	WCAB LB	TRIAL (FULL DAY)	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/26/14	PMT BY CHECK	DOS 7/21/14* # CS-518729	-156.50
10/08/14	PMT BY CHECK	DOS 9/2/141* # CS-520129	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: **CS-520129**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 10/08/14
Doc #: 028876456

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 05484204		
1	62935	09/02/14	09/02/14	Interpreter fees	1		156.50
					Total Allowances:		**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05484204	156.50	.00	156.50

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Notations:

05484204 INVOICE # 62935;

PAID OCT 13 2014

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

*** INVOICE ***
Date NO#
10/13/14 62040

Claim # : 135-7774851100000762
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-4519
D.O.B. : 4/19/50
Terms : 45 days

BILL TO:
CIGA/PATRIOT
W.C. DEPARTMENT
ATTN: REBECCA HUIRAS
P.O. BOX 29066
GLENDALE, CA 91209

Case:
Date Of Injury: 6/25/11

vs LIFE LINE COMPANION SERVICES

DOS	SERVICE	DESCRIPTION	AMOUNT
05/13/14	DEPO PREP	@ THE L/O OF GRANCELL STANDER REUBENS	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	
06/12/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	0.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	250.00
07/18/14	PMT BY CHECK	DOS 4/13/14-6/12/14* # 79440886	0.00 -406.50
08/04/14	WCAB LB	EXPEDITED HEARING (FULL DAY)	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585 (A.M)	0.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566 (P.M.)	0.00
07/31/14	DEPO PREP	@ THE L/O OF GRANCELL, LEBOVITZ (VOL. II)	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	
08/26/14	PMT BY CHECK	DOS 7/31/14-8/4/14* # 79474095	0.00 -469.50
09/12/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL. II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	
10/07/14	PMT BY CHECK	DOS 9/12/14* # 79509736	0.00 -250.00
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

Address Service Requested

000196-00001-000196 CIG1 2158698
JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781-4165

Phone: (818) 844-4300

CHECK NUMBER: 79509736

Description	Invoice	CLAIM #	G/L Code	Serv/From	Serv/To	Amount
Interpreter2	62040	7774851100000762		09/12/14	09/12/14+	$250.00

TOTAL: $250.00

PAID OCT 13 2014

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

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

BANK OF AMERICA NT SA
LOS ANGELES, CA 90067

16-66/1220

CHECK NO. 79509736

DATE: 10/07/2014

Claim#: 7774851100000762
Claimant:
Insured: Lifeline Companion Services In
DOL: 06/25/2011

AMOUNT
*******$250.00

PAY TWO HUNDRED FIFTY AND 00/100 DOLLARS

VOID 120 DAYS AFTER DATE OF ISSUE

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

Memo Invoice 62040

Wayne D Allie
AUTHORIZED SIGNATURE

Susan White
AUTHORIZED SIGNATURE

CIG

⑈79509736⑈ ⑆122000661⑆ 14177⑈5021 2⑈

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

*** INVOICE ***

Date	NO#
10/17/14	58893

Claim # : 498C1931314
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-5023
D.O.B. : 8/13/74
Terms : 45 days

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

Case: vs BUDGET SUITES OF LA
Date Of Injury: 8/27/10

DOS	SERVICE	DESCRIPTION	AMOUNT
05/09/13	WCAB LA	MSC - LINDA WEINBERG #0802585	156.50
07/17/13	PMT BY CHECK	DOS 5/9/13 # DA70288624	-156.50
09/25/14	WCAB LA	MSC - PILAR PEREZ # 44188282	165.00
10/10/14	PMT BY CHECK	DOS 9/258/14* # DA72867793	-165.00

BALANCE 0.00

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PDWLDMCD-001613-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 10/10/14

CHECK NO. **DA72867793**

STATEMENT

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

PAID OCT 14 2014

5900A11DA 00 00433 DA72867793
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

FILE ID	DOLLARS
498C1931314	$********165.00

* NOT NEGOTIABLE *

58893

FOR
09/25/14 THRU 09/25/14 ADJ7568595

CLAIMANT

DATE OF EVENT
08/27/10

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.

PDWLDMCD-001613-01-01-00

BOA18B (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#
10/14/14	62311

Claim # : 2080220251
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-3289
D.O.B. : 10/17/69
Terms : 45 days

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

Case: vs TELEDYNE RELAYS
Date Of Injury: 6/10/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/18/14	WCAB MDR	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	ANDREA KRULAC # 100786	0.00
09/15/14	DEPO PREP	@ THE L/O OF STOCKWELL , HARRIS, WOOLVERTON	156.50
/ /	INTERPRETER:	SUSANA SARDAS # 100498	0.00
10/09/14	PMT BY CHECK	DOS 6/18/14-9/18/14* # 1100011038	-313.00

BALANCE 0.00

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

PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

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 4165

06625

PAID OCT 14 2014

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Contract	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0270251 001 DB	WC 4275069	62311		11/01/09	06/18/14-09/15/14

Check Number	1100011038	Date Issued	10/09/14	Amount	$****313.00
Customer	Teledyne Relays				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Radha CG-Pachaiyappan				
File Supervisor	Diana Barkhaus	Phone Number	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	313.00		
TOTAL	$313.00		

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#
10/21/14	63388

Claim # : 1010-09-03061
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1967
D.O.B. : 4/18/63
Terms : 45 days

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

Case:
Date Of Injury: 6/22/09 vs EAST SHORE R.V. PARK

DOS	SERVICE	DESCRIPTION	AMOUNT
09/15/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/16/14	PMT BY CHECK	DOS 10/6/15* # 0000633526	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Check Date: 10/16/2014
Check Number: 0000633526
Check Amount: $156.50

UTP22H

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, UTP22H

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID OCT 21 2014

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amoun
1010-09-03061		06/22/2009	63388	02	10/06/2015	10/06/2015	$156.5

Cat	SubPC	Stub Notes	Stub Amoun
02		MISC MEDICAL TRANSLATION	$156.5(
			$156.5(

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

*** INVOICE ***

Date	NO#
10/21/14	63386

Claim # : 05891822
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 10/23/80
Terms : 45 days

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

Case: vs HJM BROTHERS CORPORATION
Date Of Injury: 12/27/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/11/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/16/14	PMT BY CHECK	DOS 9/11/14* # BE-611498	-250.00

BALANCE 0.00

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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
(888)782-8338

Provider Number: XXXXX6713

Check #: **BE-611498**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 10/16/14
Doc #: 028910061

63386

Compensation

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:		**Claim #:** 05891822			
1		09/11/14	09/11/14	Claimant Incurred Legal Expense	1		250.00
						Total Allowances:	**$250.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05891822	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:
05891822

C

PAID OCT 21 2014

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

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

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

*** INVOICE ***
Date NO#
10/31/14 52907

Claim # : 345C6205265
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 5/16/50
Terms : 45 days

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

Case: vs SELECT STAFFING
Date Of Injury: 12/16/11

DOS	SERVICE	DESCRIPTION	AMOUNT
05/08/12	DEPO PREP	@ THE L/O OF STOCKWELL & HARRIS	156.50
/ /	INTERPRETER:	REBECCA GUZMAN FRANCO #100704	0.00
06/21/12	PMT BY CHECK	DOS 5/8/12 # DA67906074	-156.50
10/11/12	WCAB LB	STATUS CONFERENCE - JOYCE ALTMAN # 300624	156.50
04/11/13	DEPO PREP	@ THE L/O OF STOCKWELL HARRIS WOOLVERTON VOL II	156.50
/ /	INTERPRETER:	MARIO BASURTO VALDEZ # 301322	0.00
04/25/13	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
07/11/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
08/14/13	PMT BY CHECK	DOS 5/8/12-7/11/13 # DA70457192	-626.00
02/27/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
07/31/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
09/04/14	PMT BY CHECK	DOS 2/27/14-7/31/14* # DA72656235	-313.00
09/05/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL. II	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
10/28/14	PMT BY CHECK	DOS 9/5/14* # DA72962943	-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#
10/31/14	52907

Claim # : 345C6205265
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 5/16/50
Terms : 45 days

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

Case: vs SELECT STAFFING
Date Of Injury: 12/16/11

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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PDWLDMCD-001492-01-01-00

ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 10/28/14

CHECK NO. **DA72962943**

STATEMENT

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

5900A11DA 00 00519 DA72962943
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C6205265

DOLLARS
$*********250.00

*** NOT NEGOTIABLE ***

PAID OCT 31 2014

FOR
09/05/14 THRU 09/05/14 52907

CLAIMANT

DATE OF EVENT
12/16/11

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-001492-01-01-00

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#
11/04/14	62947

Claim # : 002546-002021-WC-01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 5/16/70
Terms : 45 days

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

Case: vs AGC FIELD OPERATION
Date Of Injury: 3/3/11

DOS	SERVICE	DESCRIPTION	AMOUNT
07/29/14	WCAB SA	MSC - TANIA ENGLAND # 301311	156.50
09/29/14	PMT BY CHECK	DOS 9/19/14* # 0112854957	-156.50
10/07/14	WCAB SA	MSC - MARIA SEARS # 100795	156.50
10/31/14	PMT BY CHECK	DOS 10/17/14* # 0113706223	-156.50

BALANCE 0.00

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

CLAIM NO.: 002546 002021 WC 01 (781-30)
CLAIMANT:
DESCRIPTION: INV 62947

BRANCH NO.: 170
ACC DATE: 03Mar11

NO.: 0113706223
VN: 0000085405
DATE: 31Oct14

DATES OF SERVICE: 17Oct14 **THRU** 17Oct14
BENEFIT PERIOD: **THRU**

AMOUNT: 156.50

PAID NOV 04 2014

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0006266 006953 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#
11/03/14	63369

Claim # : unpr-000444
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/11/66
Terms : 45 days

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

Case: vs SADDLEBACK MATERIALS INC
Date Of Injury: 2/14/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/04/14	WCAB LA	MSC - LINDA WEINBERG # 08025285	156.50
10/28/14	PMT BY CHECK	DOS 9/4/14* # 14265	-156.50

BALANCE 0.00

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Mailing Information:

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

Claim Number : UNPR-000444
Claimant :
Date of Loss : 02/14/2014
Check Number : 14265
Check Date : 10/28/2014
Check Amount : $156.50
Type of Payment :
EP 61 - MISC. ALL OTHER

Location : 1 6090 Etiwanda Ave 6090 Etiwanda Ave of Saddleback Materials Co., Inc.
For Period : 09/04/2014 to 09/04/2014
InvoiceNo : 63369
IRS # : 33-0956713
Handling Office : 642-Anaheim WC Profit Center, Roseville, CA

PAID NOV 0 8 2014

WARNING: THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD TO LIGHT TO VIEW. · PAPER WILL TURN BROWN IF CHEMICALLY ALTERED · FLUORESCENT FIBERS ALSO EMBEDDED INTO THIS DOCUMENT

YORK RISK SERVICES GROUP, INC. (D/7064)
As Agents for Hartford Fire Insurance Company
United Agency Captive
1-800-777-4283

JPMorgan Chase Bank, N.A.
Syracuse, NY
50-937/213

REF. NUMBER	
UNPR-000444	
DATE	CHECK NO
10/28/2014	**14265**
AMOUNT	
***$156.50	

ONE HUNDRED FIFTY-SIX AND 50/100

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

Richard Talton

AUTHORIZED AGENT

⑈0014265⑈ ⑆021309379⑆ 952122117⑈

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

*** INVOICE ***

Date	NO#
11/03/14	63396

Claim # : 494C3911842
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 10/18/61
Terms : 45 days

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

Case: vs SELECT STAFFING
Date Of Injury: 2/21/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/11/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100751	0.00
10/29/14	PMT BY CHECK	DOS 9/11/14* # DA72968620	-156.50

BALANCE 0.00

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PDWLDMCD-001477-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 10/29/14

CHECK NO. **DA72968620**

STATEMENT

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

5900A11DA 00 00341 DA72968620
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C3911842

DOLLARS
$*********156.50

*** NOT NEGOTIABLE ***

FOR
09/11/14 THRU 09/11/14 63396

PAID NOV 03 2014

CLAIMANT

DATE OF EVENT
02/21/14

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.

PDWLDMCD-001477-01-01-00

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#
10/30/14	59007

Claim # : YMH93892C
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 10/21/78
Terms : 45 days

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

Case: vs ORION PLASTICS MF6
Date Of Injury: 1/15/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/13/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/17/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/07/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
10/15/14	PMT BY CHECK	DOS 6/13/13-10/7/14* # 123048508 2	-563.00

BALANCE 0.0(

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Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
916/294-1216

THE HARTFORD

000357
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00362

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*400012 1230485082

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
59007 01-15-13	72WE DF2252 YMHC 93892	ORION PLASTICS, MFG	$563.00

Nature of Benefits:	Nature of Payment:	Service Dates	
Interpreter Fees at Hearing	Source Payment	06-13-2013 10-07-2014	$563.00

Claim Handler: Megan Angus
916/294-1216
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

PAID OCT 30 2014

Please keep the above information for your records.

HAR-100-2

104335

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
916/294-1216

56 -1544
441

Check Number: 123048508 2
Issue Date: 10-15-2014
Benefit Period: 06-13-2013 to 10-07-2014

$**********563.00

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

Pay

FIVE HUNDRED SIXTY-THREE DOLLARS AND 00/100

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

Authorized Signature

⑈123048508 2⑈ ⑆044115443⑆ 632559738⑈

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

*** INVOICE ***

Date	NO#
10/29/14	63382

Claim # : 494C3838340
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0522
D.O.B. : 3/14/63
Terms : 45 days

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W.C. DEPARTMENT
ATTN: RAUL DE LA ROCHA
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs RAYPAK
Date Of Injury: 11/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
09/08/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/23/14	PMT BY CHECK	DOS 9/8/14* # DA72932280	-156.50

BALANCE 0.00

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

PDWLDMCD-001769-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 10/23/14

CHECK NO. **DA72932280**

STATEMENT

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

5900A11DA 00 00068 DA72932280
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C3838340

DOLLARS
$*********156.50

*** NOT NEGOTIABLE ***

FOR
09/08/14 THRU 09/08/14 63382

CLAIMANT

DATE OF EVENT
11/01/13

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-001769-01-01-00

PAID OCT 28 2014

PAID OCT 28 2014

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#
10/28/14	63385

Claim # : 1010-14-05414
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-0732
D.O.B. : 4/3/61
Terms : 45 days

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

Case: vs PRORIDE INC
Date Of Injury: 10/1/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/11/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/22/14	PMT BY CHECK	DOS 9/11/14* # 0000637591	-156.50

BALANCE 0.0(

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 10/22/2014
Check Number: 0000637591
Check Amount: $156.50

VXU224

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, VXU224

00012 JOP1ZS01 1Z 6300016812-6300688071

JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN, CA 92781-1460

PAID OCT 24 2014
PAID OCT 28 2014
PAID OCT 28 2014

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-14-05414		10/01/2012	63385	43	09/11/2014	09/11/2014	$156.50

Cat	SubPC	Stub Notes	Stub Amount
		DEPO PREP	$0.00
43		MISC EXPENSE - INV #63385	$156.50
			$156.50

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#
10/24/14	63372

Claim # : 05524938
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 4/24/59
Terms : 45 days

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

Case: vs UNIQUE PAINTINE
Date Of Injury: 8/11/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/08/14	WCAB SA	EXPEDITED HEARING	156.50
/ /	INTERPRETER:	MARIA SEARS # 100795	0.00
10/22/14	PMT BY CHECK	DOS 9/8/14* # CP-816507	-156.50

BALANCE 0.00

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Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: **CP-816507**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 10/22/14
Doc #: 028931867

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 05524938		
1	63372	09/08/14	09/08/14	Interpreter fees	1		156.50
						Total Allowances:	**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05524938	156.50	.00	156.50

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

Notations:

05524938 INV#63372 WCAB;

PAID OCT 24 2014

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

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

0121193702893186701 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#
10/21/14	62968

Claim # : CA-371884
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8724
D.O.B. : 7/24/61
Terms : 45 days

BILL TO:
LUMBERMAN'S UNDERWRITING (FL)
W.C. DEPARTMENT
ATTN: FELISHA KELLEY
P.O. BOX 3061
BOCA RATON, FL 33431

Case: vs TRISTATE STAFFING
Date Of Injury: 5/29/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/07/14	DEPO PREP	@ THE L/O OF BAGBYM GAJDOS	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/10/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/13/14	PMT BY CHECK	DOS 8/7/14-9/10/14*	-406.50
		# 000075291	

BALANCE 0.0(

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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63-4
630

371884

LUMBERMEN'S UNDERWRITING ALLIANCE

BOCA RATON, FLORIDA 33431

000075291

DATE INCURRED	ACCOUNT NO.	POLICY NO.	CLAIM NO.	ISSUE DATE
01-16-14	58397-3236	431875	WC-CA-371884	OCTOBER 13, 20

000075291

INSURED TS STAFFING SERVICES INC

CLAIMANT

PAYEE TAX ID: 330956713

FROM 08-07-14 TO 09-10-14

NATURE OF PAYMENT TRANSLATION 62968

PAY FOUR HUNDRED SIX AND 50/100 DOLLARS

TO THE ORDER OF

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

JCA

BANK OF AMERICA, N.A.

$ ********406.

VOID IF NOT CASHED WITHIN 6 MO

Christine L. Lynn

AUTHORIZED SIGNATURE

COUNTERSIGNATURE MAY BE REQUIRED

RUB RED IMAGE FADES WITH HEAT

INSURING THE FUTURE LUA SINCE 1905

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈000075291⑈ ⑆063000047⑆ 003601187388⑈

LUMBERMEN'S UNDERWRITING ALLIANCE

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

Check Number: 000075291

Date: OCTOBER 13, 2014

Paid Amount: ********406

Dates: 08-07-14 TO 09-10-14

Bill ID No: 62968

Nature of Pay: TRANSLATION

Special Instructions:

PAID OCT 21 2014

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

*** INVOICE ***

Date	NO#
08/11/14	60131

Claim # : 186144414
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 2/3/55
Terms : 45 days

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

Case: vs ALLEGIS GROUP AEROTEC
Date Of Injury: 2/3/11

DOS	SERVICE	DESCRIPTION	AMOUNT
10/29/13	WCAB SA	MSC (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/24/14	WCAB SA	STATUS CONFERENCE (WIFE PRESENT)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/26/14	C&R READING	@ THE L/O OF NORMAN HOMEN (SIGNED BY WIFE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/05/14	PMT BY CHECK	DOS 7/29/14* # 6520961670	-1455.00

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Check Date	:	08/05/2014
Check Amount	:	$1455.00
Check Number	:	6520961670

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

PAID AUG 11 2014

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice# 66131	Adjuster Phone# Invoice Date Service Dates
186144414-001 WC BREA Professional Service	02/03/2011 $1455.00 $1455.00	Terry L. Henderson	714-989-4445 07/29/2014-07/29/2014

MR

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#
08/25/14	60198

Claim # : 6334719240366
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1708
D.O.B. : 12/24/54
Terms : 45 days

BILL TO:
CARL WARREN & CO. (TUSTIN)
W.C. DEPARTMENT
ATTN: RITA RAMIREZ
P.O. BOX # 2422
TUSTIN, CA 92781

Case: vs PERSONNEL PLUS
Date Of Injury: 2/22/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/12/13	WCAB AHM	MSC - LAURA SALAS # 100471	156.50
11/08/13	DEPO PREP	@ THE L/O OF WATTEN DISCOE BASSETT & MCMAINS	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/20/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/27/14	PMT BY CHECK	DOS 11/12/13-1/20/14 # 000134289	-563.00
07/09/14	WCAB AHM	MSC - PATRICIA HAYES # 100761	156.50
08/20/14	PMT BY CHECK	DOS 7/9/14* # 000146428	-156.50

BALANCE 0.00

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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 0002685
CLAIMANT:
LOSS DATE: 2/22/2012

PAYMENT AMOUNT: ******156.50**
PAYEE NAME: JOYCE ALTMAN INTERPRETERS

CHECK#: 000146428
ISSUE DATE: 8/20/2014

PAYMENT SETTLEMENT: INV# 60198 11/12/2013-07/09/2014

PAID AUG 25 2014

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

*** INVOICE ***

Date	NO#
08/25/14	33782

Claim # : 20080101484
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 6/16/52
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W.C. DEPARTMENT
ATTN: LAUREEN GARY
P.O. BOX # 14440
LEXINGTON, KY 40512

Case: vs INTERNATIONAL PAPER COMPANY
Date Of Injury: 10/21/08

DOS	SERVICE	DESCRIPTION	AMOUNT
04/20/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
05/14/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
06/03/09	PMT BY CHECK	DOS 4/20/09 # 0021206266	-156.50
06/06/09	PMT BY CHECK	DOS 5/14/09 # 0021208145	-250.00
05/03/11	WCAB LB	MSC - CARMEN GUZMAN E 100585	156.50
05/23/11	PMT BY CHECK	DOS 5/3/11 # 0027655991	-156.50
09/07/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
09/27/11	PMT BY CHECK	DOS 9/7/11 # 0028859927	-156.50
12/19/11	WCAB LB	MSC	156.50
/ /	INTERPRETER:	CARMEN GUZMAN #100585	0.00
01/10/12	PMT BY CHECK	DOS 12/19/11 # 0030346602	-156.50
04/16/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
04/30/12	PMT BY CHECK	DOS 4/16/12 # 0032776934	-156.50
08/07/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
10/23/12	WCAB LB	TRIAL - JOHANNA JORDAN # 100793	156.50
11/27/12	PMT BY CHECK	DOS 8/7/12-10/23/12 # 0035760545	-313.00
10/07/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
10/25/13	PMT BY CHECK	DOS 10/7/13 # 0044689824	-156.50
08/04/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
08/20/14	PMT BY CHECK	DOS 8/4/14* # 0050179601	-156.50

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#
08/25/14	33782

Claim # : 20080101484
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 6/16/52
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W.C. DEPARTMENT
ATTN: LAUREEN GARY
P.O. BOX # 14440
LEXINGTON, KY 40512

Case: vs INTERNATIONAL PAPER COMPANY
Date Of Injury: 10/21/08

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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5028006

Sedgwick Claims Management Services, Inc
P O Box 14440
Lexington, KY 40512-4440

201408201603

Electronic Service Requested

1 OF 1

ENV 4402

SINGLE PIECE

4402 0.3820 SP 0.480

JOYCE ALTMAN INTERPRETERS 8
P.O. BOX 4165
TUSTIN, CA 92781-4165

DATE	CHECK AMT	CHECK NO.
08/20/2014	156.50	0050179601

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
	03/01/2007	200703013600001

Amt Paid: 156.50 Description:
Amt Billed: 156.50 Invoice:
Dates: 08/04/2014-08/04/2014 Comment: 33782

ICN: 200703013600001

PAID AUG 25 2014

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

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

*** INVOICE ***

Date	NO#
08/25/14	53838

Claim # : 30120302032
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-1730
D.O.B. : 12/2/74
Terms : 45 days

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

Case: vs ROSS
Date Of Injury: CT 6/10-10/14/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/20/12	DEPO PREP	@ THE L/O OF PRINDLE, AMARO & GOETZ	156.50
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
08/27/12	PMT BY CHECK	DOS 6/20/12 # 0035539691	-156.50
08/20/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/21/12	PMT BY CHECK	DOS 8/20/12 # 0036033964	-250.00
11/29/12	DEPO PREP	@ THE L/O OF PRINDLE AMARO	156.50
/ /	INTERPRETER:	GERARDO WOLFF # 100024	0.00
01/02/13	PMT BY CHECK	DOS 11/29/12 # 0037370613	-156.50
01/09/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
02/15/13	PMT BY CHECK	DOS 1/9/13 # 0039101323	-250.00
01/09/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
02/04/14	PMT BY CHECK	DOS 1/9/14* # 0047337748	-156.50
07/24/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
08/22/14	PMT BY CHECK	DOS 7/24/14* # 0051894092	-156.50

BALANCE 0.00

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6905028006

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

201408221607

Electronic Service Requested

1 OF 1

ENV 6983

SINGLE PIECE
6983 0.3820 SP 0.480

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

DATE	CHECK AMT	CHECK NO.
08/22/2014	156.50	0051894092

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
	10/14/2011	30120302032-0001

53838

Amt Paid: ~~156.50~~ Description:
Amt Billed: 156.50 Invoice: 100585 ICN: 162434600.338
Dates: 07/24/2014-07/24/2014 Comment: Translation services

PAID AUG 25 2014

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

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

*** INVOICE ***

Date	NO#
09/30/14	61532

Claim # : 4997620
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8332
D.O.B. : 4/8/69
Terms : 45 days

BILL TO:
YORK INSURANCE SVCS (LEXINGTON
W.C. DEPARTMENT
ATTN: MICHELLE KELLISON
P.O. BOX 14731
LEXINGTON, KY 40512

Case: vs WAL-MART
Date Of Injury: 6/14/06

DOS	SERVICE	DESCRIPTION	AMOUNT
03/13/14	SURGERY	DR WILKER: L/S @ MONROVIA HOSPITAL (3.5 HRS)	315.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/12/14	ADMISSION	REF BY DR WILKER @ MONROVIA HOSPITAL*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/30/14	PMT BY CHECK	DOS 3/12/14-3/13/14* # 11058266	-495.00

BALANCE 0.00

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York Risk Services Group-Walmart
P.O. Box 14731
Lexington,, KY 40512-4731

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-1460

PAID SEP 30 2014

Claim Number:	4997620		**Check Amount:**	$ 495.00	**Check No.:** 11058266
Claimant Name:			**Coverage:**		**Invoice No.:** 61532
Service/Indemnity From:	03/12/2014 **Thru:**	03/13/2014			**Vendor Tax ID No.:** 330956713
Insurance Company:	National Union Fire				**Invoice Comments:**
Comments:					

DETACH AT PERFORATION

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

*** INVOICE ***

Date	NO#
09/30/14	61918

Claim # : 14-074297
W.C.A.B.:
ADJ # : .
S.S.N. : XXX-XX-
D.O.B. : 2/8/66
Terms : 45 days

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

Case: vs PINNACLE MOLDING
Date Of Injury: 8/16/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/07/14	INITIAL EXAM	DR ROSARIO @ INTERVENTIONAL PAIN MGMT*	230.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
05/05/14	PR2/REEVAL	DR ROSARIO # IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
05/08/14	EPIDURAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT*	150.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
06/06/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/03/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/10/14	EPIDURAL	DR BERNSTEIN: L/S @ NEWPORT COAST SURGERY CTR*	150.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
09/19/14	PMT BY CHECK	DOS 4/7/14-7/10/14* # 3033653	-1070.00

BALANCE 0.0(

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

P8528028002

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

201409220127

Electronic Service Requested

3-DIGIT 926
22422 0.3820 AT 0.403

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

203

Payee:	Joyce Altman Interpeters
Company Name:	Companion Property and Casualty Insu
Facility:	Pinnacle Holdings Group, Inc.
Policy ID:	CPCA16926
IRS/SSN:	XXXXX6713
Administrator:	DSTRIETER
Claim Number:	14-074297
Check #:	3033653
Check Total:	1,070.00
Check Date:	09/19/2014

1 OF 1

ENV 22422

Explanation of Benefits

Incident Date	Claim Number Invoice Number	Account Number From/Through Date	Claimant Name Document Number	Description Amount
8/16/2013	14-074297 #61918	04/07/14-07/10/14		Interpreter Fees - Medical Rel 1,070.00

Totals: 1,070.00

PAID SEP 30 2014

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

*** INVOICE ***

Date	NO#
10/13/14	61682

Claim # : 01483188
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
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

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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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-153972**

Issue Date: 10/08/143
Doc #: 028874670

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
								Subtotal:	**930.68**
	Patient Name:				**Claim #:** 05767442		**Date of Injury:**	11/20/11	
SSN: XXX-XX	Employer name: EL RODEO			Employer ID: 0005090002292100					
	ICD-9 Code:726.2	SHOULDER REGION DIS NEC							
16	SF1-SFCA-14149991	05/11/12	MDO10	Payment By Order	1	.00	.00		.00
17	SF1-SFCA-14149991	11/20/11	MDO10	Payment By Order	1	2,512.10	420.85	961 G67	2,091.25
								Subtotal:	**2,091.25**
	Patient Name:				**Claim #:** 01483188		**Date of Injury:**	03/01/04	
SSN: XXX-XX	Employer name: COOPER MICROELECTRONICS INC			Employer ID: 0000001754573030					
	ICD-9 Code:999.9	COMPLIC MED CARE NEC/NOS							
18	SF1-SFCA-14144429	03/26/14	999Q2	Interpreter Treatmen	1	180.00	.00	723 A01 G67	180.00
19	SF1-SFCA-14144429	05/28/14	999Q2	Interpreter Treatmen	1	180.00	.00	723 A01 G67	180.00
20	SF1-SFCA-14144429	06/04/14	999Q2	Interpreter Treatmen	1	150.00	.00	723 A01 G67	150.00
21	SF1-SFCA-14144429	07/16/14	999Q2	Interpreter Treatmen	1	180.00	.00	723 A01 G67	180.00
								Subtotal:	**690.00**
	Patient Name:				**Claim #:** 05684562		**Date of Injury:**	03/06/11	
SSN: XXX-XX	Employer name: RAY'S HAND CAR WASH INC			Employer ID: 0008470000477090					
	ICD-9 Code:999.9	COMPLIC MED CARE NEC/NOS							
22	SF1-SFCA-14150031	03/06/11	MDO10	Payment By Order	1	1,000.00	807.97	961 G67	192.03
23	SF1-SFCA-14150031	09/16/14	MDO10	Payment By Order	1	.00	.00		.00
								Subtotal:	**192.03**

Total Allowances: **$5,493.96**

PAID OCT 13 2014

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

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

*** INVOICE ***

Date	NO#
10/14/14	60891

Claim # : 022612010917
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 9/21/67
Terms : 45 days

BILL TO:
CHUBB GROUP (DALLAS)
W.C. DEPARTMENT
ATTN: TAMMY LITTLE FIELD
P.O. BOX 660403
DALLAS, TX 75266

Case: vs FOREVER 21
Date Of Injury: 12/5/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/29/14	SURGERY	DR PHILLIPS: RT KNEE @ MONRO-VIA HOSPITAL (8 HRS)	720.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
10/09/14	PMT BY CHECK	DOS 1/29/14* # 802564	-720.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 4th Floor
Los Angeles, CA 90071

Payment Summary

Claim Ref #: 022612010917
Policy: 000071603793
Occurence: 000718
Date of Loss: 12/15/2011
SSN#/TIN#: XXXXXXXXXX
Payee: JOYCE ALTMAN INTERPRETERS

Page: 1 of 1
Check Number: 802564
Print Date: 10/09/2014
Issue Date: 10/09/2014
Invoice Number: 60891
Invoice Date:

PAID OCT 14 2014

Insured: Forever 21, Inc.

DATE	CLAIMANT	DESCRIPTION	BILLED	REDUCTION	AMOUNT
01/29/2014-		Translator	720.00	0.00	720.00

Comments: inv# 60891 invdate 9/12/14

CHECK TOTAL: 720.00 0.00 720.00

Claim Representative: YOLANDA JAMES

Phone:

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

*** INVOICE ***

Date	NO#
10/21/14	62395

Claim # : MCA900096251
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 3/20/64
Terms : 45 days

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

Case: vs CORPORATE OFFICE SPECIALIST
Date Of Injury: 3/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/09/14	INITIAL EXAM	DR AVILES @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
05/23/14	PR2-RE/EVAL	W/ACUPUNCTURIST STEVE HING @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
06/02/14	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/16/14	PMT BY CHECK	DOS 5/9/14-6/2/14* =# 183136	-590.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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MARKEL FIRST COMP
Insuring America's Small Business®
PO Box 3188
Omaha, NE 68103-0188

Claims Disbursement

Claim Number: MCA900096251
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 183136
Check Date: 10/16/2014
Check Amount: 590.00

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: MWC0001877
CLAIMS TYPE: ME EXPENSE TYPE: 15

PAID OCT 21 2014

Invoice Number: 62395
Invoice Date: 09/29/2014

Service From: 05/09/2014 **Service To:** 06/02/2014

Claimant First Name:
Claimant Last Name:

Additional Information: 05/09/2014 06/02/2014

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

*** INVOICE ***

Date	NO#
11/04/14	61520

Claim # : 000808083399WC01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-3951
D.O.B. : 12/9/60
Terms : 45 days

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

Case: vs SODEXO INC
Date Of Injury: 2/10/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/14/14	INITIAL EXAM	DR ATAMIAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	BOSCO BOKSH # 301275	0.00
03/28/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
04/14/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
04/23/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ACS W/DR CONNOLLY*	150.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
04/25/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
05/23/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
06/09/14	PR2/REEVAL	DR MIZRABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
06/20/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
06/30/14	EMG TESTING	& NCV BY DR SCHILLING: L/E @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
07/07/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
10/28/14	PMT BY CHECK	DOS 3/14/14*7/7/14* # 0113592611	-1790.00

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#
11/04/14	61520

Claim # : 000808083399WC01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-3951
D.O.B. : 12/9/60
Terms : 45 days

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

Case: vs SODEXO INC
Date Of Injury: 2/10/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

MDG2009 00004570 1 MB 0435 1

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

PAID NOV 04 2014

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 083399 WC 01 (44544003)
CLAIMANT:
DESCRIPTION: INVOICE# 61520

DATES OF SERVICE: 14Mar14 **THRU** 07Jul14
BENEFIT PERIOD: **THRU**

BRANCH NO.: 165
ACC DATE: 10Feb14

NO.: 0113592611
VN: 0001852129
DATE: 28Oct14
AMOUNT: 1790.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004570 005193 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#
10/28/14	58816

Claim # : 4100120618
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9002
D.O.B. : 2/3/57
Terms : 45 days

BILL TO:
SPRINGFIELD INS CO (COVINA)
W.C. DEPARTMENT
ATTN: NANCY COBOS
P.O. BOX # 3029
COVINA, CA 91722

Case: vs GELSON'S MARKET
Date Of Injury: 11/16/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/26/13	INITIAL EXAM	DR ATAMIAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
05/01/13	INITIAL EXAM	DR MIRZABEIGI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
05/31/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ARACELIO RUBIO # 100359	0.00
06/12/13	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOAHNNA JORDAN # 100793	0.00
06/21/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
09/19/13	PMT BY CHECK	DOS 4/26/13-6/21/13 # 606534	-1000.00
09/27/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
10/30/13	PR2/REEVAL	DR MIRZABEIGI @ ACS*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
11/22/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
12/19/13	PMT BY CHECK	DOS 4/26/13-10/30/13 # WC 612571	-360.00
11/27/13	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
12/18/13	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
12/19/13	INITIAL EXAM	DR WILLIAMS @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
12/20/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	AMALIA SILVESTRI # 301467	0.00
01/17/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	AMALIA SILVESTRI # 301467	0.00
01/24/14	PMT BY CHECK	DOS 11/27/13* # WC 614918	-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#
10/28/14	58816

Claim # : 4100120618
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-9002
D.O.B. : 2/3/57
Terms : 45 days

BILL TO:
SPRINGFIELD INS CO (COVINA)
W.C. DEPARTMENT
ATTN: NANCY COBOS
P.O. BOX # 3029
COVINA, CA 91722

Case: vs GELSON'S MARKET
Date Of Injury: 11/16/12

DOS	SERVICE	DESCRIPTION	AMOUNT
01/23/14	PR2/REEVAL	DR WILLIAMS & DR SELBY @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
01/28/14	INITIAL EXAM	DR SHAMLOU @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	BOSCO BOKSH # 301275	0.00
02/14/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
03/12/14	PMT BY CHECK	DOS 12/19/13-1/28/14* # WC 6188166	-1180.00
03/24/14	PMT BY CHECK	DOS 1/23/14-2/14/14* # WC 618799	-180.00
05/23/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARU DANA # 100981	0.00
08/21/14	PMT BY CHECK	DOS 3/12/14* # WC 629679	-360.00
08/01/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
08/04/14	PR2/REEVAL	DR BROWN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
10/27/14	PMT BY CHECK	DOS 8/1/14-8/4/14* # WC 634412	-360.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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4100-12-0618

Invoice# : 58816
From : 08-01-14 Thru: 08-04-14

00 MEDICAL EXPENSE 360.00

TOTAL PAID: $360.00

DOI : 11-16-12
LOC# :
TRANS# : 625749 0634412*22

PAID OCT 28 2014

TP#: 07

THE ORIGINAL DOCUMENT HAS A WHITE REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW. DO NOT CASH IF NOT PRESENT.

SPRINGFIELD INSURANCE COMPANY
c/o U.G.I.S. CLAIMS DIVISION
PO BOX 3029, Covina CA 91722
Telephone (626) 915-1951
WORKER'S COMPENSATION ACCOUNT

UNION BANK
HEADQUARTERS OFFICE
445 S. FIGUEROA STREET
LOS ANGELES, CA 90071

10-27-14

WC 634412

11-49
1210

$**360.00

Not Valid Unless Presented Within 90 Days

UNIFIED GROCERS
INSURANCE SERVICES, INC., ADMINISTRATOR

PAY ⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨ PAY ONLY 360 00 THREE SIX ZERO CTS CTS

TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS
JAI INC. 2002
P. O. BOX 4165
TUSTIN, CA 92781

MUST HAVE TWO SIGNATURES IF OVER $2,499.99

⑈634412⑈ ⑆121000497⑆ 07004217 66⑈

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

*** INVOICE ***

Date	NO#
08/08/14	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: 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

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, UPN Notices, Completed DWC-1, 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

0102773 02 RE 0.500 **SNGLP H2 2 1656 92781 -P02775

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

PAID AUG 19 2014

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 DOS 03/27/14

DATE OF SERVICE: 27-Mar-2014 TO 27-Mar-2014

BRANCH NO. 176

ACC. DATE 14-May-2012

CHECK NO. 0111797285

VN. 0000093255

DATE: 13-Aug-2014

PAYMENT AMOUNT: $495.00

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0111797285 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#
08/27/14	61546

Claim # : 67853450000044
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-3/25/64
D.O.B. : 3/25/64
Terms : 45 days

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

Case: vs VALLLEY CRAFT
Date Of Injury: 8/18/98

DOS	SERVICE	DESCRIPTION	AMOUNT
03/11/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
03/25/14	F/U ADJSMT	ADJUSTMENT W/DR MARTIN @ INTERVENTIONAL PAIN*	90.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
04/10/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
05/05/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
06/02/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/22/14	PMT BY CHECK	DOS 3/11/14-6/2/14* # FE47267819	-810.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PDWLDMCD-001272-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 08/22/14

CHECK NO. **FE47267819**

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00394 FE47267819
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
6785345000004

DOLLARS
$*********810.00

* NOT NEGOTIABLE *

PAID AUG 26 2014

FOR
03/11/14 THRU 06/02/14 61546

CLAIMANT

DATE OF EVENT
08/18/98

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

PDWLDMCD-001272-01-01-00

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#
08/07/14	62049

Claim # : 4369350; 3908801
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 7/24/54
Terms : 45 days

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

Case: [redacted] vs EL SUPER
Date Of Injury: 4/1/12; 5/5/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/17/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/01/14	PMT BY CHECK	DOS 5/17/14* # 0000030065	-250.00

BALANCE 0.00

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P9741028001

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

20140804 1603

Electronic Service Requested

1 OF 1

ENV 8760

MIXED AADC 926
8760 0.3820 MB 0.432

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

205

PAID AUG 07 2014

Claim: 3908801 / [redacted], Accident date: 05/05/2013, Jurisdiction State: California.
Insured: Bodega Latina Corporation DBA El Super, Policy: LDM4043884.

The payment is for Miscellaneous Expense from 05/17/2014 to 05/17/2014.
Check: 0000030065, issued: 08/01/2014, for: $250.00, for: Expense, Invoice: 62049

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

Please contact Alejandra Brudner, telephone: (866) 560-1447 in CA \ Rocklin Rocklin CA, email: ALEJANDRA.BRUDNER@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#
08/12/14	60806

Claim # : CA12410148
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 12/11/74
Terms : 45 days

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

Case: vs SUPER TARGET
Date Of Injury: 8/7/12

DOS	SERVICE	DESCRIPTION	AMOUNT
01/27/14	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/28/14	INITIAL EXAM	DR JACKSON-SCOTT @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/26/14	INITIAL EXAM	W/ACUPUNCTURIST J. PARK @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/16/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/23/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/06/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/28/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	AURORA SUINGER # 500169	0.00
08/08/14	PMT BY CHECK	DOS 1/27/14-5/28/14* # 0046006543	-1410.00

BALANCE 0.00

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PG905028006

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

201408081610

Electronic Service Requested

SINGLE PIECE

2125 0.3820 SP 0.480

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

4

PAID AUG 12 2014

1 OF 1

ENV 2125

DATE	CHECK AMT	CHECK NO.
08/08/2014	1,410.00	0046006543

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
	08/07/2012	CA12410148-0001

Amt Paid: 1,410.00 Description: Lump Sum Settlement - Medical
Amt Billed: 1,410.00 Invoice: ICN: CA124101480001
Dates: 01/27/2014-05/28/2014 Comment:

60806

MR

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

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

*** INVOICE ***

Date	NO#
08/11/14	58900

Claim # : 608-A-46644
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 9/8/85
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (W/SAC-989000)
W.C. DEPARTMENT
ATTN: KARA JEFKE
P.O. BOX 989000
WEST SACRAMENTO, CA 95798

Case: vs OLIVE GARDEN
Date Of Injury: 11/4/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/22/13	DEPO PREP	@ THE L/O OF OWEN MILLER	156.50
/ /	INTERPRETER:	MARIO RAMIREZ # 100349	0.00
07/03/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/31/13	PMT BY CHECK	DOS 5/22/13-7/2/13 # 98481950	-406.50
06/16/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/05/14	PMT BY CHECK	DOS 6/16/14* # 99697440	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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BRANCH OFFICE ADDRESS:
P O BOX 4555
PORTLAND, OR 97208
916-564-1792

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	99697440	08/05/14
	CHECK AMOUNT ****$250.00	BLOCK NUMBER 003347

CLAIM #: WC 608-A46644
CONTRACT #: WA7-C4D-004161-102-34

OSN: EE2801080503-002803

CONTROL #: 000000641 ID: C608B14

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 11/04/12
EMPLOYEE:

EMPLOYER: THE OLIVE GARDEN USA
DATES OF SERVICE 06/16/14-06/16/14
LOCATION CODE: 251071

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	EXPL PAYABLE CODE
06/16/14	06/16/14	EXPENSE		.00	250.00	250.00

NOTE: PAYS INVOICE 58900

TOTAL CHARGES	250.00
TOTAL PAYABLE:	250.00
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	250.00

PAID AUG 11 2014

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

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

*** INVOICE ***

Date	NO#
08/28/14	60330

Claim # : CA361340
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 10/18/88
Terms : 45 days

BILL TO:
LUMBERMAN'S UNDERWRITING (FL)
W.C. DEPARTMENT
ATTN: STEVEN ANTUNEZ
P.O. BOX 3061
BOCA RATON, FL 33431

Case: vs ACCOUNTABILITIES
Date Of Injury: 6/6/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/26/13	DEPO PREP	@ THE L/O OF SCHLOSS & UMHOLTZ	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
02/20/14	PMT BY CHECK	DOS 11/26/13* # 001376661	-156.50
05/15/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/10/14	PMT BY CHECK	DOS 5/15/1* # 001426886	-250.00
07/30/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
08/25/14	PMT BY CHECK	DOS 7/30/14* # 001464525	-156.50

BALANCE 0.00

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THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER.

63-4
630

361340

LUMBERMEN'S UNDERWRITING ALLIANCE

BOCA RATON, FLORIDA 33431

001464525

DATE INCURRED	ACCOUNT NO.	POLICY NO.	CLAIM NO.	ISSUE DATE
06-06-13	58397-0849	425925	WC-CA-361340	AUGUST 25, 2014

001464525

INSURED ACCOUNTABILITIES INC

CLAIMANT

PAYEE TAX ID: 330956713

NATURE OF PAYMENT FROM 07-30-14 TO 07-30-14 INTERPRETER 60330

PAY ONE HUNDRED FIFTY SIX AND 50/100 DOLLARS

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

SJK

BANK OF AMERICA, N.A.

$ ********156.50

VOID IF NOT CASHED WITHIN 6 MONTHS

Christine E. Lynn
AUTHORIZED SIGNATURE

COUNTERSIGNATURE MAY BE REQUIRED

RUB RED IMAGE FADES WITH HEAT

INSURING THE FUTURE LUA SINCE 1905

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈001464525⑈ ⑆063000047⑆ 00360118738⑈

LUMBERMEN'S UNDERWRITING ALLIANCE

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

Check Number: 001464525

Date: AUGUST 25, 2014

Paid Amount: ********156.50

Dates: 07-30-14 TO 07-30-14

Bill ID No: 60330

Nature of Pay: INTERPRETER

PAID AUG 28 2014

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#
08/29/14	61096

Claim # : 135-500151
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 5/21/67
Terms : 45 days

BILL TO:
CIGA (GLENDALE)
W.C. DEPARTMENT
ATTN: LORI HUTCHINS
P.O. BOX # 29066
GLENDALE, CA 91209-9066

Case: vs PACIFIC FLOOR COVERING
Date Of Injury: 5/5/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/14	WCAB SA	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	MARIA SEARS # 100795	0.00
05/06/14	PMT BY CHECK	DOS 3/12/14* # 79380885	-156.50
05/21/14	WCAB SA	MSC - MARIA SEARS # 100795	156.50
06/19/14	PMT BY CHECK	DOS 6/9/14* # 79417085	-156.50
07/31/14	WCAB SA	TRIAL - MARIA SEARS # 100795	156.50
08/26/14	PMT BY CHECK	DOS 7/31/14* # 79474593	-156.50

BALANCE 0.00

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

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

Address Service Requested

Phone: (818) 844-4300

000114-00002-000228 CIG2 2157438
JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781-4165

CHECK NUMBER: 79474593

Description	Invoice	CLAIM #	G/L Code	Serv/From	Serv/To	Amount
Interpreter2	61096	500151		03/12/14	07/31/14+	$156.50

TOTAL: $156.50

PAID AUG 29 2014

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

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

BANK OF AMERICA NT SA
LOS ANGELES, CA 90067

CHECK NO. 79474593

DATE: 08/26/2014

Claim#: 500151
Claimant:
Insured: JOSE BENITEZ DBA: PACIFIC FLOOR COVERIN
DOL: 07/13/2010

16-66/1220

AMOUNT
*******$156.50

VOID 120 DAYS AFTER DATE OF ISSUE

PAY ONE HUNDRED FIFTY-SIX AND 50/100 DOLLARS

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

Memo Claim 135-500151

Wayne D Kelle
AUTHORIZED SIGNATURE

Susan D White
AUTHORIZED SIGNATURE

CIG

⑈79474593⑈ ⑆122000661⑆ 14177⑈5021 2⑈

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

*** INVOICE ***

Date	NO#
08/29/14	62040

Claim # : 135-7774851100000762
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 4/19/50
Terms : 45 days

BILL TO:
CIGA/PATRIOT
W.C. DEPARTMENT
ATTN: REBECCA HUIRAS
P.O. BOX 29066
GLENDALE, CA 91209

Case: vs LIFE LINE COMPANION SERVICES
Date Of Injury: 6/25/11

DOS	SERVICE	DESCRIPTION	AMOUNT
05/13/14	DEPO PREP	@ THE L/O OF GRANCELL STANDER REUBENS	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/12/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/18/14	PMT BY CHECK	DOS 4/13/14-6/12/14* # 79440886	-406.50
08/04/14	WCAB LB	EXPEDITED HEARING (FULL DAY)	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585 (A.M)	0.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566 (P.M.)	0.00
07/31/14	DEPO PREP	@ THE L/O OF GRANCELL, LEBOVITZ (VOL. II)	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/26/14	PMT BY CHECK	DOS 7/31/14-8/4/14* # 79474095	-469.50

BALANCE 0.00

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

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

Address Service Requested

000114-00001-000227 CIG2 2157438
JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781-4165

Phone: (818) 844-4300

CHECK NUMBER: 79474095

Description	Invoice	CLAIM #	G/L Code	Serv/From	Serv/To	Amount
Interpreter2	62040	7774851100000762		07/31/14	08/04/14+	$469.50

TOTAL: $469.50

PAID AUG 29 2014

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

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

BANK OF AMERICA NT SA
LOS ANGELES, CA 90067

16-66/1220

CHECK NO. 79474095

DATE: 08/26/2014

Claim#: 7774851100000762
Claimant:
Insured: Lifeline Companion Services In
DOL: 06/25/2011

AMOUNT
*******$469.50

PAY FOUR HUNDRED SIXTY-NINE AND 50/100 DOLLARS

VOID 120 DAYS AFTER DATE OF ISSUE

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

Memo Invoice 62040 Depo Prep/WCAB Hearing

Wayne D Kline
AUTHORIZED SIGNATURE

Susan D Wyatt
AUTHORIZED SIGNATURE

CIG

⑈79474095⑈ ⑆122000661⑆14177⑈5021 2⑈

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

*** INVOICE ***

Date	NO#
09/02/14	59995

Claim # : 2013193868
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 11/18/70
Terms : 45 days

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

Case: vs VALLEJO MINI MARKET
Date Of Injury: 2/5/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/24/13	DEPO PREP	@ THE L/O OF SCHLOSSBERG & UMHOLTZ	156.50
/ /	INTERPRETER:	MARIO RAMIREZ # 100349	0.00
11/22/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/30/13	PMT BY CHECK	DOS 10/24/13-1/22/13* # 260072227	-406.50
03/06/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/07/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
08/27/14	PMT BY CHECK	DOS 3/6/14-8/7/14* # 260254737	-313.00

BALANCE 0.00

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

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

EMPLOYERS®

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

Check Number: 260254737
Check Date: 08/27/2014

Claim Number: 2013193868
Injured Employee:

Payment Description: Interpreter
Billed Date: 08/19/2014
Service Period: 03/06/2014 through 08/07/2014
Invoice Number: 59995
Billed Amount: $313.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $313.00

Check Total: **$313.00**

PAID SEP 02 2014

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

*** INVOICE ***

Date	NO#
09/02/14	61088

Claim # : YMQ13276C
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 9/3/56
Terms : 45 days

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

Case: vs PALACE CLEANER
Date Of Injury: 10/22/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/05/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/08/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/02/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
07/22/14	WCAB LB	TRIAL - FULL DAY	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/27/14	PMT BY CHECK	DOS 3/5/14-7/22/14* # 122797631 3	-876.00

BALANCE 0.00

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

THE HARTFORD

000553
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00569

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*000012 1227976313

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
61088 10-22-13	72WEC DR1083 YMQC 13276	PETER FAMILY CLEANERS	$876.00

Nature of Benefits:	Nature of Payment:	Service Dates	
Interpreter Fees at Hearing	Source Payment	03-05-2014 07-22-2014	$876.00

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

Additional Comments:

PAID SEP 02 2014

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

105720717

THE HARTFORD

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

56-1544
441

Check Number: 122797631 3
Issue Date: 08-27-2014
Benefit Period: 03-05-2014 to 07-22-2014

$**********876.00

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

Pay

EIGHT HUNDRED SEVENTY-SIX DOLLARS AND 00/100

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

Authorized Signature

105720717

⑈122797631 3⑈ ⑆044115443⑆ 632559738⑈

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

*** INVOICE ***
Date NO#
09/08/14 60483

Claim # : YMQ07993C
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8192
D.O.B. : 4/9/66
Terms : 45 days

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

Case: vs FRENCH FABRIC
Date Of Injury: 7/10/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/18/13	DEPO PREP	& DEPOSITION @ THE L/O OF DENNIS FUSI	400.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/14/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/26/14	PMT BY CHECK	DOS 12/18/13-1/14/14* # 121983668 0	-650.00
08/08/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/02/14	PMT BY CHECK	DOS 8/8/14* # 122827741 9	-250.00

BALANCE 0.00

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

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

THE HARTFORD

000886
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00908 *

*000012 122827419

Attention: This remittance incorporates 1 claim payments

PAID SEP 08 2014

Special Handling ID: RM 00

Explanation of Benefits **Page 1 of 2**

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
60483 07-10-13	72WEC DZ4917 YMQC 07993	FRENCH FABRICS INC	$250.00

Nature of Benefits:	Nature of Payment:	Service Dates	
Interpreter Fees at Hearing	Source Payment	08-08-2014 08-08-2014	$250.00

Claim Handler: Alison Tabor
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.

105761686

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

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

56 -1544
441

Check Number: 122827741 9
Issue Date: 09-02-2014
Benefit Period: 08-08-2014 to 08-08-2014

$**********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

105761686

⑈122827741⑈ ⑆044115443⑆ 632559738⑈

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

*** INVOICE ***

Date	NO#
09/08/14	61563

Claim # : 30110789150-0001
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 6/6/61
Terms : 45 days

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

Case: vs MARIAK INDUSTRIES
Date Of Injury: 7/5/11

DOS	SERVICE	DESCRIPTION	AMOUNT
04/08/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/02/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/19/14	PMT BY CHECK	DOS 4/8/14-5/2/14* # 0050341045	-406.50
06/30/14	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL. II	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/01/14	PMT BY CHECK	DOS 4/8/14-6/30/14* # 0051634231	-156.50
08/06/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL. II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/03/14	PMT BY CHECK	DOS 8/6/14* # 0051634643	-250.00

BALANCE 0.00

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P6905028006

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

201409031604

Electronic Service Requested

PAID SEP 08 2014

1 OF 1

ENV 4182

SINGLE PIECE

4182 0.3820 SP 0.480

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

7

DATE	CHECK AMT	CHECK NO.
09/03/2014	250.00	0051634643

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

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

Claimant Name	Loss Date	Claim Number
	07/05/2011	30110789150-0001

Amt Paid: 250.00 Description: Miscellaneous Medical
Amt Billed: 250.00 Invoice: 61563 ICN: 162628216.338
Dates: 04/08/2014-08/06/2014 Comment:

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

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

*** INVOICE ***

Date	NO#
09/15/14	47979

Claim # : SG256696
W.C.A.B.: ---
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 10/28/67
Terms : 45 days

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

Case: vs FIRST TEAM STAFFING GROUP
Date Of Injury: 4/5/05

DOS	SERVICE	DESCRIPTION	AMOUNT
08/30/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
04/03/13	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
11/06/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
04/15/14	PMT BY CHECK	DOS 8/30/11-11/6/13* # CP-773188	-469.50
04/23/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
08/06/14	WCAB LB	MSC - CARMENG GUZMAN # 100585	156.50
08/14/14	PMT BY CHECK	DOS 4/23/14* # CP-802006	-156.50
09/12/14	PMT BY CHECK	DOS 8/6/14* # CP-807889	-156.50

BALANCE 0.00

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

Provider Number: XXXXX6713

Check #: CP-807889

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/12/14
Doc #: 028777766

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** SP405123			
1	46932-WCAB	08/02/11	08/02/11	Interpreter fees	1		156.50
			Patient Name	**Claim #:** 02309280			
2	59199-C&R	04/16/14	04/16/14	Interpreter fees	1		156.50
			Patient Name:	**Claim #:** 05657488			
3	47192-WCAB	05/25/11	05/25/11	Interpreter fees	1		156.50
4	47192-DEPO	06/27/11	06/27/11	Interpreter fees	1		156.50
5	47192-DEPO	02/22/12	02/22/12	Interpreter fees	1		250.00
						Subtotal:	563.00
			Patient Name	**Claim #:** SG256696			
6	47979-WCAB	08/06/14	08/06/14	Interpreter fees	1		156.50
						Total Allowances:	**$1,032.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05657488	563.00	.00	563.00
SP405123	156.50	.00	156.50
02309280	156.50	.00	156.50
SG256696	156.50	.00	156.50

PAID SEP 15 2014

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:

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

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

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

State Compensation Insurance Fund

Medical
SP

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

CP-807889
Union Bank
Los Angeles, California

90-4150
1222

21548820

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
September 12, 2014	$*****1,032.50

PAY ****One Thousand Thirty-Two and 50/100 Dollars****ONLY

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

⑈521680788 9⑈ ⑆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#
09/15/14	62048

Claim # : 68017
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 10/13/79
Terms : 45 days

BILL TO:
APPLIED RISK SERVICES (NABRAS)
W.C. DEPARTMENT
ATTN: MONICO ALLOYS
P.O. BOX # 3804
OMAHA, NE 68103

Case: vs MONICO ALLOYS INC.
Date Of Injury: 7/16/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/15/14	WCAB LB	EXPEDITED HEARING	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/24/14	PMT BY CHECK	DOS 5/15/14* # 0000593601	-156.50
07/09/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
09/11/14	PMT BY CHECK	DOS 7/9/14* # 000608819	-250.00

BALANCE 0.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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California Insurance Company
P.O. Box 3804
Omaha, NE 68103

Expense Payment

Check Date:	09/11/14
Service Begining:	07/09/14
Service Ending:	07/09/14

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	N/A	07/16/13	68017

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
62048	07/09/14-07/09/14	250.00	N/A	N/A	250.00

Messages

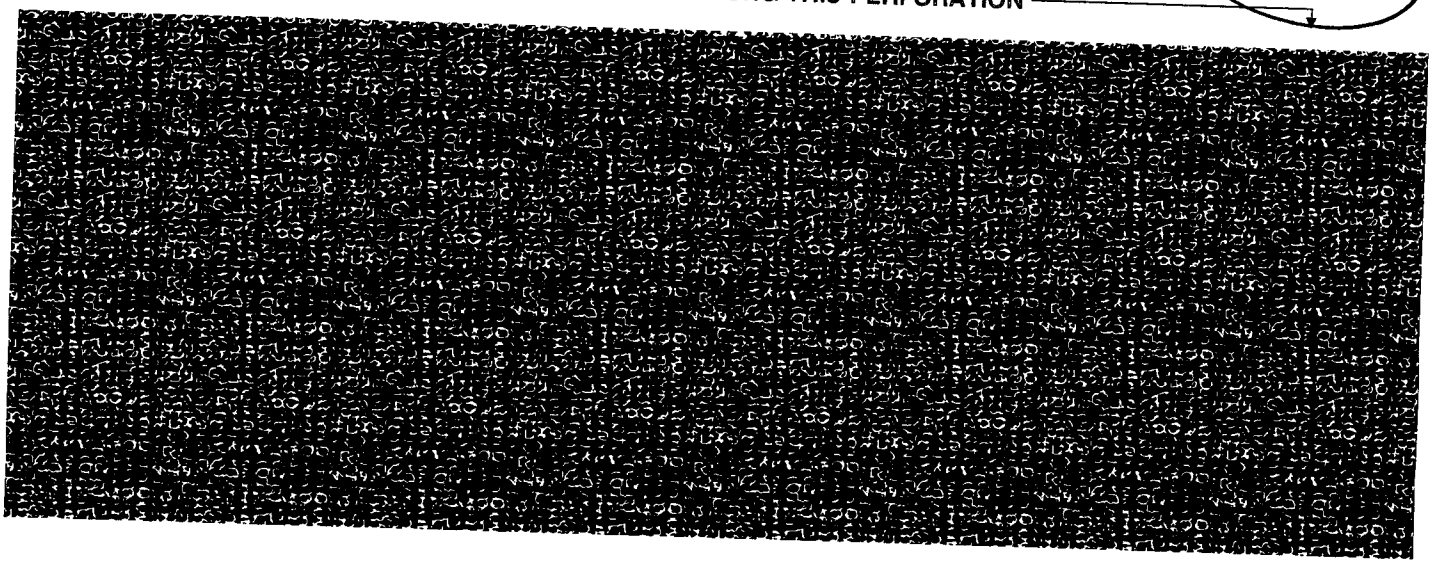
#0000608819

C

PAID SEP 15 2014

Total 250.00

REMOVE DOCUMENT ALONG THIS PERFORATION



Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/07/14	62360

Claim # : R00035637
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-8386
D.O.B. : 2/6/72
Terms : 45 days

BILL TO:
REPUBLIC INDEMNITY (ENCINO)
W.C. DEPARTMENT
ATTN: TERESA BAUMANN
P.O. BOX # 20036
ENCINO, CA 91416-0036

Case: vs SANDERS CANDY FACTORY
Date Of Injury: 3/27/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/06/14	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
07/25/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/10/14	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
11/05/14	PMT BY CHECK	DOS 5/6/14-7/25/14* # 3000292331	-566.50

BALANCE 0.00

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REPUBLIC INDEMNITY COMPANY OF CALIFORNIA
P.O. Box 20036
Encino, CA 91416
818-990-9860

Republic Indemnity

Date: 11/05/2014
Check #: 3000292331
Payment Amount: 566.50

000826 R3NZT1A

Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

PAID NOV 07 2014

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00035637		62360	10/09/2014	05/06/14	07/25/14	0.00	566.50	
	Interpreter For Medical/WCAB							
						Total	566.50	

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#
09/19/14	62940

Claim # : 2080285659
W.C.A.B.:
ADJ # : 1
S.S.N. : XXX-XX-1989
D.O.B. : 4/9/55
Terms : 45 days

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W.C. DEPARTMENT
ATTN: GINA COUSART
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs HEALTHCARE SERVICES GROUP
Date Of Injury: 11/20/11

DOS	SERVICE	DESCRIPTION	AMOUNT
07/22/14	C&R READING	@ THE L/O OF MICHELLE GAVRIEL	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/16/14	PMT BY CHECK	DOS 7/22/14* # 1100008687	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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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

06698

PAID SEP 19 2014

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Contract	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0285659 001 GC	WC 6821210	62940		11/20/11	07/22/14-07/22/14

Check Number	1100008687	Date Issued	09/16/14	Amount	$****250.00
Customer	Healthcare Services Group				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Narayanan CG-Viswanathan				
File Supervisor	Gina Cousart	Phone Number	818 227-1700		

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#
09/18/14 55010

Claim # : 000808-07-1496-WC-01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 2/18/54
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (CALABASAS)
W.C. DEPARTMENT
ATTN: LISA MARIE RAMIREZ
P.O. BOX # 9875
CALABASAS, CA 91372-0875

Case: vs SODEXHO
Date Of Injury: 4/7/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/25/12	DEPO PREP	@ THE L/O OF SAMUELSON, GONZALEZ	156.50
/ /	INTERPRETER:	MARIO RAMIREZ # 100349	0.00
10/11/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/01/12	PMT BY CHECK	DOS 9/25/12 # 0097271826	-156.50
11/26/12	PMT BY CHECK	DOS 10/11/12 # 0097784961	-250.00
09/02/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
09/08/14	PMT BY CHECK	DOS 9/2/14* # 0112351110	-156.50

BALANCE 0.0(

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

55016

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

PAID SEP 19 2014

CLAIM NO.: 000808 071496 WC 01 (18555001)
CLAIMANT:
DESCRIPTION: PER STIP. & ORDER

DATES OF SERVICE: 02Sep14 **THRU** 02Sep14
BENEFIT PERIOD: **THRU**

BRANCH NO.: 165
ACC DATE: 07Apr12

NO.: 0112351110
VN: 0001819299
DATE: 08Sep14
AMOUNT: 156.00

[redacted] DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/30/14	62942

Claim # : 005139000447WC01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
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

BALANCE 0.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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GALLAGHER BASSETT-LA/ORANGE CA
P.O. BOX 14260
ORANGE CA 92863-1260

0102446 01 RE 0.432 **AUTO T9 2 1685 92781 -P02448

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID SEP 30 2014

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: 05-Sep-2014 TO 05-Sep-2014

BRANCH NO. 138

ACC. DATE 27-Apr-2014

CHECK NO. 0112726938

VN. 0000009210

DATE: 23-Sep-2014

PAYMENT AMOUNT: $156.50

RE0102446-0001_of_0001 1685-0002761 (G26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0112726938 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#
11/12/14	61160

Claim # : BFS0219
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/22/66
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (WC-8112)
W.C. DEPARTMENT
ATTN: PAUL DAVIDSON
P.O. BOX 8112
WALNUT CREEK, CA 94596

Case: vs ADECCO
Date Of Injury: 7/1/98

DOS	SERVICE	DESCRIPTION	AMOUNT
02/28/14	INJECTION	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT (IPM)*	150.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
03/27/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
05/23/14	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
07/18/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/24/14	EPIDURAL	DR BERNSTEIN: L/S @ NEWPORT COAST SURGERY CTR*	150.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
08/07/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
10/07/14	PMT BY CHECK	DOS 2/28/14-7/18/14* # 903A 65892993	-870.00
11/06/14	PMT BY CHECK	DOS 7/24/14-8/7/14* # 903A 65916460	-330.00
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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001217

CSS LLC - WALNUT CREEK CL CLAIM
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933

SA00606

903A 65916460

Constitution State Services

DATE: 11/06/14
LOSS DATE: 07/01/98
FILE NUMBER: 158 CB BFS0219 J

EMPLOYEE

ACCOUNT NAME:
ADECCO/TAD TECHNICAL, INC

JOYCE ALMAN INTERPRETERS
P O BOX 4165
TUSTIN, CA 92781-4165

ADECCO EMPLOYMENT SERVICES

61160

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 07/24/2014 TO: 08/07/2014

PAID NOV 12 2014

TOTAL PAID: $330.00
TAX INFO: 330956713372147 6Y
PAY MISC: 7/24 8/714 INT
PAYEE:
JOYCE ALMAN INTERPRETERS

FOR ADDITIONAL INFORMATION, CONTACT: PAUL B DAVIDSON AT (925)945-4024

310000611
DETACH CHECK

UNSUMM
OVRFUNS1:121
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/07/14 63381

Claim # : CA14486481-0001
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 5/20/60
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W.C. DEPARTMENT
ATTN: MELISSA WUU
PO BOX # 14421
LEXINGTON, KY 40512-4421

Case: vs TARGET CORPORATION
Date Of Injury: CT 8/1/12-3/28/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/08/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/12/14	C&R READING	@ THE L/O OF DENNIS FUSI (ADDENDUM)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/08/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
10/31/14	PMT BY CHECK	DOS 10/20/14* # 0046153597	-406.50
11/04/14	PMT BY CHECK	DOS 9/12/14* # 0046154530	-250.00

BALANCE 0.00

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P6905028006

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

201411041601

Electronic Service Requested

SINGLE PIECE

4640 0.3820 SP 0.480

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781-4165

8

1 OF 1

ENV 4640

DATE	CHECK AMT	CHECK NO.
11/04/2014	250.00	0046154530

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
	03/28/2014	CA14486481-0001

Amt Paid: 250.00 Description:
Amt Billed: 250.00 Invoice:
Dates: 09/08/2014-09/12/2014 Comment: 63381

ICN: 166129530.338

PAID NOV 07 2014

Questions about other Sedgwick CMS payments? Visit sedgwickcms.com. Click on Provider Resources, then choose viaOne Express(R) for Providers.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/06/14	63355

Claim # : 2014524950
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 5/23/74
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14522)
W.C. DEPARTMENT
ATTN: MARISA OROZCO
P.O. BOX 14522
LEXINGTON, KY 40512

Case: vs KIMCO STAFFING SOLUTIONS
Date Of Injury: 10/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
08/18/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
09/30/14	DEPO PREP	@ THE L/O OF TOBIN LUCKS	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/28/14	PMT BY CHECK	DOS 8/18/14* # 330078300	-156.50
11/03/14	PMT BY CHECK	DOS 9/30/14* # 330078543	-156.50

BALANCE 0.00

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Kimco Staffing Services, Inc.
Sedgwick CMS Inc.
Workers Compensation Account
P.O. Box 14522
Lexington, KY 40512-4522

DATE	CHECK AMT	CHECK NO.
11/03/2014	156.50	330078543

PAYEE	TAX ID
JOYCE ALTMAN	

SCMS UNIT	PAGE
033 KIMCO - WC Van Nuys Office	001

*000146 0330078543 00001 OF 00001 OCM 141103 1221

JOYCE ALTMAN
PO BOX 4165
TUSTIN, CA 92781

PAID NOV 06 2014

Claimant Name	Loss Date	Claim Number	SSN

FACILITY: Kimco Staffing Services Inc./KimstaffHR Inc
ACCOUNT NUMBER:

10/01/2013 2014524950

Amt Paid: 156.50
Amt Billed: 156.50
Dates: 09/30/2014 - 09/30/2014

Description: Other Medical
Invoice: 63355
ICN:
Comment:

E1991.FRM (02-28-C

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/10/14	62538

Claim # : 2080292141
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 1/8/74
Terms : 45 days

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W.C. DEPARTMENT
ATTN: EVA REALE
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs JOMAR TABLE LINENS
Date Of Injury: 8/6/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/12/14	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
05/14/14	PT INITIAL	PHYS THERAPY W/D. WILLIAMS @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
05/30/14	EMG TESTING	& NCV BY DR SCHILLING: L/E @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/23/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/27/14	INITIAL EXAM	CHIRO TX W/DR GHODS @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
07/11/14	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ ACS*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
07/18/14	INITIAL EXAM	DR MASSIHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
07/28/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
07/25/14	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ ACS*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
08/06/14	INITIAL EXAM	DR BHARATWAL @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
08/08/14	PR2/REEVAL	DR MASSIHI @ ACS*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
11/04/14	PMT BY CHECK	DOS 5/12/14-8/8/14* # 1100159875	-2000.00

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#
11/10/14	62538

Claim # : 2080292141
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 1/8/74
Terms : 45 days

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W.C. DEPARTMENT
ATTN: EVA REALE
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs JOMAR TABLE LINENS
Date Of Injury: 8/6/13

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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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

00948

PAID NOV 10 2014

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0292141 001 MR	WC 4557781	62538		08/16/13	05/12/14-08/08/14

Check Number	1100159875	Date Issued	11/04/14	Amount	$**2,000.00
Insured	CPE HR Inc @ Jomar Table Linens Inc				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Manikandan CG-Raman				
File Supervisor	Eva Reale	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	2,000.00		
TOTAL	$2,000.00		

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#
11/10/14	62060

Claim # : 75-29B1883
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX -
D.O.B. : 4/19/63
Terms : 45 days

BILL TO:
STATE FARM CALIF. W.C.C. (AZ)
W.C. DEPARTMENT
ATTN: MELISSA CORK
P.O. BOX 52298
PHOENIX, AZ 85072

Case: vs T& D RESTAURANT DBA OLIVE TREE
Date Of Injury: CT 1/1/13 - 12/31/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/23/14	DEPO PREP	@ THE L/O OF NORMAN HOMEN	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/01/14	PMT BY CHECK	DOS 5/23/14* # 1 23 175824 K	-156.50
10/14/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/06/14	PMT BY CHECK	DOS 10/14/14* # 1 23 356799 K	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PAYMENT NO 1 23 356799 K
PAYMENT AMOUNT $250.00
ISSUE DATE 11-06-2014
AUTHORIZED BY CORK, MELISSA
PHONE (800) 749-9703

CLAIM NO 75-29B1-883
LOSS DATE 12-31-2013
POLICY NO 92-CGM130-7
INSURED ABDO, ALAN

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

START DATE 10-14-2014
END DATE 10-14-2014

REMARKS Interpreter Invoice

COVERAGE DESCRIPTION
WORK COMP - MEDICAL - NON-HOSPITAL

ON BEHALF OF

AMOUNT
250.00

62060

PAID NOV 10 2014

RETAIN STUB FOR RECORDS

StateFarm STATE FARM FIRE AND CASUALTY COMPANY
CALIFORNIA
CA WC STEWARD W P12PCL232

JPMORGAN CHASE BANK, NA 56-1544/441
COLUMBUS, OH 43240

1 23 356799 K

CLAIM NO 75-29B1-883
LOSS DATE 12-31-2013

INSURED ABDO, ALAN

DATE 11-06-2014
MM DD YYYY

**********EXACTLY TWO HUNDRED FIFTY AND 00/100 DOLLARS

$*******250.00

Pay to the Order of: JOYCE ALTMAN INTERPRETERS

Edward D Reed Jr
PRESIDENT

R J Smith
TREASURER

VOID IF GREEN COLORED BACKGROUND IS MISSING

SECURED DOCUMENT WATERMARK APPEARS ON BACK, HOLD AT 45° ANGLE FOR VIEWING

⑈ 2312356799⑈ ⑆044115443⑆ 777145210⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/12/14	63607

Claim # : WC648-A99716
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 2/27/70
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (GLEND-29073)
W.C. DEPARTMENT
ATTN: ELIZABETH ALTAMIRANO
P.O. BOX 29073
GLENDALE, CA 91209

Case: vs PARK WEST COMPANIES
Date Of Injury: 6/25/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/02/14	DEPO PREP	@ THE L/O OF HUTCHINS COURT REPORTERS	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/06/14	PMT BY CHECK	DOS 10/2/14* # 99972093	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

BRANCH OFFICE ADDRESS:
P O BOX 4555
PORTLAND, OR 97208
818-240-1234

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	99972093	11/06/14
	CHECK AMOUNT ****$156.50	BLOCK NUMBER 004796

OSN: EE3001110603-003972

CLAIM #: WC 648-A99716
CONTRACT #: WA7-66D-066514-013-92

CONTROL #: 000003638 ID: C648C28

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 06/25/14
EMPLOYEE:

EMPLOYER: PARK WEST COMPANIES INC
DATES OF SERVICE 10/02/14-10/02/14
LOCATION CODE: MOC000

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
10/02/14	10/02/14	EXPENSE		.00	156.50	156.50	

NOTE: FOR INVOICE: 63607 DOS: 10/02/2014

TOTAL CHARGES	156.50
TOTAL PAYABLE:	156.50
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	156.50

PAID NOV 12 2014

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/17/14	62202

Claim # : 30131121878; 30130846495
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 4/23/52
Terms : 45 days

BILL TO:
SEDGWICK/SRS (LX-14153)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
PO BOX 14153
LEXINGTON, KY 40512

Case: vs STANLEY BLACK AND DECKER
Date Of Injury: 7/23/13; 9/18/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/24/14	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	CESAR TERAN # 500150	0.00
05/22/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/12/14	INITIAL EXAM	DR HIGAHSI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
06/19/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
06/24/14	INITIAL EXAM	DR GHODS & DR MIRZABEIGI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
07/10/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE* DOI: 7/23/13	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
07/17/14	P AND S	DR HIGASHI @ ADVANCE CARE* DOI: 7/23/13	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
07/22/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
07/24/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE* DOI: 9/8/13	180.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
08/08/14	INITIAL EXAM	ACUPUNCTURE W/HAN & JANG @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/19/14	PR2/REEVAL	DR WADE & EMG/NCV W/DR BEHZAD : L/E @ ACS*	180.00
/ /	INTERPRETER:	CLARA BONILLA #500320	0.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/21/14	PR2/REEVAL	DR HIGASHI @ 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#
11/17/14	62202

Claim # : 30131121878; 30130846495
W.C.A.B.: .
ADJ # : - - - -
S.S.N. : XXX-XX-
D.O.B. : 4/23/52
Terms : 45 days

BILL TO:
SEDGWICK/SRS (LX-14153)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
PO BOX 14153
LEXINGTON, KY 40512

Case: vs STANLEY BLACK AND DECKER
Date Of Injury: 7/23/13; 9/18/13

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/22/14	PR2-RE/EVAL	W/ACUPUNCTURIST HAN/BUKUM @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341 DOI: 7/23/13	0.00
08/29/14	PR2-RE/EVAL	W/ACUPUNCTURIST HAN @ ACS*	180.00
/ /	INTERPRETER:	CARLOS CARRANZA # 300849	0.00
09/05/14	PR2-RE/EVAL	W/ACUPUNCT HAN/KIM @ ACS*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
11/10/14	PMT BY CHECK	DOS 4/24/14-9/5/14* # 0048743739	-2950.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Sedgwick Claims Management Services, Inc
PO Box 14153
Lexington, KY 40512-4153

201411101611

PAID NOV 17 2014

Electronic Service Requested

SINGLE PIECE

3057 0.3820 SP 0.480

JOYCE ALTMAN INTERPRETERS 6
P.O. BOX 4165
TUSTIN, CA 92781-4165

DATE	CHECK AMT	CHECK NO.
11/10/2014	2,950.00	0048743739

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	30130846495-0001

Amt Paid: 2,950.00 Description: Miscellaneous Medical
Amt Billed: 2,950.00 Invoice: 62202 ICN: 119530681.6
Dates: 04/24/2014-09/05/2014 Comment:

Questions about other Sedgwick CMS payments? Visit sedgwickcms.com. Click on Provider Resources, then choose viaOne Express(R) for Providers

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/17/14	53406

Claim # : 1000-12-0352
W.C.A.B.:
ADJ # : ;
S.S.N. : XXX-XX
D.O.B. : 10/11/50
Terms : 45 days

BILL TO:
THE WALT DISNEY CO. (AHANEIM)
W.C. DEPARTMENT
ATTN: JANE HINTON
P. O. BOX 3909
ANAHEIM, CA 92803

Case: vs DISNEYLAND
Date Of Injury: 4/22/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/04/12	DEPO PREP	@ THE L/O OF WALL, MCCORMIC & BAROLDI	156.50
/ /	INTERPRETER:	VERA DARLING # 301418	0.00
07/03/12	PMT BY CHECK	DOS 6/4/12 # 0942302	-156.50
06/27/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/12/12	PMT BY CHECK	DOS 6/27/12 # 0942915	-250.00
05/22/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
06/13/13	PMT BY CHECK	DOS 5/22/13 # 0971142	-156.50
10/15/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/13/14	PMT BY CHECK	DOS 10/15/14* # 1012787	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Walt Disney Parks and Resorts U.S., Inc.

P.O. Box 3909
Anaheim, California 92803
714-781-1680

Remittance Advice
Check No. 1012787

11-13-14

1000-12-0352
Invoice# : 53406
From: 10-15-14 Thru: 10-15-14

DOI: 04-22-11

954750* 1012787

14 INTERPRETER AT STATUS CONFERENCE

Total Paid: 156.50
$156.50

PAID NOV 17 2014

Please Detach This Stub Before Deposit

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/13/14	61812

Claim # : 487801
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 8/17/72
Terms : 45 days

BILL TO:
ZENITH INSURANCE (VAN NUYS)
W.C. DEPARTMENT
ATTN: LINDA CHASE
P.O. BOX # 9055
VAN NUYS, CA 91409-9055

Case: vs ALLBRAND WINDOWS
Date Of Injury: 7/31/08

DOS	SERVICE	DESCRIPTION	AMOUNT
04/09/14	WCAB SA	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	MARIA I. SEARS # 100795	0.00
05/28/14	PMT BY CHECK	DOS 4/9/14* # 8814822207 FARMERS	-156.50
10/15/14	WCAB SA	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	MARIA SEARS # 100795	0.00
11/10/14	PMT BY CHECK	DOS 10/15/14* # 331627 ZENITH	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

November 10, 2014
Our Ref : 487804
Your Ref : 61812

RE: _____ .(ABROAD WINDOWS (A CORP)) DOI:07/31/08

Service Date	Service Code	Your Charge	Allowed Charge	Difference Charge	Adjustment Code
10/15/14	FEE	156.50	156.50	0.00	
	TOTAL $	156.50	156.50	0.00	

PAID NOV 18 2014

Please find attached our check # 331627 for $156.50.
This check covers bills from October 15, 2014 through October 15, 2014.

If you have any questions, please address them to the undersigned.

Sincerely,
Anna Trejo
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#
11/17/14 63368

Claim # : 22024186
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 4/16/59
Terms : 45 days

BILL TO:
BERKSHIRE/ACCA (SAN FRANCISCO)
W.C. DEPARTMENT
ATTN: MARILYN FOLOSO
P.O. BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs FISHER CUSTOMS COMMUNICATIONS
Date Of Injury: CT 5/1/07- 11/27/13

DOS	SERVICE	DESCRIPTION	AMOUNT
09/03/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/25/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/07/14	PMT BY CHECK	DOS 9/3/14* # 0376430	-156.50
11/12/14	PMT BY CHECK	DOS 9/25/14* # 377181	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THIS CHECK HAS A COLORED BACKGROUND AND CONTAINS MICRO-PRINTING SECURITY FEATURES - SEE BACK FOR DETAILS

Oak River Insurance Company
P.O. Box 881716
San Francisco, CA 94188

Wells Fargo Bank
420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

CHECK NO. 377181

DATE
11/12/2014

California Workers' Compensation Payment

**********156.50

Pay One Hundred Fifty Six Dollars And 50/100

VOID AFTER 90 DAYS

TO THE ORDER OF

Joyce Altman Interpreters Inc
P.O. Box 4165
Tustin, CA 92781-4165

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $10,000.00

HEAT SENSITIVE
RUB AREA TO VERIFY

⑈037718⑈ ⑆121000248⑆ 412140068 3⑈

Payee: Joyce Altman Interpreters Inc

IRS/SSN: XX-XXX6713

Check Number: 377181

Check Date: 11/12/2014

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
22024186		11/26/2013	Interpreter Fees - Expense	09/25/2014	09/25/2014	10/21/2014	63368	156.50

PAID 11/17/14

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/17/14	33044

Claim # : 002912-003230-WC-01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 2/5/58
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (SAN DIEGO)
W.C. DEPARTMENT
ATTN: JENNIFER CIRBUS
P.O. BOX # 85013
SAN DIEGO, CA 92186

Case: vs JACK IN THE BOX
Date Of Injury: 10/6/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/04/09	DEPO PREP	@ THE L/O OF STOCKWELL & HARRIS	156.50
03/26/09	PMT BY CHECK	DOS 2/4/09 # 0070065355	-156.50
03/10/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
05/06/09	PMT BY CHECK	DOS 3/10/09 # 0070957027	-250.00
03/15/10	WCAB LB	EXP. HEARING JOYCE ALTMAN #300624	156.50
03/15/10	PENALTIES	FOR DATE OF SERVICE 03/15/10	23.48
03/15/10	INTEREST	FOR DATE OF SERVICE 03/15/10	6.36
01/11/12	WCAB LB	STATUS CONFERNENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/02/13	WCAB LB	EXHPEDITED HEARING	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/03/13	PMT BY CHECK	DOS 2/4/09-4/2/13 # 0101292727	-499.34
10/15/14	WCAB LB	MSC -CARMEN GUZMAN # 100585	156.50
11/11/14	PMT BY CHECK	DOS 10/15/14* # 0113951382	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

002912 PAGE 1 OF 1 003799

MDG2009 00003050 1 MB 0435 1

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID NOV 17 2014

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 003230 WC 01 (003352)
CLAIMANT:
DESCRIPTION: INVOICE 33044

DATES OF SERVICE: 15Oct14 **THRU** 15Oct14
BENEFIT PERIOD: **THRU**

BRANCH NO.: 187
ACC DATE: 20Jun08

NO.: 0113951382
VN: 0000228720
DATE: 11Nov14
AMOUNT: 156.50

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003050 003755 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#
11/21/14	61611

Claim # : MG-13-010660
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 8/6/76
Terms : 45 days

BILL TO:
CORVEL CORPORATION
W.C. DEPARTMENT
ATTN: ALLEN MARCELLUS
5694 MISSION CENTER RD., #700
SAN DIEGO, CA 92108

Case: vs TOYOTA OF WHITTIER
Date Of Injury: 4/24/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/21/14	PR2/REEVAL	DR BERNSTIEN @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
05/22/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/20/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
07/18/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/18/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANICSCO SOMOANO # 500263	0.00
11/12/14	PMT BY CHECK	DOS 3/21/14-7/18/14* # 545236	-900.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CORVEL ENTERPRISE COMP, INC.
MAGNA CARTA - EC
4120 SE INTL WAY, SUITE A108
MILWAUKIE, OR 97222

CORVEL

bankcode=MAGEC
11-24
1210(

CHECK NUMBER	CHECK DATE
545236	11/12/14

PAY EXACTLY: *Nine hundred and 00/100 Dollars*

*******$900.00

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

⑈0000545236⑈ ⑆121000248⑆ 4126 21534 2⑈

DETACH HERE

CORVEL

DETACH H

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
MG-13-010660	05/24/2013		03/21/2014	08/18/2014	Invoice 61611	*******$900.0(

PAID NOV 17 2014

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/19/14	63739

Claim # : 2014244176
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 11/1/64
Terms : 45 days

BILL TO:
EMPLOYERS (NEVADA)
W.C. DEPARTMENT
ATTN: ADRINE BANDARYAN
P.O. BOX # 539004
HENDERSON, NV 89053-9004

Case: ' ' vs WESCO MOUNTING & FINISHUING
Date Of Injury: 8/8/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/29/14	LEGAL C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO - CORTEZ # 100533	0.00
12/16/14	PMT BY CHECK	DOS 9/29/14* # 260325040	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Compensation Insurance Company
PO Box 35000 Reno, NV 89511-5000

Check Number: 260325040
Check Date: 12/16/2014

Claim Number: 2014244176
Injured Employee:

Payment Description: Interpreter
Billed Date: 12/04/2014
Service Period: 09/29/2014 through 09/29/2014
Invoice Number: 63739
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 19 2014

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/19/14	63975

Claim # : 000049614
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 6/20/73
Terms : 45 days

BILL TO:
COMPWEST (NEWPORT B)
W.C. DEPARTMENT
ATTN: FRISHTA AHRARI
P.O. BOX 12859
NEWPORT BEACH, CA 92658

Case: _ vs MR. C BEVERLY HILLS
Date Of Injury: 1/31/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/16/14	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/15/14	PMT BY CHECK	DOS 10/16/14* # 2953490	-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.

DR0814

EXPLANATION OF MEDICAL BENEFITS

CompWest Insurance Company
PO Box 12859
Newport Beach, CA 92658

Check Date: 12/15/2014
Chk #: 2953490
Check Amount: 250.00

000130 R3N1SAA
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID DEC 19 2014

Group: CompWest Insurance Company
Employer: Mr C Manager LLC
Injured Worker:
Dates of Svc: 2014-10-16 - 2014-10-16
Pat Acct#: 0000049614
Claim#: DOI: 2014-01-31
Prov ID#:
Diagnosis:
Comments:
PPO Name:
PPO ID:
Provider:
Rendering Provider:
Rendering Provider ID:
DRG:

PmtID: 2953490
Invoice #: 63975
Bill Recvd:
Review Date:
Print Date: 2014-12-15
Recon Date:
License#:
Payment Status Code: Issued
Bill Frequency Type:

Insurer:
Carrier TIN: 201117107
CompWest Insurance Company
PO Box 12859
Newport Beach, CA 92658

Service	Modifiers	POS	Diag CD	Billed	MRA Reduct	Netwrk Red	Payment

HP

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#
01/06/15	63298

Claim # : 301427104880001
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
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#
01/06/15	63298

Claim # : 301427104880001
W.C.A.B.:
ADJ # : ---
S.S.N. : XXX-XX-
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

BALANCE 360.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
P.O. Box 14573
Lexington, KY 40512

DATE	CHECK AMT	CHECK NO.
12/15/2014	270.00	0000094259

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
523 Sedgwick Claims Management Services	001

*001170 0000094259 00001 OF 00001 0AM 141215 1142

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

Claimant Name	Loss Date	Claim Number	SSN
	05/06/2014	30142710488-0001	

Amt Paid: 270.00
Amt Billed: 270.00
Dates: 09/11/2014 - 09/19/2014

Description: Miscellaneous Medical
Invoice: 63298
ICN: 167061595.338
Comment:

C

PAID DEC 18 2014

M-12

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#
12/19/14	61682

Claim # : 01483188
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
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: [redacted] 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
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Explanation of Review (EOR)

ate Compensation Insurance Fund
O BOX 65005
'esno, CA 93650-5005

uestions & 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

ledical

e	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	
I: XXX-XX-5487	Employer name: MALIBU MASONRY SUPPLY INC				Employer ID: 0000001774629040				
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
	SF1-SFCA-14423935	08/01/10	MDO10	Payment By Order	1	276.87	96.87	961 G67	180.00
	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	
I: XXX-XX-6985	Employer name: COOPER MICROELECTRONICS INC				Employer ID: 0000001754573030				
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
	SF1-SFCA-14424412	09/10/14	999Q2	Interpreter Treatmen	120	180.00	.00	723 A01 G67	180.00
								Total Allowances:	**$360.00**

F.F. Kim

PAID DEC 18 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"

Joyce Altman Interpreters, Inc.
P.O. BOX # 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	63909

Claim # : EYJ4913
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 5/17/66
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W.C. DEPARTMENT
ATTN: RANDY OCEAN
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs J GINGER MASONRY LP
Date Of Injury: 2/11/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/27/14	SURGERY	DR PHILLIPS @ MONROVIA HOSP (6H 30M)	585.00
/ /	INTERPRETER:	LESLIE MELTON # 500259	0.00
12/12/14	PMT BY CHECK	DOS 8/27/14* # 896D 85259585	-585.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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00601

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
0

896D 85259585

TRAVELERS

DATE: 12/12/14
LOSS DATE: 02/11/14
FILE NUMBER: 152 CB EYJ4913 P

EMPLOYEE

ACCOUNT NAME:
J GINGER MASONRY LP

JOYCE ALMAN INTERPRETERS
P O BOX 4165
TUSTIN, CA 92781-4165

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 08/27/2014

PAID DEC 19 2014

TOTAL PAID: $585.00
TAX INFO: 330956713372l476Y
PAY MISC: 63909
PAYEE:
JOYCE ALMAN INTERPRETERS

FOR ADDITIONAL INFORMATION, CONTACT: RANDY V OCEAN AT (909)612-3298

)10311
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/19/14	63943

Claim # : 120101344
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 8/14/66
Terms : 45 days

BILL TO:
ATHENS ADMIN (CONCORD)
W.C. DEPARTMENT
ATTN: KATHY CAMACHO
P.O. BOX # 696
CONCORD, CA 94522

Case: _____ vs MGH GOURMET
Date Of Injury: 11/30/12

DOS	SERVICE	DESCRIPTION	AMOUNT
01/10/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	ELIZABERTH HERRERA # 301231	0.00
04/28/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/05/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/15/14	PMT BY CHECK	DOS 1/10/14-8/5/14* # 13396 ATHENS	-563.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Nova - Saiph Re
Nova Casualty Company

WORKERS' COMPENSATION PROGRAM
ADMINISTERED BY: ATHENS ADMINISTRATORS
P.O. BOX 696, CONCORD, CALIFORNIA 94522

WELLS FARGO BANK, N.A.

11-24/121
1210(8)

CHECK NO: 13396
DATE: 12/15/2014

CLAIMANT: Gourmet Foods, Inc. 12/1/11-12
CLAIM NO: 12010134

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT
******$563.00

PAY *Five Hundred Sixty Three Dollars And 00/100*

PAYABLE TO
Joyce Altman Interpreters, Inc.
Po Box 4165
Tustin, CA 92781-4165

PAID DEC 19 2014

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈000013396⑈ ⑆121000248⑆ 412185149?⑈

Provider Bill Detail

Payer: Nova Casualty Company\Nova Saiph Re
Provider Patient Account #: 63943

Check Number: 13396
Check Date: 12/15/2014

Claim Number: 12010134
Claimant Name:
SSN: XXX-XX-0021
Date of Birth: 02/15/1959
State of Jurisdiction: California
ICD9 Codes:

Date Received: 12/09/2014
Date Reviewed: 12/12/2014
Date of Injury: 11/30/2012
Document Number: N215-14-001367
Employer: Gourmet Foods, Inc. 12/1/11-12

Examiner: ccamacho
Bill Type:
Pay Code: 32400
From: 01/10/2014
Through: 08/05/2014

Date	Code	Mod	Description	Qty	Billed	BR Red	PPO Red	Other	Allowed	Reason
1/10/2014	99199	00 00 00		1.00	563.00	0.00	0.00	0.00	563.00	G1
			Totals:		563.00	0.00	0.00	0.00	563.00	

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 reconsidered, 2) a copy of this Review Analysis, and 3) supporting documentation. Should you have further questions, you may contact:

ACS-CompIQ
Attn: Bill Review Dept
1851 East 1st Street, Suite 200, Santa Ana, CA 92705
Phone: (877) 384-1071
Fax: (714)285-5829
Email: providerservices@acs-inc.com

60658
63943 NE

Joyce Altman Interpreters, Inc.
P.O. BOX # 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	61181

Claim # : 003531036991WC01
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 8/5/71
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (GOLD RIVER)
W.C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX 2290
GOLD RIVER, CA 95741

Case: vs COMPASS GROUP
Date Of Injury: 5/31/12

DOS	SERVICE	DESCRIPTION	AMOUNT
02/27/14	EPIDURAL	DR BERNSTIEN @ NEWPORT COAST SURGERY CENTER*	150.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
03/25/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
04/30/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
05/28/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
06/25/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/31/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/19/14	PMT BY CHECK	DOS 2/27/14-5/28/14* # 0112638899	-690.00
08/29/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
12/12/14	PMT BY CHECK	DOS 3/25/14-8/29/14* # 0114752753	-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#
12/19/14	61181

Claim # : 003531036991WC01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 8/5/71
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (GOLD RIVER)
W.C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX 2290
GOLD RIVER, CA 95741

Case: vs COMPASS GROUP
Date Of Injury: 5/31/12

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.

GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

003531 PAGE 1 OF 1 005729

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID DEC 19 2014

GALLAGHER BASSETT SERVICES INC
FOR NATIONAL UNION FIRE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 003531 036991 WC 01 (1601)
CLAIMANT:
DESCRIPTION: INV: 61181

DATES OF SERVICE: 25Mar14 **THRU** 29Aug14
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 31May12

NO.: 0114752753
VN: 0001116699
DATE: 12Dec14
AMOUNT: 540.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0001464 001711 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#
12/19/14	63095

Claim # : 0112600341 30WC01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 1/12/66
Terms : 45 days

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

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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 005728

MDG2009 00001464 1 AB 0406 1

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID DEC 19 2014

GALLAGHER BASSETT SERVICES INC
ON BEHALF OF HARTFORD INS /
FOR ARCHWAY INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 011260 034130 WC 01 (4020150-07)
CLAIMANT:
DESCRIPTION: INV: 63095

DATES OF SERVICE: 10Jun14 **THRU** 05Aug14
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 01Dec13

NO.: 0000238481
VN: 0000748534
DATE: 12Dec14
AMOUNT: 720.00

MP

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0001464 001710 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#
12/09/14	62951

Claim # : 0961083A01054
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 9/16/80
Terms : 45 days

BILL TO:
CARL WARREN & CO. (TUSTIN)
W.C. DEPARTMENT
ATTN: SUSAN ERIKSON
P.O. BOX # 2422
TUSTIN, CA 92781

Case: vs ROADEX AMERICA
Date Of Injury: 6/1/12

DOS	SERVICE	DESCRIPTION	AMOUNT
07/30/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/14/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/04/14	PMT BY CHECK	DOS 7/30/14-8/14/14* # 000031990	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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REORDER 901B • U.S. PATENT NO. 5538290, 5575508, 5641163, 5765363, 5964364, 6039006

California United Bank
Encino, CA

90-4388/1222

CARL WARREN & COMPANY
ATF
CA TRUCKERS SAFETY ASSOC

BRANCH: S083 ORG
CARL WARREN & COMPANY
17862 EAST 17TH ST SUITE 111
TUSTIN, CA 92780
714/544-0980

CLAIM#: 0961 CTW 0001416
CLAIMANT:
LOSS DATE: 12/18/2013

PAYMENT AMOUNT: ******406.50**
PAYEE NAME: JOYCE ALTMAN INTERPRETERS

CHECK#: 000031990
ISSUE DATE: 12/04/2014

PAYMENT SETTLEMENT: SERVICES ON INV#62951 07/30/2014-08/14/2014

PAID DEC 08 2014

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/12/14	62640

Claim # : 330035567
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 2/9/63
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (SF 881716)
W.C. DEPARTMENT
ATTN: MARILYN ROLLOSO
P O BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs BROOKER AND ASSOCIATES
Date Of Injury: 1/1/08 - 2/4/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/23/14	INITIAL EXAM	DR ROSARIO @ INTERVENTIONAL PAIN MGMT (IPM)*	230.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
06/23/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
07/21/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/02/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
12/05/14	PMT BY CHECK	DOS 9/2/14* # 407346	-180.00
12/05/14	PMT BY CHECK	DOS 5/23/14* # 0406977	-230.00

BALANCE 360.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 12/05/2014
Check Number : 0406977
Check Amount : $230.00

4NGT1D

oz 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS,INC.
P.O. BOX 4165
TUSTIN, CA 92781

z045a
00049

PAID DEC 09 2014

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33035567		02/09/2012	62640	Interpreter Fees -	05/23/2014	05/23/2014	$230.00

MR

49-49
4014

Cypress Insurance Company
P.O. Box 881716
San Francisco, CA 94188

Wells Fargo Bank
420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

CHECK NO. 407346

DATE
12/05/2014

California Workers' Compensation Payment

**********180.00

Pay One Hundred Eighty Dollars And 00/100

VOID AFTER 90 DAYS

TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS,INC.
P.O. BOX 4165
TUSTIN, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $10,000.00

HEAT SENSITIVE RUB AREA TO VERIFY

⑈407346⑈ ⑆121000248⑆ 4121670509⑈

Payee: JOYCE ALTMAN INTERPRETERS,INC.

Check Number: 407346

IRS/SSN: XX-XXX713

Check Date: 12/05/2014

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
33035567		02/09/2012	Interpreter Fees - Medical	09/02/2014	09/02/2014	11/11/2014	62640	180.00

PAID DEC 09 2014

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/09/14	60366

Claim # : 135-WCCA00203
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 11/13/60
Terms : 45 days

BILL TO:
CIGA (GLENDALE)
W.C. DEPARTMENT
ATTN: PILAR VELASQUEZ
P.O. BOX # 29066
GLENDALE, CA 91209-9066

Case: vs EVERGREEN
Date Of Injury: 4/18/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/01/13	INITIAL EXAM	DR SCHEEL @ WILLOW MEDICAL GROUP*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
11/08/13	INITIAL EXAM	W/ACUPUNCTURIST S. KING @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/17/14	INITIAL EXAM	DR JARCHI @ WILLOW MEDICAL GROUP*	230.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
04/23/14	SURGERY	DR GALLONI: RT HAND @ MONROV-IA HOSP (3.5 HRS)	315.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/15/14	PR2/REEVAL	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
12/05/14	PMT BY CHECK	DOS 11/1/13-8/15/14* # 79558154	-1185.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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CALIFORNIA INSURANCE GUARANTEE ASSOC.
P.O. BOX 29066
GLENDALE, CA 91209-9066

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

Address Service Requested

000273-00001-000273 CIG1 2160587

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781

Phone: (818) 844-4300

60366

CHECK NUMBER: 79558154

Description	Invoice	CLAIM #	G/L Code	Serv/From	Serv/To	Amount
Medical Interpreter	60366	WCCA00203		11/01/13	08/15/14+	$1,185.00

TOTAL: $1,185.00

PAID DEC 09 2014

MR

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. 79558154

DATE: 12/05/2014

Claim#: WCCA00203
Claimant:
Insured: Evergreen CareInc.
DOL: 04/18/2013

16-66/1220

AMOUNT
*****$1,185.00

VOID 120 DAYS AFTER DATE OF ISSUE

PAY ONE THOUSAND ONE HUNDRED EIGHTY-FIVE AND 00/100 DOLLARS

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Memo Claim 135-WCCA00203 inv60366

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

CIG

⑈79558154⑈ ⑆122000661⑆ 14177⑈50212⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/09/14	53038

Claim # : E5130144
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 2/13/84
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W.C. DEPARTMENT
ATTN: SEAN CARDOVA
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs GLASS WORK
Date Of Injury: CT 10/6/11-1/6/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/03/12	MRI	REF BY DR TOUTOUNDJIAN: BIL WRISTS @ CALIF IMAG*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
12/04/14	PMT BY CHECK	DOS 5/3/12 # 896D 85211373	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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018738

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA09320

896D 85211373

TRAVELERS

DATE: 12/04/14
LOSS DATE: 01/06/12
FILE NUMBER: 152 CB ESB0144 E

EMPLOYEE

ACCOUNT NAME:
GWLA ACQUISITIONS CORP

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

TRAVELERS PROP CAS CO OF AMERIC

S3038

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 11/13/2014

PAID DEC 09 2014

TOTAL PAID: $150.00
TAX INFO: 330956713547893 9Y
PAY MISC: OTHER
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

F. F.
SH

FOR ADDITIONAL INFORMATION, CONTACT: KIRT HARRISON AT (909)612-3217

338009418
DETACH CHECK

UNSUMM-11121
OVRPUNS2-12129
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/09/14	60332

Claim # : 002912-007988-WC01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/30/86
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (OR-14260)
W.C. DEPARTMENT
ATTN: NANETTE PLUMMER
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs QDOBA MEXICAN GRILL
Date Of Injury: 7/27/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/27/13	JOB DESCRIPT	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/13/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/21/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/24/14	PMT BY CHECK	DOS 11/27/13-6/13/14* # 0112736736	-313.00
12/03/14	PMT BY CHECK	DOS 7/21/14* # 0114491978	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

MDG2009 00004549 1 MB 0435 1

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID DEC 09 2014

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 007988 WC 01 (002668)
CLAIMANT:
DESCRIPTION: INV 60332 MD

BRANCH NO.: 187
ACC DATE: 27Jul13

NO.: 0114491978
VN: 0000232158
DATE: 03Dec14

DATES OF SERVICE: 21Jul14 **THRU** 21Jul14
BENEFIT PERIOD: **THRU**

AMOUNT: 250.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004549 005250 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#
12/12/14	43461

Claim # : 001537-014628-WC-01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 5/14/60
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (ORANGE)
W.C. DEPARTMENT
ATTN: CINDY MORENO
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs EL TORITO/ACAPULCO/CHEVY REST
Date Of Injury: 2/28/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/22/11	INITIAL EXAM	DR DOMARACKI @ WILLOW MEDICAL (2.5 HRS)	287.50
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
04/13/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
05/12/11	INITIAL EXAM	DR SAMIMI @ WILLOW MED*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/13/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
06/13/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
07/12/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
07/11/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/04/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/09/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
08/30/11	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/14/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
10/31/11	INITIAL EXAM	DR JARCHI @ WILLOW MED*	230.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
10/27/11	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
11/15/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
11/28/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	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#
12/12/14	43461

Claim # : 001537-014628-WC-01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 5/14/60
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (ORANGE)
W.C. DEPARTMENT
ATTN: CINDY MORENO
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs EL TORITO/ACAPULCO/CHEVY REST
Date Of Injury: 2/28/11

DOS	SERVICE	DESCRIPTION	AMOUNT
		VOL II	
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
12/16/11	PR2/REEVAL	DR DOMARACKI* ELIZABETH VARGA # 500106	180.00
01/23/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
03/16/12	PR2/REEVAL	DR SAMIMI @ WILLOW MEDICAL GROUP*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/28/12	PR2/REEVAL	DR SCHEEL* GLADYS REYNA # 100755	180.00
04/13/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 500289	180.00
05/11/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 500289	180.00
09/06/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
12/03/12	WCAB LB	STATUS CONFERENCE - JOYCE ALTMAN # 300624	156.50
10/18/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
05/21/13	WCAB LB	MSC - PATRICIA HAYES # 100761	156.50
01/07/13	WCAB LB	RATING MSC	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/29/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
09/30/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/10/14	C&R READING	@ THE L/O OF DENNIS FUSI (ADDENDUM)	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
12/04/14	PMT BY CHECK	DOS 3/22/11-9/30/14*	-5293.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/12/14	43461

Claim # : 001537-014628-WC-01
W.C.A.B.: ADJ
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 5/14/60
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (ORANGE)
W.C. DEPARTMENT
ATTN: CINDY MORENO
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs EL TORITO/ACAPULCO/CHEVY REST
Date Of Injury: 2/28/11

DOS	SERVICE	DESCRIPTION	AMOUNT

0114528734

BALANCE 250.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

GALLAGHER BASSETT-LA/ORANGE CA
P.O. BOX 14260
ORANGE CA 92863-1260

001537 PAGE 1 OF 1 004217

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID DEC 09 2014

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 800-297-0866
GALLAGHER BASSETT-LA/ORANGE CA
P.O. BOX 14260
ORANGE CA 92863-1260

CLAIM NO.: 001537 014628 WC 01 (7159)
CLAIMANT:
DESCRIPTION: INV# 43461 DTD 10/22/14

DATES OF SERVICE: 22Mar11 **THRU** 30Sep14
BENEFIT PERIOD: **THRU**

BRANCH NO.: 138
ACC DATE: 28Feb11

NO.: 0114528734
VN: 0000232136
DATE: 04Dec14
AMOUNT: 5293.00

MR

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004564 005173 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#
12/09/14	63277

Claim # : 30130863458-0001
W.C.A.B.:
ADJ # : _
S.S.N. : XXX-XX-
D.O.B. : 2/27/54
Terms : 45 days

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

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

201412031614

Electronic Service Requested

1 OF 1

ENV 3130

SINGLE PIECE

3130 0.3820 SP 0.480

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781-4165

6

DATE	CHECK AMT	CHECK NO.
12/03/2014	640.00	0054842395

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: ~~640.00~~ Description: Miscellaneous Medical
Amt Billed: 640.00 Invoice: ICN: 119727919.6
Dates: 07/02/2014-08/06/2014 Comment:

C

PAID DEC 09 2014

Questions about other Sedgwick CMS payments? Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/09/14	54719

Claim # : 30120690477-0001
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 3/3/84
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14522)
W.C. DEPARTMENT
ATTN: LOURDES WILLIAMS
P.O. BOX 14522
LEXINGTON, KY 40512

Case: vs COLOR SPOT NURSERIES
Date Of Injury: 6/23/12

DOS	SERVICE	DESCRIPTION	AMOUNT
08/07/12	MRI	REF BY DR AUN: L/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
12/02/14	PMT BY CHECK	DOS 8/7/12* # 0051848988	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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P6905028006

Sedgwick Claims Management Services, Inc
P O Box 14522
Lexington, KY 40512-4497

201412021608

Electronic Service Requested

1 OF 1

ENV 2253

SINGLE PIECE

2253 0.3820 SP 0.480

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781-4165

4

DATE	CHECK AMT	CHECK NO.
12/02/2014	150.00	0051848988

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
	06/23/2012	30120690477-0001

Amt Paid: ~~150.00~~ Description: Miscellaneous Medical
Amt Billed: 150.00 Invoice: 54719 ICN: 119714963.6
Dates: 08/07/2012-08/07/2012 Comment:

PAID DEC 09 2014

Questions about other Sedgwick CMS payments? Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/09/14	45544

Claim # : PZC00428592
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 6/7/46
Terms : 45 days

BILL TO:
CRUM & FORSTER (ORANGE)
W.C. DEPARTMENT
ATTN: CHRIS MARTIN
P.O. BOX # 14217
ORANGE, CA 92863

Case: vs OSTERKAMP TRUCKING/FRONTIER
Date Of Injury: 2/12/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/21/11	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
09/02/11	PMT BY CHECK	DOS 6/21/11 # 0001915927	-156.50
09/16/14	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
12/05/14	PMT BY CHECK	DOS 9/16/14* # 0002889908	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Number:

CRUM&FORSTER

0002889908

Vendor Number: **406680275** Issuing Location: **Orange County Claims** Check Date: **12/05/2014**

Payee:

Joyce Altman Interpreters, Inc
PO Box 4165
Tustin, CA 92781

IRS:

PAID DEC 09 2014

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
	PZC00428592	MC		02/12/2008	$230.00

INV. 45544 FOR DOS 09/16/2014

TOTAL:	$230.00

Send Inquiries to:
P.O. Box 14217
Orange, CA 92863

Processor: **T. Tran**

Internal Reference No: **45544**

Please Detach Before Depositing

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/09/14	60910

Claim # : ESB7328
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 12/23/57
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W.C. DEPARTMENT
ATTN: MATHEW DERSAN
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: [redacted] vs ET SECURITY
Date Of Injury: 2/1/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/29/14	WCAB AHM	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
03/10/14	DEPO PREP	@ THE L/O OF SCOLL AND ASSOCIATES	156.50
/ /	INTERPRETER:	CARLOS ARIAS # 301574	0.00
04/08/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/20/14	PMT BY CHECK	DOS 1/29/14-3/10/14* # 891A 85100698	-313.00
10/01/14	WCAB AHM	MSC - LAURA SALAS # 100471	156.50
12/03/14	PMT BY CHECK	DOS 1/29/14-10/1/14* # 891A 85728066	-406.50

BALANCE 0.00

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019033

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA09455

891A 85728066

TRAVELERS

DATE: 12/03/14
LOSS DATE: 02/01/11
FILE NUMBER: 152 CB ESB7328 P

EMPLOYEE

ACCOUNT NAME:
E T SECURITY INC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781-4165

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 01/29/2014 TO: 10/01/2014

TOTAL PAID: $406.50
TAX INFO: 330956713547893 9Y
PAY MISC: 60910
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID DEC 09 2014

FOR ADDITIONAL INFORMATION, CONTACT: MIKAYLA LACROIX AT (909)612-3000

337009578
DETACH CHECK

UNSUMM-11131
OVRPUNS2-121295
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/12/14	63298

Claim # : 301427104880001
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
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

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/12/14	63298

Claim # : 301427104880001
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
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

BALANCE 270.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
P.O. Box 14573
Lexington, KY 40512

DATE	CHECK AMT	CHECK NO.
12/03/2014	1,810.00	0000091239

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
523 Sedgwick Claims Management Services	001

*004384 0000091239 00001 OF 00001 OAM 141203 1108

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

PAID DEC 08 2014

Claimant Name	Loss Date	Claim Number	SSN
	05/06/2014	30142710488-0001	

Amt Paid: 1810.00
Amt Billed: 1810.00
Dates: 07/03/2014 - 09/10/2014

Description: Miscellaneous Medical
Invoice: 63298
Comment:
ICN: 166798573.338

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#
12/12/14	62872

Claim # : 22025296
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 2/18/63
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (SF 881716)
W.C. DEPARTMENT
ATTN: BONNIE HASS
P O BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs EMPI INC MR BUG BAY STATE
Date Of Injury: 4/30/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/02/14	INITIAL EXAM	DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/25/14	PR2/REEVAL	DR BARRETWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
07/11/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
08/15/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
12/04/14	PMT BY CHECK	DOS 6/2/14-8/15/14* # 380340	-410.00

BALANCE 360.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Oak River Insurance Company
P.O. Box 881716
San Francisco, CA 94188

Wells Fargo Bank
420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

CHECK NO. 380340

DATE
12/04/2014

California Workers' Compensation Payment

**********410.00

Pay Four Hundred Ten Dollars And 00/100

VOID AFTER 90 DAYS

TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS,INC.
P.O. BOX 4165
TUSTIN, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $10,000.00

HEAT SENSITIVE
RUB AREA TO VERIFY

⑈380340⑈ ⑆121000248⑆ 412140068 3⑈

Payee: JOYCE ALTMAN INTERPRETERS,INC.

IRS/SSN: XX-XXX713

Check Number: 380340

Check Date: 12/04/2014

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
22025296		04/30/2014	Interpreter Fees - Medical	08/15/2014	08/15/2014	11/11/2014	62872	180.00
Comments: Interpreting invoice/lien								
22025296		04/30/2014	Interpreter Fees - Medical	06/02/2014	06/02/2014	11/11/2014	62872	230.00
Comments: Interpreting invoice/lien								

PAID DEC 0 8 2014

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/08/14	63104

Claim # : 2012220835; 2013221705
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 11/19/86
Terms : 45 days

BILL TO:
EMPLOYERS (NEVADA)
W.C. DEPARTMENT
ATTN: DANIEL REED
P.O. BOX # 539004
HENDERSON, NV 89053-9004

Case: vs STAR VIEW ADOLESCENT CENTER
Date Of Injury: 6/19/12; 12/2/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/09/14	INITIAL EXAM	DR SCHEEL @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301321	0.00
06/30/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
07/28/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
09/05/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
12/04/14	PMT BY CHECK	DOS 6/9/14-9/5/14* # 260318299	-770.00

BALANCE 0.00

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DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Compensation Insurance Company
PO Box 35000 Reno, NV 89511-5000

Check Number: 260318299
Check Date: 12/04/2014

Claim Number: 2012220835
Injured Employee:

Payment Description: Medical Interpreter
Billed Date: 11/07/2014
Service Period: 06/09/2014 through 09/05/2014
Invoice Number: 63104
Billed Amount: $770.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $770.00

Check Total: **$770.00**

PAID DEC 08 2014

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/05/14	62619

Claim # : 30142120572-0001
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
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

BALANCE 180.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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P6905028006

20141124612

Sedgwick Claims Management Services, Inc
PO Box 14154
Lexington, KY 40512-4154

Electronic Service Requested

2 OF 2

ENV 2571

SINGLE PIECE

2571 0.5738 SP 0.480

JOYCE ALTMAN INTERPRETERS 5
P.O. BOX 4165
TUSTIN, CA 92781-4165

PAID DEC 03 2014

DATE	CHECK AMT	CHECK NO.
11/24/2014	770.00	0054865512

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: 770.00 Description: Miscellaneous Medical
Amt Billed: 770.00 Invoice: 62619 ICN: 119657739.6
Dates: 05/30/2014-08/07/2014 Comment:

Questions about other Sedgwick CMS payments? Visit sedgwickcms.com. Click on Provider Resources, then choose viaOne Express(R) for Providers

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/03/14	63423

Claim # : 301212571530
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 2/4/68
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs WESTIN HOTEL
Date Of Injury: 12/8/12

DOS	SERVICE	DESCRIPTION	AMOUNT
07/24/14	SURGERY	DR PHILLIPS: L/S @ MONROVIA HOSP (8hrs 15mins)	742.50
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/23/14	ADMISSION	DR PHILLIPS @ MONROVIA HOSP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500371	0.00
11/21/14	PMT BY CHECK	DOS 7/23/14-7/24/14* # 0054537227	-922.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

P69050280006

Sedgwick Claims Management Services, Inc
PO Box 14153
Lexington, KY 40512-4153

201411211603

Electronic Service Requested

1 OF 1

ENV 6804

SINGLE PIECE

6804 0.3820 SP 0.480

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781-4165

PAID DEC 03 2014

DATE	CHECK AMT	CHECK NO.
11/21/2014	922.50	0054537227

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
414 Sedgwick Claims Management Services, Inc	1 of 1

Claimant Name	Loss Date	Claim Number
	12/08/2012	30121257153-0001

Amt Paid: 922.50 Description: Miscellaneous Medical
Amt Billed: 922.50 Invoice: 63423 ICN: 166569529.338
Dates: 07/23/2014-07/24/2014 Comment:

Questions about other Sedgwick CMS payments? Visit sedgwickcms.com. Click on Provider Resources, then choose viaOne Express(R) for Providers

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/03/14	62926

Claim # : 33047691
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 8/10/72
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (SF 881716)
W.C. DEPARTMENT
ATTN: REBECCA MCNUTT
P O BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs LAS FLORES LANDSCAPE INC.
Date Of Injury: 1/24/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/14/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/10/14	PMT BY CHECK	DOS 7/14/14* # 365665	-156.50
09/30/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/24/14	PMT BY CHECK	DOS 9/30/14* # 0401678	-250.00

BALANCE 0.00

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Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 11/24/2014
Check Number : 0401678
Check Amount : $250.00

TADT1S

OZ 01 **RETURN SERVICE REQUESTED**

xga5a
00048

JOYCE ALTMAN INTERPRETERS,INC.
P.O. BOX 4165
TUSTIN, CA 92781

PAID DEC 03 2014

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33047691		01/24/2014	62926	Interpreter Fees -	09/30/2014	09/30/2014	$250.00

48-48
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#
12/03/14	61094

Claim # : 33044059
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 8/16/63
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (SF 881716)
W.C. DEPARTMENT
ATTN: AMBER AUSTINE
P O BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs JRS
Date Of Injury: 10/2/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/10/14	WCAB LB	EXP. HEARING	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/14/14	DEPO PREP	@ THE L/O OF SINGER & BENJUME	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/14/14	PMT BY CHECK	DOS 3/10/14-3/14/14* # 0315481	-313.00
05/05/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/24/14	PMT BY CHECK	DOS 5/5/14* # 402325	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THIS CHECK HAS A COLORED BACKGROUND AND CONTAINS MULTIPLE SECURITY FEATURES - SEE BACK FOR DETAILS

Cypress Insurance Company
P.O. Box 881716
San Francisco, CA 94188

Wells Fargo Bank
420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

CHECK NO. 402325

DATE
11/24/2014

California Workers' Compensation Payment

**********250.00

Pay Two Hundred Fifty Dollars And 00/100

VOID AFTER 90 DAYS

TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS,INC.
P.O. BOX 4165
TUSTIN, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $10,000.00

HEAT SENSITIVE
RUB AREA TO VERIFY

R McDaniel

⑈402325⑈ ⑆121000248⑆ 4121670509⑈

Payee: JOYCE ALTMAN INTERPRETERS,INC.

Check Number: 402325

IRS/SSN: XX-XXX713

Check Date: 11/24/2014

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
33044059		10/02/2013	Interpreter Fees - Expense	05/05/2014	05/05/2014	10/24/2014	61094	250.00

PAID DEC 03 2014

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/03/14	59037

Claim # : MG11-010371
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 3/2/64
Terms : 45 days

BILL TO:
CORVEL CORPORATION
W.C. DEPARTMENT
ATTN: EMILY LAO
5694 MISSION CENTER RD., #700
SAN DIEGO, CA 92108

Case: vs JON'S COFFEE
Date Of Injury: CT 4/16/10/-4/16/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/06/12	DEPO PREP	@ THE L/O OF LOUIE & STETTLER	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
07/09/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/12/13	PMT BY CHECK	DOS 6/6/12-7/9/13 # 5219945	-406.50
07/24/14	WCAB AHM	MSC - LAURA SALAS # 100471	156.50
10/27/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/24/14	PMT BY CHECK	DOS 7/24/14-10/27/14* # 547236	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CORVEL ENTERPRISE COMP, INC.
MAGNA CARTA - EC
4120 SE INTL WAY, SUITE A108
MILWAUKIE, OR 97222

CORVEL

bankcode=MAGEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
547236	11/24/14

*******$406.50

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY EXACTLY: *Four hundred 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

⑈0005472360⑈ ⑆121000248⑆ 4126 21534 2⑈

TACH HERE

CORVEL

DETACH HERE

PAID DEC 03 2014

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
MG-11-010371	07/29/2011		07/24/2014	10/27/2014	Invoice #59037	*******$406.50

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#
12/05/14	62119

Claim # : MW13153777
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 5/28/70
Terms : 45 days

BILL TO:
AMTRUST NORTH AMERICA (CONCORD
W.C. DEPARTMENT
ATTN: AMY FALCON
P.O. BOX 4026
CONCORD, CA 94524

Case: vs STENO ENTERPRISES
Date Of Injury: 9/12/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/16/14	PR2/REEVAL	DR KAHN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
05/20/14	PR2/REEVAL	DR ZARGARAFF @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/10/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR RODRIGUEZ @ AMERI*	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/16/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/01/14	P AND S	DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/24/14	PMT BY CHECK	DOS 4/16/14-6/16/14* =# 00026835	-690.00

BALANCE 230.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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AMTRUST NORTH AMERICA, INC.-TOWER CLAIMS
P.O. BOX 740042
ATLANTA, GA 30374-0042

JP MORGAN CHASE
, NY
50-937/213

CHECK NO.
00026835
1578160-1
WSLTHTS00019505

DATE	AMOUNT
11/24/2014	$690.00

PAY Six 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

⑈00026835⑈ ⑆021000021⑆ 639993851⑈

Explanation Of Bill Review

PAID DEC 03 2014

Check Number	00026835	AMTRUST NORTH AMERICA, INC.-TOWER CLAIMS
Claim Number:	1578160-1	P.O. BOX 740042
Regulatory ID:		ATLANTA, GA 30374-0042
Bill Number:	7111741	
Invoice Number:	FP1-MJCA-139757	888-239-3909
Policy / Insured:	WSLTHTS00019505/Steno Employment Services, Inc. (A Corp)	
SSN / Employee Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC	
Loss Date:	9/13/2013 FP1-MJCA-139757	
Location:	8560 Vineyard Avenue #210 Rancho Cucamonga CA 91702 -	
Examiner Code:	afalcon	
Network/PPO Network:		

$2119

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
4/16/2014	99911	INTERPRETING SERVICES	1.00	180.00	0.00	0.00	180.00	
5/20/2014	99911	INTERPRETING SERVICES	1.00	180.00	0.00	0.00	180.00	
6/10/2014	99911	INTERPRETING SERVICES	1.00	150.00	0.00	0.00	150.00	
6/16/2014	99911	INTERPRETING SERVICES	1.00	180.00	0.00	0.00	180.00	
				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 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#
12/04/14	62175

Claim # : 2080293042
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 12/25/77
Terms : 45 days

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

BALANCE 0.00

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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

00275

PAID DEC 04 2014

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0293042 001 IN	WC 6821210	62175		06/18/13	04/30/14-07/25/14

Check Number	1100189451	Date Issued	12/01/14	Amount	$****540.00
Insured	Healthcare Services Group				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Narayanan CG-Viswanathan				
File Supervisor	Imelda Nicolas	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	540.00		
TOTAL	$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#
12/05/14	63913

Claim # : 20803036700
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 7/12/71
Terms : 45 days

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs ROBINS HELICOPTER CO
Date Of Injury: 1/21/13

DOS	SERVICE	DESCRIPTION	AMOUNT
08/27/14	ADMISSION	DR PAQUETTE @ MONROVIA HOSPITAL*	180.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
08/28/14	SURGERY	DR PAQUETTE: SPINAL @ MONROVIA HOSP (7.5 HRS)	675.00
/ /	INTERPRETER:	LESLIE MELTON # 500259	0.00
12/01/14	PMT BY CHECK	DOS 8/27/14* # 1100190019	-855.00

BALANCE 0.00

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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

00787

PAID DEC 04 2014

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0282479 001 SR	WC 4275473	63913		01/21/13	08/27/14-08/28/14

Check Number	1100190019	Date Issued	12/01/14	Amount	$****855.00
Insured	Robinson Helicopter Company				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Vijay CG-Radhakrishnan				
File Supervisor	Sid Rodriguez	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	855.00		
TOTAL	$855.00		

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#
12/01/14	62941

Claim # : 1010-12-00985
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 2/27/70
Terms : 45 days

BILL TO:
INSURANCE CO. OF THE WEST (CA)
W.C. DEPARTMENT
ATTN: CATHERINE FELT
P.O. BOX # 11474
PLEASANTON, CA 94588

Case: vs BRENNAN ELECTRIC INC.
Date Of Injury: 2/29/12

DOS	SERVICE	DESCRIPTION	AMOUNT
07/22/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/19/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
11/04/14	PMT BY CHECK	DOS 7/22/14* # 0000648360	-156.50
11/26/14	PMT BY CHECK	DOS 8/19/14* # 0000666232	-250.00

BALANCE 0.00

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Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 11/26/2014
Check Number: 0000666232
Check Amount: $250.00

ZBR32P

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, ZBR32P

00625 JOP1ZS01 1Z 6300016838-6300702854

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID DEC 01 2014

62941

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amour
1010-12-00985		02/29/2012	62941	43	08/19/2014	08/19/2014	$250.0

Cat	SubPC	Stub Notes	Stub Amoun
		INTERPRETER - DEPO REVIEW	$0.0(
43		MISC EXPENSE	$250.0(
			$250.0(

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/05/14	63793

Claim # : 000665-018819-WC01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/8/68
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (CORONA)
W.C. DEPARTMENT
ATTN: JANELL DULANEY
P.O. BOX # 6900
CORONA, CA 92878-6900

Case: vs MIRANDA HILLS CONVALESCENT
Date Of Injury: 6/24/13-6/24/14;1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
08/13/14	INITIAL EXAM	DR RAMESHNI @ ADVANCE CARE* DOI CT:6/24/13-6/14	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/20/14	INITIAL EXAM	DR RAMESHNI @ ADVANCE CARE* DOI: 1/11/13	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/21/14	INITIAL EXAM	DR WADE @ ADVANCE CARE* DOI: 10/20/11,1/13	230.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
08/27/14	PR2-RE/EVAL	W/ACUPUNCT MCLEAN @ ACS*(P.M. DOI: 10/20/11;1/13	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
08/27/14	INITIAL EXAM	DR RAMESHNI @ ADVANCE CARE* DOI: 10/20/11 (A.M)	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
09/03/14	PR2-RE/EVAL	W/ACUPUNCT MCLEAN @ ACS* DOI:1/11/13, 6/24/14	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/10/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE* DOI: 6/25/13-6/25/14	180.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
09/17/14	PR2/REEVAL	DR ATAMIAN @ ACS* DOI: 1/11/13	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
09/18/14	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE* DOI:6/25/13-6/24/14	180.00
/ /	INTERPRETER:	JOHANNA JORDAN# 301566	0.00
11/26/14	PMT BY CHECK	DOS 8/13/14-9/10/14* # 0114363671	-1460.00

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#
12/05/14	63793

Claim # : 000665-018819-WC01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/8/68
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (CORONA)
W.C. DEPARTMENT
ATTN: JANELL DULANEY
P.O. BOX # 6900
CORONA, CA 92878-6900

Case vs MIRANDA HILLS CONVALESCENT
Date Of Injury: 6/24/13-6/24/14;1/13

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 360.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

000665 PAGE 1 OF 1 002945

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID DEC 01 2014

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

CLAIM NO.: 000665 018819 WC 01 (SWMT126)
CLAIMANT:
DESCRIPTION: INV#63793 INVDATE11/19/14 DOS08/08/14-09/10/14

DATES OF SERVICE: 13Aug14 **THRU** 10Sep14
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 11Jan13

NO.: 0114363671
VN: 0000535254
DATE: 26Nov14
AMOUNT: 1460.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0002964 003523 004 004

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#
12/01/14	23618

Claim # : 05797246; 05797254
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 6/28/50
Terms : 45 days

BILL TO:
SCIF (FRESNO)
W.C. DEPARTMENT
ATTN: MICKEY JAMES
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs VIELMANN ANTIQUE RESTORATIONS
Date Of Injury: 9/25/03; 3/29/06

DOS	SERVICE	DESCRIPTION	AMOUNT
11/09/06	INITIAL EXAM	DR ANEL*	230.00
11/10/06	MRI	REF BY DR CHAN: L/S*	150.00
12/07/06	FOLLOW-UP	DR ANEL*	180.00
01/11/07	FOLLOW-UP	DR ANEL*	180.00
02/08/07	INITIAL EXAM	DR ROSE*	230.00
06/12/07	PENALTIES	FOR DATE OF SERVICE 11/9/06	34.50
06/12/07	INTEREST	FOR DATE OF SERVICE 11/9/06	17.03
06/12/07	PENALTIES	FOR DATE OF SERVICE 11/10/06	22.50
06/12/07	INTEREST	FOR DATE OF SERVICE 11/10/06	11.06
06/12/07	PENALTIES	FOR DATE OF SERVICE 2/8/07	34.50
06/12/07	INTEREST	FOR DATE OF SERVICE 2/8/07	10.44
09/16/08	PMT BY CHECK	DOS 11/9/06 THRU 6/12/07 # 3072	-1100.03
01/15/13	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/14/14	PMT BY CHECK	DOS 1/15/13* # CU-105956	-156.50
04/29/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/26/14	PMT BY CHECK	DOS 4/29/14* # CU-166280	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
1.888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-166280**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 11/26/14
Doc #: 029070870

Medical

ne #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	61554 **Claim #:** 05895450			
1		04/17/14	04/21/14	Interpreter fees	1		406.50
			Patient Name:	**Claim #:** 05797246			
2	INV#23618	04/29/14	04/29/14	Interpreter fees	1		250.00
					Total Allowances:		**$656.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05895450	406.50	.00	406.50
05797246	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:

05895450 INV#61554;
05797246 INV#23618;

PAID DEC 01 2014

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence. Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/21/14	63345

Claim # : 05991824
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 3/15/88
Terms : 45 days

BILL TO:
SCIF (FRESNO)
W.C. DEPARTMENT
ATTN: JENNIFER HOKE
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs DE LA TORRE PROPERTY
Date Of Injury: 3/27/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/11/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/10/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/05/14	PMT BY CHECK	DOS 8/11/14* # CP-819538	-156.50
11/19/14	PMT BY CHECK	DOS 10/10/14* # CP-822064	-250.00

BALANCE 0.00

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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
1888STATEFUND

Provider Number: XXXXX6713

Check #: **CP-822064**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 11/19/14
Doc #: 029038852

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 05991824		
1	63345-DEPO	10/10/14	10/10/14	Interpreter fees	1		250.00
					Total Allowances:		**$250.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05991824	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:

05991824 INV#63345 INTERPR DEPO;

PAID NOV 21 2014

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence. Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
12/03/14 62242

Claim # : 186670488-001
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 11/22/61
Terms : 45 days

BILL TO:
BROADSPIRE INS (SCAN-DEPT)
W.C. DEPARTMENT
ATTN: LETICIA POSADA
P.O. BOX # 14352
LEXINGTON, KY 40512

Case: vs 99 CENTS ONLY STORES
Date Of Injury: 1/6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/29/14	INITIAL EXAM	DR SCHEEL @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/09/14	INITIAL EXAM	DR JARCHI @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
05/15/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
06/02/14	PR2/REEVAL	DR DOMARACKI @WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/03/14	INITIAL EXAM	PHYSICAL THERAPY W/ S HING @ WILLOW MED*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/06/14	PR2/REEVAL	W/ACUPUNCTURIST STEVE HING @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
06/10/14	PR2-RE/EVAL	W/ACUPUNCTURIST S. HING*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/13/14	PR2-RE/EVAL	W/ACUPUNCTURIST S. HING @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
06/17/14	PR2-RE/EVAL	W/ACUPUNCTURIST S. HING @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/20/14	PR2-RE/EVAL	W/ACUPUNCTURIST S. HING @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
06/25/14	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
07/21/14	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:	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#
12/03/14	62242

Claim # : 186670488-001
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 11/22/61
Terms : 45 days

BILL TO:
BROADSPIRE INS (SCAN-DEPT)
W.C. DEPARTMENT
ATTN: LETICIA POSADA
P.O. BOX # 14352
LEXINGTON, KY 40512

Case: vs 99 CENTS ONLY STORES
Date Of Injury: 1/6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/17/14	PMT BY CHECK	DOS 4/29/14-7/21/14* # 5632201926	-2310.00

BALANCE 180.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Broadspire
A CRAWFORD COMPANY

P O BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	11/17/2014
Check Amount	:	$2310.00
Check Number	:	5632201926

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
186670488-001 WC BREA All Other WC Medical	01/06/2014 $2310.00 $2310.00	Leticia L. Posada 62242	714-989-4905 04/29/2014-07/21/2014

PAID NOV 21 2014

Please Fold on Perforation Before Tearing

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/21/14	49097

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 5/10/49
Terms : 45 days
Claim #(s):
710744428

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W.C. DEPARTMENT
ATTN: OSCAR VASQUEZ
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs CALI JEANS INC
Date Of Injury: 11/17/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/12/11	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR SADIGHPOUR @CAL SLP*	150.00
/ /	INTERPRETER:	RICARDO AINSLIE # 500159	0.00
08/28/12	DIAGN STUDY	DR ZLOTOLOW: ECHO @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
10/03/12	ULTRASOUND	DIAG STUDY REF BY DR ZLOTOLOW : KIDNEY @ CA IMG*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
11/15/14	PMT BY CHECK	DOS 10/12/11 - 10/3/12 # 27470628	-450.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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P4000028001

20141111716O2

AMERICAN INTERNATIONAL GROUP - (LMS)
P.O. Box 9918
Amarillo, TX 79105-5918

Electronic Service Requested

2 OF 2

ENV 6614

MIXED AADC 926
6614 0.5738 MB 0.432

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

183

Check No.: 27470628
RFP No.: 410113
Check Date: 11/15/2014
Check Amount: 450.00
Insured: CALI JEANS, INC. (A CORP)

Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID NOV 21 2014

49097

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000005642936	00744428	01	11/17/2010	MED	O	450.00
				Total Amount		450.00

Reason for Payment
PER ORDER TO PAY

F.F.
JJ

Use File # 710/00744428 on all correspondence for prompt processing.
For check information call: 877-802-5246

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/26/14	62253

Claim # : R00032795
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 7/10/61
Terms : 45 days

BILL TO:
REPUBLIC INDEMNITY (ENCINO)
W.C. DEPARTMENT
ATTN: TERESA BOWMAN
P.O. BOX # 20036
ENCINO, CA 91416-0036

Case: . vs KIDS KLUB CHILD DEVELOPMENT
Date Of Injury: 10/23/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/30/14	INITIAL EXAM	DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/01/14	INITIAL EXAM	DR MIRZABEIGI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
11/24/14	PMT BY CHECK	DOS 4/30/14-5/1/14* # 1000279182	-460.00

BALANCE 0.00

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REPUBLIC INDEMNITY COMPANY OF AMERICA
P.O. Box 20036
Encino, CA 91416
818-990-9860

Republic Indemnity

3,405

Date: 11/24/2014
Check #: 1000279182
Payment Amount: 460.00

001703 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
R00032795		62253	11/14/2014	04/30/14	05/01/14	460.00	460.00	
	Interpreter For Medical/WCAB							
						Total	460.00	

PLEASE DETACH BEFORE DEPOSITING CHECK

SHADED AREA MUST GRADUALLY CHANGE FROM BLUE AT TOP TO GREEN AT BOTTOM

VOID VOID VOID VOID VOID VOID VOID VOID

REPUBLIC INDEMNITY COMPANY OF AMERICA
P.O. Box 20036
Encino, CA 91416
818-990-9860

Republic Indemnity

11-24/1210

Date: 11/24/2014
Check #: 1000279182

Pay Exactly **Four Hundred Sixty and 00/100 -US Dollars **

Amount
$***460.00**

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 180 DAYS

Authorized Signer

WELLS FARGO BANK, N.A.

Security Details on Back

VOID VOID VOID VOID VOID VOID VOID VOID

⑈1000279182⑈ ⑆121000248⑆ 4584708143⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/26/14	61556

Claim # : EYJ2253
W.C.A.B.:
ADJ # :
S.S.N. : xxx-xx-
D.O.B. : 12/4/64
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 O.B. SPORTS GOLF MANAGEMENT
Date Of Injury: 12/16/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/22/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/29/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/19/14	PMT BY CHECK	DOS 4/22/14-5/29/14* # 891A 85393785	-406.50
07/24/14	INITIAL EXAM	DR BERNSTEIN @ IPM*	230.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/03/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
11/20/14	PMT BY CHECK	DOS 4/22/14-7/24/14* # 891A 85690827	-230.00

BALANCE 180.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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018857

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA09376

891A 85690827

M

TRAVELERS

DATE: 11/20/14
LOSS DATE: 12/16/13
FILE NUMBER: 152 CB EYJ2253 F

EMPLOYEE

ACCOUNT NAME:
O B SPORTS GOLF MANAGEMENT LL

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

LEGAL DISBURSEMENTS/COURT COSTS

SERVICE DATE: 04/22/2014 TO: 07/24/2014

TOTAL PAID: $230.00
TAX INFO: 3309567135478939Y
PAY MISC: 61556
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: KELLEEN L CANTU AT (909)612-3844

24009481
DETACH CHECK

UNSHMM 111311
OVPUNS2 121295
DETACH CHECK

THIS DOCUMENT HAS A RED BACKGROUND - BORDER CONTAINS MICRO PRINTING AND AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

Citibank, N.A.
One Penns Way
New Castle DE 19720

TRAVELERS
P O BOX 6510
DIAMOND BAR CA 91765-8510
(909)612-3844

891A 85690827

62-20
311

VOID

DATE	ACCOUNT NUMBER	FILE NUMBER
11/20/14	J99	152 CB EYJ2253 F

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

TWO HUNDRED THIRTY AND 00/100 ----------

PAY: $******230.00 X108

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

018857
SA09376

Maria Olivo
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#
11/25/14	05678

Claim # : 012007023354EC01
W.C.A.B.: N/A
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/25/64
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (CORONA)
W.C. DEPARTMENT
ATTN: KATHLEEN NORTON
P.O. BOX # 6900
CORONA, CA 92878-6900

Case: vs TACO BELL
Date Of Injury: 2/18/02

DOS	SERVICE	DESCRIPTION	AMOUNT
11/13/03	P AND S	DR CARR 99199	150.00
01/13/04	PEN & INT	PER LABOR CODE Ï4622 DOS 11/13/03	25.50
07/09/04	PMT BY CHECK	DOS 11/13/03 & 1/13/04 # 0037882394	-175.50
02/17/04	MRI	REF BY DR NAGELBERG: C/S, L/S	150.00
01/14/05	MRI	REF BY DR NAGELBERG: C/S	150.00
02/11/05	PMT BY CHECK	DOS 11/13/03 THRU 01/14/05 # 0041557085	-300.00
03/06/14	EPIDURAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT*	150.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624 AWARDED FUTURE MED	0.00
04/10/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
06/15/14	PMT BY CHECK	DOS 3/6/14-4/10-14* # 0110377508	-330.00
05/29/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/19/14	PMT BY CHECK	DOS 5/29/14* # 0111916676	-180.00
07/10/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/21/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
11/19/14	PMT BY CHECK	7/10/14-8/21/14* # 0114181807	-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#
11/25/14	05678

Claim # : 012007023354EC01
W.C.A.B.: N/A
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/25/64
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (CORONA)
W.C. DEPARTMENT
ATTN: KATHLEEN NORTON
P.O. BOX # 6900
CORONA, CA 92878-6900

Case: vs TACO BELL
Date Of Injury: 2/18/02

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

012007 PAGE 1 OF 1 003824

4

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

GALLAGHER BASSETT SERVICES INC
FOR YUM!BRANDS / TACO BELL

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

CLAIM NO.: 012007 023354 WC 01 (009489)
CLAIMANT:
DESCRIPTION: INV 05678
DATES OF SERVICE: 10Jul14 **THRU** 21Aug14
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 18Feb02

NO.: 0114181807
VN: 0000592835
DATE: 19Nov14
AMOUNT: 360.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004652 005326 002 004

THE FACE OF THIS DOCUMENT HAS A BLUE BACKGROUND - THE BACK HAS AN ARTIFICIAL WATERMARK

GALLAGHER BASSETT SERVICES INC
FOR YUM!BRANDS / TACO BELL

CHECK NO. 0114181807 003824
VN. 0000592835
DATE: 19Nov14 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **360.00

CLAIM NO.: 012007 023354 WC 01 (009489) **BRANCH NO.:** 170
PAY THREE HUNDRED SIXTY AND 00/100 DOLLARS**********

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

Lauren Grossman
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

CITIBANK, N.A.
ONE PENN'S WAY
NEW CASTLE, DE 19720

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/25/14	56422

Claim # : 012007-047819-WC-01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/16/39
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (CORONA)
W.C. DEPARTMENT
ATTN: KATHLEEN NORTON
P.O. BOX # 6900
CORONA, CA 92878-6900

Case: vs TACO BELL
Date Of Injury: 8/22/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/16/12	ULTRASOUND	DIAG STUDY REF BY DR SHAH: L/GROIN @ CA IMG*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
11/17/12	MRI	REF BY DR SHAH: C/S, L/S, RT SHDR @ CALIF IMAG*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
11/26/12	MRI	REF BY DR SHAH: LT SHDR & BIL KNEES @ CALIF IMAG*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
11/19/14	PMT BY CHECK	10/16-11/26/12* # 0114181808	-450.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

012007 PAGE 1 OF 1 003823

M

MDG2009 00004652 1 MB 0435 1

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

GALLAGHER BASSETT SERVICES INC
FOR TACO BELL

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

CLAIM NO.: 012007 047819 WC 01 (000526)
CLAIMANT:
DESCRIPTION: INV 56422
DATES OF SERVICE: 16Oct12 **THRU** 26Nov12
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 22Aug12

NO.: 0114181808
VN: 0000592834
DATE: 19Nov14
AMOUNT: 450.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004652 005325 001 004

THE FACE OF THIS DOCUMENT HAS A BLUE BACKGROUND - THE BACK HAS AN ARTIFICIAL WATERMARK

GALLAGHER BASSETT SERVICES INC
FOR TACO BELL

CHECK NO. 0114181808 003823
VN. 0000592834
DATE: 19Nov14 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **450.00

CLAIM NO.: 012007 047819 WC 01 (000526) **BRANCH NO.:** 170
PAY FOUR HUNDRED FIFTY AND 00/100 DOLLARS**********

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

CITIBANK, N.A.
ONE PENN'S WAY
NEW CASTLE, DE 19720

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#
11/25/14	53911

Claim # : 011975074325-WC-01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 8/28/47
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (SACRAMENTO)
W.C. DEPARTMENT
ATTN: RINA BARAICH
P.O. BOX # 4040
SACRAMENTO, CA 95812-4040

Case: __ vs PERFECT FIT INDUSTRIES
Date Of Injury: 2/15/11

DOS	SERVICE	DESCRIPTION	AMOUNT
07/03/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100785	0.00
07/27/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/08/12	MRI	REF BY DR BROCKEL: C/S,T/S, & BIL KNEES @ CA IMG*	150.00
/ /	INTERPRETER:	MAYRA CHIRCO # 500029	0.00
09/27/12	PMT BY CHECK	DOS 7/3/12-7/27/12 # 0096508980	-406.00
12/11/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
02/27/14	PMT BY CHECK	DOS 8/8/12-12/11/13* # 0107846046	-307.00
09/03/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/20/14	PMT BY CHECK	7/3/12-9/3/14* # 0114218532	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

011975 PAGE 1 OF 1 003958

H

MDG2009 00004526 1 MB 0435 1

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

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 074325 WC 01 (6613244P)
CLAIMANT:
DESCRIPTION: INV#53911

DATES OF SERVICE: 03Jul12 **THRU** 03Sep14
BENEFIT PERIOD: **THRU**

BRANCH NO.: 176
ACC DATE: 01Feb11

NO.: 0114218532
VN: 0001820395
DATE: 20Nov14
AMOUNT: 250.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004526 005092 001 002

THE FACE OF THIS DOCUMENT HAS A BLUE BACKGROUND - THE BACK HAS AN ARTIFICIAL WATERMARK

GALLAGHER BASSETT SERVICES INC
FOR PENNSYLVANIA MANUFACTURERS
ASSURANCE

CHECK NO. 0114218532 003958
VN. 0001820395
DATE: 20Nov14 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **250.00

CLAIM NO.: 011975 074325 WC 01 (6613244P) **BRANCH NO.:** 176
PAY TWO HUNDRED FIFTY AND 00/100 DOLLARS**********

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

AUTHORIZED SIGNATURE

CITIBANK, N.A.
ONE PENN'S WAY
NEW CASTLE, DE 19720

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/16/14	62969

Claim # : 05895528
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 4/5/77
Terms : 45 days

BILL TO:
SCIF (OXNARD)
W.C. DEPARTMENT
ATTN: BRIDGETTE COLE
P.O. BOX # 65005
PINEDALE, CA 93650-5005

Case: vs EL BUEN GUSTO RESTAURANT
Date Of Injury: 5/14/13

DOS	SERVICE	DESCRIPTION	AMOUNT
08/08/14	DEPO PREP	@ THE L/O OF SCIF	156.50
/ /	INTERPRETER:	VERA DARLING # 301418	0.00
09/17/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/12/14	PMT BY CHECK	DOS 8/8/14-9/17/14* # CU-170162	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-170162**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 12/12/14
Doc #: 029128196

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Nam	**Claim #:** 05953742			
1	62969	08/08/14	09/17/14	Interpreter fees	1		406.50
					Total Allowances:		**$406.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05953742	406.50	.00	406.50

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

Notations:
05953742 INVOICE 62969;

PAID DEC 16 2014

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence. Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/16/14	63061

Claim # : EUJ2418
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX
D.O.B. : 5/16/69
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W.C. DEPARTMENT
ATTN: MARAL KEY
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: _____ vs FLYING FOODS, INC.
Date Of Injury: 10/10/12

DOS	SERVICE	DESCRIPTION	AMOUNT
06/13/14	PRE-OP	DR JARCHI @ MONROVIA HOSP*	180.00
/ /	INTERPRETER:	ELIAS LOPEZ MEDINA # 003693	0.00
06/20/14	SURGERY	DR PELTON: R/SHDR @ MONROVIA MEMORIAL (8 HRS)	720.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/10/14	PMT BY CHECK	DOS 6/13/14-6/20/14* # 896D 85245505	-900.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SA09596

896D 85245505

TRAVELERS

DATE: 12/10/14
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

Our Customer Service Phone is 1-800-258-3710 .
Please contact us if you have any questions.

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB EUJ2418A	06/13/14 - 06/20/14	$ 900.00		63061
	152 CB EYJ7303J	03/04/14 - 07/29/14	$ 2,000.00		61225

PAID DEC 16 2014

Total Amount Paid $*****2900.00

344009730
DETACH CHECK

SUMM CVRPSUM2-021
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/16/14	63986

Claim # : 624-112-0312658
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
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: 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

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

CareWest INSURANCE COMPANY
Safety has its Rewards

P.O. BOX 5038
MODESTO, CA 95352
1-877-625-6566

UNION BANK OF CALIFORNIA

Date: 12/11/14

NO. **0628569**

11-49
1210

CLAIM NUMBER	DATE OF INJURY	EMPLOYEE	PAYEE IRS NUMBER
624-112-0312658	5/31/13		XXXXX6713

$156.50

VOID AFTER 90 DAYS

PAY ONE HUNDRED FIFTY SIX AND 50/100 DOLLARS

To The Order Of

Joyce Altman Interpreters Inc
P.O. BOX 4165
TUSTIN, CA 92781-4165

HEAT SENSITIVE RUB AREA TO VERIFY

⑈0628569⑈ ⑆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

PAID DEC 16 2014

TAX ID#.: XXXXX6713
EMPLOYER: 1428 GORDON LABORATORIES, INC.
CLAIM #.: 777-624-112-0312658 CLAIMANT:
D/A.....: 5/31/13 Examiner : PR1 Patty Reali

CHECK#.....: 628569 PMT VAL 1.....: E5 INTERPRETER FEES
CHECK AMOUNT..: 156.50 RESERVE.....: EX EXPENSE
CHECK DATE....: 12/11/14 PAYMENT PERIOD: 10/24/14 - 10/24/14 WEEKS/DAYS: 0 / 1

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#
12/16/14	49674

Claim # : ECWC112568-001
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 10/30/66
Terms : 45 days

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W.C. DEPARTMENT
ATTN: BRADLEY BATES
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs ECO ELEMENTAL
Date Of Injury: 1/7/11; CT1/7-8/5/11

DOS	SERVICE	DESCRIPTION	AMOUNT
10/30/11	MRI	REF BY DR KOHANIM: B/SHLDERS @ CALIF IMAGING *	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741 (DOI:1/7/11)	0.00
11/14/11	MRI	REF BY DR KOHANIM: C/S, L/S* (DOI: 1/7/11)	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
11/29/12	MRI	REF BY DR BROCKEL: C/S, L/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106 (DOI: 1/7/11)	0.00
05/03/13	DEPO PREP	@ THE L/O OF HANNA AND BROPHY (DOI:CT1/7/11-8/5/11	156.50
/ /	INTERPRETER:	JOHN MORELL # 100644	0.00
06/04/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/19/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
10/16/14	WCAB LB	TRIAL - JOHANNA JORDAN # 301566	156.50
12/11/14	PMT BY CHECK	DOS 10/30/11-10/16/14* # 009106419	-1169.50

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#
12/16/14	49674

Claim # : ECWC112568-001
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 10/30/66
Terms : 45 days

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W.C. DEPARTMENT
ATTN: BRADLEY BATES
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs ECO ELEMENTAL
Date Of Injury: 1/7/11; CT1/7-8/5/11

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been 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.

009106419

157

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

49674

12/11/2014 330956713-0000 JOYCE ALTMAN INTERPRETERS INC
(E034) 1169.50 ECWC112568-001 DOL:01/07/201
Inv/Case#: GUA-GUCA-154302
:10/30/2011-10/16/2014

PAID DEC 16 2014

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

NorGUARD Insurance Company
A SUBSIDIARY OF GUARD INSURANCE GROUP
16 South River Street
Wilkes-Barre, PA 18703-0020

Wells Fargo Bank, N.A.
11-24
1210

009106419

DATE 12/11/2014
AMOUNT ******$1,169.50

⇨⇨⇨⇨⇨PAY ONLY $1,169.50
DOLLAR ONE COMMA ONE SIX NINE PERIOD FIVE ZERO

NOT VALID AFTER 180 DAYS
TWO SIGNATURES REQUIRED IF OVER $10000

■ ONE THOUSAND ONE HUNDRED SIXTY-NINE DOLLARS AND 50 CENTS**********

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Sy Fogwel

VOID OVER $1,169.50

⑈009106419⑈ ⑆121000248⑆ 2000519409116⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/15/14	54082

Claim # : 1335888
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 3/28/65
Terms : 45 days

BILL TO:
SCIF (FRESNO)
W.C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs TIFFANY CONSTRUCTION
Date Of Injury: 8/30/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/25/12	MRI	REF BY DR BAZEL: L/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
07/16/12	MRI	REF BY DR BAZEL: L/WRIST, C/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
08/03/12	MRI	REF BY DR BAZEL: BRAIN, T/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
12/10/14	PMT BY CHECK	DOS 6/25/12-8/3/12* =# CP-826048	-450.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CP-826048**

Issue Date: 12/10/14
Doc #: 029111520

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05756396		**Date of Injury:** 08/30/11		
SSN: XXX-XX-2445	Employer name: TIFFANYS CONSTRUCTION GENERAL BUILDING C				Employer ID: 0000001335888110				
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
1	SF1-SFCA-14399487	06/25/12	999Q2	Interpreter Treatmen	1	150.00	.00	723 A01 G67	150.00
2	SF1-SFCA-14399487	07/16/12	999Q2	Interpreter Treatmen	1	150.00	.00	723 A01 G67	150.00
3	SF1-SFCA-14399487	08/03/12	999Q2	Interpreter Treatmen	1	150.00	.00	723 A01 G67	150.00
							Total Allowances:		**$450.00**

PAID DEC 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"

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/23/14	45586

Claim # : 11002418
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 9/23/78
Terms : 45 days

BILL TO:
ATHENS ADMIN (CONCORD)
W.C. DEPARTMENT
ATTN: CAROL RUFINO
P.O. BOX # 696
CONCORD, CA 94522

Case: vs DESERT PALMS
Date Of Injury: 3/11/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/06/11	MRI	REF BY DR KHAN: R/ANKLE @ CAL IMG *	150.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/09/14	PMT BY CHECK	DOS 6/6/11* # 612887	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

THIS CHECK IS VOID WITHOUT A WATERMARK - HOLD TO LIGHT TO VIEW - RUB HEAT SENSITIVE CHECKMARK TO SEE COLOR DISAPPEAR AND REAPPEAR

Companion Casualty Company

WELLS FARGO BANK, N.A.

11-24/121
1210(8)

CHECK NO: 612887

DATE: 12/09/2014

WORKERS' COMPENSATION PROGRAM
ADMINISTERED BY: ATHENS ADMINISTRATORS
P.O. BOX 696, CONCORD, CALIFORNIA 94522

CLAIMANT: SAI Management, Inc. (A Corp)

CLAIM NO: 11002418

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT

PAY *One Hundred Fifty Dollars And 00/100*

******$150.00

PAYABLE TO JOYCE ALTMAN INTERPRETING
P.O. Box 4165
Tustin, CA 92781

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈006128871⑈ ⑆121000248⑆ 4963546643⑈

Provider Bill Detail

Payer: Companion Casualty Company
Provider Patient Account #: 45586

Check Number: 612887
Check Date: 12/09/2014

Claim Number: 11002418
Claimant Name:
SSN: XXX-XX-3808
Date of Birth: 09/23/1978
State of Jurisdiction: California

Date Received: 11/25/2014
Date Reviewed: 11/26/2014
Date of Injury: 03/11/2011
Document Number: N171-14-006155
Employer: SAI Management, Inc. (A Corp)

Examiner: crufino
Bill Type:
Pay Code: 10392
From: 06/06/2011
Through: 06/06/2011

ICD9 Codes:

Date	Code	Mod	Description	Qty	Billed	BR Red	PPO Red	Other	Allowed	Reason
6/6/2011	99199	00 00 00		1.00	150.00	0.00	0.00	0.00	150.00	G1
			Totals:		150.00	0.00	0.00	0.00	150.00	

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 reconsidered, 2) a copy of this Review Analysis, and 3) supporting documentation. Should you have further questions, you may contact:

ACS-CompIQ
Attn: Bill Review Dept
1851 East 1st Street, Suite 200, Santa Ana, CA 92705
Phone: (877) 384-1071
Fax: (714)285-5829
Email: providerservices@acs-inc.com

PAID DEC 11 2014

MF

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/18/14	63387

Claim # : 1010-14-05625
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
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

BALANCE 250.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 12/05/2014
Check Number: 0000672907
Check Amount: $156.50

ACY32D

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, ACY32D

00294 JOP1ZS01 1Z 6300016843-6300705841

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID DEC 12 2014

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amoun
1010-14-05625		09/19/2013	63387	43	09/12/2014	09/12/2014	$156.5(

Cat	SubPC	Stub Notes	Stub Amount
		@ THE L/O OF DENNIS FUSI	$0.00
43		MISC EXPENSE INV 63387	$156.50
			$156.50

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#
01/08/15	61548

Claim # : 04905404
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
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

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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CP-825393**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 12/08/14
Doc #: 029099997

61548

Medical

ne #	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-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"

01313382029099997012

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/16/14	63744

Claim # : 0224979-WCMWIL
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 1/8/70
Terms : 45 days

BILL TO:
MIDWEST INS (SPRINGFIELD,IL)
W.C. DEPARTMENT
ATTN: JENNIFER BROWN
P.O. BOX # 13369
SPRINGFIELD, IL 62791-3369

Case: vs TRAVELODGE HOTEL
Date Of Injury: 1/8/11

DOS	SERVICE	DESCRIPTION	AMOUNT
10/01/14	LEGAL_WCAB	MSC @ WCAB LAO	156.50
/ /	INTERPRETER:	LINDA WWINBERG # 08025285	0.00
12/11/14	PMT BY CHECK	DOS 10/1/14* # 126791	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Indigo Hotel Investments, LLC
Claimant

Check No:	126791
Check Amt:	$156.50
Check Date:	12/11/2014
Claimant:	
Soc. Sec. No:	
Claim No:	0224979-WCMWIL
Date of Loss:	01/08/2011
Adjuster:	Brown, Jennifer
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	10/01/2014 To: 10/01/2014
Invoice No:	63744

PAID DEC 16 2014

Payable Comment

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Indigo Hotel Investments, LLC
Claimant

Check No:	126791
Check Amt:	$156.50
Check Date:	12/11/2014
Claimant:	
Soc. Sec. No:	
Claim No:	0224979-WCMWIL
Date of Loss:	01/08/2011
Adjuster:	Brown, Jennifer
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	10/01/2014 To: 10/01/2014
Invoice No:	63744

Payable Comment

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/16/14	61570

Claim # : 052-169118
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 9/6/47
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W.C. DEPARTMENT
ATTN: ROBERTO CALDERWOOD
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case:) vs HUTCHINSON SEAL CORP
Date Of Injury: 6/17/03

DOS	SERVICE	DESCRIPTION	AMOUNT
04/15/14	WCAB AHM	MSC	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
12/11/14	PMT BY CHECK	DOS 4/15/14* # 27554630	-156.50

BALANCE 0.00

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P4000028001

AMERICAN INTERNATIONAL GROUP - (LMS)
P.O. Box 9918
Amarillo, TX 79105-5918

201412110108

Electronic Service Requested

3-DIGIT 926
6784 0.3820 AT 0.403

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

39

Check No.: 27554630
RFP No.: 471082
Check Date: 12/11/2014
Check Amount: 156.50
Insured: TOTAL HOLDINGS USA INC

Claimant:

Claim Office: 052
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID DEC 16 2014

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000002981800	00182046	01	08/23/2004	EXP	C	156.50
					Total Amount	156.50

Reason for Payment
041514-041514

#61570

F.F04
5811

Use File # 052/00182046 on all correspondence for prompt processing.
For check information call: 877-802-5246

LR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/16/14	60776

Claim # : 919363-1
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 10/27/83
Terms : 45 days

BILL TO:
AMTRUST NORTH AMERICA (S.F.)
W.C. DEPARTMENT
ATTN: CARLA JOHNSON
P.O. BOX 2359
SAN FRANCISCO, CA 94126

Case: vs POLLO WEST CORP
Date Of Injury: 2/27/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/21/14	WCAB VNO	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	MANUEL DE LA TORRE # 100549	0.00
04/21/14	PMT BY CHECK	DOS 1/21/14* # 00355095	-156.50
05/27/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/27/14	PMT BY CHECK	DOS 5/27/14* # 00427044	-156.50
10/14/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN #A 301566	0.00
12/10/14	PMT BY CHECK	DOS 10/14/14* # 00494499	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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WESCO INSURANCE CO (Claims Funding)
PO Box 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
00494499
1001580-1
WWC3051424

DATE	AMOUNT
12/10/2014	$250.00

PAY Two Hundred Fifty 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 - DO NOT ACCEPT IF "VOID" APPEARS

⑈00494499⑈ ⑆021309379⑆ 601894744⑈

Check Number	00494499
Claim Number:	1001580-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WWC3051424/Pollo West Corporation (Corporation)
SSN / Employee Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	6/17/2013
Location:	CA -
Examiner Code:	alewis

PAID DEC 16 2014

Amount:	$250.00
Dates of Service:	1/21/2014-10/14/2014
Explanation:	INV#60776
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

WESCO INSURANCE CO (Claims Funding) 1148
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#
12/16/14	59962

Claim # : 3394592
W.C.A.B.:
ADJ # : [illegible]
S.S.N. : XXX-XX-
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#
12/16/14	59962

Claim # : 3394592
W.C.A.B.:
ADJ # : AD-
S.S.N. : XXX-XX-
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
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
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

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: 13274
Check Date: 12/11/2014
Check Amount: 180.00

Claimant:
Claim#: 3394592
For:
From: 08/15/2014
Through: 08/15/2014

Document No:

Incident Date: 01/16/2012
Payment Type: M27-Interpreter
Invoice No: 59962
Invoice Date: 11/07/2014
Payment Amount: 180.00

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THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

ALPHA Fund

P.O. Box 619084
Roseville, CA 95661
(800) 655-2667

Wells Fargo Bank

REF# 272996 CHECK NO. 13274

11-24
1210

DATE
12/11/2014

AMOUNT
**********180.00

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

⑈13274⑈ ⑆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#
12/16/14	61612

Claim # : GWCP-004720
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 9/9/63
Terms : 45 days

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W.C. DEPARTMENT
ATTN: GABRIEL OCHOA
P.O. BOX # 85251
SAN DIEGO, CA 92186

Case: vs MILLENNIUM REINFORCING
Date Of Injury: 10/10/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/11/14	INITIAL EXAM	DR D. JOHNSON/J. TRUJILLO @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/22/14	PR2/REEVAL	DR JOHNSON/D. FRANK @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/05/14	PR2/REEVAL	DR JOHNSON/TRUJILLO P.A. @ SIDHU (2H 45M)	247.50
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/15/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO # 100533	0.00
12/11/14	PMT BY CHECK	DOS 3/11/14-10/15/14* # 17117	-907.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

California Contractors Network
American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

16-1606
1220
City National Bank
3484 Central Ave
Riverside, CA 92506

CHECK NO. 17117

DATE
12/11/2014

$********907.50**

VOID AFTER 90 DAYS

California Workers' Compensation Payment

Pay Nine Hundred Seven Dollars And 50/100

TO THE ORDER OF

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈00000171178⑈ ⑆122016066⑆ 112668888⑈

Payee: Joyce Altman Interpreters Inc

Check Number: 17117

IRS/SSN: XX-XXX6713

Check Date: 12/11/2014

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
GWCP-004720		10/10/2012	Interpreter Fees - Depo / WCAB Only	03/11/2014	10/15/2014	12/08/2014	61612	907.50

PAID DEC 16 2014

REORDER 901 • U.S. PATENT NO. 5530290, 5575500, 5641183, 5765353, 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#
12/16/14	55545

Claim # : ISB8036
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 5/19/47
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W.C. DEPARTMENT
ATTN: CARLOS ARREDONDO
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs CA LANDSCAPING & DESIGN
Date Of Injury: 7/23/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/11/12	MRI	REF BY DR LABOR: LT SHDR & C/S @ CALIF IMAG*	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/10/14	PMT BY CHECK	DOS 9/11/12* # 896D 85245504	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

019323

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA09595

896D 85245504

TRAVELERS

DATE: 12/10/14
LOSS DATE: 07/23/12
FILE NUMBER: 152 CB ESB8036 A

EMPLOYEE

ACCOUNT NAME:
CALIFORNIA SKATEPARKS

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 09/11/2012

TOTAL PAID: $150.00
TAX INFO: 3309567135478939Y
PAY MISC: 55545
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID DEC 16 2014

FOR ADDITIONAL INFORMATION, CONTACT: CARLOS A ARREDONDO AT (909)612-3460

344009728
DETACH CHECK

UNSUMM
OVRFLWS2:121:
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#
12/16/14	63062

Claim # : 2080271913
W.C.A.B.:
ADJ # : ADJ
S.S.N. : XXX-XX-
D.O.B. : 11/16/62
Terms : 45 days

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: . vs EARTH FRIENDLY PRODUCTS
Date Of Injury: 6/4/12

DOS	SERVICE	DESCRIPTION	AMOUNT
06/17/14	INITIAL EXAM	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT (IPM)*	230.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/21/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/25/14	INJECTION	DR BERNSTEIN @ NEWPORT COAST SURGERY CENTER*	150.00
/ /	INTERPRETER:	ORELIA STEINHARDT # 500214	0.00
09/16/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/11/14	PMT BY CHECK	DOS 6/17/14-9/16/14* # 1100204256	-740.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

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

00860

PAID DEC 16 2014

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0271913 001 XJ	WC 2332891	63062		06/04/12	06/17/14-09/16/14

Check Number	1100204256	Date Issued	12/11/14	Amount	$*****740.00
Insured	Earth Friendly Products				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Vijay CG-Radhakrishnan				
File Supervisor	Stacie Hensley	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	740.00		
TOTAL	$740.00		

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/16/14	62619

Claim # : 30142120572-0001
W.C.A.B.:
ADJ # : .
S.S.N. : XXX-XX-
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

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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P69050280006

Sedgwick Claims Management Services, Inc
PO Box 14154
Lexington, KY 40512-4154

201412111610

Electronic Service Requested

1 OF 1

ENV 2225

MIXED AADC 926
2225 0.3820 MB 0.432

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781-4165

137

DATE	CHECK AMT	CHECK NO.
12/11/2014	180.00	0054866925

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: 119809846.6
Dates: 09/15/2014-09/15/2014 Comment:

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Questions about other Sedgwick CMS payments? Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/16/14	52910

Claim # : 30080941113-0001;30101003
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 11/29/72
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W.C. DEPARTMENT
ATTN: ELLEN SIPKOVICH
P.O. BOX # 14421
LEXINGTON, KY 40512

Case: vs ROSS DRESS FOR LESS
Date Of Injury: 8/30/08; 7/29/10

DOS	SERVICE	DESCRIPTION	AMOUNT
04/16/12	MRI	REF BY DR POSPISIL: R/KNEE @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
10/02/14	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/10/14	PMT BY CHECK	DOS 4/16/12-10/2/14* # 0030742899	-306.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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P6905028006

Sedgwick Claims Management Services, Inc
PO Box 14421
Lexington, KY 40512-4421

201412101612

Electronic Service Requested

1 OF 1

ENV 2974

MIXED AADC 926
2974 0.3820 MB 0.432

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781-4165

142

DATE	CHECK AMT	CHECK NO.
12/10/2014	306.50	0030742999

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
	08/30/2008	30080941113-0001

Amt Paid: 306.50 Description:
Amt Billed: 306.50 Invoice: 52910
Dates: 04/16/2012-10/02/2014 Comment:

ICN: 300809411130001

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Questions about other Sedgwick CMS payments? Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/12/14	57139

Claim # : 003795000208-WC-01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/25/56
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (OR-14260)
W.C. DEPARTMENT
ATTN: JENNIFER CROUTEAU
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs BCBG MAX AZRIA GROUP, INC.
Date Of Injury: 10/4/10;10/30/08-11

DOS	SERVICE	DESCRIPTION	AMOUNT
12/06/12	INITIAL EXAM	DR SCHEEL @ WILLOW MEDICAL GROUP*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/04/13	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
01/18/13	INITIAL EXAM	DR SAMIMI @ WILLOW MEDICAL GROUP*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/15/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
02/20/13	INITIAL EXAM	DR DIJULIO @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/07/13	PR2/REEVAL	DR SAMIMI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/15/13	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
04/15/13	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
04/19/13	PR2/REEVAL	DR SAMIMI @ WILLOW MED*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/29/13	PR2/REEVAL	DR SCHEEL @ WILLOW MED*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
07/10/13	PR2/REEVAL	DR SCHEEL* GLADYS REYNA # 100755	180.00
08/21/13	PR2/REEVAL	DR SCHEEL* GLADYS REYNA # 100755	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/02/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
11/13/13	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#
12/12/14	57139

Claim # : 003795000208-WC-01
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 12/25/56
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (OR-14260)
W.C. DEPARTMENT
ATTN: JENNIFER CROUTEAU
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs BCBG MAX AZRIA GROUP, INC.
Date Of Injury: 10/4/10;10/30/08-11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/13/14	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
04/03/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100831	0.00
05/15/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
05/22/14	PR2/REEVAL	DR SAMIMI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
08/21/14	PR2/REEVAL	DR SAMIMI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
12/04/14	PMT BY CHECK	DOS 12/6/12-8/21/14* # 0114553045 GALLAGH	-3750.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

GALLAGHER BASSETT-LA/ORANGE CA
P.O. BOX 14260
ORANGE CA 92863-1260

0102258 01 RE 0.432 **AUTO H9 1 1734 92781 -P02260

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID DEC 12 2014

DIRECT INQUIRIES TO:

PHONE: 1-800-297-0866
GALLAGHER BASSETT-LA/ORAN
P.O. BOX 14260
ORANGE CA 92863-1260

BCBG MAX AZRIA GROUP, INC

CLAIM NO. 003795 000208 WC 01

CLAIMANT: (

DESCRIPTION: INV# 57139 DTD 10/28/14 S8206

DATE OF SERVICE: 06-Dec-2012 TO 21-Aug-2014

BRANCH NO. 138

ACC. DATE 04-Oct-2010

CHECK NO. 0114553045

VN. 0000027268

DATE: 04-Dec-2014

PAYMENT AMOUNT: $3,750.00

RE0102258-0001_of_0001 1734-0002484 (G26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0114553045 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#
12/15/14	62537

Claim # : 1175728-1
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 6/12/69
Terms : 45 days

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

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

TECHNOLOGY INSURANCE CO (Claims Funding)
PO Box 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01479580
1176728-1
TWC3370405

DATE	AMOUNT
12/8/2014	$1,230.00

PAY One Thousand 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 - BORDER CONTAINS MICROPRINTING

⑈01479580⑈ ⑆021309379⑆ 601877533⑈

Check Number	01479580
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:	ckimble

PAID DEC 15 2014

Amount:	$1,230.00
Dates of Service:	5/28/2014-8/12/2014
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

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/16/14	60776

Claim # : 919363-1
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 10/27/83
Terms : 45 days

BILL TO:
AMTRUST NORTH AMERICA (S.F.)
W.C. DEPARTMENT
ATTN: CARLA JOHNSON
P.O. BOX 2359
SAN FRANCISCO, CA 94126

Case: vs POLLO WEST CORP
Date Of Injury: 2/27/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/21/14	WCAB VNO	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	MANUEL DE LA TORRE # 100549	0.00
04/21/14	PMT BY CHECK	DOS 1/21/14* # 00355095	-156.50
05/27/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/27/14	PMT BY CHECK	DOS 5/27/14* # 00427044	-156.50
10/14/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN #A 301566	0.00
12/10/14	PMT BY CHECK	DOS 10/14/14* # 00494499	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

WESCO INSURANCE CO (Claims Funding)
PO Box 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
00494499
1001580-1
WWC3051424

DATE	AMOUNT
12/10/2014	$250.00

PAY Two Hundred Fifty 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

⑈00494499⑈ ⑆021309379⑆ 60189474⑃

Check Number	00494499
Claim Number:	1001580-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WWC3051424/Pollo West Corporation (Corporation)
SSN / Employee Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	6/17/2013
Location:	CA -
Examiner Code:	alewis

6

PAID DEC 16 2014

Amount:	$250.00
Dates of Service:	1/21/2014-10/14/2014
Explanation:	INV#60776
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

WESCO INSURANCE CO (Claims Funding) 1148
PO Box 740042
Atlanta, GA 30374-0042

888-239-3909

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#
12/16/14	63961

Claim # : GWCQ-004938
W.C.A.B.:
ADJ # : ;
S.S.N. : XXX-XX-N/A
D.O.B. : 10/22/61
Terms : 45 days

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W.C. DEPARTMENT
ATTN: RICARDO ANGULO
P.O. BOX # 85251
SAN DIEGO, CA 92186

Case: vs FORD FRAMING CO. INC
Date Of Injury: 4/2/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/13/14	WCAB SA	EXPEDITED HEARING	156.50
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
12/12/14	PMT BY CHECK	DOS 10/13/14* # 17154	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

California Contractors Network
American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

16-1606
1220
City National Bank
3484 Central Ave
Riverside, CA 92506

CHECK NO. 17154

DATE
12/12/2014

California Workers' Compensation Payment

$**********156.50

Pay One Hundred Fifty Six Dollars And 50/100

VOID AFTER 90 DAYS

TO THE ORDER OF

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈00017154⑈ ⑆122016066⑆ 11266888⑈

Payee: Joyce Altman Interpreters Inc

Check Number: 17154

IRS/SSN: XX-XXX6713

Check Date: 12/12/2014

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
GWCQ-004938		04/02/2013	Interpreter Fees - Depo / WCAB Only	10/13/2014	10/13/2014	12/08/2014	63961	156.50

PAID DEC 16 2014

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/16/14	61225

W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 11/20/69
Terms : 45 days
Claim #(s):
EYJ7303

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W.C. DEPARTMENT
ATTN: DANIEL D.
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs RUDOLPHS FOOD CO.
Date Of Injury: CT 5/28/07-2/14/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/04/14	INITIAL EXAM	DR GHODS @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/10/14	PT INITIAL	PHYS.THERAPY W/D. WILLIAMS, PT @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	JOHN ALVAREZ # 500306	0.00
03/13/14	INITIAL EXAM	DR OPOKU & INIT. F.C.E. W/DR RINK @ ACS*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/27/14	PT PR-2	PHYS THERAPY W/D. WILLIAMS @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
04/29/14	INITIAL EXAM	W/ACUPUNCTURIST J. PARK @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/06/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/13/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
05/20/14	INITIAL EXAM	W/ACUPUNCTURIST J. PARK @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
06/03/14	PR2-RE/EVAL	W/ACUPUNCTURIST J.PARK @ ACS*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/10/14	PR2/REEVAL	DR GHODS @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
07/29/14	PR2/REEVAL	DR GHODS @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
12/10/14	PMT BY CHECK	DOS 3/4/14-7/29/14* # 896D 85245505	-2000.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/16/14	61225

W.C.A.B.:
ADJ #
S.S.N. : XXX-XX-
D.O.B. : 11/20/69
Terms : 45 days
Claim #(s):
EYJ7303

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W.C. DEPARTMENT
ATTN: DANIEL D.
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs RUDOLPHS FOOD CO.
Date Of Injury: CT 5/28/07-2/14/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA09596

896D 85245505

TRAVELERS

DATE: 12/10/14
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

Our Customer Service Phone is 1-800-258-3710 .
Please contact us if you have any questions.

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB EUJ2418A	**06/13/14 - 06/20/14**	**$ 900.00**		**63061**
	152 CB EYJ7303J	**03/04/14 - 07/29/14**	**$ 2,000.00**		**61225**
		Total Amount Paid	**$*****2900.00**		

PAID DEC 16 2014

344009730
DETACH CHECK

SUMM OVRP SUM2-b2
DETACH CHECK

UR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/03/14	60199

Claim # : 12-113634
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 11/9/47
Terms : 45 days

BILL TO:
ADMINSUR INS. (DIAMOND BAR)
W.C. DEPARTMENT
ATTN: MICHELLE CORVEL
1470 S. VALLEY VISTA DR. # 230
DIAMOND BAR, CA 91765

Case: vs CITY OF BUENA PARK
Date Of Injury: 8/2/11

DOS	SERVICE	DESCRIPTION	AMOUNT
11/12/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
01/06/14	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/20/14	WCAB LB	TRIAL - CARMEN GUZMAN # 100585	156.50
03/24/14	WCAB LB	TRIAL (FULL DAY)	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/08/14	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/23/14	PMT BY CHECK	DOS 11/12/13-5/8/14* # 102965	-939.00
08/05/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/30/14	PMT BY CHECK	DOS 11/12/13-8/5/14* # 103888	-156.50

BALANCE 0.00

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AdminSure

1470 South Valley Vista Drive, Suite 230
Diamond Bar, California 91765

Telephone (909) 861-0816
Fax (909) 860-3995

PAID OCT 08 2014

Joyce Altman Interpreters Inc.
PO Box 4165
Tustin, CA 92781-4165

CLAIMANT		SSANTOS
EMPLOYER	City of Buena Park	
CLAIM NUMBER	12-113634	
INCIDENT DATE	08/02/2011	
CHECK NUMBER	103888	
CHECK DATE	09/30/2014	
CHECK AMOUNT	156.50	
PAYMENT TYPE	Translator Expense	
FROM - THRU	11/12/2013 - 08/05/2014	
ALLOCATION	W1141	
PAYEE TAX ID		
REMARKS	# 60199	
SCHED ID		

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/31/14	60597

Claim # : 2010225845
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 05/27/58
Terms : 45 days

BILL TO:
ZURICH INS.(968002-SCHAUMBURG)
W.C. DEPARTMENT
ATTN: LYNELLE FRENA
P.O. BOX 968002
SCHAUMBURG, IL 60196

Case: vs EMPIRE WAREHOUSING
Date Of Injury: 9/1/12

DOS	SERVICE	DESCRIPTION	AMOUNT
12/19/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/20/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/02/14	PMT BY CHECK	DOS 12/19/13-1/20/14* # 1102644982	-406.50
09/03/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
10/28/14	PMT BY CHECK	DOS 12/19/13-9/3/14* # 1100150916	-156.50

BALANCE 0.00

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PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

Maryland Casualty Company

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

00701

PAID OCT 31 2014

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0225845 001 LF	WC 05212230	60597		03/25/13	12/19/13-09/03/14

Check Number	1100150916	Date Issued	10/28/14	Amount	$****156.50
Insured	EMPIRE WAREHOUSING & DISTRIBUTION				
Claimant					
Nature of Payment	MEDICAL-LEGAL COSTS				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Vijay CG-Radhakrishnan				
File Supervisor	Lynelle Frenna	Phone Number	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC WAGE LOSS & DISABILITY	156.50		

TOTAL	$156.50

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#
10/28/14	59407

Claim # : YMH91887C
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 8/9/69
Terms : 45 days

BILL TO:
THE HARTFORD (LEXINGTON-14475)
W.C. DEPARTMENT
ATTN: MICHAEL GREENBURG
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs DENIM TECH/ HOWA USA
Date Of Injury: 11/14/12

DOS	SERVICE	DESCRIPTION	AMOUNT
08/01/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/25/13	PMT BY CHECK	DOS 8/1/13 # 121007022 7	-156.50
09/27/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/24/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/23/14	PMT BY CHECK	DOS 8/1/13-9/24/14* # 123093711 0	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

THE HARTFORD

000390
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00393

Attention: This remittance incorporates 1 claim payments

S9407

Special Handling ID: RM 00

*400012 1230937110

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
S9407 11-14-12	72WE DR9307 YMHC 91887	HOWA USA CORP	$406.50

Nature of Benefits:	Nature of Payment:	Service Dates	
Interpreter Fees at Hearing	Source Payment	08-01-2013 09-24-2014	$406.50

Claim Handler: Melissa Hall
866/401-9222
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

PAID OCT 28 2014
PAID OCT 28 2014

Please keep the above information for your records.

104406550

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

56 -1544
441

Check Number: 123093711 0
Issue Date: 10-23-2014
Benefit Period: 08-01-2013 to 09-24-2014

$**********406.50

JPMorgan Chase Bank, N.A.
Columbus, OH 43085

Pay

FOUR HUNDRED SIX DOLLARS AND 50/100

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Authorized Signature

104406550

⑈123093711⑈ ⑆044115443⑆ 632559738⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/24/14	59842

Claim # : WC10073456
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 6/27/77
Terms : 45 days

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W.C. DEPARTMENT
ATTN: KIRSTON HANSON
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: vs BIRRIERIA JALISCO
Date Of Injury: 1/1/08 - 4/5/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/18/13	WCAB MDR	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/03/13	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/08/14	PMT BY CHECK	DOS 9/18/13-12/3/13* # 8814599589	-313.00
03/25/14	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/28/14	PMT BY CHECK	DOS 3/25/14* # 8814773176	-156.50
05/20/14	WCAB LB	TRIAL - CARMEN GUZMAN # 100585	156.50
07/28/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
08/21/14	PMT BY CHECK	DOS 7/28/14* # 8814951143	-156.50
09/24/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/23/14	PMT BY CHECK	DOS 5/20/14-9/24/14* =# 8815042022	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

MID-CENTURY INSURANCE COMPANY

Check Number: 8815042022
Date: 10/23/2014

Amount: $313.00******

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

S9842

Claimant/Patient:			
Insured:	BIRRIERIA JALISCO INC		
Date of Loss:	04/05/2012	Claim Representative:	Vivian Alarcon
Claim Number:	WC10073456	Office Phone Number:	8185402223
Correspondence Reference:	1H1DMPFWN	Applicable Coverage:	Workers' Compensation

Additional Information:
5/20 TRIAL 9/24 STATUS CONFERENCE 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
05/20/14 - 09/24/14	Other Specified Indemnity	$313.00		$313.00

TOTAL Benefits Paid To Date :

Other Specified Indemnity	$939.00	

PAID OCT 24 2014

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW



FARMERS
INSURANCE

Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

October 23, 2014

000179

JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/18/14	55926

Claim # : 05828684
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-N/A
D.O.B. : 2/6/82
Terms : 45 days

BILL TO:
SCIF (FRESNO)
W.C. DEPARTMENT
ATTN: STEVEN JOHNSON
P.O. BOX # 65005
FRESNO, CA 93650

Case: , vs RODNEY HARDESTY
Date Of Injury: 5/20/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/01/12	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
11/02/12	DEPO PREP	@ THE L/O OF SCIF	156.50
/ /	INTERPRETER:	VIRGINIA DE CABRERA # 100591	0.00
12/05/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/10/12	WCAB LB	PRIORITY CONFERENCE - CARMEN GUZMAN # 100585	156.50
11/21/12	MRI	REF BY DR KATTAR: L/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/11/13	WCAB LB	TRIAL - JOYCE ALTMAN # 300624	156.50
08/20/13	PR2/REEVAL	DR KATTAR* RETURNING DUE TO FLARE UP	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
07/10/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/14/14	PMT BY CHECK	DOS 10/1/12-7/10/14* # CP-802004	-1529.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Explanation of Review (EOR)

ate Compensation Insurance Fund
O BOX 65005
resno, CA 93650-5005
888STATEFUND

Provider Number: XXXXX6713

Check #: **CP-802004**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 08/14/14
Doc #: 028666260

Medical

ne	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:		**Claim #:** 05828684			
1	55926	10/01/12	07/10/14	Interpreter fees	1		1,529.50
						Total Allowances:	**$1,529.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05828684	1,529.50	.00	1,529.50

PAID AUG 18 2014

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:
05828684 INV 55926;

UP

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#
09/10/14	60732

Claim # : 13C97C995375
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 6/20/65
Terms : 45 days

BILL TO:
CANNON COCHRAN MGMT SVCS (CON)
W.C. DEPARTMENT
ATTN: VICTORIA ERWIN
1800 SUTTER ST STE 200
CONCORD, CA 94520

Case: vs LEGGETT & PLATT
Date Of Injury: 11/11/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/16/14	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/24/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/18/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/21/14	INITIAL EXAM	W/ACUPUNCTURIST J. PARK @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	LESLIE RIVERA MELTON # 500259	0.00
03/05/14	EMG TESTING	& NCV BY DR SCHILLING: U/E @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	LESLIE RIVERA MELTON # 500259	0.00
03/07/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/13/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LESLIE RIVERA # 500259	0.00
04/04/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	LESLIE R. MELTON # 500259	0.00
04/08/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
04/10/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	DANIEL FATTORI # 36586781	0.00
06/19/14	PMT BY CHECK	DOS 1/16/14-4/10/14* # 116223856	-1840.00
05/08/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/09/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/16/14	INITIAL EXAM	DR SHAMLOU @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	LESLIE MELTON # 500259	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#
09/10/14	60732

Claim # : 13C97C995375
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 6/20/65
Terms : 45 days

BILL TO:
CANNON COCHRAN MGMT SVCS (CON)
W.C. DEPARTMENT
ATTN: VICTORIA ERWIN
1800 SUTTER ST STE 200
CONCORD, CA 94520

Case: vs LEGGETT & PLATT
Date Of Injury: 11/11/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/27/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
06/05/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
06/06/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/18/14	PMT BY CHECK	DOS 1/16/14-5/27/14* # 116225261	-770.00
08/29/14	PMT BY CHECK	DOS 6/5/14-6/6/14* # 116225581	-360.00
07/03/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
08/29/14	PMT BY CHECK	DOS 6/5/14* # 116225574	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CCMSI o/b/o Leggett & Platt
2 East Main St., Suite 208
Danville, IL 61832

2-3/710 IL

Bank of America
CHICAGO, IL 60603

Check Number 116225574

Date: 08/29/2014
Batch #: 300681556

Amount

$****180.00

Amount: ONE HUNDRED EIGHTY 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

Rodney J. Golden

⑈0116225574⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
60732	11/11/2013	13C97C995375	180.00	0.00	180.00	60732 DS 06-05-2014	VERWIN

PAID SEP 05 2014

Batch #: 300681556 Loc:0E25 WEST COAST FURNITURE

Check Number 116225574 Check Amount $****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#
09/18/14	38361

Claim # : WC10018390
W.C.A.B.:
ADJ # : 7
S.S.N. : XXX-XX-
D.O.B. : 6/29/80
Terms : 45 days

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W.C. DEPARTMENT
ATTN: PHUONG DANG
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: vs SALLER'S INT'L BODY SHOP
Date Of Injury: 6/23/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/23/10	DEPO PREP	@ THE L/O OF EARLY & MASLACH	156.50
/ /	INTERPRETER:	LINDA WEINBERG # 08025285	0.00
10/06/10	PMT BY CHECK	DOS 8/23/10 # 8812653967	-156.50
09/13/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/23/11	PENALTIES	FOR DATE OF SERVICE 09/13/10	37.50
02/23/11	INTEREST	FOR DATE OF SERVICE 09/13/10	14.41
11/20/12	PMT BY CHECK	DOS 8/23/10-9/13/10 # 8813946114	-200.00
11/27/12	BLCE OFF SET	BALANCE OFF SET	-101.91
08/20/14	WCAB LB	MSC - (FULL DAY)	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/25/14	PMT BY CHECK	DOS 8/20/14* # 8814955511	-313.00

BALANCE 0.00

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MID-CENTURY INSURANCE COMPANY

Check Number: 8814955511
Date: 08/25/2014

Amount: $313.00******

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

PAID SEP 18 2014

38361

Claimant/Patient:			
Insured:	SALLER RICHARD H W IND		
Date of Loss:	06/23/2010	Claim Representative:	ANGEL IVIE
Claim Number:	WC10018390	Office Phone Number:	7143853808
Correspondence Reference:	MYBFPMLBN	Applicable Coverage:	Workers' Compensation

Additional Information:
Interpreting at WCAB If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 274-0674 or claims office at the address on the check.

From/To Dates	Benefit Type	Benefit Amount	Overpayment W/H	Net Amount
08/20/14 - 08/20/14	Other Specified Indemnity	$313.00		$313.00

TOTAL Benefits Paid To Date :

Other Specified Indemnity	$313.00
Temporary Total Disability (Ex. TX)	$5500.56
Lump sum settlement	$75.00
Claimant Attorney Fee - PD	$1425.00

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

FARMERS INSURANCE

Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

August 25, 2014

000532

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/13/14	56237

Claim # : 2080266846
W.C.A.B.:
ADJ # : [illegible]
S.S.N. : XXX-XX-
D.O.B. : 4/25/61
Terms : 45 days

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W.C. DEPARTMENT
ATTN: SUZANNE CRUZ
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs MICRO SOLUTIONS dba WAZAN BROS
Date Of Injury: 10/18/11

DOS	SERVICE	DESCRIPTION	AMOUNT
11/08/12	DEPO PREP	@ THE L/O OF BRADFORD & BARTHEL	156.50
/ /	INTERPRETER:	VIRGINIA DE CABRERA # 100591	0.00
12/12/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/22/13	MRI	REF BY DR DAHER: L/S FLEX & EXT. @ CALIF IMG*	150.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
02/26/13	DEPO PREP	@ THE L/O OF BRADFORD & BARTEL	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
04/26/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/01/14	WCAB LB	MSC - (FULL DAY)	313.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
11/10/14	PMT BY CHECK	DOS 11/8/12-4/10/14* # 1100165831	-1276.00

BALANCE 0.00

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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

00394

PAID NOV 13 2014

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0266846 001 XG	WC 2837005	56237		10/18/11	11/08/12-04/10/14

Check Number	1100165831	Date Issued	11/10/14	Amount	$**1,276.00
Insured	Micro Solutions Enterprises				
Claimant					
Nature of Payment	FULL&FINAL				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Radha CG-Pachaiyappan				
File Supervisor	Ivan Olisea	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	1,276.00		

TOTAL	$1,276.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/17/14	56583

Claim # : 135-10021461
W.C.A.B.:
ADJ # :
S.S.N. : XXX-XX-
D.O.B. : 9/16/51
Terms : 45 days

BILL TO:
CIGA (GLENDALE)
W.C. DEPARTMENT
ATTN: LAURIE HUTCHINS
P.O. BOX # 29066
GLENDALE, CA 91209-9066

Case: vs STAFF CHEX
Date Of Injury: 7/31/12

DOS	SERVICE	DESCRIPTION	AMOUNT
12/17/12	DEPO PREP	@ THE L/O OF GRANCELL, LEBO-VITZ, STANDER	156.50
/ /	INTERPRETER:	MARIO RAMIREZ # 100349	0.00
01/15/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/19/14	PMT BY CHECK	DOS 1/15/13* # 79278757	-250.00
03/06/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
06/05/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
11/13/14	PMT BY CHECK	DOS 12/17/12-6/5/14* # 79540854	-469.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

CALIFORNIA INSURANCE GUARANTEE ASSOC.
P.O. BOX 29066
GLENDALE, CA 91209-9066

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

Address Service Requested

Phone: (818) 844-4300

000348-00001-000348 CIG1 2159891
JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781-4165

CHECK NUMBER: 79540854

Description	Invoice	CLAIM #	G/L Code	Serv/From	Serv/To	Amoun
Interpreter2	56583	10021461		12/17/12	06/05/14+	$469

TOTAL: $469

PAID 11/17/14

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. 79540854

DATE: 11/13/2014

Claim#: 10021461
Claimant: [redacted]
Insured: HORIZON PERSONNEL SERVICES, IN
DOL: 07/31/2012

16-66/1220

AMOUNT
*******$469.50

VOID 120 DAYS AFTER DATE OF ISSUE

PAY FOUR HUNDRED SIXTY-NINE AND 50/100 DOLLARS

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

Memo Claim 135-10021461

Wayne D Kile
AUTHORIZED SIGNATURE

Susan White
AUTHORIZED SIGNATURE

⑈79540854⑈ ⑆122000661⑆ 44177⑈ 5021 2⑈